



# U.S. NATIONAL INSTITUTES OF HEALTH 2019 Traditional Medicine Summit Report

*Maintaining and Protecting Culture Through Healing*



Held November 20–22, 2019

Nighthorse Campbell Native Health Building  
University of Colorado Anschutz Medical Campus | Aurora, Colorado



National Institutes of Health  
Tribal Health Research Office



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## Introduction

In November 2019, the U.S. National Institutes of Health (NIH) Tribal Health Research Office (THRO)—with the NIH National Center for Complementary and Integrative Health (NCCIH) and the U.S. Centers for Disease Control and Prevention (CDC) Office of Tribal Affairs and Strategic Alliances (OTASA)—brought the biomedical research and traditional medicine communities together in a first-of-its-kind meeting: *The 2019 Traditional Medicine Summit: Maintaining and Protecting Culture Through Healing*.

The Summit was a positive, supportive forum for 40 traditional medicine and Native health care practitioners, medicine men and women, and American Indian and Alaska Native (AI/AN) researchers to discuss traditional healing practices and health services, and how biomedical research can support Native communities around these sacred methods. The 2.5-day event consisted of public sessions with presentations from NIH- and CDC-funded researchers, a closed session for traditional medicine practitioners and invited guests, and a joint public session.

Participants took turns talking and listening to identify approaches for respectful collaboration between traditional healers and health researchers. They also explored relationships between traditional medicine and health care services, and ways to connect younger generations of AI/AN people to traditional medicine, integrative health care, and academic research. These conversations created a foundation for the different groups to build on and work together to improve Native health now and in the future.

This report provides background on the Summit and highlights discussions and themes that emerged from the public sessions. For additional information, please email [throinfo@nih.gov](mailto:throinfo@nih.gov).

## Background

### *Origin and Purpose*

In March 2018, the NIH Tribal Advisory Committee (TAC) suggested the NIH explore research support for AI/AN youth interested in traditional medicine and healing practices and consider how health research could better support the role of traditional medicine in improving Native health. TAC, comprised of Tribal leaders and elected officials, carefully considered the culturally sensitive nature of traditional medicine and health research among AI/AN communities before resolving that support from within the traditional medicine community would be essential to this initiative.

The idea of convening a traditional medicine summit was discussed further in TAC meetings and then announced to the U.S. Department of Health and Human Services (HHS) Joint Tribal Advisory Committee (JTAC) in July 2018. By October 2018, THRO Director Dr. David R. Wilson (Diné) announced the Summit to TAC as a 2019 priority and the group ultimately decided plans would be best guided by a subcommittee of AI/AN researchers and practitioners with experience in traditional medicine and connections to traditional



*Traditional medicine practitioners, healers, and invitees.*

healers. Several TAC members volunteered to join the planning group and others suggested researchers and representatives from Native-serving health organizations. This small working group met biweekly through November 2019 to plan and coordinate the event with THRO.

The original planning committee included: Chester Antone (Tohono O’odham), Azure Bouré (Suquamish), Donna Galbreath, M.D. (Ahtna Athabascan), Joseph P. Gone, Ph.D. (Gros Ventre), Michelle Kahn-John, Ph.D., RN (Diné), Angela Michaud, DC, CSCS (Tlingit), and Tyler “Migizii Migwan” LaPlaunt, M.S. (Sault Ste. Marie), and NIH THRO Director David R. Wilson, Ph.D. (Diné).

### *Planning and Design*

The planning committee modeled the Summit after the 4-day *Gathering of Native American Healers* at the University of Michigan in October 2010 (Gone et al., 2015), including the opportunity for traditional medicine practitioners and invited guests to gather privately prior to the combined public session. This structure provided a meaningful way for participants from different AI/AN communities to connect—to fully introduce themselves, speak their Native languages, and share prayers, songs, and ceremonies. It was also a time to acknowledge the past and refocus on the future. During this gathering of healers, participants openly discussed culturally sensitive topics related to traditional medicine and research with Tribal communities, including the challenging history many communities have experienced with researchers. They also jointly developed the structure and content of the public session.

