



# Midwife of the Month Evelyn George

FOR HER DEDICATION TO THE  
ADVANCEMENT OF INDIGENOUS  
MIDWIVES AND INDIGENOUS  
PEOPLES' ACCESS TO MIDWIFERY  
IN BC



MIDWIVES ASSOCIATION  
of BRITISH COLUMBIA



*Evelyn George is a Nipissing-Anishinaabe registered midwife from Ontario, living and working in the BC Interior. She comes from a lineage of midwives on both sides of her family who used to work in the old ways. Today she is one of four working midwives in her extended family. As Indigenous Lead of the MABC, Evelyn George supports BC's Indigenous midwives in their work, nurtures aspiring Indigenous midwives on their learning pathway, and supports Indigenous peoples' access to midwifery care. She's also an avid snowboarder.*

### **MABC: Are Indigenous communities in BC accessing midwifery services?**

EG: Yes, though most Indigenous communities being served by midwives are located in an urban setting. In terms of non-urban reserve communities that are served, Haida Gwaii and Sea Bird Island, are our best-known examples. No other registered midwives are specifically working on reserve in BC. It will take quite a lot of work in our communities and with the First Nations Health Authority (FNHA) to increase that.

The good news is that the MABC has some great rural support grants coming out and hopefully we will be able to work with FNHA, and with the help of the grants, serve more people in Indigenous communities that are not urban.

### **Do you anticipate that more Indigenous communities will be served in the coming few years with the re-launch of the MABC Rural Start Up Support Grant program?**

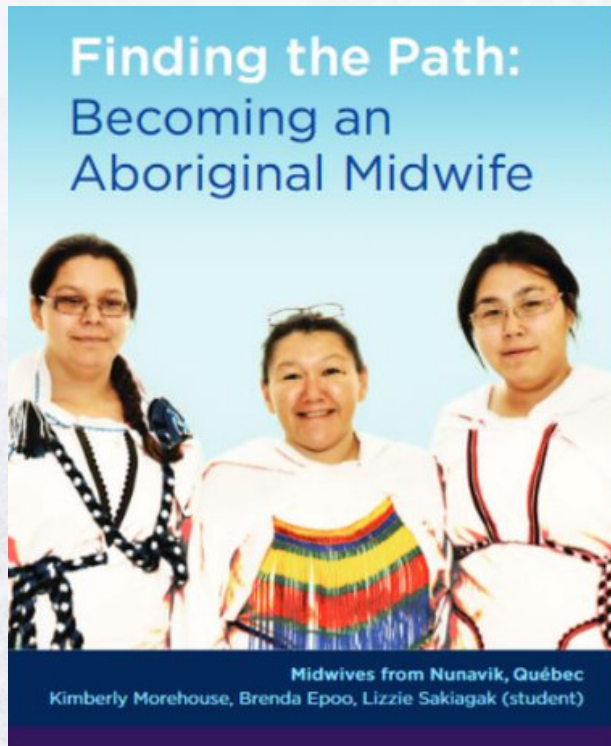
I really, really hope so. It all just depends on who applies for the grant. We can't make people want to work for communities on reserve but we can certainly encourage people to consider that as part of their work if they're working in an area that's close to reserve. There is a good opportunity there to create something unique.



## MABC: In terms of working with FNHA and the MABC, what needs to happen in order to bring birth back to Indigenous communities in BC?

EG: There is just so much to do and there are so many different angles that we need to take. In communities that have no access to midwives at all we are trying to create awareness of midwifery; trying to say, “You know what, in other communities there are other options. If you are being evacuated you might like to go to a community where you could have a midwife for your birth. Or, you might like to become a midwife and bring back birth into your communities.”

**By far the most meaningful way of bringing birth back is for someone within the community to take on the role of being a community midwife.**



*Click the above image to see the complete brochure published by NACM*

When a community has no access to midwifery care or maternity services even it's hard to say, “Guess what? Midwifery exists and all these people have this amazing service. But there's no immediate way of getting that to you.” It's hard to tell people what they don't have. We have to have answers prepared for them like, how are we going to make this happen? When we're talking about birth coming back to the community we're not always talking about midwives coming back to the community from where we are right now in this moment. We might be talking about doulas and about building back a birth culture, like the family being present and encouraging people to ask for what they need while we work on the midwifery piece.

