

Resurgence of Indigenous Nationhood:
Centering the stories of Indigenous full spectrum doulas

by
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Abstract

The relationships that maintain and sustain cultural continuity and wellbeing for Indigenous peoples have been disrupted by hundreds of years of colonial violence and destruction. As a result, for Indigenous peoples who give birth, there has been a severing of essential relationships, limiting access to and support from knowledge keepers for reproductive health needs. Recently, the practice of Indigenous full spectrum doulas has emerged and supports a reclamation of Indigenous reproductive health practices grounded in Indigenous knowledges and practices. This study explored experiences of Indigenous full spectrum doulas providing culturally grounded reproductive care for people across Turtle Island by asking the question: How does the work of Indigenous full spectrum doulas contribute to Indigenous resurgence?

An Indigenist Re-search Bundle guided the re-search, which used natural conversations to gather stories about the experiences of Indigenous full spectrum doulas. Thirteen Indigenous full spectrum doulas shared stories about how they support people across a spectrum of reproductive outcomes and Indigenous resurgence. These stories are represented in the Indigenous Resurgence Knowledge Bundle and in the poems created through the use of Indigenist poetic inquiry. For each doula there are two poems, one presents a teaching gathered by sitting in *mamâhtâwisiwin* (deep contemplation) with the stories of participants in order to gain *nistohtamowin* (understanding) and one poem shares a reflection on my learning from each of the Indigenous full spectrum doulas.

The findings suggest that the work of Indigenous full spectrum doulas supports Indigenous resurgence by building and strengthening relationships between Indigenous peoples, with their lands and plant medicines, and with ceremonies. Relational ways of being and doing have been central in the stories shared in the Indigenous Resurgence Knowledge Bundle. Building and being in relationship were central to *how* they engaged in their work. The stories expressed the responsibility we hold to be accountable to our relationships and to remain vigilant to care for one another: humans, plants, animals, waters, and lands. By fostering meaningful relationships across each of these areas, Indigenous full spectrum doulas hope to support sovereignty over Indigenous bodies and lands.

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Dedication

This dissertation is dedicated to Cassidy, Dakota, Parker, and Chris.

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Chapter I: Making Introductions

Introducing the Re-search

In Canada and the United States Indigenous people who give birth have been impacted by structures of oppression that have restricted and regulated sovereignty over their own bodies (Cidro, Doenmez, Phanlouvang & Fontaine, 2018; Finestone & Stirbys, 2017; Smith, Varcoe & Edwards, 2006). This regulation has been coupled with disruption of access to and continuity of traditional birthing knowledge and relationships. This chasm has been perpetuated by Indian residential and boarding schools, the 60s scoop, land removals and forced migration, and the regulation and medicalization of pregnancy and other reproductive outcomes. The imposition of western medical systems has assessed Indigenous peoples as high risk, rationalizing the removal of birth from local communities and ultimately ignoring the structures that have perpetuated these inequities (Bowen & Pratt, 2018; Cidro et al, 2018; Smith, Varcoe & Edwards, 2006). These judgments of risk and success are subjective and contextual to the worldview making these assessments. The measure of risk and success through western conceptions of health, risk and success can be misaligned with Indigenous knowledges about reproductive health. Interventions imposed by western medical care have weakened traditional birthing relationships, knowledge, and practices for many Indigenous Nations.

Indigenous Nations across Turtle Island continue to assert their sovereignty through actions of self-determination and self-governance (Cannon, 2018; Corntassel & Bryce, 2018; Lawrence, 2018; Tabobondung, Wolfe, Smylie, Senese & Blais, 2014). These assertions of sovereignty mutually support and influence the reclamation and remembering of practices that support body sovereignty. The work of Indigenous full spectrum doulas has emerged over the last decade across Turtle Island. This work is a mechanism through which body sovereignty is

being reclaimed and supported. Full spectrum doulas provide support for all reproductive health needs and outcomes. Indigenous full spectrum doula work includes ways of building and being in relationships grounded in cultural practices, teachings, and ceremonies that connect people to Indigenous knowledges for reproductive health (Cidro et al, 2018; Gilpin, 2017). These cultural revitalizations provide a platform for reproductive justice (Finestone & Stirbys, 2017).

Reproductive justice is about eradicating inequalities to ensure all people have access to knowledge and resources to make decisions for their health, gender, bodies, sexuality, and families (Bey, Brill, Porchia-Albert, Gradilla, & Strauss, 2019). In the work of Indigenous reproductive justice, Indigenous full spectrum doulas mobilize Indigenous knowledges to support their work (Finestone & Stirbys, 2017). The resurgence of teachings and knowledge for all reproductive outcomes could serve to strengthen the health of Indigenous Nations. This resurgence could also support resilience against inequitable and racist experiences many Indigenous peoples encounter in health care systems.

The concept of a doula or a birth helper is not new across many societies. A doula provides physical, emotional, and educational support before, during, and after childbirth. Their scope of work can include psychosocial support, education, health promotion, and supporting the birthing person's personal and cultural expectations for childbirth and transition to parenthood (Dekker, 2017; Hanley & Lee, 2017; Hodenott, Gates, Hofmeyr & Sakala, 2013). Indigenous full spectrum doulas also look to cultural ways of knowing, being, and doing in order to build strong communities of support. Most research about the impact of doulas has focused on health outcomes for the birthing person and baby based solely on western indicators of health (Dekker, 2017; Hanley & Lee, 2017; Hodenott et al., 2013). Current literature about doulas themselves indicates that this profession is largely dominated by white women (Ducklow & Cohelo, 2016;

Lantz, Low, Varkey & Watson, 2005). While this may be the case, it is more likely that practicing Indigenous full spectrum doulas are not registering with regulatory bodies such as DONA International where most studies have originated. This means that Indigenous peoples are significantly underrepresented in studies to date. Consequently, it is understood that there is a gap in published literature that centers the voices and experiences of Indigenous people who care for others in birth work.

The ongoing colonial project has produced long term intergenerational impacts that have profound effects on the physical, mental, spiritual, emotional, and social health and wellness of individuals and communities (Allan & Smylie, 2018; Truth and Reconciliation Commission of Canada, 2015). For Indigenous birthing people and their families, the imposition of health legislation, policies, funding, and the corresponding lack of accessibility to resources has caused distress and negative events in their pregnancy and birth experiences over generations (Bowen & Pratt, 2018; Cidro et al, 2018). Opportunities to support healthy pregnancy outcomes are certainly needed: however given the historical context and current inequities experienced by Indigenous peoples we must examine *who* is providing this care, *how* they are trained, and how this can be a *relationship* that supports wellness beyond pregnancy and birth. Indigenous full spectrum doulas work from a foundation of Indigenous ways of knowing, being, and doing. Their work is strength based, trauma informed, and is provided to all people with an understanding that reproductive needs are unique to each person (Cidro et al, 2018; Gilpin, 2017; Ireland, Montgomery-Andersen & Geraghty, 2019). Based on my understanding of the work of Leanne Simpson (2011) and the processes of Indigenous resurgence, I believe that the reclamation and strengthening of Indigenous ways of being and doing into how we care for people who give birth can contribute to Indigenous resurgence. The purpose of this dissertation

is to understand the practice of Indigenous full spectrum doulas and if their work contributes to Indigenous resurgence and a re-integration of culturally congruent care for people who give birth.

A Note on Language

This dissertation uses the terms and variations of pregnant people, birthing people, and people who give birth in resistance to the largely gendered framing of birth experiences to date. Using gender inclusive language is only one step in providing culturally relevant care for all people who are pregnant, give birth, and/or become a parent. We must understand the violence of binary assumptions in reproductive health support for people who are two-spirit, gender non-confirming, non-binary and transgender. Cree Scholar Alex Wilson (2015) reminds us:

recognition and acceptance of gender and sexual diversity is reflected in the language, spirituality and culture of my own people. Our Cree dialect does not include gender-distinct pronouns. Rather, our language is 'gendered' on the basis of whether or not something is animate (that is, whether or not it has a spiritual purpose and energy. (p.2)

From an Indigenous worldview grounded practice that offers full spectrum of care it is critical to acknowledge the gender binary that has been perpetuated and to be a part of a decolonial process for untangling this binary from reproductive health and birth experiences. One challenge in this writing will be the gendered language in direct quotes where this intention is not possible. I also acknowledge that I am learning and will continue to learn. While my intention is to unlearn the binary that has been enforced in gendered language, I will make mistakes. When I do, I will apologize, reflect, and will learn from these mistakes.

Introducing Myself

For me, Indigenous resurgence is a critical priority for our health as individuals, families, and Nations. Similar to other Indigenous re-searchers (Absolon, 2011; Kovach, 2010; Hart, 2010; Wilson, 2008) my motive and purpose in this re-search are personal. I am in relation to the

search that I am undertaking, and this influences every decision and action that I take in the project. To me, this means I must show that I am knowledgeable and capable of attending to the spirit of the work. This means I must demonstrate that I am accountable to my relations and to the knowledge holders with whom I collaborate. I must demonstrate my accountability to my communities. I must honour the stories and hold the relationships I build in highest regard through my actions. It is my hope that by sharing pieces of my relations, experiences, and motivations, I begin to demonstrate my connection to the spirit of this work. My motives are rooted in the intent to radically shift the trajectory of future generations - to ensure groundedness in community, identity, and belonging. This intent is intimately linked to my own transformative journey with community, identity, and belonging and with what I hope will be a piece of the web we are building to support Indigenous resurgence. And so, I will begin by sharing pieces of my own story.

My name is Gladys Lorene Rowe. I am Muskego Inninuwak with mixed ancestry and a member of Fox Lake Cree Nation in Northern Manitoba. I am named after two grandmothers, Rita Lorene Hykaway and Gladys Moose. My parents are Debbie Anderson and Michael Lawrenchuk. My parents met in high school in Gillam Manitoba in the mid-seventies. They married after my brother was born, and then they were on again and off again until I was about nine years old. A story I learned as an adult. My paternal family is Cree, Ukrainian, and Irish and my maternal family is Norwegian, English, and Irish. The influence of these ethnicities on who I am is important to note, as the weight they carry in my identity are not equal. By beginning my introduction stating that I am Muskego Inninuwak with mixed ancestry, I am naming the central role that being Muskego Inninuwak plays in my identity. I am the oldest child and grandchild on both sides of my family. I have a brother who I was raised with and a sister and two brothers

who were raised with their moms. I spent my childhood in Gillam and Winnipeg, Manitoba before I moved to Edmonton to finish off junior high and high school. As I write this work, I am living with my partner Chris and our three children Parker, Dakota, and Cassidy just outside of Seattle in the occupied territories of Coast Salish peoples and the lands of Duwamish and Suquamish peoples specifically. I am learning what it means to live in good relations on this land and with the people of this land every day.

I would say that my younger years were characterized by transition. I tried one time to recall the names of each of the schools I went to and the neighbourhoods we lived in as I was growing up. It took a lot of effort and still I am uncertain I have it all correct in my head. I do remember that many times in my childhood my aunties and cousins would come and live with us. I loved having a full house. I have a strong recollection of my cousin MaryAnn doing my hair for school pictures; I think it was grade 1. She placed me on the handlebars of her bike and dropped me off that afternoon for school. I also remember eating a pomegranate for the first time with her. Such a strange fruit and I was captivated by it. It was hard work to release the precious seeds from the peel to enjoy the tart squirt of juice and to send the seed flying as it transformed into a projectile from between my pursed lips. I still think of her when I see a pomegranate. I also remember when it was just my mom, me, and my brother. It was lonelier. My mom worked hard, often two jobs, to support us. My brother Michael and I were often left on our own or hauled into my mother's work and placed at a table with things to keep us occupied while she worked. I actually remember these trips to work fondly. She worked at the cafeteria at the University of Winnipeg. Her co-workers would spoil us with treats, and we would get to help in the kitchen. I remember the family events they would host in the winter for staff: a children's Christmas party and sledding parties. My mom found a community of people when she worked

there and we would often be invited to houses for dinners, skating parties, birthday parties, and other celebrations.

The last time I remember my dad living with us was just after my Granny Gladys passed away, around the time when I was in grade 3. It's funny to me the threads and associations that memory makes across and between stories, clumping them together in ways that make them feel connected. For me the stories connected to that townhouse in St. Norbert include the time my brother jumped off a small overhang out of the second-floor window with a cape on, to prove he could fly. He could not. My mom had built us a small playhouse in the back yard and he chipped his tooth on the edge of it on his way to the ground. In that house I also remember sitting at the top of the basement stairs listening to my dad and his band rehearse. I loved hearing dad sing and play guitar. Even today when those songs come on the radio I sing along and the memories come rushing back. It was also the house where my Granny came to stay with us, and where she passed away in her sleep one night. It was shortly before she was to get her pacemaker battery replaced. I remember being told she died of a broken heart. Now as an adult, I know my family meant she was lonely for her husband William Moose who had passed on just before I was born. In my dreams the night before, my Granny came to me in my doorway. It felt so real, but I know it was a dream because she spoke to me in English, a language that she did not speak. Granny told me that it was okay, I was going to be alright. Thirty-two years later, I still hear her words and know that what she told me is true and serves as a guiding beacon. The vision of her remains strong in my memory.

I think about the stories of families – and how my own memories have both supported and betrayed me. I recall my family history, the patchwork of stories stitched together. The stories I have been told, the experiences that I have had, and the missing pieces that I cannot pull

from anywhere inside my brain. I feel a sadness for the lost stories. As I examined this sadness, I began to recognize the power of stories. Stories can act as an anchor or as roots, connecting us to our sense of who we are, where we come from, how we belong, and our purpose in this lifetime. The sense of purpose I feel and why I am drawn to this re-search comes from two main sources. First, the connection I feel comes from my recognition of the power of stories to serve as beacons of hope, understanding, and belonging. Second, it comes from my recognition of the importance of self-awareness, self-efficacy, and healing for the survival and wellness of future generations. This can be translated through the experiences that we have during pregnancy and birth forward into how we parent children in our families and communities. This time period can be an opportunity for healing, connection, and transformation and can contribute to a broader goal of Indigenous resurgence.

As I have learned more about Indigenous resurgence, I have reflected on my own experiences of pregnancy and birth for our three children and what I have learned about birth in my family stories. I have paid attention to the stories of friends and community members when they speak of pregnancy, birth, and parenting. I could hear in the telling of these stories, experiences of pain, frustration, anger, joy, celebration, pride, connection, and disconnection. I could see the impact that medical professionals, health care systems, and expectations of what it meant to give birth influence the choices people felt that they had or could make about their own reproductive health. Each and every one of us has a birth story, a story of how we came into this world. For some of us this is a story we are very familiar with; for others this story may never be known. Presence and absence in these stories hold power in our life journey.

I know broken pieces of my own birth story. I was ushered into the world via a police escort as my dad ignored speed limits and traffic lights on the way to St. Boniface hospital in

Winnipeg, Manitoba. My mom says I took forever to get here. After a hard labour I was delivered via cesarean in the evening on the last day of April in 1979. I don't know many other details about her pregnancy with me: what she craved, if she talked or sang to me, if she had a birth plan, who was in the room with her. I wish I knew more of these stories. In the stories that are told from when I was a baby, one of my favourite is how I was bathed by my grandmother in a deep orange roasting pot. From what I can tell in the pictures my grandparents came shortly after I was born to visit. I can see this orange pot and my grandmother bathing me easily in my memory. It is captured for eternity in a photograph that I cherish. Photographs hold so many stories. One of my favourite things to do as a child was to flip through my grandparents' photo albums and listen to them recount the stories held between the covers. Through the inevitable yearly moves, my mom held onto this pot – a reminder of the story about me that it carried as she cooked sauces, roasts, and stews. I remember her still owning this as I left home to enter university. Even through all of the moves some things would always be held. My mom was an exceptional cook: she taught me so much as I worked alongside her as she ran cafes and did catering. After my mom's brain injury in 2014 required us to move her into a personal care home, I was sure the orange pot was there in the boxes as we packed up her apartment to store at my grandparent's farm. But I cannot be too certain as it was a hectic time. I search my memory: did my hands pack this safely into a box?

My first nights on this earth were spent sleeping in a dresser drawer, another story that travels with me from my childhood. I imagine we lived in a small one-bedroom apartment in Winnipeg, and impossibly I can conjure into my memory the dresser drawer. At the time of my birth, my grandfather was finishing a crib for me. He is an exceptional craftsman. When it was complete, I graduated from the dresser drawer to my crib. The crib is a workhorse filled with

memories, a legend in my family. It has protected the sweet dreams of my brother and so many of my cousins. When our three children were born, I was excited to bring the kids home to this crib in the nursery we decorated. It became a staple in our home as well. I have strong memories of the kids, as babies, sleeping peacefully in the crib after feedings, watching them from my rocking chair through the spindles. As they grew, we would find them in the mornings sitting up in their cribs waiting for us, so pleased with themselves. I can recall each of them closing in on a year old, standing and bouncing on their crib mattress, holding on to the rails giggling and ready for the day. One of my favourite stories connected to that crib is when our youngest, Cassidy, was in the crib while I was having a shower one morning. I tasked Parker and Dakota, ages 4.5 and 2.5 at the time to keep her occupied while I spent two minutes cleaning up. Two minutes was all it took for chaos to ensue! I came out to find Cassidy covered in thick white waterproof diaper cream from a tin that Parker and Dakota had handed her. It was caked in her hair and all over her arms, legs, railing, and crib sheet. Diaper cream is waterproof, and Cassidy's hair was thoroughly protected from diaper rash. There have been many laughs recounting this incident. Still sturdy and strong, the crib now rests in the basement of my aunt's home, waiting for another baby to be born.

My grandmother had my mom, her first born, at the age of 21. My mom had me when she was 21. I had our first child, Parker, when I was 22. Chris and I had been married for two years, I had just finished my social work diploma from Mount Royal College and had been working in a drop-in center in downtown Calgary just before he was born. Dakota was born 20 months later, with Cassidy following in another two years. Usually around the time of their birthdays each year, I share stories of the day they were born. Pregnancy and birth are a time that I loved so deeply. I felt so connected to those experiences. I loved resting my hands to my

stomach, feeling each of them move, talking to them, and telling them stories. Chris would lay his head on my stomach and sing a song or read a book. I didn't have my family with me in Calgary, so many of my memories are of the two of us dreaming and planning – our excitement (and fear) woven through our conversations. Years later I would come to learn more about teachings and ceremony that come during this time for people who are pregnant. I felt sadness that I did not have these types of stories and practices and a strong nurturing presence from other women and caregivers in my life. I can see starkly the individualism that characterized this time and the difference that deep values and practices of communal care, preparations, and celebration could have offered. In the Indigenous full spectrum doula training that I completed in August 2019 I learned about a postpartum letting go ceremony from Rhonda Grantham, a midwife and herbalist here in Washington state. A story that almost brought me to tears in the training. I could have used that space held for me, with medicines and darkness, with warm water and healing. I can imagine the healing I would have done in a space like that to speak and cry and let go of anything I was holding on to from my birthing experiences. It is the continued recognition of moments like this that I know my work must contribute to people having access to this culturally grounded reproductive care.

I don't remember ever attending prenatal classes, but I do know I read all of the books I could find. Checking out all of the *What to Expect when you are Expecting* books from the library and anything else that I could get my hands on. This was pre-Facebook, pre-Google, and pre-looking for all of the answers on the internet. During that time birth was expected to happen in hospitals and the only birth attendants I knew of were OB-GYNs. I sought out a doula during my first pregnancy. A doula was something I read about and I felt I needed someone who could be in the room with me and Chris. It was a gut instinct. As a young family it was expensive, but

we made it work. I remember when I started to have contractions for Parker, a late evening in November. There was excitement and nervousness, and great appreciation when the Doula arrived at our home in Calgary. It was so reassuring that she knew immediately how to be a support. She told Chris to get some rest and ran me a warm bath. I remember her hands on my back when the contractions would come in waves of energy across my abdomen. She was a calm and consistent presence. She was supportive and made me feel more confident in my own abilities. She knew when it was time to head to the hospital and how to make the space for me in the birthing room to be present and connected during my labour. While she did visit with us a couple of times to get to know us and talk about a birthing plan before Parker was born and once after, I really could not tell you her name. I really could not tell you what she looked like. But I can describe to you how she made me feel. That feeling of her gentle presence is deeply ingrained in my recall even today.

My other two pregnancies and births were different. We were still living in Calgary and they were born at the same hospital. I cannot tell you for the life of me why we did not choose to have a doula for our next child Dakota, I think it was the cost at the time. For Cassidy, our youngest, I felt like I had it all “under control”. During a weekly prenatal checkup in the last weeks of my final trimester before Dakota was born the doctor decided that I may not have enough amniotic fluid and sent me for an ultrasound. In retrospect I wish I had a doula to help me ask the right questions in this moment, so I could understand the processes being described to me. I read all of the books – but that knowledge flew out the window with the doctors and nurses in my room. It was decided I needed to be induced. It did not feel much like a decision, it felt like a proclamation. Later, when they broke my water during the induction the nurse noted that there was clearly enough amniotic fluid. However, the process had begun. The induction made

the contractions come hard and fast, and I remember going completely inside of myself for his birth. In the birthing room at the hospital I spent a lot of time rocking back and forth in a chair and in the shower, feeling the soothing water. It calmed me down and allowed me to focus. I felt deeply intuitive during this time and listened to what my body was telling me. My labour lasted 5 or 6 hours. When it came time for Dakota to be born, I was exhausted from the contractions. There were so many things happening at once, it felt chaotic and out of control. Any peace I had felt hours earlier had disappeared. After pushing for some time, the doctor used the vacuum to assist in his birth and Dakota did not cry right away. I was scared and it was hard to hear what was happening. He was taken away and hooked up to machines for monitoring once they cleared his airway and they determined that he would breathe on his own. We had to stay for a couple of nights at the hospital and I remember not sleeping at all. Each time he would wiggle or squirm the nodes attached to his chest and head would make the machines beep and I would awaken with fear that something was wrong. I could not wait to get out of there and it was a relief when we got to go home. Going home was peaceful and refreshing and Parker was excited to help us care for his new sibling.

A couple weeks shy of two years later Cassidy was born. This time I almost gave birth in our van! I woke up to contractions early in the morning, the sun was just coming up, it was Canada Day. I remember feeling like we would have time to get the kids up to have breakfast and to get them ready to go to their grandparents. In the next 20 minutes I could tell that I was very, very wrong. Chris rushed to get Parker and Dakota awake and into the van, sleepy eyed and in their pajamas. Chris sped to the next community over and his parents met us at the van to grab the kids. I was holding on to the handle in the van for dear life trying not to scream so I would not scare the kids. By this time maybe 15 minutes had passed. From the house to the hospital

Chris drove one hundred kilometers an hour and through all of the red lights. Luckily there was no one on the road just after six in the morning on Canada Day. We were getting close to the hospital and I was feeling the overwhelming urge to push. I was going to have a baby in the van! Chris pulled up to the front of the hospital ran for a wheelchair and pushed me in the front doors. The nurses did not believe I was far along until I got to an examination table. They immediately wheeled me to the birthing room and I started pushing. Chris was still out parking the van, but Cassidy was not going to wait any longer. She was born a few minutes after Chris made it back into the room, a little over an hour from me waking up with contractions.

These are the stories I share with our children. The songs that we sang, the food that I craved, the love that we had for them even before we held them in our arms. The way that each of them sat with their little hands and ears on my full belly in anticipation for one another. They are the gifts that came down to us from the stars. The stories of pregnancy and birth are ones that I hold deep and close to my heart. The connection I have with my children began even before they were conceived. In the intention to parent and love them in a way that nurtured their spirits. It was about the time that Parker was born that I started to have words to describe and understand my relationship to colonization, decolonization, traditional teachings, medicines, and knowledge keepers. This spark of knowledge would start in my time at the University of Victoria in my Bachelor of Social Work with an Indigenous specialization and continue to where I am today exploring Indigenous resurgence. This dissertation is born from way back then and will continue as I transition into other roles in my family and my community with this knowledge.

Over the years, I have talked about taking a doula training. The impact of the doula for Parker's birth sparked a passion for supporting people through this journey. Along the way there were too many other priorities and I never did get around to it, even as I would search out

trainings every so often on the internet and imagine it was possible. I was reintroduced to this work and my heart sparked when I was working with the Winnipeg Boldness Project. We were able to partner with and support a pilot project that trained Indigenous doulas in the North End of Winnipeg. Like so many other things I have been able to support in my life, I come to these opportunities wanting to offer whatever knowledge, support, and resources I can. Knowing that in my own small contribution, I will hopefully nurture something that will support people in a way that I wish I had been able to be supported myself. It truly takes a collective community to ensure that Indigenous ways of knowing, being, and doing are firmly rooted for future generations.

Several years later through what some would see as a stroke of luck, I had the wonderful blessing to complete an Indigenous full spectrum doula training in Seattle, Washington last August. I however recognize the significance when “things just come together”. It is not by accident nor luck. The training was delivered by Melissa Brown and Candace Neumann, two of the people who designed and delivered the training and mentorship back in Winnipeg. Melissa and Candace now train Indigenous full spectrum doulas and birth workers across Canada and the United States through Zaagi'idiwin. This organization offers Full Spectrum Indigenous Doula Training, Indigenous Midwifery Workshops, Breastfeeding Education, Healthy Sexuality Workshops, Youth Mentorship, and they are Indigenous Maternal Child Health Consultants. The training in Seattle was the beginning of Daybreak Star Doulas in Seattle and King County led by Camie Goldhammer. Camie, who holds a Master of Social Work, is also the founder and chair of the Native American Breastfeeding Coalition of Washington, and a National leader on topics of racial equity and first food justice. She has also designed and leads Indigenous Breastfeeding Counselor training. As I will describe later in Chapter 3, each of these leaders has graciously

agreed to walk with me in this work as a community advisory circle to support my relational accountability to the community of Indigenous full spectrum doulas.

My story of Indigenous resurgence includes the work of reclamation of Indigenous ways of knowing, being, and doing around reproductive justice, pregnancy, birth, babies, and parenting. It includes finding spaces to use my knowledge and gifts to support others, who also work towards the same goals. It includes amplifying stories, so that together we can re-member who we are, where we come from, and our purpose in this life's journey. This dissertation is one that comes from a deep heart space. Working on my PhD is not something I ever thought would be possible. As I graduated high school, I knew that I wanted to work in an area that would be helpful for my family and my communities. At first, I thought this would be in social work, but as time went on, I struggled to find a space for myself in that work. It has taken a long journey to get here, and many people to support me to get here. I knew that there was something fundamentally wrong in the way that the helping systems were structured when I began to feel like a keeper of resources that would never be enough for the need that has been created. I did not have a name for colonialism, racism, or inequity – but I sure felt and saw the impacts. In my yearning to make substantial change to these systems I have wound up here, through the deep support and encouragement of Indigenous and allied mentors who recognized a spark and have lifted me up through their own work.

I wanted to take a moment to pause and reflect on my role in research and how I have come to understand myself in relation to this term. Researcher is a heavily weighted term that alongside the term social worker is ever present in my mind. These are two deeply colonial words that relay a history and relationship of power between Indigenous and non-Indigenous peoples (Hart & Rowe, 2014; Sinclair, Hart & Bruyere, 2009; Smith, 2013). Knowing this

history and that systems do not change of their own free will, I came into this space of the academy as a researcher, instructor, and scholar wanting to contribute to something different. As I started to learn of Indigenous research methodologies, a particular term stood out to me that helped to reclaim knowledge gathering as a useful and fundamental method that is congruent with Indigenous peoples. Anishinaabe scholar Kathy Absolon (2011) describes the hyphenated term re-search as a process of looking again, where our location and ways of searching are used to gather knowledge. Re-search is an act of resistance and resurgence, where we, as Indigenous peoples “re-search, we re-write and re-story ourselves” (Absolon, 2011, p. 21). I use the term re-search in this manner throughout the dissertation when centering the work of Indigenist re-search.

Importance of the Study

Ultimately, I am doing this work for Indigenous people. For Indigenous doulas, students, graduate students, scholars, community members, family and ancestors to come. The stories we hear, learn, and tell are central to who we are as a collective. This collective is what is pivotal to resurgence. In this way, my hope is that this dissertation will contribute to the broader goal of resurgence. Voice, representation, and the epistemological frameworks that guide re-search are all issues of critical importance for Indigenous peoples. Secondly, being an Indigenous re-searcher and scholar, I know that public health, social work, and community development lack re-search designed and led by Indigenous peoples, using Indigenous epistemologies and methodologies. This means that education, program development, evaluation, funding, and policy decisions are being made without this important knowledge. Our realities are not being consistently and meaningfully considered when decisions are made about what to prioritize for who and how.

Research continues to show the importance of doula care in producing positive health outcomes. Considering the impact of colonization on health, relationships, and socioeconomic outcomes for Indigenous peoples, it follows that this is an essential area for our families and communities. It is important for us to learn more about the benefits of Indigenous full spectrum doula care on outcomes that support indicators of health and wellness as defined by Indigenous Nations. Indigenous sovereignty over birth work happens through reclamation of Indigenous ways of knowing, being, and doing. This is a way of relating in the world that centres Indigenous people's experiences and ensures that the health of future generations builds on connection to family and community. Building this knowledge base will ensure that people needing reproductive health support are well resourced to access care from Indigenous full spectrum doulas. Imagine the social, emotional, spiritual, and mental health and outcomes if Indigenous full spectrum doula work was *supported* to foster Indigenous resurgence. We can begin to do this by learning more about experiences of being an Indigenous full spectrum doula: learning more about what motivates people to do this work and how they centre Indigenous values, knowledges, and ceremonies in doula care.

Chapter Outlines

The following section provides an overview of each of the chapters in this dissertation. Chapter two provides an overview of current literature related to this re-search. I begin by identifying the factors that have led to control and regulation of Indigenous peoples' reproductive health. I describe the emergence of the concept of reproductive justice and consider what this movement means for Indigenous people who give birth. Expanding on the move to reproductive justice for Indigenous peoples, I connect to the work of Indigenous full spectrum doulas and suggest that the connection of Indigenous systems of knowledge and practice could

contribute to Indigenous resurgence. Chapter two includes an overview of doulas as birth supports, how doulas are trained, the benefits of using a doula in postpartum health outcomes, and the demographics of people who work as doulas. Next, I explore further the pedagogy and scope of practice of Indigenous doulas. Chapter two closes with a section covering implications for this re-search.

Chapter three describes my development and use of an Indigenist paradigm informed by my Muskego Inninuwak worldview as a foundation for this dissertation work. The second section of chapter three describes an Indigenist Re-search Bundle, how I have gathered my re-search bundle, and the methods that I hold in my bundle that could be helpful in my knowledge gathering for this dissertation. The third section in the chapter describes my use of the Indigenist Re-search Bundle and a relational methodology. The final section in this chapter describes the re-search design and the re-search question: *How does the work of Indigenous full spectrum doulas contribute to Indigenous resurgence?* I also provide details about participants, the recruitment strategy, and the story gathering processes. Following this, I outline the meaning-making process in which I use Indigenist poetic inquiry. I describe the emergence of Indigenist poetic inquiry as a re-search method that draws from Indigenist poetics and poetry in arts-based research. I close the chapter with a summary of the limitations in this re-search.

Chapter four presents the results of my meaning-making in thirteen sections, one for each of the Indigenous full spectrum doulas whose stories are included in this dissertation. Each section begins with an introduction to the doula, the context of our conversation, and the knowledge they shared. Each of the thirteen sections also includes two poems, resulting from my use of Indigenist poetic inquiry, one to represent a teaching and one to represent my reflection on each story. These are presented as results of my meaning-making. At the close of these sections,

I share my overall reflection about what I have gathered and will carry with me in my bundle from my time with each of the Indigenous full spectrum doulas. The final section of the chapter provides a summary of key learning and makes connections to the current literature.

Chapter five concludes the dissertation by closing up the Indigenous Resurgence Knowledge Bundle with a reflection on the context in which I gathered these stories. Next, I outline my use of Indigenist poetic inquiry and potential implications for interdisciplinary research. Then I move to a discussion where I reflect on Indigenous resurgence and what I have learned about the work of Indigenous full spectrum doulas as contributors to this overall goal. In the final sections of this chapter I share my recommendations for social work practice implications based on these stories and outline directions for future re-search.

Chapter II: Finding Pathways to Resurgence: Practices of Indigenous Full Spectrum

Doulas

Chapter two presents current literature that has informed the development of this research. One of the many mechanisms that has supported the ongoing colonization of Indigenous peoples across Turtle Island has been the control over our reproductive health. In an effort to resist this control, Indigenous full spectrum doulas are working to revitalize relationships with land, knowledge, ceremonies, and practices that support reproductive justice, strong families, and strong communities. The first section of this chapter provides the historical context for the work of Indigenous full spectrum doulas. This includes impositions on reproductive health that perpetuate inequities and undermine the necessary relationships for self-determination and strong communities. In an effort to counter these inequities, Indigenous reproductive justice provides a framework to support the work of Indigenous full spectrum doulas. Section two describes what is written in the literature about the role, benefits, and demographic characteristics of doulas as birth attendants in Canada and the USA. It is important to note that this literature does not include specific information about Indigenous full spectrum doulas across any of those areas. Section three focuses on the pedagogy and practice of Indigenous full spectrum doulas which is informed by Indigenous beliefs and practices which include teachings about connection to land, medicines, and ceremony. Finally, I present the Indigenous full spectrum doula's scope of care. The final sections are largely possible due to publicly available community literature, with a significant silence in academic sources.

Control over Indigenous people's reproductive health

Through ratification and enforcement of legislation and health and social policies, Lee (2012) asserts that Indigenous peoples have been systematically removed from lands,

knowledges, and relationships necessary for communal continuity. Further, this author states that these separations have occurred physically and relationally and have resulted in expropriations of and removal to other lands. These separations have severed us from fundamental knowledge systems that inform and reinforce our worldviews. Relational separation, according to Lee, has been perpetuated by the imposition of patriarchal and binary values within colonial belief systems. These separations undermine relationships to knowledge and force assimilation – removing us from land and place (Lee, 2012).

Indigenous peoples' reproductive knowledge and rights have been impacted by separation from these relationships and intergenerational structures of oppression. In the first half of the 20th century, reproductive health knowledges and access to traditional relationships were disrupted through the actions of colonialism including Indian residential and boarding schools, the 60s scoop, land removals and forced migration, the regulation of Indigenous bodies, and medicalization of pregnancy and birth (Cidro, Doenmez, Phanlouvang & Fontaine, 2018; Tabobondung, Wolfe, Smylie, Senese & Blais, 2014). For Indigenous pregnant people in Canada, birth has changed dramatically over the last 50 years. Until the 1970s many Indigenous people were able to give birth in their own communities with the support and knowledge of aunties and grandmothers who held these birthing knowledges. They held traditional birthing practices that have been passed down through generations. The centralization of western models of healthcare has resulted in systems of maternity care that require Indigenous pregnant people to travel to access labour and delivery care, dissected and removed from traditional knowledges (Bowen & Pratt, 2018; Tabobondung et al, 2014). In Canada and the US, the imposition of western medical care has been dominated by judgements of risk – where Indigenous peoples' birth was judged as risky because the practices and norms did not align with western medical

practices. This resulted in a belief that western technologies, interventions, and procedures are necessary to ensure successful childbirth where successful has been and is determined by Western society, not Indigenous peoples or Nations. While Indigenous definitions of success in reproductive outcomes may have areas of overlap with Western societal definitions, there are likely significant differences related to Indigenous understandings of pregnancy and birth. As a result of these differences the imposition of Western interventions has caused a disconnect between traditional birthing relationships, knowledge, and practices in most Indigenous Nations.

Indigenous Reproductive Justice

Indigenous reproductive justice is one of the many strands of Indigenous resurgence. Reproductive justice, “reproductive health integrated into social justice” is a term that emerged at a meeting of a Black women’s Caucus at a pro-choice conference in Chicago (Luna, 2011). As a result of the mainly white pro-choice movement that was taking place in the United States, women of colour gathered to center their concerns that were beyond this movement –resulting in the formation of SisterSong Women of Color in 1997:

by 16 organizations of women of color from four mini-communities (Native American, African American, Latina, and Asian American) who recognized that we have the right and responsibility to represent ourselves and our communities, and the equally compelling need to advance the perspectives and needs of women of color.
(SisterSong.net)

Reproductive justice encompasses the right to parent, not to parent, and to raise children in healthy and sustainable environments. It is a framework to understand reproductive oppressions and inequalities that women experience individually and as members of communities. Bey, Brill, Porchia-Albert, Gradilla, & Strauss (2019) assert that reproductive justice is about transforming these inequalities to ensure all people have the resources to make decisions for their health,

gender, bodies, sexuality, and families. Indigenous reproductive justice, as described by Finestone and Stirbys (2017) is a framework that defines how colonialism and the structures that maintain colonialism are implicated in oppression and inequalities. The authors further assert that achieving Indigenous reproductive justice is about resistance and decolonizing these structures to ensure access to resources to make decisions for self, family, and community. Mississauga Nishnaabeg scholar Leanne Simpson (2011) adds that this is also about resurgence of Indigenous ways of being based on Indigenous knowledges and philosophies. The relationships that we have with one another, with the land, with Indigenous knowledges are all bound up with the sovereignty we hold over our own bodies (Cidro et al, 2018). Finestone and Stirbys (2017) signal that we are in a moment of mobilization:

Today, we find ourselves in a historical and political moment in which community mobilization for Indigenous reproductive justice is quite literally on the rise; many communities are coming together to signal the importance of bringing customary birth practices back to their territories and regaining agency over life giving as a whole. (p. 193)

Indigenous communities across Canada and the United States continue to assert their sovereignty through community-based actions of self-determination and self-governance. A cultural revitalization supports greater social change and also provides a platform for effective and efficient methodologies related to reproductive justice.

Indigenous Full Spectrum Doulas & Resurgence

Resurgence is a process of becoming, again. Indigenous resurgence is a movement that has been building for generations. In *Dancing on our Turtle's Back* Leanne Simpson (2011) describes Indigenous resurgence, where, in order to understand who we are as a people and as Indigenous Nations we must “re-establish the processes by which we live who we are within the

current context we find ourselves” (p.17). These contexts which we currently find ourselves within are settler colonial states of Canada and the United States. These contexts have produced and continue to reproduce structures of removal, oppression, and violence. Simpson (2011) further stresses that in order to re-establish the processes and frameworks to live as Indigenous peoples we do not need permission, ripe political climates, nor funding. Rather, “we need our Elders, our language, and our lands, along with vision, intent, commitment, community, and ultimately action” (p. 17). This will take significant intention and focus.

In the work of Indigenous reproductive justice, Indigenous full spectrum doulas are examples of resistance and resurgence through mobilization of Indigenous knowledge. Bey et al (2019) define a full spectrum doula is a professional who provides emotional, educational, advocacy, and physical support through a person’s reproductive lifespan. This includes all pregnancy outcomes including abortion, miscarriage, and adoption. Indigenous full spectrum doulas are looking to cultural ways of knowing, being, and doing in order to build strong communities of support from the prenatal through the postpartum periods and beyond.

