

## ASPECTS OF COMMUNITY HEALING: EXPERIENCES OF THE SAULT SAINTE MARIE TRIBE OF CHIPPEWA INDIANS

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*Abstract: Modern American Indian tribal communities are working toward addressing serious social concerns like poverty and destruction of social structure. These are the legacy of historical oppression, boarding schools, systematic loss of culture and disappearing original territorial lands. The Sault tribe and other tribes in general, deal with behavioral patterns resulting from loss of identity, spirituality and culture, serious alcohol abuse, and domestic violence. They also experience vocational stresses, identity loss, cultural isolation, and other distress patterns evident in the dysfunctional behavior of community and/or tribal members. The prospect of community healing, from internalized oppression and "ethnostress" and reaching a stronger spiritual, cultural-base is a long-term, multi-faceted, human liberation that touches on key American Indian issues.*

### Experiences of the Sault Sainte Marie Tribe of Chippewa with Aspects of Community Healing

While there is growing attention to the importance of "healing the past" in American Indian communities, it is still a subject that is more readily understood and acknowledged than it is written about or researched. There is more detail on the subjects of "oppression" and "healing" in Bobiwash's discussion of the importance of individual experiences in tribal traditions (Bobiwash, 1999), and Rupert Collister's (2001) paper on lifelong learning strategies. Collister discussed victimization, "globalization," educational differences, world view, and "the people who are suffering as a result of these policies" (p. 1). The Canadian government recently sponsored an extensive report of the healing process in communities with "Mapping the Healing Journey" (Solicitor General Canada and the Aboriginal Healing

Foundation, 2002). The final report outlines the "...debilitating shocks and trauma that left whole nations reeling and broken" (p. 9). The report further points out that while the literature about healing is emerging, "...almost everything has been tried when it comes to healing modalities. Basically almost everything works for someone, and nothing works for everyone. It is clear that specific modalities are less important than the context in which they take place" (p. 46). Warry (1998) discussed that the community healing movement and the cultural renaissance have grown hand-in-hand, and that "...the healing process involves not just family and community but also multiple community systems in a process of planned change and institution building" (p. 256). Rogers (2001) defines healing as "to become whole" (p. 1513). He further described healing as "...bringing balance or harmony to one's life. Healing is a personal or family cleansing of unresolved grief, loss, historical trauma, shame and fear" (p. 1513).

The common perception of North American Indians, by American Indian and non-American Indian alike, is some past and ancient idyllic pre-industrial existence which is a romanticized and partial picture that never really existed. The past is typically portrayed as pastoral scenes, "living off the land" surface cultural life, or in contrast, atrocities and brutal warfare. We've all seen these capsulated images and explanations depicted in TV and movies, western and romance novels, and antiquated history books. Because little else of substance is seen or known, that mistaken picture is often relayed to American Indians as the picture of who they are or were. As a result American Indian cultures are marginalized and reduced to stoic images of mass-produced trinkets, colorful decorations, feathers and beads, wall-decoration pipes, headdresses, and pottery, all for sale. Tragically American Indian people have been dehumanized by these false characterizations, which have fostered identity confusion and disruption of an understanding of their place in the world (Antone, Miller, & Myers, 1986). While some American Indian people have been forced to abandon their heritage, others purposefully sought to leave family, community identity, and ties behind. If the choice to abandon identity was related to economics, "to pass" or get along, the effects are just as culturally devastating as if the cause were forced removal or the boarding school experience. The disastrous results of this kind of long-term genocidal thinking and action has resulted in American Indian communities reflecting a very high, easy to identify, myriad of social ills, governance issues, and less easily understood divisiveness, or "narrowing of culture" (Antone, et al., 1986, p. 16). The losses in human potential, pain and anguish, over a long and cumulative period of time are immeasurable. This is the backdrop for healing of the community in Sault Sainte Marie, Michigan.

