

Leslie Main Johnson and Janelle Marie Baker (eds.), *Walking Together, Working Together: Engaging Wisdom for Indigenous Well-Being*, 2023. 272 pages. ISBN 9781772125375. \$34.99 paperback.

This collection considers Indigenous well-being through a diversity of voices and pathways, distinct and interconnected. With the aim of supporting communities, Elders, and non-Indigenous people in working together to improve Indigenous well-being, it centres an inclusive and dynamic conception of well-being through holistic perspectives including ecological, mental, emotional, spiritual, and physical health. Chapters cover contextualized discussions of traditional healing, plant knowledge, and foods, and guidance for culturally sensitive approaches to healing work with urban Indigenous communities, and for collaboration with Indigenous expertise in clinical practice. Recognizing the centrality of relationships, the collection offers opportunities to reflect on how relationships including those to the land, with self, spirituality, creativity, and to culture and community relate to well-being.

The work of creating a space to engage with this knowledge in intercultural spaces is a delicate task, due to the brilliant complexity and diversity of relationships involved in culturally distinct Indigenous modes of connecting with well-being, the sacred and protected nature of those distinct medicines and expertise, and the legacy of settler colonial harms through the invalidation, appropriation, and criminalization of Indigenous Peoples' expertise. The authors present a collaborative and graceful process of respecting knowledge sharing, intellectual property, and sovereignty.

Alone, chapters 2-3, spoken by Elders Harry Watchmaker, Camille Russell, and Hal Eagletail as Traditional Knowledge Keepers (TKKs), offer vital insights for anyone working to support Indigenous well-being in Alberta and beyond. But the point is there is nothing alone about these conversations, because they are not happening in isolation. They are deeply interconnected, as Elder Harry Watchmaker describes in his articulation of the work of inter-Indigenous cultural knowledge exchange between communities:

“Going back to the past—more local Traditional Knowledge Keepers were utilized, they were more used in the community. As time goes, they pass on, and [there are] less Traditional Knowledge Keepers in our community. So we have to adopt Traditional Knowledge Keepers from other communities, other reserves to continue the teachings that we had at one time.” (p. 24)

As he shifts in his narrative to give examples of teachings from his own community about what is important for well-being, one has the sense that this gently put statement from Watchmaker, as a Kehewin Cree Nation ceremonialist, may be more than a description of the task at hand. Is he calling in the capacity for cultural revitalization for all Nations who, as a result of colonization, have experienced disconnect from healing traditions? What a way to open the dialogue, establish a shared purpose, and set an intention of collaboration grounded in contextualized knowledge gathering processes, roles, and ontological connection.

In chapter 3, Elder Camille (Pablo) Russell, from the Kainai Blackfoot First Nation, elucidated the work of collaboration between TKKs and settler colonial healthcare settings. Speaking about his role as a Traditional Wellness counsellor in an Indigenous health clinic in Calgary, Russell explains:

“Sometimes, the doctor ask me, “He got better, what’d you give him?” And I don’t want to tell him. I just say, “I just prayed for him,” you know. I’m scared to, so scared for the Natives to take our medicine and to use it, and we get nothing from it, you know. And it’s time that for us Native people that we get credit for our medicines. For it to be protected. So it’s not manipulated or taken from us. And I think it’s important, we got so many medicines to help our people that it should start to be recognized by Canada. But also, not just to be recognized, but to be protected, for us. So it’s not—what’s the word—exploited. And that we start to benefit from these things. ...We’ve got strong medicines. But we have to protect them. And I think that it’s good that we work together, to protect, to protect everything.” (p. 30)

This threat of colonial appropriation or invalidation of Indigenous medicines is an ongoing contextual dynamic. Having experts to role model the expertise involved in both holding space for healing and protecting the knowledge, whilst doing the work of educating and capacity-building with settler colonial health systems, as Elder Hal Eagletail describes:

