



# *Spirit*

SHARING FIRST NATIONS  
HEALTH AND WELLNESS

The  
**Women's  
Issue**

**Melanie Mark: Woman Warrior**

Midwives: Caring For Mothers | Smokestack Sandra's Quitting Journey  
Empowering Women & Girls in Sports | Reproductive Wisdom

# Name a Female Role Model in Your Life, and Tell Us Why She is Your Health Hero.

## MARY ELDER

My role model has been my sister Cecilia Nicotine in Saskatchewan. She is family, but we were raised by a traditional mother who taught me to always look up to the eldest, and I have in so many ways. Although I disagree with her so many times, I look within her heart, and with a loving heart I hug her within. We were in residential school together, but she became my mom while at the residential (school), she had to. I was a handful. She has been a single mother but has raised her children to the best of her ability. She had so many grandchildren, for truly she has been blessed.



## DIANE NIC ↑

The most influential female role model in my life is my Mother, Christine Nicolay, from the Kyuquot-Cheklessaht First Nation. She amazes me every day with her strength, courage and vibrancy for life, an inspirational Elder. The knowledge she willingly shares is vast and includes culture (basket weaving, protocol and language),

health (caregiver for my quadriplegic brother for 30+ years), gardening (grows berries, vegetables and flowers), sewing (clothing, quilting, purses), cooking and preserving (traditional and modern). She provides emotional support and advice to family and friends going through hard times. She's very smart, caring and generous, a true lady.



## VINCE SAMPARE ↑

As a Gitsxan man, we live by the matriarch system, and my mother Charlotte Sampare helped bring our language back into the school. She was also a United Church-ordained minister. She always brought me to the feasts and gave me my Gitsxan name for our house. She returned to school, and I was proud of her. She passed away from cancer, and she fought it when they gave her three months and survived for longer and showed us how to never give up.

## ELIZABETH NICH

Thinking of my mom, but she is no longer here. Put to thought, I say

my daughter, Melissa, who has given me chance to praise her in her knowledge and wisdom that my parents had; it amazes me that she knows so much at her young age - a great adviser. Someday she could be a prime minister.



## TERRILYN ADRIENNE GOOD-BRAATEN ↑

My biggest influential female role model has always been my mom, Wanda Good. She is the exact model of a strong Gitsxan woman. As Gitsxans, we fall under a matriarchal system. She has more knowledge of the culture than most people I know, she fluently speaks the language, she sings the songs. Along with her vast cultural knowledge, she has a university education and always was and is a leader. She stands strong in the stand with the missing and murdered Indigenous women and stopping violence against women. She is an advocate for our people and our society - hers will be a face that people will know as a woman who made a difference, not only in my life, but in the lives of everyone she comes across. ✍️



First Nations Health Authority  
Health through wellness

**SPiRiT MAGAZiNE**

A publication of the  
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The content, opinions and views expressed in *Spirit Magazine* are those of the authors and do not necessarily represent the views held by the FNHA, its employees or member organizations.

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**ON THE COVER:** Melanie Mark (centre) and her mom, Yvonne, and daughters, Maya and Makayla, celebrate during Melanie's swearing-in ceremony as the first Indigenous woman in the BC legislature. Read more on page 16.

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# Welcome

to the **Women's Issue** of *Spirit Magazine*.

**H**ere's to the matriarchs, mothers, grandmothers, sisters, daughters, aunts, partners and all women. In this issue of *Spirit Magazine*, we feature wisdom, words and health tips from a diverse group of contributors from across the province and in all life stages - from youth to career women, mothers to Elders. The women we were privileged to co-create this issue with shared their stories with integrity, heart and humour, and we raise our hands to them.

In this issue, we feature respected First Nations and Indigenous leaders, such as Melanie Mark, Madeleine Kētēskwew Dion Stout, Mary Teegee, Cheryl Casimer and Evelyn Harney.

Hear from Lydia Hwitsum on the power that comes from leaving behind the colonized thinking of the *Indian Act* and fostering self-worth and belonging in young women. Next, get ready for a career road trip with the "Savvy Woman's Guide to Landing (and Rocking) Your Dream Job," written by a team of women from the FNHA to share tips and tools for navigating the career world. We also touch on midwifery, women in politics, traditional and contemporary reproductive knowledge, empowerment of women and girls in sports and other reasons to celebrate our wellness.

The decolonized thinking championed by Hwitsum and other women in this issue aligns with a movement taking place around the world to recognize and celebrate rights and respect for women - a movement that has come to be called *Rematriation* in many Indigenous communities.

Professionals who work with and provide health care for First Nations and Indigenous women can adopt this decolonized thinking and apply it to their practices. By listening to and learning from Indigenous women's stories, we can build better mutual understanding and respect, and in doing so, create a culture of humility. In this sense, *Rematriation* also has ties to the work underway in the health system in BC to improve cultural humility and cultural safety for women, their families and all Indigenous people.

Cultural humility means approaching relationships, in a care setting or otherwise, ready to listen and learn with humility and leaving our assumptions at the door. It results in an environment free of racism and discrimination, where people feel safe when receiving health care on their wellness journeys, regardless of their culture or background.

With that, we *humbly* acknowledge the work of those who helped shape this issue of *Spirit*. We hope these stories inspire you as much as they inspired our team during production. Our contributors brought laughter, tears and generosity to the process and have shown us what their vision is for a future of strong, healthy, self-determining and vibrant First Nations and Indigenous women, children, families and communities.

Find out more about cultural humility and cultural safety in the BC health system and pledge your vision or commitment at [www.fnha.ca/culturalhumility](http://www.fnha.ca/culturalhumility) and use the hashtags #itstartswithme and #culturalhumility on social media.

*spirit*

An Interview with Madeleine Kētēskwew Dion Stout:

# Ancient Woman/Child with an Ancient Spirit

MADELEINE KĒTĒSKWEW DION STOUT



At the beginning of 2016, Madeleine Kētēskwew Dion Stout retired from the FNHA Board of Directors to spend more time, energy and passion showing gratitude to family and friends; pursuing health, wellness and happiness; and *kākikē miyawātamok* - celebrating every moment.

**M**adeleine Kētēskwew Dion Stout has lived a lifetime of many accomplishments as a nurse, teacher and philosopher in the field of First Nations and Aboriginal Health. Growing up on the Kehewin First Nation in Alberta, she graduated as a registered nurse in Edmonton and earned a Master's Degree in International Affairs from the Norman Paterson School of International Affairs at Carleton University. She was previously appointed Vice-Chair of the Mental Health Commission of Canada as well as a member of the National Forum on Health by Prime Minister Jean Chrétien and served as past President of the

Aboriginal Nurses Association of Canada.

She was given an honorary doctorate from the University of British Columbia, chosen by the Canadian Nurses Association for a Centennial Award in 2008 and, in 2010, received the National Aboriginal Achievement Award in Health.

Topping it all off to date, she received the Order of Canada in July 2016, one of the country's highest civilian honours to recognize outstanding achievement, dedication to the community and service. The First Nations Health Authority family would like to thank Ms. Dion Stout for her wisdom and energy spent on the Board of the FNHA and wish her well on her path.

***In your career, what are three significant moments that stand out for you that you will never forget?***

**1.** The Cree word for nurse is *maskihkīwiskwēw*, which means medicine woman. I was seven when I had my first encounter with a nurse. I remember losing myself in her caring hands and gentle voice at the hospital I'd travelled to by horse and wagon for an emergency appendectomy. Even now, my first nurse looks so angelic in her milky whites and winged cap. Twelve years after I received her expert nursing care, I was enrolled in nursing school. And even now, my mother and father who took me to the hospital that time seem so determined to save my life and so dignified in their struggle to do so. Our horses, my parents and I were relegated to the ditch on our way to the hospital because there was no room for unconventional travellers like us on the highway. I now attribute this very journey to the career paths I've chosen.

**2.** It was during the winter moons, or *piponi-pisimwa*, when we gathered at my grandfather's feet by the pot-bellied stove to hear age-old legends and stories. His storytelling still transfixes me because it was about *living* our lives in creation no matter the season or reason. To this day, I embrace voices like my grandfather's, and I give them full credit for freeing my voice as I tackled systemic, organizational and personal challenges over the course of my career and for guiding my voice as I tried my best to enunciate and seize transformational opportunities.

**3.** Shortly before she passed away, my mother told me a true and prophetic story that still inspires me and affirms my life's work. When she was a young mother, she stopped at Ncik's tent with her little children on a particularly hot and stifling prairie day at a campground set up for a ceremonial dance. Ncik was in her eighties, and she was blind. She greeted my mother warmly and thankfully: *Hey hey nōsisim, tapwe mistahi kitatamihin ēpē-pītkwēyin ekwa ētahkiyāwēpaytaman oma pakwānikamikoos.* "Hey hey my grandchild, I am so very grateful you have crossed my threshold, and you have let the cool breeze into this little tent." As Ncik cleaned her moccasins,

she said to my mother, *ōtē nikan mistahi kanimhitonanawi maka mena mistahe kamēstinahnahwi.* "In time to come," she said, "dancing will be everyone's vocation, even as death claims are such that no one is left behind." In other words, dancing and death would be one and the same - extensive and intensive. I see this to be the case today as I witness the resurgence of our dances and the role they play in our resistance movements like Idle No More. Still, as we dance off the shackles of colonization, we are left dealing with high rates of untimely and unseemly deaths in our families and communities.

**We will not understand the oppression of Indigenous women until we understand the oppression of all Indigenous men and women.**

***What message would you like to share with First Nations and Indigenous men?***

"There are no possibilities in what one knows; it is in moving to the abyss of the unknown where true warriors are born." Douglas Cardinal

***What would you consider the most challenging aspects of your career?***

On the one hand, being tattooed with the net effects of colonization, historic trauma and racism is not a badge of honour for me but a soul scar and a blot on the proverbial landscape. On the other, speaking my language, *nēhiyāwewin*; living with nested identities; making contributions to society; and, ultimately, wearing the approval of witnesses have been affirming and humbling gifts. The challenge has been to negotiate both sides of the middle as a Cree woman who is determined to grow, not just develop, and to thrive, not merely survive.

***What message would you like to share with First Nations and Indigenous women?***

We will not understand the oppression of Indigenous women until we understand the oppression of all Indigenous men and women.

***What advice do you wish you were given as a young woman?***

Although I was told about the natural deterioration of all living things and about *wāpātikosowin* - evidence that is made visible in our dreams, intuition and through animal creatures like owls, *ohowak*, and frogs, *aykiskas* - little did I know humankind would ultimately leave such a destructive footprint on people, the planet and policies. Frogs, *aykiskas*, and other amphibians who give us strong motivating values have lived on this planet for 190 million years, yet they are now dying in such epic numbers, they may be extinct in a few decades. For their part, *ohowak*, owls, have called each of our names for millennia, yet they, like other Beings, are now charged with calling our collective attention to threats like climate change and violence. Meanwhile, oppressive policies are slowly giving way to supportive ones but not without our due diligence and prayerful, rational interventions.

***What is your recommendation to move towards equity for women in our society?***

To take our rightful place in our homes, communities and society, we women have to cast our gaze on *mijō-payōwin* - good turns from changing fortunes. This suggests we do good by one another despite the constant, sometimes harmful, changes in our living contexts. It also says that our lot in life can be altered by random acts of kindness and affection. By looking at our history, heritage, cultures and spirituality close up and by taking a hard look at our multiple burdens, at least four important lenses will occur to us. These include a decolonization lens, indigenous lens, equity lens and gender lens.

***Final words, quote?***

*ōma ka-nīpawisitamahk piko ka-wi-tapistamahk:* "What we stand by is what we have to sit in for." 🖋️

# Smokestack Sandra's Quitting Journey

CATE KORINTH

Sandra Teegee is passionate, determined and candid. And let's not forget funny - she's very funny. Sandra is also down to one pack of smokes a *week* from a pack and a half a *day*. And contrary to the norm, she's even lost a few pounds along her journey to quit smoking.

Most surprising of all, Sandra's quest to kick her nicotine habit morphed into a profound voyage of discovery and personal growth, a journey she recommends to everyone. Until this year, she'd never have believed that any of this could happen to her.

**S**andra grew up off-reserve in Fort St. James and embarked on the adventure of a lifetime when she returned to her parents' reserve of Takla Landing at 23 years old. She went there to work on a 10-week project to teach administrator training; it was always understood in her family that she'd give back to her community, her Nation.

When she got to Takla Landing, the community touched her heart, and there was no turning back. Decades later, she has made her life in Takla, is Deputy Chief and has become a leader in health and wellness. She's an advocate for healing and dealing with the hard issues.

At last year's Northern Caucus Session, Sandra had everyone laughing, crying and reflecting on the realities of health and wellness in community when she performed her now infamous "Sandra Fallon Show." Her sense of humour and willingness to be candid triggered a request from FNHA Communications Director Davis McKenzie to keep an audio record of her personal health and wellness, specifically her daily life as a smoker.

The "podcast project" appealed to Sandra's unrealized passion for broadcasting, and through the process of recording the podcast and speaking with many other smokers about their experiences, she was pleasantly surprised as she started to quit, bit by bit.



Sandra Teegee in the studio recording the "Smokestack Sandra" podcast with the FNHA.

Sandra's daily audio recordings have been produced into three 30-minute podcast episodes called Smokestack Sandra, which you can listen to at [www.fnha.ca/respectingtobacco](http://www.fnha.ca/respectingtobacco).

In my interview with Sandra, she shared stories about her younger (and healthier) years, her quitting journey, what she hopes to accomplish with the Smokestack Sandra podcast and her optimism for others on their quitting journeys.

"Try your best to be able to stand in front of the challenges without cigarettes. Start little. Do your core work. Embrace who you are. Possibilities are limitless once you quit smoking. You'll be able to quit other things too. At first it's hard, but after a while, it becomes a habit to make healthy choices. It's never too late!"

**Q: What were you like when you moved to Takla Landing?**

**A:** Well, I was 23 years old, and I was a health fanatic, real "granola," and I'd been a deadly basketball player in high school. I was optimistic, spiritual and grounded. I was also alcohol and nicotine free.

**Q: Why did you start smoking?**

**A:** I started in Takla. Everybody there smoked. It was all around me - coffee breaks, smoke breaks. I just wanted to be around all the fun. When you're young, you think you are bulletproof. I thought this would be a short thing.

**Q: Why did you decide to audio record your daily life as a smoker?**

**A:** My grandson is four years old, and I should have quit by now. I had to start thinking seriously about this. How can I be a health lead when I smoke? For me, I just didn't think it was right. And in my past, in my family we always picked healthy choices.

**Q: What was the best thing about doing the podcast?**

**A:** Letting people see me for who I am and reflecting back on my choices.

**Q: What was the most difficult aspect of doing the podcast?**

**A:** Facing the fact that this was not supposed to be my story! These unhealthy habits were not supposed to be part of my life.

**Q: What was the biggest surprise?**

**A:** The biggest surprise was my personal growth through this process. It's been my gift from the Creator. I really mean it. Sure, it was very frustrating at times - when you are quitting smoking, you are dealing with core issues, the "should haves" of one's own choices. Something else that resonated with me through the process of making the podcast is that we have the obligation to shine our light and share our gifts.

**Q: Did recording the podcast make it easier or harder to quit?**

**A:** Sometimes it made it really hard! I asked myself, why do I always do things the hard way? I was going to quit quietly ... privately! But I went with it.

**Q: What do you hope to accomplish with the podcast?**

**A:** "You're not alone" is the message I wanted to convey most in the podcast. Quitting is easier said than done, and lots of people care. The three episodes are just the tip of the iceberg in terms of the people I talked to.

**Q: What is your advice to young people about smoking?**

**A:** I was young once too, and I understand where they are. Please be wise enough not to take things lightly. I want them to know that it's extra cool to be athletic, active and healthy. If you are standing alone to be a leader in wellness, so be it. Bask in it. Know that you are doing a good thing. I can't emphasize enough to youth that everything I was taught back then about health and wellness is in style now.

**Q: What is your advice to others on their quitting journeys?**

**A:** Invest in your kids and grandchildren because the message of quitting will impact your whole family. Seek out all the supports you can find - [www.quitnow.ca](http://www.quitnow.ca). The cigarette takes away from your life, from your time. It really isn't a grounding method to cope with feelings at all, although that's the illusion: that it helps us de-stress. Try your best to be able to stand in front of the challenges without cigarettes. Start little. Do your core work. Embrace who you are. Possibilities are limitless once you quit smoking. You'll be able to quit other things too. At first it's hard, but after a while, it becomes a habit to make healthy choices. It's never too late!

**Q: What has your quitting journey done for you?**

**A:** It has given me back to me. It has reawakened my spirit - who I am, who I am supposed to become. I went out of my comfort zone, and it opened up other doors and reawakened my dreams. We can all do this. This journey has liberated me and taken me away from all the things that were hindering my potential. I've come back to where I used to be ... that optimistic 23-year-old - but wiser. 🍀

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Download the Smokestack Sandra podcast on the FNHA website!  
[www.fnha.ca/respectingtobacco](http://www.fnha.ca/respectingtobacco)



# Starting Young

## Supporting Adolescent Women in Their Wellness and Self-Esteem

LYDIA HWITSUM, FIRST NATIONS HEALTH AUTHORITY BOARD CHAIR

**When I think about our adolescent women today and how we can support them in their development so they can become the strong and grounded women leaders we need, I think about giving them the strength of understanding, of wellbeing and of worth and value and the need for them to become strong human beings for all of us.**

**H**ow do we raise strong women with the Indigenous values that have sustained us as a people for so long? It's through contributing in any way we can to building strong human beings who can play a hand in contributing to the rest of our health in terms of the roles that women willingly and lovingly take up.