The Sault Sainte Marie tribe of Chippewa Indians, recognized in 1974, has developed rapidly, demonstrating the massive growth and the accompanying financial success that gaming and hard work brings to tribal communities. The Sault tribe is the largest in the Upper Peninsula of Michigan, and offers hiring and retention preference for tribal members and American

Indian households. The Sault tribal service area covers seven counties in the Eastern Upper Peninsula of Michigan. Rich in vast forests and flanked by Lake Superior and Lake Huron, the area is home to many natural wonders. Sault (pronounced Soo) Sainte Marie (French, meaning the Rapids of St. Mary's) is one of the oldest settlements in the United States. It is referred to as "Bawaating," one of the gathering places on the migration around the Great Lakes. Some say Bawaating (Ba-Wa-TING) has been the summer cultural center for American Indians for thousands of years. Considered a rural community, the Soo has a high percentage of American Indian residents who are largely assimilated into the economic, historical, and social life of the area. As in many other American Indian communities, along with many innovations and progressive activities, modern-day Bawaating has high percentages of violence, child abuse, alcoholism, and family dysfunction (Antone, 2000). Also significant in the Soo are high assimilation factors such as few language-speakers, mounting health and mental health concerns, a reduced sense of community, and dwindling ethnic identity. The impact of these issues or "historical oppression" has recently become accepted to be reflective of the presence of "ethnostress" or "loss of joyful identity" (Antone, et al., 1986, p. 7). At the same time, tribal members and the community at large benefit from the higher income and services availability reflective of better employment opportunities and a higher standard of living. An ongoing concern for many years has been that the increase in the standard of living, although mitigating some of the poverty factors, did not appreciably reduce the impact of oppression of the community (see Appendix A).

In 1999 the Sault Tribe of Chippewa Indians introduced a federal project in the form of a cooperative agreement with the Department of Justice named: Safe Kids, Safe Streets (SKSS), Building Strong Native American Families. The Safe Kids, Safe Streets project is designed to address systems reform aimed at reduction in child abuse and resulting in reduced juvenile delinquency (Safe Kids, Safe Streets, 2003). This project is significant in that it was funded and administered through a collaboration of Department of Justice Programs, including the Office of Juvenile Justice and Delinquency Programs (OJJDP), Executive Office for Weed and Seed, and the Office on Violence Against Women. A small local group initiated low-key, grass-roots cultural discussions as a result of the local, multi-tasked SKSS initiative. Initial discussion focused on hope for more collaboration among programs and a stronger inclusion of spiritual values in slowly developing tribal programs. The issues discussed were similar to those that have been voiced within the community as concerns for many years. This group proved to be different than previous discussion groups because they continued to meet under the SKSS umbrella and kept the discussion going. The group envisioned a need for incorporation of Anishnabe culture into programs, and ultimately for healing in the community.

The discussions continued slowly. A larger group was loosely formed utilizing a talking circle format to discuss how to structure the process, who

might direct it, and what might be expected from such a process (see Appendix B). The rise of this grass-roots effort toward community healing in Bawaating, as a planned community development process, has been welcomed by those who have become aware of it during the 18 months of development. The process of reaching consensus on direction included prayers and ceremonies, consulting elders, and many talking circles to specifically and painstakingly articulate expectations (see Appendix C). Commitments from trainees were sought for participation in the process. A lengthy and well-developed presentation was made to the governing body of the tribe, the Board of Directors, and they solidified support for the development of the process and for bringing the Community Healing Process to the Bawaating area (see Appendix D).

It should be noted that the issues and activities undertaken in the Community Healing Process structure are lengthy and this article is not intended to be comprehensive enough to adequately detail the full experience of community healing in Bawaating or any American Indian community. While many issues and subjects of community healing training are worthy of note, the following three are being discussed here: (a) assimilation factors in the indigenous community, (b) the reintroduction of clan identity and structure into community, and (c) the importance of sense of belonging to healing and "joyful identity."

### Community Healing Process

Understanding and addressing internalized oppression or "ethnostress" is critical to recovery in American Indian communities. Any American Indian community with the tenacity and motivation to address healing change must address ethnostress, or the "loss of joyful native identity" (Antone, et al., 1986, p. 7). It is crucial to go through each of four stages of community development which includes awareness, struggle, building, and preservation. Ethnostress is a term coined by Bob Antone of Tribal Sovereignty Associates, who was the consultant selected to train and facilitate community healing in the Bawaating area. Mr. Antone has worked extensively in the U.S. and Canada for many years. He was very careful in trying to understand our community and to make recommendations for the changes that we envisioned (B. Antone, personal notes, 1999).

The curriculum brought to the community by Mr. Antone, entitled "What Was Never Told," provides a common ground for understanding and awareness (Antone & Dumont, 1997). It is the first of four phases in long-term community healing. Participants would be given a starting place for building common knowledge and then trainees would in turn share this information with others, causing a ripple of discussion and experiences to begin throughout the community. The Community Healing Process was structured to first provide training to individuals who would commit to share and teach the information they obtained three days a month for six months.

