

White, W. L. (2012). Recovery support in Indian tribal communities: An Interview with Eva Petoskey. Posted at [www.williamwhitepapers.com](http://www.williamwhitepapers.com) and [www.facesandvoicesofrecovery.org](http://www.facesandvoicesofrecovery.org)

## **Recovery Support in Indian Tribal Communities: An Interview with Eva Petoskey, MS**

William L. White

### **Introduction**

There is a very long and rich history of Native American tribes resisting the infusion of alcohol and drugs into their communities and organizing culturally indigenous healing movements in response to alcohol and other drug problems. I recently (March 19, 2012) had the opportunity to interview Eva Petoskey, Director of the Anishnaabek Healing Circle (Access to Recovery), Inter-Tribal Council of Michigan, to discuss her work developing recovery support services within Indian tribal communities. Please join me in this exploration of the development of recovery support within these unique cultural contexts.

**Bill White:** Eva, could you describe how you first became involved in community healing and recovery within tribal communities?

**Eva Petoskey:** I have to start at the beginning because the origins of my involvement in the recovery movement arise from my own personal journey. I am Anishnaabek (Ottawa), and in our tradition, it is essential to start a conversation about healing by calling upon our spiritual helpers so our ego remains in check and we can speak clearly and from the heart. So, I'm just going to do that for a minute just as part of the process even though I also did this ahead of time. I will speak my Anishnaabek name as a way of getting the spiritual support that I need for a conversation like this.

[Eva speaks in her language] That is my Anishnaabek name, Blue Sky Woman, and I am Thunder Clan. I am Anishnaabek. Specifically, I am an enrolled member of the Grand Traverse Band of Ottawa (Odawa) and Chippewa Indians. I am the mother of two wonderful children, Rose and John, and I am married to John Petoskey. We are all Anishnaabek and all members of our tribe. I

live in Peshawbestown, Michigan, which is one of our traditional Odawa villages located in the region where our ancestors have lived for many generations. I have lived a clean and sober life for over 33 years, working hard to break the cycle of addiction that I grew up in.

I grew up in an alcoholic family—my father and mother. By the time I was born in 1952, my mother was in recovery. She stopped using and drinking about a year before I was born, so I had the good fortune of having one very strong woman in recovery in my life from the moment I was born. There were intergenerational problems with addiction on both sides of my family, but particularly on my mother's side. All of her siblings grew up in the early part of the 1900s and lived through World War II and all of the disruption in the culture during that era. They all went to boarding school, both my grandmother and my mother. My grandmother went to Carlisle Indian Boarding School in Pennsylvania in 1886. She was one of the first classes there, and my mother went to the Mount Pleasant Indian Boarding School in Mount Pleasant, Michigan.

I have that intergenerational boarding school experience within my family, but the beautiful part of it is that I had these two very strong women in my life; they were survivors who remained strong in extraordinarily challenging circumstances. If there is a source of my own resilience, it is having these strong women in my life. My grandmother never drank, and my mother turned her life around, but I saw many people I loved living in very, very challenging circumstances—many died as a result of their intergenerational trauma and addiction. Like many before me, I guess I couldn't learn from their experiences because I ended up following the same path in my early life. I'm sharing this because I think that my healing journey and my motivation for this work has its origins deep within my family. As with many Indian families, we carry in us the seeds of great suffering and the seeds of great spiritual resilience.

**Bill White:** How did these twin seeds play out in your own life?

**Eva Petoskey:** I developed my own addiction as a young person. I suffered from the trauma of seeing people I loved die from tragic circumstances related to addiction. There was also the trauma of experiencing racism and prejudice as a child. When I was 13 or 14 years old, I started drinking. I couldn't handle the booze very well. I wasn't a good alcoholic, so I quickly switched over to using drugs and became extremely addicted. By the time I was 17, I was very ill with hepatitis, and I suffered a near-death experience, which for me was a pivotal turning point in my life even though that happened when I was very young.

I had a glimpse of what people call their “bottoming out point” at a pretty early age, but fortunately, I had role models in my life that were living proof that it is possible to turn your life around. My mother was involved in AA at that time in the '50s, which is pretty remarkable for any woman but especially an Indian woman. She was really an extraordinary role model for other women, sponsored a lot of women, and ran her own social service agency out of our house. Unfortunately, she had to suffer the process of having children who suffered from the same addiction that she did.