### **Where We Were: Women and Colonization**

It's important for us to be aware of how many layers of colonial thinking impact us differently today as men and women - and that the colonizers imposed their values on us.

When you look back in history and in the colonial timeframe, when the colonizers came over, they were aghast that women had

a role. They were aghast at the amount of respect our women received as human beings in our societies. A lot of the repression that took place at the point of European contact was simply because they were repressing their women. All that focused colonial effort on Indigenous women is shocking. In their thinking, women didn't have a brain and a role and couldn't be valuable contributors. So when they came over, there was an active repression of our women.

That entrenched colonial thinking contributed to the establishment of the *Indian Act* and resulted in some of our own communities' and men's thinking. One of the biggest challenges I've had as a woman leader is having to ask the Elder men, "Is that our teaching, or does that come from the *Indian Act*?"

What I hope will be different is that some of those stereotypes of our women are not the first things people see and that they will see them for the strong, capable, growing, beautiful human beings that they are now and will continue to become.

This whole colonial idea of women that they brought with them added an extra layer of oppression on our women because they couldn't stand that we had a legitimate place in society and were valuable contributors. And now we've got that much further to dig back or come out of. We've got to decolonize our own thinking and understand, in order to do that, you can't blame people. You've got to decolonize by understanding where you're from and getting the truth of who you are, as opposed to, "This is how the *Indian Act* has defined me since 1876."

This is an interesting double-edged sword for First Nations men because colonialism gave advantage to the male. Colonialism held the men above the women as the stronger, the smarter, the everything more.

Men were being told by the colonizers and the *Indian Act*, "Men are better than women, but you're not as good a man as I am because you're Indian."

#### Where We are Going:

#### What I Hope is Different for My Granddaughters

There are some things that I hope are the same. I hope that they hear the language. I hope that they know where they're from. I hope that they can talk about their ancestors.

But what I hope will be different is that some of those stereotypes of our women are not the first things people see and that they will see them for the strong, capable, growing, beautiful

human beings that they are now and will continue to become.

Thinking about myself and my mom, our interactions with the health care system and the work we are doing through FNHA, I never want my granddaughters to experience anything approaching what we did. I remember my mom didn't want anything to do with the system. She didn't want to have her babies there. As a matter of fact, she'd laugh and say, "They'd probably send us to the horse doctor anyway!" She'd laugh, but she wasn't joking. They literally sent her to an animal doctor at one point. So that's when she said she was never going to that system again.

My mom was incredibly industrious and kind and fluent in the language and practised the culture, yet society looked at her like she had nothing to offer. I would hate that to be the case for my granddaughters, but it's not going to be because we're dealing with it. We're giving them strength. I want my granddaughters to be recognized for who they really are and what they have and can accomplish.

I think I got into the work I'm doing because of looking at how mistreated our people have been over time. I'm thankful we can tell our story and that we have *Spirit Magazine* and that it's coming from our voices and reflects how we are strong and how we support each other. I'm thankful we're going in this direction as a people and as an organization. It's just incredible, and I look forward to moving forward and holding each other up, encouraging each other.

### Wellness Tips from Lydia:

#### *Paying Attention to Physiology, Self-Talk and Affirmations*

- I pay a lot of attention to my physiology to give me clues. If I notice my heart rate is going up, if my chest is getting tight, if my heart isn't racing, but it's starting to beat faster, I know I need to self-manage more.
- Going back to what I learned from my mom—she used prayer. You can say prayer, you can say meditation, call it what you want, but it's those affirmations.
- When I pay attention to my self-talk, I literally think of how I would talk to the person I love. And I try to do my self-talk that way.
- When I start to feel my body reacting under pressure, if I recognize myself having judgmental thoughts, I get myself in check, and I let go through prayer and meditation. I recognize it, and I try to breathe through it instead of diving into it. I call it prayer or meditation, but it really is that sort of repetitive business of positive thinking.
- I also have affirmations I use for myself and used them to bring me where I am today. I do a lot of these affirmations because I had a lot of negative self-talk when I was younger. I heard a lot of negative things, mainly from non-First Nations society, about our people. When I'm about to do something, I'll say to myself, "My way is open and clear, my way is open and clear." And then that's in my mind when I'm approaching a challenge, that my way is open and clear. I will find a way forward.
- We're pretty hard on ourselves, so just be nice to yourself. 🖋️

# Highway of Hope

## Addressing Women's Safety and Transportation in the North

TREVOR KEHOE

**Solutions related to women's safety and transportation in the North must take a holistic view of the social determinants of health, says long-time advocate and Northern leader Mary Teegee. More than just this however, Teegee says the federal government must create and implement a federal act to end violence against Aboriginal women to make a clear statement that change is needed and legislate action.**

**C**arrier Sekani Family Services and Teegee have been working for many years on building community-centred solutions in their northern territories.

This has included toolkits and train-the-trainer exercises around basic safety and victim support, driver training and programs for men and boys, including the "Young Warriors Against Violence" culture camps, which teach young boys to become men in a traditional sense.

"Support services need to be community based and culturally specific. They have to take into account what young women and girls are saying. Traditionally, it was our men that were our warriors that protected our families, protected our women," said Teegee, who is the Chair of the Highway of Tears Initiative and Executive Director of Child & Family Services at Carrier Sekani Family Services (CSFS) on Lheidli T'enneh territory in Prince George. "We have to look at, how do we empower our men to not be victimizers but really to protect our women? How do we empower our women, families and men to get back to that place?"

Teegee notes the dramatic transformation she has seen in the young men when they go to culture camp and understand they need to honour and protect women in their families, communities and

"A person who knows who they are, who has a strong sense of self, a strong sense of identity, is less likely to engage in high-risk behaviour. We have to come from that place to ensure our young women and girls are being empowered. We do that through providing all services through a cultural foundation. There have to be services for women to become young women; we need them to be protected, we need safe homes. How many times are our First Nations women victimized but they have no place to go?"

Nations. Teegee says she has researched the *Violence Against Women Act* in the United States - and the resulting new laws such as anti-stalking - as well as targeted funding for programs related to violence against women, young men and men's groups and a whole range of support services. Teegee and others have created a petition on Change.org to "Pass a Federal Act to End Violence Against Aboriginal Women in Canada" that has gathered nearly 50,000 signatories.

"These programs are so integral to the healing of our Nations. It's bound in culture, it's giving our men the self-esteem, and they understand what their traditional role is in our communities. We need to look at the reasons why our women are becoming vulnerable. When we're looking at Indigenous issues, we're looking at the impacts of colonization and residential schools - the obliteration of familial structure, spiritual attacks, attacks against our languages, attacks against us as Indigenous peoples celebrating our culture," she said.

"A person who knows who they are, who has a strong sense of self, a strong sense of identity, is less likely to engage in high-risk behaviour. We have to come from that place to ensure our young women and girls are being empowered. We do that through providing all services

through a cultural foundation. There have to be services for women to become young women; we need them to be protected, we need safe homes. How many times are our First Nations women victimized, but they have no place to go?"

Teegee and many others have been working in the area of Nation-building and safety for women and girls for years. She has seen recommendations from an earlier Highway of Tears symposium, the Royal Commission on Aboriginal Peoples, the Wally Oppal Missing Women Commission Inquiry and others but no requirement for any level of government to follow up, act and implement recommendations – hence her calls for a federal act in this area to ensure it is legislated.

Last November, leaders from 23 First Nations gathered on Wet'suwet'en Territory in Smithers to plan for safer transportation for their members. The FNHA and Ministry of Transportation and Infrastructure co-hosted the event. The discussions focused on finding practical, affordable and sustainable transportation solutions to address both medical

and non-medical travel to support healthy communities.

Attendees discussed community-based transportation options that could service First Nations communities along the Highway 16 corridor. Models discussed include the Fort St. James "Seniors Helping Seniors" program, Lake Babine First Nation's community-led transportation service and Northern Health Connections, a medical transportation service provided by the Northern Health Authority.

The symposium also included an afternoon of roundtable talks, where participants shared their ideas on practical and sustainable transportation options to connect communities along the nearly 800-km stretch of highway between Prince Rupert and Prince George and built upon lessons learned from previous community engagement, surveys and reports. Also in attendance were representatives from local municipalities, Northern Health, Regional Districts and other provincial ministerial representatives.

"Travel for First Nations communities in rural and remote areas can be a challenge.

The FNHA supports patient travel for medical appointments under First Nations Health Benefits, so we have an interest in making the best use of these community funds and supporting safe and effective travel for women and girls along Highway 16 in particular," said Nicole Cross, Northern Regional Director with the FNHA. "The event was a success in bringing all partners to sit down at the table and open the dialogue. We were pleased to see the Ministry of Transportation and Infrastructure make a commitment to enhance transportation safety options along Highway 16."

Following the event, the Ministry of Transportation and Infrastructure released a three-million-dollar plan to enhance transportation safety along the corridor, including the five actions of increasing transit expansion, adding community-based transportation options such as shuttle buses, creating First Nations driver education programs, new shelters and webcams as well as supporting coordination with Northern Health and other partners to increase access. A 10-person advisory group is currently developing a process for communities and organizations to apply for new funding.

Mary Teegee sits on the advisory group that is developing processes for allocation of new funding while also looking at priority areas related to safe transportation, what works best for the North and what works best for community.

"I really like what the Smithers Mayor [Taylor Bachrach] said, that transportation is actually a social determinant of health. When we're looking at a transportation issue, it's an issue for the whole North. If your child needs to access specialized services – they should have that right. They should have transportation to make it to that appointment. That goes for all people in the North – First Nations and non-First Nations. It's really a fundamental right to access those services that all British Columbians are entitled to."

*Continued on page 14*



Brenda Wilson – Highway of Tears Coordinator, Wendy Kellas - Previous Highway of Tears Coordinator, Matt Smiley - Director/Producer Highway of Tears Documentary, Mary Teegee - Child and Family Executive Director for Carrier Sekani Family Services, Marlaena Mann – Communications Director, Carrier Sekani Family Services at the Prince George Highway of Tears Documentary Screening.

# Managing Migraines



AMELIA NEZIL

You feel drowsy and slightly nauseated. A slow, steady, pounding pressure builds behind one eye. The pressure deepens, quickens and, before long, becomes a piercing pain - arriving like a shriek with each throb of your pulse. And then you wait for it to end - four, six, 12 hours later.

I first experienced this pain before the age of 10, and I remember imagining that my head was a pressure cooker, like the one my parents used, that desperately needed the steam let out. But it's not air. Nor is it a headache in the sense that most people understand.

## Migraines: The Facts

A migraine is a neurological disorder that affects the whole body - a disorder that I've lived with for 20 years. Since my first childhood migraines, occurring once a year or so, the attacks have appeared more often, building in frequency as I age, culminating, I hope, where I am at now with roughly one attack per month if managed correctly.

In that time, I've experienced the full range of responses from those around me, from disbelief ("convenient to get out of school") to disdain ("it's just a headache, take another Advil") but also, thankfully, support and love.

Migraines are different for everyone, but the most common symptoms are:

- Throbbing or shooting pain on one side of the head
- Nausea and vomiting
- Visual disturbances, flashing lights and blind spots (called "aura")
- Loss of mobility and spatial awareness

A migraine attack is typically preceded by warning symptoms, called the "prodrome," which can range from physical disturbances to emotional changes. Many migraine-sufferers also report a period of "brain fog" post-migraine, sometimes called the "postdrome" [see "Four Phases of a Migraine Attack" on facing page].

There is no known cure for migraines. Most neurologists agree that they are a disorder of the brain's vascular system and that genetics play a prominent role in their transmission, but greater breadth of research is needed to determine why they occur.

According to the Encyclopedia Britannica, an estimated 17-18% of women and 6-9% of men are affected by migraines, often with debilitating results. The World Health Organization also ranks migraines among the leading causes of medical-related disability.

If you find these numbers astonishing, you're not alone. For a condition so incredibly common, and frequently incapacitating, it's a wonder that we know so little about it and that so few people have an awareness of it.

## What Can You Do?

Luckily, despite not knowing the underlying neurological causes, there are a number of treatment and prevention options available, and many people are successful in managing their migraine attacks and keeping them to a minimum.

Physically and medically, we are all unique, so it's important to build a strong relationship with your doctor or neurologist in order to discuss what's best for you.

To best prepare for your meeting with a health care professional, there are a number of steps you can take.

## Get To Know Your Triggers

One of the best ways to prevent migraine attacks is to identify the factors, called triggers, that contribute to your migraines and avoid them. Some common triggers are food sensitivities, stress, lack of sleep, alcohol and - for women - hormonal changes during menstrual cycles.

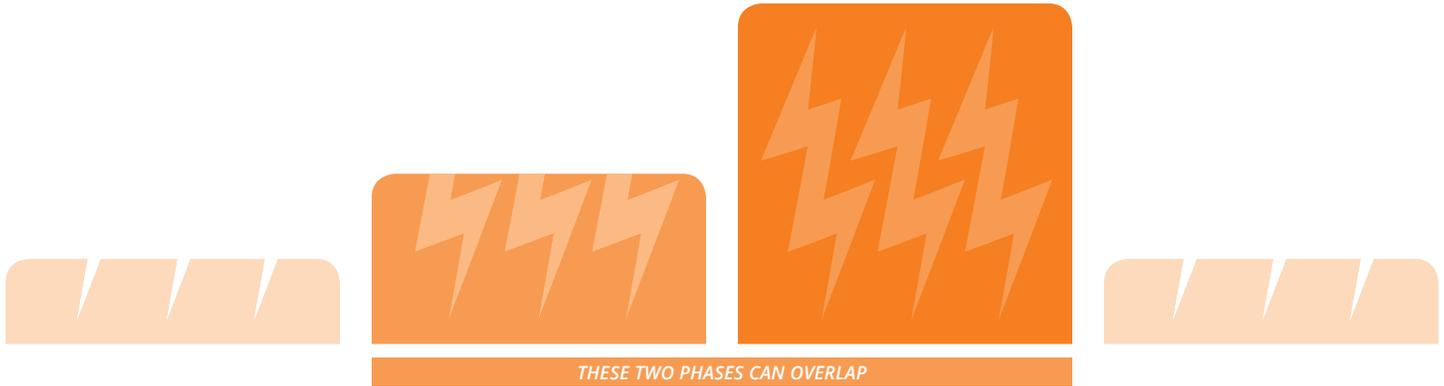
Triggers can be difficult to identify, as they are typically cumulative. A single food sensitivity may not bring on a migraine, but multiple triggers in succession very likely will. Therefore, a glass of wine alone may be safe, but two glasses of wine when you're already dehydrated may not be. [To learn more about food sensitivities and migraine prevention, read "Fighting Migraine, Naturally" facing.]

## Write It Down

Since triggers don't function as simply as *alcohol = migraine*, one of the best ways to begin identifying triggers is to track your health, lifestyle and diet in a migraine journal. Every time you have a migraine, fill out your journal with details of the few days leading up to the start of the attack.

*Continued on page 14*

## Four Phases of a Migraine Attack



### 1. **PRODROME** →

*Up to 48 hours before migraine attack*

- frequent yawning
- neck pain
- mood changes
- frequent urination
- food cravings
- constipation
- difficulty concentrating

### 2. **AURA** →

*Lasts up to one hour and occurs before and/or during migraine attack*

- vision changes
- pins and needles
- motor changes

### 3. **ATTACK** →

*Lasts four to 72 hours*

- throbbing pain
- light/sound/odor sensitivity
- nausea, vomiting
- vision changes
- dizziness
- nasal congestion
- neck pain

### 4. **POSTDROME**

*Lasts up to 48 hours*

- fatigue, weakness
- foggy head
- cognitive difficulties

## Fighting Migraines, Naturally

I spoke with Dr. Georgia Kyba, Naturopathic Physician for Squamish Nation and former Naturopathic Physician Advisor for FNHA, about treating migraines from a holistic perspective. For Dr. Kyba, it's not good enough to simply treat individual symptoms like pain or nausea. Instead, she says that it's important to identify underlying sensitivities and health issues in order to get to the root causes of a person's attacks. Dr. Kyba shared the following information with me on how to fight migraines, naturally.

### Food sensitivities

- Dr. Kyba cites food sensitivities as the most common root cause of migraine attacks in her patients. Some common triggers are dairy, wheat, dietary amines (found in chocolate, cheese, beer, wine and nuts), tomatoes and eggs.
- Since you can react to a food days after you eat it, Dr. Kyba says that the most effective way to identify food sensitivities is to get an Immunoglobulin blood test. She commonly recommends an IgG test but says that an IgE test can also be useful in identifying more acute allergies.
- If unable to get a blood test, Dr. Kyba suggests trying a strict anti-inflammatory

diet for three to four weeks, in consultation with your physician, before slowly reintroducing the avoided foods. Signs of sensitivity may be digestive problems, fatigue, rashes, sinusitis, respiratory issues such as congestion and coughing and, of course, migraines.

### Dietary supplements

- For botanical (plant) supplements, Dr. Kyba recommends feverfew, butterbur and ginger.
- For further prevention, Dr. Kyba recommends discussing natural supplements and homeopathic medicines with your naturopath. Some supplements that effectively prevent migraine for many

people are good quality fish oils, magnesium, B2 and 5-HTP.

- For women with menstrual migraines, Dr. Kyba shared that the botanical supplement Vitex and homeopathic Sepia can be very helpful for balancing hormonal changes. However, as each woman's hormones are unique, it is important to discuss these options with your doctor or naturopath.

### Complementary practices

- In combination with taking supplements and avoiding food triggers, Dr. Kyba has seen great success with acupuncture and reflexology as well as deep breathing techniques, meditation and yoga.

## Highway of Hope: Continued from page 11

She noted that other solutions such as extra cameras, hitchhiking shelters, cell phone towers and RCMP presence will all contribute towards safer roads in the north and calls transportation for education a human right.