**Encouraging cultural safety training to all members of the health care community so Indigenous people are closer to receiving the type of care that is closer to what they need so we can have a culturally safe healthcare system. We need a shift at the level of the system.**





When we or any organization promoting midwifery are approaching a community where there is really no chance for midwifery services right away but services could be offered there over time (for example: there is a hospital with a maternity ward at a safe distance) the approach we take is very different than in an urban community where our approach is one of action and timing.

The urban clinics fill up so quickly and Indigenous people seek health care services later, in general, for all health problems and concerns. This is partly cultural but is mostly set in distrust in a government system that fails Indigenous people in so many ongoing ways. And pregnancy falls into that category and you see people waiting until halfway through their pregnancy to reach out or they might go to the walk-in clinic and it might be a couple of months before they call a midwifery practice from there.

And it's mostly about the barriers to access health care but it can also be partly cultural. **Understanding the community you are hoping to care for is a really important way of creating access. In this circumstance we encourage clinics or midwifery groups to keep a spot or two open for Indigenous people who want to come in later in their pregnancy.**

Often Indigenous people don't have as much information. People say it is, "First come, first served," or they say, "The information is all online." But access to even online resources is different in our communities and for our people and that includes people who are in urban settings.

Just being aware that statistically we know our people seek care later means we should approach their care in a different way and ask ourselves — what can we do to make sure that when they do want to access care we have room for them? Unfortunately in BC with this phase of care model it works against this because it favours people who seek care at six weeks when they have found out they are pregnant. If they have a good experience with their pregnancy care they'll probably call sooner next time.



In terms of bringing birth back to our communities we really need our Indigenous midwives to be nurtured and supported to bring birth back to our communities because it's a big job and we know our communities best. We know that our communities are always asking for us and we need to be able to stand in that role in a strong way and do that work: to bring birthing back.

**MABC: Do you feel that there are changes to the fee code structure that could help increase access to care by Indigenous clients?**

If you are talking about salary-based midwifery care, then yes. I whole-heartedly believe this is an important approach to improving the kind of care we provide our Indigenous communities.

Partly because the needs are different and they don't fall into the fee codes necessarily. I fully believe that is important. Plus think of where our communities need midwives the most. You are not going to get necessarily a 60-person per year caseload but you might be working just as hard. The payment model for midwives serving Indigenous communities needs to be structured in a way that we can be there in a way our communities need us to be there but still to make it sustainable and reasonable enough for midwives to comfortably do our work.

**MABC: What keeps you motivated in the work you are doing as a midwife and as the co-chair of the Committee for Indigenous Birthing and MABC's Indigenous Lead?**

Most of the energy I get for this kind of work is actually from the students who come in and are super motivated and wanting to make change, and seeing our students coming from different communities wanting to bring birth back. Speaking as the NACM co-chair too because we see this all across Canada. The students are really wanting to pick this up and they really need the support of people with more experience.

I get a lot of energy for being that supportive person to the learners or to newer midwives. That's what keeps you fresh.







*Juniper Glass (interim NACM Coordinator), Nathalie Pambrun, Ellen Blais, Cherylee Bourgeois and Evelyn George*

Personally, I haven't been able to be a midwife in my community in the way I that I would have envisioned. In the way that I'm working I actually work out of town from where I live. It doesn't allow for really the amount of community engagement that I would like to have in either community. But it's inspiring to me to help others do that in all the different communities, all across Canada. Knowing I can make a difference for those communities means a lot to me.

**Could you talk a little bit more about your role in NACM? Could you share any interesting projects related to NACM?**

And even in a clinical setting when we have students it really keeps that fresh vibe to your work, and I think, "Yeah, this is exciting; this is important." But it's easy to fall into slumps once in a while.

**And NACM has grown, when I was a student in 2005 there was about 10 of us and now there is over 110 of us.** The acceptances in Ontario universities are huge and so we have a huge number of Indigenous students every year. It's just growing and growing and growing. It's really so inspiring.



NACM is a group of midwives who are Indigenous and working or learning as midwives and right now my involvement is that I am one of our co-chairs.

Being part of NACM for over a decade now, first as a student and now as co-chair, it's honestly like a huge family.

**What I love about being the Indigenous Lead in BC is being able to offer the kind of support that I've been offered by my NACM colleagues and to create a community of Indigenous midwives here.**

I was lucky because when I was a student I was in Ontario and I trained with Seventh Generation Midwives Toronto. I lived just up the road from Six Nations and many other Indigenous midwives and I felt supported and part of a family and part of something extremely exciting.