Trainees would then share the information within their spheres of influence including family, work, circles, groups, clients, students, and workers.

During these planning discussions, held in a talking circle format with ceremonial smudging and prayer before each session, consensus was made that the focus be to attempt to undo ethnostress in the form of the loss of community that has been experienced in this locale. Six months of talking circles brought the community to the point of readiness for the next step, i.e., to determine how they would learn about the process, who would teach them, and who from within the community would lead the process (see Appendix E). After a discussion with key tribal leaders, it was concluded that the community was heading in the direction it wanted to go. Mr. Bob Antone of Tribal Sovereignty Associates was invited to present on community healing and to facilitate a discussion regarding the direction for the process. As he entered into the community and listened to our thoughts, explanations, and needs he began tailoring a localized plan for the Community Healing Process. A trust level was established with him. Pipe carriers and elders, listening and asking questions, were among the wide variety of community members who contributed to development at this phase. In the interim the study group continued to discuss the healing process, and a steering group was formed. When Mr. Antone's report and recommendation were received, providing a blueprint for development, the study group met again. Several participants took the responsibility for summarizing the report for presentation to the steering group. The consensus was that the steering group liked Mr. Antone's style and the course he was recommending. A critical step was going back to the pipe carriers and elders, asking their opinions, and finding they were supportive.

Another critical step was to clearly articulate the purpose, benefits, expectations, and vision to the steering group, the Board of Directors, and to the potential participants as well. The steering group developed clear expectations that those who committed to the training would form a resource for leadership for further development within the community (see Appendix E). The steering group engaged assistance from tribal staff and community members, and made an outstanding presentation to the tribal Board of Directors outlining the elements of the Community Healing Process. The presentation included Tribal Division/Department Directors/Managers discussing how their programs fit into the vision of the healing process, as well as personal testimonials from tribal members about their hopes for the process (see Appendix D). The Board of Directors unanimously passed a strongly worded resolution about the importance of community healing to the Bawaating community. This governmental support was another crucial element in the development of the Community Healing Process.

It is important to note that the Community Healing Process is not "linear" in construction. It relies on "wheel" or circular concepts that are basic to the American Indian experience. The lessons and activities are built on American Indian thought processes and theoretical constructs. The

methods are creative, engaging, imbued with “American Indian thinking,” and based on American Indian culture. The first part of training is considered to be the start of disseminating critical base-line information. Completion of Part One of the training is the beginning, or bringing-forth the community knowledge that is the start of healing (Antone, 2000).

Sault Tribe contracted with Mr. Bob Antone, of the Oneida Nation, and Mr. Jim Dumont, an Ojibway, both from Canada, to conduct the training for Bawaating. A great deal of credit for the success of the learning experience was in the creativity, spirituality, and humor brought to us by Mr. Antone and Mr. Dumont. They were a masterful team alternating as facilitators, presenters, and teachers, and also modelers of sharing, feeling, and connecting. The training participants were kept on task, allowed closure, and pushed to the next exercise as part of the process, all modeled with the kindness and generosity that is Mr. Antone’s and Mr. Dumont’s style. During training the participants were allowed a safe place to express their individual creativity, use their imagination, and shed healing tears. The giving and receiving brought out closeness that only commitment and sharing on a deeper level can bring. Participants report feeling awed by the unfolding prospect of previously separate individuals being pulled together into a core group who were spiritually and culturally connected.

In order to accommodate tribal employees and non-employees, the group agreed to train all day Thursday, Friday afternoon and evening, and all day Saturday. Employees of the tribe donated their Friday nights and Saturdays and were released from work for 1.5 days each month. Donating time in order to receive the training was viewed as a measure of commitment to the process. The many tribal staff involved made the commitment for personal participation without question.

It was considered important that participants commit to the duration of training, and that they be frank about any barriers to participation that may surface. A group of “barrier busters” made up of participants then worked on the issues to remove the barriers. Barriers identified included travel expenses, childcare, accommodations for three days of training, feeding the participants, availability of sound equipment, and work-related issues. Tribal employees’ supervisors signed approval or signed approved cultural leave (a tribal employment benefit).