Cidro et al (2018) note that while the term doula is unfamiliar in many Indigenous communities, birth helper, sister, or auntie are all terms that have been used to describe a similar role that community members held prior to the medicalization of birth for Indigenous people. Indigenous midwives, Indigenous full spectrum doulas, community birth workers, and community health workers have taken on roles to support Indigenous people to learn more about their bodies and to make decisions based on this knowledge for their own health and wellness.

Bowen and Pratt (2018) advise:

There is an urgent need to find ways to support cultural birth experiences to increase comfort for women wherever they give birth, either in their home community, regional centre, or in an urban hospital. This requires that care providers and administrators honour the UNDRIP [United Nations Declaration on the Rights of Indigenous Peoples]

and the TRC [Truth and Reconciliation Commission] by valuing birth traditions and by increasing the number of Indigenous maternity care providers. (np)

Indigenous full spectrum doula training has contributed to this resurgence across Canada and the US, building and reestablishing Indigenous ways of knowing, being, and doing.

Doulas as Birth Attendants

The concept of a doula is not a new one: derived from a friend, a community member, or an auntie who would provide support during pregnancy, labour and birth by sharing their knowledge and experiences. The emergence of the role of doula as a paid professional in a specialized non-medical role in labour and birth within the healthcare system, however, is more recent (Dekker, 2017; Hanley & Lee, 2017; Hodenott, Gates, Hofmeyr & Sakala, 2013). A doula is trained to provide physical, emotional, and educational support before, during, and after childbirth. Their scope of work can include psychosocial support, education, health promotion, and supporting the birthing person's personal and cultural expectations for childbirth and transition to parenthood (Hunter, 2012; Klaus & Kennell, 1997; Ireland, Montgomery-Andersen & Geraghty, 2019).

Doula Training

Training and credentialing of doulas is completed through a variety of organizations. Most often training is accredited by, and doulas become certified through, DONA International or Doula Trainings International (DTI). DONA International was founded in 1992 and identifies itself as the leading certification organization. The organization has trained over 12,000 doulas in 50 countries. DONA is a non-profit organization that serves its members to carry out their mission of "a doula for every person that wants one". DONA trains and certifies birth and postpartum doulas while DTI also includes full spectrum doula and childbirth education

trainings. DTI, a grassroots effort, was founded in 2011 and has over 300 members. The organization claims: “With a network of educators, our team has trained thousands of birth workers across the US and internationally, with a commitment to autonomy, radical inclusivity, reproductive justice, collaborative entrepreneurship and intentional growth”

(<https://doulatraininginternational.com/our-story/>).

While DONA is one of the largest training organizations, it is limited in its scope of doula practice as it does not provide full spectrum doula training. DTI does provide full spectrum doula training and training is accessible both online and in person. Full spectrum, as an identifier, encompasses values and principles within a social justice framework that intersect to provide doula companionship to pregnant people (inclusive of their gender identities) throughout the many reproductive experiences. This can include childbirth, miscarriage, surrogacy, adoption, abortion, and stillbirth (Ireland et al, 2019). Basile (2012) identifies that the role of doulas can include social activists and agents of social change with designations of full spectrum doula:

Doulas working in the reproductive justice model are shaping new directions in the priorities of birthworkers, and forging connections between birthworkers and activists for causes such as LGBT rights, abortion rights, prisoners’ rights, and economic and racial justice. I argue that by reimagining the reach of doula work, these doulas are drawing necessary connections to social justice issues that are often left overlooked in the childbirth reform movement, which often tends to focus on medicalization as the primary issue. (Basile, 2012, p. 6)

Rather than seeking to determine the impact that doulas can have in resisting the medicalization of birth, Basile (2012) asks about the contributions the doula movement makes to social justice.

The recognition of these complex racial, gendered, and structural contexts can allow full spectrum doula work to align with values of Indigenous resurgence.

Benefits of Doulas

Research has demonstrated the benefit of continuous doula support for the health of the baby and birthing person, where the birthing person reports increased satisfaction, positive birth outcomes, and no known harms (Hodenott, Gates, Hofmeyr & Sakala, 2013). Continuous support during labour has been shown to reduce the length of labour, the need for pain medication, the rate of cesareans and other invasive interventions (Dekker, 2017; Hanley & Lee, 2017; Hodenott, Gates, Hofmeyr & Sakala, 2013). Additionally, this continuous support has been shown to extend into the postpartum period with increased satisfaction, mother/baby attachment, and successful breastfeeding (Dekker, 2017). A diverse care team in labour and birth, where the provider has a similar racial or cultural background, has also shown improved outcomes for the birthing person. This includes “quality of communication, comfort level, partnership, and decision-making in patient practitioner relationships thereby increasing use of appropriate health care and adherence to effective programs, ultimately resulting in improved health outcomes” (Hardeman & Kozhimannil, 2016, p. 778).

Kolahdooz and colleagues (2016) systematically reviewed published literature on Canadian women’s experiences and perspectives of maternal healthcare during pregnancy, childbirth, and the postpartum period. The review found that Indigenous women’s maternal health was influenced by factors that include “limited local healthcare resources, healthcare services that did not consider co-existing socio-economic and lifestyle barriers to health and the impact of colonization on the relationship between healthcare providers and Indigenous women” (Kolahdooz et al, 2016, p. 342). Cultural traditions, geography, and impact of colonization in a community influenced Indigenous women’s maternal healthcare experiences across both rural and urban locations. Considering this, culturally safe care programs are seen to be positive

solutions to enhance maternity care for Indigenous women. “Positive experiences involved patient-provider interactions that were based on respect; free of judgment; holistic; and demonstrative of an understanding of the cultural context” (Kolahdooz et al, 2016, p. 343). The integration of Indigenous birthing knowledge and practices into maternal healthcare can support self-determination, leadership, choices, and control (Kolahdooz et al, 2016). Doulas can work to address systemic barriers by fostering autonomy, self-determination, and impacting Indigenous peoples’ inequitable experiences in healthcare (Eni & Rowe, 2011; Smith, Varcoe & Edwards, 2006). Any response - policy or intervention - that is designed to meet the needs of Indigenous pregnant people must be informed by Indigenous community members to align with the values described and to best meet local needs.

Who is a Doula?

Doula practice has been cited as a practical approach to fixing the inevitably ‘broken system’ of medicalized Western maternity care (Ireland, Montgomery-Andersen & Geraghty, 2019). With strong evidence that continuous support during childbirth is associated with a range of improved maternal and infant outcomes, doula care appears to be in continued demand and fills a care gap that current midwifery practice in hospitals struggles to close (Ireland, Montgomery-Andersen & Geraghty, 2019). While the value of doula care is represented in health outcomes literature (Dekker, 2017; Hanley & Lee, 2017; Hodenott, Gates, Hofmeyr & Sakala, 2013; Kolahdooz et al, 2016), there is a minimal understanding about the demographics of practicing doulas. In a descriptive study completed with DONA trained doulas in the United States, researchers found that their sample was largely populated by white, well-educated, married women with children, living in urban areas, in upper-middle-income households (Lantz, Low, Varkey, & Watson, 2005). Lantz et al (2005) similarly found that the clients described by

survey participants were 84% white, 6% African-American, 7% Hispanic, and 3% other ethnicities. While DONA does provide certification, they are not the only certifying body, and practicing as a doula does not require certification. These factors pose a challenge in understanding the demographic background of doulas and the clients that are being served.

Likewise, in Canada, there are limited publications describing the demographic characteristics of those in the doula profession. In a report on the Doulas for Aboriginal Families Grant in British Columbia, Ducklow and Coelho (2016) found that of the 82 doulas who are pre-approved through the grant to work with families in that province, 5 are Indigenous. A barrier identified in this instance is the requirement for the doula to be certified by an accredited training program in order to be approved for reimbursement to support a family (Ducklow & Coelho, 2016). Identifying who are practicing Indigenous full spectrum doulas and how they meet the needs of Indigenous people who give birth is largely unrepresented in the literature.

Various states across the USA including New York, Oregon, Washington, and Minnesota are at different stages of designing and implementing Medicaid reimbursement programs for families accessing doulas for maternal healthcare (Bey, Brill, Porchia-Albert, Gradilla & Strauss, 2019; Everson, Crane & Nolan, 2018; Kozhimannil, Vogelsang & Hardeman, 2015; Sturtevant & Firth, 2019). It is unknown whether Indigenous doulas trained in Indigenous-centered trainings (not accredited by DONA) will face barriers in becoming approved providers to support families in their birth journey. Further, training is an area of divergence when it comes to the importance placed on certification and accreditation through international bodies such as DONA International. Many Indigenous doula trainings assert the positive attribute of the un-regulation of the training. The rationale for this includes, increased accessibility for lower income participants, increased ability of the training to be designed organically to meet diverse

community needs, and the importance of the training being designed by Indigenous women for Indigenous women as a tenet of Indigenous self-determination (Ireland, Montgomery-Andersen & Geraghty, 2019). Un-regulation counters colonial over-regulation over Indigenous lives and ways of being.

Linking certification to funding is an accessibility issue that may also impact what is known about practicing doulas. With an understanding of the role, benefit, and current demographic characteristics of doulas in Canada and the USA, I will move to explore further the specificity of this work within an Indigenous context.

Indigenous Doula Pedagogy and Practice

Significant community level work has been undertaken in the organization, training, and support of Indigenous doulas. While the following section does include a review of academic publications, most of the work is represented outside of academic publications with the remaining majority of resources held in gray and web-based literature. This is likely due to the lack of funded research in this area and community leaders prioritizing sharing their experiences and learning through community accessible sources.

An Indigenous doula pedagogy challenges the epistemological dissonance that occurs when Indigenous peoples become students within mainstream education systems (Ireland, Montgomery-Andersen & Geraghty, 2019). For example, training provided by DONA was critiqued as lacking understanding of community practice contexts and as missing perspectives on racism and a decolonizing approach to doula practice (Gilpin, 2017; Ireland, Montgomery-Andersen & Geraghty, 2019). Demand for training and support of Indigenous doulas has increased as the movement of Indigenous birth work and reproductive justice has surged from Indigenous Nations, organizations, and people across Turtle Island. Danette Jubinville, one of

four founding members of ekw'i7tl, an Indigenous birth worker collective, describes the history of birth work in Indigenous Nations across Canada and the USA. Sauleaux-Cree Métis scholar and doula Erynne Gilpin (2017) suggests that while the use of the term doula is not familiar to many Indigenous peoples, caregivers who provide culturally specific support for Indigenous peoples is a critical element of a healthy community that has existed for generations. The teachings that many Indigenous doulas carry come from Indigenous mechanisms of knowledge transmission including spending time on the land, in ceremony, and learning from traditional teachers and Elders (Cidro et al, 2018; Gilpin, 2017; Ireland et al, 2019).

In their chapter titled *Indigenous midwifery as an expression of sovereignty* (2014), Rebeka Tabobondung, Sara Wolfe, Janet Smylie, Laura Senese, and Genevieve Blais share their stories of birth and birth work as they worked to open an Indigenous birth centre in Toronto, Ontario. Each of the author's reflections centre the spiritually grounded and sacred nature of pregnancy and childbirth, the acts of resistance and resurgence in reclamation of Indigenous birth, and the transmission of Indigenous knowledge that occurs during pregnancy and beyond:

Regardless of all of the other things that happen at a birth, the transition of a baby coming through the door of the spirit world and into the physical world is considered a ceremony for the mother and child, and for her family and community. (Tabobondung et al, 2014, p. 82)

Birth as ceremony is a teaching that has been shared in community contexts and demonstrates the value held within Indigenous worldviews about this time in the life cycle. As stated by Cidro et al. (2018):

In Manitoba, Canada, Indigenous people are reclaiming traditions and strengthening circles of care and support by becoming trained as Indigenous doulas or birth workers. The doula training itself can be understood as a model for meaningfully engaging pregnant women as well as future birth workers through celebrating, training, and validating their own experiences and expertise over their bodies. The role of Indigenous doulas as transforming how Indigenous women understand the power of their own

bodies, their connection to culture and kinship networks, and the political space they occupy cannot be understated. (p. 6)

Cidro et al (2018) describe the training of a cohort of Indigenous birth workers through the Manitoba Indigenous Doula Initiative (MIDI), also known as Wiji'idiwag Ikwewag, in a partnership with the Winnipeg Boldness Project. Through this project, nine of the twelve doulas were interviewed to identify how to address the needs of doulas and the Indigenous families with whom they worked. The authors outline three main themes emerged - each theme identified challenges in the mainstream health care system. These included: prior negative birthing experiences, clashes with mainstream health and social services, the role of doulas as advocates, and empowerment/disempowerment. In response, the doulas identified themselves as mediators between women and health care professionals. Cidro et al (2018) noted that the doula's work included re-centering "Indigenous women's autonomy, knowledge and boundary making during the birth process. One way to characterize this is body sovereignty" (p. 5). The authors describe body sovereignty as the ability to access and refuse care that is not congruent with their wishes or beliefs, to be connected to previous and future generations through ceremony, and to strengthen and empower their own sense of self and their connection to and relationship with the world around them.

Indigenous Birth of Alberta provides services for Indigenous families, communities and organizations in addition to mentorship for birth workers. Their goal is to improve birth outcomes and experiences for Indigenous women and families. Working from Indigenous epistemological foundations also means that collectives of birth workers are more than a business model. Rather it is a community of support that allows for collective knowledge and gifts to be shared. This contrasts with a DONA model where certification is based upon individualized birth work. In the summer of 2019 in Seattle, a cohort of over 30 Indigenous

doulas were trained. Daybreak Star Doulas was recently formed and includes two full time Indigenous doulas on staff with many more trained volunteers. The mission of the program can be viewed from their Facebook page, “through culturally relevant doula care, we reduce the personal, cultural, and systemic barriers that disproportionately affect Indigenous parents while strengthening the bond between parents and connections to the community” (n.d.).

There are a number of places where Indigenous doulas are being trained to provide support to Indigenous peoples who give birth. The Yiya Vi Kagingdi Doula Project began in 2008 through the TEWA Women’s Project work with people in Rio Arriba County and the Tewa Pueblo Homelands in New Mexico. The Saskatoon Mothers’ Centre Doula Program began in 2019 and train community women to provide educational, emotional and physical support during pregnancy, labour and birth and early postpartum. The Changing Woman Initiative, through the leadership of Nicolle Gonzales, partnered with Zaagi’idiwin to train Indigenous doulas in the Navajo Nation in October 2019. Zaagi’idiwin is led by Melissa Brown, Anishinaabe-Dine Midwife and Candace Neumann, Indigenous doula, and has been providing trainings across Canada and the USA for several years. These few examples show the increased mobilization of Indigenous birth work and reproductive justice over the last decade.

Scope of Practice

Indigenous doulas’ scope of practice includes reclamation and support of cultural practices by using Indigenous knowledges, traditions, and connection to ancestors. Latimer (2018) outlines that these practices can include drumming, fanning with eagle feathers, ceremonial singing, practicing ceremonies (related to placentas, umbilical cords and community connections), spritzing of sacred/cedar water, medicinal teas, prayer and storytelling, medicinal

oils, and music. The author also notes that grounding birth work in Indigenous ways of knowing, being, and doing is also connected to Indigenous sovereignty over land and bodies. This is a resistance to the ongoing colonization of Indigenous ancestral lands and bodies. Ireland, Montgomery-Andersen, and Geraghty (2019) further explain sovereignty over land and bodies, where Indigenous doula practice “resists the ongoing colonisation of women’s bodies and ancestral lands, to promote cultural resilience and survival. Indigenous doula practice overtly encourages women and their families to connect to pre-colonisation ways of being, doing, and thinking” (p. 54).

Ireland, Montgomery-Andersen and Geraghty (2019) compared best-practice qualities of Indigenous healing programs to Indigenous doula practice and illustrated considerable overlap. This finding lends itself to the assumption that Indigenous doulas will contribute to intergenerational healing. These key features include:

- Indigenous doula practice is developed to address issues in the local community - often the removal of childbirth [from the community] and the loss of culturally appointed childbirth companions
- Initiatives are driven by local Indigenous leadership
- Informed by an understanding of the impact of colonisation and intergenerational trauma and grief that has impacted childbirth and women’s reproductive experiences
- Based on both evidence and theory that continuous support during childbirth is associated with improved maternal and infant outcomes, and that Indigenous childbirth knowledge has successfully sustained countless generations before colonisation
- Combines Western methodologies (including trauma informed therapeutic practice) and Indigenous healing (strengthening connection to culture, country, family, and community) during childbirth
- Indigenous doula care is proactive in preventing the perpetuation of ongoing harm during childbirth and reproduction rather than reacting to the poor maternal and infant outcomes. (p. 56)

The observations of Ireland et al (2019) begin to verbalize the potential for the work of doulas to contribute to Indigenous resurgence.

Implications for this Research

There is a renewed understanding that birth is not only a deeply connecting community event, but also a political act that inspires the continued assertion of Indigenous identities and sovereignty. (Tabobondung, Wolfe, Smylie, Senese & Blais, 2014, p. 71)

As I reflect on the onslaught of colonial processes, structures, and dislocations that have occurred in order for Indigenous people who give birth, life givers, to be systematically removed from the very relations that are to hold us sacred and safe, I feel an overwhelming sense of grief. In Canada and the USA, the prevention of Indigenous peoples from being in deep relations with ancestral lands and waters has occurred through enforced relocations, expropriations, and separations imposed on individuals, in families, and on communities. Not only have the physical, mental, spiritual, and emotional mechanisms for relationality been severed, so too have the foundational beliefs about what it means to be valued - as binary gendered relationships and belief systems were imposed. This undermines how we know who we are and our responsibilities for being in relationship with one another and the land and waters around us. However, even in this grief, I have an abundant sense of hope. Elder Maria Campbell shares that as Indigenous peoples working towards resurgence, we are also at a new beginning. “A new cycle is starting – it will be a hard one, but in the end a powerful one... What will save us in the end is coming together and putting our stories together... we will start a new kind of healing” (as cited in Tabobondung, Wolfe, Smylie, Senese & Blais, 2014, p. 71).

This chapter outlined what has been written in the literature and in the community about doulas, the role and potential medical benefits, and the training and certification of doulas as a profession. While improved medical outcomes for the birthing person and baby are shown through doula care, investigation of possible social, emotional, mental, and spiritual outcomes are important for Indigenous peoples. The reproductive rights of Indigenous peoples who can

give birth have been regulated by imposed colonial legislation, policy, and medical practices. This regulation has resulted in a disconnect in relationships necessary to support strong individuals, families, and communities. Indigenous resurgence is a process of becoming, again. This process is being seen in the reclamation of traditional knowledges and practices for reproductive health including in the emergence of organized training and support of Indigenous full spectrum doulas. While the health benefit of doulas is well founded in the literature, this work often excludes a more holistic view of the benefits of doula care. A significant gap in the literature also exists in understanding the training, roles, and practices of Indigenous full spectrum doulas. What is shared has been largely through grey and web-based literature. Indigenous full spectrum doula care, which includes holistic, cultural, and spiritual practices that engage with local traditional knowledges, is becoming more prominent.

Beyond the practice of Indigenous doulas within the western framework, there is an emerging literature about Indigenous doula and full spectrum doula trainings that are culturally grounded and provides a holistic education about caring for people and their reproductive health. This literature is laying the groundwork for more in-depth understandings about all aspects of Indigenous full spectrum doula practice and potential outcomes. There are many more experiences that can be sought in order to learn more about Indigenous full spectrum doula work and the impact that this can have on the holistic health of individuals, families, and Nations. The purpose of the study is to understand the experiences of Indigenous people who train and work as Indigenous full spectrum doulas and their roles in resurgence and reproductive justice for people who give birth. These are the stories that are important to hear, stories that center the voices and work of Indigenous peoples reclaiming and asserting knowledges and practices about caring for community members. We all have stories to share that are important, and together, by sharing

these stories, hope can become a reality. Elder Maria Campbell shares teachings that align the connection between birth, reclamation, and stories:

Storytelling is the medicine we need now- What will help us through are the stories that we will say to each other. Even if you feel you have no story or culture, you do have a piece of it. Don't believe that your story is not important – it does not matter what kind of story it is. We need it -it's a little medicine that comes out. (as cited in Tabobondung, Wolfe, Smylie, Senese & Blais, 2014, p. 81)

The next chapter will outline the methodology used in this dissertation that hopes to provide a space for these stories to emerge.

Chapter III: Indigenist Ways of Knowing, Being, and Doing for Gathering Stories

This chapter shares my search to understand the experiences of Indigenous full spectrum doulas in Canada and the United States by sitting in conversation and gathering stories about what it means for the doulas to do their work. I begin this chapter with a poem that demonstrates methodological self-reflections that have taken place to get to this place where I am writing about this knowledge gathering project and what I have learned from this process. Following the poem the first section of the chapter outlines an Indigenist paradigm and how this informs the knowledge gathering framework. Next, I describe the use of an Indigenist re-search bundle to draw out and embody a relational methodology. Finally, I describe how I placed this methodology into action and used my bundle to gather and learn from Indigenous full spectrum doulas.

Indigenist Paradigms and Knowledge Gathering

As I am overwhelmed with the enormity of the task before me

I ask myself so many questions
Checking and rechecking
My ability to be in relation
To act with intention
To hold sacred the stories of this work.

I ask myself in so many ways
Reflecting and re-assessing
My choice in the methods
Gather with gratitude
Give more than I ask for

I ask myself to keep moving
Searching and re-searching
Through stumbles and detours
Share with humility
Represent the bundle that is this work.

I remind myself to listen
I ask the eagles

I ask the evergreens
I ask the water and moon
I ask the sage, sweetgrass, cedar, and tobacco
I ask the teachings to come, I will listen.
- GLR, March 28, 2020

Indigenist Paradigm

I approach this project from an Indigenist paradigm (Absolon, 2011; Hart, 2009; Rigney, 1999; Wilson, 2007, 2008), which is also informed by a Muskego Inninuwak (Swampy Cree) worldview as held within my bundle. A worldview is an embedded mental lens from which we view and perceive the world around us. This system of values and beliefs is influenced by socialization and social interactions over a person's lifetime (Olsen, Lodwick, & Dunlap, 1992). Indigenous worldviews are relational and are dependent on individual experiences. This results in multiple truths (Simpson, 2000). Based on the work of Cree scholar Michael Hart (2009) I understand that within an Indigenist paradigm, Indigenous ways of knowing, being, and doing provide me with the knowledge, skills, and vision to prioritize Indigenous experiences and truths. Wilson (2007) cautions that simply being Indigenous or incorporating an Indigenous method does not make a project Indigenist. As Lester Rigney (1999) indicates, there are three core principles within Indigenist research: resistance as an emancipatory imperative, political integrity, and the privileging of Indigenous voices. The emancipatory imperative of Indigenist research signifies Indigenous peoples' assertion of self-determination, as we heal from oppressions towards cultural freedom. The political imperative refers to the necessity of Indigenous peoples undertaking Indigenous research. It is the personal connection to this work that ensures that we remain responsible to the communities we engage in research. Finally, the privileging of Indigenous voices ensures that research is focused on the lived experiences, ideas, and aspirations of Indigenous peoples. This is not to suggest that there is a singular aspiration

representing Indigenous peoples homogeneously. Indigenous researchers also must remain aware and committed to these cultural, social, and political differences, and in doing so, remain accountable to the diverse Nations with whom we work. An Indigenist paradigm holds at the core the belief that Indigenous peoples' knowledges, experiences, and interests are central to Indigenous methodologies and any research undertaken (Rigney, 1999). Used within research, Indigenist paradigms engage with, contribute to, and create Indigenous knowledges. The philosophy and worldviews behind the search for knowledge makes this Indigenist.

In order to do this work in a good way, I must begin relationally. This means both acknowledging and maintaining accountability to all of my relations and making transparent the motivation and connections between the search for knowledge, why this is important, how it is being done, who is doing the searching, and how the knowledge will be used. Making clear the relationship between and within each of these elements is about working in a relational way. Working in a relational way includes us as re-searchers where we purposefully place ourselves and our context visibly within Indigenist re-search.

Martin and Mirraboopa (2003) writes on the importance of Indigenous ontologies and epistemologies forming the basis of Indigenist research. The ways of knowing, being, and doing that are the framework for this search are rooted within our specific contexts as Indigenous researchers. Martin and Mirraboopa (2003) for example, outlines her Quandamooka ontology and epistemology and the foundation this provides in her search for knowledge. For Martin and Mirraboopa, ways of knowing are about processes of knowledge production and reproduction and include listening, sensing, reading, watching, and reviewing. Ways of being, as described by Martin and Mirraboopa, are how we exist in a network of relations and uphold these relations through reciprocity and responsibility. Ways of doing are the synthesis and enacting of ways of

knowing and being and can be witnessed through language, art, ceremonies, and social organization (Martin and Mirraboopa, 2003). I re-search and write from this space that intentionally centers Indigenous worldviews, knowledges, stories, scholars, and birth keepers.

Within Indigenist philosophy we *are* our relationships. Ideas, data, and experiences are not discovered – rather we learn more about these by entering into relationship with them. This is described by Wilson (2013): “In Indigenist research the unit of analysis is the relationship not the individual” (p. 314). The resulting writing or reporting of these ideas and relationships are not the work of an individual researcher, but of the collective who formed the relationships necessary for the ideas to be shared. Cree scholar Shawn Wilson (2013) describes the centrality of relational accountability within Indigenist research:

This is the process or protocol of Indigenist research; a process of systematically bringing relationships into consciousness and becoming accountable with, for and to them. Thus our research methodology - and our systems of ethics and ways of judging the “worthiness” of research – is based upon relational accountability. (p. 315)

Indigenous methodologies, or our ways of being and doing, are rooted in Indigenous worldviews and philosophies. These are then enacted through ethics and principles in the research (Hart, 2010; Kovach, 2009, Weber-Pillwax, 2001; Wilson 2008). Knowledge searching includes the act of connecting the dots between one’s worldview and methodology (Absolon, 2011; Absolon & Willett, 2005; Hart, 2010; Wilson, 2001). The broader use of an Indigenous approach that is informed by my worldview is necessary in this re-search which invites other Indigenous peoples and cultures to participate in this work.

Indigenous Worldviews

As Anishinaabe scholar Kathy Absolon (2011) writes, there is not a formula for Indigenous methodologies; they are, and must be, grounded in Indigenous worldviews. There are differences and commonalities in Indigenous worldviews – methodologies are related to the land

from which the worldviews were born. My relationship in this search is grounded in the following understandings. The geography, land, plants, animals that we revere are all contextual. Indigenous knowledges are contextual and are dependent on geography, flora and fauna, the relationships between all beings, and the resulting language system (Simpson, 2011). While this unique context is critical to acknowledge, there are broad characteristics that connect these knowledges. Common philosophical foundations are relatable across Indigenous worldviews. For instance, Absolon (2011) notes common beliefs such as being earth-centered, holding strong ties to the land, and having a strong connection to spirit and ancestors are found across Indigenous Nations.

An Indigenous worldview is embodied; it must be lived. Absolon (2011) describes this wholistic worldview as being comprised of spirit, heart, mind, and body and is understood through the representation of a circle. Living from within this worldview means finding this understanding within ourselves: reflecting on what this means to how we do things and how we walk in this world. My Muskego Inninuwak worldview informs how I see the world around me. Therefore, this influences the manner in which I interact, hold close my responsibilities, and am in relation with all beings. It is from this worldview that I am engaging in knowledge gathering that also is rooted in an Indigenist paradigm. I also hold in my awareness that even though there are commonalities between worldviews where connection to land and reverence for spirit and ancestors are central – they are enacted through different mechanisms, traditions, and ways of being in relationship to the earth.

Indigenous Ways of Knowing

Indigenous knowledges are communicated through oral transmission, are experiential, and are holistic. Indigenous epistemologies incorporate multiple ways of knowing and learning (Absolon, 2011; Hart, 2010; Kovach, 2009; Wilson, 2008). How we come to know more about the world around us is also spiritually based. According to Absolon (2011), "... knowledge also comes from dreams, visions, ceremonies, and prayer. It is knowledge that we search for and gather. For example, rituals and ceremonies come from spiritually derived knowledge. Knowledge on healing comes from the Spirit realm" (p. 60).

Mohawk scholar Dr. Marlene Brant-Castellano (2000) describes these ways of knowing and their development as rooted in personal and subjective experiences, which are based on the sum of the relationships that individuals bring into their collection of knowing. This characteristic demonstrates that there is no correct "truth", there is personal experience and that is individual truth. In Cree, this concept is held in the word *tâpwîwin* "the truth in so far as it may be known" (Napoleon, 2014, p.115). Other Nations may understand this similarly through the use of other key terms and concepts. Personal experiences and truths can be gathered together, contextualized in their sets of relationships, and shared with a broader purpose of knowledge building. Through a process of communal social validations, personal knowledge can become wisdom through collective consensus building (Brant-Castellano, 2000).

The use of an Indigenist paradigm informed by a Muskego Inninuwuk (Swampy Cree) worldview has included ceremony in this re-search "where the critical role of inner knowing and dreams as catalyst activities supports ways of knowing" (Rowe, 2014, p.2). Inward reflection is a valuable process within this methodology, where dreams, ceremony, meditation, and prayer are catalyst activities to access inner spaces. "Indigenous forms of knowledge production accept

intuitive knowledge and metaphysical and unconscious realms as possible channels to knowing” (Absolon, 2011, p. 31). Cree scholar Willie Ermine (1995) describes the experience of inner knowing as *mamatowisowin*. We are in connection with happenings, where the subjective experience becomes knowledge. The formation of knowledge – personal and collective occurs when inner knowing is reviewed in community to confirm shared understanding, including how this knowledge fits within broader cultural knowledge and practices.

In this section I have made explicit the paradigm, worldviews, and ways of knowing that are the foundation to the purpose of my work. It is my intent to make visible the assumptions, values, and beliefs that connect this project to my spirit and inform my relational way of working. Next, I will share the methodology of this project in outlining my use of an Indigenist Re-search Bundle. This will include a description of the purpose of a bundle, how it was gathered, and which methods from the bundle were used to learn more about the experiences of Indigenous full spectrum doulas.

Indigenist Re-search Bundle

This project is an emergent area of study and will use an Indigenist re-search bundle as the guide for this work. This bundle is grounded in Indigenous ways of knowing, being, and doing. The way we gain knowledge is impacted by our view of what reality is and how we know this reality. The methods align with relational ways of engaging as Indigenous peoples (Hart, 2010; Wilson, 2008). The bundle is analogous to Wilson’s (2008) strategies of inquiry, which are intentionally flexible to meet emerging needs of a study. Using strategies of inquiry means that the researcher iteratively assesses and use methods to engage in this re-search dependent on relationship and context (Wilson, 2008). Upon reflection, I came to understand that strategies of

inquiry were akin to the teaching of a bundle and I have chosen this framework for engaging in knowledge gathering.

In previous work with the Indigenous Learning Circle (Rowe & Kirkpatrick, 2018), I supported the development of a bundle for evaluation that could be used by organizations serving Indigenous peoples and delivering programs that are grounded in Indigenous ways. The way that I think about a bundle within re-search is greatly influenced by my participation in this work:

The concept of a Bundle makes an important connection with the values and principles of Indigenous worldviews. A Bundle is a sacred gathering of objects, ideas, gifts, and teachings that take place over the lifetime of an individual. A Bundle is unique to the person who carries it and the Bundle can transform, grow and change over its lifetime as each person has new experiences, teachings, learning, and growth. Bundles can be gifted and passed on to ancestors during their journeys. This Bundle is a gift that is being gathered to be used along a path of Indigenous learning, reflection, and decision making in order to provide opportunities to leave marks along the trail of development. (p. 6)

Essentially, this is a kit which we can draw, as needed, at particular moments in our life. Our bundles are filled with ways of knowing, being, and doing. What we gather and what we need to use will change depending on location, context, and relations for each situation. Our bundles are personal and are ever growing, as we develop new skills, are gifted items, and learn more about how to be in relation to the world around us. In order to maintain congruence with Indigenous ways of knowing, being, and doing, this project drew on the knowledge and skills held within my bundle. The bundle allowed me to maintain flexibility to respond to the contexts, relations, and conversations with each of the participants. I was able to adapt and make choices that honoured the knowledge being shared through the participants' stories (Kovach, 2010; Wilson, 2008). In the next section, I begin by describing how I gathered my re-search bundle and how I prepared myself to complete this work. Next I outline how this bundle was placed into action including the invitation for an advisory board and my use of natural conversations, journaling, and poetry to gather and reflect on stories of Indigenous full spectrum doulas.

Gathering my Bundle

For many Indigenous re-searchers, including myself, the methodologies of re-search expand beyond a linear framework outlining how the work will be done. Re-search projects, questions, methods, and meaning-making are relational, iterative, and lived deeply within our hearts and spirits. We feel called to re-search for various reasons – community responsibilities, personal transformations, and broader contributions to processes of decolonization and resurgence. In answering the call to engage in re-search, we bring more than the methodologies or the tools to get the work done – we bring our whole selves. We bring all of our experiences and our relations into the re-search (Absolon, 2011; Hart, 2010). The work of re-searching is not simply about the actions – it is about the environment within which the search is embedded and about the way that this then transforms us as Indigenous re-searchers (Wilson, 2008).

At the beginning of this dissertation, I spent time introducing who I am, where I come from, and why the re-search is important to me (Absolon, 2011; Absolon & Willett, 2005; Wilson, 2008). This is part of the environment within which the search is embedded, I am as much a part of the re-search environment as are the question, the participants, and the setting. The act of locating myself makes me visible. My location provides a path to demonstrate accountability, reliability, and validity – when I state who I am and the relations and geography that roots my knowledge, readers can make their own assertions about my credibility and ability to search and write about this topic (Absolon & Willett, 2005).

In my growth as a Muskego Inninuwak community member and a scholar, I have gathered a bundle. This bundle holds interconnected and interdependent methodologies used in knowledge gathering processes. In making visible the connection I have to this work, I must honour the paths I have followed to come to this place. I am grateful and humbled by Indigenous

researchers who have left methodological footprints (Absolon, Allen, Carriere, Hart, Green, Kovach, Sinclair, Simpson, Smith) and who have created and held spaces and openings within institutions. I am grateful for community-embedded learning and to those who have shared their journeys so generously in the time it has taken to build this research knowledge bundle. People involved in groups, projects, and organizations such as the Indigenous Learning Circle, Ka Ni Kanichihk, CEDA Pathways, The Winnipeg Boldness Project and all of the Guide Groups within the Project, Inner City Social Work Program and the Indigenous Caucus with the Faculty of Social Work at the University of Manitoba. For all of those who have come before me, I am grateful. I lay down tobacco and I give thanks. I ask for guidance to have courage, humility, respect, love, kindness, and generosity of spirit with the energy my mentors have devoted to my journey. The design of this project comes from this place of gratitude.

Absolon (2011) describes an Indigenist paradigm as the convergence of the past, present, and future where, in the search for truth, freedom and emancipation, we are returning to the roots of who we are – to reconnect with the dignity and humanity that Creation intended. Gathering together and connecting the past, present, and future relies on ways of knowing, being, and doing congruent with this paradigm. As a Muskego Inninuwuk researcher, I carry with me my knowing of cultural history, colonial history, and my future aspirations. For me, seeking truth, freedom, and emancipation is iterative – as I think, act, reflect, and gather to ensure the continual growth and evolution of my bundle.

In my own work as a community member, scholar, and researcher, I first needed to re-search myself back home. A coming home that gathered up all of my experiences and my relations in order to reconnect the threads of identity (Rowe, 2013; 2014). Stitching and strengthening – akin to the threads that my granny, Gladys Moose used to stitch the beautiful

stories of plants and flowers on the smoky tanned hides for moccasins, gauntlets, jackets, and vests. This is the preparatory work that I undertook in order to pick up my bundle, to assess what I needed with me, and to seek out the people who would help me fill my bundle. I carry this bundle with gratitude. “Our medicine bundle is our own life. Indigenous re-searchers become the vehicle for the expression and application of all that we remember and know” (Absolon, 2011, p. 69). In preparing for my search, I gathered, acknowledged, and prepared my bundle. Mohawk scholar Dawn Hill, in her discussions with Kathy Absolon, shared an expression “cumulative knowledge bundle,” in reference to the gathering of knowledge over the span of a lifetime. “It was transmitted from relatives and was shared with her to use with respect and integrity” (2011, p. 71).

Processes in Indigenous methodologies can be very organic. They can emerge as the researcher is engaging in the search, allowing for this to come out in reflection, retrospect, and introspection. Absolon (2011) describes how we engage in this search: “Organic methodology emerges as we attune ourselves to our search process. When we listen to our inner knowing, our dreams, the signs around us and our intuition, we become attuned to possibilities that enable an organic process to emerge” (p. 87). The use of a bundle in this work acknowledges the organic and wholistic nature of Indigenist re-search.

My bundle begins with the relations that have supported, taught, and held me accountable as a family member, community member, and colleague. They are knowledges, items, and relations- physical, emotional, mental, and spiritual that have been picked up on my way through this lifetime. My bundle holds the four sacred medicines (cedar, sage, sweetgrass, and tobacco) and other sacred items – gathered and gifted – that I turn to for guidance and balance. My bundle holds teachings that have helped me learn, reflect on, and enact values. My bundle holds

teachings about how to be in relationship with myself and the world around me, how to carry myself with humility, respect, and kindness, and how to offer myself with generosity of spirit. My bundle also provides me guidance on how to listen, listen, and listen even more, how to observe the world and the happenings around me, and to think deeply about the teachings that are being offered. My bundle guides me on how to ensure that I give more than I take and how to build, strengthen, and nurture relationships and understand the responsibilities that come with those relationships. My bundle also directs me on how to create space for sharing and stories that honours the gifts and the spirit with which they are shared.

My bundle also holds methods for sharing stories – for reflecting on and providing my own insights and learning as well as how to value and present the stories of others. These methods include my writing – technical in the form of reports, publications, and presentations. This also includes creative writing through short stories, poetry, and spoken word. Other methods in my bundle, include filmmaking, photography, painting, and beadwork. These are some of the ways of knowing, being, and doing that are held within my bundle. I care for and maintain this bundle in my work as a researcher, as a scholar, and as a community member. I use these ways of being in order to learn, to know, and to understand about experiences that support the wholistic health of individuals, families, and Nations. By acknowledging my bundle, I am ready to move forward in my search – and moving forward begins with preparing for the journey.

How I Prepare

A Thread of Relations: Once I was a spark

When I was little, I didn't think much about relations
There were loads of people though
Loving me.

I can hear joy
Smiles punctuated by laugh lines
Children bring a spark
My children bring a spark
 Once I was that spark.

I don't know when I transitioned
From not a second thought
 To being consumed
Tracing back
Moments and actions
 Movements and choices

Presence and absence.

Decades stitch forward
Glancing backwards to collect threads
In genealogy and pictures
Stories and reminiscing
Rooted memory
Blurry edges
Aching lost opportunities

Luminescent threads
Dance
Catch the air
Flow softly
Find strength in one another

My ancestors
Sit with me at my desk
writing this work
A blanket draped on my shoulders
A soft kiss on my cheek

Forever my spark
 I will always be a spark.