When I moved out here I found that there is nothing like it out here. There is no real supportive network. It's very isolating to be an Indigenous midwife in BC and I think that the inspiration for the Indigenous Lead came from the desire to create that for others recognizing the need in the students and midwives for that sense of community and support.

In BC we don't have as many opportunities to gather as in central Canada because the cost of travel is just so much more here. Indigenous midwives in Ontario (and we don't realize it out here) are meeting several times a year and there are a lot of them. People have this opportunity to connect that we often miss out on here. I really appreciate that sense of community that NACM has given me with other Indigenous midwives and the sense of solidarity that we have in persisting and pushing for our communities; always putting our communities first and recognizing that what they want comes first.



Not what we want.  
Not what the doctors in any given community want.  
Not what the system says we should have.  
Not what the government says they can offer.  
The community's voice is foremost: always the loudest, always the most important, always the thing that we uphold.

NACM has always taught me to put our people first.

NACM supports individual people and committees and projects that are happening in lots of places. And there are lots of them.

In Quebec, the Cree Health Board has started 3 new midwifery services in Cree communities and that is really exciting.

We have a partnership with Save the Children Canada and we're working on strategies to collaborate to push our communities forward just that little bit more and get our midwives more active.

Aboriginal Midwifery is...  
**RESPONSIBILITY**

Aboriginal midwives are responsible for upholding the values of Aboriginal midwifery through reciprocal and equal relationships with women, families and their communities.

Evelyn Harney is a midwife in the Okanagan Valley, British Columbia

**NACM**  
NATIONAL ABORIGINAL COUNCIL OF MIDWIVES

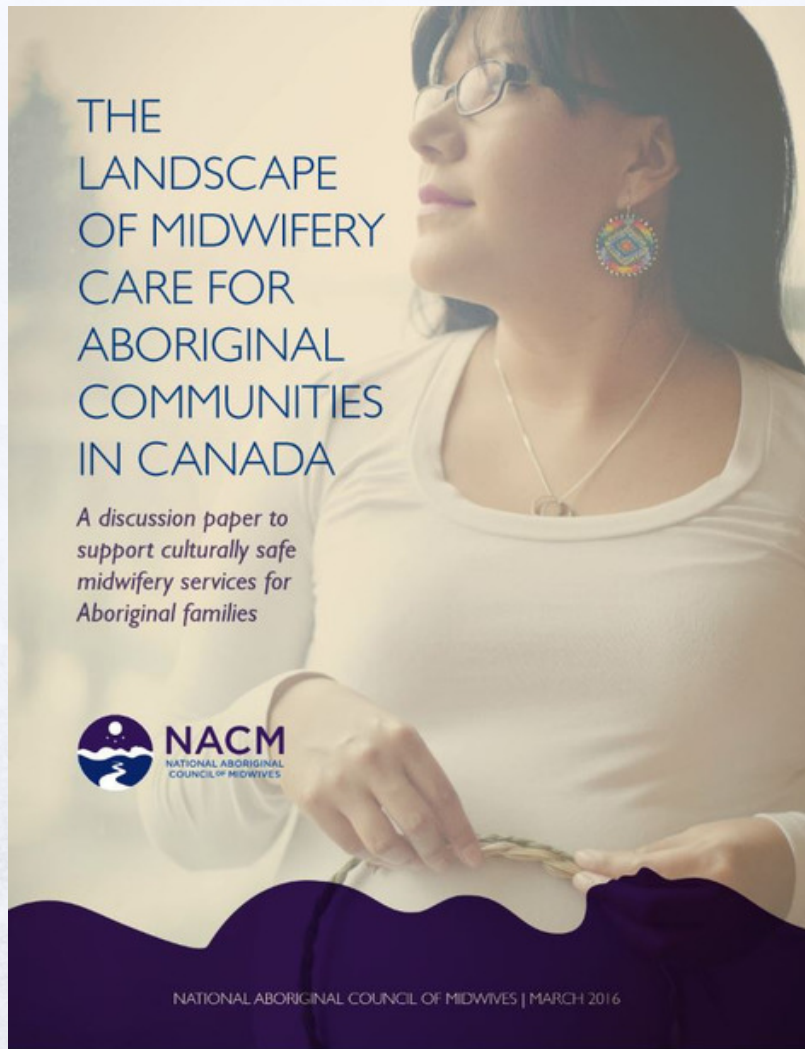
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*Evelyn George on NACM poster series. Click the above image to view the entire series and other available resources*





We meet with the federal ministers and I'm very lucky because I have a skilled colleague who's willing to go and do that for us, she's the former co-chair, Ellen Blais. And after those meetings there is always follow up for example, do we develop a paper on this? We had our report published in March 2016, "The Landscape of Midwifery Care for Aboriginal Communities in Canada", a discussion paper to support culturally safe midwifery services for Aboriginal families, that has been received very well and the federal government has taken notice. This is really exciting.



