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**Commentary**

# *Âcimowin Waspison*: Cultivating curiosity, sharing stories, and taking steps forward in Canada's 'Calls to Action'

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## ABSTRACT

We have yet to fully walk the path of the Calls to Action put forth by the Truth & Reconciliation Commission of Canada within our health care system. In this piece, we offer a suggestion of enhanced and increased curiosity and empathy in our practice as health care providers, particularly in regard to Call 22. This encouragement is exemplified through sharing learning we received around an Indigenous way of knowing and traditional health practice: *waspison*, known in English as, 'moss bag'. *Waspison* is a sacred prenatal and postnatal practice used since time immemorial and carrying through to today, across Canada and the USA. It is a novel teaching example not previously discussed in medical literature. Our intention is to stoke greater interest in practicing deep caring for our patients in ways that are culturally humble, safe, and as competent as possible. That is, learning more about our patients through curiosity and empathy.

**KEYWORDS:** *Canada*; *Colonialism*; *Curiosity*; *Health care*; *Indigenous*; *Patients*.

Our work as physicians is an ever-evolving navigation of care for all. This is a practice of learning, questioning, and exploring. Care for our patients is influenced and complicated by myriad factors, including the sociocultural determinants of health (1). Providing the best care for our patients necessitates navigating these social, cultural, political, and ecological factors. Sociocultural determinants lead to inequities in health (1). Consideration of health and health care inequities necessitates that we face the reality that our service is enacted within a system that developed alongside the process and forces of colonialism (1,2). Colonialist rhetoric is deeply embedded within society (1). Our health care system is not immune to that rhetoric. To better navigate our practice of care, we are challenged to face these fractured facets head-on.

At the core of healing is the intentional action of caring. Truly caring necessitates knowing another. We take histories, conduct interviews, and listen; examine, observe, and touch; and, consider a plethora of possible investigations. Curiosity leads the charge, opening us to questions and, if fortunate, knowing more deeply both patient and disease. Through a practice of humble curiosity may course empathy: knowing another. This commentary is our offering of learning we received through practicing curiosity of health practices, traditions, and beliefs from a culture different than western medicine.

Long-standing inequities oppress particular groups of people, threatening their health and wellbeing (3–5). Evidence abounds of colonialist and racist policies and practices—in society, broadly, and health care, more specifically—that have fostered a deeply imbued apathy not infrequently manifested as violence (3–5). For example, a 2020 review of Indigenous People's experiences in B.C. documented 600 accounts of disturbing, violent, inappropriate, and mismanaged interactions within the health care system (6). Examples of accounts included: Indigenous patients being turned away from care due to assumptions of intoxication when speech was impaired by Bell's palsy; providers using force during sensitive procedures and claiming 'native women like it rough'; and, children being held for years at the Nanaimo Indian Hospital with routine electric shock therapy, sterilization, and medical experimentation (6). These accounts are not unlike others from elsewhere in Canada documenting wrongful removal of children from families under the guise of care (5). Such policies and processes have blatantly skewed and muddled the questing for insight necessary in best care. The resulting, ongoing impacts of colonialism—a destructive and diseased reality—threaten to undo caring in culturally humble, competent, and safe ways. In the end, empathy is lost along this path.

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***Colonialism, the initial foundation of interactions between Indigenous and non-indigenous peoples in Canada, is a determinant of health.***

The Truth and Reconciliation Commission of Canada (TRC) articulated the necessary work of all Canadians in resolving traumas and oppression in their 94 Calls to Action (CTA) (7). Action 22 calls health care professionals to practice what we describe here: recognizing value in and using Indigenous healing practices within our care of Indigenous patients (7). Indigenous Peoples of Canada experience inequities in all measures of wellbeing and health (6,8,9). These inequities are founded in colonial policies, laws, and practices that attempted to dissolve Indigenous communities, cultures, ways of knowing and being. Discrimination is and has been experienced through stereotyping, lack of quality care, abusive treatment by practitioners, and leads to lost trust and underuse of resources (4–6,8,9). This discrimination is not a relic of past times. In September 2020, Joyce Echaquan—an Indigenous Atikamekw woman—video-recorded herself being racially taunted and insulted by a hospital orderly before her death in Joliette, QC (6). Indigenous traditional practices have frequently been dismissed, distancing provider from patient (7).

The CTA remain unfulfilled despite universal endorsement. This is documented across Canada in numerous sectors of health care: hospitals, clinics, medical schools, and community-based programs (10). Lacking action is experienced individually and collectively by Indigenous people (8,9). We have the professional responsibility and moral obligation to recognize and draw on traditional ways of knowing in caring for Indigenous patients, as allies, in collaboration with Indigenous Elders and healers (2,6). Recognition depends on being curious about those ways. Curiosity is especially needed as these diverse, traditional ways, do not come from the same tradition as western medical training and practice. This is work toward cultural humility and competency.