-GLR, March 28, 2020

In making transparent the methodological processes within her own re-search, Absolon (2011) begins with *preparing to search*. I have come to understand the importance of setting the intention not only in re-search, but in my life in general. Each day, each activity, each project, all

begin with setting intention. The teachings in my bundle include how I must prepare myself for this work, intentionally. I prepare my heart, mind, body, and spirit and the spaces around me for the work ahead. This preparation began long before I came to this project and well before I entered the university. I sought out and continue to immerse myself in Muskego Inninuwak ways of knowing, being, and doing. I picked up and learned from my medicines and I trusted in the teachings placed in my pathway. I reflected, I listened, and I reflected again. I was critical and aware of the different environments that I was in. I got uncomfortable, I questioned myself, and examined the ways I use my gifts and knowledge to live a purposeful life. The work that I do to prepare myself, my surroundings, and to gather the information, resources, and supplies needed are part of my responsibility when I think about attending to the spirit of the re-search.

Beginning with intention and attending to the spirit of the re-search means ensuring we have access to space and processes to tap into our inner spaces, making the unknown, known (Ermine, 1995) and making the invisible, visible (Absolon, 2011). Therefore, how I prepare myself to engage in this re-search is a purposeful practice that includes cultural protocols. For this project, my preparations include the placing of tobacco as an offering and using other medicines for smudging when I seek guidance and giving thanks. The use of tobacco, cedar, sage, and sweetgrass in smudging and offering of prayers cleansed and prepared my mind, body, and spirit to engage in each step of the re-search.

Another protocol I used for this work was feasting. I have been taught that one of the times that a sacred feast is prepared is to honour and uphold our responsibilities to our ancestors. Another use is when we ask our ancestors for guidance. For this project, I prepared a sacred feast to ask the grandmothers and grandfathers to guide the journey of this work in a good way. The feast was shared by my family, as I prepared to send my proposal to my committee. An offering

plate was prepared, and I took the plate to a stand of cedars on a trail that I go to frequently near my home. I placed tobacco and asked for guidance and support on this dissertation journey to complete this work and represent the stories shared in a good way.

Knowing I had prepared for this work to the best of my abilities and knowledge, I was ready to engage with my bundle to outline how I was going to do this work. Using an Indigenist paradigm that engages my Muskego Inninuwuk worldview, my bundle provided the relational methodology necessary to sit with Indigenous full spectrum doulas and create a space that would share, learn from, and honour their personal experiences and truths.

The Bundle in Practice: Relational Methodology

My bundle contains ways of knowing, being, and doing that were needed for this knowledge gathering journey. This next section will describe how I used my bundle to put this relational methodology into action, beginning with my relationship with an advisory circle and moving forward to include natural conversations as a space to gather stories.

Advisory Circle

With the goal of centering Indigenous voices and experiences within an Indigenist paradigm, I invited Indigenous birthwork leaders and knowledge holders to sit as advisors to the development of this project. Plains Cree and Saulteaux scholar Margaret Kovach (2018) outlines the move from relationality as a set of values within Indigenous methodologies to the action of relationship. Enacting relationship includes assessing and attending to relationship with community, protocols and ethics in research design, and relational methods for hearing stories. Relationship with community asks the re-searcher to reflect on the questions: “Can I clearly identify the community I need to involve? Do I have a community connection with them? Am I trusted within the Indigenous community? Do I have relational capital” (p. 223)? If a relationship

does not exist, one of the ways that this can be developed is by inviting an advisory board to participate in the work. This action can demonstrate an intention to maintain good relationship and can be a structure to ensure that what is being written and represented is respectful of relationship (Kovach, 2018).

I am committed to a relational way of working. This means that I build relationships necessary to do my work in a good way, grounded in relationship. Seeking knowledge is a collective process and it requires significant understanding of context. I understand knowledge seeking to be deeply rooted in community and context; and, it is from this understanding, I felt it was important to work with an advisory circle. Asking myself the questions posed by Kovach (2018), I can clearly identify the Indigenous full spectrum doula community and I do have some existing relationships based on previous research and community work. However, even with these relations and the trust that has been built, I felt it was important to invite an advisory circle to ensure that my research was based on a strong understanding of the contexts, engaged in appropriate protocols, and represents experiences respectfully and responsibly.

An advisory circle can be a formal or informal entity within a re-search project, but a key feature is that it is built on reciprocal relationships. For this project, three people sat as a part of my circle of support in an Advisory Circle. To determine whether someone could serve on the Advisory Circle, several criteria were met by potential members. Each member had to be Indigenous, understand research, be identified as a leader of Indigenous reproductive justice, and be willing to provide guidance during the timeframe of the project.

Melissa Brown, Camie Goldhammer, and Candace Neumann accepted the invitations. In my invitation to them I shared my intent and hope about what this support might be. Melissa Brown (Anishinaabe and Diné) is an Indigenous midwife and co-founder of Zaagi'idiwin.

Zaagi'idiwin, which is Anishinaabe for love, provides full spectrum Indigenous doula training, Indigenous midwifery workshops, breastfeeding education, healthy sexuality workshops, youth mentorship, and serve as Indigenous maternal child health consultants. Camie Goldhammer (Sisseton-Wahpeton) is a Clinical Social Worker and Lactation Consultant. Camie launched the Indigenous Breastfeeding Counselor Certification (IBC) in 2017, and her current role is as the Program Manager for Daybreak Star Doulas in Seattle, Washington. Candace Neumann (Métis) is an Indigenous full spectrum doula based in Winnipeg Manitoba. She is also a co-founder of Zaagi'idiwin. This is a very brief overview of the many accomplishments and continued work that Melissa, Candace and Camie contribute to their communities. The circle members provided feedback on guiding questions and protocols as well as held space for me to reflect on what I was learning through the stories of the participants. I connected with this circle via email, video conference, and in person during the course of this work. Each advisory member holds deep knowledge about Indigenous reproductive justice and birth work. They have wisdom, experiences, and cultural knowledge that embodies Indigenous ways of knowing, being, and doing. In their training and support of Indigenous birth workers across Canada and the USA, they are respected leaders. By inviting Melissa, Camie, and Candace, my intent was to honour the spirit of the project and hold up the value of relational accountability. The advisory circle is one of the ways I worked towards the value of trustworthiness. Hart (2009) describes trustworthiness within an Indigenous research paradigm as a reliance on understandings from people who are living in the manner that is true and reflective of their own *mamatawisowin* work. These are people who have also done deep thinking and reflecting on how they live in alignment, in this case, with the work and ways of being of Indigenous full spectrum doulas. Another condition of trustworthiness is the support and trust that the re-searcher has from the

community, where there is an understanding that the work of the re-searcher will support the wellbeing of that community (Hart, 2009). It was my intent that this advisory circle be one level of relationships that would support my relational accountability in this re-search.

Natural Conversations: Making Space for Storytelling and Stories

Personal and ancestral knowledge is sacred. People experience and make meaning of the world around them through this knowledge. Stories are ways that we are able to learn more about these experiences (Absolon, 2011; Archibald, 2008; Brant-Castellano, 2000; Kovach, 2009).

This is a relationship-based method of sharing knowledge. Absolon (2011) describes the purpose and power of stories in re-search:

Indigenous searchers talk about storytelling as a methodology to help our people tell their stories so they can leave their mark. These stories help us to not get lost. We build on our stories and each other's stories, and eventually our stories weave together as we share them. (p. 137)

In a review of my bundle and the work of other Indigenous scholars (Absolon, 2011; Archibald, 2008; Cariou, 2016; Kovach, 2009; McLeod, 2007), I understand stories to be a relational way of doing that privileges the voice of and prioritizes experiences of Indigenous people from whom I sought to learn. This re-search used natural conversations to create a space for storytelling and stories as a mechanism to learn more about the experiences of Indigenous full spectrum doulas.

Traditionally, stories have been used to share and to teach about Indigenous knowledges (Brant-Castellano, 2000). Storytelling is fluid and flexible. This means that an open-endedness of narratives and emphasis can be placed on different aspects of a story to match the purpose of interaction, audience, and relationship between storyteller and listener (Brant-Castellano, 2000; Weber-Pillwax, 2001). Stories are limitless in how they can be interpreted by the listener as they bring their own knowledge set and context to this relationship (McLeod, 2007). Cree scholar Neal McLeod (2007) states that we can reflect on our own stories in relation to the stories of

others around us. In McLeod's description we assess and learn from similar experiences, common practices, and shared beliefs and values – bringing these stories together with our own. We can assess and reflect on the relationship that we have with these collective stories and through this weaving, we create collective memories (McLeod, 2007).

Stories connect us to our ancestors. Stories provide a link between grandparents and grandchildren. They are a thread that connects us to the past (McLeod, 2007). Kovach (2009) further describes the relational nature of stories:

Stories remind us of who we are and of our belonging. Stories hold within them knowledges, while simultaneously signifying relationships. In oral tradition, stories can never be decontextualized from the teller. They are active agents within a relational world, pivotal in gaining insight into a phenomenon. Oral stories are born of connections within the world and are thus recounted relationally. They tie us with our past and provide a basis for continuity with future generations. (p.94)

Stories of families are foundational to understanding who we are and where we come from. Our family stories situate us and through the process of sharing our stories this supports the development of inclusiveness and belonging (Kovach, 2010). McLeod (2007) describes stories as a mechanism for the transmission of memory and history.

In relation to resurgence, stories can support deconstruction and reconstruction of the spaces where we live through a process of remembering, visioning, and creating. Stories allow us to dream and implement a future (Cariou, 2016; McLeod, 2007). Remembering, visioning, and creating are elements of resurgence where Indigenous Nations maintain and strengthen sovereignty. Métis scholar Warren Cariou (2016) examines the role of storytelling and life-telling in cultural sovereignty “first because the storyteller’s act of telling the story is an affirmation of the continued value of Indigenous oral forms of knowledge, and second because the continued life of the story depends upon members of the community to do the work of remembering” (p. 315).

These stories are “reservoirs of sovereignty” that strengthen who we are as individuals and as Nations in relationship with the world around us.

It is clear to me that stories and storytelling is an important method through which to understand the experiences of Indigenous full spectrum doulas. Stories are relational; they prioritize personal experiences, connect us to our ancestors, offer opportunities for learning from one another, and offer a vision for a collective future. Next I examined my bundle to determine the best way to gather stories.

Stó:lo scholar Joanne Archibald (2008) shares her methodology of Indigenous storywork – where stories are interpreted through the lens of both the teller and the listener. In order to engage in this methodology and create a space for stories, Archibald (2008) describes the necessity of respectful and trusting relationships. Indigenous storywork focuses on an individual’s lived experience and allows Indigenous storytellers to use their personal life experiences as teaching stories, similar to how traditional stories are used. Indigenous storywork methods are relational, less structured, conversational, and typically requires the researcher to leave more space for stories to be told – doing more listening than talking. Within Indigenous storywork methodology, it is understood that truth is not external – waiting to be discovered. Rather truth is informed through the relationships that we engage. These properties of stories make them a powerful mechanism through which to learn more about the work of Indigenous doulas and the work of Indigenous resurgence. In my previous research (Rowe, 2013), I had also gathered stories. In that project, I used natural conversations, a relational method, described by Kovach (2010), as a space to hear from individuals about their experiences. Based on this knowledge held in my bundle, I chose to use natural conversations in this re-search.

Natural Conversations. Stories in knowledge seeking can be shared through many methods including circles, conversations, and interviews. In this project, I engaged in natural conversations, allowing me to centre participants' stories with an open space for our interactions. As outlined by Kovach (2010), natural conversation is an open-structured method of engaging participants in story by focusing the locus of power on the participant. The participant maintains the ability to direct the conversation in a manner that allows for their experiences to be reflected. The open-structured nature of conversation is a strength, described by Kovach (2009):

Conversation as method is unlike standard structured or semi-structured interviews that place external parameters on the research participant's narrative. An open-structured conversational method shows respect for the participant's story and allows research participants greater control over what they wish to share with respect to the research question. (p. 124)

Additionally, natural conversations allow space and time for the story to unfold over several interactions. Participants can fully capture what they would like to share about their understanding, experience, and knowledge about the topic (Kovach, 2010). Natural conversation is a relational way of engaging: "Using open-structured methods, the task of researchers is to intuitively respond to the stories, to share as necessary their own understandings, and to be active listeners" (Kovach, 2009, p. 125). I chose natural conversations as a method in order to invite Indigenous full spectrum doulas to share their stories due to this relational way of engaging.

Having chosen these relational ways of being and doing from my bundle, I also included a process for capturing learning and reflections that emerged from my time sitting with each of the doulas. I am very familiar with the use of a journal and chose to capture my experiences with this method.

Marking my reflections. Indigenous inquiry incorporates inward knowing and must attend to the recording of these inward knowings in the re-search process. My bundle includes

many creative methods for capturing experiences, learning, and A-HA moments. Two of the methods I used predominantly in this project were journaling and poetry. I kept a detailed journal throughout the project. These recorded observations were made in the development of the project, implementation of the strategies of inquiry, and conversations with participants and the advisory circle. Further, in order to incorporate Indigenous ways of knowing, being, and doing, I also recorded dreams, happenings, and participation in ceremony, and other experiences of importance for the completion of this project. My journal also recorded poetry that emerged as a result of my reflections on this work, my process, and the struggles and questions I encountered along the way. For example, the poem below reflects my thinking about the challenges I was facing newly at home for physical isolation coupled with my worry about the impending impacts of COVID-19 on Indigenous Nations and the enormity of holding space for the stories that had been shared with me. I was near the end of sitting in conversation and this poem explored the questions I had about my role in being accountable to the participants and the stories that they had shared.

Hold on, softly

In this moment of time the idea of resurgence seems even more poignant.
What values will I live?
How will I be in relation with the gifts that have been offered to me?
There are many questions that come forward.
I hear the voices, each intonation, laugh, pause, and silence.
I hear the breath of the story.
I hear the offering that has been made.
To take these offerings with intention.
To hold them in a way that allows the hope and the vision to grow.
To hold them in a way that is gentle. Is kind.

The translation of these conversations onto the page is an enormity that I sit with.
To hold the spirit of each in the relation within which it took place.
The heart, the hope, the emotion.
Orbs of bright light, sitting softly on the ground in front of me.

They radiate, the energy emanating from the teachings held within them pulses like a heartbeat.
Welcoming me to come forward, soft grasses embracing me to sit, and to cradle them in my hands.
To create a space of intention and joy, of curiosity and hope.
To embrace the gift that this time has created for me.

– GLR March 16, 2020

This journal has been helpful as I set and create a space for meaning-making. It helps me remember the contexts, my own learning, and the happenings that have occurred in relation to my own understanding of this work. As I share the story of this re-search throughout this dissertation, I draw from these reflections and include them at various points to illustrate my thought processes, reflections, and making of meaning.

The previous sections illustrated the concept of an Indigenist re-search bundle including how, as a Muskego Inninuwak, I have worked to gather the ways of knowing, being, and doing that are held within my bundle. I shared the preparations I have made in order to take care of the spirit of this re-search and to attend to a holistic knowledge gathering journey. Following this, I outlined how I used this bundle in this specific work, sharing the ways of being and doing that I have chosen to learn more about the experiences of Indigenous full spectrum doulas. In order to center their voices and personal experiences, I selected stories and storytelling as facilitated through natural conversations – where I also maintained records of reflections and learning in a journal and through poetry. The next section outlines the steps that were taken in the completion of this re-search: how I began, how I reached out and asked for stories to be shared, how I walked alongside and listened, how I turned inward and reflected, and how I found the teachings within the stories that were gifted.

Re-search Design: Gathering Knowledge

Indigenous birth work is a reclamation of Indigenous ways of knowing, being, and doing - a way of relating in the world that centres Indigenous people's experiences and ensures that the health of future generations and builds on connection to family and community. The reclamation and strengthening of these ways can contribute to Indigenous resurgence. The purpose of this re-search is to understand the experiences of Indigenous people who train and work as Indigenous full spectrum doulas and their roles in resurgence and reproductive justice for people who give birth. This section of the chapter will outline the knowledge gathering process that was used to invite and sit with participants in conversation about their work as Indigenous full spectrum doulas and resurgence.

Re-search Question

To work towards the purpose of the study, the following re-search question was explored:

How does the work of Indigenous full spectrum doulas contribute to Indigenous resurgence?

Through answering this question, this re-search provides a deeper understanding about the experiences of being an Indigenous full spectrum doula and how this contributes to the broader project of resurgence, as described by Simpson (2011). The overall goal of this re-search is to create a space for stories of Indigenous peoples who are doing full spectrum doula work, to build community circles, and to learn how Indigenous ways of knowing, being, and doing contributes to resurgence within the doulas themselves and within the people and communities with whom they work.

Participants

Participants were sampled purposively to possess the following characteristics: Indigenous people who are full spectrum doulas, who include Indigenous ways of knowing,

being, and doing into their practice as a doula, who have been providing support for at least a year, and who reside in Canada and/or the USA. This sampling strategy is intended to seek information-rich experiences in order to learn in depth about the work of Indigenous doulas (Patton, 2002). This re-search is not intended to seek generalizability of experience, but rather it sought depth of experiences to learn from participants' stories and insights about what it means to be an Indigenous full spectrum doula who uses Indigenous knowledge in their practice.

The formal work of Indigenous full spectrum doulas is relatively recent with an increase in trainings available over the last several years. Of participants who attend Indigenous full spectrum doula trainings not all intend to practice as a doula, but, may attend for personal knowledge and development. The intent in the broadness of this sample is to allow for enough opportunity to connect with practicing doulas who have experience using Indigenous ways in their work.

Recruitment Strategy

At the outset of the project, community leaders in the area of Indigenous birth work and reproductive justice were asked to share the study with potential participants. Postings were made via social media and emailed to contacts working in this area. The study invitation included an email with a poster. Snowball sampling (Patton, 2002) allowed for distribution amongst networks of Indigenous doulas to those who may also be interested in sharing their stories and deepening the re-search knowledge into birth work and Indigenous resurgence. Participants who were interested contacted me via telephone and email.

As a part of the recruitment strategy, I recorded a video introduction to share the intent of the project. This purpose of the video was to make visible my connection to this work: why this is important work to me and my relationship with Indigenous doula work and resurgence.

Recruitment materials included a link to the video, which was posted privately on YouTube. Within my relational methodology, this video was used to build relationship. The broad scope of my recruitment meant that there may only be an indirect connection or no connection at all with participants. While written recruitment materials were also used, I believe that this video was an important way to honour relational accountability through my recruitment strategies.

Initially I intended to sit in conversation with 4-8 individuals. In the end, 14 individuals shared their stories with me, 13 of whom provided approvals of the condensed stories that are part of the Resurgence Bundle at the end of the dissertation and form the foundation for the meaning-making process. One of the participants was not able to be reached to confirm their approval of their condensed story and therefore was not included in the dissertation work.

Data Collection

Once a participant expressed interest to participate, I scheduled an introductory conversation (Appendix A). Due to the great geographic distance between the participants and myself, I used telephone and video conference technology for the conversations with participants. Remote data collection, data collection that is not completed in a face to face environment, might seem counterintuitive in a relational methodology. I was genuinely concerned about my ability to create meaningful conversations remotely. This was not a process I had used in my work previously. Therefore, based on this I reflected on the ways of knowing, being, and doing that are held within my bundle. I reviewed what I had learned about building and maintaining relationships in the face to face environment to consider how I might nurture this in a remote modality. I wanted to understand the possibilities for having conversations with Indigenous full spectrum doulas in a manner that could foster a relational environment. It is through this examination that the idea for sharing a video recording of myself was born. I felt

that if potential participants could get to know me, my intent, and the purpose of this work prior to their decision to participate, this could nurture a relational environment for meaningful remote conversations.

Initially my intent was for the conversations to take place via video conference which would allow us to see one another and create a virtual relational space. When I reflected on my inability to predict a potential participants' access to stable internet, their comfort levels, and preferences, I also shared the option for telephone conversations. Oltmann (2016) completed a scan of qualitative research that assessed data collection that used telephones. When a researcher is considering using the telephone to collect qualitative data, the contexts of interviewers and respondents must be considered. Contextual factors for interviewers include time and financial costs, geographical distribution of respondents, sensitive or controversial topics, technology problems, interviewer safety, note taking, interaction effects, and non-verbal language and cues. Contextual factors for respondents include scheduling, respondent anonymity, privacy / invasiveness, stigmatized/ marginalized groups, sensitive or controversial topics, and respondent empowerment.

In the end, both video and telephone conversations took place. Largely, this was determined by accessibility to stable internet connectivity. For the conversations, participants were also able to choose a time and location that was most convenient for them—a benefit facilitated by the remote conversation modality and noted in Oltmann's (2016) work. I have reflected on whether remote conversations versus face-to-face and video versus telephone conversations impacted the ability to create a relational space for sharing stories. As Oltmann (2016) indicates, contextual factors for the interviewer and the participants influence the benefits and challenges of telephone interviews and can impact the ability to establish a relationship

within the interview setting. One significant difference that I noted in the interviews were the presence and lack of non-verbal language and cues. In the instances where participants met with me over the telephone, I did not have the ability to read non-verbal language and cues – relying on pauses and intonation to get a sense of the state of the participant. I listened for pauses, sighs, a change in the speed of their responses, and the emotional undertones of their voice. Likewise, participants were not able to read my non-verbal language and cues. I worked to remain aware of my tone of voice and verbal cues to move stories forward and respond appropriately to what the participants were sharing. In the video conversations I was able to respond to visual cues presented within the interview (Oltmann, 2016). While remote conversations are qualitatively different than face-to-face, I felt that with each of the participants, I was able to foster meaningful conversations, spaces of reflection, and build a relationship.

Preparation for Data Collection. Once an Indigenous full spectrum doula reached out to me, we scheduled an initial conversation. At the initial conversation, introductions were made, the purpose of the study was reviewed in depth, and any questions they had were answered. I then asked if they remained interested in moving forward. If they intended to participate, I sent them an email with the Informed Consent Form (Appendix B), re-shared the research prompts, and asked them to set aside some time to purposefully reflect on these prompts before we met again:

- When the participant started to be interested in birth work
- How the participant became engaged in doula work
- The types of training and learning they have completed
- How they work as a doula
- What types of cultural practices they use in their work
- What they hope their work will do for families, community, reproductive justice overall
- How they understand their work as connected to building a strong Nation
- How doula work in general supports a strong Nation

To ensure congruence with cultural protocols, I also asked them how they would like to begin each meeting. This varied depending on participant. Sometimes we began with medicines, prayer, or an offering of intentions. In all cases, we were mindful about how we created the space for our conversations.

The second meeting took place either by video or phone, whichever worked best for the participant. We began in the way that we agreed upon at the initial conversation (Appendix C). Once this was complete, we started recording the conversation. I asked the participant to introduce themselves in the way they would like to share for this project. I began the conversation by asking the participant if they had reflected on the questions that I posed and asked them to share what these reflections might have been. This query began the conversations. In total the conversations spanned between 1.5 and 2.5 hours and took place in one or two sessions. When I noted that we had been speaking together for an extended time or if the energy seemed to be low, I took a moment at a natural break to check in with the participants. I checked in to see whether they would like to keep talking or come back another time to share more. Offering to meet again serves a couple of purposes. First, storytelling can take time and the participant may not have had enough time to share the stories in the time of the first meeting. Second, when we reflect on stories, this can open up a space for more of a story to be remembered and more connections to be made. Often dreams and happenings can occur in the space and time after the telling of stories and the participant may recognize and want to have time to share this. Two participants chose to break up their conversations; and, we returned another day for me to listen to more of the stories they shared. When the participant felt that the sharing of their stories was complete, I reviewed the next steps towards meaning-making.

The next section will outline the meaning-making process I used once the stories were gathered in order to make sense of the stories and their relationship to Indigenous resurgence.

Making Meaning

Qualitative research methods include interpretive and analytical approaches to find meaning with data collected. Interpretive meaning-making uses inductive ways of knowing and is a subjective examination of the area under study to provide insight into the experience. Analytical approaches, Kovach (2010) describes, involve a reduction of experiences into pieces for analysis. The challenge for Indigenous methodologies, identified by Kovach (2010), is that this dissects the contexts of the phenomenon and does not align with holism in these methodologies. Relationship and relationality are key to making meaning, this is held in the Cree concept of *kakinow ni wagamakanak*, the degree to which we are all related. In this project, the approach for meaning-making is interpretive. I use ways of knowing, being, and doing described throughout this research in making meaning of the experience of Indigenous douglas and Indigenous resurgence.

Similar to the preparations I made as I was gathering my bundle and outlining the ways of knowing, being, and doing that I used in this search – I prepared myself to engage in meaning-making. My preparations were similar throughout the project and included placing tobacco, being in spaces of nature among the evergreen trees and by water, using sage, sweetgrass, and cedar to smudge, and meditation. These preparations were made with intention, as described in my journal entry,

***Intent.** As I sit with people who are working as full spectrum workers I am filled up with gratitude. The stories are gifts that nourish me, that show me grace, and fire, and purpose. Each time I find a space in my office, a glass of water, light a candle, and pick some medicines to offer and burn - this is intent. I smudge myself, my computer, the phone, the journal, the grandfather stone, sometimes I hold. Each of these actions, purposeful, meaningful. Creating intent to sit in the best way possible and hear - with my*

ears, my heart, my spirit the gifts that are being shared. (Personal Reflection, February 22, 2020)

In these preparations, I attend to the spirit of the work and create a space of intention, *mamâhtâwisiwin*. During this stage, I sit with the stories of participants and pay attention to *môsihtâwin* – a “gut feeling” where I become “suddenly aware of something through the use of all senses,” (Napolean, 2013, p. 9). I seek to gain *nistohtamowin*, which roughly translated means “understanding”. This is a deep absorption of knowledge that expands beyond a cognitive level to include emotional and spiritual understanding (Michell, 2013). *Nistohtamowin* is not an end state, but rather a continual journey to make meaning about my relationship to the stories shared and their broader relationship to Indigenous resurgence. Because understanding is founded on relationality, understanding is continually iterating with deep reflection.

One example of how I attuned myself to become aware of *môsihtâwin*, or the “gut feelings” in this iterative process was when I was reflecting on how I would know I was done gathering stories. I sat with the question for quite a while, as I share in my journal reflection:

I have been sitting for the last month with the question: when will I know I am done collecting stories and sitting in conversation? As the excitement for the project continues, I am also aware of the time constrictions and limitations on myself as a researcher using this methodology for a dissertation project. How can I sit in a space of deep contemplation as described by Ermine? What can I do to create this space in my everyday life? (Personal Reflection, February 26, 2020)

I made the space to reflect deeply – how, in this Indigenist project based upon a relational methodology would I come to the A-HA moment? How would I know that I was done sitting in conversation? I placed this intention in February; and, the answer to this question came through in the middle of April in a dream, represented in this poem:

Picking up my bundle

Last night in my dreams I went visiting.
I travelled to where people were gathered.

Sitting at round tables
Laughter filling the room

It was dim, there was a celebration
A coming together of knowledge keepers
Sitting and visiting
Visiting and sharing

In another home, one shared of a journey
Where he let go of his past
Wild horses kicking up dust
Until they were only tiny specks on the horizon

I didn't know, but my family waited, and waited
I didn't know, but they were ready, bags packed.
I gathered the stories, all that I had learned
It was time to move on.

It was time to move forward.

Picking up my bundle, together, we walked.

-GLR April 14, 2020

When I had this dream, it was one of several occurring over consecutive nights. These dreams held a broad theme of visiting and relations. This one in particular started with me packing my bags to attend a gathering of Indigenous peoples, deeply respected knowledge keepers working in reproductive justice. My two suitcases were overflowing, and I struggled to stuff them tight enough to close. It was a vivid comical moment as I jumped on them to zip up. Once I arrived at the gathering, I was given the responsibility of serving the meal to the knowledge keepers. I visited every table placing the delicious full plates in front of them. When my responsibility was finished, I was able to sit down and join them. The dream continued until I was at a gathering where my family was waiting for me. The A-HA moment in this dream was that I had gathered enough stories and it was time to share what was gifted in this work. Once I attended to the

responsibilities, I held in the relationships I was a part of, I was able to move forward – joining my family on the next journey together.

This re-search is the creation of the relationship between me, as a researcher, and the people who chose to participate in this work. The connection, stories, and meaning-making is directly impacted by the relations and understandings that we each bring to the space of these conversations. No two interactions were the same. If this re-search is done six months from now or if it was done six months earlier, it would/will be qualitatively different. We are different people at those points in time, in those spaces, and in relationship. Meaning-making attends to the contextuality and fluidity of knowing. Absolon (2011) refers to this time as “finding meaning in all the berries I gathered” (p. 33). In its simplest form, these varying points of relationship mean that context matters, who we are matters, and the space we create matters. During the course of this re-search, for example, I was thrust into a time of being at home. Most of the story gathering had been completed, my preparations for meaning-making and the bulk of the work of this dissertation had taken place in a time of physical distancing due to COVID-19 and stay-at-home orders in Washington State. It was a time of great adjustment, unknowns, and new and unfamiliar routines and restrictions. For me, this has meant I have not had access to many of the places I would normally travel in order to prepare for my time of meaning-making and to be in deep contemplation and reflection. I had to adjust my own ceremonial processes based on this moment in time. In re-reading the journal I kept during my work, I found an entry that lays open the challenges and reflections that I had during the beginning of that time:

What is ceremony and what does it offer for healing, growth, and resurgence? This is not a new question for me in my life, my work, and as a student. How do I make spaces in lands that are not my ancestors, with medicines that are unfamiliar where buildings, concrete, and day to day life can feel imposing? I have come to understand ceremony in moments, in each breath. I understand ceremony in the active intention of living

according to values and principles that embody Indigenist ways of knowing, being, and doing.

There are responsibilities, relationships, and ways of attending to each of these that must take place - gathered together in lodges and on land. And there are also responsibilities, relationships, and ways of attending to each that take place through how we live. Can I be Muskego Inninuwak in the Pacific Northwest and still attend to this in a good way? Can I live intentionally into a space where ceremony is an embodiment, is a way of life?

The purpose of the work I do is to uphold my relationships and responsibilities. These help to hold me accountable and to create communities of care and belonging. Ones that embrace me in love and offer forgiveness. To learn is to make mistakes - to be loved in spite of those mistakes and to be held close in kindness. To be able to learn from these lessons we need to have a strong foundation from which to explore.

And so, to work in an Indigenist project, and to seek learning from Indigenous people's stories of full spectrum work is just as much about my own resurgence as it is to offer reconnection and guidance as we continue as communities and Nations to reclaim what is rightfully ours. To be seen, to be loved, to be held in spaces to learn and grow.

And so, I am in ceremony. I wake each day, reflecting on the night's dreams and offer gratitude for the coming day. I live that day with intention - attending to the responsibilities and relations I hold. As I close my day, I express thanks and begin again. The cycle to be repeated.

This reflection is to say that yes, I can make space for deep contemplation through ceremony - ceremony that begins on the land and in a lodge - welcomed with medicines. And I can also make space for this to happen in my everyday - through the rituals of taking care and setting intention. This opens the possibilities of reflection, of learning, and for meaning-making. (Personal Reflection, February 26, 2020)

This reflection process illustrates my coming to understand and internalize the concept of ceremony and how I enact my bundle in meaning-making everyday.

I reflected deeply on the way that I am in relation to the stories and the storytellers – ensuring that I remain relationally accountable and responsible for how I represent the gifts that have been shared. The responsibility that I hold as the one who is gathering these stories connects back to the ways of being in my bundle. When a participant agrees to share their story, I must ensure accurate representation is felt by the participant. This can mean that, at minimum, the participant reviews the transcript and can delete, edit, or clarify anything that was shared

(Kovach, 2009). In the presentation of re-search findings, stories are often condensed. In responsible stewarding of stories, the participant will also review and agree to this representation of their story in the condensed form (Kovach, 2010). For this project, participants were asked to review their transcripts and make any changes they would like in order for their experiences to be represented in a good way. From this transcript, I created a condensed story, which was also reviewed, edited, and approved by the participants. When the meaning-making chapter was finally drafted, I sent the document and knowledge bundle together for a final review by participants. I sought their input and feedback into the representation I pulled forward into Chapter 4 and their feelings about the poetry that was created.

Relationship, central to this methodology, is also included in how meaning-making occurs for this project. Attending to these relations in meaning-making includes representation of the relationships between the stories of the participants.

Questions I considered in the meaning-making include:

- What connections might there be across stories and ideas about their experiences as Indigenous full spectrum doulas?
- What lesson have I learned based on the stories shared?
- What teachings are there in the ways that they engage in Indigenous resurgence?

These questions framed the work I did to engage in *mamâhtâwisiwin*, deep contemplation. I have outlined *how* I created a space for meaning-making for this project and why this relational space has been important. Next I will outline the *what* of this work – the method of analysis and how my reflections, the teachings held in the stories, and the condensed stories will be represented in this dissertation.

Indigenist Poetic Inquiry for Making Meaning. As a method of analysis and representation, I used Indigenist grounded poetic inquiry to share the reflections and learning that I have received in the gift of these stories and to share the teachings held within the stories of the

re-search participants. While poetic inquiry and the use of poetry in arts-based research has been emerging over several decades, there is opportunity for further development in Indigenist poetic inquiry as a way of knowing and doing in Indigenist research. The following section provides an overview of Indigenous poetics broadly highlighting key areas that are important to consider in this work. Next, an overview of the use of poetry in arts-based research will be completed. These two areas will inform an Indigenist poetic inquiry strategy for *nistohtamowin* through *mamâhtâwisiwin*.

Indigenous poetics. Cariou (2015) examines the place and space of Indigenous poetics in the current landscape of poetry, a field that constrains itself within boundaries and borders. Cariou (2015) shares that these boundaries and borders create restrictive colonial categorizations and stereotypes that impact Indigenous poetics and literary art more broadly. Indigenous poetics, however, can be a catalyst of destabilization and transformation, where the boundaries that maintain the marginalization of Indigenous peoples are cracked open and allow a reformation of what is expected. Indigenous poetry can “decolonize the imagination by bridging the ideological boundaries that often separate the beneficiaries of colonialism from those who are objectified or impoverished by it” (Cariou, 2015, p. 32).

The Greek translation, *poesis*: to make, to create, signals a connection between this root definition and Indigenous poetics, with a verb or action-based way of relating with the world. Indigenous ways of thinking rely on *doing* and relating rather than “simply being” (Cariou, 2015, p. 32). Poetry, then, as an act of creation, can support our active expression that fundamentally connects to Indigenous ways of knowing, being, and doing. Poetics can connect to our spirit: “something that we feel in our bodies like the sounds of a drum” (Cariou, 2015, p. 32) resonating beyond boundaries of class, race, and epistemology. Indigenous poetics can travel along

boundaries – making visible the hard edges that maintain colonial boundaries that would otherwise remain invisible and unquestioned – perpetuating the idea of “other” (Cariou, 2015).

Cariou (2015) describes several purposes Indigenous poetics can hold in the context of decolonization and resurgence. One purpose can include irony and critique where different realities are placed side by side to demonstrate to readers the juxtapositions that they may prefer remains hidden or invisible. This can make visible the boundaries that colonization has upheld while also providing hope and opportunity to engage in reclamation and resurgence. A second purpose lies in engagement of Indigenous knowledges and languages, and as a method within storytelling traditions. Indigenous poetics as a medium, where Indigenous peoples can recognize themselves, is invaluable (Cariou, 2015). These purposes align with an Indigenist research paradigm that centres Indigenous voices and lived experiences.

Expanding on the purposes outlined by Cariou (2015), McLeod (2015) describes *thinking poetically* where Indigenous storytellers have the freedom to express, “moving away from the epistemological straitjacket and the colonial box that the social sciences have often placed on Indigenous narratives” (p. 89). This then allows the space to recreate in what McLeod names, Cree poetics: “Cree poetics link human beings to the rest of the world through the process of mamâhtâwisiwin, the process of tapping into the Great Mystery, which in turn is mediated by historicity and wâhkôtowin (kinship)” (McLeod, 2015, p. 89). Cree poetics connects contemporary storytellers and poets to the generations that have gone before by grounding in cultural and linguistic rememberings held in the narratives of our people. Plains Cree and Barbadian scholar Tasha Beeds (2015) makes the connections between land and poetry: “Within a nêhiyaw understanding, stories and, by extension, poetry emerge out of and fall back to the land. The land gives birth to story and reclaims its people in the process” (p. 61). This

connection to our ancestors within Cree poetics introduces an ethical obligation and moral responsibility – to remember (McLeod, 2015). Indigenous poetics, as a literary field, offers teachings to Indigenous researchers engaging in poetics in their research. As an action-based way of relating to the world, Indigenous and Cree poetics can present Indigenous stories that demonstrate relationship within and between concepts. This will be discussed further after an exploration of poetry as an arts-based research method.

Poetry in Arts-Based Research. Poetry has been used within qualitative research methodologies for decades, serving several purposes including knowledge acquisition, dissemination, presentation of findings. Narratives that people share naturally fit into the structure of poetry, sharing lived experiences (Furman, 2003; Poindexter, 2002; Leavy, 2009; Prendergast, 2009, Richardson, 1993). Poetry as a craft shares structures, processes, and intent that align with qualitative methodologies. The use of poetry offers a multidimensional, interdisciplinary, and insightful mechanism for challenging structures of research in the social sciences (Cahnmann-Taylor, 2008; Leavy, 2009). Poetic inquiry has been used in research as a socio-political act of resistance, a way to take back power. This aligns with poets who have shared their writing to communicate experiences, memory, place, relationality, hope, fear and/or desire. Through the use of metaphor, lyric, rhythm, imagery, emotion, and self-revelation poetic inquiry can serve as a way of knowing in the research process (Prendergast, 2009). Leavy (2009) elucidates the multi-sensory experience of poetry as an expression of human experience:

Poems use words, rhythm, and space to create sensory scenes where meaning emerges from the careful construction of both language and silences. In this way, a poem can be understood as evoking a snippet of human experience that is artistically expressed as in a heightened state. (p. 64)

The use of poems offers researchers the opportunity to be attentive to multiple meanings, identity work, and layered perspectives founded on the subjectivity of human experience (Leavy, 2009).

Prendergast (2009) provides a thorough review of the use of poetic inquiry in research through her two-year examination of over 230 published peer-review articles. Prendergast (2009) notes that poetic inquiry in research has centred on three voices: researcher-voiced, participant-voiced, and literature-voiced. Researcher voiced poems are written from field notes, journal entries, or reflective writing as a data source. Participant voiced poems are written from interview transcripts, come directly from participants, or are co-created with the researcher, for example in action research. This may also be presented as a blend between participant and researcher voices. Literature voiced poems are responses to literature or theory in a field (Langer & Furman, 2004; Prendergast, 2009).

Leavy (2009) asserts that poetry allows the researcher “to evoke different meanings from the data, work through a different set of issues, and help the audience receive the data differently” (p.64). In using poetry within research – the analysis, interpretation, and writing can be completed through multiple strategies. A study’s procedures should be congruent with the objectives of the research and the epistemological and theoretical foundations of the project (Leavy, 2009). The methodological approach to analysis must align.