"We can't just look at transportation as a challenge to get from A to B. Why are there challenges? Well in some of our communities, there's 90 per cent unemployment and no one has a vehicle. Everything is linked - incarceration rates, impacts of residential school. [We should be] addressing systemic issues like racism with cultural competency training for service providers and an educational process for Canadian citizens to understand root causes of why women are vulnerable."

Teegee also noted an obligation for industry to ensure it is giving back to the communities it is extracting resources from. In looking holistically at safety and transportation, she also noted that there needs to be a rethinking of the way the RCMP and justice system conduct business.

"We need to look at all the issues within Indigenous communities and look at them holistically so that we can get to a place

**"We need to look at what has happened in the past, the recommendations made, where we're at now and where we need to go. With the Missing and Murdered Women's Inquiry coming up, we need to ensure those recommendations are followed through and the Province is a part of those discussions and actions."**

where we are healthy and strong and able to protect our women. Part of that is our legal structure – [it is] no longer acceptable that there are such high rates of our men and women in jail."

She said it's important that government has sustainable and long-term funding

for women's safety and transportation initiatives for First Nations communities, particularly in the North. As part of the original Highway of Tear Symposium Recommendations, Teegee and many other family members and service providers would like to see a follow-up symposium that focuses on healing for families and frontline workers and to have a letting-go ceremony in a traditional First Nations cultural way.

"We need to look at what has happened in the past, the recommendations made, where we're at now and where we need to go. With the Missing and Murdered Women's Inquiry coming up, we need to ensure those recommendations are followed through on and the Province is a part of those discussions and actions."

Teegee's work is gaining momentum with an article to be published in the *New York Times* as well as a documentary on the Highway of Tears she has worked on with Netflix. Find out more on the Highway of Tears initiative at [www.highwayoftears.ca](http://www.highwayoftears.ca), and be sure to sign on to the Change.org petition: Pass a Federal Act to End Violence Against Aboriginal Women in Canada. 

## Managing Migraines: Continued from page 12

A good migraine journal tracks dates, times, intensity of pain, diet, exercise, sleep cycles, prodrome symptoms and/or aura, stress levels and, for women, when the attack fell along the menstrual cycle. The more diligent you are, the more likely you are to discover something useful. A detailed journal can be an extremely helpful tool for discussing your medical history with your health care team and many neurologists ask that their patients fill them out.

### Pain Management

When it comes to treatment, there are many interventions that can help reduce and/or treat the pain phase of the migraine attack.

The most commonly prescribed family of drugs are triptans, which are designed

specifically to treat migraines. These are taken at the first signs of attack and, when effective, can stop the migraine before the pain phase begins. Talk to your doctor about what might work best for you and what may be covered under your Health Benefits.

### Get Support

As someone who's lived her life with migraines, the most important advice I can give is to surround yourself with people who love and support you and understand your disorder. Find a good doctor who is determined to help you. Learn the facts, and take the time to educate your partner, family, friends and work supervisor. Make connections in your community, find out who else suffers from migraines, and

support each other. Spend time talking with traditional healers, Elders and others who may hold cultural teachings to help you heal and care for yourself.

Finally, if someone calls your migraine a "headache," don't be afraid to stand up for yourself and correct the person. By associating migraines with headaches, we reduce a potentially debilitating disorder down to a single symptom - a symptom that most people think they understand and are used to treating with regular pain killers. By standing up for yourself, you are standing up for other sufferers - perhaps your mother, sister or son - who deserve support, love and solidarity from those around them.

Stand strong, and remember that pain ends. 

# Carrier Family Midwifery: Josephine West's Story

RHODA HALLGREN

**W**ithin the Northern Interior landscape, you will find many remote and isolated communities accessible through forest service roads. However, there was a time when access to these isolated yet pristine and beautiful communities was via rail, boat or air only. For this reason, midwifery was an essential skill that pregnant women within these communities relied upon for the delivery of their babies. There were many strong and influential women who were taught to assist expectant mothers in the communities of the Carrier people; Josephine West was one such considerably talented woman.

Josephine West was born on December 4, 1922 and was originally from Buckley House, a neighbouring community to Takla Landing, BC. She was taught to assist pregnant women during the birthing of their babies by her mother and grandmother. She successfully delivered one baby boy in her home community of Buckley House before she was married to Enoch West of Fort Babine. After the couple married, they



decided to settle down in the community of Takla Landing, which is in between their home communities.

Josephine continued to assist the women of Takla Landing through their pregnancies and the delivery of their babies, but it is unknown just how many babies she delivered in Takla – as there were many. Josephine and Enoch had nine children of their own and numerous grandchildren, some of whom she delivered.

Sophie West, who currently resides in Takla Landing, is one of Josephine and Enoch's daughters. She remembers her mom delivering her baby boy, Jeffrey West, in her home on March 7, 1985; Jeffrey was born healthy and with no complications. Sophie also remembers her mom delivering her sister Marg's baby boy, Kirby West. Sophie describes her nephew as being born prematurely, and at the time of birth, he was not breathing. Josephine immediately began breathing into the baby's mouth and praying when suddenly Kirby let out a big cry! Despite being born at a mere four pounds, and not breathing at birth, today Kirby resides in Prince George and is a father of four children of his own.

Once pregnant women were able to leave the community to have their babies

in the hospital, Josephine stopped assisting with the birthing process. She continued, however, to offer advice and prayer to expectant mothers who were experiencing difficulty in their pregnancies. Josephine was considered a lady who was blessed with sight, or *Weh dinee* in Carrier; she would place her hands on the swell of their pregnant bellies and pray – often assuring the mothers that all was okay.

Josephine lived out her life with her husband, Enoch, surrounded by her children, grandchildren and great-grandchildren in Takla Landing, the community she loved and cared for. She is remembered and revered in both Takla Landing and Fort Babine as a woman who cared deeply for others and was kind hearted, *ba'dzee'ja'zooh*. Josephine passed away on July 28, 2013 in Prince George Hospice House.

The railway through Takla Landing is no longer in use, and there is a gravel forest service road that leads into Fort St. James from Takla Landing. Expectant women from Takla now travel four hours into Prince George to wait out the last few weeks or days to give birth to their babies at the Prince George University hospital before bringing their babies home to picturesque Takla Landing. 🖋️





Melanie Mark is of Nisga'a, Gitksan, Cree and Ojibway ancestry and has been a true inspiration for many who witnessed her journey in becoming the first First Nations woman elected to the legislative assembly in BC. Her story is one of triumph over adversity. Growing up on Vancouver's Eastside, her family ties and the women in her life gave her strength during the difficult times. We raise our hands and honour Melanie for sharing some time and words with *Spirit*.

# MELANIE MARK

Q&A BY TREVOR KEHOE

**TK:** *How have things been since your election victory?*

**MM:** I feel incredibly privileged, honoured and supported by the community, my family and my BC NDP colleagues. It's a steep learning curve in Victoria, understanding how the machinery works at the Legislature, bringing forward bills and petitions, giving my first speech and standing up in question period. I also had to hire my staff and get the office up and running while meeting requests to attend important community events and meetings. The days are long and no doubt intense, but I feel stronger and more energized as each day passes.

I know that this is an important role with an incredible amount of duty and responsibility. I have never wanted to work so hard as I do in this new role to ensure that I am an effective advocate for change. So how do I feel? Stronger than ever, but yes, sleep is overrated!

**TK:** *What are some of the pressing priorities for you in your new role?*

**MM:** When I ran my campaign, it was based on three overarching themes, and those will be the things that I will retire with as an MLA. I will always be advocating for social, economic and environmental justice. We have to lift as we climb and protect the most marginalized citizens in our society. It is important to me that we share the wealth. It is not okay that people are working three jobs and

living in poverty while the richest one per cent get a tax break. It is not okay that people have to be forced to live on the streets because there is no viable alternative. It is important to me that we are there to help those in need and when they need it the most, especially in the child welfare and criminal justice systems.

It is important to me that we are not shortsighted when it comes to the environment. It is important to me that we give our children and youth a fighting chance at success today and that we treat our Elders with the respect that they so rightly deserve. The fact is, there are so many injustices facing the people in Vancouver Mount Pleasant [her riding], and throughout BC, that it is very difficult to say what priorities need the most attention. For me, it always comes down to basic needs like food, clothing and shelter. The bottom line is, people are doing more with less. People are surviving without their most basic needs being met - it's no wonder people aren't thriving. My priority is to mitigate the hardships people are facing in their daily lives.

## "I lost out on childhood

- I grew up too fast. I know what the path to darkness looks like.

So as an adult, in many ways I am reclaiming my childhood. To stay healthy I do things that make me happy like laugh with my kids, family, friends and colleagues  
- laughter is good medicine."

That being said, on the doorstep there was one pressing issue that people from all demographics agreed on - and that is for me and the BC NDP to take immediate action to address the housing affordability crisis. So when I got elected, I was very pleased that John Horgan, the leader of the BC NDP Official Opposition, assigned me as the Deputy Housing spokesperson to work alongside my colleague, David Eby.

My focus is to advocate on behalf of the hundreds of thousands of renters and vulnerable homeless people throughout BC - those who are feeling the housing crisis crunch, those who are in desperate need of more social, subsidized, co-op, student, family, senior and Native housing and to advocate for more safeguards for those whose rights are being violated under the *Residential Tenancy Act* - those who are being forced to the streets as a result of "renovictions."

I also want to stress the importance of education; it's just so central to my advocacy and a vehicle that will help young people turn the tides when we're talking about poverty and a way to

break the cycle of poverty. Sadly the current government seems to be more invested in LNG than it is in our future's education.

And while it is not a pressing priority, I feel inclined to mention that a part of my role as the newly elected MLA for Vancouver Mount Pleasant, and as the first First Nations woman to be elected in the BC Legislature, is to break through some of the stereotypes about Native people.

Sadly, because I'm Aboriginal, sometimes people make assumptions or attack me on social media, making claims that I only care about Native issues, and that's a nuance that is very delicate. It's an honour to be the first First Nations woman to be elected, but there are huge expectations for me to change massive areas of public policy that impact Aboriginal people's lives: treaties, Site C, LNG, those environmental components. Then we've got the social issues like the over-representation of kids in foster care and over-representation of Indigenous people in the justice system and then, of course, along the whole spectrum of poverty.

Sadly, for First Nations people, it's almost our trademark to be born into poverty. I want to do something about that. I don't want our brand to be poverty. I look forward to the times when our new brand is prosperity. At the Legislature and in the media, the BC Liberals talk time and time again about balanced budgets and economic development and prosperity. And I look around and I ask, well, where is that? Is it happening in the First Nations communities throughout BC, because, if the answer is yes, then maybe I missed the memo.

When I think about the pressing priorities, it's about striking a balance between giving my all to my school-aged daughters, Maya (12) and Makayla (5), and going to work each and every day to make a positive difference in peoples' lives.

**TK:** *During the times that may have been challenging for you, what did you do to keep yourself strong and healthy and to keep moving forward?*

**MM:** During the most challenging times in my life, I sought therapy. In my early twenties, I met with a First Nations therapist who helped me to deconstruct my childhood trauma and to make sense of my life and all that I went through. It was the best investment in my life because I had so much self-hatred and so much shame. Therapy helped me put the pieces together and have understanding about my mother's addiction. My therapist helped me learn how to love myself again. The fact is, it was not easy to go in on that Friday afternoon and talk about the painful chapters of my childhood, but to move forward, I needed to release the burden of my past. I knew it was the heavy lifting that I needed to do to let go of the shame.

To stay strong and healthy, we need to conquer the feelings that lead us to feel like we are broken. We need to strengthen our understanding about what we need to do to heal our broken hearts. It is imperative that we live in a society where it's safe to talk about our mental health; we need safe spaces to speak openly about the trauma we have experienced, and we need to live in a society that supports this investment in self-care. To do the contrary only robs people of the healing process and opportunities for reconciliation.



Melanie Mark with her extended family, guest drummers and colleagues from the NDP at her swearing-in ceremony in the BC Legislature on February 17, 2016.

About staying strong and moving forward: when I became a mother, it was transformational. My girls renewed a sense of faith for me and really fueled my fire to fight. They give me the warrior strength to fight for their lives, for the rights of their generation and for kids like me who should have every opportunity to be protected from harm and, more importantly, loved.

**TK:** *What do you do to keep yourself healthy today?*

**MM:** I try to be positive. Early on in my life, I learned the serenity prayer - "God grant me the serenity to accept the things I cannot change - give me the courage to change the things I can and the wisdom to know the difference." I lost out on childhood - I grew up too fast. I know what the path to darkness looks like. So as an adult, in many ways, I am reclaiming my childhood. To stay healthy, I do things that make me happy like laugh with my kids, family, friends and colleagues - laughter is good medicine. I also love to dance, go on road trips and camp. I love hosting birthday parties and family get-togethers. I live by a hard and fast rule - work hard, play hard because you only live once. In any role that I've had, I give it my all, especially in areas where I feel like I can make a difference. But to be healthy, it's equally important to me that I put down my BlackBerry and take my kids swimming to release my inner child/stress from the day and have balance.

**TK:** *Can you tell us a little bit about your family and the strong women in your life?*

**MM:** I'll start with the matriarch of our family and that was my late grandmother, Thelma Mark, who is Nisga'a from Laxgalts'ap. She was an amazing cook, so there was always freshly made bread or pie or Indian fry bread or jam or some traditional food cooking in her kitchen. I also associate my grandmother with love, nurturing, selflessness and strength, which is quite remarkable

given the fact that these were the exact values that she did not experience at St. Michael's Residential School in Alert Bay. When I think about my "Gumma," I think about how our family has been robbed of our culture, especially the opportunity to learn and speak our Nisga'a language. My grandmother was the anchor in our family. There is no question she experienced a lot of trauma and heartache yet still managed to find room in her heart to love with tremendous generosity.

I have four aunts - Lily, Janice, Teresa and Gerry. Throughout my childhood, my mother really struggled with alcoholism and, later on in my teens, crack cocaine. Things really escalated after my brother was killed riding his bike at the intersection of the PNE when he was hit by a semi-trailer truck. He just turned 11 and I was turning 13. One minute we were having the best day of our lives, and then, all of a sudden, this tragedy struck, and it was the worst day of our lives.

The impact of my brother's death had a severe impact on my mom's addictions. Throughout my childhood, there were periods of time when she was sober. When my brother died, she went back to drinking, and over time, her boyfriend introduced her to crack cocaine. My mom kicked me out when I was 16, and I spent some time in foster care and eventually with my aunt in Ladysmith and, later, another aunt in North Vancouver. Shortly after I was out of the house, my mom started to spend more and more time in the Downtown Eastside - her addictions were out of control and my brothers were apprehended and in foster care. Eventually my mom was calling the Balmoral hotel home. So it was all very traumatic, right? I mean, I can't tell you one year in my earlier days that didn't feel like intense trauma.

When my mom was out on the streets, my aunts stepped in to look after me, to encourage me to finish school and always showed me love, especially on my birthday. I'm getting emotional

"When I think of my aunts, I feel so blessed to have been nurtured by four powerful women. In many ways, we are more like sisters, we are very close. They have taught me a lot about being resilient. As one of my aunts said during the campaign - 'No matter how many times you can try to beat us down - we'll just keep getting up to fight back.'"

thinking about the impact that they had on my life - because I can only imagine how much worse my life would have been without them and their tremendous generosity.

When I think of my aunts, I feel so blessed to have been nurtured by four powerful women. In many ways, we are more like sisters, we are very close. They have taught me a lot about being resilient. As one of my aunts said during the campaign - "No matter how many times you can try to beat us down - we'll just keep getting up to fight back."

On my 30<sup>th</sup> birthday, my aunt found my mom on the Downtown Eastside. We often looked for her to make sure she was okay, still alive. My mom explained that guilt and shame kept her down there. She would say, "Look at all the damage I did to my kids. I've screwed up. They're not going to forgive me." So when I think about the women in my life, I most definitely think about resiliency and reconciliation. I am so proud to say that my mom has been clean and sober for the past decade. In fact, she and my aunties were the hardest-working volunteers on my campaign. We are closer than ever.

**TK:** *What advice would you offer to First Nations youth growing up today?*

**MM:** I would first say, no matter what you think today, whether you're eight years old or 18 years old or 80 years old, you are loved, and your life is so valuable. You must also know that no matter what - there is one person somewhere in your immediate or extended family or your friend circle or amongst your teachers or youth workers that is madly in love with you and truly believes in you and all of the gifts you have to offer.

It is important to remember this, especially in the moments when you are feeling alone. It is also important to know that there will always be haters in the world, people who will only point out your faults, people who will try to bring you down. There's a saying, "Misery loves company," so try your best to surround yourself with those who are supportive and want to see you succeed.

When I think about what gets me pumped up, especially when I am faced with adversity/a challenge in my life, I listen to Eminem who reminds me, "You only get one chance - do not miss your chance to blow - this opportunity comes once in a lifetime." This line isn't about success in the sense of winning - it's about whether you are giving life your all. It's about whether you are willing to do the work to change the circumstances you were given, or are you just going to settle?

When I look back to my youth, I wish someone had told me to be proud. I wish someone had taught me to embrace my cultural identity. I wish someone had taught me about how hard our Elders fought for our rights.

I often get emotional looking back at my life because I grew up in the projects of East Vancouver with a mom who was an alcoholic, my brother died, my dad died, we faced so much adversity and so much trauma and loss. Never in my wildest dreams did I think that I would graduate from university, let alone become an MLA. Sometimes our hardships are lessons and teachings that are intended to be used for good. All of the hardships that I faced helped me be an effective advocate for kids in foster care. The hardships taught me to fight because I know what it means to grow up in poverty. I know what it means to have a parent who's suffering from addiction. I know what it means to feel alone. So to the youth of today - be fierce and work hard. You can do anything you set your mind to. Have goals, have faith, have pride and have courage because you're the good medicine our future is relying on! ✍️

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# F A Q

## With a Doula!

DANIELLE HARKEY, ABORIGINAL YOUTH INTERN WITH THE FNHA

Sheila is from Lil'wat Nation. She took her doula training in 2011 and became certified in October 2014. She is currently working at the Lil'wat Health Centre as the Maternal Child Health Coordinator, where she has worked for 11 years! We asked Sheila a few questions about her exciting journey to become a doula and her experience practicing.



