

# Kikehtahsuwiw

*“It heals”*

This is a story about several women in my community, the Passamaquoddy Tribe, residing at both Motahkomikuk (Indian Township) and Sipayik (Pleasant Point). Each of these women shares a common goal: healing our communities.

As a matriarchal society, women are more than just the heads of the family. As the providers and protectors of life itself, women are sacred. Capable of enduring so much pain on behalf of their children in infinite ways, they represent the healing strength of love itself. As the carriers of life, they are also carriers of culture and responsible for carrying on our healing traditions.

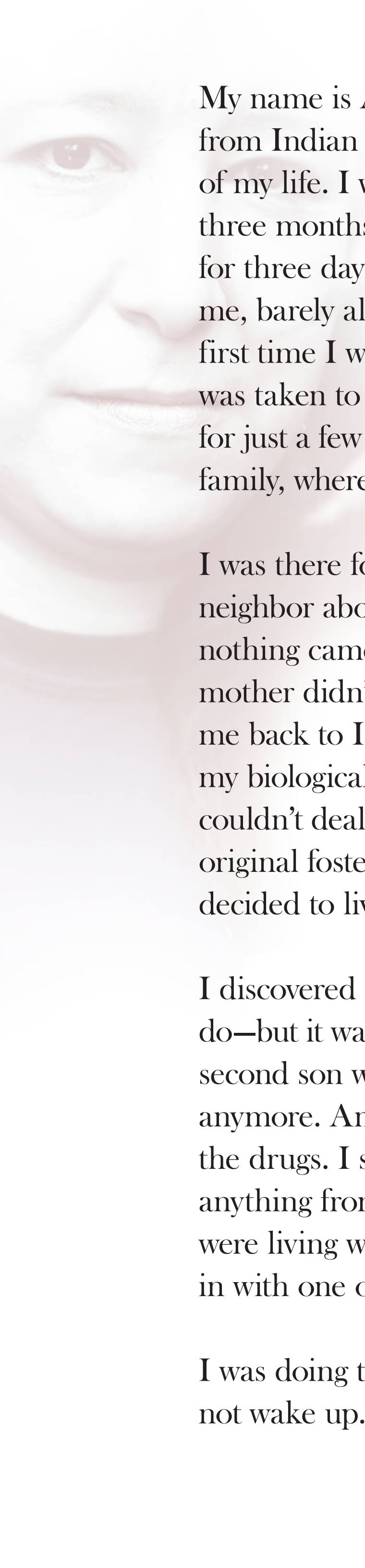
By sharing this story, I hope to show the strength of our people. These women are just a few of many who work every day to heal within our communities. It is my hope that when you read their stories, you also are, in some way, healed.

George Neptune, Passamaquoddy  
Museum Educator and *Kikehtahsuwiw* curator

Portraits photographed by Thom Willey.

Storytelling is a crucial practice in countless Native American cultures. Many tribes did not use a written language system, so storytellers were the keepers of history, knowledge, and tradition. Stories were meant to teach, whether about creation, survival, respect, or even magic.





My name is April Tomah, and I am Passamaquoddy from Indian Township. I grew up at Township for most of my life. I was taken from my mother when I was three months old—I was told that she left me in a crib for three days, with no food or water. My aunt found me, barely alive, and they took me away. That was the first time I went to my foster family. I was nine when I was taken to my biological father's house, and was there for just a few short months. I went to another foster family, where I suffered a lot of abuse.

I was there for four years. I had said something to a neighbor about the sexual and physical abuse—of course, nothing came out of it. So, when my second foster mother didn't want me around anymore, she brought me back to Indian Township and dropped me off with my biological mother. Eventually she decided she couldn't deal with me, and brought me back to my original foster family. I was there until I was 17, when I decided to live on my own.

I discovered drinking as a teenager—as most teenagers do—but it was never really a problem for me. After my second son was born and passed away, I didn't care anymore. And after my daughter was born, I got into the drugs. I stayed into the drugs for eleven years, doing anything from snorting to I.V. use. Once my children were living with their fathers, I'd lost everything. I moved in with one of the biggest drug dealers around.

I was doing thirty bags of heroin a day. I was trying to not wake up. I didn't want to. I was hoping I'd overdose.

# Epidemic, Not Stereotype

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Since the earliest contact with Europeans, substance abuse has been associated with Native Americans. Stories of Native people trading for alcohol are scattered throughout history, and often had devastating consequences for the Native groups involved. This has led not only to a stereotype that now haunts Indian Country, but an epidemic that plagues reservation and urban Indian communities alike. This epidemic is one of the many devastating effects that colonization has on indigenous cultures.