The process of writing in poetic inquiry varies depending upon the research question, the purpose behind the use of poetry, and the researchers themselves. This can range from a methodological thematic structure that uses coding as a preliminary mechanism for sorting data, and/or it can be intuitive whereby the researcher is listening and reading the transcript until they find words, phrases, or sentences that synthesize meaning (Leavy, 2009; Prendergast, 2009). Research and interpretive poems are mechanisms through which to present lived experience. The research poem can be helpful when it is important to present the participant’s voice as the primary transmitter of the data while also presenting the data in a condensed format focusing on

the essence of the narrative. Interpretive poems allow the researcher to present themselves and their reflections in the research text, bringing together the participant's story with the researcher's insights (Langer & Furman, 2004).

Voice, representation, and control over the stories being told are principles that can be addressed within poetic inquiry. Saunders, Sherwood, and Usher (2015) outline their use of poetic inquiry to understand and make visible experiences of Aboriginal mental health in Australia. To push back by writing *for* Aboriginal recovery rather than *about it*, voice and representation are key aims in their work. There is an understanding in the relationship that takes place, where the reader reflects on what is and is not said on the page. This is about becoming an active participant to come to a space of knowing. Listening takes place in the context of our worldviews. We hear and place meaning on the words, the annunciations, and the silences from this context (Saunders, Sherwood & Usher, 2015). Poetry in qualitative methodologies provides learning and insight that can be considered in relation to an Indigenist grounded poetic inquiry. In the research design, I outline Indigenist poetic inquiry as the mechanism I used to present the reflection, learning, and teachings gathered in this project.

Indigenist Poetic Inquiry. Indigenist poetic inquiry is the process I used for meaning-making in order to present the reflections, learnings, and teachings gathered by sitting in conversation with Indigenous full spectrum doulas for this work. Poetry can engage with the heart space, providing the opportunity to push boundaries of ingrained beliefs, to elicit empathy, and create a space for understanding and learning. There is significant alignment between an Indigenist paradigm and Indigenous and Cree poetics (Cariou, 2015; McLeod, 2015). In following the core principles of Indigenist research outlined by Rigney (1999), I prioritized the Indigenous full spectrum doulas' life experiences and truths, the assertion of their self-

determination towards cultural freedom, and the critical role of Indigenous peoples as producers of Indigenous knowledges. Poetry, used as a method in arts-based research, also aligns with an Indigenist paradigm. These include the prioritizing of participant voices and lived experience, control over the story that is being told and poetry as an act of resistance (Prendergast, 2009).

Within this meaning-making I engage my bundle to support an environment for *mamâhtâwisiwin* (Ermine, 1995; McLeod, 2015). This intuitive environment includes reading (listening) to participants' stories, reflecting, listening again, sitting in ceremony, and being on the land. During this time, I sought A-HA moments, or *môsihtâwin*. In attunement with this intuition, I sought a connection to the stories with all of my senses.

Once I was ready to begin the meaning-making process, three key pieces were produced per participant: a condensed story, a research poem, and an interpretive poem. First, I created a condensed story of the participant's sharing (Appendix D). Initially I had intended to hold these condensed stories in the body of this dissertation. However, after the story-gathering process was completed and I recognized that the breadth and depth of the sharing had resulted in over 150 pages of knowledge, I needed to reassess my meaning-making strategy. In consultation with advisory committee members, I came to a solution where I would hold these stories in a bundle with this work. Holding these stories in a bundle meant that I am able to maintain the completeness of what was shared and approved by the participants while offering readers the opportunity to gather their own learning from the bundle through their own reflections. While this sounds like a simple solution, it was a solution I struggled with – representing only pieces of a whole, as witnessed in my journal entry:

This morning the crescent moon is a beautiful harvest yellow. I watched it lovingly as I drove home from dropping Chris at work. The moon enamours me constantly. I always look for her in the sky - at night and in the morning. To acknowledge her and thank her for the gifts that she brings in the darkness. When I received my name I was told that my

energy and power comes from the night, from the darkness. And the moon is connected to the work that I need to do in this lifetime. I think of those words often as the moon goes through her phases each month of full, bright, intense glow to a sliver that offers a glimmer of light in the deep and dark sky. The phases teach me that there is always growth and there is always stillness. There is a time for all of the work that I need to do in caring for myself and my community. And at different phases each requires different energy, focus, and action. The phases of the moon remind me that we can grow and we can take a break. We can be still and we can emerge. All of these are beautiful and all of these are still the moon in its entirety. No matter what phase she is in, she is still there. Completely. She is whole even when we cannot see her wholeness. I need to trust that even though I cannot see the entirety of her glow this morning, I know that the dark pieces, the ones that are not reflecting the light today are still there, but are resting. (Personal Reflection, March 17, 2020)

The moon in its entirety is the bundle of stories. The poems that illustrate initial teachings, described below, is a piece of the whole – which doesn't disappear. It is there, resting, waiting to be revealed when the timing of the cycle aligns.

Once the condensed stories were prepared, I used them to further my meaning-making. I have created a research poem for each participant – selecting and highlighting words and phrases from their stories that I feel reflect the essence of a teaching held within their stories. The third product is my own reflective poem. This includes the learning that I have received as a result of sitting in conversation with each participant. With the two poetry pieces created, I reflected deeply once more. I let the poems sit, returning to them after a short time to “look again”, checking to ensure what was created resonates for me. This process I have described is seeking *nistohtamowin*: to ensure I have absorbed the knowledge shared in these stories at a wholistic level in my mind, body, heart, and spirit (Absolon, 2011).

This chapter has provided an overview to my knowledge gathering based on an Indigenous paradigm that is enacted through my Indigenist re-search bundle. My bundle, in practice, uses relational methodology to explore the experiences of Indigenous full spectrum doulas. This methodology has informed my use of natural conversations to gather stories and

make meaning of these stories using Indigenist poetic inquiry. It is important to address the limitations of this study before we move forward to the next chapter that will present the teachings gathered through the stories.

Limitations

Understanding that there are limitations to all studies, I acknowledge the limitations of this work. Although utilizing an Indigenist paradigm is a necessity in this project, due to priorities and congruence previously discussed, there remain limitations. In works that bring together multiple Indigenous Nations, there is a danger of pan-Indigenism, where the nuances and diversity of Indigenous Nationhood is lost in clumping together and generalizing what it means to be Indigenous. It is with this caution that I approached this study and the resulting meaning-making that took place. As a practice of caution, I will return to what it means to be in relationship, as a Muskego Inninuwak researcher, with Indigenous full spectrum doula whose experiences may vary greatly from my own lived understandings of being Indigenous. This is an expanse that was attended to as I reflected on the stories being shared, the participants' relationships and context within which the stories were shared, and my own relationship with the participants and their stories.

Working with participants who come from diverse Indigenous Nations and diverse experiences within their cultures, it was important for me to maintain space for the contexts of participants and their stories to be heard. While there may be experiences that speak across these diversities, my attentiveness to relational accountability must not rush to clump any potential commonalities for fear of the loss of their contextuality, a central principle in Indigenist research. Differing Indigenous ways of knowing, being, and doing can mean that no assumption of shared understanding can be made. I must always begin from a place of humility. This project

seeks to hold up the contribution of Indigenous full spectrum doulas to Indigenous resurgence. This does not assume that the work of the doulas will be the same, rooted in similar philosophical beliefs and values, nor translated into a shared understanding of resurgence. This is not the assumption from which I begin. I begin knowing that there are historical and current contexts within which goals of Indigenous birth workers in Canada and the USA may align and may even be headed in the same direction. The explication of these contexts and experiences will be the point of this dissertation work.

This work will not attempt to find commonalities, identify themes, nor create generalizability. This is not possible given the sample population. What will result from this project, by nature of the relationality of Indigenist re-search, are my own contextualized understandings. They will not be representative of all Indigenous people, nor may they even be representative of the Nations which the participants are from in as much as my own experience as a Muskego Inninuwak re-searcher is not indicative of all Muskego Inninuwak researchers. Ensuring the contexts of the stories are upheld and assumptions about Indigenous ways of knowing, being, and doing are limited, I will attend to and reflect on this in the presentation of the participants' stories, meaning-making, and discussion in this dissertation.

Stepping Forward into the Stories

The process of meaning-making is highly subjective and is borne of the relational space that was created when (where) I engaged with each participant. The learning and teachings that come from this process are highly relational and contextual. They are not prescriptive nor encompassing. As storytellers, as poets, as listeners we are growing, and our contexts are ever-changing. What we take away from poems and stories at one time may be different three weeks from now. This Indigenist poetic inquiry invites readers to enter into their own relations with

these works. To find a space of connection and draw meaning that supports insight, growth, and resistance. The learning I draw from this work will be different than yours, and that is the point. I invite you, as a reader, as we move into the next chapters of this dissertation to create your own spaces of intention, to open your hearts, and to hear into the words into these poems of resurgence. I also invite you to draw out your own learning – to open up the bundle of stories at the end of this work – to listen deeply and centre the lived experiences of the storytellers.

Chapter IV: Indigenous Resurgence: Teachings and Reflections

Speak to me

I open my bundle
Eagles and moons emerge - soar into the sky
Blueberries scatter across the floor and mark a path in front of me.

I open my bundle
My eyes close in reverence
Deep inhalation of sage – so sweet
Reminiscent of fields back home
I feel the sun kiss my skin, blanket the field
Immersed in medicine memories.

I open my bundle
My heart beats in the core
Held gently by my grandmothers.

Thirteen stories
Thirteen moons
Thirteen opportunities - growth, release, rebirth.

I waited for an A-HA
Eagles, moons, and blueberries
Found me.

-GLR June 12, 2020

Overview of the Chapter

This chapter is the one that makes my heart soar. In all of the preparation and the work to get here, holding these stories sparks joy and reminds me why this work of knowledge gathering is critical to Indigenous resurgence. From January to March 2020, for eight weeks, I sat in conversation with Indigenous full spectrum doulas from across the expanse of Turtle Island. From my home located on the lands of the Duwamish and Suquamish peoples in Washington State, I spoke with doulas over the space of these lands. Stories came to me in conversations from New York, New Mexico, Minnesota, Ontario, Manitoba, Alberta, British Columbia and

Alaska. As a result of these conversations there are thirteen stories from Indigenous full spectrum doulas held in the Indigenous resurgence knowledge bundle.

In my journal I noted that the rain had been torrential here in Washington State at the beginning of my time of story gathering. The wind the night before the interview with Alexas in particular was exceptional – howling through the trees. They responded by dancing and swaying deeply to the force. I was truly in awe. As someone who has witnessed the summer thunderstorms of the prairies this was a wholly different energy. The evergreen trees, standing hundreds of feet tall in my backyard, were dancing – and I watched in anticipation. I reflected on the rainy season where I live now and thought deeply about my own understanding of winter. Prairie winters, when the snow covers the ground, are the time of stories. I wondered what it meant for me to be sitting in these lands of the pacific northwest gathering stories in an unfamiliar winter characterized as the rainy season. The rain made me feel slow, purposeful, and reflective – feelings that I equated with winter back home. I found my relation to this time of rest and gathering. The time where we come together to share and to laugh – to learn from one another through the offerings we bring with us.

In this chapter I share my findings of this meaning-making journey in thirteen sections, one for each of the Indigenous full spectrum doulas. I will begin each section with an introduction to who they are, and I will provide a brief context for our conversation and the knowledge that they shared. Next, I will present two poems, culminations from my new journey with Indigenist poetic inquiry. The first poem has been created directly from the words of their stories. This presents a teaching as it relates to the concept of Indigenous resurgence and their Indigenous full spectrum doula work. I want to make transparent that this teaching is not a fulsome account of all of the knowledge that is held in their story, but rather a teaching that

stands out in this moment in time. For me, this is a relational way of sharing one of the many gifts from the Indigenous resurgence knowledge bundle. As previously shared, teachings are contextual in time and space and to listener. We hear the stories and teachings from where we are. When we come back to a teaching, we will hear it from that new space and time, and as a person who has learned other teachings in the interim. This allows us to understand the teaching with “new eyes” and to integrate this new understanding into our ways of knowing, being, and doing. The second poem will be a representation of my own personal learning through engaging in conversation with each Indigenous full spectrum doula. This poem represents my A-HA moments that connects my heart to the work of Indigenous resurgence. This is a learning that, through being in relation to the teller and this project overall, I will carry with me in my own bundle. As Shawn Wilson (2008) so aptly states, if research does not change you, you are doing it wrong. I have been permanently transformed by this work and I am humbled and grateful.

Gathering Together: Gifts from the Bundles of Indigenous Full Spectrum Doulas

Alexas Esposito

Alexas reached out to me after viewing my poster which had been distributed on social media. After our introduction call at the end of January, we agreed to schedule a time to have a conversation about her experience as an Indigenous full spectrum doula. I sat in conversation with Alexas at the beginning of February over a video conference. I prepared myself for this conversation with Alexas by offering tobacco, lighting a candle, and bringing a grandmother rock with me to the video call. Alexas joined me from a busy café and while I worried that the space may be distracting for me or her – this was not the case – and the stories that she shared

seemed not to be impacted by the bustling occurring outside of the frame of the video call.

Alexas shared this introduction at the beginning of the conversation:

I'm Alexas Esposito. I was born in San Antonio to Lisa Williams and Germán Muñoz Ramirez as, Janae Ramirez. When I was adopted, my mom changed my name to Alexas. I was adopted by Pamela Kimberly and William Esposito. And that's a long story, everything to do with my birth. My tribal name is Kukubana Inaru Iyeri which means Firefly woman man, cause I'm two spirited. I'm from the Taino Nation. In my community we call ourselves the Ara'o'cibaniku Maisi Guaní Yukayeke which means the mountain people of the stone watering corn. And the Taino people are from all over the Caribbean. My grandmother was from Cuba, and my mentor, his family is from Puerto Rico. But we have relatives on the Dominican Republic, Haiti, Jamaica, all of the lesser and greater Antilles. We're just one big family. So that's a little bit about me. (AE, para 1, 2020)

After college, Alexas worked with families as a nanny. Being around children was something she had always loved. At the same time, she was exploring her identity and learning what this meant for the work she was ultimately being pulled to:

I realized that at the crux of my identity was my birth and my birth story. And I didn't know anything about it. I didn't know who my biological parents were. I didn't know anything about who I was, except for what my mom told me, which was a little misinformed. She did her very best. As I started to really explore my identity, I didn't realize until a few years later that everything that I was thinking about was centered in this world of birth. (AE, para 2, 2020)

Alexas discovered the work of doulas when she started exploring birth work and made a connection between this role and traditional practices that she was learning about:

And I realized I wanted to embark on this journey of becoming a traditional birth worker - and that's been a journey. There's nothing about it that has been close to easy for me. It's been the hardest thing I've ever pursued in my life. (AE, para 2-3, 2020)

Eventually Alexas does want to become a midwife, and she has gone back to school to walk this path. She does struggle with the implications of the current health care system on the lives of Indigenous families:

And honestly, I have no interest in helping babies into this world and putting them in the system. I know that a lot of people need help in hospitals. I know there's a lot of injustice, discrimination and violence that happens there. I still don't know if that's the place for me, even though I know that I would be needed there. (AE, para 15, 2020)

In conjunction with learning about traditional knowledge around birth and supporting people who give birth, Alexas is passionate about the full spectrum of reproductive care. This includes a connection to land and the food that we grow and eat. Many stories that she has shared illuminate the connection between Indigenous birth and Indigenous seed keeping. This poem, “She has the seed”, signifies a teaching that was gathered from my time in contemplation with the stories that were offered in our conversation.

She has the seed

It started with, who am I?
Where did I come from?
To grow into who I am as an Indigenous woman
I realize the importance of taking care
Of birth, women, and life
It's been an incredible journey, understanding
How I fit into this world
How I help my people.

I have been learning from Elder Joe Soto
My offering to him
To understand who I was - my roots
Within a year I found my biological mother
Within a year after I found my biological father
There's something to this
something about tobacco and prayers
in this way I don't understand
That was the beginning of this long journey
He's my biggest influence as a birth worker.

The same time I was starting to embark on this journey of birth keeping
I started this whole process of seed keeping
Growing up, I always had this fascination with corn
I love corn
I had this dream
I always wanted to grow corn
This fascination
Two things gestating
Taking care of women, learning about birth, taking care of babies
Taking care of seeds and growing our own food.

That part of the path has been easier for me
Indigenous seed keeping
I was saying,
I need to find the corn of my people
It's been lost
Bring them back to the islands
I set that intention and this whole world opened up
A couple of women up in the Onondaga Nation
Have been teaching me about seeds and corn
It was serendipitous.

Angela Ferguson, she came into this collection of seeds
Carl Barnes, a Cherokee Appalachian seed keeper
he had thousands of different varieties of corn
he would grow them year after year
I had this thought in my head
she has the seed
she has the seed
Then...
we might have the seeds from your people, let's go look
She opens this door, this room had all of these little jars of corn
Corn from all over Turtle Island.

I understood at that moment why corn is so important to our people
Corn carries all the stories of our people
With every little kernel of corn, it's a little human life
It has this lineage that comes from the stars
Carries all of the knowledge inside of it
To reproduce - the whole Nation inside that one kernel.

She's digging around
takes out these few jars
here's a couple of corn from Cuba
At that point we're just sobbing looking at these jars
you guys can open the jars
So, we open them and we're still looking at them
you guys can put the seeds in your hands
I realized that I asked for this, but I didn't do this
This is my ancestors.

I've come into a different way of thinking and looking at the world
Stepping into who I am as an Indigenous woman
Not being afraid of it
A lot of conversations need to happen before birth
Even before conception

Working with them at least four months before they conceive.

This goes back to the seeds
You can't just plant it at any time
You have to understand
seasonal cycles
where's the best place to put that seed
if that environment is a bit off, the soil is too acidic, too basic,
If it's too wet
To have an awareness before you plant the seed.

Similar with our bodies
I'm starting to understand the connection
Between our life experiences as far as trauma
Our family's experiences
Intergenerational trauma
Our nutritional scope of our body
One affects the other.

Understanding the cycles of our seasons
Where live we start our seeds late April, May
That's a good time to plant
Harvest in October
Think about conceiving around that time of harvest
Prepping your body
Using all of those nutrients grown in the soil that you're connected to
Nutrients from your local environment
Eating those foods, getting healthy, getting the energy
Preparing around harvest time
To conceive around late February.
It's a new year, this time of year
The cosmos are aligned, baby comes, and you conceive
So now looking all the way, nine months, we've come to harvest
You have your baby
Your body's depleted because you just went through labor
You have all of those fresh foods again to fill your body.

I want to be a person that knows how to help babies come into this world
Do whatever I can to ensure wellbeing
It should be normal to have a doula
It should be normal to support somebody that needs one
It should be normal to support somebody in your community that's pregnant.

I was very moved in my time with Alexas. She shared so freely of her deeply personal journey
into knowing herself and in coming to know her purpose in this life. As I sat in deep

contemplation with Alexas' stories I worked to make meaning of the learning that I am taking away, reflecting on the impact she has had on me I kept coming back to the visual metaphor of a seed, and speaking our hopes and dreams to the seeds. In speaking aloud my own intentions as an Indigenous woman working to support Indigenous resurgence, I am inviting these dreams to emerge and grow. This learning is represented through the poem, "Gift of a seed".

Gift of a seed

The rich dark soil wraps its warmth
Around generations to come
They come from the stars
Wait for the light to emerge over the horizon
Wait for the song to call me back home

Broken Cree stumbles across my lips
I speak my promise
To tend to this earth for this cycle

I come with intention
Learning about the land that I am rooted to
About the tethers that hold my body to this earth
How to foster a relationship here
How to foster a relationship there
How to attend to the cycles of seasons that will nourish and replenish

I trust the power of tobacco and prayers to guide and provide direction
There is power as I answer this calling
Affirmations move me forward, and I seek solitude
The veil that was lifted, pulling back an Oz-land curtain
Reveals machines that run the nations
Expose illusions that have been created

Into the woods to find myself
To know my relationship with the trees
I grab a handful of soil
Speak to the seeds my prayers
Bright buds crack open the shell

Broken Cree stumbles across my lips
I speak my promise
To tend to this earth for this cycle

- GLR August 1, 2020

Chrystal

I sat in conversation with Chrystal over two meetings ten days apart in February. We met over a video call. During the first introduction call Chrystal was ready to share immediately, so we took a brief break to get ready and had our first conversation on the same day as that initial call. For me, a consummate planner, it felt spur of the moment and I recognized I needed to prepare and situate myself with intention to be in conversation. I acknowledged the reset I needed to make, and I grounded myself as we began our video call. Chrystal began by introducing herself:

Kwey kwey nidijinikaz Chrystal. Omamiwinini anishnaabekwe . I said hello, my name is Chrystal and I am an Anishinaabe woman of the Down River People. I come from the Great Lakes region. I'm also a mashkiikiikwe which is a traditional plant medicine woman. I'm absolutely an apprentice, beginner. I've been really blessed to meet a few mashkiikiikwe that know thousands of plants and I feel like I'm over here, knowing 14. I'm scratching the surface. I'm a spiritual advisor. I'm a traditional counselor and I'm someone that has a lot of lived experience and a lot of inherent knowledge and blessed to be here on my ancestral land. (C, 2020, para 1)

Chrystal lives in Ontario, Canada and has been involved in birth work since 2015 when she completed the Indigenous full spectrum doula training in 2015 through the Native Youth Sexual Health Network (NYSHN). Chrystal experienced a profound moment in the training when the facilitator's Auntie came to share teachings:

She talked to us and connected the Sky Woman origin story to how our bodies function, how our ovaries worked, how matrilineal DNA works in our bodies. How it all works, the ocean tides and how the moon and the phases affect the tides, and how the crops grow. It all clicked. The niece who was the core facilitator, she said at one point, we are

intelligent beings and we've all - we've evolved like everyone else, every other human on this planet. She goes, “you have to think that your ancestors were knowledgeable and knew how to explain to each other these changes, these waves, these cycles. You have to think that after hundreds of years would have observed these things because they were intelligent beings.” It was the first time that anyone had said anything remotely like that to me about Indigenous people and their beliefs and their views. Because it had always been reduced, minimized, a kind of a rudimentary version. (C, 2020, para 6)

The training was made accessible to all NYSHN participants in that the only request for remuneration was to pass on in the world the knowledge and skills they had learned.

Chrystal was immediately able to share her skills in a role she held as a family home visitor with Ontario Native Women’s Association where she assisted families using a multi-layered approach to family-centred care. Working within a system that supports people who are intergenerationally impacted by colonization and remain systemically underserved and under-resourced was a challenge and Chrystal decided to leave and return to work with her community:

There was a lot of vicarious trauma that was caused by having my hands tied, watching moms get separated from babies. It's just as hard, there is an element of social work burnout where you do see backsliding and you do struggle with accessor abuse. But those are small portions for all the big parts where you did really help, and advocate and you keep hanging in for those moments. But at some point, I had to say this is not my next 10 years, I have to find my next 10 years. It kept becoming more and more clear that my doula work was where it was for me. I wanted to be self-employed and my doula work – there was a point when I only wanted to fully define where I was on the doula spectrum. That helped me work it out, doula care. It helped me work out that I didn't want to be a social worker. I was trying to provide real care with my hands untied. (C, 2020, para 11)

While Chrystal began her work as an Indigenous full spectrum doula assisting families with birth, she soon moved to another area of care on the spectrum, as a death doula:

Full spectrum doula work is life, death, before birth, after death, the middle, all the middle. It's where people find me when they need me, and I can fairly give of myself to them. That's my work that I do. Full spectrum has been living my life in a good way and meeting people where they're at when they come up on my path, because it's not always long-term care that I offer. (C, 2020, para 16)

Becoming a full spectrum doula, learning about plants, and supporting people as a death doula have all been a part of Chrystal’s journey of reclamation and resurgence. To learn and connect

with ceremony, plants, traditional knowledges, and to reclaim this knowledge as a practice for building a community of care. Chrystal has hope that by sharing her work this can support others on their paths as helpers within the full spectrum. It was clear to me in my time with Chrystal that she feels there is significant potential for the teachings held in the work of Indigenous full spectrum doulas to heal, connect, and empower future generations. This poem, “A doula revolution”, signifies a teaching about Indigenous resurgence through Indigenous full spectrum doula work gathered by sitting with her stories.

A doula revolution

I have paid close attention
for a long time
to the mothers.

I officially took training in 2015
the facilitator’s auntie
connected the Sky Woman origin story
 To how our bodies function
 To how our ovaries worked
 To how matrilineal DNA works in our bodies.

The ocean tides
the moon
how crops grow
it all clicked.

*Your ancestors were knowledgeable
knew how to explain to each other these changes, these waves, these cycles
would have observed these things
because they were intelligent beings*

It was the first time
anyone said anything like that
about Indigenous people.

When my mother was pregnant with me
 there was DNA in my body from my mother
 my grandmother
 her mother

infinity.

We have to look back
to know where we're going.

In the city there's a lot of plants
we don't look after
we don't consider
we try and eradicate
dandelions
 miner's lettuce
 plantain
the strongest plants we need the most
thriving in their offering to us
we're so unwell
hardiest of plant warriors
to offer themselves
to help us.

I had to find out
where I was comfortable working.

Life
death
before birth
after death
the middle
 all the middle.
people find me when they need me
they come up on my path.

Families want to know
culture in birth
ideas for ceremony.

Your culture belongs to you.

People get alienated from cultural spaces and events
 you should be this
 you should do that
 That's not how we do it
 You don't know the protocol
 Oh my gosh, you're not wearing a skirt
it's your practice of spirituality
it belongs to you.

Restoration.

Dismantle the oppression
I'm not the culture police
I'm not the skirt police
I'm not the identity police.

People can't be scared of smudging the wrong way.
they can't be scared of welcoming their babies.
they can't be scared of not getting pronunciation right.

We're all learning at different levels.

Birth doula training
death doula training
It is restorative
It should be the modern rite of passage.

I want to see
doula care being taught
with youth educational experience
connections of the moon
to our bodies
to our plants
There's so much magic and wisdom there.

We are incredible
reclaiming what we've lost.

The revolution is with the doulas
a mechanism to return to what we were once already
It starts with doula.

As I reflected on what I will take with me from Chrystal's stories, I was drawn to the teachings of Cedar, and the protection it offers as we continue to do our work towards Indigenous resurgence. "I place cedar in my moccasins", describes this reflection.

I place cedar in my moccasins

Buds sprout through rich dark soil
I wonder if the rabbits enjoy
their bright green tendrils

ask them for their offerings

plants are medicine
promises of tending and nourishment
I talk to the plants in my yard
wonder their names

knowledge lost
I've never been good
at remembering names
they stare me down, waiting

Plants are my cousins
food sovereignty
is body sovereignty
is Indigenous resurgence

Cedar helps us take care
spirits ushered in and out
through Grandmother spider's web
watching over and protecting

Aunties teach us how to be
a community of care
for one another
linking arms and raising voices

These gifts belong to us
no shame, no doubt, no apologies
just a promise to tend
a promise to nourish
ourselves and one another

- GLR July 7, 2020

Rebekah Dunlap

After our initial meeting to learn more about this re-search, Rebekah and I sat in conversation at the end of January and beginning of February. At the beginning of the conversations we each grounded ourselves with medicines. I cleaned the sage from a stalk and rolled it gently into a small ball with my thumb and forefinger. The scent of the sage stands out to me, as it reminds me of home. When I lit the sage, the smoke cleared a space for myself filled

with the intention to come together and share – where I could receive what was offered by Rebekah through her stories. At the first conversation I invited Rebekah to share an introduction:

My English name is Rebekah Dunlap, but my Ojibwe spirit name is, Waawaase Amoog and that's the way that the spirits recognize me. I was told that I am the bright white lightning that lights up the sky. So, in the middle of the darkness, there I am. My clan is the Martin Clan. I'm from the Fond du Lac Ojibwe Tribe - it's right on the tip of the nose of Lake Superior. It's a really beautiful area. That's where I was raised. (RD, 2020, para 1)

Rebekah has been a practitioner in health for over fifteen years. Her roles have included a Licensed Practical Nurse (LPN), a Public Health Nurse, an Indigenous doula, and a leader in the Fond du Lac Band community health doula program in northern Minnesota. Rebekah is currently a doctorate student in nurse midwifery and is working towards her goal of opening an Indigenous birth center on Fond du Lac Reservation.

During her time as a leader in the doula program, she worked to Indigenize the program in order to support families in ways that were congruent with local practices and teachings. Her work to Indigenize meant supporting doulas to build their birth bundle with medicines and tools they would need to support birthing people. This also meant bringing in knowledge keepers, such as Dorene Day to share teachings and knowledge about pregnancy, birth, and postpartum times. In viewing birth as ceremony, the doulas were able to create a space to honour this time of life.

Rebekah is excited and inspired by learning about the work that others are doing internationally, in New Zealand for example, where she spent time learning from Indigenous birthworkers. These connections have helped her to see that she must go back to the lands where she is from; this is where her knowledge is rooted. This has meant returning to knowledges held in the fires of her own community to strengthen this foundation for the birth workers there. The land, language, and knowledge keepers nurture strong Indigenous birth workers by enacting local ways of being and doing. Rebekah believes that supporting people to connect, care for, and be

there for one another is crucial to strengthening community. In turn, coupled with necessary systemic changes, this can decrease disproportionate Indigenous maternal mortality rates.

A teaching that came through strongly in my time with Rebekah is the role that Indigenous full spectrum doula play in Indigenous sovereignty through the return of birth and birthing knowledge to Indigenous Nations. The following poem represents this connection between Indigenous resurgence through Indigenous full spectrum doula work gathered from my time with Rebekah and in sitting in deep reflection with her stories titled: “Stoking the fire”.

Stoking the fire

My dream is sovereignty
a birth center
for people to have
their fire
birth lodges
gardens with medicines

I have a vision.

Somebody had given me tobacco
to speak about my experiences
I was honored, I received a message
have your birth center at your grandmother's house.

There are fires being lit
embers from my ancestors
everything is aligning
when the time is ready
it'll come together.

We were always doing this
there wasn't a term
maybe auntie or grandmother
young women would be watching
carry that knowledge
continue that work.

We used to have grandmas, grandpas, uncles, aunties, little ones

they would laugh around the fire
take care of the family
hold the baby to hear those songs and those stories
First words in their original language spoken
Internalized right from the beginning.

Connect our babies to this earth
burying placentas
keeping belly buttons with them
that would heal our communities.

Support can make a big difference
it's powerful and meaningful
a birth worker
it's not easy living in survival mode
we can be there to support them
helping people share their story
preserve that sacred memory.

There are so many fires being lit
people starting to do this work
we can all learn from each other
we can respect each other's separate ways
every Nation has their own way of doing things.

I see a rebirth
a resurgence
like the heartbeat
the drum is sounding
louder and louder.

Fires burning hotter
birth lodges surging
people rising.

We carry inherent knowledge
we know the sanctity of our women and their waters
we carry the medicine
it is for us to write the story
that is reproductive justice and it's bad ass!

When I reflect about my time with Rebekah, I muse on the small worlds that intersect and collide as we shared relations. My time with Rebekah filled my heart and reminded me to reconnect

with my passions for the work I do, knowing that this work is being held by so many hearts across Turtle Island, building towards resurgence together. The poem, “Offering my heart in my hands”, represents my personal learning.

Offering my heart in my hands

darkness sits heavy
a flicker of a flame
a whisper
Tobacco
a nudge of the Ancestors

find your way...
find your path...
we are waiting for you here...

listening to the whispers - the flame grows
gathering kindling
preparing for a journey, *where?*

resurgence held in your homelands
rebirth of memory
how to sit with
how to be with
how to care for
how to hold one another up

gathering a Bundle
carry me forward
connecting us from generation to generation
umbilical cords of relations
held in pouches
so you won't forget
 where you come from
 who you come from

birth of a passion, ignited
anger pulsing and overflowing
becomes a focused energy

we hold the systems accountable
racism seeping into birthing rooms
walls radiating stark cold sterility

held back by the sweet smoke
rising and fanning a space of protection
purification, love, and belonging

the flames flicker stronger
now, even when darkness comes
it doesn't stay long
it isn't so dark
you are not so alone.

- GLR June 5, 2020

Candace Neumann

Out of the thirteen people whose stories are presented in this dissertation, I have previous connections to two individuals. Candace is someone I have known peripherally through my work in Winnipeg. Winnipeg is a small city, by degrees of separation, and our community circles overlap greatly. However, I did not personally connect with her until my work at the Winnipeg Boldness Project. Despite this, and because of the relational way that Indigenous communities engage with one another – her reputation preceded her. Her gentle heart and fierce passion are qualities that I came to know about Candace. This, coupled with the depth of experiences and ways of working that she possesses, led me to invite her to sit in my Community Advisory Circle. I was excited when Candace reached out to share her stories about working as an Indigenous full spectrum doula with me. After the introduction call, I sat in conversation with Candace over the phone at the end of January. She shared this introduction:

My name is Candace Neumann. I have two spirit names. The first name I have is Buffalo Child. And then a couple of years ago, I was given the name Leads with Light. Both those names I received in ceremony. Those names are really important to me. Especially with my first name, Buffalo Child, that has taught me a lot and actually helped me through some really hard times. That second name, I'm still learning about that and establishing that relationship with it. But I think it's important to have those names included when I introduced myself because those are the names that exist for us before we even come to the physical world and as we achieve things in our life, even just being born and coming to the physical world, that's an indication of that name to come to us. I just wanted to share that. (CN, para 1, 2020)

Candace reminded me so deeply of home when I needed to feel connected. Even though I am one to complain about the bitter cold and not being able to acclimatize myself to live back home with the freezing winters, there is such beauty. She shared a story that reminded me of this:

I'm a Métis woman. I was born and grew up in Winnipeg, Manitoba, Treaty 1 territory in Canada. This land that I live on is very important to my identity as well and is very connected to my heart. Even - I lived in Toronto for about 16 years and whenever I would think about a place, when I needed to de-stress or calm myself down, I would always think about the prairies. Because it is a very specific type of landscape that is often disregarded as being nothing, because there's no huge trees or huge mountains. But there's huge sky and huge spirit. I just really love this landscape so much and it's very soothing for me mentally. We're in the middle of winter right now and there's many days when the sky and the earth actually match each other in color. There's just something really magical about that, that I don't think people really get that aren't from the prairies. I don't think that they can appreciate that as much as somebody who is from here. So, this land is - this landscape is very harsh in the winter. It's very hard. And so, I think about our ancestors a lot and everything that they had to do to get through this time of year. And it just fortifies my spirits and strengthens me. Especially, depression is a huge thing this time of year. (CN, para 2, 2020)

Through this story Candace shared to begin our conversation, I felt that the hard time I was experiencing due to the rainy winter months was validated. I was reminded of the sunshine and lands from home and in visualizing these spaces, I felt a little less homesick.

The beginning of Candace's journey to birth work began through her employment in different Indigenous led organizations in Winnipeg and Toronto. She also made strong ceremonial connections that led her to explore what it meant to support people who give birth:

Things started falling into place. I met an Elder who is also part of that Sundance family. And she told me that I was, I can't remember the exact word, but a keeper or guardian of that doorway between life and death. And she said that for me, if I worked with either birth or death, that's somewhere that I'm meant to be. From there, I started seeking out that knowledge. I took the doula training through Birthroots, it's a DONA training. I took that and I was intrigued. But, again, I didn't feel like that was enough or that I didn't even belong there, because it was not a safe space for Indigenous people. (CN, para 5, 2020)

The stories that Candace shared were powerful descriptions of what it means to work with people in a space of harm reduction: where unjudgmental access to ceremony is a right that we

have. This connects to a broader vision that Candace holds for the contributions she makes in her work.

In her work with Zaagi'idiwin, she has travelled across North America co-facilitating trainings for Indigenous full spectrum doulas. She compared the ceremonies of these different Nations and the stark contrast in what she learned in mainstream doula training:

In the Indigenous full spectrum doula training work that I have done across North America, I see that there are connections in birth. It's all connected. I think even though it's different communities, a lot of the ceremonies are very similar. The way that they talk about the ceremonies around birth, there's a lot of similarities there. Also, there's similarities when people learn this stuff, when they hear about birth, and what birth is, and the ceremony around it, and the way we talk about the different things that we talk about – people connect to that. The mainstream doula training that I took, we didn't talk about the ceremony of birth. I think one of the common things across our trainings is that people really mourn for that lost opportunity that maybe they didn't get to have with their own pregnancy and birth. Or a loss that they may have had, whether it's abortion or miscarriage or stillbirth, or just a sadness of not having this knowledge shared. We would have known this from a younger age, we would have known this. (CN, para 20, 2020)

The connection Candace feels to birth work is linked to a broader goal of healing and resurgence as a counter to hundreds of years of colonization across Turtle Island:

Birth work, this work, my work, is one more piece of the puzzle. It gives people back, the access to their inherent right to have their babies in a way that feels good for them, and for community. I think about the land and where people's homes are and how those ceremonies were happening on the land, have been happening on the land for thousands upon thousands upon thousands upon thousands of years. In the past 200 or so years, they kind of stopped, then all the issues with the environment and people, taking stands against different industries, trying to access the resources on their land. I think about that. That land is wanting those ceremonies back. Especially for some of our communities, there's death, there's suicide, there's addiction, their children are gone because of CFS [Child and Family Services] or there's no birth there on that land. And so that land is hurting just as much as our people are hurting. (CN, para 27, 2020)

Candace noted that the work to train Indigenous full spectrum doulas is about so much more than the training itself. The training lights sparks in communities, re-connects knowledge and practices, and begins reciprocal relationships to traditional lands to support healing.

As I sat with the stories that Candace shared, a teaching related to the use of Cedar and Water in ceremony, healing, and reproductive justice stood strong for me. The following poem, titled “We use water as medicine”, represents a teaching that I have gathered as a result of my time in deep contemplation with Candace’s stories.

We use water as medicine

I was doing work that was in tune with my spirit
When I started doing Cedar baths
A ceremony I was given through Elder Josephine Wood
A healing ceremony connected to dreams and visions.

I did Cedar baths on pregnant women
it was amazing the things I saw, they saw
In ceremony for healing
When I started working as a doula
I had that comfort, to create sacred space in relationship.

My first paid doula job was a youth in care
She didn't know me much
I'd met her a few times
She wanted to have an abortion
I traveled with her into the States, to her appointments to support her
The day of her appointment, she couldn't do it
We had a conversation about that
I said,

*if you didn't have to worry about anyone
what anyone said
what anyone thought
what would you do?*

She sat there for a minute
“I prayed to God and God said to have my baby”
We thanked the clinic and left
That was truly full spectrum
I supported her through her pregnancy, labor, delivery, postpartum.

My goal with everything that I do, every single choice

Is ending violence against Indigenous women
To be a support so they can find their power, know their power, feel their power
We have inherited trauma, shame, all kinds of things that we shouldn't
I remember Leslie Spillett, hearing her say,
These are appropriate responses to the things that have been done to us
That opened something up inside me
If I can support someone
Give them a Cedar bath, a safe space
Give women space to feel that joy, that happiness, that safety
It transfers onto their baby.