*Click the above image to read the full Landscape of Midwifery Care for Aboriginal Communities Report*

We partner with other organizations, sit on various committees for a variety of projects and develop policy. The most important thing NACM does is support each other.

What I really love about NACM is that we are not afraid to say that we really believe in Indigenous midwives; our vision is, "Aboriginal Midwives Working in Every Aboriginal Community."

We really truly mean that. All of our communities need somebody from within their community to do this work. Partly because we think that makes for the most accessible and appropriate care but also because it's our right. Indigenous peoples have a set of rights that Canada has signed onto with the United Nations and having those traditional roles and the freedom to teach and learn in those roles are a part of our rights.

**Our communities have a right to access the traditional methods of taking care of ourselves and each other. Our children have a right to be raised in that way. It's all connected.**



## MABC: What are your thoughts on collaboration between registered midwives and traditional Indigenous midwives?

In BC it is complicated in the sense that there is no culturally safe official way of recognizing traditional Indigenous midwives or birth attendants. And we're looking at time and place and what was available when the exception clause (which enables Aboriginal midwives to work outside of registration) was decided on in Ontario. My approach in BC would be not so much to have a program like Six Nations (that's what everybody is talking about). And that's what everybody will talk about, "There's Six Nations, and it is a great example, and let's do that: get the exception clause and let's do that."

But we create the same set of problems that we already have if we do that and we're not ready for it. And our context is totally different here. People are very spread out and our communities are small. You create this kind of colonial structure of people having to leave their homes, to go to another place to learn this way and they're expected to follow that and then they will be recognized. And that's just not an appropriate thing to ask people to do, even if it's a cultural program. Don't get me wrong, a cultural program would be amazing, but we can't be only thinking of that one thing as a solution.

With the set of rights that we have teaching and learning are really important but time and place are also very important to us. **It is important for people to stay in their communities, or as close as possible as they can. If we had room, if Indigenous midwives were able to be mentored, and that was held outside of institutional parameters I think that would be one way to open the door to traditional Indigenous midwifery in BC and it would also give us an opportunity to make sure people are really well supported and resourced.**

When people work in isolation, it's never going to be optimal. It's never going to be when they're not supported and not resourced.







*Past NACM Co-Chair Ellen Blais, Mohawk Elder midwife Katsi Cook & Evelyn George*

Everybody needs support sometimes. There is always the question of safety too, but I think the question of safety applies to everybody even if you're registered and attended a Canadian university. We're always going to be concerned about safety. But aside from that, working in isolation is never going to be an optimal situation for any health care provider or for any community receiving that kind of care. It's just not going to be the best care possible.

**I really believe our communities need the best care possible because we're starting from a point of having poorer health outcomes with fewer resources.**

We need the capacity and the motivation to lift our communities up from under. When it comes to something like Indigenous birth attendants or traditional midwives and our relationship we can't erase them from the picture. Our traditional people have rights, and our people also have a right to traditional kinds of care. An exception is important, it's also a really big conversation.

What also concerns me is that our Elders are not always passing on traditional knowledge to the next generation and if the next generation are not in a position to use that knowledge it's not knowledge that gets held in the same way as if you were able to use it right away.



So take your traditional midwife. They could tell a family member all about traditional midwifery but unless that person is able to apply that knowledge and use it and make it relevant, it's just not going to be consolidated in the same way to be passed on. This is why traditional Indigenous midwifery is important and why we need to do more to keep this knowledge alive.

**What has happened with our traditional knowledge is that a lot of it is gone and what is left of it not all of it is being passed on. And what is being passed on not all of it is being used. So we have this incredibly valuable resource and if we want to bring birth back to our communities and we want it to look like our births could look we need to support culture and birthing and we need to support the people who are looking to do that work. We need to do it in a way that is honest and open and safe. It is a matter of cultural survival.**

Does that answer what you are looking for?

**MABC: Absolutely.**

**We want to time the release of our profile on you with National Aboriginal Day. What does that particular day mean to you?**

EG: What does National Aboriginal Day mean to me? I don't remember when it started. I'm going to be in Toronto at that time so there is probably going to be something fun going on. It doesn't mean a lot to me but it is really nice that people have a day where they pay attention to us.