I had to go out on my own and try to find my own way because none of what my mother and others had done worked for me. I went to Canada to live for 3 years; I was searching for my spirit, on a quest for myself. I lived on a reserve for a couple of years, and I met people who were strong and who were from other traditions that I could draw upon. I expanded my deep appreciation for nature, and I gained more confidence as a human being. I have always received blessings from the water, trees, birds, and mountains; watching and listening to nature has been a big part of my healing and spiritual journey. I haven't taken the common road, but I have been in recovery and sober now for a little over 33 years. It took me about 8 or 9 years before I could make a full commitment to recovery. I still carry that intergenerational experience—that history of trauma and loss—but that's a long story in and of itself and that's as much as I'll say about it in this context.

**Bill White:** You seem to have drawn from both your addiction and recovery experiences a very deep commitment and vision towards recovery and healing in tribal communities.

**Eva Petoskey:** That's correct. That commitment is at the core of who I am. I seem to wake up every morning with that on my mind. Sometimes it's painful, but I go back to the fact that I did not die at 17. I was able to continue on in my life to try to make a difference for myself, my family, and my community. I was 17 in the 1970s, a pivotal time for Native people; since then we have seen a great deal of spiritual awakening, economic development, and efforts to reclaim our identity. I feel blessed to have been part of this time in our history.

**Bill White:** Did you get involved early in your recovery in service work within native communities?

**Eva Petoskey:** After I came back from Canada, I went back to school because I'd made that commitment early in my life. (In 1970, I'd been accepted at the

University of Wisconsin at Madison, but I didn't go.) I was a good student even in my addiction, strangely enough, and that was part of how I fought back at some of the trauma of my childhood. When I was young, I always thought people were looking at me as though I was an inferior human being. Unfortunately, I wasn't imagining this; the racism was real! I internalized much of this pain for a long time, and I still deal with it. Other Native people that I talk with about this, many in long-term recovery, still have this issue, particularly if they've experienced racism or other trauma early in their life.

In 1973, I went back to school at the University of Wisconsin in Milwaukee. While there, I met some wonderful role models that helped me learn how to achieve in school and remain Anishnaabek. I was the first person in our family who had ever gone to college. My parents had no idea, either of them, what I was doing. They thought it was good, but they didn't really know what it was.

In 1978, after graduating with a Master's Degree, I went to work for Great Lakes Inter-Tribal Council (GLITC), which at that time was located in northern Wisconsin on the Bad River Reservation. The GLITC was housed in an old abandoned Catholic school that had been built in the 1800s; I worked in the basement, which was a wonderful place next to the Elder's sewing room and the kitchen. I worked for the "alcoholism program" trying to figure out how to do substance abuse prevention at a time when no one really knew much about it. I like to say that "prevention was my first love," and I went on to do a variety of work over the past thirty some years in Indian country. All of my work has focused on healing, recovery, and community development. The work has been good, but in many ways, I am still working out of that basement where I first started out, doing what I can for the cause of healing. I have been fortunate from the very beginning to have the companionship and council of Elders, friends, and family along the way. I am very grateful for these blessings.

**Bill White:** What do you recall about treatment and recovery support services in tribal communities in your area in the 1970s and 1980s?

**Eva Petoskey:** In the early years, treatment and recovery support were more connected. In fact, in the early days, most of the people working in the addictions field in reservation communities were Native people in recovery. For many, "sobriety" was the main qualification; training and other education came after the commitment to recovery. Much of the work was done informally, given that most tribes had very limited resources for treatment services; if a person wanted to go to treatment, there were only a few options. In the mid-1970s in Michigan there was

only one residential treatment facility for Native people, the New Day Residential Treatment Program operated by the Keweenaw Bay Indian Community. I think that facility opened in 1973. Sometime in the mid to late 1970s, maybe 1976, the Indian Health Service (IHS) started to provide substance abuse services. Before that, only limited funding was available for tribes through special NIAAA or NIDA initiatives. As IHS substance abuse treatment resources expanded, and tribes moved in the direction of self-determination, many tribes were able to access funds for a full- or part-time outreach worker to help get people into treatment and to provide aftercare service upon their return to the community. It wasn't until the early '90s that most tribes in the Great Lakes area began to fully develop their own treatment and recovery programs at the local level—at least on the reservations. This development was supported by funds from the Indian Health Service and tribally generated gaming revenue. Here in Michigan, several of the tribes have invested significant gaming revenue into health and wellness programs for their communities. I live in the Peshawbestown community where outpatient treatment has been developed through a combination of resources from the IHS compacts/contracts and tribal gaming resources. Other tribal communities have developed similar outpatient treatment and some have residential treatment. I've been able to participate, along with many others, in the development of these treatment systems through my work over the past 18 years with the Inter-Tribal Council of Michigan.