Logistically, the greatest barrier proved to be childcare. Potential trainees desired that their children be in a safe and stimulating environment throughout the training. In response to this need, volunteers surfaced to coordinate and provide childcare for the duration of the training. Volunteers and staff from the tribe’s Youth Education Program pitched in to make a comfortable place for the children at Big Bear Community Recreation Center on Friday nights and Saturdays, offering supervision and activities. Additionally, the Sault Tribe’s Childcare Assistance Program provided food for the children during the time their parents were in training.

Other barriers were handled using problem solving by steering committee members, supervisors, and participants. Training sessions were scheduled to be held at the Sault Tribe's ceremonial building, a large multi-use community facility with a kitchen.

It was believed that an important aspect in the care for participants was the provision of food during their training sessions. More than just the convenience of allowing participants to remain on site, or the fact that it might be difficult to accommodate that many diners in town, was the cultural concept that sharing food, sharing sustenance, and eating together was another avenue to bond person-to-person. The prayer that is offered when preparing and serving the food is as important as the prayer that is offered when appreciating it, the bounty from the earth, and the provider (J. Dumont, personal notes, 2002). To this end several tribal departments—Housing, Youth Education, Children's Mental Health, SKSS, Community Health, Tribal Culture Department, and Intertribal Council—each sponsored meals for a session of training. This was another example of collaboration within the tribe in support of the process. With barriers addressed, participants signed and committed, Board of Directors' supports in place, locations, trainers, and texts identified, the training began.

It should be noted that our expectation was for a low number of participants to actually complete the training. The length and intensity of training were expected to result in a high dropout rate. Indeed, some participants were not able to sustain the commitment for a variety of reasons. Individual readiness to deal with the deep and painful issues discussed during any healing process is a strong variable. Amazingly, the process actually fared much better than expected for the first round of training, with 32 persons considered successful in completing training. An unanticipated outcome was the training participants becoming a close-knit core group.

Elements of the total training presented during the Community Healing Training Process were: (a) awareness of the impact of oppression on feelings, physical, emotional, and spiritual life; (b) recapturing accomplishments of American Indian people; (c) American Indian world view; (d) assimilation factors; (e) clan teachings, including roles of clans; (e) creation story; (f) historical myths; (g) policies and language of oppression; (h) contributions of American Indians; (i) myths of "discovery; (j) impact of invasion; (k) American Indian identity/culture clashes; (l) systematic genocide; (m) community building elements: awareness, struggle, build, preserve; (n) finding that joy in the center of everyone; (o) self-growth activities; (p) balance, self-sufficiency, harmony; (q) developing Anishnabe intelligence [multi-faculty response on all levels]; and (r) importance of economic creation: framework and thinking of people (Antone & Dumont, 1997).

A tremendous amount of material was shared and absorbed. Participants bonded in clan groups and were asked to report frequently about how the information was being perceived and retained. Participants reported feeling drained after each session, sometimes from the intensity of the

material, the deep sharing among participants, or the magnitude of the process. In evaluations of the overall training, participants reported greatly increased knowledge of traditional values and way of life, having made strong bonds, and ongoing commitment to the process. There was an eagerness to learn more, to be able to share more as the process continued into the remaining three phases.

### **Outside In: Assimilation Factors in the Community**

A common, cross-community factor in American Indian communities is both the reality and perception of assimilation to the “dominant culture” (Antone, et al., 1986, p. 23). Also important are the ways in which assimilation is manifested. A major aspect of community healing includes an honest assessment of Bawaating community wellness. Perceptions from community members concerning their personal wellness and the general “wellness of the community” often are shown to be at divergent levels. Bob Antone presented a chart of assimilation factors on aboriginal health that has been in use extensively in the Canada First Nations training and was adapted for our use (Antone, 2000). These assessments of assimilation factors fall within several categories including: (a) physical health, (b) mental health, (c) emotional health, (d) spiritual health, (e) whole person health, and (f) health care systems. Within each of these factors are defined “indicators of wellness” that can be assessed for: (a) assimilation to unhealthy situations, (b) high impact, (c) impact, and (d) aboriginal holistic health. The following listing outlines the indicators within each factor.

1. Physical health: aging, body weight, mobility/activity.
2. Mental health: memory, thinking, learning.
3. Emotional health: feelings, relating, pride.
4. Spiritual health: futuring, inner signs, cultural connection.
5. Whole Person health: food, identity, lifestyle, extended family.
6. Health care systems: health care service, personnel, management, social health, political health, educational health, language, economic health, environmental health.