Behavioral health research and practice indicate it is very common for alcohol or substance abuse and mental health disorders to overlap. In a survey of research on co-occurring disorders, the Substance Abuse and Mental Health Services Administration (SAMHSA) found that persons in treatment for one condition (either a substance abuse disorder or a mental health disorder) had a co-occurrence of an additional condition at rates from 20% to 73%. According to SAMHSA's National Survey on Drug Use and Health, there is a high rate of co-occurring substance abuse and mental health disorders within American Indian /Alaska Natives communities. -*American Indian/Alaska Native Behavioral Health Strategic Plan*, Indian Health Service

The Indian Health Service provides a well-documented history of substance abuse in Indian Country, as well as the history of the federal government working to address these problems. In the early 1800s, when the federal government still treated tribes as their wards, the solution was to simply prohibit the sale of alcohol to Indian tribes. While this prohibition was difficult to enforce, it lasted until 1953 when tribes were given the right to regulate alcohol on their reservations, as well as to purchase it off-reservation. In the 1960s, the Office of Economic Opportunity and the National Institute on Alcoholism and Alcohol Abuse funded the first Indian alcohol treatment programs.

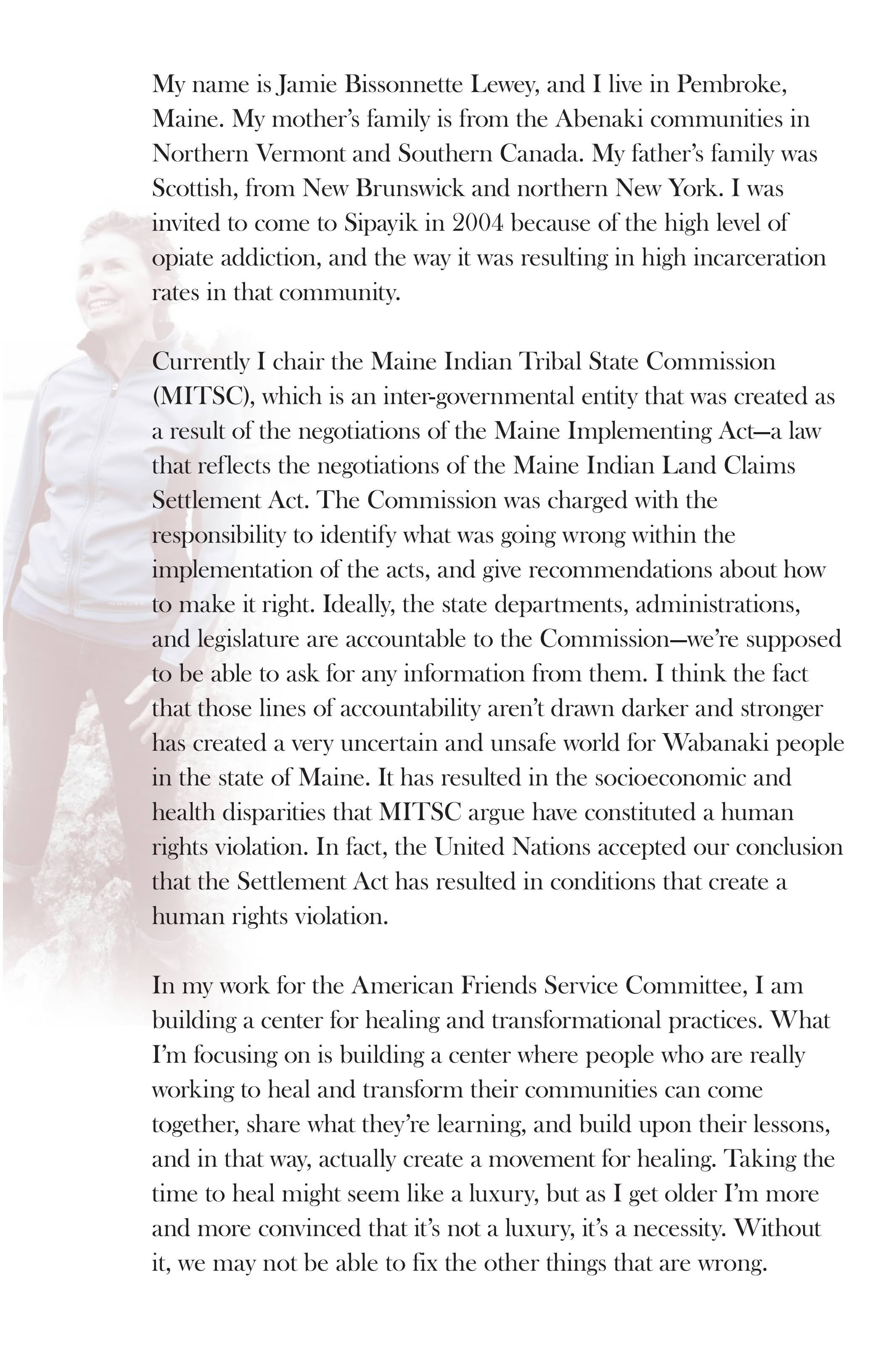
# The Indian Health Service

The Indian Health Service (IHS) is the agency within the Department of Health and Human Services that is responsible for providing federal health services to American Indian and Alaska Native people. This provision is a result of the government-to-government relationship between the federal government and the 566 federally recognized tribes across the United States. With multiple locations across the country, IHS also provides support to tribally owned and operated health facilities.

We are shown in a bad light when it comes to addiction: “...those drunken Indians,” and it bothers me. I would really like my story to help other people. I’ve worked really hard to get where I am today. It wasn’t all in traditional ways—a lot of it was my own strength, my own inner strength that helped me through the hard times. We need to show true Native people, instead of what we are always made out to be. I’m very proud to be a part of this exhibit. -April Tomah, Passamaquoddy at Indian Township







My name is Jamie Bissonnette Lewey, and I live in Pembroke, Maine. My mother's family is from the Abenaki communities in Northern Vermont and Southern Canada. My father's family was Scottish, from New Brunswick and northern New York. I was invited to come to Sipayik in 2004 because of the high level of opiate addiction, and the way it was resulting in high incarceration rates in that community.