**Bill White:** Could you describe some of your activities through the Inter-Tribal Council?

**Eva Petoskey:** Currently, I am the Director of the Anishnaabek Healing Circle Initiative that is part of the Access to Recovery (ATR) initiative funded by CSAT and SAMHSA. We are now in the 4<sup>th</sup> year of our ATR initiative, and we hope to have at least three more years. Some of our long-term initiatives have been very successful in getting people engaged in recovery and treatment. Access to Recovery is a very innovative initiative that has supported our efforts to expand the array of services available for a person in recovery, improve access to services, and support client choice. We've really worked hard in a collaborative partnership with the 12 tribes in Michigan on this initiative, and we also have an ATR access center in the Detroit American Indian community. We have served about 7,000 Native people and their family members through the initiative, and we will enroll another 6,000 people before this present funding cycle comes to an end in 2014.

**Bill White:** Do you see recovery support services significantly expanding in the tribal communities in your area?

**Eva Petoskey:** Yes, that has been our primary system change goal through the Access to Recovery initiative, but I think we still have a lot to do. We've certainly expanded the array of services beyond the acute care model. Tribes throughout the '90s sought to professionalize addiction services. When we started, the reservation substance abuse workforce consisted of Native people in recovery. Today, in some places, the number of Native people in the workforce has dropped significantly because many tribes now require advanced degrees to do the work. There's been a great value in professionalizing this field, but in some cases, it has resulted in a dual system composed of the professional service providers and the recovery community. If there is limited collaboration between the two systems, in my view, they are both incomplete. If a system has only professional clinicians and case managers, the services may not be accessible by the hard to reach populations, such as chronic users and persons with PTSD.

I believe that if we really want to create service systems that engage the community, the recovery community must be recognized by the professional community as an equal partner, and the recovery community must acknowledge the contributions of the professional community. I am hopeful that over time, an equal partnership between the recovery community and the professional community can emerge. That marriage isn't there yet, but the courtship has begun [Laughing]. There's clearly a relationship developing, and that's really exciting. We're going to do a peer recovery training initiative in June 2012, and we're one of the first ATR programs that I'm aware of doing that—certainly the first tribal initiative. We're going to do a first cohort of training peer recovery coaches, and our hope is that this peer-professional partnership will grow from there.

We hope to have about 40 potential recovery coaches and their supervisors go through the June training. Including both roles will hopefully help us integrate the coaches into the larger service system. When we first started talking about this last year, some of our collaborators would just stare at me and say, "There she goes again! What is she asking us to do now? Why are you asking us to do this? We don't really want to change." But now, we really have most people on board. Oh, I know some people still think that such integration is not possible, but we are very hopeful about what can come out of these trainings.

**Bill White:** What is your vision of how this work can be sustained into the future?

**Eva Petoskey:** When discussions of sustainability come up, we most often talk about money, but sustainability can be accomplished one person at a time. Every

time you get somebody enthused about their own recovery, it helps. When I think about sustainability, I think more about the sustainability of recovery than the sustainability of funding.

**Bill White:** Describe the variety of recovery pathways you see in the tribal communities in which you are involved.

**Eva Petoskey:** People are using a wide variety of resources to support addiction recovery. Recovery can be supported in your family, your AA group, your NA group, your Red Road Group, or through our cultural ceremonies. Some people in our communities are in long-term recovery like myself, but we are not involved in AA. I think AA is a great program. Although it's not been my path, it has been the path for a lot of our people. At the same time, we have a lot of people supporting their recovery through their own indigenous ceremonies or by going through a healing process that combines a lot of elements from a wide array of paths: through their ceremonies, through their church, through AA, through the Red Road, or through the White Bison initiative. My vision is to bring whatever it is that people need to grow those seeds of recovery in themselves. I would like to see mutually respectful partnerships between all the paths to recovery. We want to make sure people seeking recovery have continuity of support for as long as they need it. I really feel excited about this.

**Bill White:** Is respect growing for these diverse pathways to recovery within your tribal communities?

**Eva Petoskey:** That's part of my dream, but there are still divisions that we are slowly overcoming. But there are even divisions within AA and other paths of recovery. I believe that when people have a spiritual awakening, such divisions begin to disappear and diversity is no longer seen as a threat or a source of fear. There's so much diversity if you get right into the core of most tribal communities and even the core of the recovery community. To move forward in a good way, there has to be a coming together. I am not seeking mixing of traditions, although that works very well for some people, but we do need to have respect for multiple pathways to healing. I think respect is a very important and fundamental Anishnaabek cultural teaching that needs to be practiced in our daily walk. We have some really remarkable healing that is taking place, and I feel honored to have been part of that.

**Bill White:** Are there lessons from your experience that you would offer to other people who may be similarly involved in organizing recovery support services?