A woman, I know her from community work
She got pregnant and had her baby, she had a lot of birth trauma
Her baby was almost a year old
She wanted a Cedar bath – she was still feeling a lot
It was hard to let go
They came to my house and I gave her a Cedar bath.
I saw a lot of stuff about her baby, from working on her
I showed her how to give her baby a Cedar bath
*It's important that you are the one that, that does this
because you know everything that happened
when you do that work, it'll help to let that go*
I supported her in that way.

I worked with a woman
who found out that she was losing amniotic fluid
She was 21 weeks, very early
I had talked about the Cedar bath the day before
She said, “do you think you could give me a Cedar bath?”
I talked to her about ceremony
Sent her links to a water song
pray with water
Do a water ceremony every day
Sing this song, learn this song
Put your offerings out.

It was just after Christmas, I gave her a Cedar bath
I talked to her about things that came up, that I saw
A couple of weeks later, she had her baby and he's okay
He was quite early but he's doing fine and she's doing fine

I believe in that water ceremony and the power of water
I think that she was really able to use that to help her through that
Water is the greatest harm reduction tool
If we can respect it, use it
Water is the most beautiful medicine.

People think that ceremony and that certain things are not for them
Because they're not worthy or something
It's complete bullshit
Somewhere along the way, our ceremony and some of our ceremony people have
been colonized
Made it very exclusive
Put restrictions on ceremony and medicines
That's not how Creator works
That's not how spirit and ceremony work
Ceremony is there for you when you need it
You don't have to be any special person
To access medicines and ceremony, do them for yourself
Do a water ceremony, prepare tea, cedar baths for children.

A lot of the Elders that we do work with
Are so generous
This belongs to you and you belong to it
Just because you don't know the little things
doesn't mean that you don't belong to it and it doesn't belong to you
I just loved that.

The process of meaning-making for this dissertation has felt like a test of endurance. At times I felt flooded and overwhelmed by the enormity of the sharing that I am holding. In my time reflecting on Candace's stories, I come back to the way that she carries herself as a beacon to love and be loved throughout my work. The culmination of this reflection comes through as a personal reminder in this poem, "It's okay, be gentle to yourself".

It's okay, be gentle to yourself

Aunties hold a circle with fierce determination
Arms linked and ready - energy pulsates and a call goes out

My spirit, searching for centuries, stumbles backwards
Listen.
My head turns and I pause
My crutch, the intellectual that I rely so heavily on
Takes a moment to catch up to the intuition flooding my senses

Visions flash recognition
A waft of Cedar affords me gentle protection
Go deeper.
Acute vision broadens miles beyond the circle of aunties
A vast expanse of land, tall swaying grass beckons
Poplars avow to hold me close in their rustling leaves

How I hold myself matters
How I hold myself accountable
How I hold myself in relationship
With gentle unwavering love
Matters.

I learn to be in relation
As the Auntie's share their sacred breath
Calling each other in to circles
Protection to remind us- remember, we are sacred

Placentas finding their way home
To the lands that remember the prayers
From generations before
Crossing soft lips in languages that make my heart heavy and joyful
simultaneously

I open my own to speak softly
into the trees and the grasses
To witness my existence
To feel the mark I will leave on the ground

- GLR July 28, 2020

Sarah

Sarah, who is using a pseudonym, is one of the very first people who reached out to me when I started recruiting for this re-search. Sarah is one of the two people that I have had a connection to prior to the re-search, and we have known each other for close to ten years. I was

honoured when Sarah reached out to me. Sarah and I sat in conversation in the last week of January. In preparation to listen to her stories, I placed my tobacco and spoke my intent in this work. As we opened our telephone conversation Sarah introduced herself as follows:

My name is Sarah, I'm from [Manitoba] First Nation, I live in Winnipeg, Manitoba, and I am a mother of four. (S, para 1, 2020)

It was interesting listening to the journey that Sarah has taken in her role as a helper. She described the role of her dreams in her travels from death work to birth work and back:

My journey with birth work and in this work, started about 20 years ago, actually. It started from a dream that I had. It was a dream of me going to a place in a hospital. I'd walked up to a wooden door and it had a number on it, 387. I knew when I opened that door, there would be death on the other side. It's kind of started funny, right? It starts with death work and being interested in death work and doing that, and then thinking, let's just start at the beginning. That's how I got into being a birth doula. (S, para 1, 2020)

Sarah completed her Indigenous full spectrum doula training three years ago. During the training participants shared their birthing stories and also sought birth stories from their mothers.

Exploring her mother's birthing stories was powerful and emotional for Sarah:

My own birthing experience, I didn't get a lot of support. I didn't have a doula at the time, I didn't even know that that was an option. My two older children, they're 25 and 19, it's some time ago. When I was doing the birth doula training, there was a time where we had to look back into our own birthing journeys as mothers and then also for my mom. What came up was that my mom, she had a lot of traumatic things happen around birth. She would have had 12 children had they all survived. Six, she lost six boys and some of it was through violence. She had miscarried because she got beaten up by the father and by my dad too. Some of them were stillborn and some of them had died. Two of them had died after being born a few days. And I remember talking about that and just crying, because I had never really realized that my mom had gone through these things. Then also in my birthing, I didn't have the support that was needed. So, to being able to provide that for people, I just think it's a wonderful and beautiful thing. (S, para 8, 2020)

Sarah felt deeply connected to the cultural elements of the Indigenous full spectrum doula training.

When I worked with Sarah's stories to understand a teaching held in her work, I came to reflect on the varied roles that are held by Indigenous full spectrum doulas. It can be hard to

categorize this work, as it can feel and look like a way of being in this world where the doula makes time to show up in spaces that they are called. This may or may not always be in the area of birth or reproductive justice. The following poem, “Reflecting on a helpers’ role”, is one teaching about Indigenous resurgence from my time sitting with the stories that Sarah shared.

Reflecting on a helpers’ role

Last year, I went to a birth to support my friend
I supported her before baby, while she was giving birth
Then she had the emergency C-section
I've been supporting her ever since
we have a pretty close relationship
it was very open right from the beginning
I went over and visited with her, asked,
what's your birthing plan?
We talked about a lot of things
what would happen if the birthing plan didn't go the way she initially planned
And because me and her are close, I'm like,
are you okay with me seeing your vagina?
It's a very personal thing, right?
I mean it's a very vulnerable position
I wanted to make sure that she was able to tell me things she needed to say
without worrying about our friendship,
I need you to know that if you want me to leave the room, to tell me that
We had open and honest conversations.

On the day of having her baby,
She went in at 11 o'clock at night
It had been a full workday for me
I went to the hospital and stayed with her
It was such an interesting experience
Even though I've given birth to children
I didn't get the support I needed
Then being there to support her, it was brand-new
I knew what to do without worrying about it
I could see and feel
Sometimes she would go into panic when the pain started
I would be sitting there looking at her
Then I would start deep breathing
It was an automatic thing
She caught on and started breathing deeply
It was calming.

My own birthing experience I didn't get a lot of support
I didn't have a doula
I didn't know that was an option
When I was doing the birth doula training
we had to look back into our own birthing journeys as mothers
My mom had a lot of traumatic things happen around birth
I remember talking about that and crying
I had never realized my mom had gone through these things
In my birthing, I didn't have the support that was needed
Being able to provide that for people
It's a wonderful and beautiful thing.

I really like traditions and cultural pieces of any work that I'm doing
When we're giving the cedar bath for the baby
we don't know what kind of journey they had when they were coming here
cedar water is used as a way of protection for us
It helps clear away negativity they may have had while they were coming here
a spirit travels and it's traveling to the mother
When the baby is born, the first gift of life is that breath
It's always very important to honor that.

The song I sang, I learned from doing the training
It's a song that a mother or father would sing to the baby
connecting with and welcoming the baby
our children are gifts
We want to cherish and honor that
I also did that for another friend when she had her baby
I know this Cree song that honours women
the day after she had her baby I went there and I sang the song for the baby
They were crying, it was a really beautiful moment.

Identity is a critical piece
Without my identity, I was pushed a little more
My decisions were based on other people's judgments
Now that I'm in my space of identity, I know who I am
I find that when I'm in that space, I am honoring myself
I'm hoping that through all this work
people are able to realize and see their self-identity
I think that's such a critical piece of learning of who we are
Realizing what it means to be in our sacred roles as women
what it means to be a matriarch
in our home and in the community.

I feel like the work that I do is planting little seeds with people
You have a right to say what it is that you need

You have a right to say what it is that you want
You have a right to say no
You have the right to say yes.

It's planting seeds but also watering that garden of creation
That's what our roles as helpers
We don't always get to see the end result
Indigenous doula work is critical and important work
When we're starting out in a good way with ceremony
That changes lives
Repairing what was interrupted
Long time ago, all these things were done automatically
There was no thought or question
Women were supported and taken care of by the community.

The learning I have gathered in my time of meaning-making with Sarah's stories came as a surprise to me. It took some time for me to gather my thoughts and feelings into a coherent reflection. A particular moment in Sarah's stories stood out to me, when she spoke about her mom's birthing experiences. I felt a deep sense of loss in my lack of stories about my birth, and a lost opportunity to learn more as my mom is living with an acquired brain injury. This can make recalling moments challenging and unreliable at times. The poem, "My story taped together", represents a learning I carry with me from my time in conversation with Sarah.

My story taped together

What is the story of my birth?
Too late - by the time I could ask
When the strength of my voice found her presence
Now I gather pieces of memories
Hold them in my arms as I pick up another
Building a fragmented story, taped together
Ask questions I hope will spark recognition
Hold the conversation for just long enough to
Learn more
Tell me more

I will carry this regret with me
And I will learn
I will learn

I will learn

How we come into this world
How we leave this world
Birth and death and in between
A space for healing is transformational
Ceremony helps me feel heard
Makes visible my experiences

We all have stories to share
In birthing rooms, in homes, in hospitals
I can witness and help you remember
I can stitch together stories of birth and death and in between
I will learn
I will learn

- GLR July 18, 2020

Nimis

Nimis is a pseudonym, denoting an older sister in the Cree language. I spoke with Nimis at the beginning of February over the telephone, sharing introductions, and she agreed to sit in conversation with me at the beginning of February. Nimis' story connected deeply in my heart, as she shared who she is, where she has come from, and where she is going in her work. The sense of purpose that drives her birth work is powerful. Nimis began with this introduction:

I'd like to be known as Nimis. I am a birth worker working in collaboration with Indigenous Birth of Alberta in Edmonton, Alberta, Canada. I'm also a Métis priest with the Anglican Church of Canada. It's actually the Anglican Church that funds the birth work I do right now. (N, para 1, 2020)

Nimis' family did not talk about being Métis. Her mom finally told her when she was in her 20s: "There was an unspoken family rule that we didn't talk about being Métis. There was this on-going sense of danger around it." (N, para 3, 2020). Starting to learn about her culture came later and is connected to a travelling exhibit from the Truth and Reconciliation Commission of Canada which was housed in an Anglican church in downtown Edmonton. The Bishop of the

Diocese added hanging red dresses to the installation, representing Missing and Murdered

Indigenous Women and Girls (MMIWG):

I was standing there in the Cathedral with my hand on one of these dresses, and I had come in my sash, a Métis sash, which is the first time I'd actually worn one in public. Because there had been all of these rules about things you didn't talk about when I was growing up, especially being Métis, I felt like I literally had a target on my back. I was so self-conscious wearing the sash, like I was declaring myself as an Indigenous person and it was an unsafe thing to do. It was a pretty intense moment for me. And as I was standing there in my sash with my hand on this dress, a little voice--I think it was the voice of Creator--said to me in the back of my mind, "These dresses need to come out of this building and go in a public space where people can experience them, engage with them." And I thought, "Oh, that's a nice idea. Who's going to do that?" And this little voice said to me, "You are." (N, para 6, 2020)

This vision led Nimis to call for help to complete this public art installation that was held as a sacred space and a space of ceremony in downtown Edmonton for thirty days. This gathering was life changing for Nimis who made strong connections with Elders, teachers in the community, and with her own culture. This sparked her work in community supporting families and led her to examine what her role would be in resistance to the colonial systems that impacted the families she supported:

Now I'm getting specifically to the bit about how I came to birth work. In the midst of that heavy work, I heard this woman speak, and I wish I could tell you her name. It was around the time when there was a lot of talk in the media about appropriation, cultural appropriation, and there was the whole blow up around Joseph Boyden. I heard an interview with this woman who said she had come to a place where she realized, for her, she had one of two choices. She could continue to pour her time and her energy and her heart into trying to change colonial systems and structures or - because she'd come to this place where for her it had become an either/or - or she could put her energy and her time and her heart into doing work that would strengthen her community.

Her words resonated with me because the work I was doing with families was important to me, but I often found myself feeling frustrated and overwhelmed by the bigger colonial system and realities around these families that I didn't know how to start to shift. I had been doing some work around human trafficking, too, listening to stories and discussions about the factors that contributed to people getting caught in trafficking later on down the road. And I started to wonder what I could do that might in some way be part of strengthening Indigenous families, that could maybe intervene in the factors that lead to the need for this kind of trauma related work down the road. At first, I thought maybe

this kind of work could be described as “preventative,” but I don't think that's the right word. I really think it's more about strengthening and wellness. So, I started talking with those two knowledge keepers that had come into my life earlier on. They had heard me talk about the birth work I used to do before becoming a Priest, although at that time it was in a western way. (N, para 13 & 14, 2020)

Nimis had previously trained with DONA and worked as a doula over 20 years ago, after the birth of her first daughter. During the birth of her daughter, which was a very medicalized birth without any female helpers, she felt isolated. Impacted by her own lack of support Nimis decided to become a doula in order to ensure that people who gave birth had a different experience than she did. Working as a doula did not fit into raising a family with young children at the time and she pursued another career.

Nimis returned to birth work over a year ago and she completed a refresher training with DONA. This training has been supplemented by a holistic set of knowledge and skills gathered over the years, including through her current work in Edmonton. As I revisited the stories Nimis shared, I reflected on a teaching about the stories of resistance that we pass to future generations. Indigenous full spectrum doula work helps to pull these stories forward. When combined with culturally grounded practices this contributes to new possibilities for future generations. The following poem, “We carry blood memory”, was created to reflect a teaching about Indigenous resurgence and birth work based on my time contemplating her stories.

We carry blood memory

I needed to learn cultural pieces around birthing
I'm still learning, always learning
through relationship
relationships with knowledge keepers and Elders
kokums and aunties
with birth helpers who've been learning a lot longer than I have
attending ceremony and cultural events
showing up and helping - wherever I'm asked
lots of listening

making mistakes
being out on the land
language learning - so much is carried in the language.
I'm just starting to learn Cree
Part of the learning is unlearning, too
de-colonizing my ways of thinking, doing, and being in the world
as birth workers we need to be working on our own healing journey
especially through ceremony
the learning doesn't come in a programmed, Western, colonial way.

Last spring, I was invited to a ceremony at Grant MacEwan on the full moon
There were 13 grandmothers who came with 13 pipes
to pray for our birth workers and our midwives and our birthing families
It was very profound for me
After we prayed and had feast - we sat in circle
I listened to women who came from all over
different First Nations, different Métis backgrounds
over and over again I heard these women say healing goes back to birth
It all goes back to birth
Learning our ways and our ceremonies and our language from the beginning
Hearing that repeated so many times
encouraged me to trust I'm on the right path
It was affirming.

Many of the families we walk with
Have lost connection to their birthing traditions
They're looking to find ceremonies around birthing
to connect to ceremony keepers
I've had clients who struggle with basic needs
I help them access resources in the community
Often, they are isolated and looking for community
helping them find ways to meet their physical, emotional, mental, spiritual, and
practical needs before, during, and after birth
it's not a business model
it's much more about community relationship
the relationships are much longer term
I find myself connected to the extended family
Multi-generations already in the home
Become part of somebody's family in a different kind of way.

When we get a request for birth support
we plan
 which of us are going to look after care
 who is going to be the lead for the birth support
 who else is going to be part of the care circle for that family
We recently started doing a community kitchen for some of our families

We get to know one another
We spend a good part of the day in the kitchen
Cooking together, talking and sharing
They get a freezer full of meals
We have a lot of different experiences in our group of women
If somebody needs extra breastfeeding support,
or needs somebody to come for part of the day
she can go to bed and cuddle with baby
there are women who will do that.

Relationship is really important
I try to spend time getting to know my clients
Hearing their hopes, fears, beliefs, needs
Supports they already have to draw on
I listen for life experiences that will come into the birthing space with them.

Sometimes I teach them about protocol
help guide them in participating in ceremony in a good way
When they learn those things, I know they're going to carry them forward
They will know how to go talk to an Elder
When they have a need in the future
Now that they're connected to somebody
It starts a relationship
To restore the sacred bond at birth
I can be part of the healing and strengthening of families and communities
Less and less need for trauma related healing
as new generations grow up in the world
I really believe that.

I hope patterns of harm can be broken
something beautiful and strong and sacred can take their place
I hear lots of talk about genetic memory
Passing these impacts of trauma through our genes.
When I carry a daughter, she carries all the eggs she will ever have
I am carrying two generations in my body
Two generations of genetic memory
Preprogrammed
I want to talk about blood memory
as a counter to genetic memory
We have blood memory
Carrying two generations of preprogrammed blood memory
Memory of being grounded and rooted in culture and ceremony
Being in relation to everything around us
people around us
land and all our other relations
our ancestors and Creator

We're not alone
We're in relation to everything around us.

Restoring birth work
the ceremonies and knowledge around birth to our communities
is part of having that experience from the beginning
Not that there's a neat, tidy, quick fix
To the harm experienced
But healing is happening
These new ones coming into the world
are a part of our healing
I want their journey to be sacred
to be a healing
It can be.

The process of reflecting on and learning from stories is familiar for me, but that does not mean it comes easily. I must create a space in my heart and my spirit for this reflection. Sometimes it takes sitting with stories for some time before I can say what I need to take away in the learning comes through. I try different processes, to become unstuck, to move energy through my body differently, to be in different spaces inside and outside – and usually in this exploration I find a key that unlocks an a-ha moment! For me, the reflection I am taking away is about the catalyst that the ceremonies, teachings, and practices used by Indigenous full spectrum doulas can have on us personally. I have been personally transformed through the relations and connections that have come from this dissertation. This poem, “In the before and after”, is the result of this process to learn from the stories that Nimis shares so generously.

In the before and after

I see clearly - I have always had
A before and after
Before - when the relations I hold were invisible to me
To the time after - when I recognize the happenings, peoples, and teachings
Have been purposefully placed
To ensure I live according to my responsibility to these relations.

An unquestioned lack sat heavy on my chest in the before time
Programmed to exist in the systems as they are
Before I remembered the words my granny would speak
Before I knew the rootedness that holds me so firmly
Before I could describe missing pieces scattered in my chest
Leaving gaping holes
The before times.

Turning to gaze backwards I see a clear trail that marks my presence
A spider's web glistens suspended between two cedars
Teaches me, the centrality of relationships
Drawing pieces to fit snugly back into my chest
Threads woven together asking me to listen
Asking me to hold myself with humility as I gather to reflect on their offerings
Fresh eyes to the relations
In the after times.

Causes me to question, where is my energy needed
Where can I stand and hold space
I can show up and listen
I can show up and observe
I can show up and take care of the work that must be done
Be present to the relationships with kookums and aunties
Be present to the relationship with the stories.

- GLR August 1, 2020

Alycia Two Bears

I sat in conversation with Alycia during a telephone call at the end of January. As with the other conversations, before I dialed her phone number, I set a space of intention around myself. I offered tobacco and spoke my intention for this work and my time with Alycia. Once I was on the phone with Alycia, we also began by smudging ourselves in our own spaces. During our time together, the space we created felt like I was sitting across the table from her, having a cup of tea. Alycia's experiences resonated deeply with me and the stories she shared have provided me an opportunity for deep reflection. She began by sharing this introduction:

My legal name is Alycia Dowsett - it's going to be changed to Alycia Two Bears within this next year. My dad's family is Plains Cree from Mistawasis Nehiyawak First Nation.

My mom's family is dominantly located in Calgary, they grew up under a Swedish matriarch. My dad was dominantly raised by his grandmother, who was Dakota Sioux. I self-identify as a mixed blooded Cree. I have many bloodlines and I am proud of all of them. Most of my cultural tendencies and the way that I was raised were definitely Cree. I eventually found lodge and ceremony on my own and it was through a female two-spirit, Metis Elder. A lot of my teachings and practices that came from her were also Cree. That is how I approach life and ceremony. I have five children - a set of twins who are boy, girl, so I have two girls and then three boys. They are seven years apart from oldest to youngest. Currently they're 14, 11, 11, 8 and 7. (ATB, para 1, 2020)

Alycia's journey into birth work came after a career in early childhood education both in the classroom and at the administrative level. Due to family priorities, she realized she would not be able to work in a typical 9 to 5 job and left this work:

The reason I got into birth work was that after leaving education, I didn't know what I wanted to do. I literally sat in my living room and I lit some smudge and I said, "okay, I have no idea what I'm supposed to be doing, but I'm going to surrender that you're gonna show me the path. I accept that education isn't that path anymore, and I'm going to trust the process, but you got to give me some signs in the next 24 hours". I had three friends the following week text me, or call me, or I ran into them and said, "do you know what I think of when I think of you - a midwife". And I was like, "Oh, that's because I have five kids". I had the last two at home with midwives. They said, "When I think if people being there for women when they're in birth, I think of you". (ATB, para 4, 2020)

Alycia explored midwifery before she decided that doula training would better align with her current context. She completed her training through DONA, but found the certification process did not meet her needs. The scope of practice covered within DONA was not congruent with Alycia's doula work. After completing her training Alycia worked as a birth doula:

Primarily I have worked with Indigenous women. I meet with them once a month from the day that we start. This is to be able to build a rapport. I can't know how to take care of you, if I have no idea who you are. We might be together from anywhere between 4 hours and 52. I want every moment that I'm with you to be comfortable. I don't want it to be a stranger coming into your environment, cause I'm going to come to your home. Whether you end up in the hospital or not, we are probably going to start in your home. I want my presence in your home to be a normal event for you so we don't slow down your labor at all. Then I describe the difference between me and the midwife. I am waist up, not anything else. I am emotional support - but I come with my drum, I come with songs, I come with a whole bunch of smudge, so that you can smell it if you want. This is so your birth ends up sounding, smelling, and feeling like ceremony to you. I will make an ancestors' plate when I come in and put that out and call in any of your female ancestors

who have gone through birth, might've lived, might not have - to come support you right now with whatever you need until baby comes birth side. (ATB, para 12, 2020)

Alycia soon realized that being on-call as a single parent was a challenge. Already involved as a home visitor for moms in TsuuTina, she saw a many people giving birth without accessing prenatal care. Alycia decided to seek training as a childbirth educator. Her goal is to develop an Indigenous prenatal education curriculum that can be used to support Indigenous people who give birth across Turtle Island:

From there, I realized that being on call for births is really hard when you're a single parent to four kids at home full-time. I had to back away, but I was super happy with the births that I did attend. It was a reminder that yes, I belong here, just not right now. Then a friend told me about Doula Canada's first ever Indigenous women's scholarship, and I applied, and I won. I was going to take postpartum doula training because I could schedule postpartum clients and that would work with my life and I can help with all the moms postpartum. But then I saw a childbirth educator training and got excited to be able to create my own curriculum. As a home visitor with all my mamas, I saw that a whole bunch of them did not go to prenatal classes, not ever. (ATB, para 5, 2020)

Alycia's full spectrum doula bundle includes supporting people who give birth with prenatal education and yoga. Her work includes attending births, offering prenatal care, facilitating prenatal yoga, and the design of an Indigenous prenatal curriculum. Alycia's stories brought forward a teaching about the interdisciplinary, multi-modal, and interconnected nature of the work of Indigenous full spectrum doulas. This poem, "Creating women's wellness lit a fire within me", represents a teaching that was gathered in my time with her stories and reflecting on her work in relation to Indigenous resurgence.

Creating women's wellness lit a fire within me

Birthing is ceremony
reclaim that space
I come with my drum
I come with songs
I come with smudge
I make an ancestors' plate, put that out

call in any of your female ancestors
who have gone through birth
come support until baby comes
your birth ends up
sounding, smelling, feeling
like ceremony to you.

I try and teach their partner
They might have been absolutely terrified
but were there despite it
That feeling is what their partner will leave with
It doesn't matter what they actually did
that feeling will linger into postpartum.

As a home visitor with my mamas,
a whole bunch of them
did not go to prenatal classes, not ever
I needed to remove the obstacle of fear
create my own culturally relevant curriculum.

Prenatal curriculum
rebuilding resiliency around culture
Reclaiming moss bags and swings
To learn how to make them
These things aren't primitive
They aren't dangerous
We've been doing them for thousands of years
Our children have been surviving
even against genocide, thank you very much.

Bring in female Elders
Activities such as beading
While you talk about early pregnancy symptoms,
What worked for you
What didn't work for you
Wisdom
Our traditional knowledge is valuable
Building community and relationships.

So many women felt so alone
I don't want that.

My hope is that starts to break down dysfunction
When I think back over the history of colonization
midwives were one of the first things that had to go
get rid of women taking care of women in birth

babies become political pieces
- the church wants
- the state wants
taking women out of community
having to birth in a hospital.

We need the return of birth
it's going to disrupt intergenerational trauma
disrupt dysfunction in our families
to feel strong - community around them
ask for help and receive it
It's there when they need it.

I know how to do this through yoga.
So that's what I'm doing
recognize feelings and energy inside of them
If it isn't serving a higher purpose or protection
it needs to be released
in breath work
in yoga class
at home by yourself
in your own practice
in meditation.
You can do that in ceremony.

If we start with ourselves
you're going to be a healthier, stronger parent
That bond will grow as your child grows up
healthier tools for communication, expressing feelings, regulating emotions,
That is another form of Nationhood.

My hope is to have healthy families,
babies be born at home,
that it's a celebration again
It's a community event.

Alycia's stories felt like they ran parallel to a lot of the learning I have done in how to be in balance, share creatively, and support the work of other Indigenous peoples. As I reflected on the learning I was taking away from my time with her, "I will stitch us all together" emerged to represent what I will hold in my bundle.

I will stitch us all together

Pathological devastation
Threatened the ability
To care for self
To care for one another
To trust that what we need is inside
To find knowledges nested deep within our hearts

Courage to sound our voices
A deep breath finds the words
Calling out Warrior Woman Song

Soft footsteps gathering, a circle forms
The sweet medicines kiss my skin and fill my lungs
I am welcomed in, and open my bundle
A blanket spread at my feet
To lay out my beads, thread, needles
Smoky leather, softly draped on my lap
ancestors welcomed in
We begin

I stitch a flower for each of my grandmothers
The sun dances across the vibrant colours
Vines reach and hold close
The flowers for my parents
A step closer to another generation
Reverberating strength and hope
A few more stitches and I bring myself in
Purples and blues find life in my petals

I pause to give thanks
A Cree word finds its way across my lips
Newly familiar ease as it forms
I stitch flowers for each of our children
Gentle promises bud off of the flowering vines
I place a stitch for those yet to come
For those who will emerge

I have been gathering the beads for this work for my lifetime
Calling in memories and keeping them safe
Searching for colours that speak to my heart
I hold up the smoky leather and speak our story to the circle
Resurgence is relationship
That gathers in circles
To witness our stories

Pihêsiw

I had an initial introductory conversation with Pihêsiw at the end of January and we scheduled a telephone conversation for mid-February. Pihêsiw introduces themselves as follows:

Tansi. My name is Pihêsiw. Some people call me Cat. It depends, it's all different, depends on my relationship. I am based in Amiskwaciy-Waskahikan, which is Edmonton, Alberta here in Treaty 6 territory. My homelands are Mâskwâcîs Samson Cree Nation, which is about an hour and forty-five minutes South of Edmonton. I'm a full spectrum birth worker, a sexual reproductive health educator, CNT [Chi Nei Tsang] practitioner, and land and water activist with a group called Beaver Hills Warriors. I'm 23 years old. I'm two-spirit and I use they/them pronouns. (P, para 1, 2020)

As a teenager, Pihêsiw had volunteered at the Red Deer Hospital in Alberta supporting people as a volunteer in pediatrics, the neonatal intensive care unit, and maternity. Pihêsiw identifies this as a spark that they eventually connected to their interest in the work that they do now as a doula. This coupled with their own experience losing their son when they were 18 with no support or resources became a catalyst for wanting to support people in their own reproductive journeys. Pihêsiw completed an Indigenous full spectrum doula training, which was a collaboration between the Native Youth Sexual Health Network (NYSHN) and Indigenous Birth of Alberta (IBA):

That was where my passion for birth work really took off. I didn't realize birth work could be so much more than just birth. I started doing a lot more environmental work through birth work and realized that violence on the land was violence on the body. I got more involved with the work of harm reduction and sexual health as well. NYSHN really opened my eyes to reproductive health, and full spectrum inclusivity. I was just like, "holy crap. This is what I needed. This is the education that I needed." Especially since it came from Indigenous people and the teachings were Indigenous based, cultural, and ceremonial. And I didn't get that with my DONA. The DONA training was very much about the idea of "how can you make money? Let's shove all this information down your throat in three days and you're not gonna remember anything. Whereas with NYSHN, it was a week-long and we'd start our mornings with a smudge and the food was impeccable. It was all this organic local food, which is so important. Food sustains us. And having access to healthy food really is critical to the movement. After that week it

sparked this little fire in me and ever since then I've been doing that - and have just been completely enthralled with this work. (P, para 5, 2020).

Pihêsiw largely supports young pregnant people and provide this support accessibly, often in a pro bono manner. Many of the individuals have experienced growing up in the child welfare system, an experience that Pihêsiw relates to, which they feel supports a connection in the helping relationship. Pihêsiw describes the support they provide as a community of support – making connections to resources in order for each individual to access care that meets their needs. While there is a contract in providing full spectrum care as a doula, Pihêsiw describes their work as more intensive, based on individual needs, and using processes that support building trust. They do indicate that this level of care can be a challenge at times – and they work to maintain boundaries to support their own self-care and to avoid burnout.

For Pihêsiw, reproductive justice as a goal of their full spectrum doula work is deeply personal. From interactions in health care setting to how we treat the land and environment – it is all connected. The following poem, “Birth work saved my life”, shares a teaching held in the stories that were gifted about Indigenous resurgence and its connection to Indigenous birth work.

Birth work saved my life

When I was 18, I lost my own son
I didn't have support in place
no resources I could turn to, no one offered me any help
treated horribly, as a young Indigenous mother
no ceremony for me
to grieve.

I came across Nadia, starting up an organization
Indigenous birth workers
Oh my God, this is what I've been looking for
My passion took off
This is what I needed
This is the education I needed

The teachings were Indigenous based
Cultural and ceremonial
It sparked this fire.

For me it's easy to relate with the youth
A lot of people I have supported grew up in care
I don't treat them like they're my client
I hate that word
That's a transaction, a goods and service kind of deal
I don't treat them like that
I treat them how I would treat my friends
*I have been through what you've been through
I'm here to support you.*

When I'm supporting a person
I meet them lots
Sometimes we'll bead
Sometimes I'll go to their appointments
A lot of people are going through this alone
They don't have a partner
They don't have family
They're pretty isolated
They're scared
A lot of them are young
I understand what it's like
Having to be independent
Not having that support.

I've dedicated my life to this work
Reproductive justice: safe, accessible care and information to any person
Sovereignty over our bodies
To choose what we want to do *with our bodies*
Indigenous people in health are not treated well
I've experienced firsthand
I have this constant fear that they'll sterilize me
That happens so much to women here
That's reproductive justice - not being scared of healthcare.

Reproductive justice is racial justice
It's social justice and it's land justice
They all tie into each other
I do a lot of land and water work
Violence on the body is violence on the land
Violence on the land is violence on the body
How we treat our land directly affects our body
This is hard for people to wrap their heads around

When you run pipelines through the ground that affects the water
People are drinking that water
That affects the breast milk
That breast milk is going to the baby
It's all tied into each other.

My hope is bringing back our ceremonies
We don't have to be afraid of birthing babies in traditional ways
We have been taught Western medicine is the way to go
Challenge Western medicine
I want for people to be safe
I want for people to feel safe
To feel supported.

There's a teaching
Ociniya
The bellybutton is the connection to the mother.
In Cree, *where are you from?*
Where's your belly button from?
Where's your maternal lands?
When I say,
tansi. pihesiw nitsiygason Mâskwâcîs, Sampson Cree Nation ociniya
People know that's where my mother's from
In that way, birthing is connected to land.

Birth work has been incredibly healing for me
It sounds so dramatic
But birth work really saved my life
I grew up in foster care
I was always told
you're never gonna become something.
You're never gonna make anything of your life.
You're just going to end up 16 and pregnant, on the streets, or in jail
That really affected how I viewed myself
I lost my son and I found birth work
With birth work came finding my own community
relearning my language and my ceremonies
finding who I was as a person
Birth work really saved my life.

In reflecting on the stories that Pihêsiw shared, a key learning for me came through clearly and quickly as I spent time with their offerings. Pihêsiw's words drilled deeply into my sense of

where I come from and how this connects me to the work that I do. The poem “Where is my bellybutton from?” shares what I will carry with me from our time together.

Where is my bellybutton from?

Sitting softly on the earth I feel the cool ground exhale beneath me
Our lands are asking for a moment to breathe
I breathe with the earth and hear the poplar leaves quiver in response
My heartbeat finds the rhythm and like a drum we find our song
Speak to me slowly
Forgive me I don't know the words
I am stubborn and filled with shame
when I cannot make my lips find the shapes that I need to answer your calls
So, I sit in silence for a little longer than I mean to
While I gather the courage to try again

I feel the breeze turn around me
Switching directions to begin a new request
As we breathe in sync, I start to feel my skin tingle
Dancing like the small green leaves
Shuddering with the release of the wind

The soft fervor of the plants and birds builds
To me this is silence
My ears too used to concrete and helicopters
Freeways and horns
But this is not actually silence
There is a song
And a chirp
There's a rustling and a softness
Beckoning me to listen
Here are the answers
Here is your direction

Sit softly on the earth
Let your lips speak the words in your heart
Let the trees dance in joy
As you find your strength
As you find your strength

- GLR July 7, 2020

Aspen Mirabal

Aspen and I had an initial introductory conversation mid-February and we had a telephone conversation for the re-search near the end of February. To prepare for this conversation, Aspen and I both spoke about the intention we had in creating a space of sharing. This included grounding ourselves with medicine and candles. I felt a space of openness during our conversation together. While it is difficult to describe the experience of an energy, there were notable energetic sensations that I experienced during each of the conversations. For my time with Aspen, I felt a gentle, kind, and honest energy. Aspen shared this introduction:

My name's Aspen Mirabal. I'm 23 years old, from the community of Taos Pueblo. Born and raised in Taos, which is located in Northern New Mexico. I am the first-born daughter of three girls and both my parents are living and vibrant and healthy. Both grandmothers on either side are living and well. I have a huge family here in Taos, which is great, I don't have to travel long to visit family. They're all outside my front door. I currently live with my boyfriend. His name is Nate, and he's also from Taos Pueblo. We don't have any kids yet. We've been on our own romantic journey for four years now, which has been something beautiful. I love to travel, and I love to stuff myself with food. I grew up in a very musical, artsy family. Music, arts, and romanticism are very much part of my everyday life. Seeing new places and being open-minded, I think is important for my wellbeing - being receptive and giving as much as receiving. I'm active in my culture year-round, there's always something going on. I am constantly trying to reciprocate teachings, and love, and knowledge that people have graciously expressed with me. That's a little bit about me. (AM, para 1, 2020)

For Aspen the intent to support birthing people came at an early age with the birth of her sister:

The first thought I had about becoming a birth worker was when I was about 13 years old. That began the start of my educational journey. But it really starts when I was four years old with the birth of my middle sister. She was born at home by a couple of non-Native midwives on Taos Pueblo, not inside Taos Pueblo, but on our tribal lands. I was in the next room, sleeping through the entire birth, which was one of the most intense births my mom experienced. Instinctively, I guess, I woke up as soon as she came out - and cut the cord. Then I went back to sleep. It seems that I forgot all about this experience until I was 13, and the calling - or a desire came over me. I began my fascination with reproductive health and how babies are created and can be created. (AM, para 2, 2020)

This fascination led Aspen, who was 13, to attend a birthing and parenting class facilitated by two midwives which was advertised on a poster in Taos Pueblo. She found herself surrounded by

people who were pregnant, learning about birth and postpartum care and wanting to know more about midwifery. The midwives took note of her interest and curiosity and Aspen was invited to complete an internship at the Northern New Mexico Birth Center when she was 14, in the summer before high school. The internship was a powerful experience for Aspen and her intention was to go back to the birthing center when she was 18 to start an apprenticeship. Unfortunately, the center closed before this could happen.

Aspen's journey with birth work took her to different lands and working under the mentorship of different Indigenous midwives. This included an experience in Guatemala:

That took me into a rural community called Tecpán. I was there for a couple months... We were seeing three to four clients a day. I experienced four births out there, and once I got home, I thought: oh gosh, I need a breather. That was really intense - and I don't know if I want to be a midwife right now. Because I saw this woman and she had the biggest respect and reputation in the community, and I felt like I don't have that at Taos Pueblo. How could I just become a midwife and think I'm going to be successful? (AM, para 10, 2020)

When she returned home, Aspen sought out training in postpartum work through the Childbirth and Postpartum Association (CAPA). While CAPA was accessible through an online platform, cost was a barrier. Aspen noted that the training did not align with the way she wanted to practice. Through the CAPA trainer Aspen found out and completed training in the first cohort of Indigenous full spectrum doulas in the Yiya Vi Kagingdi program at Tewa Women United.

We are certified in preconception education, sexual education, reproductive health and anatomy, and then the prenatal phases - from first week to the last week, labor and delivery, infant loss support and abortion support and postpartum, and of course a big emphasis on lactation support. (AM, para 19, 2020)

After this training Aspen was contracted to work as a doula with TEWA Women United serving Rio Arriba County and the six Tewa speaking tribes. Aspen has also completed the Indigenous breastfeeding counsellor training and a midwifery assistant training. The following poem,

“Hearing the stories”, shares a teaching gathered through reflections on my conversation with Aspen about the contribution of Indigenous full spectrum doula work to Indigenous resurgence.

Hearing the stories

As doulas, it is important that we ask respectfully
about traditional customs/cultural practices
how they'd like to incorporate that, or not, with or without assistance
In New Mexico, postpartum rituals vary from community to community
They're pretty similar down into Mexico and South America
We're all corn culture
We've got to have some similarities.

There are no midwives or birth workers in Taos Pueblo
I'm the only one right now, but there used to be
A lot of those questions I have are unanswered
I've looked through anthropological, ethnographic books and articles
specific to Pueblo culture during the turn of the century/1920s/30s
There is very little to learn from these texts
I've been able to compare what I know and what I've heard and been taught
to what these foreigners witnessed
Most that I do have from that time recorded in Taos Pueblo two or three midwives
I can't even fathom what it'd be like to have those midwives walking around today
Our lives would be so different.

