

Eighteen months, 12 suicides

What is healing all about? Dr. Marlyn Cook, a 48-year-old First Nations Cree physician from Northern Manitoba, has spent her life trying to answer that question.

Cook was the 13th of 14 children, and her family enjoyed a traditional lifestyle that included summers spent on trap lines and at fishing camps and exploring the wilderness surrounding her home in Grand Rapids.

But the idyllic setting of Cook's childhood reserve was transformed with the arrival of Manitoba Hydro, and her father told her their lives would never be the same. He also said that she needed an education, and following in the footsteps of a cousin — “probably the first person from Grand Rapids who went into something and graduated” — Cook left for Winnipeg and nursing school. At the time, a medical career was “beyond my dreams.”

After graduating in 1975, she spent 2 years nursing in Thompson, Man., where she became interested in obstetrics. In response to her constant questions and research, an obstetrician encouraged her to continue her education. Then a fellow Aboriginal nurse gave her an information package about the University of Manitoba medical school's program for native students. “When I read it, I knew what I was supposed to do,” says Cook. “Someone had given me permission to even think of becoming a doctor.”

Although her son was only 4 months old, Cook convinced her husband — they have since divorced — that medical school was the right decision. It may have been the right one, but the path she took wasn't easy.

On the first day, a tutor told Cook and the other Aboriginal student in her class that “nobody thought they were going to make it.” Other students resented their acceptance and the extra help they received. Both failed that first year.

They started again the next year with a third native student and a new determination to succeed. In the end, Cook graduated with much fanfare in 1987, when she became 1 of the medical school's first 3 Aboriginal graduates.

She soon realized that her training was incomplete. As a family practice resident in the First Nations community of Cross Lake, Man., she saw native patients with alcoholism and other problems being treated and then left to return to the same situations, the same problems. “They were being patched up but no healing was happening,” says Cook. “I thought there has got to be something more.”

A week-long workshop on native healing that she attended in the US proved a turning point for Cook, who was

unfamiliar with sweat lodges and Aboriginal pipe ceremonies. “I knew that was what was missing and what I had to focus my energies on. It gave me a lot of answers.”

Cook was deeply affected by a 21-year-old mother of 5 children who had escaped an abusive marriage through suicide. A year later, the woman's 7-year-old son attempted suicide. Cook concluded that she wasn't “doing anything to effect any positive change in this community. You can hand out all the medication in the world, but what is it actually doing to change that person's life? That was the day I started introducing traditional aspects, started talking to my patients about body, mind and spirit, and started encouraging them to pay attention to those aspects of themselves. I could no longer hand out painkillers and tranquilizers without really trying to get to the core issue of patients' problems.”

During the 7 years that Cook worked as Cross Lake's sole physician, her practice evolved from one that placed some emphasis on Western medicine to one that concentrated on native healing traditions, and then it evolved yet again into a combination of the two. “I started out thinking I would have to give up Western medicine,” she says, “but further down the road I realized that you have to be able to balance both.”

Cook says native people who adhere to traditional medicine are often able to avoid using medications such as painkillers and tranquilizers. She started encouraging patients to attend sweat-lodge ceremonies and consult with native healers. However, she does maintain that the combined influence of years of “cultural genocide” and work by some evangelical churches makes it difficult to convince some native people to take this route. “There is so much spiritual confusion in our communities,” she says.

Gradually, word of Cook's innovative blending of Western and Aboriginal medicine began to spread, and she was asked to speak to physicians and Aboriginal organizations throughout Canada. She has taught traditional medicine to first-year medical students at her alma mater, and served on a host of provincial, federal and First Nations committees. Whenever she gets the chance, she encourages physicians to participate in native ceremonies.

Cook now practises in Sioux Lookout, Ont., and nearby Pikangikum, but the challenges remain as great as ever — she says that at least 12 people from that area have committed suicide in the preceding 18 months. — Heather Kent, Vancouver



Photo courtesy Marlyn Cook

Dr. Marlyn Cook: “They were being patched up but no healing was happening.”