Respondents reviewed each of the charts with their respective definitions individually, once for assessment of their personal assimilation and again for their perception of community wellness. This information was then shared in small clan groups. Reports were shared with the entire group.

The findings were interesting in that generally individuals considered themselves less assimilated or at-risk than they perceived their community to be suffering from assimilation. When individuals had a high confidence in their personal lack of assimilation, they tended to be less pessimistic regarding the wellness of the community as a whole. If we chose to do this exercise



again it might be beneficial to be more specific about data collection within the small groups, for we are unable to give an overall numerical analysis because groups collected the data divergently.

Interestingly, several participants of Bawaating's Community Healing Process training were familiar with Colorado State University's Tri-Ethnic Center for Prevention Research's Community Readiness Model (Edwards, Jumper-Thurman, Plested, Oetting, & Swanson, 2000) and recognized key similarities with Mr. Antone's "assimilation factors." The Tri-Ethnic Center's Community Readiness Model that had already been utilized by Sault Tribe's SKSS project to assess readiness for child abuse/neglect reform, is a theoretical model developed to answer questions about how ready a community is to address an issue and to implement prevention and intervention strategies. Included are descriptors of the stages outlining how a community deals with a problem or issues using group processes and group characteristics—community climate, existing efforts, resources, community knowledge of efforts, and leadership. Stages in community readiness are no awareness, denial, vague awareness, preplanning, preparation, initiation, stabilization, confirmation/expansion, and professionalization. Assessment is performed using key informant interviewing research techniques. This procedure has been tested and reliability has been established and documented (Thurman, Plested, Edwards, & Oetting, 1998). The Community Readiness Model also provides suggestions for interventions once the determination is made as to where a specific community is functioning in the readiness continuum.

Participants were enthusiastic about having the initial community wellness indicators developed and presented by Mr. Antone to utilize as potential local outcomes for wellness/recovery/community healing efforts in American Indian communities. As a result of connecting community readiness and Mr. Antone, we are exploring ways we can utilize the localized readiness model strategies effectively. This is a good start on building usable practical strategies. More study and development is needed in order to discover ways of incorporating the assimilation factors into wellness outcomes for our community.

### **Inside Out: Importance of Sense of Belonging to Healing and Identity**

Very little new information need be added to documented accounts of the damage that results when people have a sense of being shut out from community, home, and family. From pre-school up, feelings and experiences of isolation, fear, self-doubt, loss, and factionalism manifest when a sense of belonging is denied (Antone, 2000). Yet this very dynamic is present and continues to do damage in American Indian communities. Bob Antone, our facilitator, has stated specifically that "when you deny someone their sense of belonging, you are committing an act of violence on them" (B. Antone,

personal notes, 2002). That is a powerful condemnation of business as usual and provokes even the complacent to stop the personal violence. Participants learned to place high value on the process of encouraging and allowing the community to become safer for people to heal and grow, by making them comfortable to express their feelings, pain, and tears.

Another element of ethnostress, "The Hostage Syndrome" refers to the confusion a person experiences when he/she adapts to the point of view of his "oppressor" (Antone, et al., 1986, p. 16). Something akin to this element is what makes the tomahawk chop and other depreciation of American Indian images and spirituality seem to be acceptable. How can American Indian people build pride in their identity when stereotypes are the norm and only the "under glass" image (meaning separate from experience, non-dynamic, and viewed from afar or "outside") of American Indian people is erroneously accepted (Re-Building First Nations Communities, 1998)? How can American Indian people get to a different place when these stereotypes are promoted in the media, sports at all levels, arts, and business? Young American Indian people have great difficulty separating the notion that stereotypes and racial epithets are considered to be okay. Some justify their actions by calling them tributes to the fine qualities of American Indian people. In reality, when perceptions of right and wrong are clouded, we lose a piece of identity. Along with strong influences from the dominant culture about some other aspects of life including cultural/spiritual identity, the confusion is perpetuated and passed along to the next generation (Re-Building First Nations Communities, 1998). The struggle to develop one's own unique cultural identity and world view often takes a back seat to getting an education, earning a living, and starting a family. It's a long and persistent struggle to balance materialistic values and personal ambition with diametrically opposed cultural values. It is no mystery that young people struggle and often give up and turn to the dominant way of life just to get by in the mainstream, more materialistic culture (B. Antone, personal notes, 2002; J. Dumont, personal notes, 2002).