While these participants were in closed session, other Summit attendees learned about traditional healing practices and cultural sensitivities from researchers supported by NCCIH and CDC’s administrative leads for AI/AN health programs.



At the end of the closed session, all Summit participants joined together in a larger public session. The full group discussed specific themes that arose organically during the closed session and covered important areas for researchers to consider when planning and conducting research with traditional healers and AI/AN communities. Structured as a roundtable, the public session included speaking roles for traditional medicine practitioners and addressed the following discussion themes: perception (spirituality), translation (humility), protection (sustainability), and contribution (accountability). Many participants commented that they learned new, useful information at the meeting, and that the Summit will provide a foundation for increasing the integration of traditional healing and biomedical research.

## Public Joint Session

Dr. Wilson kicked off the Summit by welcoming attendees and stressing the significance of this first-of-its-kind gathering. He also shared information about NIH and THRO and discussed the role of the NIH TAC, which guides agency programs and policies that affect Tribal communities. He credited TAC members for recommending the event and expressed hope that it would be the first of many gatherings around traditional medicine. Dr. Wilson noted that Summit conversations highlighting AI/AN research are just the beginning. He explained that the next steps will be to determine how the ideas discussed can be applied in health care settings and implemented in Tribal communities to reduce health disparities.

Dr. Don Warne (Oglala Lakota)—whose Lakota name means “medicine man”—also welcomed attendees and shared personal stories with the group. Having grown up in a family of traditional medicine healers and becoming a family physician, he explained how he has deep connections to both traditional Lakota culture and the modern medical and scientific community. Dr. Warne emphasized that Indigenous communities have been conducting work similar to scientific research for thousands of years but use different terms than the academic research community for the same concepts. He also shared information about educational programs he supports that provide opportunities for AI/AN researchers and any researchers that study Indigenous health.

### Opening

Dr. Gone addressed all attendees, emphasized the purpose of the Summit, and explained the need for the closed session. He noted it was respectful to traditional medicine practitioners to be able to discuss culturally sensitive topics privately with invited guests and then share with the full group what they felt was most important for the research community to know about traditional medicine and potential collaborations.

Dr. Kahn-John acknowledged the sacred space devoted to offerings for spirits, guardians, ancestors, and all attendees to share before she also welcomed and thanked the group.



*Moderator Dr. Joseph Gone (Gros Ventre) addresses the group during the public session.*



## ***Presentation Session I: Perception (Spirituality)***

Volunteers spoke on the first of four themes and linked ideas from discussions during the closed session. These themes were not defined to allow speakers the flexibility to address the aspects of the topics most meaningful to them. The first theme was *Perception*, with the linked idea of *Spirituality*. There are currently 574 federally recognized Tribes across the country, and each of these communities has its own definition of *Perception*. Identifying common themes in each of the sessions was critical in developing a minimal level of understanding for the research community. Speakers commented on the importance of respecting the sacred, respecting individual experiences and perceptions, conducting research according to each community's protocols, connecting with the internal spirit, and learning to recognize the right questions.

### ***Major Themes***

- » Native people and communities reach out to spirituality in different ways. Health researchers need to learn about the people they collaborate with prior to engaging and be culturally aware, respectful, and nonjudgmental.
- » It is important for researchers to understand there is an intersection between health, research, and spirituality. Always consider a person's spirit, mind, emotions, and body.
- » Do not make assumptions. Be willing to ask questions and seek clarification.
- » When helping individuals cope with suicidal ideation, work with them to focus on the present moment and many aspects of their life.