Currently I chair the Maine Indian Tribal State Commission (MITSC), which is an inter-governmental entity that was created as a result of the negotiations of the Maine Implementing Act—a law that reflects the negotiations of the Maine Indian Land Claims Settlement Act. The Commission was charged with the responsibility to identify what was going wrong within the implementation of the acts, and give recommendations about how to make it right. Ideally, the state departments, administrations, and legislature are accountable to the Commission—we're supposed to be able to ask for any information from them. I think the fact that those lines of accountability aren't drawn darker and stronger has created a very uncertain and unsafe world for Wabanaki people in the state of Maine. It has resulted in the socioeconomic and health disparities that MITSC argue have constituted a human rights violation. In fact, the United Nations accepted our conclusion that the Settlement Act has resulted in conditions that create a human rights violation.

In my work for the American Friends Service Committee, I am building a center for healing and transformational practices. What I'm focusing on is building a center where people who are really working to heal and transform their communities can come together, share what they're learning, and build upon their lessons, and in that way, actually create a movement for healing. Taking the time to heal might seem like a luxury, but as I get older I'm more and more convinced that it's not a luxury, it's a necessity. Without it, we may not be able to fix the other things that are wrong.

# Culture Heals

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In 1975, the Indian Self Determination and Education Assistance Act was passed, and the U.S. saw an increase in tribally owned and operated treatment programs. Now, after many amendments to the act, over 84% of American Indian/Alaska Native alcohol and substance abuse treatment programs are provided and facilitated by the tribes themselves.

It can be hoped that these legislative and policy changes represent an ongoing shift in understanding toward a more integrated perspective and an acknowledgement of culture's key role in both prevention and treatment. This long-overdue recognition aligns with American Indian/Alaska Native historic and continuing reliance on elders, languages, community, and cultural and traditional practices as protective factors that restore balance and health. The behavioral health approach embraces the strength and resiliency of Native people and so must those of us who have dedicated ourselves to creating a shared vision for behavioral health and wellness. -*American Indian/Alaska Native Behavioral Health Briefing Book*, Indian Health Service