In order for community healing to develop, there needs to be a sense of safety within the community. It must be a place where it is safe to disclose, to work on our own personal healing, and where people feel connected to each other (B. Antone, personal notes, 2001). For this to occur, it must be a conscious process. Care and maintaining of community is not an accident, and cannot be haphazard. It is deliberate. This goes beyond just knowing your neighbors and includes an internal sense of whole acceptance and dropping of barriers like fear and distrust. Equally important is the external safety not to feel judgment from others, or the necessity to "convert to belong." Critical to reclaiming American Indian cultural identity is the need of hearing, experiencing, understanding, and reclaiming the American Indian story of creation and the sense of belonging that derives from it (Re-Building First Nations Communities, 1998). The impact of hearing one's own creation story, no matter the tribe or race, and learning one's place in the

world cannot be understated as a factor in reclaiming one's identity and acquiring an all important sense of belonging.

### Reclamation of Clan Identity

The clan structure is virtually lost in Bawaating, as is perhaps the case in other highly assimilated tribal communities. The loss of clan teachings, bundles, and ceremonies has had a tragic impact on community structure, governance, education, and social structure. Clan identity strikes at the very core of issues around one's place in the community, occupation, life orientation to the world, family, relationships, and even whom one chooses to marry (Dumont, 1999).

Expressed by participants as one of the strongest positive features of the Bawaating Community Healing Process were the teachings and activities around the reclamation of clan identity, clan inventory, camaraderie among clans (similar to the feeling of "making relatives"), and acknowledgement of contributions to the community by the clans.

Among the first tasks in Community Healing Process training, was dividing loosely into clan groups for the purpose of small group discussions of the didactic materials and lessons. These clans include Bears, Crane and Loon, Bird including Eagle, Water including Turtle, and a combination of Wolf, Caribou, Deer, and Thunder clans called Hoofed Clan. This breakdown was based roughly on the clan designations already known to participants (Benton-Banai, 1979). There was keen interest in the clan groups and it stimulated many participants to discuss the issue of clan's and identity with family members in order to identify their true clans, or to go to the elders or spiritual leaders for clan identification. Eventually we received more detailed information on the seven original Anishnabe clans (J. Dumont, personal notes, 2000). Bonding in these small groupings was phenomenal, and amazingly the effects continue even after the training sessions. Groups discussed invasion of ancestral lands by outside forces and developed inventories of what we still have present in our community today. We reflected on the impact of the teachings we were given on society and on ourselves as individuals.

Understanding and accepting one's role in a community has a drastic impact on identity and self esteem. To know one's role, know the expectations of the community, have confidence in it, and obtain both the acceptance and appreciation of one's place in society is a crucial passage to adulthood that has been missing for many years with many people. Actual clan families are often large and extended, and sometimes complicated familial structures in American Indian communities (Dumont, 1999). Children are lucky to have the benefit of extended clan family who are often close-knit, supportive, and communicative. It has become clear to many participants that another step for healing our community is dissemination of the information and facilitation

of the reclamation of clans on a larger scale community-wide. Clan teachings are not completely lost. Youth can be assisted with training, as can even some elders who have missed out on these lessons in the last few generations.

### Conclusion

Our Community Healing Process has accomplished the goals of laying groundwork for awareness, common knowledge, and understanding. Steps toward greater tolerance and even heightened action toward reclaiming community values, systems reform, and sustaining changes have been introduced.

Participants committed to share information within their homes, families, circles, and spheres of influence in the ways best suited to their skills and knowledge. To date, sharing circles have started discussing with specific health groups the impact of wellness on physical, mental, emotional, and spiritual feelings. These groups have reported being tremendously productive for cancer survivors, diabetic support groups, and others. Additionally, structured training sessions on excerpts of the material are being prepared for various employee groupings, non-American Indian service providers, and a presentation on community development from the cultural healing perspective is being prepared for the tribal Strategic Planning Committee. Plans are also being developed to make a summary presentation to the tribal Board of Directors.