### ***In your own words, what is a doula?***

A doula is a support person who stays with you throughout your labour and delivery, someone who coaches you, cheers you on and picks you up. They keep your feet warm when you didn't know they were cold, and they know when to massage your tired, exhausted body when you think you can't go on any longer.

### ***Why did you decide to become a doula?***

A few events led to my decision of becoming a doula: the births of my children were both eventful and scary, and I began to think to myself, if I only had had a doula present, her advice would have brought me comfort. Doulas are meant to support you and remember the parts of labour and delivery that become blurry to a mother due to the natural occurrences of labour - they fill in the gaps that you cannot retain. On top of this, I had community members approach me asking if I could attend their births, but I couldn't due to the nature of my day job. Listening to their fears around birthing and pregnancy motivated me to

want to help ease these fears. Lastly, helping my daughter through her pregnancies and labour inspired me to look into becoming a certified doula. It all just made sense to me.

### ***What was your journey like to complete your doula training?***

The journey was a bit of a challenge. I enjoy reading but I can't for hours and hours on end like some people. There was a heavy load of reading involved in the training, which took up a lot more of my time than

**“Doulas are meant to support you and remember the parts of labour and delivery that become blurry to a mother due to the natural occurrences of labour - they fill in the gaps that you cannot retain.”**

I had anticipated. An audiobook would've been a life saver!

The training was a total of five days - and then you must become certified with Doulas of North America (DONA) - which is a process in itself and requires you to complete a checklist of 17 prerequisites. This checklist included a test, which wasn't too bad actually, and an essay. I ended up writing my essay on "Interviewing Elders," and I chose to submit it in a PowerPoint format, which I worked on collaboratively with my mom and stepmoms.

Throughout the certification process, I couldn't have done it without my liaison, Donna. She helped me stay on track the whole way on my certification journey. I tend to overthink things and typically say to myself, "That's not good enough." I was thinking my essay had to be at a university level, and it didn't need to be that.

### ***What supplies and resources are needed as a doula?***

I was equipped with a sample of a pelvis, a breast (a knitted breast) and resources/books. Also, a vehicle is essential.

### ***How have you built relationships in your community as a doula?***

Gaining rapport within the community wasn't hard; I live in and am from Lil'wat Nation, so I had already gained traction and trust through the baby clinics and prenatal classes that I run at the health centre. The first year being a doula, I did a total of five births! After the first five, word started spreading like wildfire. In the last year, I participated in and coached mothers through a total of nine births. I am now quite well known in my community and in the hospital as well.

### ***How have you built awareness among women and others about what you do as a doula?***

Within prenatal classes, where there are generally six to seven sessions three times a year, one part of these is the doula workshop I hold. I invite all prenatal moms and families to these workshops to learn more about the services of a doula. And, of course, through word of mouth.

**How can a woman get in touch with you if she is interested in your support as a doula, and how do women know about your services?**

My name is on the DONA website, or they can phone or email me. I am also generally at the health centre, unless I'm at a birthing. I run baby clinics two times a week, prenatal once a week and my general day-to-day supervisor duties.

**How has your experience as a doula been so far?**

It's been great! At first I was nervous of the moms not trusting me or being shy at my presence, but to my surprise, none of them were shy! They listened to what I had to say intently! I remember my first birth; one man said to me, "You have to do this again?" [laughs] Yeah! Although my first job was a gruelling 36 hours!

I thankfully have the support of the previous health director and the current director as well. They support me in my doula work very much. With the training that I took, the other doulas don't do their doula work as part of their day jobs like I do. The doula portion is definitely my favourite part of the job! Our community has 18-25 births a year right now, and I generally average about one birth per month. Thankfully the births rarely overlap.

**Who supports you as a doula?**

My family and my husband have been my biggest supports throughout my whole doula journey. And again, my health director is a huge support and, of course, my coworkers.

**What are some of your successes and challenges as a doula?**

**Challenges:** The intense reading portion of my training, getting over personal anxiety and the counselling portion of the job. I didn't think, at the time, that I needed formal counselling training, but I found some of the families are seeking advice. Not every birth is like this, but it does come up once in a while, and you have to be prepared.

**Successes:** The certification! Good, steady intake of clients: they know me by name at the hospital now, even the doctors! ✍️

# Keeping the Connection: Custody and Corrections

ANITA CHRISTOFF

**Mothers and babies should not be separated** simply because the mother is incarcerated, according to a new report released this fall by the University of British Columbia's Collaborating Centre for Prison Health and Education (CCPHE). The FNHA is pleased to have contributed to this important report, which contains 14 recommendations that aim to protect the sacred mother-child bond. Written in collaboration with justice system workers and prison health advocates, clinicians, researchers and incarcerated mothers themselves, the report is endorsed by the FNHA and 23 other organizations including The College of Family Physicians of Canada and the Society of Obstetricians and Gynecologists of Canada.

"Supporting the health and wellness of our women and children is fundamental to us," said Dr. Evan Adams, the FNHA's Chief Medical Officer, speaking at the public launch of the report in Vancouver. "So we wholeheartedly agree with the recent BC Supreme Court ruling that the practice of systematically separating incarcerated mothers from their infants is an infringement of the rights of those infants – and that it is in the best interest of children to remain with their mothers. The recommendations in this report are a much-needed resource to lead the development of mother-child unit programs for incarcerated pregnant women, mothers and their children."

Studies have shown that incarcerated mothers who are separated from their children are more likely to be re-incarcerated, with the traumatic separation experience a contributing factor, while women who were able to have their children with them through mother and baby programs were less likely to be re-incarcerated and more likely to be sober and doing well, according to the *BC Medical Journal*.

Mother-child unit support programs are especially essential for Aboriginal women, who are disproportionately incarcerated as a result of myriad systemic factors, including broader historical and societal factors and a vicious cycle of poverty and trauma. In 2006, adult Aboriginal females made up 4.1% of the adult female population of BC but represented 26.4% of adult females in provincial custody (Statistics Canada Census data). Most are incarcerated for relatively minor offences, including ones committed for economic survival or to support addictions. Many are incarcerated with health concerns such as mental health conditions and/or problematic substance use. A criminal record can then create further challenges in obtaining employment, income and stable housing, thus perpetuating the problem.

"We cannot allow this vicious cycle to continue into the next generation," said Dr. Adams at the report launch. "The best interests of the child must be our primary concern, and the evidence is clear that early mother-infant bonding supports positive future outcomes for the child and that it is in the best interests of children to remain with their mothers. The FNHA supports preventive approaches that have the potential to enhance the determinants of health and protective factors. We believe that these guidelines are one of those approaches and that, when implemented, will be invaluable in helping this most vulnerable population."

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The full report is available online - search: *Guidelines for the Implementation of Mother-Child Units in Canadian Correctional Facilities.* ✍️

# Midwives: Caring for Mothers

EVELYN HARNEY - CO-CHAIR OF THE NATIONAL ABORIGINAL COUNCIL OF MIDWIVES AND CHAIR OF THE MIDWIVES ASSOCIATION OF BC ABORIGINAL COMMITTEE

You may have heard the word midwife, but what does it mean? A midwife within the health care system is a care provider who works with the mother throughout her pregnancies. In the care of midwives, women receive all standard assessments, measurements, lab tests and ultrasounds that they choose to undertake. Midwives also provide lots of time for questions and getting to know each other. The care continues through labour and birthing and carries on for the first month and a half for the mother and baby. Midwives in BC attend births in the locations that feel good to each family - maybe at home, the home of a loved one or at the hospital. In some parts of Canada, midwives care for families at birth centres, which are spaces designed especially for birthing.

**T**here are many midwives working in BC, and the number of First Nations and Aboriginal midwives is growing. Many Aboriginal midwives see midwifery as a reclamation of something that was lost or taken because traditionally midwifery was the way of our grandmothers. It is something really special to connect our understandings of pregnancy back to earlier generations and rekindle the old ways while making the most of everything we have available for future generations.

Many Aboriginal midwives across Turtle Island connect through the National Aboriginal Council of Midwives (NACM). NACM exists to promote excellence in reproductive health care for Inuit, First Nations and Métis women, and it advocates for the restoration of midwifery education, the provision of midwifery services and choice of birthplace for all First Nations and Aboriginal communities, which is consistent with the United

Nations Declaration on the Rights of Indigenous Peoples.

As a registered organization within the Canadian Association of Midwives, NACM represents the professional development and practice needs of Aboriginal midwives

to the responsible health authorities in Canada and the global community. The vision of NACM is to see Aboriginal midwives working in every First Nations and Aboriginal community. This is our history, and it is what we are working towards for our future.

Imagine having a care provider during your pregnancy who is from within your community. This is someone you trust and maybe has a presence already in your life. Imagine what it means to have that person at your side through those big moments in pregnancy, birthing and early parenting, and imagine what it means to have them witness your children grow and have a part in their lives beyond the initial few weeks. Imagine giving birth in a way that you feel in control of, a way that follows traditions. Imagine hosting your family in a way you feel comfortable with and in the presence of, or even *with*, your care provider. This is what Aboriginal midwifery is, and it can ultimately be whatever you want it to be.



Evelyn Harney

"Imagine what it means to have that person at your side through those big moments in pregnancy, birthing and early parenting, and imagine what it means to have them witness your children grow and have a part in their lives beyond the initial few weeks"

So what does midwifery mean? What does *Aboriginal* midwifery mean? It means pregnancy, birthing and early parenting are important times that come with profound respect and honour. Aboriginal midwifery means that, collectively, we have so much knowledge that our birthing traditions have not been lost or taken. Instead, we have *kept* the seeds of knowledge, which are being planted and nurtured through the work of Aboriginal midwives, Aboriginal doulas and many more who are passionate about this work.

Aboriginal midwifery means our grandmothers would be proud. 

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For more information on Aboriginal midwifery, visit [www.aboriginalmidwives.ca](http://www.aboriginalmidwives.ca)

*Evelyn Harney is an Anishinaabe Registered Midwife in the Okanagan. Evelyn comes from a family of midwives and has a number of relatives who currently work as midwives and Aboriginal midwives.*

The following is an excerpt from the NACM website about NACM's core values.

*Recognizing that the good health and wellbeing of Aboriginal mothers and their babies are crucial to the empowerment of Aboriginal families and communities, Aboriginal midwives uphold the following Core Values:*

- **HEALING:** Aboriginal midwives enhance the capacity of a community to heal from historical and ongoing traumas, addictions and violence. Aboriginal midwives draw from a rich tradition of language, Indigenous knowledge and cultural practice as they work with women to restore health to Aboriginal families and communities.
- **RESPECT:** Aboriginal midwives respect birth as a healthy physiological process and honour each birth as a spiritual journey.
- **AUTONOMY:** Aboriginal women, families and communities have the inherent right to choose their caregivers and to be active decision makers in their health care.
- **COMPASSION:** Aboriginal midwives act as guides and compassionate caregivers in all Aboriginal communities, rural, urban and remote. The dignity of Aboriginal women is upheld through the provision of kind, considerate and respectful services.
- **BONDING:** Well-being is based on an intact mother and baby bond that must be supported by families, communities and duty bearers in health and social service systems
- **BREASTFEEDING:** Aboriginal midwives uphold breastfeeding as sacred medicine for the mother and baby that connects the bodies of women to the sustaining powers of our mother earth.
- **CULTURAL SAFETY:** Aboriginal midwives create and protect the sacred space in which each woman, in her uniqueness, can feel safe to express who she is and what she needs.
- **CLINICAL EXCELLENCE:** Aboriginal midwives uphold the standards and principles of exemplary clinical care for women and babies throughout the lifecycle. This includes reproductive health care, well woman and baby care and the creation of sacred, powerful spaces for Aboriginal girls, women, families and communities.
- **EDUCATION:** Aboriginal midwifery education and practice respects diverse ways of knowing and learning, is responsive to Aboriginal women, families and communities and must be accessible to all who choose this pathway.
- **RESPONSIBILITY:** Aboriginal midwives are responsible for upholding the above values through reciprocal and equal relationships with women, families and their communities.

# Reproductive Wisdom

RACHEL BACH

As Indigenous women, part of living the vision of “healthy, self-determining and vibrant BC First Nations children, families and communities” is recognizing our sexual and reproductive health rights and self-determination over, and respect for, our bodies. Every one of us has the right to enjoy a mutually satisfying and safe relationship that is not only free from coercion and violence but also free from fear of health concerns or unintended pregnancy.

Birth control is an essential part of sexual and reproductive health and is about more than just preventing pregnancies. Birth control is about supporting women to plan and space pregnancies as desired. It is about recognizing Indigenous women’s rights to choose to have a child, or not have a child, without negative, or even dangerous, consequences. Birth control is about meeting women where they are at in their lives and empowering decision-making.

**B**irth control is all about finding the right method for you; if you don’t like one, you can always try another. These days there are many options available, and a lot of them are funded through FNHA Health Benefits. Find out more online at [www.fnha.ca/benefits](http://www.fnha.ca/benefits).

Did you know that in Canada, almost half of pregnancies are unintended? And nearly half of unintended pregnancies end in abortion. Even though abortion stories are not shared readily, nearly one in three women in Canada has had an abortion in her lifetime. Little is known about the number of Indigenous women seeking abortions. What we do know is that women living in rural and remote locations, women living with the burdens of poverty, single

working mothers, sexual assault victims, and women with mental wellness and substance use challenges are more likely to experience difficulties accessing contraceptives, have unintended pregnancies and are over-represented among those seeking abortions.

There are three options available to women: parenting, adoption and abortion. Each option will have its challenges. Deciding what to do about an unintended pregnancy is an important process and may be difficult for some people. Emotions, education, work and resources (money and time) could all play a part in decision-making. Some people will discuss their options with their partners or trusted friends or family members, while others will make their decisions alone. Some may consult with a counsellor, nurse,

doctor or traditional healer or call a helpline as part of the decision-making journey. On the next page, find a list of resources throughout the province you can access to discuss your path forward.

What is most important is that you respect and honour yourself – honour yourself for what you have been through and for being present to make this decision. Only you know what is best for you and your body. Trust that you will make the right decision for you and respect and honour your decision, whatever it may be. As Indigenous women, it is important to know about our options and to share this information with each other. The information and resources about birth control and pregnancy options listed below are available to support you on your wellness journey.



# Birth Control Options

## **HORMONAL METHODS**

*Birth Control Pills, the Patch, Nuvaring, Depo-Provera*

These methods use hormones to prevent ovulation, thicken the cervical mucus so it is more difficult for sperm to enter the uterus and thin the lining of the uterus so it is less likely a fertilized egg could attach to it. Each method varies in the way in which hormones enter the body – birth control pills are taken orally every day, the patch is applied directly to the skin and replaced weekly, the Nuvaring is inserted in the vagina and replaced monthly, and Depo-Provera is administered via injection every three months. Hormonal methods are very effective at preventing pregnancy. They each have their pros and cons, including costs, side effects and level of commitment. Not every method will be a good fit for everyone. Hormonal methods do not, however, offer protection from sexually transmitted infections (STIs). A physician's prescription for birth control must be filled at a pharmacy in order to be reimbursed through FNHA Health Benefits.

## **BARRIER METHODS**

*Condoms (external or internal; often referred to as "male" and "female"), spermicides (foam, film, gel, sponge), diaphragm, cervical cap*

These methods are used each time you have sex and stop sperm from reaching the egg. Most of these methods are available over the counter. Be sure to read the instructions before using one of these methods.

## **INTRAUTERINE DEVICE (IUD)**

*Copper and Hormonal (Mirena and Jaydess)*

This small T-shaped device is inserted into the uterus by a doctor and can stay in place for up to five years. The copper IUD stops sperm from fertilizing an egg and prevents implantation. The hormonal IUD option releases low levels of hormones and acts similarly to other hormonal methods mentioned above. They are very effective methods of birth control. IUDs do not protect against STIs.

## **NATURAL METHODS**

*Abstinence, Fertility Awareness, Lactational Amenorrhea, Withdrawal*

These methods do not involve hormones, devices or procedures but do require cooperation of your sexual partner and, typically, a good awareness of your body and its natural rhythms and cycles.

## **EMERGENCY CONTRACEPTION**

*Pill (Plan B, Morning After Pill) or IUD (Copper)*

The emergency contraception pill is taken orally up to five days after unprotected vaginal intercourse but is more effective the sooner you take it. It is available over the counter with no prescription at pharmacies. However, if you would like to be reimbursed for emergency contraception through FNHA, you need to obtain a prescription from a physician. The copper IUD may be used as a form of emergency contraception if inserted within five to seven days of the sexual activity you are concerned about. Examples of when to use emergency contraception include forgetting to take birth control pills; missing a Depo-Provera injection; if a condom broke, slipped off or leaked; when ejaculation has occurred inside the vagina while using the withdrawal method; instances of sexual assault.

# Pregnancy Options

## **PARENTING**

### *Continuing with the pregnancy and keeping your child*

Things to consider could include: role your partner would play; could you manage alone if you had to; what support do you have from family or friends; where could you go for prenatal and delivery care; are you able to support a child and yourself; where would you live during and after pregnancy; how would having a child affect your school and job plans; are you healthy; would you have a healthy child; do you feel emotionally able to parent; and if you were to choose the ideal situation for becoming a parent, what would it be?

