



Nova Scotia
Native Women's
Association

Regional Health Engagement Session - Unama'ki Notes



Health priorities:

1. What are some health priorities for Indigenous women in your region? / From your perspective, what are some of the priority health areas that need more attention in this region? What needs are being neglected? Are there areas that you think are being addressed well?
 - Water - clean/healthy ex. Potlotek water crisis
 - High cancer rates
 - Cancer rates due to water issues - Potlotek
 - Health center not showing much concern to water crisis - Potlotek
 - Welfare
 - Welfare - no increase/some say decrease
 - Poverty
 - Young mother welfare - no healthy way to support family - food security
 - Food security
 - Food security - diabetics only given \$30 extra for food
 - Cost of food - processed foods cheaper/healthy food expensive
 - Diabetes - very high in Indigenous communities
 - Traditional medicines are not respected or recognized
 - Addictions
 - Prevention support for different issues
 - Dental care - lacking in communities
 - Menopause - lacking supports/information (affects all areas of life - relationships, mental health and sexuality)
 - Isolation - nearest town 30-50km away
 - Higher prices outside of town
 - Government setting us up for failure.
 - Reserves compared to 3rd world conditions

- Membertou Health Center - lack of doctors
- Lack of doctors - Sydney dental, optometry, CBRH
- Human trafficking
- Opioids/addiction
- Mental health
- Historic trauma - Shubenacadie Residential School, Indian Day School, Centralization.
- Access to services/programs.
- Sometimes takes weeks to see a doctor
- People are being turned away
- Dental work considered cosmetic by NIHB affects young women's mental health.
- Lack of empathy in healthcare system - stigma
- Limitations because of housing shortage
- Breast cancer
- Trauma
- People do not trust workers at local health centers
- Accessible transportation
- "we are in a health crisis"
- Sexual abuse/incest
- Need more L'nu therapists
- Supports for mothers who are supporting their families
- Hepatitis
- Autism
- Bullying
- Suicide
- Obesity
- Unemployment
- Heart attacks/heart disease
- Women not putting their health first
- Grief and loss
- Low rates/support for breastfeeding
- Lack of coping skills
- Hospital wait times
- Need more translators/health navigators for Indigenous people
- Young moms not knowing they are pregnant/how they conceived - lack of sex/reproductive education within community.

Access:

1. Where do you and your family access healthcare in the region?

- Within our community and our regional hospital.

- If need be, Halifax
- Many times, have to travel to access health care
- On reserve
- Primary care in Eskasoni
- Hospital for deeper issues

2. Do you have access to NIHB? Do you have access to Jordan's Principle?

- Yes
- No knowledge of Jordan's Principle
- Traditional medicines are not recognized by NIHB
- Not all needed medications are covered by NIHB
- NIHB makes criteria impossible to meet.
- Need to be continually reassessed by NIHB to continue services.
- NIHB needs translators/Mi'kmaq speakers
- More realistic dental/orthodontics criteria.

3. Do you access to traditional medicine?

- Yes
- No
- Somewhat

4. What has your experience been with mainstream/provincial healthcare providers?

- Some (healthcare providers) are very ignorant when you talk to them or ask them question.
- Good for the most part.
- Long wait lists
- Shortage of doctors
- Far commute to access healthcare services.
- Fear of going to Sydney hospital
- No translator

- Conditioned not to question doctor/health care providers.

5. Have you ever experienced barriers in accessing healthcare services? If so, what were these barriers? (Transportation, availability, cost, etc.).

Many participants stated these within other answers.

- Cost - I need stomach pills (IBS) and the pills that help me, “the only ones” I have to pay out of pocket, and they cost a lot.
- at band level, our health center - if the director of some staff does not like you or your family, they make it hard to see the doctors or access other services, like blood pressure checks. I won't give up my doctor off-reserve because I am not sure I can access the doctor in my community where I work and live.
- Transportation - many appointments are not local

Services/supports:

1. Are there accessible mental health services and supports in the region? What have your experience been like when accessing them?

- There is a waiting list.
- If its in your community, confidentiality is a problem/fear.
- Trust is an issue - non-natives are doing all the counselling.
- If you are not liked or there is a family feud from generations ago, it can make your life miserable.
- Yes, very bad experiences with Eskasoni Mental Health - no call back for appointment/continuously cancelling.