### ***Summary***

David Tsosie (Diné) began his presentation in his native language, explaining that attendees were embarking on a journey to combine traditional knowledge and Western medicine to form a new way of looking at the



*Dr. David Tsosie (Diné) speaks on tradition and humility in traditional medicine and health research.*

world and health. He said that each Tribe was given a way of life. For example, the Diné (Navajo People) were given the fundamental law from the Great Spirit, who sanctioned the earth, sky, and sacred mountains with song and prayer. They were also given the Animal People and told to be stewards of nature. He shared that these laws tell the Diné who they are through language, clan, name, shadow, or footprint, and that this spiritual way of life guides Navajo people today. Dr. Tsosie emphasized that cultural beliefs influence how the Diné interact with their surroundings. For instance, they believe everything, living and non-living—even abstract concepts—contains a spirit, and these are interconnected through

prayer. He emphasized how vital it is for researchers to appreciate the importance of prayers, worldviews, and other aspects of culture to help preserve and protect them when working with Tribal communities. He said such understanding is critical to make sure no harm is done.

Next, Gulf War Veteran Larry Ground (Blackfeet) offered comments in his native language. In English, he proceeded to explain the spiritual concept of helping bring people who have experienced past traumas to

the present moment, where they can heal. He said healers are careful not to return someone to their past trauma. Mr. Ground said, “When people start moving in the spirit, the battle begins.” He stressed that traditional healers are “in the battle” at all times, constantly praying, even in their dreams.

Shirley May Holmberg, Yendaadleno, is a member of the Toneedze Gheltsele (Middle People) clan who recounted her research experiences in Native communities. She shared how she sought to fit in with each community to conduct research, noted proper procedures to follow each time, and returned knowledge to the communities. She also commented that she believes a Native person

who shows respect, follows appropriate protocol, and uses a language understood by the community would be able to successfully conduct Tribal research. Ms. Holmberg urged all researchers to be respectful and sensitive to each community by following proper protocol and remembering that spirituality forms the philosophical foundation of many Tribal communities. In addition, she encouraged researchers to explain who they are and why they are coming to the community.

Tony Davis (Odawa) explained that “spirituality is life” and that the Creator gave everyone a spirit: respect their spirit. He noted that people value life because “it makes them who they are.” He recounted his path to the culture and emphasized that his experience with the culture brought him to life, noting that this Summit has been his dream. Mr. Davis encouraged anyone wanting to know or learn about a community to respect its spirit, because the spirit—the people of the community both past and present—is the source of all they need to know.

In the final session presentation, Jessie Takak (Inupiat) shared that healers seek to first identify the source of a problem in a person’s body. She explained that people have often been hurting for a long time and providers may not know the right questions to ask to identify the source of their pain. She also shared her belief that God makes all things possible and that no matter where people go or what race they are, we are all human and share this experience called life.

## *Discussion*

- » Ethleen Iron Cloud-Two Dogs (Oglala Lakota) noted the intersection between health, research, and spirituality, explaining that people who have experienced a loss often are subsequently diagnosed with a health condition. She stressed that healers must consider all parts of a person—spirit, mind, emotions, and body—when assessing the interaction between loss and health. She said focusing on one part of the problem does not properly credit the impact of a loss on the other parts that make a person whole.
- » Mr. Ground recounted his journey helping people who are suicidal and explained that suicide is prevented by trying to bring people back to the present. He emphasized that no one knows anyone else’s life unless they open the door to talk on a real level together. He concurred that spirituality involves looking at many factors in a person’s life.
- » Patrick Calf Looking (Blackfeet) told of his experiences with his great-granddaughter’s sickness



*Shirley Holmberg (Toneedze Gheltsele) presents during the public session.*



when he first became involved in the spirit, noting that a healer can be present spiritually rather than physically. He encouraged both healers and researchers to learn about people before engaging with them so that they can understand them and interact in a respectful, nonbiased way.

- » Miguel Flores, Jr. (Tohono O'odham) echoed that it is important for researchers not to make assumptions and to be willing to ask questions and clarify information. He explained that everyone has different perspectives and that there is no right or wrong when it comes to individual perceptions.