## **ADOPTION**

### *Continuing with the pregnancy and placing your child for adoption*

Things to consider could be similar to above in addition to the following: do you know your legal rights, the legal rights of adoptive parents and children and where you can find out about your rights?

## **ABORTION**

### *Medical Abortion; Surgical Abortion*

Abortion is a safe, legal and funded service. Although you do not have to pay for abortion services in Canada, access across the province varies, especially for women living in rural and remote areas. A medical abortion uses pills that can be taken at home up to seven weeks from the first day of your last period. Some clinics in Vancouver are able to provide medical abortions through telemedicine to rural areas. A surgical abortion is a day procedure that can be performed up to 24 weeks, depending on the provider. There are seven abortion clinics in BC: four in the Lower Mainland and one each in Victoria, Kelowna and the Kootenays. At these abortion clinics, you don't need a doctor's referral - just call to make an appointment. If you can't go to one of the clinics listed above, you may obtain a referral to a doctor who performs abortions in a local hospital. If your own doctor won't refer you, or if you don't want to go to your family doctor, you can call the Pregnancy Options Line to obtain a referral, to learn more information or to find a hospital in your area that performs abortions.

## **RESOURCES**

It is important to use caution when seeking resources as some groups are opposed to contraception and abortion and may offer pregnancy counselling with the purpose to talk you out of the option of abortion. They may not have the best decision for you in mind. The following list of resources is available for you to learn more about any of the birth control options or pregnancy options and the next steps. You can also learn more about sex, sexuality, sexually transmitted infections, pap tests/pelvic exams, sexual pleasure and more in a safe and nonjudgmental way.

## **PHONELINES**

### **Sex Sense Line**

1-800-SEX-SENSE

Free confidential sexual health referral and information service open Monday to Friday from 9:00 a.m. to 9:00 p.m. (PST). A team of registered nurses, clinical counsellors and sex educators offer information and resources for people living in BC. You can also submit a question on the website and get a reply via email.

### **The Access Line**

1-888-642-2725

24-hour, Canada-wide toll free number that provides information on reproductive and sexual health and referrals on pregnancy options.

### **Pregnancy Options Line**

1-888-875-3163 (toll-free) or 604-875-3163 (in the lower mainland)

# Blog

## Aunty Bambi's

### CLINICS

#### PROVINCE WIDE

##### Options for Sexual Health Clinics

604-731-4252

[www.optionsforsexualhealth.org/clinic-services](http://www.optionsforsexualhealth.org/clinic-services)

Operates 60 reproductive health clinics in BC, including satellites and service sites

#### VANCOUVER

##### Everywoman's Health Centre

604-322-6692

[www.everywomanshealthcentre.ca](http://www.everywomanshealthcentre.ca)

##### Elizabeth Bagshaw Women's Clinic

604-736-7878

[www.elizabethbagshawclinic.ca](http://www.elizabethbagshawclinic.ca)

##### C.A.R.E. Program, BC Women's Hospital

604-875-2022

##### Willow Women's Clinic

604-874-9897 (info line)

604-873-8303 (appt line)

#### VICTORIA

##### Vancouver Island Abortion Services

250-480-7338

[www.viwomensclinic.ca](http://www.viwomensclinic.ca)

#### KELOWNA

##### Women's Services Clinic,

##### Kelowna General Hospital

250-980-1399

#### KOOTENAY

##### Kootenay Boundary Regional

##### Women's Services Clinic

250-362-7729

##### Cranbrook Women's Resource Society

1-250-426-2912

<http://cwrc.ccsranbrook.ca/home/>

### WEBSITES

[www.optionsforsexualhealth.org](http://www.optionsforsexualhealth.org)

[www.sexualityandu.ca](http://www.sexualityandu.ca)

[www.prochoice.org](http://www.prochoice.org)

[www.canadiansforchoice.ca](http://www.canadiansforchoice.ca)

[www.nativeyouthsexualhealth.com](http://www.nativeyouthsexualhealth.com)

[www.aboriginalsexualhealth.ca](http://www.aboriginalsexualhealth.ca) 

### ***Ama sa! I am Bambi or Aunty Bambi, if you like.***

I am a Gitxsan femme from the village of Aspayaxw, House of Luus, Wolf clan.

I grew up surrounded by Aunties, and I understand and am grateful for the role they have in my life – still to this day! Traditionally, Aunties play an important role: they can be guiding lights, they can be sounding boards, and sometimes they are the people we go to for advice about... our bodies... sex! Relationships! And baby-making!

I should say now, Aunties come in many different forms; they can be younger than us, a different gender or go by a different name – I prefer to be called Aunty Bambi or just bt, and my pronouns are she and they. If you've got questions, I'm your Aunty!

#### ***How do I break up with someone?***

Ask Bambi

#### ***How do I ask about birth control?***

Ask Bambi

#### ***How do I know if I am Two-Spirit?***

Ask Bambi

#### ***How do I come out to my family and friends?***

Ask Bambi

#### ***How do I talk to my kids about puberty?***

Ask Bambi

#### ***How do I ask my partner to try that position I read about in Cosmo?***

Ask Bambi!



Ask me anything and everything – I have plenty of nieces and nephews - I've heard it all!

Don't be shy - I won't tell your mom or your granny!

If you have a sexual health question for Aunty Bambi, email it to [SpiritMagazine@fnha.ca](mailto:SpiritMagazine@fnha.ca), and we'll get you an answer!

*Questions that others may be interested in may be anonymously published with consent.* 

## Maternal Child Health Through a

# Traditional Lens

DANIELLE HARKEY, ABORIGINAL YOUTH INTERN WITH THE FNHA

In my community, we often reference the “kitchen table” conversations, where stories, culture and lessons are handed down from one generation to the next as a traditional method of knowledge transfer.

**W**hen I began researching this project, I was reminded of the many times I sat at the kitchen table with my aunts, uncles and grandmothers to hear stories of times passed and lessons learned. My knowledge about traditional pregnancy protocols as a non-mother was limited to my observations and experience of my sister’s first pregnancy - which was intimidating and scary but also an opportunity to engage in these kinds of informal family conversations.

I was eager to research what information was out there and started to make connections with and interview knowledge keepers in a kitchen-table format.

Over the course of this project, I interviewed 12 participants. Many of these conversations lasted for hours, and I met friends of my family and extended family along the way. In this story, I will share with you the teachings so generously re-told to me by the Elders of many Nations.

*The interviews conducted for this project focused on four periods in the cycle of motherhood: conception, pregnancy, labour and delivery and the early years, with a focus on the traditional practices. For the purposes of this project, the period of “conception” covered the relationship of the mother and father before pregnancy as well as any planning that occurred before conception.*

### CONCEPTION

Many participants spoke about conception as a time to focus energy and spirituality on the fetus. Many also echoed the critical responsibility of the father during this time of change. One participant stated that the father must cherish his partner during pregnancy: from the moment of conception, he must immediately begin to look after the mother and child with the highest of honours.

When asked about the mother’s conduct during pregnancy,

many stories emphasized focusing positive thoughts and energies on this new change in her life. Of course, both parents must adjust their lives accordingly. The relationships between mother, child and father need to be strong, and both parents must be mentally fit to bring this new spirit into the world.

One participant shared the necessity of nurturing the child long before birth:

*I remember [my partner’s] grandma telling me that she always wanted me to be the best father for her great-grandchildren; she used to always tell me, you have to be really careful about what you do with that little one because you understand that she is fresh from the other side. And she has all of those spiritual strengths that we teach ourselves not to have. So anything you feel, she feels; anything you think, she knows about it. You don’t even have to talk to her - why? Because she’s still speaking the universal language of all peoples.*

The teachings shared by so many Elders and knowledge keepers tell the story of a holistic wellness for mother and child that is grounded in emotional-, spiritual- and cultural-health needs. I learned that, ultimately, the family should be guided and supported by those around them in order to nurture the mind, body and spirit of the child.

### PREGNANCY

As my interviews progressed, our conversations became more specific about parental responsibilities and the dos and don’ts around nurturing the unborn child during pregnancy. One of the key things I learned is that, “What you do, see and hear is what the baby will see, hear and do.” This lesson is a reminder that every action you take during pregnancy will forever affect your baby in one way or another. Therefore, pregnancy should be a time of calm, respect and spiritual wellness.



One message repeated time and time again by participants is that it's important for mothers to not attend funerals. This is due to the strong spiritual presence of the many ancestors no longer here that gather to meet the loved one that has passed on.

One participant, Helen, shared the following: "It is said that if the mother were to [view] the funeral, the baby would be placed at risk, thinking that is how he/she should be [going to the spirit world] and the mother runs the risk of losing her baby." This message speaks to the importance families place on the relationship between spiritual and physical worlds and how this respect ensures holistic wellness and balance.

Participants also shared many stories about foods to avoid that may cause birth defects and other sensitivities after birth as well as stories related to ensuring the mother and father create an optimal emotional environment for the bond between mother and child. These practices sustained our people long before the introduction of western medicine.

### LABOUR AND DELIVERY

Historically, some fathers were not allowed to participate in the delivery of the baby, which I was surprised by as this differs from current trends. The father was to wait outside the delivery room and allow the women in the family to bring the child into the world. In some Nations, the placenta would then be handed over to the father to be taken care of in a traditional ceremony. Some Elders told of the placenta being buried in the community so that the baby would always be grounded and know where he/she came from.

Herbert, another participant, shared these teachings passed down to him about the delivery of the baby:

*Most times they would remove you from the main family, and of course, in our community, you would've been living in longhouses... families would build a hut or a hutch for you outside the longhouse. Those traditions have roots, and they are actual historic traditions and customs that are [specific] to who we are as Aboriginal people. [...] All we need to do is ask the Elders that are still around where [those traditions] come from and why they teach us these things. Then you get a much broader understanding about who you are. Again, goes back to that saying that I love: It relates to personal identity, and where does identity come from? It comes from the family. Where does your family come from? It comes from a tribal family, and your tribal family comes from a tribal Nation.*

It was evident from my interviews that many of the participants held knowledge of deep-rooted practices, customs and protocols that new families are to undertake in order to deliver a healthy baby into the new world. Many of the participants noted that, over time, modern medicine and practices have rejected these traditional protocols, which many blamed for the poor health outcomes of some newborns in our communities.

### PARENTING AND THE EARLY YEARS

Participants noted the importance of a child's early years and that traditional rituals help to stabilize the family during this time, ensuring that an optimal environment is created for each newborn child and its family.

Almost all participants discussed the potential consequences for the mother and child when these rituals were ignored. For example, Helen discussed the teachings she shared with all of her daughters:

*There is to be no travelling for the first month of your child's life. You are to stay at home, and let baby adjust to life, as the baby's spirit is too new. If you start moving around and travelling too soon, that spirit will just continue to move, and the spirit will leave, and then you'll lose your child.*

In another interview, Herbert shared the importance of learning these protocols and passing the knowledge on when the time is right:

*Originally we were put on mother earth as human beings with a primary task and that primary task was to learn, learn throughout our whole lifetimes. So all this stuff that we're sharing with you are things that were shared with us [...] So what the old people would say is, what's meant for you will stay with you and will stay with you for the rest of your life, and when you have need for it, you share it with others, it will be there. Just as your fingers are a part of you, and your toes are a part of you, this information that you have absorbed will be there for you to use as well.*

Throughout the project, many of the stories shared were specific to one family or Nation, and it was said that this was because our teachings come from the land upon which we gain life. Being from different lands and territories, our stories and ceremonies will always be different; there will never be a one-size-fits-all model like in western medicine.

Entering into motherhood is not an easy task; it requires a great deal of patience, responsibility and determination. Yet motherhood is fundamental to the very existence of our being and extends far beyond its biological aspects to the spiritual.

In many First Nations communities, the mother plays many roles and holds many responsibilities. Among these is the integral responsibility to pass down traditional stories and teachings to her children and grandchildren; these stories belong solely to her family, her community and Nation. As many Elders shared, these stories were born from the lands of the ancestors and are re-told in an effort to preserve our ways of being and connection to the lands on which we thrive today.

By following cultural teachings, women can find their places as mothers, become traditional knowledge teachers for their families and help their children to embrace their identities as proud First Nations and Aboriginal people. These responsibilities make becoming a mother intimidating - but doing so is among the most important aspects of many women's lives. Just remember that we can always lean on our Elders and knowledge keepers to help guide us in this transition to parenthood.

It was an honour to gain the trust of the participants involved in this project. These stories were generously shared by the participants, and now I share them with you to pass on or bring to your own kitchen table. ✍️



## Women & Wine: Not a Good Combination After All

DR. NATALIYA SKURIDINA, SENIOR MEDICAL OFFICER - FRASER SALISH REGION, OFFICE OF THE FNHA CHIEF MEDICAL OFFICER

Being a woman has its own set of unique challenges and stresses – many of us are dealing with families, children and work as well as different life stages and changes. Stress can be a daily reality, and we naturally look for ways to cope with it. However, while some women make healthier choices, such as exercising, others make choices that may become negative habits, such as drinking alcohol to relax. It is understandably pleasant to enjoy a drink and forget about the multiple responsibilities on our plates. But coping with stress is one of the main reasons physicians hear for how a glass or two to relax turns into more. Too often we see the harmful effects on our patients' health.

**S**tudies show that women are more likely to develop a dependence on any substance and that problem drinking in women leads to more health problems than in men. Because of this, we need to remember that drinking to relax is not the best coping strategy. Instead, we can look for healthier ways to relax on a regular basis - alternatives that have more rewards. Try more active and adventurous things like getting out in nature, riding a bike, walking alongside the ocean or river, beading, meditating, praying, practising yoga, using essential oils (aromatherapy)

or reading. Just as long as it's something healthy that you enjoy and that refreshes and rejuvenates you!

Women are impacted by alcohol more severely than men, even when we drink less, because of differences in body structure and chemistry. This is why the maximum "safe" daily alcohol limit for women is one drink, while for men, it's two. (A "drink" is defined as one two-oz. bottle of beer or wine cooler, one five-oz. glass of wine and one and a half oz. of 80-proof distilled spirits.) Researchers have found that relatively small amounts of alcohol are linked to certain cancers, including breast, colon and

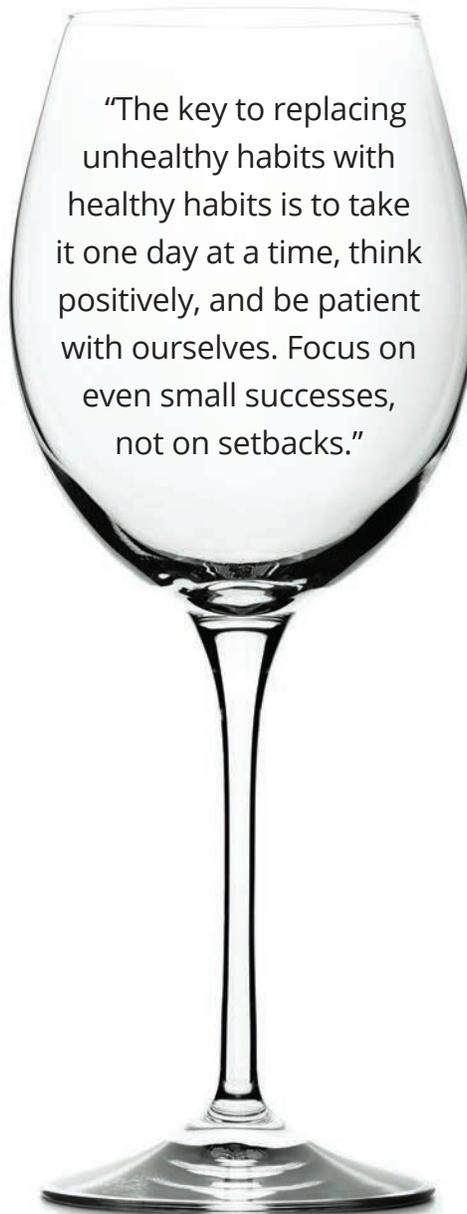
liver cancer. One in five cases of breast cancer is likely caused by alcohol. Just as seriously, excessive alcohol consumption in a woman's younger years can seriously affect reproductive health, increasing the risk of Fetal Alcohol Spectrum Disorders, infertility and premature delivery. It can also lead to poor judgment, such as having unprotected sex, and to being more vulnerable to sexual assault - both of which can increase the risk of sexually transmitted diseases and unintended pregnancy.

In addition to the serious health problems above, there are numerous other long-term effects of alcohol dependence including

elevated blood pressure, stroke, impaired judgment, motor-vehicle crashes, cardiac and liver toxicity, gastritis and depression or anxiety. Drinking alcohol also puts us at a higher risk for developing age-related problems, such as memory loss, and for premature aging. Further, combining alcohol with medications complicates the side effects of some medications and makes others ineffective. Given all of this, people who choose to drink are encouraged to be mindful of their alcohol intake.

“Above all else, I want First Nations and Aboriginal people to remember that drinking alcohol carries some risks and that we can always reduce our chances of harm,” says FNHA’s Chief Medical Officer, Dr. Evan Adams. “I understand that some people find drinking alcohol pleasurable and relaxing, however, it should not be used regularly or along with other stress-coping mechanisms – and it should not be used at all by pregnant women. Instead, I encourage everyone to make healthy lifestyle choices, including limiting sugar and alcohol.”

The key to replacing unhealthy habits with good habits is to take it one day at a time, think positively, and be patient with ourselves. Focus on even small successes, not on setbacks. According to Harvard Medical School researchers, long-lasting



change is most likely when it’s self-motivated and rooted in positive thinking, while the least effective strategies are those motivated by feelings of guilt, fear or regret. They also found that goals are easier to reach if they are specific (“I’ll walk 20 minutes a day,” rather than “I’ll get more exercise”) and focused (set one goal rather than trying to do too much at once). They also recommend planning practical ways to reach goals. For example, if your goal is to cut down on alcohol, take note of the situations that trigger your desire to drink, and be prepared for them. If you know that fatigue tempts you to drink, plan to fill up on water or tea and have some fruit or soup. If you are in the habit of going for drinks with friends after work, try a different activity that will not involve alcohol, such as going for a walk or to the movies with friends instead. Finally, remember to appreciate any steps you take in the right direction even though you may take a few steps backward throughout your health and wellness journey.

