



**LEVEL**

YOUTH POLICY PROGRAM

Revitalizing Dakelh Midwifery  
Can Result in Better Healthcare  
Outcomes for Dakelh Women, and  
Greater Diversity in Healthcare

**MARION ERICKSON**

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The LEVEL Youth Policy Program takes place on the traditional and unceded territories of the xʷməθkʷəy̓ əm (Musqueam), Skwxwú7mesh (Squamish), & səliilwətaʔ (Tsleil-Waututh) Coast Salish peoples.

## ABOUT THE LEVEL INITIATIVE

LEVEL is a youth-engagement initiative of Vancouver Foundation that aims to address racial inequity. We do this by investing in the leadership capacity of Indigenous, racialized, immigrant, and refugee youth to create more opportunities throughout the non-profit and charitable sector.

Despite being the fastest-growing youth population in British Columbia, Indigenous, immigrant, and refugee youth don't have the same opportunities as other young people. Race continues to be a factor that hinders their ability to have a say in decisions that impact their lives.

LEVEL empowers these youth by building their capacity to challenge and change those systems that hinder their ability to build a more just world.

**LEVEL CONSISTS OF  
THREE PILLARS OF  
WORK TO ADVANCE  
RACIAL EQUITY:**



### ABOUT THE LEVEL YOUTH POLICY PROGRAM

The LEVEL Youth Policy Program (LEVEL YPP) brings together young people between the ages of 19 and 29 from across British Columbia who identify as being Indigenous or racialized immigrants or refugees. Indigenous and racialized Newcomer youth are disproportionately impacted by certain public policies and are rarely included in the development and implementation of public policy process. The LEVEL YPP aims to provide these youth with equitable training and leadership opportunities to better navigate the public policy landscape, and to develop new tools and skills to influence, shape, and advocate for policy changes that are relevant in their own communities. Having young people directly involved in shaping policies that impact their lives is essential to creating systemic, meaningful change. The LEVEL YPP's training is grounded from and within Indigenous peoples' worldviews, which the program acknowledges, could vary from person-to-person or nation-to-nation. Indigenous worldviews place a large emphasis on connections to the land. This perspective views the land as sacred; where everything and everyone is related and connected; where the quality of the relationships formed are key in life; where what matters is the success and well-being of the community, and where there can be many truths as they are based on individual lived experiences.<sup>1</sup> As such, an important premise of this training is to centre and place a particular focus on the fact that the work that has gone into developing this training, as well as the training itself, has taken and will take place on unceded (never given away/stolen) territories of the hən̓d̓əmin̓əm̓-speaking Musqueam peoples, of the Halkomelem-speaking Tsleil-Waututh peoples, and of the sn̓íchim-speaking Skwx\_wú7mesh (Squamish) peoples.

<sup>1</sup> <https://www.ictinc.ca/blog/indigenous-peoples-worldviews-vs-western-worldviews>



MARION  
ERICKSON

Marion Erickson is an Indigenous feminist from the Dakelh Nation. Marion has a Bachelor of Arts in Public Administration and Community Development from the University of Northern British Columbia (UNBC), as well as a certificate in Applied Business Technology from the College of New Caledonia (CNC). Marion has served as an elected representative for the CNC Students Union and the Senate at UNBC. Marion is dedicated to improving the lives of Northern British Columbia Aboriginal women. Marion is currently working with the Aboriginal Business Development Centre as the Research Facilitator.

## EXECUTIVE SUMMARY

The repatriation of childbirth back to Indigenous communities in the Northern Health Region (see Appendix figure 1) of British Columbia (BC) is beneficial to holistic and Indigenous-led healthcare. Policy interventions internationally, federally, provincially, and at a community-level related to the education of Aboriginal midwives is important to the repatriation of childbirth back to Indigenous communities. In the Northern Health Region, it is common practice that women living in remote places such as Indian Reservations, small municipalities, or rural areas in the Northern Health regions, leave their homes, families, and communities to give birth in larger centralized hospitals (National Aboriginal Council of Midwives, 2016; Northern Health Authority, n.d.; Smylie, J., 2016); I will explore how this practice has had negative impacts on Aboriginal women, children, families, and communities. This policy brief explains the benefits of allowing Aboriginal women to stay in their communities to give birth, and introduces policy changes that encourage the acquirement of more Aboriginal midwives to the Northern BC region through a process of training Dakelh doulas.