## ***Presentation Session II: Translation (Humility)***

The second theme was *Translation*, with the linked idea of *Humility*. Speakers commented on the unique relationship between Native language and the land, the nonlinear nature of translation between Native and Western concepts, the way words can act as medicine, and how traditional ideas still can be used for teaching today. Native languages are a key component to the overall efficacy of traditional healing practices and teachings.

### ***Major Themes***

- » Non-Native researchers should be mindful that both Tribal communities and Tribal researchers often “walk in two worlds.” They must appreciate that Native ways may not mirror Western ones, especially when it comes to biomedical research, and that Tribal communities have been involved in research since the beginning of time.
- » Inform and train researchers to approach their work with Tribes more holistically and better understand the connection many Native communities have to the natural world.
- » Both researchers and Tribal communities should be aware of the length of time required to appropriately conduct research.
- » It is best for Tribes to work directly with academic institutions to make sure research is relevant and specific to AI/AN-identified areas of need.

### ***Summary***

David Begay (Diné) began the session with comments in his native language. In English, he then emphasized the importance of language in Native cultures and the interconnectedness of all living things. He explained that everyone is related both to other humans and to everything in nature, noting that most Native languages are often spiritually based and indicative of the physical connection to Mother Earth.

Chris Tall Bear (Cheyenne and Arapaho) discussed how Native and Western concepts of healing and spirituality are often not linear. He further explained that when Native concepts are translated into scientific terms, much of their overarching meaning, depth, knowledge, and history are lost.

John Tsosie (Diné) first shared thoughts in the Navajo language before discussing in English the sacredness



*Medicine man Dr. David Begay (Diné) speaks on tradition and humility in traditional medicine and health research.*

of language and its connection to medicine and who Native people are—not a religion but definitely a way of life. He said that language is very specific and descriptive for Native people. For instance, trauma must be specifically defined and described as it affects the mind, thoughts, and physical being. Mr. Tsosie stressed that some parts of Native language cannot be translated when no equivalent word exists and how that leads to a loss in the power of the language. He noted it is challenging to resolve trauma when there are not words to appropriately describe, categorize, and understand it.



*Dr. Donna Galbreath (Ahtna Athabascan) speaks on accountability in traditional medicine and health research.*

Rick Two Dogs (Oglala Lakota) began his presentation with an apology to his Elders for speaking before them, noting that the Lakota way is to speak in the order of oldest to youngest. Through a story, Mr. Two Dogs emphasized how important it is for researchers and others to spend time with a community and learn about the significance of Tribal customs. He described the experiences of writer John Neihardt, who recorded information about and stories from a medicine man named Black Elk. He explained that Mr. Neihardt first met with Black Elk, participated in multiple cultural ceremonies, followed appropriate Tribal protocol and customs, and learned about the community prior to collecting any information.

Ethleen Iron Cloud-Two Dogs (Oglala Lakota) also asked for a pardon from her Elders for speaking before them. She then described the meaning behind the framework of a tipi and the teachings associated with each pole, the order they are constructed, and the direction the tipi faces. For example, Ms. Iron Cloud-Two Dogs explained the poles that form the entry represent compassion for everything in the universe, a Native moral and law. She encouraged attendees to remember that even though Native people no longer live in tipis, the represented ideals can still be taught to help ensure people treat each other with compassion.

## *Discussion*

- » Dr. Kahn-John reminded attendees that all the themes overlap, and she thanked the speakers for sharing their knowledge.
- » Dr. Warne noted that humility is often the biggest challenge in the research field. For example, he explained how researchers are praised for publishing as much as possible and writing biographies that feel like bragging to many Native people, who place a high value on humility. Dr. Warne also shared that he feels he has to stop being Lakota to be a researcher, which he does not like. He noted this problem of misaligned values and how the research community as a whole does not understand the depth of the challenge. He explained that when “walking in two worlds,” quite often a Native person must walk in one world separately.
- » Dr. Wilson commented that the lack of awareness for cultural differences is one of the biggest challenges at the NIH and agreed that teaching some researchers the value of humility is difficult. He said that THRO is working to redefine how the NIH views Tribal health research and move toward a more holistic approach. Dr. Wilson added that the AI/AN community will not be healed by the identification of a single gene but by considering many elements together.