2. Are there accessible services and supports for older Indigenous people in this region? If so, what do they look like?

- Yes, but no translator which is very important.

3. Do you have access to cultural supports while navigating the healthcare system?

- No

4. Are there any services that you need, that aren't available? If so, what are they? /What is broken?

- Better mental health care/services.
- Antigonish may be closing birthing services.

- Having ambulance bills direct billed to NIHB.
- Support person for women having babies - position used to exist, but no longer filled
- Elder in residence
- Need access to doulas/midwives
- Need traditional teaching around childbirth
- Need medical drivers
 - i. Cutbacks
 - ii. Some will not drive due to nepotism/family feuds.
- Need medical language training.
- Need support for those who want to die at home.
- Need our voices heard.
- NSNWA should be part of the Nova Scotia Health Authority.
- Interpreters in hospitals.
- Mi'kmaq Health Liaison are pulled in every direction - need more.
- No doctor at crisis center.
- No one is talking about mental health issues
- Need more Indigenous healthcare providers.
- Need community garden.
- Tired of being surveyed with no results/change.
- Lack of transportation - hitchhiking is common.
- No case management for Methadone Clinic
- Need more harm reduction
- Issues with sharing needles.
- Racism from healthcare providers
- Can't access food banks in town
- St. Peter's (next to Potlotek) raises prices on ration/welfare day

- Child welfare system - in process of reform
- Social assistance program
- Doctors do not want to work here.

5. What is working/Available?

- Women together are powerful
- Healthy eating workshops
- Women are caregivers
- Exercise is medicine
- Have some L'nu doctors
- First L'nu male nurse graduating this spring (2020)
- Access to language and culture
- Prayers in Mi'kmaq
- Antigonish hospital asked if we would like our prayer leaders to come in - provided space and food.

Maternal Health

1. What is maternal healthcare like in this region?

- It's good but could be better.
- There is a gynecologist

2. Are doctors, midwives, and doulas accessible to those who need them?

- No, not that I'm aware of.
- Not offered.
- No midwives
- Used to have Mi'kmaq "midwife" in Potlotek

3. If not, how could maternal healthcare be made more accessible to those who need them?

- We need more doctors and nurses and support for people in our community to be able to see/support the new baby and mom.
- Not everyone has transportation, especially those on welfare.

Tubal Ligation / Contraception

1. Did you have your baby in a hospital in Nova Scotia?

- 6 x Unama'ki
- 2 x Antigonish
- 1 x Halifax
- 2 x Truro
- All participants at this session had their babies in a hospital in the region.

2. If yes, when?

- | | | |
|--------|--------|--------|
| • 1973 | • 1989 | • 1997 |
| • 1975 | • 1991 | • 2003 |
| • 1978 | • 1993 | • 2006 |
| • 1979 | • 1994 | • 2007 |
| • 1980 | • 1995 | • 2010 |
| • 1986 | • 1996 | • 2012 |

3. Before you had your baby, did you have regular checkups with your family doctor, obstetrician or midwife?

- Yes, by my doctor
- Most participants had regular checkups with a health care provider.
- Yes, non-Native care
- Now, Potlotek can get maternal health visits at health center
- Truro, had a midwife
- Its available
- If over 35, must travel to Sydney or GASHA for checkups

4. Did you ever talk with your doctor about the idea of having your tubes tied after delivery? Were other forms of contraception offered?

- No, not until after my second child was born.
- Yes, we talked about having a tubal, no other forms of contraception was not offered

- I had four grueling days of hard labour, and when my unborn went into fetal distress, they rushed me into the operating room and my dad who came to the hospital was misled and panicked and signed for me to be operated for a tubal ligation while he thought he was signing papers to save me and the baby because they told my dad we could both die and need for him to sign the papers right away! My father never had schooling, so he didn't know what he really signed. He thought he was trying to help save his daughter and grandchild under the orders of hospital staff of the St. Rita Hospital, led by the surgeon/gynecologist, Dr. Brennan who delivered the baby and performed the surgery without my knowledge or my consent.
 - Friend (Indigenous woman) wanted tubes clamped, but instead doctor cut/burned.
5. Did you or anyone you know (Indigenous women) have an experience related to the tubal ligation when you were pregnant in a hospital in Nova Scotia?
- Yes, several
 - Yes (self)
 - Yes (self)
 - Woman (Indigenous) did not know that she was sterilized until trying for years and then was told by specialist.