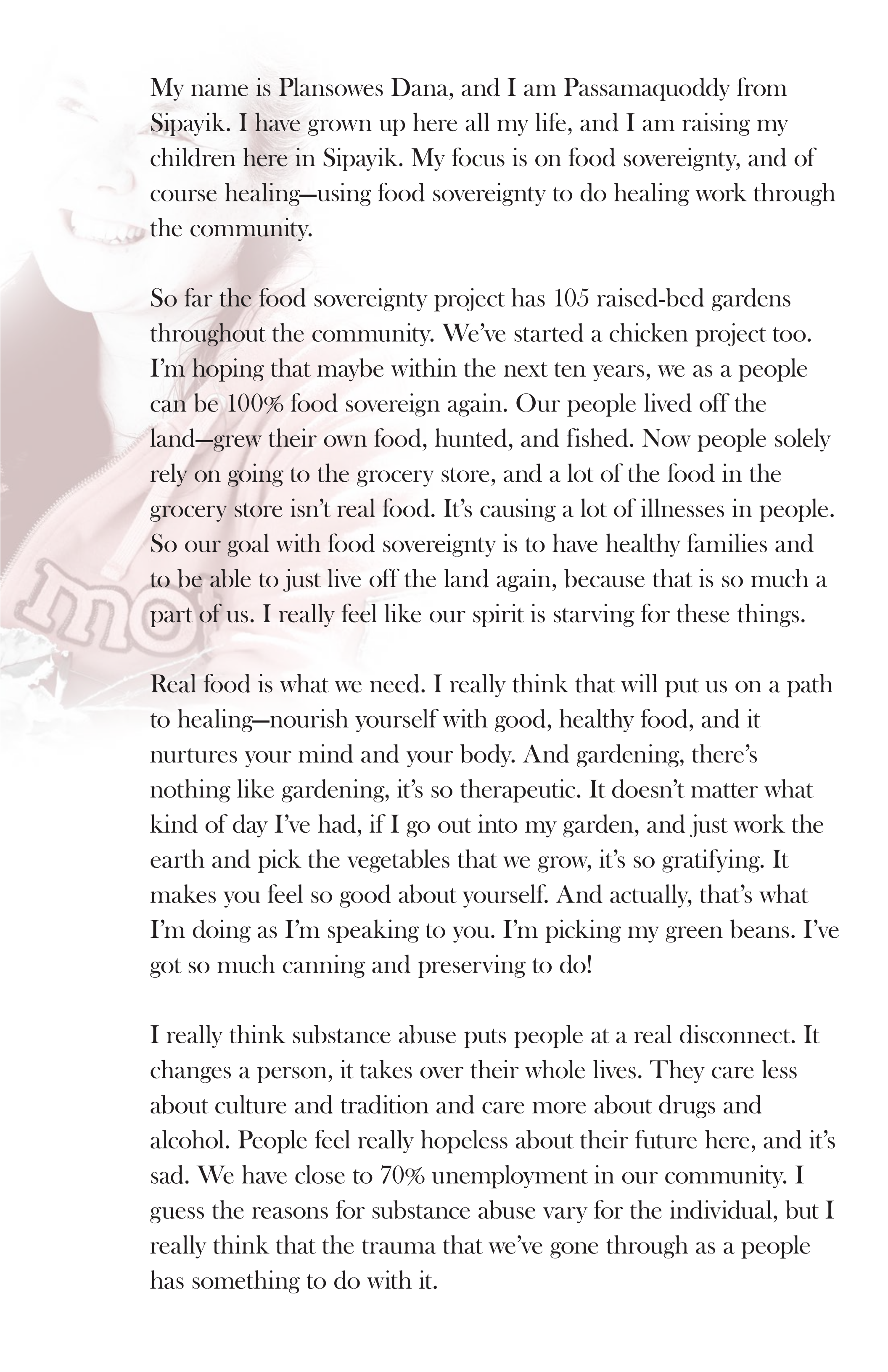
I think that culture plays an important role in being a healthy Passamaquoddy. I think that when people are using, they can't respect who we are. When they are abusing drugs, they really don't respect and think about and value who the Passamaquoddy people are and what we stand for. So if a person is drug free and alcohol

free, then they can freely embrace Passamaquoddy culture. And if we can build on those strengths and use those strengths, then the Passamaquoddy people can live on. -Elizabeth Neptune, Passamaquoddy at Indian Township

As far as looking at substance abuse, it's a coping mechanism. It's a symptom. It is evidence of a soul wound. It's not just like an illness that you might have; it involves your very essence of who you are as a human being on this earth. In that way, I think that at least for me as I focused on my own healing and sobriety, my culture and my traditions really showed me the road. Without that, I might have stopped drinking out of discipline, but my life still would have been quite empty. For me, that dedication to culture was very much the treatment. It was the healing - Jamie Bissonette Lewey, Abenaki

We had an Elder's advisory council, and we talked to a lot of elders about what they remembered. How did we survive, what was it, what were the strengths that were there? One of the elders shared their view of one of the stories they remembered about holding up a piece of the sky. Each one of us as Passamaquoddy people, as People of the Dawn, had a responsibility to hold up a piece of the sky. You want to make sure that you don't stand too low and not do your part, because it makes everyone else's work harder. Instead you reach up, you do your part, in order to help all of mankind—not just yourself. Sometimes if you stand too tall and you're not letting other people reach, then you're not helping anybody but yourself. You need to help everyone equally. -Elizabeth Neptune, Passamaquoddy at Indian Township





My name is Plansowes Dana, and I am Passamaquoddy from Sipayik. I have grown up here all my life, and I am raising my children here in Sipayik. My focus is on food sovereignty, and of course healing—using food sovereignty to do healing work through the community.