## PROBLEM DEFINITION AND BACKGROUND

### INTRODUCTION

When approaching Indigenous-led healthcare, it is important to consider that Indigenous peoples in Northern BC have had, until very recently, Indigenous midwives who practiced within their territories (Hall, 1992). The role of the Dakelh midwife has been almost completely destroyed with the domination of Western biomedicine, as well as colonial and racist policies that prevented Dakelh women from practicing within Dakelh territory; some of these practices were created to exclude Dakelh women from economically benefiting from practicing in birth work. Today, there are still policies in place that prevent Dakelh women from practicing as midwives or birth workers. These policy issues can be traced all the way up to the constitution of Canada where Indians, under the Indian Act, are federal jurisdiction and healthcare is provincial. There are also issues with the slow privatization of healthcare in Canada.

### APPROACH AND RESULTS

In moving toward the implementation of midwifery in Aboriginal communities there needs to be changes to a key federal policy to allow midwifery services to extend to reservations, as currently midwifery services are only covered under provincial health care services (Northern Health Authority, n.d.b.). An important recommendation by the National College of Aboriginal Midwives states that changes to the Treasury Board of Canada to “develop an occupational classification for midwives” (Olson, R., 2016 pp. 17) will “enable Health Canada and the First Nations Inuit Health to hire midwives to work in federal jurisdiction, in particular, on First Nations reserves” (Olson, R., 2016. pp 17). In searching the Health Services Occupational Group Structure (HSOGS) this continues to be an issue that needs to be addressed; to this day nurses are represented in this group though, unfortunately, midwives are still not included on HSOGS (Canada, 2017). This policy prevents culturally safe care and creates jurisdictional challenges to having a birth attended by a midwife on Indian reservations in Northern BC.

The National Aboriginal College of Midwives (NACM) has suggested policy recommendations at a provincial and federal level that will help with the recruitment and retention of midwives in the North. This policy recommendation suggests that provinces and federal governments work towards increasing the number of Aboriginal midwives to serve communities by:

1. “Work[ing] with provincial governments and post-secondary institutions to support the development of Indigenous midwifery training program across Canada. NACM recognises that there are many locations that currently have no training program in existence therefore recommend that the Federal Government fund the development of new training programs in areas where they are currently not offered. 2. Extend Canada Student Loan Forgiveness to registered midwives who work in rural or remote communities” (Olson, R., 2016. pp 18).



## RECOMMENDATION AND NEXT STEPS

- Increase funding for the research and development so that Indigenous communities can provide their own doula training certification programs, and can revitalize local community knowledge about childbirth in a way that is beneficial to them and their own communities needs.
- Expand the doula program provided by the First Nations Health Authority to include those who are considered birthworkers in the community, and do not exclude them from accessing funding for their practice. Take traditional knowledge into account.
- Continue to work with doctors and hospitals to provide culturally supportive birthing care for Indigenous families.