- » Maria Yellow Horse Brave Heart (Hunkpapa and Oglala Lakota) discussed her research on trauma and how she is often required to justify researching what was inflicted on Native people. She encouraged attendees to keep in mind the time it takes to conduct research and emphasized that collaborating with academic institutions can help Native people.
- » A Māori attendee made comments in her language and then introduced herself and her research. She shared that the New Zealand government has recognized how nature is directly related to Indigenous people by accepting the personhood of a river and a forest. She also emphasized the importance Native people place on culture and a sense of belonging.
- » Several attendees noted that Indigenous communities have been researchers at heart for millennia and that many Native ways of knowing follow the same sequence as the scientific method. There was discussion about how medicine comes in many forms, including language, stories, the structures of objects, and human touch.
- » Attendees also talked about the importance of what cannot be seen and the idea that the effects of what cannot be seen can be studied. There was discussion about how Western scientists could be respectful of the chasm between the concepts in each system and that researchers should acknowledge the limits of their understanding.

### ***Presentation Session III: Protection (Sustainability)***

The third theme was *Protection*, with the linked idea of *Sustainability*. Speakers commented on historical and present trauma; the importance of preserving traditional medicinal knowledge; ways to integrate traditional practices into holistic treatment; the need for Native people to have access to their own stories, songs, and medicines; and the importance of respecting boundaries for healers.

#### ***Major Themes***

- » Listening is key and knowledge sharing is vital to sustaining traditional practices and languages.
- » When working with AI/AN communities, researchers should clearly identify and introduce themselves and be transparent about their affiliations and qualifications as researchers in a Tribal setting.
- » Researchers should be aware and acknowledge that Tribal communities have experienced genocide and hold historical trauma. As such, it is imperative to exercise sensitivity to any wariness or reluctance of Tribes to share information.

#### ***Summary***

Dr. Brave Heart discussed her research on historical trauma and grief. She explained that historical trauma is cumulative across life spans and how Native people carry their trauma with them, noting it is common for it to be triggered at times. Dr. Brave Heart also talked about the



*Dr. Maria Yellow Horse Brave Heart (Hunkpapa/Oglala Lakota) speaks on traditional medicine and health research.*

importance of protecting Tribal research data to ensure that the research—particularly as related to trauma—will continue to positively protect the people in a community.

David Johns (Diné) introduced himself as both an artist and a healer. He explained that healers respect generational teachings about sacred knowledge and herbal remedies and must develop a thorough understanding of traditional herbs and practices.

Lorenzo Jim (Diné) explained that the Navajo word for “prayer” can be loosely translated as “your tongue is sacred.” He said that the sustainability of cultural practices has many dimensions, and care systems that integrate these multiple dimensions are increasingly available. Mr. Jim shared that many of the programs he works with act as a hub to engage people in many valuable systems of care. Important components of these programs include positive reinforcement and intersections with history and culture and encourage self-reflection and community engagement to create wellness and access health.



*Dr. David Johns (Diné), President of the Diné Hataalii Association, speaks on traditional medicine and health research.*

Mr. Two Dogs emphasized that sensitive and valuable Tribal information should be appropriately safeguarded and that only those with good intentions should be allowed access. He recounted a story of an herbalist who came into a Tribal community and gained herbal knowledge from an Elder, only to then start a successful herbal business for himself. Mr. Two Dogs noted that communities often give with a kind heart, but sometimes what is given is taken without that same spirit. He also commented that Native people should always have access to their recordings and artifacts.

Sheila Goldtooth (Diné) explained that healers protect people as well as non-human entities and places, such as animals and the environment. She also talked about the great discipline required to be a healer, in addition to the importance of following the laws and protocols that govern traditional practices. Ms. Goldtooth shared her belief that healers are obligated not to share knowledge with others if it would lead to a loss for their people.