So far the food sovereignty project has 105 raised-bed gardens throughout the community. We've started a chicken project too. I'm hoping that maybe within the next ten years, we as a people can be 100% food sovereign again. Our people lived off the land—grew their own food, hunted, and fished. Now people solely rely on going to the grocery store, and a lot of the food in the grocery store isn't real food. It's causing a lot of illnesses in people. So our goal with food sovereignty is to have healthy families and to be able to just live off the land again, because that is so much a part of us. I really feel like our spirit is starving for these things.

Real food is what we need. I really think that will put us on a path to healing—nourish yourself with good, healthy food, and it nurtures your mind and your body. And gardening, there's nothing like gardening, it's so therapeutic. It doesn't matter what kind of day I've had, if I go out into my garden, and just work the earth and pick the vegetables that we grow, it's so gratifying. It makes you feel so good about yourself. And actually, that's what I'm doing as I'm speaking to you. I'm picking my green beans. I've got so much canning and preserving to do!

I really think substance abuse puts people at a real disconnect. It changes a person, it takes over their whole lives. They care less about culture and tradition and care more about drugs and alcohol. People feel really hopeless about their future here, and it's sad. We have close to 70% unemployment in our community. I guess the reasons for substance abuse vary for the individual, but I really think that the trauma that we've gone through as a people has something to do with it.

Food sovereignty is the right of peoples, communities, and countries to define their own agricultural, labor, fishing, food and land policies, which are ecologically, socially, economically, and culturally appropriate to their unique circumstances. It includes the true right to food and to produce food, which means that all people have the right to safe, nutritious, and culturally-appropriate food and to food-producing resources and the ability to sustain themselves and their societies. *-Food Sovereignty: A Right for All, Political Statement of the NGO/CSO Forum for Food Sovereignty, Rome, June 2002*

I think it's a good idea to get it out there. It is an epidemic. People know it's there, people know it's happening, but there's no focus on it—there's no real healing. People are drug addicts for various different reasons, and nobody wants to be in that state of mind, but there is just no help for them. I just don't feel like they get treated as real human beings when, the fact of the matter is, they are still very much a part of our community. They're still our people. We need to shed light on this epidemic so that we can get real help for our people—some kind of real healing. -Plansowes Dana, Passamaquoddy at Sipayik

I believe that the substance abuse that occurs today isn't just related to what's happening today, it's related to what has happened for generations.

When you think about the amount of trauma that

Passamaquoddy people have survived, it's quite intense.

We've gone from a time when we were allowed to live freely across what is now Maine and Canada, to a time where we were forced onto reservations where we were forced to no longer hunt, to no longer fish, and no longer be able to take care of ourselves. We were forced into a structure where we were dependent on Indian Agents for survival. -Elizabeth Neptune, Passamaquoddy at Indian Township