In British Columbia, the Student Loan Forgiveness Program currently includes midwives though more efforts can be made to ensure that rural and remote First Nations people are aware of these opportunities. These policy suggestions, in regards to the education of midwives, not only opens the door to more education options for First Nations peoples, but also allows for non-Aboriginal and Indigenous people to become midwives. Though these efforts may sound larger in terms of policy there are also some changes that can occur at the community level. Doula services (see Appendix Figure 2-B for role descriptions of a doula) are currently covered by the First Nations Health Authority for any amount up to \$1000.00 CAD (First Nations Health Authority, 2017). The presence of a doula during childbirth can decrease the need for caesarean sections, provide less of a possibility of giving birth with vacuum extractors or forceps, less of a likelihood of having to use birth drugs, and it is less likely that there will be negative reporting of birth experiences than women whose births are not attended by a doula (Sweetwater, 2009). Though there is a shortage of First Nations or Aboriginal doulas available (Prince George Doulas, n.d.). By providing doula training in the North for the northern Indigenous population, the potential for a person to want to become a midwife increases. By offering this short course, First Nations and Aboriginal doulas might become inspired by the work, and become encouraged to move forward with the training and education requirements to become midwives. Currently, there is a midwifery program at the University of British Columbia that has reserved seats for Aboriginal students, which is developing a mandate for “core curricula, clinical placement opportunities, mentors, and a database of university resources to support Aboriginal midwifery students at UBC and externally” (University of British Columbia, 2017). Introducing Indigenous doulas to this program while in-training to become a doula would help in attracting more northern Indigenous women to this important program.



## CONCLUSION

When approaching Indigenous-led healthcare, it is important to consider that Indigenous peoples in Northern BC have been marginalized out of practicing in birthwork. This process began with early colonization efforts by missionaries and Indian Agents, and the final process of decimating Dakelh midwifery practice happened when previous generations were not able to pass down their knowledge from one generation to another while the Lejac Residential School was in operation. Today the landscape of birthwork has changed and many spaces of birthwork do not have enough diversity. Prince George, for example, does not have an adequate number of doulas that are Indigenous to represent the Indigenous population.

When looking at how knowledge is produced and passed down to Indigenous doulas who are currently publicly funded by the First Nations Health Authority, it is notable that there are some gaps in providing care for Indigenous people, by Indigenous people, with Indigenous peoples' knowledge being presented. Currently the First Nations Health Authority has a doula grant program, but this organization only recognizes DONA International or Doula Canada certificates. Many of the currently certified doulas in the Dakelh territory are not Dakelh. This presents an issue where Indigenous knowledge is left out. There is also the issue that this program has limited funding, and it is expressed in the application package that this funding is limited.