Because we're a corn civilization, agrarian driven
I went specifically to Mexico and South America
In search of relatable birth customs
I felt it in my DNA, the similarities
I did find that we do all wrap the belly postpartum, immediately
The placenta, it seems like we all buried the placenta, be it a boy or a girl
Different surrounding cultures say you bury the umbilical cord
In a field for a farmer
In the mountains - hunter
Under a grinding stone for girls who are going to be amazing corn grinders
Now it's very different because people have forgotten that
It's died with a lot of families
No one is really farming that much anymore
A lot of us are buying corn already blended and sold in the stores

Not actually taking a corn kernel between two stones and grinding the shit out of it
We're not doing that anymore

A lot of people can't fathom the amount of dedication and work.

They ask,

*why do I want a farmer that doesn't make sense
grind corn, I've never done that. So that's hard*

Thinking about what birth used to be like in the Pueblo setting

There would be no men allowed in the labor and delivery of the child

It was dark

It was very warm and sweaty in our Pueblo home

There were lots of aunties

Of course, midwives

A lot of women were part of that birthing ritual

The men were told if they're in the room they would make the labor
a lot more difficult

During pregnancy, men are told not to hunt because birth defects
may influence the child

Same with women, not weaving or doing handwork - knitting and crocheting

Tying knots would result in the umbilical cord having knots.

Thinking about medicines and herbs

I have read these books and there's all these herbs listed

I ask people around here, but most don't know what that is

To terminate a pregnancy, or to promote fertility
to be used as a birth control

or even love potions, and smells, and flowers

A lot of those elements are a beautiful aspect of our lives
but it's not there anymore

That's why I have such a huge drive

If a family is wanting that, seeking that, or needs to hear stories of birth,

I can provide that

It's harder because a lot of people aren't living in the village

Culturally active, abide by a cultural Puebloan calendar, or farm

The family dynamic is very much broken

I'm happy to remember things and to hear stories

To be able to maybe inspire somebody.

My hope would be to be able to get a handful of young girls interested
in learning more

have a solid birthing community in Rio Arriba County
Trying to build one in Taos.

I have connections

I've done all the hard work

People just need to jump on board with me

I got them

I'll support them

I don't want to be the only Taos Pablo birth worker

I'm hoping that by doing this work

Continuously showing up to events

People can be like,

Oh well there's always Aspen in case you need to ask her something

I want them to offer the alternative.

My time with Aspen was marked by an energy of hope and perseverance. This energy holds each time I sit with her stories. "Speak the space into being" shares the motivation to create a space to gather and share stories that emerged for me as I sat with her words.

Speak the space into being

A candle is lit

The smoke lifts from my smudge bowl

Gentleness emanates, like a heartbeat expanding and contracting

Each breath in - fills with light

Each breath out - releases with gratitude.

I think of all of the things I have let go

That didn't fit

That didn't feel right

That I thought was meant for me

But wasn't.

Offerings are made

Soft whispers into the air

A switch toggles on and electricity surges

The full moon radiates and responds

Speak the words aloud

Speak the words aloud.

An urgency to find a place to belong

Makes way for an expanse within which we will gather.

To create a space to welcome each other into
To carry a bundle of stories
To be confident in the knowledge
To be humble
To be generous
To hold each other sacred as a new generation of resurgence
Surges
Surges
Surges.

- GLR August 3, 2020

Miranda Kelly

Miranda reached out to me in the middle of February, and we scheduled our video conversation for the end of February. She introduced herself as follows:

My name is Miranda Kelly and my ancestral name is Tilyen. I'm Sto:lo and mixed settler ancestry. I have connections through my great-grandparents, to Snuneymuxw, Sumas, Cowichan and Soowahlie First Nations. I'm registered to Soowahlie and that's the village that I grew up in. On my mom's side, I have Russian, Scottish, and maybe Welsh ancestry. We're not totally sure on that side. But I was born and raised in Chilliwack and grew up in Soowahlie, my home village. Currently I live in Vancouver, BC, which is the ancestral, unceded lands of the Squamish, Tsleil-Waututh, and Musqueam. I feel a strong connection to this place as well. This is where my babies were born. I'm a mother of two. (MK, para 1, 2020)

Miranda was inspired to learn more about Indigenous birth work and midwifery models of care through different circles of influence at the University of British Columbia when she attended to complete her Master of Public Health degree:

I learned more about the midwifery model of care, and the safety of home birth, and that planted a seed in my head. If I do have a baby someday, I feel like that's the way that I would go. So, then fast forward to when I got pregnant. I just knew that I wanted to have midwifery care and that I wanted to plan a home birth. And actually, before I got pregnant, one of my coworkers, an Indigenous public health physician, very generously shared her own home birth story. And that just felt really empowering to me, to know that my mentor, and somebody that I love and trusted, also understood the safety of home birth. Knowing one person who had done it made me feel more empowered to make that plan for myself. (MK, para 3 & 4, 2020)

Miranda's own experiences with midwives, home birth, doulas, and postpartum care/needs for her two children was a driving force in her decision to pursue her own birth work. While on maternity leave for her second child, she completed training with the Pacific Postpartum Support Society. They provide volunteer telephone support for people in the postpartum period. This training led Miranda to pursue postpartum doula and birth doula trainings through Doula Trainings Canada. Even though she completed the trainings, she only completed some of the assignments required to complete the certification.

Around this time, Miranda connected with the ekw'í7tl Indigenous Doula Collective in Vancouver where she built connections and relationships that allowed her to support people giving birth and complete her certification. This certification has allowed Miranda to support people by accessing the Aboriginal Families Doula Grant Program administered through the British Columbia Association of Aboriginal Friendship Centers:

In the ekw'í7tl Collective, we speak of being a full spectrum doula with two frames of mind. The first being - supporting kind of any reproductive health outcome or any pregnancy outcome. And I'd love to integrate more moon time and fertility teachings into my practice, but that's not something that I really actively do right now. Certainly, supporting any abortion or miscarriage or pregnancy loss. Kind of all the way from preconception to postpartum. And then the other full spectrum pillar is around supporting all of our relatives - two spirit, LGBTQ, not just in binary terms. (MK, para 20, 2020)

In addition to postpartum, birth, and full spectrum training, Miranda will be completing still birth and end of life doula training. In supporting the autonomy of individuals in their prenatal, birth, and postpartum times, Miranda includes Indigenous languages, ceremony, medicines, and connections to Elders.

A teaching that came through in Miranda's stories is about the necessity of witnessing, a Coast Salish ceremony that she connected to her role as an Indigenous full spectrum doula. The

following poem, “I Will Witness”, comes from the conversation with Miranda and connects her work to Indigenous resurgence.

I Will Witness

The work I do as a doula
It's about relationship building
getting to know each other
I'm gauging,
 What do you want from me?
 How can I best support you?
 What can I offer and bring to the table for you?
I find that goes naturally and flows easily
with each family it varies
working in the urban Indigenous environment
clients come from
 different Nations
 cultural backgrounds
differing degrees of familiarity or connection to their culture
Some know exactly what they want to bring into their birth experience
For others it's not really a priority
maybe they're a bit curious
for some it's building connections and community
Planting a seed.

Sometimes it's about someone else there who's Indigenous
I've had clients who have hired me,
 I want someone there who's on my side
 I'm worried about child apprehension
Even if there's no reason why their child should be apprehended
just being an Indigenous mom
in the back of their mind they worry
I can be an extra buffer
Offer that sense of safety
I'm accountable to them as their doula
No agenda.

Witnessing
as a Coast Salish person

that
resonates.

In the broader doula community
there's debate whether or not doulas are advocates
As an Indigenous birth worker there's no debate
To debate is a luxury we don't have
Our roles as advocates start long before we're in a birth space
It's a matter of survival
It doesn't mean that we speak on behalf of our clients
Our advocacy goes broader
social determinants of health
 housing
 access to food
 to local resources
being able to connect to our Elders
being able to connect to our land.
We're advocates.

When I think of cultural ways I support families
sometimes it's simple
gathering medicines
which family members will be present
if they have a role to play
who's going to cut the cord
who's going to say the first words to baby in their traditional language
who's going to prepare the placenta
In the birth space - smudging, having traditional songs, music playing, prayer
Using water - because water is medicine
Recognizing the physiology of birth itself as ceremony
A lot of our Indigenous ceremonies to some degree
have elements of pain, endurance, sweat, tears, or blood,
moaning, vocalizing, taking different positions
All of that can occur in our ceremonies.

I think people at first feel intimidated
To have a ceremonial birth
I have to have an Elder present, have my traditional medicines
For a lot of the urban Indigenous families I work with - that might not be possible
Offer reassurance

Being present in the physiological process itself
Can be ceremony.

After I returned to work after my first daughter was born
a student intern was doing a project within the organization
reaching out to people to share their birth stories.

what traditional elements did you bring into your birth?
what ceremony did you practice in your birth?

I didn't have all the words at that time to describe birth as ceremony
I kept saying,

I birthed my baby
That was the traditional part of it
I birthed her

I remember being disappointed
None of my story was shared
You can have a hospital birth, an epidural, a C-Section
that can be empowering, and beautiful, and ceremonial
You can call your ancestors into the room with you
I went in with the intention of it being ceremonial
that's how it felt to me.

The teaching that we're doing
to train up new Indigenous birth workers is really exciting
we're building up this great resource for our community
I'd love to see a world
where doula training was part of life skills training in high school
Everyone walked around with this skill set
to be empathetic
to hold space for others
to feel confident holding one another up
I see people come into our training and realize,
Oh, I already know how to do this
the light bulb comes on,
Oh yeah, I know how to support people in this way
all I'm doing is going in and reminding families that they know this too.

When I reflected on the stories that Miranda shared, a moment that stood out for me was
her description of rest and recharging needed in the various seasons of her work. It stood as a

reminder for me that while this work of Indigenous resurgence is necessary and ongoing, within it there must also be time for rest. This reflection is held in the poem,

I will rest

I will make the time to sit with you
To be present in the moments of your breath
To feel the ebbs and flows that signal, it's time.
When you are ready, I will wrap up my bundle
Offer thanks for its gifts
Speak softly into your ear of your beauty and strength
And then I will rest.

Within systems that won't acknowledge my humanness
See my gentleness as a liability
I will continue to hold a space of light
Demands and judgements held at bay in a bubble of sanctity
Until we have welcomed new life, new ideas, new possibilities
Until my shoulders quiver from exhaustion
And then I will rest, again.

I will make the time to sit with me
To be present in the moments of my breath
To acknowledge my ebbs and flows that signal, it's time.

- GLR August 1, 2020

Danette Jubinville

I met with Danette at the end of February over video conference. I was looking forward to meeting with her, as I had read about the work that she was doing in Vancouver with ekw'í7tl Collective, when I was researching about Indigenous doula work in 2016. I prepared for this call in a similar manner as the ones previous – I placed tobacco and set my intention for our conversation, smudged with medicines to clear a space for the conversation, and came to the call with presence and gratitude. Danette introduces herself:

My name is Danette Jubinville. On my father's side, I belong to the Cyr family from the Pasqua First Nation in Treaty 4 territory. I was born and raised here in Vancouver in the

lands of the Coast Salish peoples. I'm now raising my own daughter, Keestin, here in Coast Salish territory. My ancestry is Cree, Saulteaux, and French Canadian on my father's side. On my mother's side we're German, Jewish, Scottish, and English. I'm a Ph.D. student as well. (DJ, para 1, 2020)

Danette described her journey into birth work as influenced by a combination of her daughter's birth and learning from Elders about plant medicine and traditional foods at the x^wçičəsəm Indigenous health and research garden at the University of British Columbia. During her time working with Elders at the garden, she assisted them with a workshop for midwifery students. This workshop sparked an interest in a midwifery career coupled with an exploration into her family history:

I learned that my grandmother's grandmother was a midwife for our reserve and those surrounding reserves, her name was Isabelle Bear. And she delivered my grandmother at home at Pasqua. My grandma's generation was the last generation to be born at home on our reserve. My great grandmother Isabelle stopped practicing as a midwife in 1938 when they opened the Fort Qu'appelle Indian hospital. And at that time, her job as a midwife was essentially criminalized and outlawed through biomedical policy. That happened all across Canada through birth being removed from communities to hospitals and nursing stations and things like that. (DJ, para 3, 2020)

During her pregnancy, Danette passed tobacco to request support from two friends who are Indigenous doulas. Working alongside these three other doulas, Danette formed an Indigenous doula collective in Vancouver, ekw'í7tl Collective, in 2015. One purpose for this collective was to ensure that Indigenous peoples in the urban setting could access Indigenous doulas:

We knew what we'd wanted to do was radically different from what midwifery and doula care looks like for non-Indigenous communities and what it was going to need to entail in terms of our service model or our collective model. It felt so good to come together as Indigenous women and birth workers or future birth workers and share this space together. The fact that we all had this strong call towards midwifery and birth work, we were all united by that. (DJ, para 8, 2020)

Two broader dreams of the collective are to see an Indigenous birth center in Vancouver and to develop and deliver an Indigenous doula training program.

For Danette, what it means to be a full circle birth worker is comprised of many wholistic elements that come together to form her practice. As a member of the collective, she has partnered to offer workshops covering topics like traditional medicines to support during pregnancy and postpartum and tea blending. Another role she has taken on is in advocacy – ensuring education of health care systems and institutions about Indigenous reproductive justice and the work of the ekw'í7tl Collective. Danette also describes her research and her work in her Ph.D. as a part of her practice as a full circle birth worker. As a part of the ekw'í7tl Collective Danette and Miranda Kelly created a four-day full spectrum Indigenous doula training. This is one of the many elements connected to Indigenous resurgence, making space for people to learn how to support people who give birth in all possible reproductive outcomes.

One teaching that came through in my time with Danette was the connection of Indigenous resurgence and the work of Indigenous full spectrum doulas to the work of ancestors before us. In this work, there is a responsibility to all of our relations to acknowledge and honour these connections. This is presented in the following poem, “We hold all of our relations”.

We hold all of our relations

We've always called ourselves a collective of full spectrum Indigenous doulas
Care for the full spectrum of possible pregnancy related outcomes
Beyond narrow thinking
Birth happens within the context of family, community, and land
Keepers of community health
Our family responsibilities
Our call from our ancestors
Informed by our own worldview as Indigenous people
Understanding birth is ceremony
Changes the way you think about responsibilities we have as helpers in that
ceremony
 To care for ourselves
 To learn certain things

To nurture certain relationships.

My doula singing the water song at my birth
Is a reflection of years that she's spent in ceremony and with her Elders
a location she has within her own community
knowledge she carries from her ancestors and her relatives
My ability to teach a plant medicine workshop
is a reflection of years I've spent with Elders
At the Indigenous garden with the plants
Learning from them directly
Taking care of that responsibility I have to the land.

To approach birth as a ceremony
requires medicines, songs, teachings, and language
We need the earth to be well so that it can support the ceremony
to have access to our medicines
to go onto the land and get those medicines
know how to harvest them
where to get them from
what relationships we need to have
to our communities
It's quite different to be an Indigenous birth worker
You can be a birth worker who's Indigenous
but to be an Indigenous birth worker
you're approaching from an Indigenous point of view
It requires you tend to those kinds of different relationships
to our ancestors, to Elders, and knowledge keepers

For me birth work and land have always been intertwined
relationships with food and traditional plant-based medicines
is fundamental to good health outcomes
food sources, like nettles or red raspberry
all of the vitamins and minerals
That knowledge requires relationship
Once you start putting your hands in the dirt
working with those medicines
growing them, harvesting them, watching their cycles
your knowledge exponentially increases.

plants help us in a birth space

it's like the land is there
its own entity
It's there with us, playing a role
It's helping in its own way
in hospitals we often can't burn our medicines
We'll put the medicines out
remind our families
medicine doesn't have to be burned to do its work
plants have their own agency, autonomy, and role.

I want Indigenous people to feel safe
to have birth in a safe environment
based on our own definitions of safety
to have access to Indigenous midwives and birth workers
to be born into the hands of other Indigenous people
to consent over our own bodies, and our own lands, and our own families
the decisions that impact our families, and our bodies to be respected
We're entitled to have all of those things restored
There's still a lot of fighting that we have to do.

The reflections I made as I worked with the stories Danette shared connected me to the work of my ancestors. I examined the push I feel to bring together stories of Indigenous resurgence and questioned the role and responsibilities that come with this drive. I represent this in my poem, "And I continue to grow".

And I continue to grow

A foundation of great, great, great grandmothers
Kept this bundle
Held it safe in their hearts
Until a flame flickered
Calling us to work.

Our spirits recognize
How we must carry ourselves
How to call upon the gifts that we hold
Through our dreams and our visions, the plants and the medicines
We carry in our bundles.

When I question the urgency that has drawn me here
When I waiver in my next steps
I turn to my relations
Am I living up to the responsibilities you ask of me?

Resurgence is a goal whose path moves
Across sidewalks that have constrained
Lives and stories and growth
And yet through the cracks a dandelion grows - perseverance.

What tools do I bring to this fight
To keep injustice in the peripheries
So, the songs that are sung in birthing rooms
Will echo and resonate?

- GLR August 2, 2020

Stacey Lucason

I met with Stacey over videoconference in the middle of February. Stacey and I talked about setting intention for our time together. We shared about the intention that we start with when conversations and storytelling take place. In my preparation to meet with Stacey, I laid my tobacco and lit my medicines and noted it with this journal entry:

Smudge dances, tendrils drift and sway – disappearing into space of potential, creation, intent, and hope. Carrying love and kindness so that my words may be full of grace and respect. Ready. So ready. (Personal reflection, February 16, 2020)

Stacey shared this introduction to herself and her relations:

Waqaa, wiinga Stacey Lucason-auruna. Ataataqa Richard Lucason-llu aanaqa Sandra Rogers Wing. Enaqa Anchorage. Pankiqa Olga-llu uiqa James (Jim). I am still learning Yup'ik. I said, hello, my name is, or I am Stacey Lucason. My dad is Richard Lucason. My mom is Sandra Rogers Wing. I live in Anchorage. And then I told you that my daughter is Olga and my partner is James. He goes by Jim. Then I was going to tell you I work in, but I don't know how to phrase that yet. I know the teacher part, but I don't know the birth work words. We're still in discussion with some first language speakers on how to talk about this correctly. Cause different regions had some different words, but sometimes they were like, well no, that was specifically this part or that. I live in Anchorage. I have a partner and a daughter and my parents are both still living. I'm Yup'ik and I teach and do and birth work primarily. (SL, para 1, 2020)

Stacey's journey into her birth work came through diverse experiences with family, caregiving, and working in health care settings. It started when she was 16, and a friend's mom had asked Stacey to attend her birth. Years later, Stacey had an a-ha moment working as a patient assistant in the hospital and being called in by an OB-GYN to support a mom who had to deliver her twins via cesarean section. This opportunity re-introduced the idea of being a doula into Stacey's reality. Soon after, a friend asked Stacey to attend her birth.

Up to this point Stacey had not received formal doula training or certification. There were no in-person trainings offered in Anchorage, online training provided some helpful information, and travelling to attend training was financially inaccessible. For Stacey, a transformational moment came in 2017 when the Indigenous Birth Workers Gathering was held in Alaska:

At the gathering, once we started, we opened with a circle and everybody did their introductions. But I felt like I knew them already, because I had helped with transportation and picking people up from the airport. That was really nice to be able to come into it. Being a little bit unsure about my credentials, my value to being there. Cause I was like, "Oh, you're like a full traditional healer. You travel the world sharing plant knowledge and you're one of the - literally wrote the book on plant medicines from your region and have been a midwife for years." But then they were like, "no, this is just the things that we do." It felt much more comfortable being kind of peers with these women.

It reminded me this can be more of your life. It doesn't have to be an occasional, when somebody you already know is having a baby, you make yourself available. It could be open to people beyond my social circle. I think that was the biggest change from that gathering was that I realized that I could build it into my life if I wanted to. Because I saw someone that had done it really successfully and some of them had struggled to make it happen - but did anyway. I felt this was something that I could fit within what I want to be doing and how I want my life to look. (SL, para 11 & 12, 2020)

The gathering in 2017 re-opened the possibility of birth work for Stacey and made her examine the origin of her journey into birth and how her career path took a detour for some time. She was able to say, again, this is a possibility for me. The gathering in Washington State in 2018

solidified the questions she had about her role and what it meant for her to support people who give birth.

Stacey has supported people who give birth for prenatal visits and attended births at the hospital and birthing center. She talks to people about breastfeeding, postpartum experiences, and what to expect in parenthood in the early years. Stacey supports full spectrum outcomes including abortion. She often supports people to attend Planned Parenthood, an organization that provides low cost and accessible sexual health care including abortion services:

I think a lot of the doulas up here come to doula work specifically for happy pregnancy outcomes work and they love babies. I also love babies and I see that there is more than that in healthy families and in women's reproductive choices, and rights, and needs. I think it's not a very comfortable area for a lot of the other doulas in this part of Alaska. I don't know what's happening in Fairbanks, but I imagine that it's similar. When I did the online doula training, most of the people in my online class were that same perspective. Relatively, they can afford to stay at home. It's not a struggle. A lot of them are Christian and have really strong feelings about other women's bodies.

The other person that I used to partner with to do some doula work is also mixed Alaska Native. And I'm pretty sure we're the only ones that support whatever people's choices are. We will show up and we're here to support. I've never seen anybody else at Planned Parenthood that's there in that support role, I'm sure there are some. (SL, para 36 & 37, 2020)

The lack of supports and Indigenous doulas who work from a full spectrum approach is the reason why Stacey believes an Indigenous full spectrum doula training is needed in Alaska. Stacey shared her hope of returning birth to communities and the role that doulas can have in this resurgence. The poem, "Preliminary steps to sovereignty", shares a teaching from Stacey's stories about Indigenous full spectrum doula work and the connection to Indigenous resurgence.

Preliminary steps to sovereignty

I spend time before birth sharing
What's going on in your body
What are you feeling
What are you expecting

What is likely to happen in the hospital
What choices do you, because it's your body – get to make
Practicing those conversations
Confidence building
Consent in a medical setting
It's you versus the whole big healthcare system.

As things get closer
We start talking about names
Especially if I'm talking to somebody else who is Yup'ik
When somebody would pass in our community
We would name a baby shortly after, after that person
They inherit all of their relationships.

If we're going to say as an Indigenous doula
I'm here for you
For what you need
The whole range of normal was normal
It was like,
here's your regular name
here's your teasing name
here are the jobs and responsibilities that you have
I have responsibility to you as another member of the community
Your humanness is all that is sufficient.

That's my perspective coming to birth work
I'm here to help you
That is our relationship
It's really
 really
 really
Not my place to say what you should be doing
Your humanness is your connection to everything else
And so, you understand how you need to relate to everything else innately
I'm here to help you
That's our relationship
It's not our place
To say anything else.

My 50-year hope is that we'll have births back in our communities
It's been out about 50 years now
Kids don't grow up seeing birth
Meeting and greeting new community members
We remove people for that
Pull them out, let's just say six weeks out
She's going to miss whatever is seasonally appropriate to be doing

She's going to miss anybody else's birthdays, or schoolwork
or anything that she would be doing to support older children
She'll be away from her partner
She'll be away from her mom and her sisters
Not able to do any of the things that you normally do to maintain family
Whatever rituals you have in your family
to strengthen and deepen those relationships.

You've got the men removed
From that new child coming into the world
When they should be meeting them
Knowing their partner in that new way
Seeing the women be powerful and transformative
They're fully removed from it
You don't build that individual relationship
You aren't changing how boys and young men are seeing
Removal for birth is detrimental to a lot of aspects in our communities
The system disrupts families and breaks community bonds
Makes it impossible for people who should be seeing this role transformation
from ever seeing it.

It doesn't fix all of colonization
It doesn't fix economic opportunities
It doesn't change the media narrative
But it would allow immediate interpersonal understanding
In a way that doesn't right now
A push back
Against all of those things that are out of the control
Of what should be in the control of our communities.

Right now, doula work is a preliminary step
A little bit more accessible to achieving this
An entryway point to talk about
How you can push back on the Western medical system in other ways
Where you might actually be listened to.
There's some acceptance in saying things like,
I want this, I don't want an epidural or I do want this to happen.

Once you have practiced it in a way that is more accepted by the system
You feel more empowered to do it in ways that – like,
I don't want to take that high blood medication
I'm gonna work on my diet and exercise first
Or I want to try this traditional medicine before this step
Feeling like you can say those things
That you might actually be heard
Then too, we someday had the choice to say,

no, I don't want to be evacuated
Yeah, you're right, something terrible might happen
but that risk is mine to take
It's more important to be among community members
To build these relations
To have my mom, my partner, my kids present
It's not like there's no risks of going to the hospital.
To trade out and to say these are the risks that I want to take.

That conversation can lead into,
as a community we want to set this as a preference
Making those decisions that are really important
The stakes can sometimes be really high
You can make a different choice.

You can practice
in birth, in healthcare, in what you eat
What you want your community to look like
What you want to invest in
What you want to put your time into
In nation rebuilding
you actually are a real agent of what you're doing
I'm going to make choices about my body, and about how my family starts
Is a lot closer to imaginable.

Birth work and sovereignty over our bodies
is related to sovereignty for our communities and our peoples.

A story that stood out immediately for me in Stacey's offerings was her description of berry picking as a part of traditional practices for community members and the role this has in preparing a body for birth. This connected deeply to my own memories of berry picking with my grandmothers and speaks to the role of relationship and land in Indigenous resurgence. This reflection is held in the poem: "The berries hold my memories".

The Berries hold my memories

Laughter nourishes fields of berries that thrive in the sunshine
Gracious hands welcome the fruits of the summer
Placing them into buckets and pails to fill bellies and hearts
Encoding memories into storage systems

To recall smells and tastes and people
To nourish me miles away in lands that are not my own.

I could never anticipate the sacredness
With which I would hold these memories
Picking berries, so simple
Yet they root me.

It comes as no surprise that picking berries offers teachings
To prepare us for birth, and life, and all of the moments of our lifetimes.
I didn't think of these things
But it comes as no surprise.

The memories come rushing forth and I am grateful
For the berries and the grandmothers
For the berries and the buckets
For the berries and the laughter.

- GLR August 3, 2020

Helena Jacobs

Helena was the very last conversation I completed. I felt I was close to completing my knowledge gathering and was preparing to move to the next steps of my work when she reached out to me. I listened to my intuition and we scheduled an introductory phone call. Logically, I knew that this would make my timeline even tighter, but intuitively I felt like I needed to hear her stories. In the end my intuition was correct! We scheduled a time to meet in the first week of March for our conversation and we connected over the telephone. For each of the conversations I felt the importance I placed on creating a space of purpose and this call was no different. As we began our conversation, Helena shared this introduction:

Benozaadleyo se'ooze'. Tlaa ologhe huts'enh ts'aadaanslet. Heyeetoghee'o Denh lesdo. Eetaa'e Kk'oneeh'oł be'ooze'. Eena'a'e K'etse'hultoone be'ooze'. Setseye yeł setsoo, eetaa'e bedelnekaa, George yeł Helen Hoffman hev'ooz gheela'. Eena'a'e bedelnekaa, Lillian yeł Fred Olin yeł Neelnohulno yeł John Honea hev'ooz gheela'. Seketl'e Kk'oleyo be'ooze'. Sode ka Gee'eedoydaalno yeł Bahooltsolee hev'ooze'. Sekkun'

Nehudegheel' o be' ooze'. Sedenaa' kkaa Yeedaadleggots yeł, Nelo' etaanh yeł, Sodekelt'seeyh yeł, Seketl'e yeł, Enaaseyh yeł, Sedaadze' hev' ooze'.

Translated into English: My name is Helena Jacobs. I'm originally from Ruby, but I live in Anchorage, Alaska. My parents are Dee Olin and David Hoffman. My paternal grandparents are the late Helen and George Hoffman. My maternal grandparents are the late Lillian and Fred Olin and the late Lillian and John Honea. My husband is Torin Jacobs and our six children are Torin II, Daveon, Chazz, Seketl'e, Enaaseyh and Ayani. (HJ, para 1 & 2, 2020)

Helena shared that her first experience attending a birth was for her older sister's youngest child 15 years ago. After this experience Helena attended the birth of her next oldest sister's first child. This provided strong inspiration for her trajectory into birth work:

I got to learn about what it means to be pregnant and prepare for birth and learn about the herbs and the medicine and these practices - these very holistic practices that she went through and her pregnancy. I was right there beside her learning about this. I just loved everything that I was learning, and I felt really prepared to support her and her birth. It's such emotional work and that there's the strong power that comes just in talking about this. It was just one of the most beautiful experiences I ever had in my life. And really life changing, because I didn't even know about midwives. She was a non-Native midwife, but she had a lot of non-western practices that she brought into her care that I learned a lot from. That didn't rely on overmedicalization and pharma and all of that in her practice. I feel like what I had learned from her and that first exposure was much more aligned with traditional practices than medical practices that have taken over most of our birthing. That that really inspired me. (HJ, para 4, 2020)

She went on to support her sister for the birth of her four children. When Helena became pregnant for the first time, her sister was there to provide support for her immediately. She felt loved, cared for, and well supported. When Helena would share her birth story with people, it would open conversations and she began to hear stories that were very different than her own: ones with fear, concern, and lack of support. About 10 years ago, Helena started to be invited to come to births. Since then, she has attended about a dozen births and given birth three times.

Helena has also become a part of the Alaska Native Birthworkers community. The Alaska Native Birthworkers community is organizing and hosting trainings that Helena will also

attend as a participant. Helena is interested in learning how trainings inspired by this work can be adapted and implemented in Alaska based on their place and culture:

Our vision is that every Alaska Native birthing person feels supported, well cared for, and full of the information they need to make confident choices around reproductive health, birthing, and parenthood. In doing this, we seek to reclaim, as well as to create new ceremony, and heal our ancestors and future generation who may have been harmed through the colonization of our bodies, health care, and birthing practices. We're seeking to formalize and grow a statewide network of Alaska Native birth workers who feel confident, competent, and grounded in cultural values to support our peers for better family health and wellness outcomes. (HJ, para 27, 2020)

Helena described her full spectrum work, from supporting people who are pre-menstrual, through birthing experiences and outcomes, in experiencing loss and grief, and in going through menopause. She envisions learning and supporting people in rites of passage and ceremonies through all of these experiences – to engage in this work as a “good relative, a good sister, and a good auntie,” (HJ, para 21, 2020).

When I worked with the stories that Helena shared there was clarity about the role that our plant and human relatives have in offering us healing and support towards Indigenous resurgence. The poem, “Calling in our Ancestors”, presents a teaching from the stories in reflection on the role of Indigenous full spectrum doulas in contribution to Indigenous resurgence.

Calling in our Ancestors

One thing that I do
before I go into a birth is make sure
I am not carrying things into the space
that won't serve the family that I'm trying to show up for
Take a timeout and smudge, or pray
or step aside and meditate on clearing that energy out
to be a vessel for love and light and support and positivity
Being intentional about how I show up is the first thing that I do
I have a bag packed
massage oils, rice bags to heat up or cool down, and tennis balls

I have music, candles, and salmon strips
Strong Native foods that offer good protein sources
I try to be prepared with physical things.

I read what's happening
Feel that energy
If I don't already know the person
I share who I am, where I come from
things I can offer for support
figure out where I fit
depending on the phase of labor
Maybe the support I offer is for the partner attending to the birthing person
maybe it's offering massage, or walking, or singing
putting on music and being quiet, or praying
reminding that person of their own strength
how perfectly and beautifully designed their body was for this experience
reassuring and comforting and nurturing
Sometimes I'm just standing there holding somebody's hand.
it's individual for every person
I don't have anything set
except to offer love and support and a very peaceful presence.

Thinking about cultural practices
one thing was prominent in my own birth
the only time I've had this experience has been through birth
I close my eyes, I would see my ancestors
I could see my grandmothers who had passed
my great grandmothers who I never met
I could see my descendants
I could see the grandchildren
I could see the grandchildren of the child I was birthing
All of us were connected by my umbilical cord
All of those people were in the room with me
I have never felt such a strong connection
to my ancestors or my descendants than in that space
It made me realize how all of them really are in that place
That was really comforting to me and really helped me during my birth
It contributed to that sense of power I felt
that sense of connection
the strength that I drew from them
It was so powerful.

Because of that personal experience
When I'm in the room with other mothers
I ask them to think about their ancestors
think about their descendants

conjure their own imagery of strong matriarchs in their lives
pull on their strength
to invite their strengths and guidance into this space
if that's something they're comfortable with
offering that has created a sense of calm, support, and comfort
That's a practice I bring in with me
I'm not the only Native woman in the room
there's this long line of people who are there
supporting them.

My sister's most recent birth, a home birth
She invited a Native midwife from Olympia, who she's known for years
We were excited to learn from her
To prepare the house for birth
We went around, and we sang
To every corner of the house
Drummed really hard
Sang this song in her language
To break up anything that might've been stuck
In the walls or the corners of the house
Clean out any energy that wouldn't serve the birth
We went through every single corner
First with the drum to break everything up
Next with sage that we were burning
Finally, with rose and cedar water we sprinkled throughout the house
A whole group of women, eight of us
We're doing the mama blessing
getting her house ready
You could feel the change
It felt so pure
It was a powerful way to help prepare her for her birth.

I'm interested in learning more about our plant medicine
Having relationships with our plants
I've been learning
Thinking about how to bring that into practice too
I feel really intimidated
So much knowledge and so much to learn
I'm trying to not feel overwhelmed
Be really open
I've had dreams where plants have talked to me
Right now, I'm starting with prayer
Figuring out how to open myself up
Receive that knowledge if it's coming to me
To take baby steps to learn how to do that
Learn to make salves and tinctures

I would love to learn how to invite our medicines into this practice.

There's a lot of healing that can come
owning our health care, owning our wellness
Recognizing our own knowledge system as valid and valuable
knowing we have everything we need within us
to care for our communities in this way
We can self-determine what that care looks like
We can reclaim our knowledge and our practices
Remind people of roles we upheld in our communities
That contributed to that balance
Everybody had a place
Everybody had training to fill that role
Everybody understood what their contribution was
Their responsibility was to their community
I don't think there was a lot of room to get lost.

My reflections about what I have taken away from my time with Helena on the telephone is one of familiarity. It is interesting the sparks that can be lit in the sharing of stories. In particular the story she shared about calling in her ancestors to her birthing room sparked a remembrance for me in the story of the birth of my middle child. It brought me joy to reflect on this time and the power that can come through a calling in. "A flicker of remembrance" represents what I am carrying with me from my time with Helena thinking about Indigenous resurgence.

A flicker of remembrance

The familiarity of her words startle me
Bring me back to a hospital room in Calgary, 2003
The darkness and quiet with the pink drapes
Night has come and I am sitting in a rocking chair
Swaying back and forth
A rhythm I remember deeply.

I had no words for the process
I only trusted my body
To know what it needed
To feel the waves
And the sudden strength and resolve that would follow
When she spoke of calling in her ancestors, I knew

My breath paused at the resonance and I smiled
Sitting on the telephone, eyes closed, I felt her stories sitting inside me
I knew before I had words - I knew before I knew
The power of ancestral knowledge to birth new possibilities.

-GLR August 3, 2020

Overall Reflections

The crux of this work is stories. It is clear to me that the work Indigenous full spectrum doulas across Turtle Island do *each and every day* is crucial to the healing and wellness of Indigenous families and Nations. And, also, their stories are healing. Making my way through the Indigenous Resurgence Knowledge Bundle, I am moved by the energy and power I feel through their sharing. I can feel their heart work and I find inspiration in their stories, fueling my personal work to keep moving forward. I hope other Indigenous full spectrum doulas or people considering what type of work they feel called to in their own communities may feel this energy and inspiration as well.

There are four key areas that must be acknowledged and asserted in the stories that have been shared. First, the work of Indigenous full spectrum doulas is contributing to a resurgence of Indigenous knowledges. Ceremonies, songs, offerings, plant medicines, land-based work, and connections to ancestral knowledge about reproductive health are being enacted in their work. Where this knowledge is not accessible or does not yet exist, Indigenous full spectrum doulas are seeking it out, in their communities and networks. Indigenous knowledges are being gathered and shared, so that reproductive health can be culturally grounded and supported. Second, the work of Indigenous full spectrum doulas is reproductive justice. The work they do is about access to equitable and culturally congruent and culturally safe care for reproductive health. When this does not exist Indigenous full spectrum doulas are advocates and activists who are

holding space in systems that the people they work with are interacting within while also working to hold those systems accountable to *do better*. Third, in their work as activists and facilitating resurgence of Indigenous knowledges, Indigenous full spectrum doulas are decolonizing reproductive health practices. They are helping us to disentangle the colonial frameworks that have been imposed on what it means to be Indigenous and to hold sovereignty over our own bodies. Finally, and critically, Indigenous full spectrum doulas' work addresses the systemic and epidemic issue of violence against Indigenous women, non-binary, and two-spirit people. The stories held in the Indigenous Resurgence Knowledge Bundle provide example after example of this violence and how they are working to hold people safe, resist against, and call out the acts of violence that continue to be perpetuated. The Indigenous full spectrum doulas are deeply engaged in this work every single day. As we witness the stories that they have chosen to share with us, it is up to us to enact the calls to *do better*. It is up to us to hear these words and enact the changes in the spaces that we occupy, as researchers, as educators, as legislators, as policy makers, as social workers, and as health professionals.

How each of the doulas have come to find not only their profession, but their identities and their role in their work has offered me insight into the deeply personal nature of Indigenous grounded work. This is personal because *it is our lives*. It is personal because *it is our families*. As we think about what we would like to leave behind, I can see the trails of love and healing and resurgence that are being left through their journeys. I am glad that I chose to keep the bundle in place, as the trail of stories are so deeply connected to their pathways and work.

I return to the poems that I have written to reflect on the learning I have gathered into my bundle from my time with each of these powerful, insightful, and generous Indigenous full spectrum doulas. The experience of sitting in conversation has been energizing, invigorating, and

inspiring. First, I felt that my deep connection to relational ways of being and doing as described in my Indigenist Re-search Bundle was affirmed through the stories that were shared. I felt a deepening of my understanding of the centrality of relationships to each other and our lands and within the work of Indigenous resurgence. I was inspired to deepen my relationship with my lands. I will make space to spend more time on the land – to be still, to observe. It has felt too long and my heart misses those lands.

Second, in my call to the lands, these stories have also reminded me of the ancestral memories that root my passion for Indigenous resurgence. The power of our stories has been confirmed and reaffirmed for me. The stories of who we are, why we do the work we do, and the journeys we have travelled – these will inspire others. I feel affirmed to reflect on my stories, speak my stories, and listen to and witness other peoples' stories. In this reminder, I feel compelled to ask myself: where will I spend my energy and where will I offer my gifts?

Finally, from my time with these stories, I will also carry forward the importance of fostering relationships for generations to come. We can invite, welcome, and learn from one another. We can rebuild connections that have been severed by dysfunctional patterns and relationships. In rebuilding what has been disconnected, we need spaces to come together, in person and virtually, to learn from one another and reaffirm the power and knowledge we each already hold. I have learned about being confident, yet humble. We must acknowledge the importance of resurgence work – and use our energy to work in relationship to our lands, with our people. These stories remind me that there is a space for all of us to contribute to Indigenous resurgence – when we work together, we strengthen one another, by calling each other in and holding each other up.