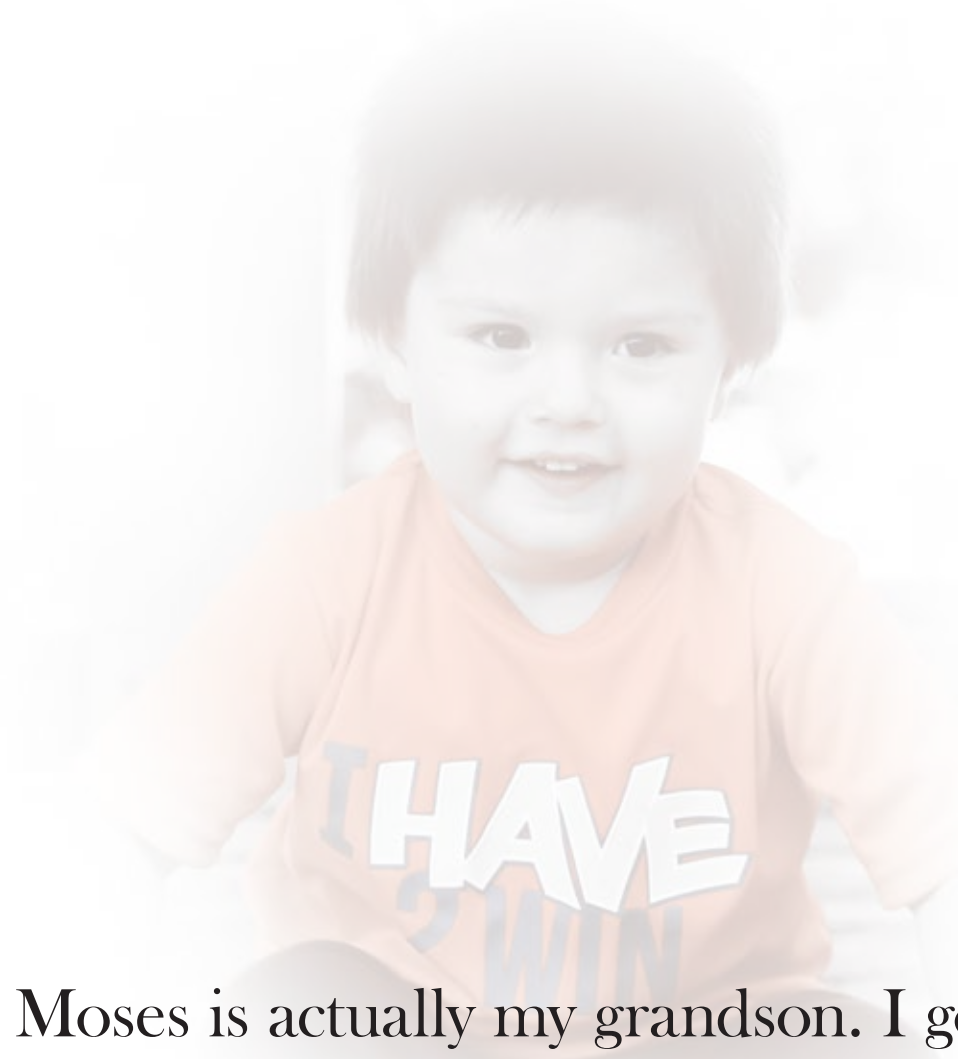


My name is Dolly Barnes, and I am a Passamaquoddy Indian from Indian Township. I am currently the Director for the Office of Child and Family Services. The position has really grown since I've been in it. I am the supervisor for the Child Welfare and Social Services departments, and we have a new domestic violence program that we got funding for a couple of years ago. We're also doing a lot with the food pantry, and getting fresh food and vegetables to the tribe. We also assist parents who are going back to school or work full time with childcare, as long as they meet the income guidelines.

In the tribal child welfare system, we have kids that aren't taken into the court systems, but are raised by aunts, uncles, or grandparents, because their mother or father couldn't take care of them. If there's a family member that's willing to take care of the kids, traditionally, that's what always happened.

*Curator's note: Dolly chose to tell her story through the stories of children from her extended family, children she is raising because their parents are unable to do so.*





Moses is actually my grandson. I got the call saying that he'd been born, but that they were going to have to transfer him to Bangor because he was exhibiting Neonatal Abstinence Syndrome, and was going through withdrawals. It was a shock to me—I didn't realize that his mother had been using during her pregnancy. He was two days old and they shipped him to Bangor in the ambulance—I stayed with him for three days. My ex-husband and his wife had decided that they would take him—his mother was going to give them guardianship. I told my husband I wouldn't let that happen—they had no idea what to expect with this little guy. I told them that he was going to come home with me, because he was going to need a lot of care. They agreed, and we stayed in the hospital for sixteen days while they titrated him with methadone. I brought him home, and he was still exhibiting withdrawal symptoms. Had he not been taken in by family, he would have been taken into tribal custody.





Alannah has been my daughter even before she was born. When her birth mother was pregnant, we were fairly close. We talked a lot, I bought some things for the baby—but the real special bond is that I delivered Alannah. We were at [my mother's]—[she] had called me and said, “Dolly, come down here, I think she’s going into labor!” So we called the ambulance, and we laid her down to relieve some of the pressure until they came. [My mother] said “Oh my God, she’s gonna have that baby! Where’s that damn ambulance?!” So [my sister] and I washed our hands, and [my mother] was running up and down the stairs looking for clean, white sheets. I said, “What are you doing?” and she said, “I’m looking for sheets, that’s what they do in the movies!” Just as I sat Alannah on her mother’s belly, the ambulance arrived. They cut the cord, wrapped her up, and I got to take her around and show her to everyone.