# BIBLIOGRAPHY

- BC Stats (2011). Health Authority 5 – Northern Statistical Profile of Aboriginal Peoples 2011 Aboriginal Peoples Compared to the non-Aboriginal Population With Emphasis on Labour Market and Post Secondary Issues. British Columbia. 2011 National Household Survey custom tabulations: Statistics Canada. [pdf.] Retrieved on October 11, 2017 from [Aboriginal Profiles 2011\\_HA5\\_ABO%20\(1\).pdf](#)
- Benoit, C., Bourgeault, I. L., & Davis-Floyd, R. (2004). *Reconceiving midwifery*. Montréal,Que: McGill-Queen's University Press.
- British Columbia Assembly of First Nations; First Nations Summit; Union of British Columbia Indian Chiefs; Province of British Columbia. (2007). *The Transformative Change Accord: First Nations Health Plan: Supporting the Health and Wellness of First Nations in British Columbia*. Retrieved on October 10, 2017 from [http://www.health.gov.bc.ca/library/publications/year/2006/first\\_nations\\_health\\_implementation\\_plan.pdf](http://www.health.gov.bc.ca/library/publications/year/2006/first_nations_health_implementation_plan.pdf)
- De Leeuw, S. (2007). Intimate colonialisms: The material and experienced places of British Columbia's residential schools. *The Canadian Geographer*, 51(3), 339-359. doi:10.1111/j.1541-0064.2007.00183.x
- First Nations Health Authority (2017) Maternal, Child and Family Health. First Nations Health Authority. Retrieved on October 4, 2017 from <http://www.fnha.ca/what-we-do/maternal-child-and-family-health>.
- Freemantle, J., (2010). Indigenous Children – Their Human Rights, Mortality, and the Millennium Development Goals. *UN Chronicle*. Vol. XLVII No. 2 Retrieved on October, 11, 2017 from <https://unchronicle.un.org/article/indigenous-children-their-human-rights-mortality-and-millennium-development-goals>.
- Government of Canada. Occupational Groups for the Public Service. (2016). Canada. [database] Retrieved from <https://www.canada.ca/en/treasury-board-secretariat/services/collective-agreements/occupational-groups.html> 2017-10-11.
- Grzybowski, S., Kornelsen, J., Cooper, E., (2007). Rural Maternity Care Services Under Stress: The Experiences of Providers. *Canadian Journal Rural Medicine*: 2007, 12 (2): 89-94.
- Haggerstone, H., (2010). Burns Lake Local Health Area Profile LHA 055: Northern Interior Health Service Delivery Area. Northern Health. [pdf.] Retrieved on October 11, 2017 from <https://chip.northernhealth.ca/Portals/2/Document%20Repository/2016%20Updates/2010%20Profiles/LHA%20055%20%20Burns%20Lake%20-%202010.pdf>.
- Hall. (1992). *The Carrier my people*. Canadian Cataloguing in Publication Data. Friesen Printers, Cloverdale, BC.
- Hall. (1992). *The Carrier my people*. Canadian Cataloguing in Publication Data. Friesen Printers, Cloverdale, BC.
- Jenness, D. (1943). *The Carrier Indians of the Bulkley River: Their Social and Religious Life*. Anthropological Papers, No. 25. Bureau of American Ethnology Bulletin 133, pp. 469-586, pls. 24-34. United States. Government Printing Office. Washington.
- Jenness, D. (1943). *The Carrier Indians of the Bulkley River: Their Social and Religious Life*. Anthropological Papers, No. 25. Bureau of American Ethnology Bulletin 133, pp. 469-586, pls. 24-34. United States. Government Printing Office. Washington.
- Kelm, M., & Canadian Electronic Library (Firm). (1998). *Colonizing bodies: Aboriginal health and healing in British Columbia, 1900-50*. Vancouver [B.C.]: UBC Press
- Kornelsen, J., Grzybowski, S., (2006). The Reality of Resistance: The Experiences of Rural Parturient Women. *Journal of Midwifery: Women's Health*. 2006, 51 (4): 260-265. 10.1016/j.jmwh.2006.02.010.
- Kornelsen, J., Kotaska, A., Waterfall, P., Willie, L., & Wilson, D. (2010). The geography of belonging: The experience of birthing at home for first nations women. *Health and Place*, 16(4), 638-645. doi:10.1016/j.healthplace.2010.02.001.
- Kulchyski, P. (1993). Anthropology in the service of the state: Diamond Jenness and Canadian Indian policy. *Journal of Canadian Studies*, 28(2), 21-50. doi:10.3138/jcs.28.2.21.
- National Aboriginal College of Midwives. (2017). *Community Based Programs*. National Aboriginal Council of Midwives. Retrieved on October 14 2017 from <http://aboriginalmidwives.ca/aboriginal-midwifery/community-based-programs>.
- National Aboriginal Council of Midwives. (2012). *Aboriginal Midwifery in Canada*. National Aboriginal Council of Midwives and the Canadian Association of Midwives. Retrieved on October 13, 2017 from <http://aboriginalmidwives.ca/aboriginal-midwifery-in-canada>.
- Northern Health Authority (n.d.a.) Program: Maternity Services. Retrieved on October 12, 2017 from <https://find.healthlinkbc.ca/ResourceView2.aspx?org=53965&agencynum=17653433>.
- Northern Health Authority (n.d.b.) *Midwives Working in Northern BC*. Northern Health. [pdf.] Retrieved on October, 10, 2017 from <https://northernhealth.ca/Portals/0/OurServices/QualityPrograms/FINAL-Midwives%20working%20in%20northern%20BC-logo.pdf>.
- O'Driscoll, Terry MD; Kelly, Len, MD; Payne, Lauren, MPH; Pierre-Hansen, Natelie St, BA; Cromarty, Helen, RN; et. (2011) *Delivering Away From Home: the Perinatal Experiences of First Nations Women in Northwester Ontario*. *Canadian Journal of Rural Medicine*; Ottawa. 16.4 (page 126-130) Retrieved from <https://search-proquest-com.prxy.lib.unbc.ca/docview/906328721?pq-origsite=summon>
- Olson, R. (2016). *The Landscape of Indigenous Midwifery Care for Aboriginal Communities in Canada: A Discussion Paper to Support Culturally Safe Midwifery Services for Aboriginal Families*. National Aboriginal Council of Midwives. Retrieved on October 12, 2017 from <http://aboriginalmidwives.ca/node/2471>.
- Olson, Rachel and Carol Couchie. (2013). *Returning birth: The politics of midwifery implementation on First Nations reserves in Canada*. *Midwifery*. Volume 29, Issue 8, Pages 981-987.
- Prince George Doula's. (n.d.). Prince George Doulas. [Doulas.com/BirthDoulas](http://Doulas.com/BirthDoulas).
- Sam, L. (2001). *Nak'azdli elders speak: Nak'azdli t'enne yahulduk*. Penticton, B.C.: Theytus Books.
- Smylie J.; Fell, D.; Ohlsson, A.; Joint Working Group on First Nations, Indian, Inuit, and Metis Infant Mortality of the Canadian Perinatal Surveillance System (2010) *A Review of Aboriginal Infant Mortality Rates in Canada: Striking and Persistent Aboriginal/Non-Aboriginal Inequities*. *Canadian Journal of Public Health* 2010;101(2):143-48.