It's kind of like the, "Everyday is Earth Day," thing. I feel like every day people should recognize Indigenous people in the sense that every day we are living in a colonial context and so every day people should have a general awareness. Some people don't think about it at all and then they're like, "What's this National Aboriginal Day?" It's fun because there are usually lots of community events going on and things like that. Yes, it's an opportunity for people to gather but you wish it was more than that.





I think that, as Indigenous people we feel, I know I feel, like a squeaky wheel. Like, “Oh, she’s talking about this again.” And I see that as my job, and I guess that technically is now that I’m working for the MABC! [Laughs] It is my job to raise this issue, and say from our perspective this looks this way or you should probably know that in our communities this works this way, and constantly shine that light.

You do feel that people are annoyed or bothered by it and just wish that the problem would go away. National Aboriginal Day is the one day you can get out there without that reaction or that feeling like it’s an inappropriate time to talk about ourselves. And it’s also a time people can see us in a positive light because we’re out celebrating in a cultural way.

**MABC: I’m curious if you are aware of other countries where midwives are serving Indigenous communities that you would look to as a model for BC?**

EG: I think that everybody is working on it everywhere. I hear interesting things about Australia and New Zealand, also Mexico, but at this time I haven’t done any visiting and I don’t know what communities are saying.

I do know that a lot of Indigenous midwives turn to NACM as an example and they turn to the Canadian Association of Midwives (CAM) as an example of how the midwives in Canada are working with the Indigenous midwives. And, I know that our opportunity at the International Confederation of Midwives Triennial Congress this year in Toronto is huge to showcase that relationship and that working together but also uniquely from one another.

**What we hear from different countries is that the Indigenous midwives are struggling: struggling for recognition and struggling for access to more resources and more education and that it is really difficult.**



## **MABC: Is there a way that non-Indigenous midwives can support the work that the Committee for Indigenous Birthing is doing in BC?**

In terms of supporting the committee work, well, we should actually be considering the membership as more of a resource. The most important way that midwives can be helpful to the committee is probably by being open to learning and also by letting us know what the issues are in their area for Indigenous peoples' access to care so we can focus our efforts in a way that makes a difference.

Midwives have a further reach than our committee members and so if we have anything that requires that reach then definitely we'll put a call out.

## **MABC: How can the public learn more about Indigenous midwives in Canada?**

NACM has a supportive member category and people can visit our website for further information and to download the toolkit and Landscape Report: <http://aboriginalmidwives.ca/>

There are people on the other side of the website so if people are asking questions very often they end up in my mailbox and we'll make sure people are getting the information they are looking for.

## **MABC: Is there anything else that you'd like to add?**





I want to make sure to communicate a message for midwives to consider Indigenous midwives and Indigenous student midwives as an asset; consider that we can be enriching to the midwives in the province but also potentially in your own community and that we can bring something really special to midwifery care.

I want to say we are an asset not a threat, but I feel that I don't want people to take that the wrong way.



*From left to right: Annie Tukulak & Elisapi Tukulak are mother/daughter, Rachel Dennis & Carol Couchie are mother/daughter, and Evelyn George who is related to them by a common midwife ancestor*

**I just want to emphasize that Indigenous midwives and Indigenous students are an asset to the community of midwifery and the province. We're an asset to our communities.**





**Also that cultural safety translates to the workplace and the learning environment as well. Be aware that people in our care are not the only people impacted by colonialism, consider that we are part of a larger context and also that we are all in this together.**

It is a real pleasure to be in this role and to build the community up and the support up for Indigenous midwives. Just a shout out to everyone who has been supportive as well.

I also wanted to speak to all the Indigenous midwives in BC. A lot of people feel they have to be really culturally traditional to feel like they belong in the community of Indigenous midwives. I just want Indigenous midwives to know that you are welcome to be part of this community just exactly how you are. People should know that everybody comes from a different place and that it is a respected part of being who we are as Indigenous people.

The fact that I can be here to open some doors and let other people come through them and then open other doors beyond that is really amazing. That's the whole idea.



*Photo taken in Haida Gwaii at the Old Masset Health Centre in midwife Shannon Greenwood's office*



BC Midwife of the Month is a monthly profile series presented by the Midwives Association of BC. This series honours practicing midwives for their extraordinary contributions to current issues facing the profession and serves to introduce the public to a broad spectrum of midwives working in BC.

