

## New native healing centre in Toronto opens eyes of non-native MDs who work there

Fran Lowry

The first thing you see when you walk into the modest, two-storey building near the corner of Queen and Sherbourne is a colourful tile mosaic of a turtle. The turtle is the Mohawk symbol of healing, and Anishnawbe Health Toronto is a place for healing. It is run by, and dedicated to serve, the native people living in Canada's largest city.

The idea for a health clinic that would cater to the needs of Toronto's aboriginal population started at the grass-roots level. Elder Joe Sylvester, a recovered alcoholic who became a counsellor and then developed diabetes, had a vision concerning the problems of alcohol and substance abuse and the epidemic of diabetes that were plaguing his people.

In 1975 a weekly nutrition clinic was opened, and in 1981 the Toronto Native Centre began a diabetic education program. The desire for a native community health centre grew from there; in 1984, Anishnawbe (the Ojibwa word for "original people") Health Resources was incorporated as a nonprofit organization to analyse urban native health concerns and provide information. In

1986 it was reorganized and became Anishnawbe Health Toronto (AHT), with a commitment to establish a culture-based native health centre.

After the Ontario Ministry of Health accepted AHT's proposal to open a centre, the Board of

Directors began hiring staff. When the centre finally opened its doors in September 1989, it employed two community outreach nurses; three part-time physicians soon joined as its medical staff.

AHT takes a holistic approach to health. This is symbol-



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ized by the medicine wheel, which comprises all four directions, each having its own meaning: north is spiritual, south is emotional, east is thinking, feeling and doing, and west is physical.

Shirley Morrison, the centre's health-promotion coordinator, says use of the medicine wheel to define health is important for native people, who are starting to reclaim their culture. "Most of us have lost our heritage, our culture, our values, even our language. Our healers had to go underground because they were banned in Canada. Western medicine, as part of the dominant culture, took away our ways of healing. So in this community health centre we are saying that our traditional way of native healing can work with Western medicine, and Western medicine isn't going to dominate."

The centre offers an AIDS program and a diabetes program that is currently being organized to take into account particular aspects of native culture and healing traditions. There is also a parenting program to help mothers learn parenting skills.

A "healing circle," which meets once a week, is open to everyone. It is run by the centre's addictions coordinator-healer, Paul Bourgeois, and is an integral part of native culture. Each person in the circle gets a chance to talk and no one else in the circle can interrupt while that person is speaking.

"While you are talking, you are accorded respect and can say whatever is in your heart," Morrison said. "Sometimes there is a specific focus on a certain issue. For example, a while ago someone in the circle committed suicide, so we had a feast for her. There were people from her place of work and people who were in the circle and staff who worked with her here, so there were 40 people at this healing circle."

The doctors at the centre, all

non-natives, are happy to work within the framework of traditional native healing. Dr. Wendell Block, who has been there since it opened, took the job because of his interest in health in its political context; he also wanted to learn more about Canada's natives. The context is perfect, he says, because the centre is run by natives, not by the federal government.

"I figured I would learn a lot, and it's turned out to be true," Block told *CMAJ*. "I've learned in a concrete way what the history of the different First Nations in Canada has been and I've also had a great opportunity to learn from some of the First Nation elders who visit here and provide us with their teachings about healing and health. Some of their teachings have been very helpful to me, personally and professionally."

One example is the strongly held belief that health comes from

an outer harmony that one establishes with family, community and the natural environment, and an inner harmony with one's emotional, spiritual and physical life. Illness occurs when that harmony is disrupted.

Another example is the notion that before you can become an effective healer, you must be actively involved in your own healing process and in doing the things that are vital for your own health and well-being. "In medical school," Block observed, "I was taught that if you were bright enough, learned enough facts, knew the right resources and technology and followed the right protocol, then your own spiritual and emotional place in life was irrelevant."

After medical school, the years he spent apprenticing in Toronto hospitals drilled that message into him. "You find out, 'Gee, I can still work after being



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up for 24 hours. I haven't slept, I haven't eaten enough, I haven't rested, but I'm doing OK. I'm really pissed off at this person for showing up in Emerge, but still, I [can do] it.' ”

Such punishment and neglect during training encourages physicians to adopt a technocratic view of themselves, Block contends. While a lot of what physicians do is technical, they still have to come to terms with the emotional and spiritual lives of their patients and their community if they are to be effective caregivers. To accomplish this, he said, they must first come to terms with their own emotional and spiritual lives. “If

same ones he faced when he started almost 3 years ago. He said the support he gets from other workers and clinic colleagues, and the supportive work environment that exists at the clinic, keep him from burning out.

“I questioned when I came here whether I would have their support, not being native myself, but I have never experienced any problems,” said Block. “Kindness and respect for all people are huge traditional values in the aboriginal community. It's partly because of them that the conquest could happen the way it did. People here treat me very kindly and respectfully.”

quite a bit of time to talk to the person afterwards.”

Working at AHT is also fun, she said. “One of the most striking things about working here is the humour and resilience of people in the face of a lot of tragedy. Native people like to laugh. That's very uplifting because if you are seeing a lot of sadness, you need to be able to laugh. We have a lot of fun at work.”

One of the highlights of her work has been going out in the centre's mobile unit on “house calls” to the homeless. Although it was sad to see clients living in such “abominable” conditions, it was also rewarding. “They'd say, ‘Hi, Doc, come into my house,’ and it would be underneath a trailer. They were very happy to see that they were being visited.”

Both Block and Honickman consider themselves part of an organization that is moving toward self-determination and self-government for Canada's natives. As Block puts it: “The hope is that, as there is more self-determination, more control of the issues that lead to poverty will come into the aboriginal communities and some changes will be made. But that's going to be a very long, slow process.”

In 1989, when both doctors were hired by the centre, there were only 30 native physicians in Canada. Today, there are more than 40, including several residents in training at Toronto hospitals. The hope is that some day the centre will be staffed by native physicians: when Honickman and Block were hired they were told they may have to leave the centre to make way for native recruits.

This is as it should be, says Honickman. “When we were first hired, we were told it would be a short-term thing until there were more native physicians. As much as I love this job and would be sad to leave it, I would be more than happy if it was because a native was taking my job.” ■

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you know how to be involved in healing yourself,” Block explained, “you'll be a much better guide for others.”

Most of the patients Block sees are men aged between 20 and 45. He said this predominance of male patients is “quite unusual” in the primary care setting, and most come in with acute problems such as infection, injuries or problems related to addiction. He also sees many depressed patients, and said most of the depression is socially based and chronic, and reflects the deeper problems of racism, poverty and isolation that native people living in Toronto commonly face.

Block admits that there are times he feels discouraged because the medical problems he deals with at the centre today are the

Block is particularly happy that men who had previously neglected their health because they did not trust the Western health care system are now accessing that system because they have gained confidence in it.

Dr. Debbie Honickman — her patients call her Dr. Deb — has been working at AHT since late 1989. She said she has learned to spend a lot of time listening to patients, and not to assume that she knows everything just because she's been to medical school. The beauty of working in a community health centre, she said, is that it allows her to spend the amount of time that is needed with her patients. “You are on salary so you are not pressured to get the next patient in right away. I can do a complete physical and still have