- Smylie, J. (2014). Strong Women, Strong Nations: Aboriginal Maternal Health in British Columbia. Youth Child and Family Health, July 2014 issue. National Collaborating Centre for Aboriginal Health. ISBN (Online) : 978-1-988862-85-9.
- Stote, K., (2015). An Act of Genocide: Colonialism and the Sterilization of Aboriginal Women. Black Point, NS: Fernwood Publishing.
- Sutherns, R., Bourgeault L., (2008). Accessing Maternity Care in Rural Canada: There's More to the Story Than Distance to a Doctor. Health Care Women International. 2008, 29 (8/9): 863-883
- Sweetwater, I; Barney L. (2009). BC Aboriginal Doula Training – Project Piloted in Secwepemc and Gitxan Territory Feb 2009. The Aboriginal Nurse; Spring 2009 edition; Canadian Business & Current Affairs Database. Pg. 10.
- Thomas, S. (2002). Plants and medicines of Sophie Thomas: based on the Traditional Knowledge of Sophie Thomas, Sai'Kus Elder and Healer. Prepared by Jane Young and Alex Hawlay. College of Science and Management. University of Northern British Columbia.
- University of British Columbia. (2017). Faculty of Medicine: Midwifery Program. Department of Family Practice. University of British Columbia. Retrieved on October 14, 2017 from <http://midwifery.ubc.ca/program/requirements/>.
- Varcoe, C., Brown, H., Calam, B., Harvey, T., & Tallio, M. (2013). Help bring back the celebration of life: A community-based participatory study of rural aboriginal women's maternity experiences and outcomes. BMC Pregnancy and Childbirth, 13(1), 26-26. doi:10.1186/1471-2393-13-26





## ABOUT VANCOUVER FOUNDATION

Vancouver Foundation is Community Inspired. We are a community foundation that connects the generosity of donors with the energy, ideas, and time of people in the community. Together, we've been making meaningful and lasting impacts in neighborhoods and communities since 1943. We work with individuals, corporations, and charitable agencies to create permanent endowment funds and then use the income to support thousands of charities. We recognize that communities are complex and that collaboration between multiple stakeholders is needed to help everyone thrive and evolve. Vancouver Foundation brings together donors, non-profits and charities, government, media and academic institutions, local leaders, and passionate individuals to build meaningful and lasting change in the province of British Columbia. We see young people, their voices and experiences as part of that vision to building meaningful change.



**LEVEL**

AN INITIATIVE OF **vancouver**  
foundation

200-475 W. Georgia Street,  
Vancouver, BC, V6B 4M9  
604.688.2204

[level@vancouverfoundation.ca](mailto:level@vancouverfoundation.ca)  
[www.levelvf.ca](http://www.levelvf.ca)

 @LEVELVF

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