I have my grandson, Ashton, as well. I haven't adopted him, but I am his legal guardian. He and Moses are two of four. Their oldest sister lives with a great aunt, and their brother lives with his grandfather, my ex-husband. The first thing Moses says when he walks through the door at [my mother's] is "Eat?"—and Ashton usually says something similar. Because I was their foster parent first, I was not told why Ashton and Alannah were taken from their parents. But because they both came from within my family, I know that it was drug related.

# Recovery



*April Tomah, Passamaquoddy, gathering traditional medicines outside her home.*

I started lessening my dose [of methadone] on my own, because the clinic wouldn't. They kept saying I wasn't ready, but I knew I was. They try to keep you in the system for as long as possible. If nobody's in the system, they aren't going to make money. I got split doses, once in the morning and once in the

evening, so I'd end up with all that extra methadone. I started selling my doses just to make money—to survive.

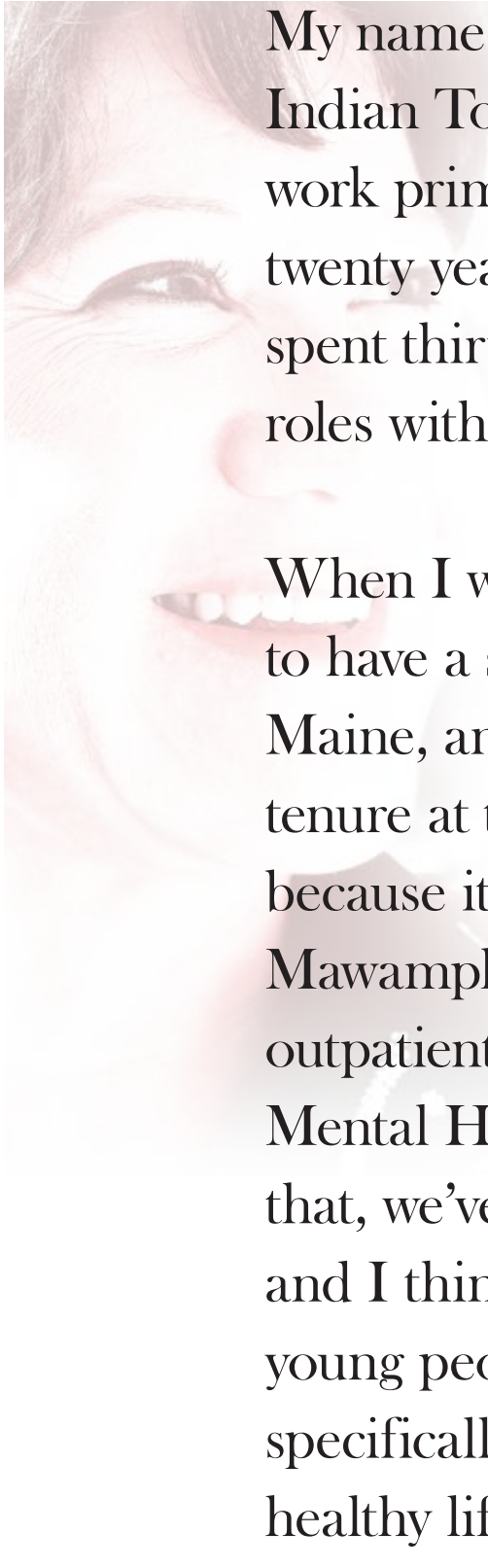
I thought it would be really hard coming off all of the drugs. I'd had an 8mg Suboxone, and I was taking little pieces of it—just enough so I wasn't getting sick. Then I went to the Clinic and got “the protocol”—something to help with the withdrawal symptoms. Then there's a shot, I forget what it's called, but it's a blocker—it sends you into withdrawal symptoms if you use. I didn't get really sick often, and my partner was there to help me through if I was. He would rub my legs when they would cramp, and he was always praying. He had medicines hanging around the house that would help with that too. He's got sweetgrass, cedar, sage...there's always something around the house.

The drum really helped me on my road to recovery. The drum is very powerful medicine in and of itself. My partner said we needed female voices in another group, so I said I would try. I just wanted to be around the drum. They took me to a drum practice on Indian Island, and the power of that drum beat—the music, the vocals that come with drumming—it opened my mind, my spirit to everything around me.

If I didn't have the drum or my partner's family, I don't know where I'd be. I always felt the drum at powwows and socials, but I never sat down and learned the songs—the words, and what they mean. The combination of it all was very powerful for me. I owe a lot to that family—they are an amazing family. They'll help anybody. For them to take an interest in me, and to show me the right way, the right path that I should be on—that was amazing. -April Tomah, Passamaquoddy at Indian Township







My name is Elizabeth Neptune, and I am Passamaquoddy from Indian Township. I am an independent consultant—I do consulting work primarily around Indian health care systems. I spent about twenty years working for the Passamaquoddy Health Center. I spent thirteen years as director, and had a number of different roles with them.

