

# The Healing Path: reconciling the attempt to eliminate Indigenous healing in Canada

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Canadian health care systems have failed to recognize that traditional healing practices and ceremonies are central to Indigenous culture and identity. The roots of this failure date back to colonial policies such as amendments to the federal *Indian Act* in 1885 (persisting until 1951), that made Indigenous ceremonies, like the Sun Dance and Potlatch, illegal to attend.<sup>1</sup> They also relate to how the most authoritative forms of medical knowledge have evolved without consideration of the cultural needs of Indigenous Peoples.<sup>2</sup> Recently, a policy framework has emerged with the potential to support a more inclusive approach to health care for Indigenous Canadians who value ceremonies, land-based teachings, identity formation and connection to family and community as part of health and healing.<sup>1-3</sup>

Canada's Truth and Reconciliation Commission Call to Action 22, states, "We call upon those who can effect change within the Canadian health care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients."<sup>4</sup> This aligns with the *United Nations Declaration on the Rights of Indigenous Peoples*, Article 24, 1, which states,

Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals...<sup>5</sup>

On June 21, 2021, the *United Nations Declaration on the Rights of Indigenous Peoples Act* received royal assent by the Government of Canada with the expressed commitment to implement the declaration to address "lasting reconciliation, healing and cooperative relations."<sup>6</sup> Yet, the path to



A photograph of the Naandwechige-Gamig Wikwemikong Health Centre Healing Lodge in 2022.

reconciliation is complex and often tenuous, as illustrated by a clinical collaboration in the Wikwemikong Unceded Territory on Manitoulin Island in northeastern Ontario.

In January 2014, patients from Wikwemikong attending a methadone clinic in the town of Little Current, Ontario, (a 45-min drive from Wikwemikong), were informed of their clinic's closure effective Feb. 15, 2014, owing to a new municipal zoning bylaw. The bylaw change stemmed from complaints by business owners in Little Current, who were worried the downtown clinic would drive customers away. In 1 instance, a physical altercation had occurred between patients in clear view of the public. In response to the closure, another clinic in Espanola, Ontario (a 1-hour drive), agreed to take on a limited number of new patients. The remaining patients were transferred to a clinic in Sudbury, Ontario (a 2-hour drive).<sup>7</sup>

Wikwemikong leadership sought a more acceptable, local solution for their residents. They consulted with the community to create an action plan to address gaps in services, such as the lack of counselling for patients and the need for a holistic circle of care model with an individual wellness plan, ongoing counselling, consultation and traditional healing.<sup>8</sup> The result of the action plan was the Sunrise Clinic, which opened in May 2014. The clinic was a partnership between a group of physicians, Wikwemikong leadership and traditional healers. Together, they offered methadone and buprenorphine-naloxone treatment along with case management, counselling, ongoing consultation and an option for traditional healing.<sup>8,9</sup>

Within 18 months, the Sunrise Clinic faced a major obstacle. In the fall of 2015, the Ontario Ministry of Health and Long-Term Care announced a reduction in the fees doctors could charge for mandatory

methadone urine testing. This procedure accounted for 30% of the clinic's revenues. This change affected business operations and the physicians decided to close the clinic. This would, once again, leave residents without local treatment options for opiate addictions.<sup>9</sup> Wikwemikong leadership tried again, aiming to create a more durable administrative structure that integrated western and traditional treatment options.<sup>3,9</sup>

In 2015, in partnership with a physician and a pharmacist, Wikwemikong leadership exerted self-determination in health care by creating the Naandwe Miikan (translated as the healing path) clinic.<sup>3</sup> This name symbolized a new approach and a new phase for addiction healing in Wikwemikong. Wikwemikong assumed ownership of the clinic and committed to maintaining the cost of operations, recognizing the fragility of the previous funding model.<sup>3</sup> Furthermore, the community enhanced case management with a more robust holistic model consisting of clients meeting with Elders, traditional healers and natural helpers (those who assist healers) in land-based activities that included identifying traditional medicines, hunting, fishing and land-based teachings. Program counsellors connected clients with community resources such as education, employment and training. The program's success is best expressed in the words of a client,

Honestly, like maybe over a year ago, I was really bad. Like just over a year, I was really, really bad. I didn't care about if I lived or died. I must have OD'ed three times in 1 week. I still kept going when I got up. I got up after just OD'ing, and I'd just do some more. I was bad. I'm trying to get over that life, and this program has helped me lots. Not only the methadone but the counselling ... Every day when I started smudging, that really helped too. ... I think that's when I really started opening my eyes.<sup>3</sup>

This collaboration has continued for 7 years, integrating an enhanced Indigenous healing knowledge framework with biomedicine. The healing framework involves recognizing the physical aspects of healing and supporting the whole person's recovery, which includes rebuilding broken families (resulting from addiction) and reintegrating clients into the community through employ-

ment, education or training. Clients partake in recovery with the support of community members who also participate in cultural activities. From the perspective of traditional healing, clients have an innate ability to heal themselves since they have a fire inside. They are rekindling this fire through reconnecting to land, family, community and overall personal empowerment to complement pharmacological healing options. Furthermore, for Naandwe Miikan, "... success is when the clients walk through the door," thus, coming to terms with their addiction and venturing on their healing path.<sup>3</sup> The next challenge of the program is a comprehensive, self-determined data-driven evaluation.<sup>3</sup>

Naandwe Miikan illustrates an ongoing counternarrative to centuries of oppression. For Canada to realize its commitment to lasting reconciliation, more work is needed to help identify fruitful points of intersection between traditional and western medicine, such as collaborating in a shared model of care that addresses healing beyond one's physical being and nurtures fractured cultural identities and heritage. Educating physicians about how they tacitly supported colonial practices by excluding traditional healing may help to motivate change in the future. It would also create a way to talk about the problem of epistemic racism, which remains a barrier to integrating traditional medicine with the practices of western biomedicine.<sup>2,10</sup>

The Naandwe Miikan clinic highlights how creative partnerships between traditional and western medicine can be enduring and may require special funding arrangements over and above provincial health insurance plans. Whether the federal government will take transformative action to implement the *United Nations Declaration on the Rights of Indigenous Peoples Act* concerning traditional healing or continue the status quo remains to be seen.

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