**Figure 1.** *Waspison* being used with a mannequin. Source: Ian MacNairn©.

We share our learning about *waspison* as one step toward understanding Indigenous health practices. We have had the privilege and honour of cultivating relationships with many Indigenous communities across western Canada over the past 16 years. Elders and community members from Alberta, Saskatchewan, and B.C. reached out to us during our training in obstetrics and paediatrics in medical school to share teaching around traditional Indigenous birth practices. Together, we worked toward sharing teachings around one common traditional Indigenous birth practice: *waspison*. Creating this commentary was collaborative: bringing together Indigenous knowledge-holders from multiple nations across western Canada, having their stories shared in their voice. They requested to remain anonymous to protect their identity given their negative, racist lived experiences within the health care system.

*Waspison* (plural: *waspisona*) is a Cree name, meaning 'sacred bundle', and often translated into English as 'moss bag'. *Waspison* is an Indigenous sacred prenatal and postnatal practice. We met with Indigenous Elders, story-keepers, knowledge-keepers, and birth workers (collectively: *keepers*), to learn about *waspison*. Our understanding comes directly from them through ethnographic methods of participant observation and interview (11). Each *keeper* was met with multiple times prior to publication to ensure the teaching—and perspective—was shared in their voice.

The *keepers* taught that *waspisona* are bundles used to hold newborns (Figure 1). *Waspisona* are typically handmade by a close relative of the new mother or by the mother herself. *Waspisona* are made of cloth, suede, hide, or some combination of materials and are decorated with intricate, culturally meaningful stitching and beadwork. *Waspisona* have existed in Indigenous communities since time immemorial with teachings about their design, use, and significance passed down for generations. It is a traditional practice commonly used, today, by Indigenous People across North America. Its significance transcends utility. Indeed, it is considered medicine for both baby and mother during the infant's transition to life outside mother's womb through introduction to family and community. There exists a strong component of cultural safety, tradition, and wellness tied to *waspison*. For example, *waspisona* are a significant component of maternal mental health and wellbeing, most proximally; family bonding more broadly; and, community cohesion and identity, most distally. Learning, healing, and cultural teachings of health tied to *waspison* are understood as *Âcimowin Waspison:* 'sacred stories we wrap our babies in'.

The *keepers* recounted experiences they had with health care providers in Canada in recent years, including physicians, nurses, and allied health, regarding their use of *waspisona*. These encounters were described as culturally unsafe. The *keepers'* practices dismissed as unfounded and unsafe. One *keeper* was told, "using that [*waspison*] is bad for your baby." The *keepers* had not met curiosity from carers.

We were taught techniques for *waspison* design and use. In our learning from the *keepers*, it became clear that *waspison*

instrumental use is nearly identical to an existing common practice in Canadian, western medicine: swaddling. It was explained by multiple *keepers* that *waspison* is an Indigenous variant of newborn swaddling. We wondered if the response to *waspison* that was recounted to us was in regard to the practice of swaddling itself. We then asked if swaddling was problematic rather than assume—without question and curiosity—that these negative lived experiences were rooted in embedded colonial, racist rhetoric.

Swaddling, a form of bundling, is a worldwide practice of infant care that dates to before 2000 BCE (12). The merits of swaddling have been debated by the medical community for centuries (11). Randomized clinical trials have found that swaddling enhances sleep, temperature control, and neuromuscular development, while reducing time crying and the risk of SIDS (12). The majority of research favours swaddling. However, other studies found that improper swaddling may, alternatively, increase the risk of SIDS, respiratory infections, and hip dysplasia (12). Therefore, the practice of swaddling is not without possible limitation and risk. Further research is needed to better appreciate the full impact of swaddling. We found no record of inquiry on *waspison* in perinatal care.

The evidence demonstrates there is, in fact, much known about swaddling use in postnatal care. Furthermore, health authorities in Canada have long-standing, published guidelines and recommendations for swaddling of neonates as well as sleep safety resources for parents (13). The lessons from the *keepers* about *waspison* offer a poignant reminder that, in 2021, health practices and perceptions of Indigenous People in Canada are not being fully understood and appreciated by health care practitioners. Disapproving provider responses and an absence of curiosity about *waspison* use speak to ongoing disregard and discrimination of Indigenous patients' practices and ways of knowing. As we were taught by the *keepers*—and encouraged by the TRC Call 22—*waspisona* are medicine to be used and embraced in the care of Indigenous mothers and their newborns.

The stories shared with us—*Âcimowin Waspison*—are encouragements that through the process and work of being curious we may better learn from and care for our patients. May we continue to be called to walk a path in undoing traumas and oppression so that we may offer healing for all.

*Kinanā skomitinān. Ninanāskomon.*

***Notes:*** The term 'Indigenous' is used, here, to refer to all people who identify as First Nation, Métis, Inuit, and/or Aboriginal within Canada, recognizing that there are numerous preferences for terms of address, including 'Aboriginal' as used in the TRC.

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