If Experience a Tubal Ligation:

1. If you or someone you know (Indigenous women) had conversations with the medical staff (nurses, residents, doctors, midwives) *before and after* your baby was born about having a tubal ligation,
- What were those conversations like?
 - The doctor said I should have a tubal because I couldn't carry my babies' full term. He said my body was rejecting the baby.
 - The doctor spoke to me in the hallway on my way to my c-section - pressured me into signing in minutes before my c-section.
 - Was told it was not healthy to have another baby.
 - Was told during 7th pregnancy that she should have an abortion.
 - Heard of women (Indigenous) being told that they cannot see baby unless they get sterilized.

- Was passed consent for c-section to sign and consent for tubal was included even though I repeatedly did not consent to having a tubal.
- **Did you feel pressured into having a tubal ligation?**
- No, not really.
- Yes
- Participants who said yes, felt pressured.
- **Were other forms of contraception's offered as an alternative measure?**
- Yes, the pill, but I couldn't get the right one - I always took a reaction from it.
- No (many said no)

2. How has this (having a tubal ligation) affected or changed:

- **Your life?**
- It was very hard because I wanted another child, but the doctor scared me or discouraged me, so I just agreed - I just felt bad.
- My periods are extremely heavy and painful - before the tubal it was normal, after the tubal it became unbearably painful and my flow is extremely heavy.
- It has mentally and physically changed me forever.
- Mourning/grief of not being able to have more children.
- Husband/partner mourning/grief not being able to have more children.
- Mourned the babies that I couldn't have.
- **Your relationships?**
- Later, in my life when I got a divorce and met up with someone else, I wanted to have another child with this man and couldn't - he also wanted to have one.
- I blame it for the added burden and stress in my marriage.
- Effects future relationships - if they want children.
- **Your feelings toward accessing healthcare (for example, seeing a doctor or going to a clinic or hospital) since the tubal ligation?**
- Not good.
- **Your feeling safe in a hospital or healthcare facility since the tubal ligation?**

- No
 - Yes
3. What changes do you think have to be made in the healthcare system to positively affect the health status of women, their families and their communities? / What are the barriers to maternal healthcare for Indigenous women?
- Language barrier
 - Make sure Mi'kmaq women understand/comprehend.
 - More doctors because there is so much isolation living on-reserve - difficult to access proper medical services.
 - Women are not told effects of hysterectomy/need for follow-up - ended up with cancer.
 - Always told, "doctor knows best"
 - i. They are superior/smarter etc. - colonization
 - Mother died of breast cancer - sought medical help and was told it was normal that breasts are different sizes - no exam. Went to family doctor (waited weeks for an appointment) finally sent for screening - stage four breast cancer.
 - Misinformation is prevalent - old wives' tales
 - Traditionally Elders would come to help and welcome baby - how do we bring this back?
 - Residential school affects our knowing of how to be a "good" parent.
 - Child apprehension - huge issue/fear
 - i. Women giving birth at home or in private for fear of child being apprehended
 - ii. Fear of involving ourselves with other/certain people/families
 - Hospital staff will not allow family to hold/stay with baby until DCS arrives.
 - Need more community support/programs/advocates to keep families together.
 - Intergenerational trauma
 - Need more post natal care
 - Need more teaching about women's health and sexual health.
 - Need more support for young moms

- Need to remove stigma of sex being bad/dirty - so not talked about
- Language barriers
- Need more support/programs for post-partum depression
- Birth Alerts are a huge issue in Indigenous communities.
 - i. Affect entire family, community, and child

Acronyms:

CBRG - Cape Breton Regional Hospital

GASHA - Guysborough/Antigonish/Strait Health Authority

CPS - Child Protection Services

DCS - Department of Community Services

MFCS - Mi'kmaq Family and Children's Services

NIHB - Non-Insured Health Benefits (for status Indians)

NSNWA - Nova Scotia Native Women's Association