## *Discussion*

- » An attendee stated that all Summit participants are protectors of the knowledge the healers shared, and that protection is received by those listening. He thanked the healers for sharing that protection and commented on the importance of sharing knowledge in a time of cultural loss.
- » An attendee commented on the many issues faced by more than half of the AI/AN people who live in urban areas, away from their home communities. As an example, he explained that protection requirements can be different in urban Indian communities and it is critical for researchers to be clear about who they are, where they come from, and their qualifications to conduct research with Native people.
- » Mr. Tsosie discussed how Native communities continue to fight for survival and their protection. He encouraged Indigenous people to protect the unique way of life given to them by their Creator.



## ***Presentation Session IV: Contribution (Accountability)***

The final theme was *Contribution*, with the linked idea of *Accountability*. Speakers commented on the need for researchers to nurture the communities in which they conduct research and approach the communities with humility. They also emphasized that it is the responsibility of Western science to complement and honor the Indigenous sources of medicines and the importance of understanding the interconnectedness of Native knowledge.

### ***Major Themes***

- » Building trust in Tribal health research takes a substantial amount of time.
- » The power of prayer in Tribal communities is strong and should be encouraged.
- » Researchers need to understand that (1) not all traditional knowledge will be shared, (2) Indigenous people live in two worlds, and (3) there can be unintended consequences from research.

### ***Summary***

Chenoa Bah Stilwell-Jensen (Diné) opened with comments in her language and thanked healers for their sacrifices. She acknowledged the Indigenous nations of Denver and Colorado, on whose land the Summit occurred, and encouraged Indigenous students conducting research to make similar acknowledgements. Ms. Stilwell-Jensen suggested that researchers “think like a grandmother” by considering how they will feed, nurture, and contribute to Tribal communities with their knowledge, particularly at the beginning of the research process. She also recommended that researchers “build a fire” with the community and consider



*Mr. Larry Ground (Blackfeet) speaks on perception and spirituality in traditional medicine and health research.*

the steps in this process, like collecting wood and the appropriate tools. She encouraged researchers to consider how to respectfully relay ancient cultural frameworks and take the time to conduct research properly, despite pressures to conduct it quickly. By employing these concepts, she believes that embodying warmth within research will again be possible.

Gary Ferguson II (Unangan) discussed the whole-person approach to health and reminded attendees that the goal of medicine in Indigenous traditions is overall well-being, not solely the absence of disease. He also emphasized the need for science to credit Indigenous sources of medicines. Mr. Ferguson reiterated that research should only be

conducted with Tribal communities if the researcher has enough time to conduct it properly, including the return of results and “at a time when the community is able to receive them.” He also outlined the importance of ensuring that a community can maintain its own health beyond the research period.

Miguel Flores, Jr. (Tohono O’odham) guided a discussion with attendees about why Tribes are hesitant to participate in research. He encouraged researchers to allow time to understand the people they want to work with and to become part of the community, noting that building trust is key to successful and respectful



research. Mr. Flores said researchers should continue to ask questions honestly and sincerely and reminded them that traditional healing processes end when they are finished, not when researchers run out of time or have a scheduling conflict.

Dr. Galbreath discussed research as a piece of a whole worldview that helps Tribal communities, encouraging researchers to remember their sacred responsibility as part of the whole. She also noted that research specimens are sacred pieces that belong to the people who donate them and that all pieces of research are connected to this larger whole concept. Dr. Galbreath further explained that when a community accepts a researcher, the researcher has a responsibility to that community. She cautioned researchers against perpetuating harmful ideas, like she experienced in her life. She shared stories from her childhood school, where some Alaska Natives were expected to sit in the back, not participate, and to drop out.