As I wrap up this chapter and reflect on what I have gathered and presented so far, I worry I will not represent the stories in a way that is meaningful for the readers - I am one person coming to the relationship with the storyteller in this moment of time. I feel like I am better equipped and skilled in my own reflection and learning. I am still young in processing the mechanisms of teachings. For me, learning how to frame out a teaching that is offered within each of the stories in the bundle is harder. There truly is a wealth that is held and finding one to share and prioritize in this chapter proved challenging. It is in this place of humility that I must remember I am standing.

In the academy, the expectation is that I am building an expertise in an area of knowledge. And that the dissertation is a process where I demonstrate this expertise. I contend that this is a falsity in the sense of Indigenous methodologies. I am not an expert. I am a person who has space, knowledge, and gifts - I use these in a way that aligns with my worldview and in accordance with my understanding of relational accountability. But I am a young learner - humble and making mistakes. The key point in community is that when we make a mistake, we acknowledge, learn, and do differently based on this learning. In the instance of this dissertation work, I am a young learner in accessing teachings that are held within the bundle. I have to believe that if I come from a place of humility and a space of intention that are grounded in relationality that I am doing my best. I am presenting the gifts of these stories to the best of my ability, and I share my own preliminary understandings as an offering for others to take these stories and undertake their own learning and reflections based on the bundle. As readers, I ask you, how might you express the learning that you have taken from these works? How might you represent the stories based on the relationship you have formed with them? What is it about your space and time and identity that informs how you are interacting with the stories? In this

reflection I invite you to hold onto what speaks to your hearts and care for these words as they, hopefully, influence how you are now in relation with yourself, your families, your communities, and your Nations.

Weaving Together the Stories and Literature

The final section in this meaning-making chapter will highlight connections between what has been learned through the stories shared in the Indigenous Resurgence Knowledge Bundle and make connections that can support and deepen the work that is presented in the existing literature. In chapter two, I described the colonial, oppressive, and disruptive contexts that resulted in a loss of continuity in relationships and knowledge about reproductive health, body sovereignty, and connection to culture, language, and land (Bowen & Pratt, 2018; Cidro et al, 2018; Ireland, Montgomery-Andersen & Geraghty, 2019; Tabobondung et al, 2014). The ramifications of these disruptions and separations on the thirteen Indigenous full spectrum doulas were shared in their personal and family origin stories. Their stories describe losses of identity, access to ancestral lands and languages, feeling disconnected, loss of relationships with culture, and grief and sadness over lack of access to traditional knowledges. Many of their stories were shared as catalysts: events that propelled the Indigenous full spectrum doulas to reconnect with traditional knowledges and practices and inspired their work to support people who give birth across the spectrum of reproductive health outcomes. As I reflected deeply on the teachings from each of the thirteen stories, it became clear that experiences and actions of building and being in relationship were central to *how* they engaged in their work. They expressed the responsibility we hold to be accountable to our relationships and to remain vigilant to care for one another: humans, plants, animals, waters, and lands.

Building on the centrality of relationships, I have learned that for many, the desire and passion for this work is connected to a spiritual ancestral calling. Danette shared that when she was learning about Indigenous full spectrum doula work, she discovered this aligned with the work of her great-grandmothers who held these traditional knowledges generations before. This was also supported by Rebekah, who shared the spiritual call and affirmations she felt when she made a tobacco offering. She was urged to build on her work as a doula, to further her education, and to bring birth lodges back to her grandmother's land. The doulas shared that they feel called by their ancestors and personal experiences to support people in their reproductive health needs and in birth and to ensure reproductive justice. Many of the stories described the impact of their own experiences in pregnancy and birthing as a light bulb or motivator to ensure people who give birth have an opportunity to feel seen, heard, validated, and sacred in their birthing stories. Helena shared a powerful experience of calling in her ancestors to her birthing experience and how this process of calling in ancestors is one she now offers as she supports other peoples' births. Nimis, Sarah, and Pihêsiw also offered the insights they gained about the types of supports they wished they had in their pregnancy, loss, and birthing experiences as catalysts to support others in their reproductive health. Indigenous full spectrum doula work origin stories are not represented in the current literature.

The Indigenous full spectrum doulas described their journeys in learning how to care for and support people who give birth in their reproductive outcomes. In the current literature, this is a significant gap, where what is known about doula training, including who takes the trainings, and the demographic of who is served by these trained doulas, is informed largely by those who have completed and are members of DONA International and Doula Trainings International (Lantz et al, 2005). Some, such as Candace, Miranda, and Nimis, have completed these doula

trainings and reflected on the lack of cultural congruence and competency. They described the subsequent work and advocacy they have done to identify and access further knowledge and experiences to support their Indigenous full spectrum work. This aligns with the work of Ireland, Montgomery-Andersen & Geraghty (2019) who represent Indigenous full spectrum doula work as challenging the epistemological dissonance that occurs in mainstream education. For Candace, this dissonance led to her co-develop and facilitate Indigenous full spectrum training with Zaagi'idiwin. Danette and Miranda also deliver Indigenous full spectrum doula training and advocate to ensure this will be recognized by the Doulas for Aboriginal Families Grant in British Columbia. This lack of recognition of many Indigenous full spectrum doula trainings by funding and granting organizations was identified as a barrier to practice as a full-time doula and for clients to access doula services. These stories affirm a barrier identified in the literature, accessing care of Indigenous full spectrum doulas through the Doulas for Aboriginal Families Grant in British Columbia (Ducklow & Cohelo, 2016).

Each of the doulas identified a variety of teachers and learning settings where they have gathered their education. Many have completed an Indigenous full spectrum doula training through the TEWA Women's Project, The Changing Women Initiative, the Native Youth Sexual Health Network, or Zaagi'idiwin. Some have not taken formal training. Some shared their hope and plans to provide access to Indigenous full spectrum doula training for their communities. Stacey and Helena, for example, were working to bring the training offered by Zaagi'idiwin to a group of students in Alaska at the time of our conversations. Ultimately, they would like to adapt and continue to facilitate the training to meet their local contexts, strengths, knowledges, and needs. Many of the doulas reflected that in offering their trainings, they are simply awakening inherent knowledge that lives within each of us as Indigenous peoples. The training has been

described as a light bulb moment where people are reminded about what it means to be in relationship with one another – to support one another. With this reminder, there is a recognition that comes back. This brings a confidence that we can be there for one another, to be present, and to ensure that everyone feels seen, heard, and valued.

Most of the Indigenous full spectrum doulas spoke about their personal life experiences that have strengthened their knowledge about practicing as an Indigenous full spectrum doula. For doulas such as Helena, Danette, Alycia, and Nimis this knowledge and resolve has come from their own birth experiences. Danette describes the role that two Indigenous doulas had in supporting the birth of her daughter and the gifts that they brought to this space. It was her inability to access grant funding to pay her doulas that began her advocacy work and the formation of the ekw'í7tl Collective. Nimis shared the lack of support she felt without significant caring women to be in her birth space and how this informed how she shows up to support people now. Candace, Helena, and Stacey spoke about the impact and learning from supporting family or friends in their birthing experiences. Alexas, Alycia, Chrystal, and Pihêsiw spoke of the role traditional knowledge keepers and community Elders had on their knowledge base about full spectrum doula work, ceremonies, language, plant medicines, and relationships with the land. How each of the Indigenous full spectrum doulas have gathered their knowledge and skills to support reproductive outcomes has varied to include formal and informal trainings, connections to knowledge keepers, and personal experiences.

Practices of relational ways of being and doing which have been central in the stories shared in the Indigenous Resurgence Knowledge Bundle. This is also seen in literature that describes reconnecting with Indigenous ways of being, doing and thinking (Ireland, Montgomery-Andersen & Geraghty, 2019) and mobilization of Indigenous knowledge systems

and practices (Cidro et al, 2018) in work across the reproductive spectrum. The bundle holds stories that describe the sharing of teachings, supporting accessible ceremony, building connections to traditional knowledge keepers, and fostering relationships to nurture a community of care beyond postpartum. This is similar to the work described by Ireland, Montgomery-Andersen & Geraghty (2019) comparing the qualities of Indigenous healing programs to Indigenous full spectrum doula work. Nimis outlined teachings that she shares and the work she does to connect people to traditional knowledge keepers. She models protocols such as offering tobacco to knowledge keepers and ensures these connections can be sustained and accessed when needed in the future. Each of the Indigenous full spectrum doulas has gathered many unique sets of knowledge, teachings, and skills that they include in their practice. Candace illustrated her knowledge of cedar and ceremonies such as the cedar bath which can be used to support people across the spectrum of experiences. Stacey described the opportunities she includes to share Yup'ik knowledge and teachings in her full spectrum doula work. Birth as ceremony (Tabobundung et al, 2014) was discussed frequently throughout most of the conversations. While the processes, knowledge, and structures of what ceremony meant in the context of birth were flexible and unique to the locale, land, and preferences of the people giving birth – the intention of ceremony in birth was a thread throughout. The different birthing spaces available for individuals played an influence on access to culturally congruent ceremonies in the various stages pre and post pregnancy. For example, access to medicines, drums, songs, and land varied from home birth, birthing centers, and hospitals.

The stories shared a multitude of ways people were supported across the spectrum, prenatally and postnatally as well as in the work of a death doula. Reproductive justice, birth, grief, and death are all interrelated and how we interact with these experiences can be supported

by a doula. The relational foundation of *how* Indigenous full spectrum doulas work makes this a highly transferrable set of skills. Alycia spoke of her work building relationships through prenatal yoga groups and designing culturally grounded prenatal curriculum. Several doulas reflected that the western doorway connects spirits coming in and leaving this earth. Sarah spoke of her work supporting people prenatally, postnatally, with grief, and in experiences of death. Chrystal asserted the importance of showing up and meeting people where they are at, using her advocacy, harm reduction, and plant medicine knowledge to support people across the spectrum of experiences. Indigenous full spectrum doula work can span a multitude of life experiences and stages, consistent with the reflection that this is about *how* people work to support one another, the skills are largely transferable.

One area of relationship described in both the literature and in the stories is the one that is held with the land (Cidro et al, 2018; Gilpin, 2017). In the work of Indigenous full spectrum doulas, the land is a central element and cannot be removed when we discuss Indigenous peoples' reproductive health outcomes. Pihêsiw spoke of the connection between the relationship that society holds with the land and systemic racism and injustices that are felt on the bodies of Indigenous peoples who give birth. They asserted that we must learn to be in relationship with the land, fulfilling our responsibilities to this relationship. In order to support stronger reproductive health many of the stories asserted building and strengthening a relationship with the land upon which we live: where we are from and where we currently reside. Rebekah described her awareness of the knowledge that is held in the lands of her ancestors. While she travelled internationally to learn about other Indigenous Nations' doula practices, she recognized she needed to return to her home fire to make connections, learn from, and be in relationship to her lands. She felt called home to stoke the fire to return birthing lodges to her Nation.

Sometimes the knowledge connected to the land is not accessible with traditional knowledge keepers to pass on the stories and teachings. Aspen spoke about the loss of traditional birthing and plant knowledge and her work to regain these teachings by tracing the pathways in similar Nations. She is working to place the pieces of the story back together again in her role as an Indigenous full spectrum doula. Alexas provided many stories connecting seed keeping, the cycles and seasons of the earth, and preconception and conception teachings. Chrystal shared stories about the healing work of plant medicines. Chrystal outlined the importance of taking care of and learning our relations to the plant world. There is power in our relationship with our plant medicines.

The scope of practice identified in the work of Latimer (2018) was congruent with the scopes described by the Indigenous full spectrum doulas. This included grounding their work in relational ways of being and doing and using culturally rooted knowledges and practices to support people in their reproductive care. All of the Indigenous full spectrum doulas described the manner in which they supported cultural experiences in their work, described as important within the literature (Bowen & Pratt, 2018; Cidro et al, 2018). Aspen, Sarah, Helena, Danette and many others asserted the importance of listening to the priorities and expectations of the families that are being supported. Inclusion of cultural practices begins as a conversation about what the person would like included in the birthing experience. There was not an assumption that cultural elements or ceremony would be included, but each of the doulas were prepared to support access if this was a priority that was identified. Different experiences described include ceremonies for preparation of birthing spaces, use of medicines, singing, drumming, teachings, access to land, access to traditional foods, and postpartum ceremonies.

Stories also included examples of the contributions of Indigenous full spectrum doulas to body sovereignty which is also described in the literature (Cidro et al, 2018). This support meant ensuring people had access to and refusal of care that aligned with their priorities and beliefs (Cidro et al, 2018). Many of the doulas described their work to provide support for care that spans the full reproductive spectrum, to ensure access to prenatal supports, and to provide education that is culturally congruent. These priorities were identified as necessary for people to access care based on their unique situations, strengths, and needs and to be able to make informed choices about their care. Stacey described the hierarchy of skill building from individual self-efficacy in health care decision making to broader family and nation-wide sovereignty.

Building on the work of body sovereignty and Indigenous resurgence, Indigenous full spectrum doulas can support self-determination and sovereignty through leadership and supporting choices and control within and beyond the healthcare setting (Kolahdooz et al, 2016). Making decisions about land, resources, and considerations for the health of future generations was shared as an important outcome of Indigenous full spectrum doula work in both Stacey and Alexas' stories. Working towards sovereignty by fostering confidence in knowledge gathering and decision making supports an approach that is strength based, trauma informed, and deeply rooted in Indigenous worldviews (Cidro et al, 2018). Nimis and Alexas both shared the importance of undoing the trauma that is carried across generations and accessing the blood memories of resistance and strength that connect us to who we are and how we can live in Indigenous resurgence. Many of the stories also included discussion about harm reduction, trauma informed care, social justice, and food sovereignty as necessary frameworks for their

work, also described in the literature (Gilpin, 2017; Ireland, Montgomery-Andersen & Geraghty, 2019).

The Indigenous Resurgence Knowledge Bundle holds stories that invite us to deepen our understanding about what it means to practice as an Indigenous full spectrum doula in the many contexts across Turtle Island. They share journeys, passions, knowledge, skills, and learning that has influenced and contributed to where each doula is today. In the final chapter I will reflect on the connection of the work of Indigenous full spectrum doulas to enacting Indigenous resurgence and discuss implications for practice and future re-search.

Chapter V: Closing the Bundle

An offering is made

As the time draws near
I gather each piece of my bundle
Place it with reverence in the center of the fabric
Spread out with welcome across the floor
I speak softly to each piece
Kinanaskimotin for walking with me
Kinanaskimotin for your guidance
Kinanaskimotin for your patience
Kinanaskimotin for your love

I bring the four corners of the fabric to the center
Tie the bundle securely
I place my hands a final time on the smooth surface
My eyes close in gratitude and lingering hesitation
I am not sure I am ready
To gift this bundle

I am not sure I am ready
To offer these heart stories
But I cannot hold on simply for my fear
I take a deep breath and release this offering
My ancestors, our ancestors
Watch over this journey from their place among the stars

I hope this bundle offers hope
I speak my prayer
And I am ready.

- GLR, August 2020

The purpose of this re-search was to understand the experiences of Indigenous people who train and work as Indigenous full spectrum doulas and their roles in resurgence for people who give birth. This final chapter will begin with a reflection on the closing of the Indigenous Resurgence Knowledge Bundle. Next, I will share implications of the use of Indigenist poetic inquiry for interdisciplinary research followed by a summary of my learning about Indigenous

resurgence. This reflection will return to the research question: How does the work of Indigenous full spectrum doulas contribute to Indigenous resurgence? Finally, I will outline implications for social work practice and share directions for future study.

Closing the Bundle

My time of *mamâhtâwisiwin* (deep contemplation) has come to a close, for now. I am grateful for this moment and the transition ahead. In the same breath, I acknowledge that seeking *nistohtamowin* (understanding) will truly never be complete; this is a lifelong journey. By using the ways of knowing, being, and doing held within my Indigenist Re-search Bundle, I prepared myself for gathering stories and building relations mentally, emotionally, physically, and spiritually. I engaged in ceremony and protocols to ask the ancestors to watch over this dissertation journey and the stories that would be shared. I was able to build a space of relationship with the re-search question, the Indigenous full spectrum doulas, the stories that were shared, and the teachings that were offered. I watched carefully and listened for the A-HA moments of *môsihtâwin*. Now, for this dissertation, the stories are being bundled back up. They will remain, though, in the Indigenous Resurgence Knowledge Bundle, waiting to be opened again by other re-searchers who seek to gain *nistohtamowin* by building a relationship with the stories inside.

As I close this dissertation, I want to share a reflection on the context in which I engaged with the stories in *mamâhtâwisiwin*. It has been an exceptional moment, finishing this dissertation in the time of a global pandemic. For me, living in the United States in 2020, this meant assessing, re-assessing, and mustering flexibility to respond to ever-changing contexts that impacted me deeply - personally, professionally, and academically. It meant assessing the

relationships that had to take priority in given moments, days, and weeks. The constant alert in my nervous system exhausted me and my cognitive capabilities were severely time-limited each day. It meant that I had to turn inwards even more often to reflect, make space, meditate, and rely on ceremony. It meant that I engaged my Indigenist Re-search Bundle in my everyday life – demonstrating the congruence between my worldview, how I engage in the world as a human being, and how I engage in the work that I do. It is all tied together and it all comes through relationship. As a matter of wellness, I had to re-evaluate what it meant to be productive and to respond to timelines and events that were beyond my control. Here, now, on this side of this dissertation, sharing this final chapter, feels monumental.

This time at home physical distancing has offered me an opportunity to reflect on and overhaul my way of relating with the world around me. This time has offered me the space to think about my role in the actions towards Indigenous resurgence. The stories held in the bundle have come at an opportune time. The past six months has seen me in various stages and expressions of grief, anger, frustration, fear, bargaining, anxiety, and ultimately acceptance. This emotional roller coaster has iterated my understanding and deepened my commitment to intentional relationality. In this time of isolation, how we come together, share with one another, and hold space for learning and healing is in transformation. These months have invited me to think differently about the assumptions of academia, career priorities, and Indigenous ways of knowing, being, and doing. For me, in particular, the teachings in the stories that connect back to our relationship with the land and Indigenous resurgence are deeply poignant, offering me a chance to reflect on what this relationship will be for me. These stories of connection, ceremony, healing, and relationship to land have come to me at the precise time that I feel I needed to hear them. In the midst of this context, I hope that I have represented my process and learning in the

best ways possible. This was not how I envisioned closing off my PhD journey; but, at the same time, it has been a gift.

The goal of this re-search was to come to understand the role that Indigenous full spectrum doulas may have in supporting Indigenous resurgence. It was my assertion that Indigenous full spectrum doulas can create relationships that would provide a pathway to the healing, cultural reclamation, transformation, and collective building necessary for a resurgence of Indigenous Nationhood. Through the incorporation of Indigenous values, practices, ceremonies, and ways of being in relationship, Indigenous full spectrum doulas can enact and influence Indigenous resurgence. These elements align with Leanne Simpson's (2011) assertion of actions that contribute to resurgence:

Building diverse, nation-culture-based resurgences means significantly re-investing in our own ways of being, regenerating our political and intellectual traditions; articulating and living our legal systems; language learning; ceremonial and spiritual pursuits; creating and using our artistic and performance-based traditions. All of these require us – as individuals and collectives – to diagnose, interrogate, and eviscerate the insidious nature of conquest, empire, and imperial thought in every aspect of our lives. It requires us to reclaim the very best practices of our traditional cultures, knowledge systems and lifeways in the dynamic, fluid, compassionate, respectful context within which they were originally generated. (pp. 17-18)

An Indigenist paradigm informed the knowledge gathering that allowed me to learn more about the experiences of Indigenous full spectrum doulas. The three core principles within Indigenist re-search are: resistance as an emancipatory imperative, political integrity, and the privileging of Indigenous voices (Rigney, 1999). Holding these three core principles central I was able to learn more about the Indigenous full spectrum doulas' contributions to Indigenous resurgence by engaging relationally with the process, the knowledge, the doulas, and spirit. The stories and teachings held within the Indigenous Resurgence Knowledge Bundle demonstrate the aspirations of Indigenous full spectrum doulas to assert self-determination, to ensure wellness for the people

they work with, and to hold systems accountable to do better for Indigenous peoples and reproductive health. In the following section, I will reflect on Indigenist poetic inquiry and the possibilities of this methodology in interdisciplinary research and as a method of centering voice within Indigenist re-search.

Indigenist Poetic Inquiry: Implications for Interdisciplinary Research

In this section, I would like to offer my reflections on the implications of Indigenist poetic inquiry as a methodology within interdisciplinary research. Indigenist poetic inquiry offers a medium and an invitation for Indigenous and allied scholars and community members to examine our relationship with Indigenous resurgence. This invitation can be accepted and supported in the work of many faculties within the university. In the spaces of the university, scholars must be asking questions like whose story is this, who is telling it, why is it being told, and for whom? We must critically examine whose voices are being heard and whose voices are being silenced. As a mechanism for sharing stories, Indigenist poetic inquiry fits well into creative disciplines including English, Theatre, Film, and Media. In privileging of Indigenous voices and experiences, an Indigenist paradigm is a foundation in this interdisciplinary work. This innovative approach aligns strongly with Indigenous ways of knowing, being, and doing – which are wholistic, responsive, and flexible to context and environment.

I am drawn to other Indigenous experiences and yearn to hear deeply resonant voices through diverse mediums. It was this urge that inspired me to seek an Interdisciplinary PhD and to include the Department of English, Theatre, Film, and Media. Initially, I explored the possibility of film in this dissertation, and ultimately, I chose to use Indigenist poetic inquiry. For Indigenous cultures, the transmission of knowledge through stories is a critical pedagogy that supports intergenerational survival of ways of knowing, being, and doing. Indigenous resurgence

is facilitated through the transmission of stories and the relationships we foster with stories about and from the land, our families, and our collective histories. In our engagement with these stories, we learn how to enact our responsibility to these relations. Indigenous and Cree poetics, as inspiration for this inquiry, present stories that demonstrate relationship. Indigenous poetry is a marker of Indigenous resurgence, as a way to express and to recognize ourselves. Indigenous poetry can demonstrate and offer us healing and connection to one another.

In the telling of stories, Indigenist poetic inquiry is a method through which to find and express meaning based on Indigenous processes of seeking insight and knowledge. Indigenist poetic inquiry engages Indigenous ways of knowing, being, and doing as processes for sitting with, and being immersed in, the stories. This intentional and ceremonial process allows *môsihtâwin* (insights) to emerge, to come to *nistohtamowin* (understanding) through *mamâhtâwisiwin* (deep contemplation). While I sat in the spaces of *mamâhtâwisiwin*, I also reflected on my responsibility to the relationship that I held with the Indigenous full spectrum doulas and their stories. I worked to remain accountable to these relations in considering voice, representation, and control over the stories.

Indigenist poetic inquiry aligns with arts-based research process, which is most often positioned within the social sciences. However, I believe this method of inquiry also highlights an interdisciplinary opportunity in how we, as Indigenous peoples, choose to tell our stories. Indigenist poetic inquiry results in poems that are co-creations of lived experiences and invite readers to explore their relationship with these poems and the teachings within. The research poems were co-created through my relationship with the voices of the Indigenous full spectrum doulas to nurture new literary products. Indigenist poetic inquiry uses relationships governed by

Indigenous beliefs and practices to create new knowledges that are both art and invitations to action.

Indigenist poetic inquiry also can be an invitation for community members to work alongside community re-searchers to elicit and present their stories. I received feedback from many of the Indigenous full spectrum doulas who shared the positive impact they felt in telling their stories, seeing their experiences in the condensed stories, and then in the research poems. They reflected that the process of telling their stories affirmed their role and journey in their work, helped them to find peace, to make revelations, and to feel purposeful about their next steps. They expressed thanks and gratitude for a space to share their experiences and tell their stories. They shared the honour they felt to have their stories sit alongside the powerful work of other doulas in the Indigenous Knowledge Resurgence Bundle. These expressions confirm the importance of spaces to tell our stories. The following section will share reflections on how the work of Indigenous full spectrum doulas enacts Indigenous resurgence.

Enacting Resurgence

Leanne Simpson (2011) describes Indigenous resurgence as becoming, again. This process of becoming can occur by reconnecting and re-establishing relationships with who we are as Indigenous peoples. This means that we live our truths based on Indigenous knowledges and philosophies through the support of our Elders, our languages, and our lands (Simpson, 2011). When we enact this vision, intention, and commitment to be in this relationship, we also strengthen our communities (Simpson, 2011). Resurgence asks us to reflect on *how*. This is the mechanism of intervention (Simpson, 2017). The conversations with each of the Indigenous full spectrum doulas always began with stories about their journeys to birth work. They reflected on the roots of their passion, their teachers, and the lessons they have learned. The stories often

included examples of how they embodied Indigenous ways of knowing, being, and doing. This is consistent with Leanne Simpson's (2017) urging for us as Indigenous peoples working toward resurgence to "untie our canoes – to not just think about our canoes or write about our canoes, but to actually untie them, get in, and begin the voyage" (p. 193).

Thus, with the epistemological alignment between the culturally grounded and relationally focused work of Indigenous full spectrum doulas and Indigenous resurgence, I believe that the former will contribute to achieving the latter. Indigenous full spectrum doulas enact their worldviews by mobilizing Indigenous knowledges and practices to remember, reconnect, and re-establish relationships between self, family, community, medicines, land, and ceremony. These actions, demonstrated through the stories that are gathered in the Indigenous Knowledge Resurgence Bundle and highlighted in the teachings and learnings shared in Chapter Four, reinforce Simpson's (2011) definition of Indigenous resurgence. Indigenous resurgence must be both a dismantling of colonial structures and a building or restoring of Indigenous alternatives (Simpson, 2017): "We need more visioning, thinking, acting, and mobilization around these Indigenous systemic alternatives because creating the alternative is the mechanism through which freedom can be achieved" (Simpson, 2017, p. 49).

The Indigenous full spectrum doulas shared individual stories of resurgence – of gathering and reclaiming Indigenous ways of being in relationship and of using traditional knowledges, plants, and ceremonies in their work with families. They also shared stories of collective building, where they fostered relationships with those they supported, strengthening communities of support and care that lingered beyond the initial purpose. There were also collective building experiences between Indigenous full spectrum doulas and birth workers, recalled in the stories as finding a sense of belonging. These collective building experiences

helped many to solidify their purpose in this work. Resurgence cannot occur on its own, individually, or in isolation. Indigenous resurgence is both individual and collective where the actions of individuals influence the collective and vice versa (Simpson, 2011). We need the support of our families and communities in order for this to spiral into a collective movement. In her blog *Indigenous Motherhood*, Anishinaabe scholar and activist Andrea Landry (2018) identifies actions that would demonstrate Indigenous self-determination:

A process and space where indigenous peoples can individually reclaim their mother tongues and learn how to forgive mothers and fathers to restore families. Where indigenous families can revitalize kinship systems so heavily infused with familial reciprocity, cooperation, and shared responsibility of care-taking of children that generations of familial cut-offs are easily restored, and where indigenous communities can remember indigenous leadership to the point where Indian Act chief and councils completely, and miraculously, dissolve, because colonial leadership values will never work for our people. (Landry, 2018)

It is these actions, Landry (2018) reminds us, that would ensure the outcomes meet the original intentions of decolonization and Indigenization. We would then become "... living examples of indigenous resurgence, revitalization through recovery of our mother-tongues, kinship systems, healthy lifestyles, land-based practices, forgiveness processes, and traditional diets" (Landry, 2018).

Another example of the way that Indigenous resurgence is enacted through the work of Indigenous full spectrum doula was the multiple layers of relationality and responsibility to being in good relation that resonated in the conversations. Simpson (2011) describes this process as "living in the right way" (p.144). They shared stories about coming to know who they are in relation to their work to support people in their reproductive journeys. They shared the connections they feel with the ancestors who are doing this work. The stories shared hope that by ensuring people access to reproductive and Indigenous knowledges, resources, and skills that they can feel empowered. Grounded in the values and principles of Indigenous worldviews,

“individuals [set] in motion influences and impacts that are impossible to predict,” (Simpson, 2011, p. 144). Leanne Simpson (2011) reflects that this motion builds upon itself, in different layers of resurgence:

As resurgence is collectivized, it moves from being an individual act, vision or commitment, to one that functions on the level of a family. It then moves to a group of families, then a portion of a community, then a community, and so on. To me, the concept of collectivizing is encompassed in the term Nkweshkgdaadiwin, the art of meeting together. (p. 144)

This thinking reflects the stories that were shared in the Indigenous Resurgence Knowledge Bundle. Many expressed their hope that this work would influence generations to come. By healing trauma, inviting re-connection with traditional knowledges and ways of being and doing, and fostering community relationships, Indigenous full spectrum doulas influence individuals, families, and ultimately communities for generations forward.

With the connections that can be made between the work of Indigenous full spectrum doulas and Indigenous resurgence, it is necessary for me as an Indigenous community member and re-researcher, to reflect on how I can support this work based on my skills, knowledge and experience in combination with my circles of professional influence, particularly in the field of social work. The next section will outline implications of this re-research for social work.

Indigenous Full Spectrum Doulas, Resurgence and Implications for Social Work

When I consider the purpose of this re-research and what has been gathered, there are implications and responsibilities in the profession of social work in both education and practice. Indigenous resurgence and the practice of Indigenous full spectrum doulas are ground in Indigenous ways of knowing, being, and doing. As Leanne Simpson (2017) asserts, to achieve Indigenous resurgence requires both a dismantling of the current structures that impose upon this goal and the re-engagement of Indigenous knowledges and practices that will build our new

futures. To even consider what role social work might take, the structure of social work must continue to transform. The Thunderbird Circle: Indigenous Social Work Educators Network (TC:ISWEN) has been one group that has steadily advocated for meaningful inclusion and centering of Indigenous voices, representation, and priorities in platforms, such as the Canadian Association of Social Work (CASW), the Canadian Association of Social Work Educators (CASWE), and the Commission on Accreditation (COA). Social work as a profession has a responsibility to reflect on their role related to both dismantling and supporting space and resources towards rebuilding. In the Canadian context, much of this reflection has occurred as a result of the Truth and Reconciliation Commission Report and Calls to Action (2015). Beginning in 2009, the CASW issued a statement acknowledging the role social work has played in the oppression of Indigenous peoples. More recently, in 2019, CASW issued a *Statement of Apology and Commitment to Reconciliation*. In 2017, CASWE published a *Statement of Complicity and Commitment to Change* as the oversight body for the education of social workers in order to consider their role and responsibilities in relation to reconciliation. These commitments set the stage for education and practices that prepare social workers to align with anti-colonial practices that support Indigenous resurgence.

In the preparation of social workers, educational programs must work to recruit, educate, and mentor social workers, who have the capacity and commitment to work within anti-colonial and/or Indigenist values, frameworks, and practices. Opportunities for anti-colonial and Indigenist social work education has been growing in recent years with programs and curriculum designed to meet priorities advocated for by Indigenous academics, students, and communities. Undergraduate and graduate Indigenous social work programs at universities, such as the University of Manitoba, Wilfred Laurier University, and the University of Victoria provide

opportunities for social work students to learn theories and practices that can support Indigenous resurgence. Considering the alignment between Indigenous ways of helping in social work and the work of Indigenous full spectrum doulas, cross training and professional development can ensure the skills and knowledge of Indigenous full spectrum doulas is more broadly accessible to Indigenous communities.

Beyond the education of social workers, there are opportunities for supporting Indigenous resurgence and Indigenous full spectrum doulas in practice. Indigenous full spectrum doulas support people with their reproductive health through a variety of mechanisms. In the gathering of the bundle, the doulas shared that they worked as part of community programs, as part of a Tribal health center, in partnership with a doula network, or through their independent businesses. In some of these venues, there are direct opportunities for social work to be connected to and support their work, but, in other venues, the connections are less clear. Most immediately, social work practitioners can build their knowledge about the practice of Indigenous full spectrum doulas and make connections with local doulas. This is an important addition to the network of resources to be aware of when supporting Indigenous individuals and families.

Another opportunity to support is by ensuring access to Indigenous full spectrum doula care. Given the stories that were shared, families may not have the ability to pay for doula care. In some areas, there may be grant sources available to the doula to provide care for Indigenous families. In other cases, the Indigenous full spectrum doula may be employed as a part of a community organization or local health clinic, in which case, their services may be more accessible. However, the waitlists for these may be long. If there are access issues for people

wanting to work with an Indigenous full spectrum doula, working to find a solution to any barriers and advocate for any resources are two key actions that social workers can take.

As social workers hold roles in health care settings, there is also potential for interaction and advocacy to support access to Indigenous full spectrum doulas. The stories in the bundle shared the negative impact of racism, uneducated health care staff, and inflexible policies as barriers to culturally congruent reproductive health experiences for Indigenous people. A social worker in this setting can advocate for a review of and amendments to hospital policies that ensure availability of smudging, burning of medicines, and other culturally significant activities to support birth. This can also mean leadership ensures that supportive policies are then translated into practice through ongoing training and evaluation.

The formalized practice of Indigenous full spectrum doulas is relatively recent, and while funding is beginning to be prioritized to train new doulas, the structures to support their sustainable practice are missing. As social workers, we may hold roles that include program design and seeking grant funding in order to address community needs and priorities. In these spaces, it will be important to learn about the roles of Indigenous full spectrum doulas and evaluate whether this is a match for the organization's purpose or demographics that are supported. In community organizations, programs that employ Indigenous full spectrum doulas could be designed, managed, and evaluated by Indigenous people who hold a social work degree. Additionally, the administration of an organization that houses programs that employ Indigenous full spectrum doulas also can be led by social work professionals. These are opportunities to provide leadership to ensure Indigenous reproductive justice through access to their care. While the work of Indigenous full spectrum doulas does not fall into the scope of practice of social workers, there are significant opportunities for their work to contribute to and support the

achievement of Indigenous resurgence by ensuring equitable access, space, and resources for their work.

Directions for future study

As discussed in Chapter Two, what is largely known about doulas in the literature relates to practices offered by non-Indigenous doulas and health outcomes determined by western conceptions of health. There is a significant gap in research about the demographics and experiences of Indigenous full spectrum doulas and *how* they do the work they do. This dissertation, the gathering of stories about their experiences, is a starting point.

I shared in the first chapter that I hoped this re-search could contribute to collective building, an element of Indigenous resurgence. By gathering and privileging stories of Indigenous full spectrum doulas, our voice is strengthened as we go on to name priorities and identify *how* we will form spaces of Indigenous resurgence. By prioritizing our stories and the knowledge held within them, non-Indigenous scholars, researchers, policy makers, funders, and social workers can be held accountable. This means that education, program development, evaluation, funding, and policy decisions must be made based on this important knowledge and with the leadership of Indigenous peoples and Nations. There are many more stories and experiences that must be heard. Our realities must be consistently and meaningfully considered when decisions are made about what to prioritize for whom and how. When I consider the immensity of resurgence as a movement, I know that the work of Indigenous full spectrum doulas is one piece of an interconnected and relational web. This will join ongoing work of Indigenous resurgence in areas such as Indigenous food sovereignty, the land back movement, and Indigenous land-based education for example.

Within the context of Indigenous full spectrum doulas, it is important to start from the voices of those directly impacted, i.e., from the voices of the Indigenous full spectrum doulas who are doing this work. This bundle demonstrates the significant epistemological foundation upon which their work is based. Currently, research that is founded on incongruent worldviews, beliefs, and practices is informing the health and wellness of our families and communities. This, at best, produces knowledge about how the work of Indigenous full spectrum doulas fits into western conceptions of health and tries to find a space in the current box of practices to place their work. At worst, this perpetuates stereotypes about Indigenous peoples who give birth and continues to place blame on individuals “at risk” rather than recognizing and dismantling the structures perpetuating this risk on Indigenous peoples. Either way, these approaches significantly constrain the long-term possibilities of the work of Indigenous full spectrum doulas to emerge and flourish as a mechanism for Indigenous resurgence. If we are to truly understand the work of Indigenous full spectrum doulas and the impact that they make towards Indigenous resurgence, this is where to begin: With research that is created by Indigenous peoples, with Indigenous peoples, for Indigenous peoples.

Based on this premise and with this Indigenous Resurgence Knowledge Bundle, the opportunity exists to build local, regional, and national research agendas to achieve transformation towards Indigenous resurgence. In my experiences with community driven research, I can imagine a trajectory of research that supports the vision and priorities of Indigenous full spectrum doulas. It is localized, developed and implemented to meet the specific contexts and needs of those Nations. At the same time it can be globalized as we understand the power and learning that happens in collective building.

Locally, possible questions that can ground this exploration work include: What are the priorities of communities who currently have Indigenous full spectrum doulas? What services are being offered and what else can be done to address local needs? How are the doulas able to provide their services at a level to sustain their own wellbeing? Are the doulas accessible for all who would like to be supported? How can we ensure their services are sustainable? Are there opportunities for collective building within their work? How is this wellness defined by the local Nation and how can this knowledge be gathered? What impacts do the Indigenous full spectrum doulas have on the reproductive outcomes of the people they work with?

Thinking regionally, nationally, and globally towards collective building across Turtle Island, research questions can consider: Does the knowledge gathered provide an opportunity for other Nations to examine their own landscapes for Indigenous full spectrum doula practice? What evidence does this provide that can be used to secure sustainable funding and resources that can support Indigenous reproductive sovereignty? Embedded within global considerations is the need to address the systems within which the Indigenous full spectrum doulas work. Thinking about the systems that the doulas currently work within and alongside, what do these relationships look like? What are the barriers and opportunities within these settings to support the goals of Indigenous full spectrum doulas to ensure culturally grounded care? Are there policies or structures that prevent or support this work? How can these be adjusted? The directions for future study are broad, as this is a re-search area that is emerging. Central to this emergence is the core assumption that Indigenous full spectrum doulas, scholars, re-searchers and community members must lead in the design and implementation of research agendas.

Concluding thoughts

kikiskisin na?

in the depths of the rainy season
I made an offering for a good journey
I placed tobacco at the foot of an expansive cedar tree
rich brown bark mapping pathways of resurgence
her eminence captured my breath
towering strength held me steady
offered medicines to protect my footsteps
now months from the beginning
tobacco subsumed by the earth
my gaze follows the map to the tallest branches
kikiskisin na?
do you remember?

- GLR, August 2020

I will close off this dissertation in the way that I began, with intention and ceremony. As I prepared myself, I have also prepared this re-search to be offered *in a good way*. Though this re-search is complete, I will continue to foster ways to support the work of Indigenous full spectrum doulas and to support Indigenous resurgence. I will remain accountable to the relationships I have built on this journey. I prepared myself for the work of this re-search, and now I prepare myself and this re-search to carry forward – grounded in these relationships.