As physicians, we can only guide our patients, warn them about the risks and give information on healthy ways to reduce stress. We encourage you to learn more about alcohol use and where to find help if you think you may need it. ✍️

## Here are some helpful links:

- **First Nations Treatment Services** - [www.fnha.ca/what-we-do/mental-wellness-and-substance-use/treatment-centres](http://www.fnha.ca/what-we-do/mental-wellness-and-substance-use/treatment-centres)
- **FNHA Substance Use Prevention and Treatment** - [www.fnha.ca/what-we-do/mental-wellness-and-substance-use/substance-use-prevention-and-treatment](http://www.fnha.ca/what-we-do/mental-wellness-and-substance-use/substance-use-prevention-and-treatment)
- **Alcohol Reality Check: A few simple questions. No judgments. Just the facts.** - [www.alcoholreality.ca](http://www.alcoholreality.ca)
- **Canadian Best Practices Portal: Alcohol** - <http://cbpp-pcpe.phac-aspc.gc.ca>
- **Why it’s hard to change unhealthy behaviour — and why you should keep trying** - [www.health.harvard.edu](http://www.health.harvard.edu)
- **Alcohol and Health in Canada: A Summary of Evidence and Guidelines for Low-Risk Drinking** - [www.ccsa.ca](http://www.ccsa.ca)

# RoleModelling

**Joleen Alicia Mitton, of the Sawridge Cree Nation, finds a new purpose.**

MICHAEL BELL

***Tell me about your childhood before you decided to become a fashion model.***

My family comes from the Cree Nation of Sawridge in north-central Alberta, but I was born and raised in Vancouver, BC due to violence my grandmother encountered while living on reserve in Alberta. My grandmother lost her fingers and legs from being beaten and left outside in the winter to freeze. My mother was raised in foster care, so many of our family ties have been lost.

When I was born, my mother at that time was a teenage mother, and we lived in a house that was filled with transients. Due to my mother's age when I was growing up, I sometimes found that she wasn't always emotionally available, and that's when my grandmother stepped in. My grandmother was very strict, and she lived across the street from Pigeon Park in the Downtown Eastside.

As for father figures, growing up, my mother lived with a Caucasian man who I believed at the time was my father due to my own fair-coloured skin. Even though I was raised by a single, teenaged mother, I always thought she was the most beautiful person in the world. As for other role models in my youth, I don't seem to remember any role models that were First Nations. Part of the reason was, at that time, I didn't even know I was First Nations.

***What led you to a career in fashion?***

I never really had any interest in modelling. Growing up, I was very much a tomboy and wasn't interested in "girly" things. The modelling idea actually came from my mother and sister, and I'm glad I got into modelling - you get to travel and see the world, and you get to wear beautiful clothing, something most First Nations girls that age never get to experience.



When I began modelling, no one could identify my nationality. People were always guessing Spanish or Asian, and guessing that I was First Nations was always the last guess - if at all.

My career started in 1999. I was flown to Asia the following year, and that's where I lived and worked for the next eight years. Living in Asia was kind of a new start for me. I was away from family and friends, I was away from the Downtown Eastside, and no one could guess my ethnicity. When I finally shared that I was First Nations with people in Asia, no one understood what that meant. Sometimes, in order to make them understand, I was the one resorting to First Nations stereotypes, such as bows and arrows or feathers in the hair.

It wasn't until recently that I met a couple First Nations fashion models - the Baker twins. At the time that I met them, they thought I was new to the industry, but little did they know, I had already been in the business for seven years! Today, I don't do as much modelling as I used to because there are newer things happening in my life, which I find very rewarding - more so than modelling. These days, I am only choosing to model for First Nations designers, and that has taken me throughout North America.

***How have things changed for you since returning to Vancouver after eight years in Asia?***

Everything has changed, and I'm glad for it! While I am still modelling, but at a much slower pace, I have become much more involved in my community, and I am embracing my First Nations self! I am the captain of the Vancouver Aboriginal Women's Basketball team, which competes at All Native Basketball Tournaments. I am the "Elder" of this team, and it fills me with great pride. I really enjoy looking after all these girls - on or off the basketball court.

I also work at the Pacific Association of First Nations Women. It's an organization run by First Nations women for First Nations women. This organization looks after First Nations women, whether they are Elders or kids, experiencing trouble accessing good health care. When I was growing up, I had the same barriers to health care as these kids today, so I know what they are going through. Now I'm changing diapers in alleyways and visiting with Elders. I am now taking care of my own people.

Working with young girls who are experiencing what I went through as a kid was when I first started to identify as First Nations and felt proud about it. When I was young, I didn't have any female First Nations role models, and now these young girls are looking at me as a positive role model in their lives. Sharing my modelling experience shows these girls that you can become whatever you want.

When I was growing up, my grandmother was quite a dark character, and she was at times unhappy that she was First Nations. My mother was a teenage single mother, raising me and my sister the best she could. So my proudest moment is being proud of them and even *for* them! 

# Empowering

## Indigenous Girls and Women Through Sports

JORDIE JOHNSON

**G**irls and women who join sports are more socially connected and academically successful than their inactive peers, according to the Canadian Association for the Advancement of Women and Sport & Physical Activity (CAAWS). Sports programs can give young women access to mentors, someone to look up to or healthy female role models. They also provide the great feeling of belonging to a team. These things can help young women become more likely to step into the classroom or boardroom or, better yet, to step out as leaders in society.

For Tahnyea Robbins (Esketemc First Nation), who was encouraged to join sports by her Grandmother Lottie, joining team sports has been a positive experience. "Learning new things, making new friends and improving my skills have really boosted my confidence," she says. Tahnyea now encourages children and youth to join and, in some cases, even coaches them.

Sports, whether team or individual, have many important benefits beyond creating social networks. They contribute to mental and emotional health in addition to the development of technical, motor and tactical skills, such as reading the play/situation and applying decision-making skills. They also provide the opportunity to

**Janene Erickson (left) and Stacey Thoreson**



"Learning new things, making new friends and improving my skills have really boosted my confidence."

*Tahnyea Robbins,  
Esketemc.*

build character. Marathon enthusiast and FNHA staff member Janene Erickson (Nak'azdli First Nation) credits running with developing her ability to see the value of discipline, structure, consistency, endurance and perseverance. "It's hard work, it's not perfect; but there are many rewards."

**Tahnyea Robbins**



In addition, sports have many wonderful physical benefits, including weight control, bone/muscle/heart strengthening, muscle toning and mental health and mood management. Allison Beardsworth (Dene Nation) says that running has helped her manage feelings of anxiety. She recently completed her first half-marathon and sets challenges for herself on a day-to-day basis. "Even the most stressful day would melt away, nurturing my spirit."

Another female fitness advocate at the FNHA (there are many!) is Janice Johnson (Tseshaht First Nation of Nuu-chah-nulth). Janice runs, spins, bikes and strength trains at the gym. She says her mother first brought her to a fitness centre when she was 16, and she immediately fell in love with exercising. She has been going now for over 20 years and encourages other young Indigenous women to "care for themselves" and "listen to their bodies." She encourages them to do something they are passionate about and remember that it's "not about how you look but how you feel."

Choosing a sport you enjoy is the main advice given by Janene, Allison and Janice. You don't even have to be good at it to reap the benefits! Sometimes, taking that first step is the challenge, and you don't have to take it alone. Joining with a friend for moral support is encouraged. Just get out there, and nurture your spirit. ✍️

# THE SAWWY WOMAN'S GUIDE to Landing (*and Rocking*) Your Dream Job!

AMELIA NEZIL | NASEAM AHMADI | BRENNALATIMER | CHERYL CASIMER

ILLUSTRATIONS BY PHOEBE NEZIL

**W**hat is the link between employment and health? What does this look like for Indigenous women either seeking work or maneuvering their way through the corporate world? Three female employees from the FNHA joined forces to create this guide full of facts, tips and advice for women in all phases of their career journeys. This woman's guide shares some statistics about women in the workforce and, specifically, Indigenous women. We also had the privilege of interviewing a strong Indigenous woman - Cheryl Casimer - who started out in the corporate world and has found her place as a respected leader in politics.

## Jumping the Gap

Did you know that women make up roughly half of Canada's population and just less than half of its workforce? That may sound okay, but have you ever wondered how those two halves of the workforce compare?

The reality is that when it comes to work - whether finding it or thriving at it - women still face substantial systemic and cultural barriers. Take, for example, a recent Statistics Canada report that showed on average women make a mere 65% of what men earn<sup>ii</sup>. That's a huge gap! And if you think that gap is due to the higher proportion of women who choose to work part-time, you're wrong. When you compare women working full-time with men, they still only make between 70-72% of men's earnings.

It would come as no surprise then that almost 80% of Canada's top 1% of earners are men. Go figure, right?

But workplace inequity isn't just a financial issue; it's a fundamental *health* issue as well. In fact, unequal distribution of economic

opportunities, such as education and employment, are known to result in poorer health outcomes<sup>iii</sup>.

Among the structural factors and conditions of daily life that make up the social determinants of health, work is pivotal in providing financial stability, social networks, self-esteem, a sense of purpose and personal development throughout our lives.

Even when employed, unstable working conditions impact health. Mortality rates are higher among temporary versus permanent workers and precarious work (such as a contract position) is connected with mental health issues.

Oh, and that pay gap? It's hurting us too: income has been called one of the most important social determinants of health, affecting healthy eating, physical activity, housing and mental wellness<sup>iv,v</sup>.

Given that Canadians spend 60% of their waking hours at work<sup>vi</sup>, we need to make work *work* for us!

Of course, that's easier said than done, especially for Indigenous women. It's well documented that colonization and systemic racism have created socioeconomic barriers for Indigenous peoples in Canada, leading them to carry the burden of the lowest employment and education rates<sup>vii</sup>.

Yet, many Indigenous women are leading change and pushing the envelope in a number of ways. Today, more Indigenous women than men are finishing high school and going on to finish university degrees. Indigenous women are also earning salaries comparable to Indigenous men, a trend that isn't seen among non-Indigenous populations<sup>viii</sup>. Furthermore, Indigenous women with university degrees are earning higher incomes than non-Indigenous Canadian women with the same levels of education<sup>ix</sup>!

Despite the good news, there is still more work to be done in supporting Indigenous women to find work and succeed in the workplace.

# Are you looking to jump the gap? Read on for employment resources, an interview with First Nations Summit Task Group Member Cheryl Casimer, and flip over for our no-nonsense roadmap for landing a job, moving up the ladder and getting paid like a boss!

## Reflections from Cheryl Casimer - First Nations Summit Task Group Member



We interviewed Cheryl Casimer, member of the Ktunaxa Nation and the only female member of the First Nations Summit Political Executive of the Task Group, to hear from her as a First Nations woman who has navigated her way through the corporate and Aboriginal professional worlds. Cheryl has a wealth of experience, insights, advice and tips for women in various stages of their careers. She shared lessons from her time in the corporate world, tips on how female Aboriginal professionals can lead with culture in the workplace and how to lean on culture when dealing with conflict.

### In the Corporate World: Find your Voice

A lesson I learned early on while I was in the corporate world was to find your voice, use it and believe in yourself. Early in my career, I asked for additional responsibility in my position, I finished my project in record time, and when it came to my evaluation, I received a 27% raise and a promotion. If I hadn't spoken up and had those conversations with my supervisor and shown her my hard work and commitment, I would not have been given that promotion.

Women need to believe in themselves and find their voices - speak up, especially when you know you are capable, have the skills and believe you can do the work. If you stay silent, no one is going to notice; it's only when you start using your voice.

### In the Aboriginal Professional World

The ratio between men and women in the Aboriginal professional world used to be different than it is now; it is changing slowly, and we are starting to see more women leaders, for example at the First Nations Summit table, in comparison with when I started 25 years ago.

Women think a little differently than men and that's why I think there needs to be more of a balance of women and men in organizations. If you put men and women on an equal playing field, they complement each other, and amazing things happen. That is why I am so encouraged by how Justin Trudeau has built his cabinet to be gender balanced.

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### Tips on Having Your Voice Heard:

1. Utilize female mentors for sounding boards and supports.
2. Do your homework and your research, and pre-read the information that is provided to you.

*For more tips from Cheryl, turn the page for our career roadmap!*

## CONTRIBUTORS



**Amelia Nezil**, FNHA Communications Officer, Corporate

*"Understanding the systemic challenges facing women in the workforce makes me push myself harder and do things I otherwise wouldn't have the courage to do. Keeping these issues in mind is a huge driving force in my career!"*



**Brenna Latimer**, FNHA Team Lead, Corporate Communications

*"Advice I'd share with women early in their careers is to volunteer in an area you are passionate about, and build your networks. I did a lot of volunteer work with First Nations youth while completing university - that volunteer work turned into contracts, and by the time I graduated, I had experience and valuable networks in place, and I immediately landed an amazing job. I'd also say, invest in yourself - pursue studies in something you are passionate about. Lastly, I'd say find your fit - find a company or organization that aligns with your values."*



**Naseam Ahmadi**, FNHA Senior Project Coordinator, Research, Knowledge Exchange and Evaluation

*"The number one thing that has contributed to my career path so far is everything in the networking section! I focus on building meaningful relationships with people in my field and learning from their experiences. I'd rather have one in-depth, quality conversation at a conference than have a wallet full of business cards."*

# The Savvy Woman's Career Roadmap

## 1. GET PREPARED

### Go Bold on Your Resumé and Cover Letter!

- Be proud of your achievements!
- List your past accomplishments, not duties.
  - *Do*: "Increased sales by 16%."
  - *Don't*: "Worked on sales floor."
- Use strong, direct language.
  - *Do*: "Provided five years of exceptional customer service."
  - *Don't*: "I have lots of experience in customer service."

### DID YOU KNOW?

*There isn't just a wage gap; there's a confidence gap too! In fact, women are far more likely to downplay their successes than men. You may have been taught to be modest or not brag, but guess what? When it comes to your career, selling your achievements short is a self-fulfilling prophecy!*



### Clean Up Your Social Media

- Potential hiring managers WILL Google you. Delete that profile picture of you and your best friend making rude hand gestures. Oh, and your teenage blog? Consider removing or renaming it.



### DID YOU KNOW?

*According to many recruiting experts, 80% of jobs are not posted but instead found in the "hidden job market".*

### DID YOU KNOW?

*Striving for perfection can actually hold you back.*

*As Katty Kay and Claire Shipman pointed out in "The Confidence Gap," major American corporation Hewlett-Packard did a study that showed that their female employees "applied for a promotion only when they believed they met 100 per cent of the qualifications listed for the job. [Whereas men] were happy to apply when they thought they could meet 60 per cent of the job requirements".*

*Just remember that you'll never get the job if you don't even try for it.*

## 2. GO LOOKING

### Squash Impostor Syndrome

- Don't underestimate your own abilities.
  - The job application asks for four years' experience, but you've only got three. Still want the gig? Apply anyway.
  - The list of required competencies includes a couple of areas you lack experience in. Apply anyway, but be upfront about it in your cover letter, and emphasize why you'd still be a great match.

### Network, Network, Network!

- Go for coffee! Ask people at your dream organizations questions about their experiences in the industry and how they got where they are. Instead of directly asking your new contact for a job, take the pressure off, and ask if, in general, they're aware of any upcoming opportunities in the industry.
- To keep your network growing, never leave a coffee meeting without asking if the other person can suggest anyone else you should connect with.
- Always remember to say thank you. Mailing a hand-written thank-you note gives a personal touch.
- Keep in touch. Periodically check in to see if your contacts are going to that upcoming event in your industry, or send news articles that would be relevant to their current projects.
- Be open to volunteering. Volunteering offers opportunities to advance your skills and get to know more people in your industry - not to mention the good karma of giving something back to the community!

### 3. GOT AN INTERVIEW!

#### Prepare to Shine!

- Do your research: read as much as you can about the organization you're interviewing with.
- Ask questions during your interview! This shows how engaged you are. It's also a great way to get a sense of workplace culture.
  - If possible, ask questions about the organization's current projects. They'll know you're interested in the work and be impressed with your research.
- During your interview, always ask the hiring manager to clarify any questions you don't understand. It's better to ask again than to answer the wrong way. Don't be afraid to take notes if the question is long or complicated.
- Dress for success! Wear a clean, professional outfit to show that you take the process seriously.
- Prepare answers ahead of time for all of the most frequently asked interview questions. You can find these on many business and job websites.
- Always follow up with a thank-you note, either by email or drop off a hand-written card at reception on your way out!

#### DID YOU KNOW?

According to Stats Canada, 18% of Indigenous women and 8% of non-Indigenous women are single moms - counting four times as many as Canada's single dads<sup>x</sup>. This is important because women with children make 10% less than women without children. In fact, 37% of them live below the poverty line<sup>x</sup>.

#### Negotiating Special Circumstances

- Now is the time to discuss your individual needs as an employee. Do you need to work certain hours to accommodate your children's schooling or child care? Do you have an illness or disability that requires special arrangements? Are mobility and accessibility issues for you?
- It's also worth asking about your benefits package. Will your workplace provide extended health and dental benefits, and will these cover your dependants? If not, then will you be earning enough to cover these expenses on your own?