When I was Director, Indian Township became the first reservation to have a substance abuse treatment facility licensed by the state of Maine, and we had that program for a number of years. During my tenure at the Health Center, we also looked to improve services, because it clearly wasn't enough. We designed a program called Mawampkapsine [translated as "let's walk together"]—an intensive outpatient treatment service funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). In addition to that, we've done a lot of different programs focusing on prevention, and I think now the Health Center focuses a lot on prevention with young people. Not necessarily aimed at preventing substance abuse specifically, but really teaching young children what it means to live a healthy lifestyle.

We were also recently funded by SAMHSA again for what they call Project LAUNCH—Linking Action to Unmet Needs in Children's Health. LAUNCH focuses on high-risk children and offers wrap-around services to children between 0 and 8 years old, in families that are in need.

My whole goal in life is to make sure that Passamaquoddy people live longer and healthier lives. The fact that we are only living to about 50 years of age in our communities is unacceptable. So I have to make sure that I do what I can to help people live happier, healthier, longer lives. I don't want my grandchildren to only live until they're 49—I'm almost 49! I'm not going to be living on borrowed time. I'm going to do whatever I can to make sure that my grandchildren have greater opportunities for themselves.

# Women as Healers

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I think it's important for us to remember that we are matriarchal people. That is who we have been for thousands of years. The fact that women's role has been diminished over the last 500 years is not our way, it's the Western culture's way. And if we're going to truly survive, we need to get to the point where we respect our women, we believe in our women, and we take care of our women. We are the ones who have been entrusted as givers of life. I'm not saying that men's roles are diminished, we just need to be reflective of and remember who we are. I think that's important. -Elizabeth Neptune, Passamaquoddy at Indian Township

Women are still the leading force here. We're a matriarchal society, and people have always followed the women's lead. I think the women are still pretty strong in that—it's set in our DNA. Women were the givers of life, we nurtured the children, and today, we're really still pushing to make our people complete again. We're the caregivers—if there's going to be healing, we're the ones to do it. I'm not saying that men are any less, because we're all equal, but that's what our role is. We've been given a very special gift, by being able to give life—we're Life Givers, and with that comes great responsibility. Whenever I go to something having to do with community members voicing concerns, I take a look around, and I always see more women. -Plansowes Dana, Passamaquoddy at Sipayik

## CURATOR'S NOTE

In our culture, we believed that our communities were sometimes given gifts from the Creator in the form of Two-Spirit people. Two-Spirits were believed to be born with both the spirit of a man and the spirit of a woman inside one body. In our communities, they were the foster parents, the counselors, and most importantly, the healers. Two-Spirits are often identified from a young age, just as I was, by the elders of the community. Women were given the responsibility to carry on healing traditions, and by having a female spirit, Two-Spirits are charged with this responsibility as well. In my culture, stories have healing power, and this exhibit is one way I have chosen to fulfill that responsibility in a 21st century context.

Throughout my life, I have been inspired and supported by the amazing women in my family and the work they do for healing in our communities—which is why this exhibit features my mother, my aunt, and two of my cousins. It is my hope that others will be inspired by their work as well.

*Kci woliwon naka kulankeyasiniya*—Thank you,  
and take care of yourselves.

George Neptune, Passamaquoddy  
Museum Educator and *Kikehtahsuziw* curator

## ABOUT THE PHOTOGRAPHER

Thom Willey is a filmmaker and photographer in Southwest Harbor, Maine, and has worked on projects such as *The Langoliers*, *Pet Cemetery II*, and *Murder in Small Town X*.

Having worked with Thom on multiple projects, I was well aware of his process and talent for capturing the essence of someone in their photograph. Before we started, I googled “Native American,” showed him the portraits and said “this is what we *don’t* want to do.” With most of the people photographed, I told a story to make them laugh, so we could get the perfect shot.

I really was hopeful that you would claim that space—the space of the healer, which is the space that has been traditionally occupied by Two-Spirited people in indigenous communities. It's so opposite of the message that young Two-Spirited people get from society. They don't see themselves as a treasure, as a blessing, as one of the strongest supports in keeping our communities balanced and whole—and that concerns me, not only for them, but for our own health going into the future. I am in awe of the work that you and other conscious Two-Spirited people are doing in indigenous communities to raise that support structure and create a foundation. -Jamie Bissonette Lewey, Abenaki to George Neptune, Passamaquoddy