

Center for World Indigenous Studies

**Center for Traditional Medicine**

Olympia, USA Toronto, CAN Yelapa, MEX

MEMORANDUM

TO: US Indian Health Service

FROM: Dr. Leslie Korn, Dr. Rudolph C. Ryser, Henry Cagey

DATE: Tuesday, April 03, 2001

SUBJECT: Diabetes Research – “Glucose Metabolism Disorder” – Prevention through Community-determined methodologies.

Diabetes research in Indian Country has been typically approached from an orthodox epidemiological perspective anticipating an orthodox medical response in the form of treatments after the diabetic disorder has been diagnosed. While such an approach has gone a long way toward defining medicines and protocols that can help patients manage their diabetic condition, the over arching reality is that the condition in Indian Country is getting worse, more complicated and unmanageable. Evidence is rapidly mounting throughout North America that the orthodox medical approach to treatment of this difficult condition is not wholly appropriate to Indian Country. Indeed, in Mexico some of the greatest advances in diabetic prevention and treatment among Indian peoples are now being made using natural foods and medicines. Orthodox methods of addressing the prevention side as opposed to treatment has emphasized education and behaviour modification of individuals resulting in pressures on individuals to make life-style changes while community life-style pressures persist. We suggest that the sole dependence on orthodox medical approaches to the diabetes epidemic in Indian Country is predestined to fail.

American Indian health must be culture specific and a reflection of community health combined with the best of orthodox medicine in that order. An Integrative Medical response to diabetes emphasizing the prevention and treatment (in that order) of individuals and community is the appropriate approach that responds to multi-cultural variables characterized by the many different cultural contexts of American Indian nations. We urge that research methodologies follow the protocols below which emphasize the role of community members participating in the identification of appropriate traditional approaches to preventing diabetic conditions as well as treatment and encouraging community consideration or rejection of orthodox methods consistent with cultural variables.

## Research Protocols:

1. The project must be **community-based**, that is, the knowledge of the community must have a primary role determining the shape and direction of the project with outside researchers serving as collaborators and cohorts engaged in a process of the free exchange of knowledge.
2. The process must be **transparent**, that is, understood by community participants and outside researchers, community researchers, editors, publishers and users of the final report analysis.
3. The project must be **bi-technological**, that is, outside researchers and community researchers and practitioners must be able to do some of each other's work.
4. The project and its outcome must be economically and technologically **appropriate**, that is, affordable, doable, teachable and accessible.
5. The project must be **accurate**, that is, cultural information, the research, the organization, the learning and teaching and the final report must be the very best possible.

These protocols recognize that a community is the context within which research is undertaken and that the specific knowledge of that community must be incorporated into the research concept as well as its analysis. The protocols also recognize that American Indian Communities are not homogeneous, rather they vary considerably according to their cultural reference – no matter how remote earlier traditional life-styles may be from present conditions.

Any hypothesis underlying research in Indian Country must consider community food security, and food assistance programs as factors possibly affecting health along with stress. Studies must consider the possible uses of massage and other traditional stress reduction methods, and the role of community members, social patterns and economic well being in the development of the diabetic condition.

Integrating traditional and orthodox medicines into an approach to research is essential. Culture specific traditional medicine must be understood as a primary point of emphasis. The issue of “poor glucose metabolism” specific to some American Indian peoples cannot be discounted and must, therefore, become an important part of a research hypothesis.

Where the research is conducted, it can only lead to remedial success if the community plays an important collegial role. In this context the community's knowledge base is incorporated into the study and analysis resulting in members becoming active participants in the process of prevention and treatment during the course of the research itself.