It should be noted that Bawaating's Community Healing Process is unobtrusively operating on several levels. Preparations are being made for the next sessions, elements are being considered for inclusion in grant plans, etc., and less openly in the variety of commitments each participant took with them from training. Participants report being stronger spiritually, emotionally, and certainly mentally since incorporating the vast knowledge they were exposed to. Our community is changed as a result of these experiences. Every person who participated took some understanding away with them, whether they were a participant completing training or a visitor to a session. Lingering issues are broadly acquiring the requisite language proficiency to impart these levels of growth and experience, engaging interest from other community members in exploring their own readiness for such a process, and imparting the importance and potential of this healing process within programs and to those who will contribute funding. Interestingly, despite the leadership Safe Kids, Safe Streets, and Anishnabek Community and Family Services bring to the Community Healing Process, no one person, no one program, agency, or group is thought to own this process. It belongs to the community.

The results include many individual commitments, major pledges of support and funding, donations of time, and powerful expressions of care and concern for the community. The community takes pride and pleasure in the good direction being chosen. With completion of the first part of training,

we as a community are at a beginning in understanding, laying groundwork, and building on what is good that has not been lost. Each part of the prescription for the Community Healing Process that we have committed to is important. Every element of training and each topic are vital to individuals, families, governance, and development in Bawaating. It has been a long process to get to this place, yet this is just the beginning.

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### References

- Antone, R. A. (2000). *Behwating community development and healing strategy*. Ontario, Canada: Tribal Sovereignty Associates.
- Antone, R. A., & Dumont, J. (1997). *What was never told, a cultural sensitization program*. Ontario, Canada: Tribal Sovereignty Associates..
- Antone, R. A., Miller, D. L., & Myers, B. A. (1986). *The power within people: A community organizing perspective*. Ontario, Canada: Peace Tree Technologies.
- Benton-Banai, E. (1979). *The Mishomis book: The voice of the Ojibway*. St. Paul, MN: Indian Country Press, Inc. Red School House.
- Bobiwash, A. R. (1999). *Long term strategies for institutional change in universities and colleges: Facilitating Native people negotiating a middle ground*. Center for World Indigenous Studies. Retrieved 12/02: [www.cwis.org/fwj/41/strat.html](http://www.cwis.org/fwj/41/strat.html).
- Collister, R. (2001). *Revitalizing marginalized communities by increasing social capital through holistic education and the lifelong learning strategies of indigenous peoples*. Retrieved 12/02: [www.ACSA.edu.au/2001conf](http://www.ACSA.edu.au/2001conf).
- Dumont, J. (1999). *Anishnabe intelligence: Anishnabe ways of doing things*. Anishnabe Izhichigewin. Manuscript in progress.
- Edwards, R., Jumper-Thurman, P., Plested, B. A., Oetting, E. R., & Swanson, L. (2000). Community readiness: Research to practice. *Journal of Community Psychology: Wiley & Sons, Inc.*, 28(3), 291-307.
- Re-Building First Nations Communities. (1998). Ontario, Canada: Tribal Sovereignty Associates.
- Rogers, B. (2001). A path of healing and wellness for Native families. *American Behavioral Scientist*, 44(9), 1512-1514.

- Safe Kids, Safe Streets Project. (2003). *Sault Ste. Marie tribe of Chippewa Indians, MI*. U.S. Department of Justice, Office of Justice Programs, OJJDP Programs. Retrieved 06/03: <http://ojjdp.ncjrs.org/safekids/sault.html>
- Solicitor General Canada and the Aboriginal Healing Foundation. (2002). *Mapping the healing journey. The final report of a First Nation research project on healing in Canadian Aboriginal communities*. Retrieved 12/02: [www.sgc.gc.ca](http://www.sgc.gc.ca).
- Thurman, P. J., Plested, B. A., Edwards, R. W., & Oetting, E. R. (1998). Using the Community Readiness Model in Native communities. *Center for Substance Abuse Prevention Monograph*. Rockville, MD: National Institute on Drug Abuse.
- Warry, W. (1998). *Unfinished dreams: Community healing and the reality of Aboriginal self-government*. University of Toronto Press.