### *Discussion*

- » Dr. Warne commented that building trust between researchers and Tribal communities has taken a long time. He also expressed his hope that the NIH would lengthen research timelines overall to allow for Tribal health research to be conducted properly and with respect to culture.
- » Dr. Nicole Redvers (Deninu K'ue First Nation) noted that the “planetary change” resulting from climate change is already being felt in her Tribe’s home. She encouraged Native people to come together and pray.
- » Attendees discussed the need for researchers to understand how to follow cultural protocols and ceremonies, including when working with Native people outside their home communities. They also encouraged researchers to know what part of traditional medicine they are studying and its meaning before starting projects. The group further expressed that researchers must understand they will not be given access to all knowledge.
- » Participants encouraged researchers to be mindful of the unintended consequences of research, and also challenged them to do something profoundly impactful for Tribal communities.

## **Next Steps, Opportunities, and Recommendations**

Dr. Gone commented on how many attendees shared that they were learning, which he stressed is a form of research. He added that he found the introductions in the closed session to be the most powerful part of the Summit because this time turned the participants into a circle of relatives.

Dr. Kahn-John talked about the difficulty of researching Indigenous ways of resilience from within the academic system. She also expressed gratitude to NIH, the event planning committee, and supporting organizations for making this Summit possible.

Dr. Warne noted the brilliance to be found in traditional healing methods and hoped the research community continues to have the humility to embrace them. He also acknowledged what he considers a significant increase in compassion over the past few decades among researchers studying Native cultures and noted the continued work to be done in this area.

Dr. Wilson said that the Summit provided a good foundation for integrating traditional healing knowledge with research and that THRO would share this information with other parts of NIH. He noted that NIH often engages with Tribal leaders and their points of view may differ from traditional healers, making the wisdom shared by the healers vital to the conversation. Dr. Wilson also shared that although leaders may change, healers are always present within the community. He thanked the attendees and those who helped make the Summit a success.



## Appendices

### ***Appendix 1: Acknowledgements***

Gratitude is extended to those involved with the planning of the 2019 Traditional Medicine Summit, including AI/AN researchers and practitioners with experience in traditional medicine, those with connections to traditional healers, and representatives from Native-serving health organizations.

The original planning committee included: Chester Antone (Tohono O'odham), Azure Boure' (Suquamish), Donna Galbreath, M.D. (Ahtna Athabascan), Joseph P. Gone, Ph.D. (Gros Ventre), Michelle Kahn-John, Ph.D., RN (Diné), Angela Michaud DC, CSCS (Tlingit), and Tyler "Migizii Migwan" LaPlaunt, M.S. (Sault Ste. Marie), and NIH THRO Director David R. Wilson, Ph.D. (Diné).

### ***Appendix 2: National Center for Complementary and Integrative Health Overview***

Helene Langevin, M.D., Director, National Center for Complementary and Integrative Health (NCCIH), NIH

Dr. Helene Langevin introduced the NCCIH, outlining general principles of integrative health and NCCIH's strategic priorities. Many treatment systems outside conventional Western medicine overlap and are not used individually; whole-health systems are in use traditionally throughout the world. These systems use multiple modalities and a variety of techniques to treat the whole person. Many of these treatments and systems are endangered or marginalized. Dr. Langevin noted the importance of communication to align Western and traditional treatments, as well as to propagate and preserve endangered traditions. Conventional medicine uses a fragmented, systemic approach to viewing people as separate body parts or diseases, resulting in increasingly smaller-scale treatments (e.g., microbiology). Synthesis or integration moves from smaller components to a whole-body view of restoring health. Elements known to be important in integrative health care include establishing lines of communication between health care systems; respecting the deep significance that traditional medicine harbors in many cultures and the desire to share or not share knowledge; and increasing trust and connection. Dr. Langevin pointed out that being disconnected from social and cultural roots causes stress, so restoring connections to larger systems, as well as to nature and the environment, can restore health and prevent disease. The NCCIH is a grant-funding organization that restores health through training the workforce, connecting clinicians and scientists with those who have different knowledge, and promoting team science and respectful, appropriate sharing of research.



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