### 4. JOB OFFER!

#### Time to Talk Salary and Pay

- So you got a job offer... ask for more money! It is totally okay to ask for a higher salary or wage than what is offered.
- Many hiring managers budget for a higher salary than they will offer you. Be polite but firm. They may not have the budget for more, but you'll never know if you don't ask.
- Before you talk salary, know the market rate for similar positions. You can search salary information at websites like glassdoor.ca.

#### Phone a Friend

- Reach out to people you know! Scour LinkedIn to see if your friends know anyone at your dream company. Ask them to provide you with an e-introduction. Landing a job interview is sometimes just a matter of getting your resumé pulled out of the pile.
- If you're lucky enough to have a connection, use it! Most people would rather hire someone who's been given a glowing review by someone they trust than to hire blindly.

#### Don't be Afraid to Pull out Your Inner Detective

- So the job description sounds interesting, but you're wondering about workplace culture? Snoop the organization on LinkedIn and on its website.
  - How many women work there? Are women represented in senior management?
  - Websites like glassdoor.ca are great resources for workplace reviews.



## 5. LANDED THE JOB! BUT THERE ARE STILL HURDLES TO JUMP...

### Children and Dependants

- Know your rights! In BC, women are entitled to a full year of parental leave from work.
  - In most cases, 17 weeks count as pregnancy leave and the other 35 are classified as parental leave. Parental leave can also be shared between two parents.
  - Most employed women are eligible to receive Employment Insurance during these weeks, calculated at 55% of your full salary, and some workplaces provide top-up funding in addition to this. Check your HR policies if you're unsure.
- Prepare for the unexpected. At some point, you may need to take time from work to care for a sick family member or attend to another aspect of family care or education. To cover these situations, BC guarantees Family Responsibility Leave and Compassionate Care Leave. You can read BC's *Employment Standards Act* to find out your eligibility.



### DID YOU KNOW?

*In Canada, women spend more than twice the amount of time that men do on unpaid child care at home. Women also do more than one and a half times the amount of other unpaid domestic work than men, like cleaning or cooking\*.*



### How can First Nations and Aboriginal Women Lead with Culture in the Workplace?

- It's an individual thing. Participate in ceremony, dances, traditions and culture if you can. Get and stay grounded in who you are and where you come from - when you stay connected to that, it builds up who you are and feeds into the woman that you are.
- Remember that women had and have strong roles in our First Nations cultures; that will give you strength to participate and compete within corporate, First Nations or Aboriginal organizations.
- As women, we need to support each other and bring humour to the workplace—laughter can do wonders. Our people have always used humour!



### Work-Life Balance

- Treat your personal life like you would an important meeting. Schedule an hour in the gym or a dinner date with a friend and stick to it!
- Many people find it useful to set clear boundaries between work and personal life. This could mean: not checking email after 5:00 p.m., always taking your lunch break or ensuring that your weekend is focused on yourself, home or family.

### DID YOU KNOW?

*According to a meta-analysis of evidence from 11 research studies, high job strain, such as fast-paced work with conflicting demands, almost doubles the likelihood of mental health issues such as depression and anxiety<sup>iv</sup>.*

### Competition and Bullying

- Seek out women who are mentors, not haters.
- **Practise lateral kindness!**
- Remember when your mother said, "If you don't have anything nice to say, don't say anything at all?" Well, it's good advice, especially when it comes to the workplace. Although it's important to find colleagues that you like and trust, always remember that your negative comments may be repeated... and most people are less discreet than they think they are.
- Sometimes competition is unavoidable, and you may find yourself vying for the same position or project as another colleague. Whatever the outcome, be gracious - your manager and colleagues will take notice if you handle the situation maturely.



### **Dealing with conflict in the Workplace.**

- Rely on your mentors and supports to talk things through. They may not be from your organization, but it's important to rely on them and talk about it. Keeping it in and carrying it can have a negative effect on your wellbeing.
- Speak up. Express your concerns, and ask for an opportunity to speak to individuals you are having conflict with in a safe and respectful space.
- In community or your organization, initiate a talking circle to share how conflict made those involved feel.
- On pettiness and gossip: an Elder shared with Cheryl, "The next time this person does this to you, look them in the eye, and tell them you feel sorry for them and that you are going to pray for them."
- Confront the person as an equal, and ask them about it.

### **DID YOU KNOW?**

*A 2014 study from Angus Reid Institute showed that 43% of women had experienced sexual harassment at work<sup>vi</sup>. That's almost half of all women in the workforce! Despite such a high number, 80% of those who claimed to have been sexually harassed never reported it to their employers.*

### **Gender-Based Discrimination - Listen Up, Guys!**

- Sexism in the workplace takes many forms. Some women experience situations where they aren't taken seriously, are spoken over or are the subjects of unfair assumptions. Don't be afraid to stand up for yourself, and point out your successes. If you feel like your male counterparts don't listen to you or talk over you, a polite "Thank you, but I haven't finished what I was saying" can work wonders.
- Unfortunately, many women also experience sexual harassment at work, including unwelcome sexual attention or comments on their appearances, clothing or gender performances. Sexual harassment should be reported to your manager or HR team.
- Almost all workplaces have policies and procedures for dealing with workplace misconduct. It's worth taking an afternoon to read up on your rights and how to report any issues you may experience.

## **6. EVALUATION TIME . . .**

### **Ask for a Raise or Promotion**

- If you're looking to get promoted, make sure you feel you earned it, not just deserve it. Go into your yearly performance evaluation able to prove as much.
- Keep a list of your achievements, successful projects and praise you've received from colleagues. This is great ammo for discussion of wage and role.
- If you don't get your raise or promotion, don't be discouraged. Sometimes there just isn't the budget for it. However, DO view the situation as an opportunity. Find out what areas you could improve on or learn more about to assist you in your future growth. This is your chance to grow your responsibility and prove what you're capable of!

### **DID YOU KNOW?**

*In her book, Women Don't Ask, Linda Babcock cites studies that show that men negotiate their salaries four times more frequently than women<sup>xiii</sup>. Men also ask for more money. The same study showed that women asked for 30% less than their male counterparts.*

### **END: Lady Boss!**

- You made it!
- Remember to mentor other women who are just starting out on their career paths!
- Know when to leave. One of our contributors was given a piece of great advice from a respected mentor when contemplating leaving an organization that wasn't aligning with her values. He said, "Know when it's time to leave an organization, otherwise, you could leave a piece of yourself that you will never get back." Good advice! 



*For the complete listing of References and Citations, please refer to page 49.*

# Okanagan Nation Transition Emergency House

CATHERINE ATYEO

*"The comfort, guidance, support and, most of all, the self-worth and hope I found – the proud Native woman is coming back."*

- Okanagan Nation Transition Emergency House Client

**H**ome should be a safe place, a place where you are loved, supported and respected. But for some women, home can be a place of abuse and violence that leaves them deeply fearful and broken.

The statistics for domestic abuse in Canada are stunning:

- On any given day in Canada, more than 3,000 women, along with 2,500 children, are living in emergency shelters to escape domestic violence.
- Half of all women in Canada have experienced at least one incident of physical or sexual violence since the age of 16.
- Close to 138,000 incidents of violence are reported annually by Aboriginal women.

Okanagan Nation women who find the courage to leave an abusive relationship can find safety and support at the Okanagan Nation Transition Emergency House (ONTEH). The 11-bed facility, first established in 2003, is on Penticton Indian Band land. Operational 24 hours a day, seven days a week, ONTEH offers shelter and meals, counselling services and workshops and gatherings. Just as important, it offers compassion and hope.

ONTEH Executive Director Jan Lipscombe would like to see more women in the Okanagan Nation accessing ONTEH's services.

"We know that a large percentage of women in our bands have experienced some form of violence, but often they don't act because they don't feel supported by family and friends," Lipscombe says.

Paraphrasing a quote from Martin Luther King Jr., she adds: "It's not the words of our enemies that cause the most harm, it's the silence of our friends."

In addition to lack of support, Lipscombe says that many women are afraid to access help because they are terrified the government will take their children when ministry officials find out they are in an abusive environment.

Some abused women also remain silent because they don't trust the RCMP - though Lipscombe emphasizes that women can call ONTEH directly and don't have to call the police first. Another powerful reason women stay with an abuser is emotional. "These women usually love their husbands – it's the behaviour they want to stop," says Lipscombe.



Creating and sharing food together is one component of healing at ONTEH.

Financial considerations are also a factor. Often the husband is the main breadwinner, so if he is charged under the law and taken away, a woman worries how her family will be supported. "So, very often, a woman has to be in extreme fear for her life to get help," says Lipscombe.

If a woman finds the courage to leave her abuser and come to ONTEH to heal and empower herself, she still faces the significant challenge of where she (and any children) will live after she leaves ONTEH.

As ONTEH's Director of Operations Shelley Louis says, the problem of a lack of "second-stage housing" (i.e. housing for women who have left domestic violence) is massive. There is no dedicated second-stage housing for these women and children in community, let alone education and employment support.

"If a woman doesn't have anywhere else to go – if we can't offer second-stage housing – then often she has to go back home," says Louis. Due to the the housing problem, as many as two-thirds of the women who come to ONTEH return to abusive situations.

There is hope in changing the desperate situation many women and children find themselves in – and that hope lies in addressing the roots of the abuse and violence, Louis says. If abuse happens proportionally more in First Nations or Aboriginal communities in Canada, it is largely due to the effects of the inter-generational trauma caused by such factors as colonization and residential schools.

"Because of trans-generational trauma, many people lost the ability to love and parent," says Louis.

“It’s not just a women’s issue – it’s a men’s issue too. We need the strong men in our community to speak up, and we’ll continue to deliver this message to Chiefs and communities.”



Couples' retreats and adventure races for men provide spaces for conversations around domestic violence and ending it.

So ONTEH’s approach – through a range of programs they offer – is to work with the whole family, across generations.

“People often don’t want to see the problem because the abuser might be one of their own family members,” Jan Lipscombe says.

Rather than wait for women to come to ONTEH, the transition house has taken a proactive approach, reaching out to the whole community with programs to help couples and families work on healing and wellness. These programs include a couples' retreat and an “Amazing Race” for men to learn more about domestic

violence and how they can stand with women against it.

“It’s not just a women’s issue – it’s a men’s issue too. We need the strong men in our community to speak up, and we’ll continue to deliver this message to Chiefs and communities,” Lipscombe says.

Leon Louis, a former accountant who is on ONTEH’s board of directors, sees a need to educate men about domestic violence. “Sometimes men have to be pressured to go to a workshop, but when they do, they appreciate it,” he says.

Louis, a member of the Lower Similkameen Indian Band who teaches his culture

in local schools, believes deeply that men must speak up.

“If men see abuse, they must stand up and not allow it to happen,” Louis says.

Chief Jonathan Kruger of the Penticton Indian Band also believes there is a need to talk about the role of men in domestic violence in all communities, Native and non-Native. He also feels the causes of the violence – including inter-generational pain and the poverty in First Nations and Aboriginal communities - must be dealt with by communities and all levels of government.

“We need to stop the cycle. We need to stop hurting ourselves,” he says. 🖋️

Okanagan Nation women who are in crisis (with or without children) can call ONTEH directly:

TOLL-FREE: 1-877-493-4909

LOCALLY: 250-493-4902

# HEPATITIS C

## 101

Hepatitis C is a virus that infects the liver. It is a virus that is spread in blood-to-blood contact, reproduces in the liver, and unfortunately there is no vaccine to prevent it. An example of blood-to-blood contact is sharing needles, including tattooing needles. People who received a blood transfusion prior to 1990 are also at risk of acquiring Hep C.

**P**eople who share needles, pipes or tattoo or piercing equipment are at greater risk for acquiring Hep C. Substance use is complex, and no one story is the same. For some of us, determinants of health and wellness, such as trauma, including from residential schools, income and economic status and healthy family and community life, will impact substance use.

Hep C is not shared by sneezing or coughing, shaking hands, sharing forks or cups or coming in contact with toilets or the bodily fluids that generally go in them, aside from blood. Hep C will affect each individual differently, but only about 25 per cent of people will experience symptoms that may include fatigue, nausea, dark urine, jaundice and long-term difficulty sleeping.

About 25 per cent of people will clear the virus naturally, while 75 per cent will remain infected. Individuals born between 1945 and 1965 have been called "Generation Hep." Over 75 per cent of people in BC with Hep C belong to Generation Hep, and most are unaware they have it. Hep C is the most common chronic blood-borne infection, and it is also being diagnosed at a much higher rate and is responsible for more deaths than HIV/AIDS.

### So what can you do?

A blood test will confirm if you have hepatitis, and if you do, your progress will be monitored during and after treatment. Speak with a nurse or health care provider. You should be able to book your Hep C test by visiting your local clinic or doctor.

### Treatment

As understanding of the virus evolves - so does treatment. There is treatment available to all residents of British Columbia. BC PharmaCare and FNHA's First Nations Health Benefits cover the same Hep C drugs and share similar coverage criteria. Coverage criteria include the genotype of Hep C virus and disease progression.

Several new Hep C treatment drugs have become available since March 2014.

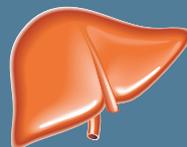
These direct-acting antiviral agents (DAAs) include Harvoni, Sovaldi, Galexos, Daklinza and the Hockira Pak. These drugs boast short durations of treatment, high cure rates and fewer side effects than the previous drug treatments. As new drugs become available on the Canadian market, the drug programs assess whether they are the same or better (more effective, better tolerated or easier dosing) than ones already available and determine what coverage criteria are applied.

### Living Healthy with Hep C

Those with Hep C can live an active lifestyle by managing and reducing consumption of alcohol as much as possible, eating a healthy diet high in fruits and vegetables as well as working towards a positive outlook mentally, emotionally and spiritually.

WHAT IS?

**Fibrosis**  
Scarring of the liver



**Cirrhosis**  
When at least 80 per cent  
of the liver is scarred

80%

## How to Get Treatment:

Process to obtain prescription drug that requires Prior Approval



Doctor writes prescription



Pharmacy calls FNHA Health Benefits

**FNHA**  
**Health**  
**Benefits**

FNHA Health Benefits contacts Doctor



Doctor provides clinical information



Application reviewed and approved by pharmacy

## FAQs

### - What is hepatitis?

**Viral hepatitis is inflammation of the liver caused by a virus. There are five different hepatitis viruses: Hepatitis A, B, C, D and E.**

### Transmission

Hepatitis C is spread through blood-to-blood contact. In rare cases, it can be transmitted through certain sexual practices and during childbirth.

### Prevention

There is no vaccination for Hepatitis C. It is therefore necessary to reduce risk of exposure by avoiding sharing needles and other items, such as toothbrushes, razors or nail scissors, with an infected person. It is also wise to avoid getting tattoos or body piercings from unlicensed facilities.

### Treatment

Treatment for chronic Hepatitis C aims to eradicate the virus. It often involves a combination of the medications pegylated interferon and ribavirin, and there is increasing use of potent direct-acting antiviral drugs with and without interferon. People with different genotypes respond differently to treatment, some more successfully than others.

### What is Hepatitis C?

Hepatitis C is a disease caused by a virus that infects the liver. In time, it can lead to cirrhosis, liver cancer and liver failure. Many people don't know that they have Hepatitis C until they already have some liver damage. This can take many years. Some people who get Hepatitis C have it for a short time and then get better. This is called acute Hepatitis C. But most people who are infected with the virus go on to develop long-term, or chronic, Hepatitis C. Although Hepatitis C can be very serious, most people can manage the disease and lead active, full lives.

### What causes Hepatitis C infection?

Hepatitis C is caused by the Hepatitis C virus. It is spread by contact with an infected person's blood.

### You can get Hepatitis C if:

- You share needles or other equipment used to inject.
- You had a blood transfusion or organ transplant before 1992.
- You get a shot with a needle that has infected blood on it. This happens often when needles are used more than once when giving shots.
- You get a tattoo or a piercing with a needle that has infected blood on it. This can happen if equipment isn't cleaned properly after it is used. *Tattoo safely, professionally and in a clean environment!*

### What are the symptoms?

Most people have no symptoms when they are first infected with the Hepatitis C virus. If you do develop symptoms, they may include:

- **Feeling very tired**
- **Joint pain**
- **Belly pain**
- **Itchy skin**
- **Sore muscles**
- **Dark urine**
- **Yellowish eyes and skin (jaundice). Jaundice usually appears only after other symptoms have started to go away.**

Most people go on to develop chronic Hepatitis C but still don't have symptoms. This makes it common for people to have Hepatitis C for 15 years or longer before it is diagnosed.

### How is it treated?

You and your doctor need to decide if you should take antiviral medicine to treat Hepatitis C. It may not be right for everyone. If you do take medicine, the best treatment is a combination of medicines that fight infection. Examples of medicines used include peginterferon, ribavirin and boceprevir or sofosbuvir. How well these medicines work depends on how damaged your liver is, how serious your infection is and what type of Hepatitis C you have.

Taking care of yourself is an important part of the treatment for Hepatitis C. Some people with Hepatitis C don't notice a change in the way they feel. Others feel tired, sick or depressed. You may feel better if you exercise and eat healthy foods. To help prevent further liver damage, avoid alcohol, drugs and certain medicines that can be hard on your liver. 

For more information, visit: [www.HealthLinkBC.ca](http://www.HealthLinkBC.ca)  
[www.generationhep.com](http://www.generationhep.com)

# "You Will Hear These Songs Echo

## *A Prayer to Celebrate Our Sulsalewh*

WILLIAM ARNOLD WHITE, SNUNEYMUXW

Great Creator, we thank you/*hychka* for the gifts of songs,  
Dear One, we know and appreciate that when our *Sulsalewh*/Elders sang,  
their ancestors, their teachers moved forward and stood with them once again!

This is why the *Sulsalewh* said, "We would never be alone."