“So really what, what our role is, it started here in Edmonton, the Traditional Wellness counselling, and it started here twenty years ago with Mr. Cardinal that spearheaded the first cultural helpers in the hospitals here. And twenty years ago, before that, we weren’t allowed to bring medicine in the hospitals, the doctors shunned it, it wasn’t allowed, it wasn’t accepted, it was frowned upon. But Edmonton started to make movement. And we’re very grateful for having this happen. And now it’s been twenty years, just last year we celebrated twenty years, November, of having the first cultural helpers.” (p. 32)

Because several of the chapters are transcriptions of talks given together at the *Wisdom Engaged: Traditional Knowledge for Northern Community Well-Being conference*, held in Edmonton, Alberta, in February 2015, or in response to those talks, there is direct dialogue between speakers, further role modelling ways to be intentional and reflexive in contributing to collective efforts that shift paradigms in care service provision and access.

Speaking from my own experience as a non-Indigenous researcher within an Indigenous-led research team located in Calgary, AB, the care, connection, and wisdom of these Elders, and all TKKs working with AHS, are undeniable. They are tangible in the vivid effect they have had on Indigenous and non-Indigenous people who work, or have worked, with them, in conversations with diverse Indigenous people who accessed these services, and, not least, in the steady, transformative, infusion of Indigenous well-being into every healthcare setting where the opportunity for collaboration is offered. Thinking of Elder Camille (Pablo) Russell passing away in 2019, and how meaningful it is to have opportunity to reflect on his words, highlights, to me at least, how invaluable Johnson and Baker’s work here is. Though I never met Elder Camille (Pablo) Russell in person, I met his influence in my friends and colleagues, knowledge he had embodied and shared so that it could become embodied in the individuals and community around him. It is helpful and validating to hear how he perceived this work. Not least, it is supportive to connect with his humor and humility.

“I never do something I do not know how to do... I never overstep my boundaries, and if I don't know something, I tell people.” Elder Camille (Pablo) Russell (p. 31)

A key message throughout the book is that Indigenous communities have consistently been ahead of settler colonial institutional research in recognizing the causes of illness and the routes to well-being, and, beyond this, in recognizing that holistic, strength-based focuses are more effective than deficit modelling, illness-focused approaches in understanding and addressing inequitable access to well-being. Oster *et al.* exemplify ways to recognize and re-dress racism and power imbalances related to knowledge validation and evidence-based practice. (pp.207-230) They emphasize the need for non-Indigenous people to truly listen to Indigenous communities and be guided in culturally appropriate collaboration, connecting to their grounding work on cultural continuity and revitalization as the most effective approach for Indigenous people for diabetes prevention and finding ways to live well with diabetes. As Darlene Auger points out, “when Western medicine stops trying to fit the Indigenous doctor into its model, perhaps we can begin to work together.” (p. 44)

There are many references throughout this book to the criticality and relationship and capacity-building expertise required to create space for respectful collaboration between Indigenous and non-Indigenous approaches to well-being and health. The perpetual work of educating non-Indigenous healthcare providers in a remote community, where turnover is high and those providers are likely to leave in a few months, replaced by new people with whom the education must begin over again is one example. (pp. 47-62) Choosing how to advocate effectively, even if it means taking the government to court to communicate a point, is another. This calls attention to the need to recognize, respect, and remunerate effort and expertise in Truth & Reconciliation, and the relational expertise involved in intercultural collaboration in and of itself.

This book does not pretend to offer a complete or representative view of Indigenous well-being in any positivistic sense. How could it, considering the diverse and interconnected experiences of personal and community well-being being generated continually in dynamic relationship with everything? But it does an excellent job of demonstrating the benefits of culturally contextualized approaches to well-being; of engaging in knowledge exchange and practice that respect, and celebrate, diversity and difference; and of connecting respectfully with those who hold the expertise in the work and relationships involved.

As a resource for promoting connection, the authors whom Johnson and Baker have brought together here assemble a wonderful synergy of guidance and learnings, that very much holds space for readers to find their own related learnings through experience and reflection. Collectively, the authors offer contextualized but adaptable structure, process, and principles to support anyone looking to make sense of what this work entails at different sites within the spectrum of supporting well-being, and finding pathways to the relationship-building, knowledge exchange, advocacy, and action that move towards inclusive, equitable access to well-being.

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