### Authors' Notes

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## Appendix A

### Why are we doing this?

1. We want to reduce the context of violence in the community.
2. We want a greater sense of identity: Who we are and what we bring to each other. Just doing that will bring a measure of healing to the whole community.
3. We want more people to have increased self-worth. We want to recognize and increase the awareness of the truth that wherever we are, we're good people. We want to commit to being Anishnabek wherever we go.
4. We want recognition that the past has had an impact on us, the way we are today, the way we look at ourselves and the way people look at us. We want to understand the impact of ethnostress. We want an understanding of how or why things have been the way they've been, and learn to do things differently than we have in the past.
5. We want a reduction in pain our people feel, even when they can't explain it. We want an increase in health for all the people, mentally, emotionally, and spiritually.
6. We want to decrease the isolation from one another, increase the sense of family, identify who makes up the community, and *allow everyone a sense of belonging*. We want this sense of community to include all of our relatives. We want recognition of diversity in the community.
7. We want to honor everyone's sense of belonging, not to deny anyone that very important need. *We want to end causing people pain from feeling turned away from community.*
8. We want to recognize the resentment and mistrust that are present in the community. We have looked to the strength of the elders, but we are wearing them out. Some people are not able to express their feelings at all because of pain or their life experiences. We need to be sure all are included in healing and we can't *assume* others are in the same comfort level with dealing with pain. We have to ensure that people feel safe to bring up their pain during the healing process.
9. We want finally some *spending on PEACE*. We don't want to continue just healing the symptoms of hurt and division in the community. We want to go back to the root causes and truly heal them. It WILL happen through this process.
10. There are basic differences in philosophy and principles all around us. The act of survival has changed us as a people. *We are in danger of losing our basic identity*. We have to understand why we don't believe in ourselves anymore.
11. We have to go back and start building the community as a safe place to express ourselves, without infighting or self-doubt.

Developed jointly by the Community Healing Process Committee 11/8/00.

## Appendix B Purpose of Training:

Identified trainees will be central to the community healing process.

Trainees will learn cultural, social, healing information to be passed along to the community in a variety of methods.

Trainees will learn the context of non-violence and healing.

Trainees will also participate in skills building on meeting facilitation, listening to others necessary to the process.

Trainees will commit to completing training and to make significant efforts to sustain community healing for the next generation.

## Appendix C What Will the Community Have Gained from the Training?

1. This sharing will start the conversation about the overall process of community healing. *This is not the end of the process, it is the beginning.*
2. Community members, employees, cultural leaders, and program administrators will work together and will be represented in the training group. The dialogue leading to real communication will start and we will begin to truly remove the barriers to communication and collaboration.
3. Training will allow for recognizing and sharing of our strengths as individuals and as a people. We will be supportive of individual gifts to the community. We will celebrate the strength of the circle.
4. People will be supportive in the opportunities to look at lifestyles, choices, personal issues, relationships, and start to explore their personal view and world view.
5. People will be free to choose a path out of their pain.
6. There may be turmoil for a while as these long time pains and barriers are at last put to rest in a new way, in a supportive environment.
7. Good things in life take time.

Developed jointly by the Community Healing Process Committee on 11/07/00.



## Appendix D

### Benefits of Training:

- It is an honor to be selected for training; there will be some sort of
- recognition upon completion of training.
- The committee will work with potential trainees to help remove individual barriers to participation, i.e., childcare, transportation, time off, etc.
- Trainees will be able to advance their personal knowledge of cultural issues.
- The skills building process is very beneficial for the trainee.
- Trainees will have an enhanced ability to help/contribute to community.
- There will be an increase of *safety* in the community.
- There will be a decrease of violence in the community, on all levels, all kinds, subtle and overt.
- There will be a decrease in racism, both institutional and internalized.
- We will see a decrease in misconceptions about Native people.
- Training will be a major educational tool for increase in self-esteem, for elders, adults, and children.
- We will see a refreshing increase in cultural knowledge and practice.
- There will naturally follow an increasing cohesion and sense of community.
- We will have an increase in the ability to reflect our own traditions in today's world.
- Presentations will be made to: The whole community, Native and non-Native, and outer areas of Bawaating community.
- Back to a structure of whom we are.
- Common understanding of roles, values, as men, women, families, community members.

## Appendix E

### Expectations of Trainees:

- This is the first step in a lifelong process. It goes beyond the training time and extends to services in the community.
- This is a commitment to lifestyle changes in the community.
- Trainees will offer training to others. Part of the commitment is to be knowledgeable and share skills and knowledge with others. Trainees will commit to conduct an agreed upon number of training opportunities in the next year in the community, centered on what has been learned in training.
- Trainees will support programs in the tribe/community and look for opportunities to be of service.
- Individuals will implement what they learn in programs/circles/homes/activities.
- Trainees will commit to complete all 6 sessions.
- Trainees will commit to sustaining the process for the community.
- Trainees will be "up front" about potential barriers to participation so that we can look for solutions together and the goal completion of training for as many as possible can be reached.