**Eva Petoskey:** Well, one lesson I've certainly learned is to never give up. In my life, I've seen some very tragic, rugged stuff, and the key to moving beyond such experiences is that you can never give up. To sustain recovery, you need to have a spiritual basis. Whatever spiritual path you follow is okay. I'm a little different in that way and maybe the Creator put me here because somewhere along the line, I realized that people come to healing in many different ways. They come to healing from tragic circumstances and find spiritual strength and resistance in many different ways. I think that's a really important thing to remember. In our communities, that's the truth. People are in different places.

Another lesson I've learned is you have to find a way to deal with tragedy. I'll be 60 this year, and what has sustained me is a strong and powerful vision. My sister passed away a few years ago from cirrhosis and I still see so much tragedy, but I believe that this generation is the generation of healing and reclaiming our culture and our land within tribal communities. So many of us have come home to live and have become deeply connected or reconnected to our land and culture. My children and my husband, we're all members of the same tribe. We live on tribal land. My kids have grown up in their homeland with their grandparents and aunts and uncles and cousins. What a blessing! And yet anyone who serves the community must find a way to deal with the continuing tragedies. I'm saddened to see that there are so many young people experiencing some of the same problems we had in my generation. We can't give up. We have to discover how the lessons of the past can be applied to new generations.

**Bill White:** You were so blessed to find recovery early in your life. Are today's young people within tribal communities becoming involved in the recovery movement?

**Eva Petoskey:** Yes, but not as much as I'd like. I see quite a few people in their mid-20s getting involved. Some at that age kind of wear down as they realize, "Wow, this lifestyle of partying isn't going to work for me." And hopefully they don't have to experience the level of crisis I did at an early age. Maybe they can have an easier turning point without bottoming out as I did.

In my personal and family life and in my work life, I see that young people are getting on board with the healing movement, but we still have not reached a cultural tipping point. There's still too much tragedy in our communities, and there's still a lot of work to be done. I believe that each of us possesses an intergenerational genetic memory. I think all people carry the collective memories

of their parents and ancestors. In that memory, there are the seeds of great suffering and the seeds of great hope and resilience. We have to decide as individuals and as communities which of these seeds we cultivate. We have to decide which ones we grow, and it's not a conscious decision sometimes because they're both there.

**Bill White:** You have been very blessed by this work we've both chosen, but this work can also be very draining. What has sustained you over these years of service?

**Eva Petoskey:** Early on in my recovery, I took on the practice of meditation. Of all the things I have done to sustain my recovery, meditation has helped me enormously. Over the past 35 years, I have been practicing sitting in silence with myself—not every day but often. The grace of the Creator has given me the ability to pray and to meditate and to just sit in silence. What a blessing that has been! I have a wide expansive place of peace and refuge that doesn't involve travel or any outer practice, just silence.

The other thing that has helped me is I use our ceremonies. In 1988, I became a member of the Midewiwin Lodge and over the years, I have found great strength and comfort in our Anishnaabek ceremonial practices. In ceremony, I can feel free. That's what has kept me from being so challenged and conflicted in my daily life. It's a place where you can dance with your ancestors, where you can be really free. And it's a healing place. I have worked very, very hard over the past 35 years, but the places where I find refuge are in prayer, meditation, and ceremony. I hope to have more time for all three of these as I grow older and I'm not working so much. Those are the things that have kept me going, I'm challenged all the time when I see a tragedy in our community, and I pray. The older I've gotten, the more I pray.

**Bill White:** We're both on the verge of achieving elder status in this life of service we have chosen, do you see younger leaders coming behind you who will carry forward this legacy?

**Eva Petoskey:** I do, I do. I can list 5 people right off the top of my head who are at least 25 years younger than me who are full of passion for this work. That makes me feel good, but we need more people to fill these roles in the coming years, and we need people who bring a passion for recovery and who can express that through whatever they choose to do in the community.

**Bill White:** As a final question, what kind of satisfaction have you drawn from this life's work?

**Eva Petoskey:** That's a tough question for me today because I've been kind of tired, but I look at it and I think it's a really deep sort of satisfaction. It's not on the surface. It's a deep satisfaction of looking across the whole panorama of what life has to offer and what I've seen so far in my 60 years. It's a spiritual satisfaction, but it's not what I would call joyful or perky all the time. I feel blessed, honestly. I feel sometimes like I just came into the world for this. I don't know what else I'm doing here. I've had it so good. I've tried to be a role model for people that want to live a sober life and for people who want to make our communities a better place.

**Bill White:** Thank you so much for agreeing to this interview and for all you do for people seeking and in recovery.

**Acknowledgement:** Support for this interview series is provided by the Great Lakes Addiction Technology Transfer Center (ATTC) through a cooperative agreement from the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment (CSAT). The opinions expressed herein are the view of the authors and do not reflect the official position of the Department of Health and Human Services (DHHS), SAMHSA or CSAT.