They knew the key to this understanding was prayer, being clean, being strong.  
Great Creator, we thank Anderson Tommy who told us when first singing those songs with the  
*Sleni*/women, our mothers and grandmothers - remembered his old people said to him,  
"You will hear these songs echo long after we are gone."

Great Creator, with great humility we saw the power, the joy, and we knew they belonged,  
more importantly, as their children, as their relatives, we knew we belonged!  
Dear One, it is for these reasons the *Sulsalewh*/Elders told us "to be strong, to be clean."



Margaret James, Emily Manson, George Wyse, Anderson Tommy,  
Eva Thomas, Hazel Good, Kay George, Bill White and Barbara White

# Long After We Are Gone"



Kay George, Q'Puthet Unwinus Elders Co-Ordinator, Sulsalheh - Emily Manson,  
Eva Thomas, Hazel Good and students from John Barsby School

Great Creator, we heard the old people always say as we were growing up to "let go" of darkneses such as sorrow, hurt, anger in order to make room for their teachings.

On this day, as the sun is about to rise again to show us a brand-new day, a day filled with joy because they laid down prayers, because they spoke of who we were, they spoke about the importance of taking care of each other, reminded us of who we were - we are humbled, we are grateful, and in time, with each day, we too will know JOY!

Great Creator, we thank you/*hychka* for the gifts and strengths of prayers,  
Dear One, we thank you/*hychka* for the powers of the old peoples' words and teachings,  
Great Creator, the *Sulsalewh* laid down prayers, laid down songs, laid down teachings so their children, their relatives would carry them forward for a new day and time.  
We are grateful, we are thankful, and we are humbled. *Hystaapka*, Dear Ones.

*Spirit Magazine* would like to thank William Arnold White for sharing this prayer.

# Hard Work and Community Support Pay Off! The Healthy Journey of Musqueam

JORDIE JOHNSON



Musqueam members during the Tough Mudder competition.



A small workout team has encouraged others to get active.

There has been a sea change and a healthy shift taking place for the People of the River Grass (Coast Salish Territory) in the community of Musqueam: a revitalization of wellness for a number of youth. The shift began three years ago with a request from some young First Nations women of the community. The group of four girls asked Merv Kelly of Sts'ailes to help them make some positive changes in their lifestyles and get active and healthy. Merv accepted the challenge, not knowing at the time the full impact this would have on the youth and community.

**S**ince day one, there were two sayings that kept the group motivated and pushing ahead on their wellness journey: "This is good for me" - a reminder that each circuit of workouts was making them healthier - and "be 120 per cent" - a phrase that helped them push harder each day.

Nutrition is one of the foundations of good health, and the group learned that a healthy diet and good workout go hand in hand, especially for those with health challenges.

The workouts were diverse for the group and included: weight training, fitness tests, cardio, circuit training and even surprise five-km runs. There were also themed days that included: "Mediocre Mondays," "Twofer Tuesdays," "Wicked Wednesdays," "Two Minute Drill Thursdays" and "Give-r Fridays!"

After three years, with four workout circuits available to the community, this healthy shift had sent a strong ripple effect through Musqueam. The biggest change seen by Merv was the self-esteem of the women. The women began training like Olympic athletes, and for good reason, as some participated in challenging events like Tough Mudder and the Grouse Grind. The

once timid group of girls grew into strong athletic women who are now inspiring others in their community.

A proud moment for Merv was when the group continued their training regime and workouts while he was out of town, showing that they were self-motivated to maintain their health and wellness. That this was a positive change in their self-esteem is an understatement. "We could have all been on (and won) the Biggest Loser," said Kumi, a member of the group.

The community not only noticed but supported the group. Cheering from their homes or by the sidelines, community members began to celebrate this healthy new beginning and renewed energy. The group utilized this support to bring awareness to other causes, including wearing pink for anti-bullying and blue for diabetes awareness.

"The most rewarding experiences are seeing people succeed," explains Merv who calls the women "quiet, confident leaders." Congratulations to the women of Musqueam for their amazing health journey and thank you for being such an inspiration. A big thank you to Merv for being an inspiration and motivator for the group. ✍️

# Women's Health & Wellness Resources

## FIRST NATIONS AND ABORIGINAL HEALTH TEAMS, PROGRAMS & ABORIGINAL PATIENT NAVIGATORS/LIAISONS IN HEALTH AUTHORITIES

### Fraser Health Aboriginal Health Team

Email: [aboriginalhealth@fraserhealth.ca](mailto:aboriginalhealth@fraserhealth.ca)

- [www.fraserhealth.ca/your-health/aboriginal](http://www.fraserhealth.ca/your-health/aboriginal)

### Interior Health Aboriginal Health Team

Email: [gina.guerrero@interiorhealth.ca](mailto:gina.guerrero@interiorhealth.ca)

- [www.interiorhealth.ca/YourHealth/AboriginalHealth/Pages/default.aspx](http://www.interiorhealth.ca/YourHealth/AboriginalHealth/Pages/default.aspx)
- Full list of team member contacts: [www.interiorhealth.ca/YourHealth/AboriginalHealth/Documents/Aboriginal%20Team%20Contact.pdf](http://www.interiorhealth.ca/YourHealth/AboriginalHealth/Documents/Aboriginal%20Team%20Contact.pdf)

### Island Health Aboriginal Health Team

Email: [renee.shimla@viha.ca](mailto:renee.shimla@viha.ca)

- [www.viha.ca/aboriginal\\_health](http://www.viha.ca/aboriginal_health)

### Northern Health Aboriginal Health Team

Email: [aboriginal.health@northernhealth.ca](mailto:aboriginal.health@northernhealth.ca)

- <https://northernhealth.ca/YourHealth/AboriginalHealth.aspx>

### Vancouver Coastal Health Aboriginal Health Team

Telephone: 604-675-2551 (ext 22250)

Email: [AboriginalWellnessProgram@vch.ca](mailto:AboriginalWellnessProgram@vch.ca); [info.aboriginalhealth@vch.ca](mailto:info.aboriginalhealth@vch.ca)

- <http://aboriginalhealth.vch.ca>

### Provincial Health Services Authority Team

Telephone: 604-707-6377

- [www.phsa.ca/our-services/programs-services/aboriginal-health-program](http://www.phsa.ca/our-services/programs-services/aboriginal-health-program)

### BC Women's Hospital and Health Centre – Aboriginal Women's Health Program

Telephone: 604-875-3440

- At BC Women's Hospital, Aboriginal Patient Liaisons offer services to improve the quality of health care delivery to Aboriginal patients through direct patient support and staff education. The outreach program offers support to Aboriginal communities (both on and off reserve) and includes education on various women's health issues, cervical and breast cancer screening clinics and training. BC Women's Nurse Practitioners also provide support to Aboriginal women in Vancouver at a number of clinics.
- [www.bcwomens.ca/our-services/population-health-promotion/aboriginal-womens-health](http://www.bcwomens.ca/our-services/population-health-promotion/aboriginal-womens-health)

### Ask Auntie Program

Telephone: 604-875-2679

- The aim of Ask Auntie is to ground Aboriginal girls in their communities and cultures, enhance wellness, and reduce violence against girls and women by helping foster healthy, safe relationships, strengthening community connections and promoting healthful living. The Ask Auntie program builds on the importance of teaching and supporting girls in their journeys to explore their Aboriginal identity and providing the conventional and traditional information to support their development into strong young women.
- [www.bcwomens.ca/our-services/population-health-promotion/aboriginal-womens-health](http://www.bcwomens.ca/our-services/population-health-promotion/aboriginal-womens-health)

## ABORIGINAL PROGRAMMING & SERVICES IN BC

### BC Association of Aboriginal Friendship Centres – Women's Oriented Programs

Telephone: (250) 388-5522

Toll-Free: 1-800-990-2432

- Doulas for Aboriginal Families Program: [www.bcaafc.com/programs/doula-support](http://www.bcaafc.com/programs/doula-support)
- Ending Violence Against Aboriginal Women and Girls: [www.bcaafc.com/initiatives/ending-violence](http://www.bcaafc.com/initiatives/ending-violence)

### Smart Steps to a Tobacco Free Life - Quit Now BC

Telephone: 604-731-5864 (LUNG)

Toll-Free: 1-877-455-2233

Reach a quit coach to help you quit smoking:

Toll-Free: 1-877-455-2233

- [www.quitnow.ca/files/QN/files/library/140214\\_QN\\_Aboriginal\\_SmartSteps\\_02142014\\_FINAL.pdf](http://www.quitnow.ca/files/QN/files/library/140214_QN_Aboriginal_SmartSteps_02142014_FINAL.pdf)

### Indigenous Women's Program, Battered Women's Support Services

Telephone Crisis Line: 604-687-1867

Toll-Free: 1-855-687-1868

General program information: 604-687-1868

- [www.bwss.org/services/programs/indigenous-womens-programs](http://www.bwss.org/services/programs/indigenous-womens-programs)

### Yúusnewas at YouthCO HIV & Hep C Society

Telephone: 604-688-1441

- Sexual health and harm reduction information through culturally appropriate education and initiatives for youth.
- [www.youthco.org/yuusnewas](http://www.youthco.org/yuusnewas)

# Women's Health & Wellness Resources

## **Pacific Association of First Nations Women**

Telephone: 604-872-1849

- Aboriginal Elder Support Program
  - Aboriginal Community Health Liaison Program
  - Community Homecare Services Program
  - Aboriginal Girls Day Camp
- [http://pafnw.ca/pafnw\\_-\\_no\\_collage\\_001.htm](http://pafnw.ca/pafnw_-_no_collage_001.htm)

## **Native Women's Association of Canada**

Telephone: 1-800-461-4043

- [www.nwac.ca](http://www.nwac.ca)

## **PROVINCIAL WELLNESS RESOURCES – HEALTHY EATING, BEING ACTIVE, NURTURING SPIRIT, RESPECTING TOBACCO, SEXUAL & REPRODUCTIVE HEALTH, SUPPORTED PARENTING & WOMEN'S SAFETY**

### **Health Link BC – Women's Health Topics**

Telephone: 8-1-1

Contact a registered nurse any time, every day of the year

- [www.healthlinkbc.ca/commonhealthconcerns/womenshealth/](http://www.healthlinkbc.ca/commonhealthconcerns/womenshealth/)
- [www.healthlinkbc.ca/servicesresources/](http://www.healthlinkbc.ca/servicesresources/)

### **Dietitian Services – HealthLink BC**

Telephone: 8-1-1

You can speak with a registered dietitian by calling 8-1-1 between Monday and Friday, 9am-5pm

- [www.healthlinkbc.ca/](http://www.healthlinkbc.ca/)

### **Healthy Living Activities - Aboriginal Sport, Recreation and Physical Activity Partners Council**

Telephone: 250-388-5522, ext. 225

- Regional Leader Training Sessions
- Aboriginal RunWalk Program & HealthBeat
- Honour Your Health Challenge
- FitNation
- Minor Grants for Healthy Living Projects
- Gathering Our Voices
- National Aboriginal Day – Community Wellness Events
- <http://aboriginalsportbc.ca/healthy-living-activities/about-the-healthy-living-activities>

### **Chee Mamuk Aboriginal Program, BC Centre for Disease Control**

HIV Prevention & Stigma Reduction Services

Telephone: 604-707-5605 | Email: [cheemamuk@bccdc.ca](mailto:cheemamuk@bccdc.ca)

- [www.bccdc.ca](http://www.bccdc.ca)

## **Options for Sexual Health**

Telephone: 1-800-SEX SENSE

Sexual and reproductive health services through clinics and education programs. Information about:

- Sexuality
  - Pregnancy
  - Birth control
  - Sexually transmitted infections
  - Emergency birth control
  - Screening
  - Abortion
- [www.optionsforsexualhealth.org/](http://www.optionsforsexualhealth.org/)

## **BC Doula Services Association – Find a Doula**

Telephone: 1-877-365-5588

- [www.bcdoulas.org/find-a-doula](http://www.bcdoulas.org/find-a-doula)

## **Midwives Association of British Columbia – Find a Midwife**

Telephone: 604-736-5976

- [www.bcmidwives.com/find-a-midwife](http://www.bcmidwives.com/find-a-midwife)

## **Pregnancy Outreach Program**

- [www.bcapop.ca](http://www.bcapop.ca)

## **Child Care Programs and Services Call Centre**

Telephone: 250-356-6051 or 1-888-338-6622

- [www.mcf.gov.bc.ca/childcare/programs\\_map.htm](http://www.mcf.gov.bc.ca/childcare/programs_map.htm)

## **Aboriginal Infant Development Programs of BC (Provincial Office)**

Telephone: 250-388-5593 | Toll-Free: 1-866-338-4881

Email: [advisor@aidp.bc.ca](mailto:advisor@aidp.bc.ca)

- [www.aidp.bc.ca](http://www.aidp.bc.ca)

## **Aboriginal Supported Child Development Programs of BC (Provincial Office)**

Telephone: 250-388-5593 | Toll-Free: 1-866-338-4881

Email: [coordinator@ascdp.bc.ca](mailto:coordinator@ascdp.bc.ca)

- [www.ascdp.bc.ca](http://www.ascdp.bc.ca)

## **Urban Native Youth Association - Aboriginal Outreach Team**

Telephone: 604-868-0368 | Toll-Free: 1-877-223-4321

(24 Hour Youth Info and Referral Line)

Email: [outreachteam@unya.bc.ca](mailto:outreachteam@unya.bc.ca)

- [www.unya.bc.ca](http://www.unya.bc.ca)

## **ONLINE RESOURCES FOR WOMEN AND THEIR FAMILIES**

### **Aboriginal Pregnancy Passport**

- [www.perinatalervicesbc.ca/Documents/Resources/Aboriginal/AboriginalPregnancyPassport.pdf](http://www.perinatalervicesbc.ca/Documents/Resources/Aboriginal/AboriginalPregnancyPassport.pdf)

### **Celebrating the Circle of Life – A Guide to Emotional Health in Pregnancy and Early Motherhood for Aboriginal Women and Their Families**

- [www.perinatalervicesbc.ca/Documents/Resources/Aboriginal/CircleOfLife/CircleOfLife.pdf](http://www.perinatalervicesbc.ca/Documents/Resources/Aboriginal/CircleOfLife/CircleOfLife.pdf)

### **Honouring Our Babies: Safe Sleep Toolkit**

- [www.fnha.ca/what-we-do/maternal-child-and-family-health](http://www.fnha.ca/what-we-do/maternal-child-and-family-health)

### **Aboriginal Childhood Health and Wellness Resource Booklets**

- Family Connections; Growing Up Healthy; Parents as First Teachers; Fatherhood is Forever
- [www.nccah-ccnsa.ca/389/Childhood\\_Health\\_and\\_Wellness\\_Resource\\_Booklets.nccah](http://www.nccah-ccnsa.ca/389/Childhood_Health_and_Wellness_Resource_Booklets.nccah)

### **BC Women's – Health Information**

- [www.bcwomens.ca/health-info](http://www.bcwomens.ca/health-info)

### **BC Centre of Excellence for Women's Health**

- Women's Health Publications: <http://bccewh.bc.ca/publicationsresources/publications/>
- Indigenous Women's Health Projects: <http://bccewh.bc.ca/research-areas/indigenous-womens-health-2/>

### **National Collaborating Centre for Aboriginal Health - Aboriginal Women in Canada**

- [www.nccah-ccnsa.ca/en/publications.aspx?sortcode=2.8.10&publication=77](http://www.nccah-ccnsa.ca/en/publications.aspx?sortcode=2.8.10&publication=77)
- [www.nccah-ccnsa.ca/en/publications.aspx?sortcode=2.8.10&publication=25](http://www.nccah-ccnsa.ca/en/publications.aspx?sortcode=2.8.10&publication=25) 

## **The Savvy Woman's Guide to Landing (and Rocking) Your Dream Job! Employment Resources & References**

### **Providing professional attire and networking opportunities to help women achieve economic independence:**

<https://vancouver.dressforsuccess.org>

### **Resources for women entrepreneurs looking to start or grow a business:**

[www.womensenterprise.ca](http://www.womensenterprise.ca)

### **Aboriginal Community Career Employment Services Society:**

[www.accessfutures.com](http://www.accessfutures.com)

### **Native Women's Association of Canada:**

[www.nwac.ca/policy-areas/labour-market-development/employment-resources](http://www.nwac.ca/policy-areas/labour-market-development/employment-resources)

### **Free employment and career services for male and female jobseekers ages 16 to 65+:**

<http://ywcavan.org/programs/employment-programs-servicesywca-workbc-centres>

### **Northeast Aboriginal Business and Wellness Centre:**

<http://abdc.bc.ca/uaed/other-aboriginal-research-practice-networks/n/northeast-aboriginal-business-and-wellness-centre>

### **Prince George Nechako Aboriginal Employment and Training Association:**

[www.pгнаeta.bc.ca](http://www.pгнаeta.bc.ca)

i <http://www12.statcan.gc.ca/nhs-enm/2011/as-sa/99-012-x/99-012-x2011002-eng.cfm>

ii [www.statcan.gc.ca/pub/89-503-x/2010001/article/11475-eng.htm](http://www.statcan.gc.ca/pub/89-503-x/2010001/article/11475-eng.htm)

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# Photo Gallery

June 21 Day of Wellness 2015





# *Spirit*

SHARING CULTURALLY IMPORTANT  
KNOWLEDGE & PRACTICES

## Women's Wisdom



**Vera Jones**

Tsintit-Angiiks, Nisga'a

*"Keeping myself educated and informed about my health is very important for my wellbeing - mentally, emotionally, physically and spiritually. Even as I am aging, my health matters to me. I'm no expert, but I do rely on my doctors' and pharmacists' expertise, and I like to believe they know what's best.*

*I'm all about keeping it real."*

Share Your Women's Wisdom: [Spiritmagazine@fnha.ca](mailto:Spiritmagazine@fnha.ca)