For this journey I am grateful for the relationships that have been built, the stories that have been shared, and the gifts I have added to my bundle. It is my hope that these stories and poems connect to the hearts and spirits of Indigenous peoples who are looking for the *how* of their own role in Indigenous resurgence. It is my hope that these stories inspire others as much as they have provided inspiration, energy, strength, and hope for my own journey within Indigenous resurgence. I am filled with hope, as I am witnessing Indigenous resurgence in each and every

moment. In moments when we make decisions in our lives based on the teachings, values, beliefs, and stories that we carry with us about how to be a good relative in the world we live in. In moments when we live with intention, when we are present and in relationship, and when approach each other and the world around us from love and with love. We are in these moments when we engage in relationship with the land and the medicines – learning how to care for and be cared for with reciprocity. We are in these moments when we reach out and support people who give birth to make space for layers of care and offerings to ground a new life in relationship. Indigenous resurgence is possible. It is happening, as Indigenous peoples continue to pick up our bundles. We are well on our way.

References

- Absolon, K. (2011). *Kaandossiwin, how we come to know*. Winnipeg, MB: Fernwood Publishing.
- Absolon, K. & Willett, C. (2005). Putting ourselves forward: Location in Aboriginal research. In L. Brown & S. Strega (Eds.), *Research as resistance* (pp. 97–126). Toronto, ON: Canadian Scholars' Press.
- American Academy of Poets. (2004). Found poetry: Poetic form.
<https://www.poets.org/poetsorg/text/found-poem-poetic-form>
- Archibald, J. (2008). *Indigenous storywork: Educating the heart, mind, body, and spirit*. Vancouver, BC: University of British Columbia Press.
- Basile, M.R. (2012). *Reproductive justice and childbirth reform: Doulas as agents of social change*. Unpublished dissertation. University of Iowa, Iowa.
- Battiste, M., & Henderson, J. Y. (2000). *Protecting Indigenous knowledge and heritage: A global challenge*. Saskatoon, SK: Purich.
- Beeds, T. (2015). Remembering the poetics of Ancient sound kistêsinâw/wîsahkêcâhk's maskihkiy (Elder Brother's Medicine). Pp. 61-72, Chapter 6 in, N. Mcleod. (Ed). *Indigenous poetics in Canada*. Wilfred Laurier University Press.
- Bey, A., Brill, A., Porchia-Albert, C., Gradilla, M., & Strauss, N. (2019). Advancing birth justice: Community-based doula models as a standard of care for ending racial disparities. Retrieved from: Advancing Birth Justice: Community-based doula models as a standard of care for ending racial disparities.

- Bowen, A. & Pratt, C. (2018). Indigenous birth. Chapter 5 in Exner-Pirot, H., B. Norbye and L. Butler (Eds.), *Northern and Indigenous Health and Health Care*. Saskatoon, Saskatchewan: University of Saskatchewan. openpress.usask.ca/northernhealthcare
- Brant-Castellano, M. (2000). Updating Aboriginal traditions of knowledge. In, G. J. S. Dei, B. L. Hall, & D. G. Rosenberg (Eds.), *Indigenous knowledges in global contexts: Multiple readings of our worlds*. Toronto, ON: University of Toronto Press.
- Butler-Kisber, L. (2002). Artful portrayals in qualitative inquiry: The road to found poetry and beyond. *The Alberta Journal of Educational Research*, 48(3), 229-239. www.ajer.ca
- Cahnmann-Taylor, M. (2008). Poetry in qualitative research. In L. M. Given (Ed.), *The SAGE encyclopedia of qualitative research methods* (pp. 638-640). Thousand Oaks, CA: SAGE Publications, Inc.
- Cariou, W. (2016). Life-telling: Indigenous oral autobiography and the performance of relation. *Biography* 39(3), 314-327. doi:10.1353/bio.2016.0041.
- Cariou, W. (2015). Edgework: Indigenous poetics as re-placement. Chapter 3 In, N. Mcleod. (Ed), *Indigenous poetics in Canada*. pp. 31-38, Wilfred Laurier University Press.
- Cidro, J., Doenmez, C., Phanlouvang, A. & Fontaine, A. (2018). Being a good relative: Indigenous doulas reclaiming cultural knowledge to improve health and birth outcomes in Manitoba, Canada. *Frontiers in Women's Health*, 3(4), 1-8.
- Corntassel, J. & Bryce, C. (2018). Practicing sustainable self-determination: Indigenous approaches to cultural restoration and revitalization. pp.233-241. Chapter 24, In M.J. Cannon & L. Sunseri (Eds). *Racism, colonialism, and Indigeneity in Canada* (2nd Ed.). Ontario: Oxford University Press.

- Dekker, R. (2017). *Evidence on: Doulas*. Evidence Based Birth. <https://evidencebasedbirth.com/the-evidence-for-doulas>
- DONA International. (2012). *DONA International Certification*, Chicago, IL.
<http://www.dona.org/develop/certification.php>
- Ducklow, Z. & Coelho, L. (2016). Indigenous doula collective to support mother-centred birth care in B.C. April 24, 2016, CBC News. <https://www.cbc.ca/news/aboriginal/indigenous-doula-collective-supports-mother-centred-birth-1.3546977>
- Eni, R., & Rowe, G. (2011). Understanding parenting in Manitoba First Nations: Implications for program development. *Family & Community Health*, 34(3), 221-228.
- Ermine, W. (1995). Aboriginal epistemology. In M. Battiste & J. Barman (Eds.), *First Nations education in Canada: The circle unfolds* (pp. 101-112). Vancouver, BC: UBC Press.
- Everson, C., Crane, C., & Nolan, R. (2018). Advancing health equity for childbearing families in Oregon: Results of a statewide doula workforce needs assessment. Estacada, OR: Oregon Doula Association.
- Finestone, E., & Stirbys, C. (2017). Indigenous birth in Canada: Reconciliation and reproductive justice in the settler state. Chapter 10, In H. Tait-Neufeld & J. Cidro (Eds.), *Indigenous experiences of pregnancy and birth*. pp. 176-202, Demeter Press.
- Furman, R. (2003). Exploring step-fatherhood through poetry. *Journal of Poetry Therapy*, 16: 91–96.
- Garbutt, J. (2019). Walking alongside: Poetic inquiry into allies of Indigenous Peoples in Canada (Unpublished doctoral thesis). University of Calgary, Calgary, AB.
<http://hdl.handle.net/1880/111025>

- Gilpin, E. (2017). We were doulas before there were doulas. *The Tyee*, August 9, 2017.
<https://thetyee.ca/Culture/2017/08/09/We-Were-Doulas/>
- Görlich, A. (2016). Poetic inquiry: Understanding youth on the margins of education.
International Journal of Qualitative Studies in Education, 29(4), 520-535.
<http://dx.doi.org/10.1080/09518398.2015.1063734>
- Hanley, G., & Lee, L. (2017). An economic model of professional doula support in labour in British Columbia, Canada. *Journal of Midwifery & Womens' Health*, 62(5), 607-613.
- Hardeman, R. & Kozhimannil, K. (2016). Motivations for entering the doula profession: Perspectives from women of color. *Journal of Midwifery & Women's Health*, 61(6), 773-780.
- Hart, M.A. (2010). Indigenous worldviews, knowledge, and research: The development of an Indigenous research paradigm. *Journal of Indigenous Voices in Social Work*, 1(1), 1-16.
- Hart, M.A. (2009). For Indigenous peoples, by Indigenous people, with Indigenous people. Chapter 8. In R. Sinclair, M.A. Hart, & G. Bruyere, (Eds.) *Wicihitowin: Aboriginal social work in Canada*. pp. 153-170. Winnipeg: Fernwood Publishing.
- Hodnett, E.D., Gates, S., Hofmeyr, G.J., Sakala, C. (2013). Continuous support for women during childbirth. *The Cochrane Database of Systematic Reviews*, 7: CD003766.
- Hunter, C. (2012). Intimate space within institutionalized birth: Women's experiences birthing with doulas. *Anthropological Medicine*, 19(3), 315-326.
- Ireland, S., Montgomery-Andersen, R., Geraghty, S. (2019). Indigenous doulas: A literature review exploring their role and practice in western maternity care. *Midwifery*, 75, 52-58.
- Klaus, M.H., & Kennell, J.H. (1997). The doula: An essential ingredient of childbirth rediscovered. *Acta Paediatrica*, 86, 1034-1036.

- Kolahdooz, F., Launier, K., Nader, F., Yi, K.J., Baker, P., McHugh, T.L., Vallianatos, H., Sharma, S. (2016). Canadian Indigenous women's perspectives of maternal health and health care services: A systematic review. *Diversity and Equity in Health and Care*, 13(5), 334-348.
- Kovach, M. (2018). Doing Indigenous methodologies—A letter to a research class. In N.K. Denzin, & Y.S. Lincoln. (Eds.), *The Sage handbook of qualitative research* (5th ed), pp. 214–235. Los Angeles, CA: Sage.
- Kovach, M. (2010). Conversational method in Indigenous research. *First Peoples Child and Family Review*, 5(1), 40-48.
- Kovach, M. (2009). *Indigenous methodologies – characteristics, conversations, and contexts*. Toronto, ON: University of Toronto Press.
- Kozhimannil, K., Vogelsang, C. & Hardeman, R. (2015). Medicaid coverage of doula services in Minnesota: Preliminary findings from the first year. Interim Report to the Minnesota Department of Human Services.
- Landry, A. (2018). The Realities of Indigenous Motherhood. [Blog post].
<https://indigenoumotherhood.wordpress.com/2018/10/09/the-realities-of-indigenous-motherhood/>
- Langer, C., & Furman, R. (2004). Exploring identity and assimilation: Research and interpretive poems. [19 paragraphs] *Forum Qualitative Sozialforschung / Forum: Qualitative Social Research*, 5(2). Art. 5, doi:<http://dx.doi.org/10.17169/fqs-5.2.609>
- Lantz, P.M., Low, L.K., Varkey, S. & Watson, R.L. (2005). Doulas as childbirth paraprofessionals: results from a national survey, *Women's Health Issues*, 15(3), 109-116.

- Latimer, J. (2018). Indigenous doulas help keep families together in Winnipeg.
<https://mcconnellfoundation.ca/indigenous-douglas-help-keep-families-together-in-winnipeg/>
- Lawrence, B. (2018). Rewriting histories of the land: Colonization and Indigenous resistance in Eastern Canada. Chapter 5, In M.J. Cannon & L. Sunseri (Eds). *Racism, colonialism, and Indigeneity in Canada* (2nd Ed.). pp. 35-46. Ontario: Oxford University Press.
- Leavy, P. (2009). *Method meets art: Arts-based research practice*. New York: The Guilford Press.
- Lee, D. (2012). Placing knowledge as resurgence. *InTensions*, 6, 1-27.
- Luna, Z. (2011). “The Phrase of the Day”: Examining contexts and co-optation of reproductive justice activism in the women's movement. *Research in Social Movements, Conflicts and Change*. 32, 219-246.
- Martin, K., & Miraboopa, B. (2003) Ways of knowing, being and doing: A theoretical framework and methods for indigenous and indigenist re-search. *Journal of Australian Studies*, 27(76), 203-214.
- McLeod, N. (2015). Cree poetic discourse. Chapter 9 In N. McLeod. (Ed). *Indigenous poetics in Canada*. pp. 89-103. Wilfred Laurier University Press.
- McLeod, N. (2007). *Cree narrative memory: From treaties to contemporary times*. Saskatoon, SK: Purich Publishing Limited.
- Michell, H. (2013). *Cree ways of knowing and school science*. Vernon, B.C.: JC Publishing Ltd.
- Napolean, A. (2014). Key terms and concepts for exploring Nîhiyaw Tâpisiwin in the Cree worldview. [Unpublished dissertation]. University of Victoria, Victoria, British Columbia.

- Olsen, M. E., Lodwick, D. G., & Dunlap, R. E. (1992). *Viewing the world ecologically*. San Francisco: Westview Press.
- Oltmann, S. (2016). Qualitative interviews: A methodological discussion of the interviewer and respondent contexts. [37 paragraphs]. *Forum Qualitative Sozialforschung / Forum: Qualitative Social Research*, 17(2). Art.15.
- Patton, M.Q. (2002). *Qualitative research & evaluation methods*. 3rd Ed. Thousand Oaks, CA: Sage.
- Poindexter, C.C. (2002). Research as poetry: A couple experiences HIV. *Qualitative Inquiry*, 8, 707-714.
- Prendergast, M. (2009). "Poem is what?" Poetic inquiry in qualitative social science research. *International Review of Qualitative Research*, 1(4), 541-568.
<http://www.jstor.org/stable/10.1525/irqr.2009.1.4.541>
- Richardson, L. (1993). Poetics, dramatics, and transgressive validity: The case of the skipped line. *Sociological Quarterly*, 34(4), 695-710.
- Rigney, L. (1999). Internationalization of an Indigenous anticolonial cultural critique of research methodologies: A guide to Indigenist research methodology and its principles. *Wicazo Sa Review*, 14(2), 109-121. doi:10.2307/1409555
- Ross, W. (2011). Keewatinoow converter station and bi-pole III: Aski keskentamowin report. Unpublished report: Fox Lake Cree Nation Negotiations Office.
- Rowe, G. (2014). Implementing Indigenous ways of knowing into research: Insights into the critical roles of dreams as catalysts for knowledge development. *Journal of Indigenous Social Development*, 3(2), 1-17.

- Rowe, G. (2013). Kikiskisin ná: Do you remember? Utilizing Indigenous methodologies to understand the experiences of mixed-blood Indigenous peoples in identity re-membering. [Unpublished thesis]. University of Manitoba, Winnipeg, Manitoba.
- Rowe, G. & Kirkpatrick, C. (2018). Na-gah mo Waabishkizi Ojijaak Bimise Keetwaatino: Singing white crane flying north: Gathering a bundle for Indigenous evaluation. Winnipeg, MB: CCPA. ISBN 978-1-77125-392-5
https://www.policyalternatives.ca/sites/default/files/uploads/publications/Manitoba%20Office/2018/03/Gathering_A_Bundle_for_Indigenous_Evaluation.pdf
- Saunders, V., Sherwood, J., & Usher, K. (2015). If you knew the end of the story, would you still want to hear it?: The importance of narrative time for mental health care. *The Qualitative Report*, 20(10), 1594-1608.
- Simpson, L. (2017). *As we have always done: Indigenous freedom through radical resistance*. Minneapolis: University of Minnesota.
- Simpson, L. (2011). *Dancing on our turtle's back: Stories of Nihnaabeg re-creation, resurgence and a new emergence*. Winnipeg: Arbeiter Ring Publishing.
- Simpson, L. (2000). Anishinaabe ways of knowing. In J. Oakes, R. Riew, S. Koolage, L. Simpson, & N. Schuster (Eds.), *Aboriginal health, identity and resources* (pp. 165-185). Winnipeg, Manitoba, Canada: Native Studies Press.
- Smith, D., Varcoe, C., & Edwards, N. (2006). Turning around the intergenerational impact of residential schools on Aboriginal people: Implications for health policy and practice. *The Canadian Journal of Nursing Research*, 37, 38-60.
- Smith, L.T. (2013). *Decolonizing methodologies: Research and Indigenous Peoples*. London: Zed Books.

Sturtevant, C., & Firth, M. (2019). The doula option: An opportunity to improve birth outcomes in Washington State. CHIPS Policy Brief.

<https://depts.washington.edu/uwchips/docs/brief-doula-option.pdf>

Tabobondung, R., Wolfe, S., Smylie, J., Senese, L., & Blais, G. (2014). Indigenous midwifery as an expression of sovereignty. In Lavell-Harvard D. & Anderson K. (Eds.), *Mothers of the nations: Indigenous mothering as global resistance, reclaiming and recovery* (pp. 71-88). Bradford, ON: Demeter Press.

Truth and Reconciliation Commission of Canada (2015). *Honouring the Truth, Reconciling for the Future Summary of the Final Report of the Truth and Reconciliation Commission of Canada*. Retrieved from: <http://publications.gc.ca/site/eng/9.800280/publication.html>

Weber-Pillwax, C. (2001). What is Indigenous research? *Canadian Journal of Native Education*, 25(2), 166-174.

Wilson, A. (2015). Our coming in stories: Cree identity, body sovereignty and gender self-determination, *Journal of Global Indigeneity*, 1(1), 1-7.

Wilson, S. (2013). Using indigenist research to shape our future. In M. Gray, J. Coates, M.B. Yellowbird, & T. Hetherington (Eds.). *Decolonizing social work*. Burlington: Ashgate.

Wilson, S. (2008). *Research is ceremony: Indigenous research methods*. Halifax, NS: Fernwood.

Wilson, S. (2007). Guest editorial: What is an indigenist research paradigm? *Canadian Journal of Native Education*, 30(2), 193-195.

Wilson, S. (2001). What is an Indigenous research methodology? *Canadian Journal of Native Education*, 25(2), 175-179.

Appendix A: Introductory Conversation Script

[This initial meeting will not be recorded]

Thank you for meeting with me today. I appreciate you reaching out and sharing your interest in this research project about the experiences of Indigenous full spectrum doulas.

I would like to begin by introducing myself and why this project is important to me. [Provide brief introduction and importance].

I would love to hear a little bit about you. Can you tell me a bit about who you are and where you are from? Can you share with me why you were interested in learning more about the project?

I want to share a bit more about the project and what this research relationship can look like including time expectations and the timeline of the project. I would also like to go over the purpose of the project and clarify any questions you may have about participating in this project. Please jump in and ask any questions you have while I am going through the details.

For the project I would like to learn more about your experiences as an Indigenous full spectrum doula. Your participation would involve meeting with me for a conversation about these experiences.

I use a conversational method in my research. This means that I will ask you to reflect on your experience as doula, how you use cultural practices and knowledge in your work, and why this work is important to you and your community. I will ask you to share stories about these topics and we will have a conversation about each of these areas. The length of the conversation depends on how much you want to share with me about these experiences. We will also have an opportunity to meet again if you wanted to share more of your stories. The first conversation will likely take about 90 minutes and can be responsive to how you are feeling.

The conversation will take place on a video call like this one. I will be making a voice recording of the conversation through Zoom. I won't use your name or other personal identifiers in any presentation or my written thesis unless you indicate that you would like to be identified by checking that box in the consent form.

After the conversation the recording will be typed out. I will email this word document to you for you to review and make any changes you would like. When you email this back to me, I will create a condensed, or smaller version of what you shared to be included as a part of the written dissertation. You will also get the opportunity to review and edit the condensed story to make any changes and for your approval. It is important to me to share the stories of your work in a way that is truthful to how you shared them with me.

This project will be taking place over a short time period. Conversations will be scheduled for January and February. Your review of the transcript and the condensed narrative needs to be edited and approved by you before March 1, 2020.

After the written dissertation is completed, I will be presenting it at the University of Manitoba as a part of the requirements of my PhD. With your agreement, I will let you know of the date of the presentation in advance. I will provide you a copy of the dissertation via email once it is approved and submitted.

Do you have any questions for me?

Would you be interested in participating in this research project?

If Yes:

- When is it convenient for you to meet for our conversation(s)?
 - Date: _____
 - Time: _____
 - May I have your email address?
 - The purpose of this is to send you a copy of the Consent Form that you can review before the interview. I will also send you a reminder of the reflection questions to think about for our first conversation.
 - Email address: _____
 - I would like to talk a little bit about creating an intentional space for this research relationship. [I will share the Cree protocols that I have learned and ask them to share cultural protocols that they are familiar with from their Nations. We will discuss the way that we will attend to the spirit of the research relationship and how we will start our next conversation.]
 - [I will ask them to think about reflection questions. I will also invite them to bring their creative self into this conversation with an item or creation if they wish. We will schedule a time for the conversation.]
 - Do you have any questions?
 - If you think of any questions, please do not hesitate to contact me by phone or email
 - I look forward to talking to you more about your experiences [at this date and time].
- Thank you for participating.

[I will follow up with an email that contains the questions and the consent form for them to review.]

If No:

- Thank you for your time and consideration. If you think of anyone else who may be interested, please feel free to share my information.

Appendix B: Informed Consent Form

Study Title: Resurgence of Indigenous Nationhood: Centering the stories of Indigenous birth work

Principal Investigator: Gladys Rowe, PhD Student,
Faculty of Social Work, University of Manitoba

Research Advisor: Dr. Michael Hart, Adjunct Professor, Faculty of Social Work

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. **Participation is voluntary and declining to participate will have no negative results.** Please feel free to take your time to read or have this information read to you carefully so that all the information is clear. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask.

Purpose

The purpose of this study is to better understand experiences of people working as Indigenous full spectrum doulas. This includes the way that they incorporate Indigenous ways of knowing, being, and doing into their work.

If you agree to participate in this study, you will be asked to share your experiences as an individual who is working as a doula. This includes why you choose to do this work, what types of knowledge and practices influence your work, and how you hope this work contributes to strengthening Indigenous Nations. You will be encouraged to share stories and experiences in whatever manner is most comfortable for you. Throughout the conversations, you will be encouraged to direct the discussion and provide information you feel is important to better understand what being an Indigenous full spectrum doula means to you.

With your consent, the interview will be audio recorded.

Depending on how much you wish to participate, the conversation can take place over a couple of sessions and will be gauged by your decision to share your stories and experiences. At the end of each session you can indicate whether more time is needed and then we can schedule another conversation. Alternately, if after the session you feel you have more to share you can call me at XXXX or email me at XXXX in order to arrange another conversation.

Benefits

While I recognize the importance of reciprocity in Indigenous communities, the purpose of this study is not based on the intent to provide you with direct benefit as an individual. This research is a step forward towards making visible the contributions that Indigenous full spectrum doulas have in Indigenous Nation building.

You will receive \$100 for your participation in the study. This payment will be sent to you electronically after you complete the interview session(s). If you choose to withdraw from the study after the interview session(s) this will not impact the receipt of your honorarium.

Comfort and Discomfort

Topics discussed in this project could potentially cause emotional distress, in the event that you find any aspect of the study upsetting, during or after our conversations, I will provide you with contact information for relevant services, such as counseling services available in your community, or assist you to find an Elder with whom you can connect for support.

Please note that sharing one's experiences with birth work, the impacts of colonization on birth, and Indigenous doula work carries with it the risk of experiencing emotional distress. With this possibility in mind, a list of counseling resources has been attached to this consent form for your assistance. There may be some direct benefits to you in terms of having the opportunity to describe to a concerned listener experiences that you may have found distressing.

Confidentiality

Unless otherwise indicated by you, your responses in this study will be held as confidential by the researcher. Only myself, the transcriber, my research advisor and (possibly) the U of M Research Quality Assurance Office will have access to the research records. The digital recorded conversations will be stored on a computer requiring a password for access to the files. This recording will be transcribed by a transcriptionist who will have signed a confidentiality agreement prior to receiving the recording. The recording will be transferred to the transcriptionist via a secure cloud-based folder that will require a password. The electronic copy of the transcriptions will be stored on a computer requiring a password for access to the files.

The computer will be stored in a locked location. The paper transcripts of the conversations will be stored in a locked cabinet at my residence. The digital recordings and transcripts will be identified by an identification number. Your identifying information and assigned identification number will be kept on paper copy in a locked filing cabinet separate from the paper transcriptions. It will also be kept separate from the digital recording and electronic transcripts. Unless otherwise directed by the group, this identifying information and any confidential data will be stored for up to one year after the publication of the results with data being destroyed on or before August 31, 2025.

If you wish to be identified as a participant in this study and would like to have your responses noted as coming from you, then I will follow your preference.

Accuracy

When all of the conversations are complete, as indicated by you letting me know that there are no more stories or experiences that you would like to share in relation to the research topic I will provide you with a draft electronic copy of the transcript of your sessions.

Once you have received these, I will ask you to review the transcript to ensure that I have captured the ideas you shared in a way that reflects your experiences. At this point you can add, modify or delete aspects of the transcripts. This can occur either through oral or written feedback by contacting me through telephone or email. Once you have had a week with the transcripts I will follow up through email or telephone call to ask about any changes.

Additionally, once I have written condensed narratives, I will provide you an electronic copy of where you will also have an opportunity to make any changes to your contribution. This can

occur either through oral or written feedback by contacting me through telephone or email. Once you have had a week with the condensed narrative I will follow up through email or telephone call to ask about any changes.

Sharing the Results

Results from this study will be disseminated through presentations at scholarly conferences, workshops and through publication in academic journals or as a book. If participants or the Advisory Committee identify other possible venues this will be discussed, and consent will be sought from each participant for this new venue. At no time will I share any individual responses that could identify you as a participant unless you direct me to make your identity known. Results will be presented as individual stories that will include direct narrative quotations from your interview.

Prior to any dissemination or publication, I will follow the process identified by you that will ensure the publication reflects your perspectives or includes your direct commentary if it does not. I will ask if you would like to participate as a co-author on any publications that include your research contribution. I will also ask if you wish to participate in this way, I will discuss the respective roles and contributions of all participating authors/contributors and the estimates of time required.

Providing Consent

I will ask you to provide consent in two ways. First, orally during our conversation. Your oral consent indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate. In no way does this waive your legal rights nor release the researcher from her legal and professional responsibilities. **You are free to withdraw from the study at any time, and/or refrain from answering any questions you prefer to skip, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.**

Secondly, I will ask you to follow a hyperlink to answer questions below related to confidentiality in the reporting of this project.

Quality Assurance

The University of Manitoba Research Quality Assurance Office may look at your research records to see that the research is being done in a safe and proper way.

Questions

This research has been approved by the University of Manitoba Psychology/Social Research Ethics Board. If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics Secretariat at (204) 474-7122. A copy of this consent form has been given to you to keep for your records and reference.

Confidentiality Preference:

Please follow this link (XXXX) and check one of the following options:

I want to be identified by name as a participant and have my responses attributed to me whenever possible.

I want my contributions to remain confidential. The alias I will choose to be identified by in the reporting of the project is: _____

Copies of Reports:

On the link you will also be asked to check one of the following options:

- I want to receive a hard copy of the final report mailed to me at the address below
- I want to receive an electronic copy of the final report emailed to me at the address below
- I do not want to receive any copy of the final report

Appendix C: Conversation Guide Overview

Conversation 1

This conversation will begin with any agreed upon cultural protocol based on the initial meeting. We will exchange a quick check in to begin the conversation. I will indicate that I am going to start recording the conversation and will turn on the recording. I will begin by asking the participant to introduce themselves, sharing any information about who they are and where they come from that they feel is important to include for the context of their sharing. I will ask the participant to share what they have been thinking about since our first meeting and if there is some where they would like to begin our conversation with.

General topics that may be covered in the conversation include:

- When the participant started to be interested in birth work
- How the participant became engaged in doula work
- The types of training and learning they have completed
- How they work as a doula (do you call yourself this?)
- What types of cultural practices they use in their work
- What they hope their work will do for families, community, reproductive justice overall
- How they understand their work as connected to building a strong Nation
- How doula work in general supports a strong Nation

Conversation 2 (interest/need dependent)

This conversation will begin with any agreed upon cultural protocol based on the initial meeting. We will exchange a quick check in to begin the conversation. I will indicate that I am going to start recording the conversation and will turn on the recording. I will ask the participant if there are areas they have been reflecting on since our last conversation. This will guide the direction and tone of the conversation.

Appendix D: Indigenous Resurgence Knowledge Bundle

Introduction and Orientation

This Indigenous Resurgence Knowledge Bundle is a collection of stories generously shared by thirteen Indigenous full spectrum doulas in the winter of 2020. As I met virtually with birth keepers from across Turtle Island, they shared stories about their journey to birth work and reproductive justice in response to reflection prompts including how Indigenous full spectrum doulas contribute to the resurgence of Indigenous peoples and Nations. This bundle contains a condensed version of our conversations, which have been approved for sharing in this bundle by each storyteller.

My dissertation includes my own journey of meaning making and representation of this meaning through Indigenist poetic inquiry. While the meaning making in the dissertation is a start, there is much more that can be learned by engaging in deep reflection and learning with these stories. I felt compelled to ensure that the stories were kept intact in the fulsome contexts for people wishing to learn more based on their own searches for meaning within the bundle.

Each of the stories hold teachings about the gathering of their own knowledge, skills, and what they have learned about what it means to engage in their work as Indigenous full spectrum doulas. The stories hold teachings about the responsibilities and relationships that are held to families, communities, plant medicines, and spirit. This bundle was gathered with intention. It was gathered through the formation of relationship between me and the storytellers to provide the opportunity for other Indigenous peoples to sit and reflect on their own learning through these gifts.

Alexas Esposito

I'm Alexas Esposito. I was born in San Antonio to Lisa Williams and Germán Muñoz Ramirez as, Janae Ramirez. When I was adopted, my mom changed my name to Alexas. I was adopted by Pamela Kimberly and William Esposito. And that's a long story, everything to do with my birth. My tribal name is Kukubana Inaru Iyeri which means Firefly woman man, cause I'm two spirited. I'm from the Taino Nation. In my community we call ourselves the Ara'o'cibaniku Maisi Guaní Yukayeke which means the mountain people of the stone watering corn. And the Taino people are from all over the Caribbean. My grandmother was from Cuba, and my mentor, his family is from Puerto Rico. But we have relatives on the Dominican Republic, Haiti, Jamaica, all of the lesser and greater Antilles. We're just one big family. So that's a little bit about me.

When I was in college, you go through that whole identity crisis that happens around 20, 21 years old. I realized that at the crux of my identity was my birth and my birth story. And I didn't know anything about it. I didn't know who my biological parents were. I didn't know anything about who I was, except for what my mom told me, which was a little misinformed. She did her very best. As I started to really explore my identity, I didn't realize until a few years later that everything that I was thinking about was centered in this world of birth. I really loved children, growing up, I love being around kids and hanging out with kids. After college, my whole job was childcare, I was nannying and I loved it. When I was nannying - primarily working with infants, I realized there was something I felt like I was missing. I wanted to connect to the mom, on a deeper level. I really wanted to be able to help the family in a way that a nanny job necessarily wasn't reaching towards. I did some reflecting and putting all of these things together that I was getting in my life about my traditions and who I was. And I realized that something that was really important to me was birth, so I started to look into it. I found out about being a doula and that was just like, now, that is the coolest thing.

I didn't realize that there could be somebody else there, that doesn't have to be this skilled person, to help deliver the baby. Then I started actually learning about birth and asking questions. And then I was like, "Oh, wait a second." Really the doula is more aligned with traditional practices than what midwives are actually today. And I realized I wanted to embark on this journey of becoming a traditional birth worker - and that's been a journey. There's nothing about it that has been close to easy for me. It's been the hardest thing I've ever pursued in my life. But it really kind of started with the question of, who am I? Where did I come from? And trying to hold sacred the life, wanting to be there and to be able to assist these newer generations coming in. Understanding that we're in a very important time, and it's really important to take care of our youth.

I also wanted to understand and be a part of a change where, I'm working towards trying to figure out how to fit into the Western world right now, but it's even before conception that you're starting to think about these things. And wanting to assist people to be able to really help the future generations. So, it's been this evolution, as I started to grow into who I am as an Indigenous woman. I'm starting to realize the importance of taking care of birth, and women, and life, and really understanding that the way that the Western society has compartmentalize things. Like, you have

prenatal, labor, and postpartum doulas, and then you have fertility counsellors, and this is all the same thing, when you really look at it. It's been an incredible journey and started with birth, and my identity, and understanding how do I fit into this world and how do I help my people?

I would say the mentorship that has been most important for my learning. I have been learning from Elder Joe Soto now for about six years. I worked at this coffee shop in town here and he was at the coffee shop every day. Every day he had to have his coffee. He had this cute little daughter. At the time she was four or five and she really loved her cookies and pastries. He was a personality; he was always talking to me and really upfront. He always had these beads on and his bandana and his pigtails. And he just stuck out like a sore thumb, you can't forget him. I literally couldn't forget, even after I was done working at this coffee shop and I started going through this real identity crisis. For some reason he just kept popping up in my head. And so, I messaged one of my old coworkers, do you happen to have the phone number of that one regular used to speak Spanish to us all the time? His name's Joe. And she was like, "Oh, actually I do."

I texted him, "I don't know if you remember me, but you know, I was that girl that worked at the coffee shop. And I need some help. And for some reason I think you can help me." And he was just like, "well, in order for me to help you, you're going to have to come to me, bring me a flag and some tobacco. When you bring me that tobacco, you're going to pray with it and ask for what you want." I had no idea what he was talking about, but he told me to do it. And so, I did it. And I remember I gave him the tobacco and I was just like, "what do you mean? I want a lot of things from my life and I'm having a really hard time right now." It ended up, my offering to him, was to create or to really understand who I was and what my roots were. Within a year after that, I found my biological mother, within a year after finding her, I found my biological father, and I found all of my biological sisters and brothers, I have a lot. Cousins, aunties, you know, the whole thing.

When I met him, he told me, your mom says you're Mexican but you're probably Taino. And I was like, "I thought that that the Taino were extinct." When I found my biological mom, she was telling me about my family, and she said grandma was from Cuba. "I told you, you're Taino, did your grandma come from Cuba?" And I was like, "yeah." He was like, "did her relatives come from Cuba?" I asked my mom, and everybody was from Cuba, they were all born in Cuba. My whole world was just exploding, everything you learned in school, in the history books like just went to shit. And I knew there's something to this. I don't know who this person is, and I don't know what he's doing but there's something about the tobacco and these prayers, in this way that I don't understand. But so far, it's given me everything that I've looked for my whole life. So, I'm going to stick with it. That was the whole beginning of this long journey. And I started to really want to learn from him. He does sweat lodge ceremonies, he worked with people, and he had a really, really powerful gift for healing people. At first, I was like, "you're this crazy guy at the coffee shop. How come you're not telling people you're a shaman?" And he was like, "I'm not a fucking shaman."

I was having these two existences just colliding, because I was adopted and brought up with my family who was very white. My mom's German, English, Protestant, and my dad was

Italian and Irish, Roman Catholic. I had a couple of cousins on my dad's side of the family that were dark-skinned, and I never thought about it. One of my aunties, was real dark skinned and they took care of me really well. They were my favorite cousins. Come to find out that one of my uncles, married an Onondaga woman. My cousins were Onondaga, I found this out a few years ago.

I started to really learn from Joe, I really stuck around him because there was something about him that I just trusted. Something about the things that he said about life made sense more than anything I've ever heard in my whole life. I started going to sweat lodges and then he was like, "you might want to think about fasting." I was like, "Oh no", I needed to do one of those, but I was so scared. I did it, and my whole life changed. They tell you, the best thing you can do for your life is go in the woods. You don't have anybody or anything. The only thing you have is your relationship - you and creator and all of nature. You're going to find out about yourself. That's what I did and that's what I do every year. I never knew all of the things that he did when I first met him, but now I do, through his stories and sharing with me year after year, opening up about his teachings and really taking me in, eventually, as an apprentice and a helper. He's a very gifted healer, he has never called himself a healer - but I call him that because I see the people he works with and I help him work with people and I see the transformations that they go through over the course of a year. I've literally seen miracles.

I also found out that he does womb work and works with women, he also belongs to that Two Spirit Nation. He started to teach me about that, and he also can deliver babies and all of this stuff, but we're surrounded by a culture that isn't accepting of what we look like in the world today. We're in a very white community that is very affluent and liberal. They say one thing and they're open to the whole world. But when it comes to action, they're like, "I'm going to go with what I'm comfortable with." He was just telling me, "I know you're really interested in birth and this stuff. I can teach you like a lot." And I'm like, "okay, cool, but I want to go to doula training", I went to two trainings with DONA and Doula Trainings International and they were crap. I didn't learn a thing. I was learning what I actually already knew. I was getting very frustrated.

I found out that there was this doula training up in Akwasasne with the Onkwehon:we Midwives Collective a few years ago. It was a week, and I went to this training. It was full spectrum trauma-informed Indigenous doula training. It was amazing because the conversations that were happening, there was some training about birth and labor processes, really technical. But the bulk of what was really happening was there were women there sharing their stories about their births. There were midwives there sharing their stories about helping women. And then there were women there that were talking about their sexual traumas and how all of these things play together. That's what I had been looking for was this discussion, this connection around birth. You won't find that at DONA or Doula Training International. You need a community of women talking about their experiences and being willing to be open about those experiences. Telling people this didn't work for me, this did work for me, this is what I did, and this is why I felt it worked for me. Experiential, because that's really the traditional way. You're talking about it, you're passing on your experience, and you're passing on your knowledge. There's no reason to validate it with statistics - it's about

trusting and faith. I gained so much from that training. It was so empowering and to be there in a room full of Indigenous women, it was invaluable to be in that situation. Like Joe said, “you can go ahead and do those trainings, you're not gonna learn anything. You've learned a lot from me.” He's been the biggest mentor to me. Now I'm living with his family, we're our own community and we support each other and our way of life. Our first most important part of our life is ceremony and our medicines. It's been really powerful learning from somebody who has many gifts that he's really humble about. I'm coming from this younger generation that is lost. We are hurting. We are looking for something that is bigger than us to help us. Joe has that connection. I tell him, “You need to be putting yourself out there.” And he's saying, “that's not what I learned from my Elders.” I was like, “that's great. You don't got to do a thing. I'll do it for you.”

It's been this really beautiful relationship that I've cultivated with him because he started to understand the teachings that he learned from one of his mentors I know. William Commanda and I remember one of the first stories he really talked to me about was his time with him. William talking to him about the seven fires prophecy, he did the Sunbow 5 Walk in 1995. I remember him talking to me about it and being like, “there's a generation coming, this is your generation and you're really important.” As an Elder he was always open to his curiosities and his uncertainties and the questions that he still had. He was like, “I don't totally know what this is going to look like. I don't know how this is going to be.” It's been beautiful, having him teach me about some of these prophecies and seeing them happen in our world around us, where I'm just that younger generation, that that new fire that has been lit. Working with the Elders. We're ready. We're ready for this change. We're ready for the shift, but we need your help. In the symbiotic relationship that's happening. Because the Elders know that the younger generation should always lead them, in a way that's bringing them a different perspective to understand what's coming next. It's this relationship where I've helped him come into the Western world, where it's not so rigid in tradition. Because he's still very like, “no, this is our way. This is our protocol. This is how it's going to be.” And I'm like, “okay, that's great. Let's do it that way. But we're going to have to do it with some people that don't know that. We got to talk about it with them a little bit, and help them understand, this is why we have to do it this way. We are going to demand your respect. But we also have to talk to them in a way where they know they're not just walking behind something like blind sheep because that's everybody's greatest fear now.” Where from a traditional place, a lot of people have that blind trust in the Creator. No questions asked. Where, a lot of other people do have faith, but are still lost. He's been my biggest influence and all of the work that I do and in my journey as a birth worker.

Here and there, I've had other people pop along on my path that have taught me things. The training in Akwesasne was really monumental. Here and there I meet women that are really strong in their knowledge of their traditional medicines, understanding what women need and they learn a lot from them. But I would say that my biggest difficulty is the prejudice amongst our people. Where I put myself out there, a young woman who wants to learn about our traditional birthing practices.

There's a lot of people on the islands that have still maintained a certain way of life. I would say a lot of them are in Cuba, but we don't live there. It's very far away and right now Trump has made it very difficult to get to that place. It's growing in difficulty and it's really sad. I'm also confident in who I am to know that I don't necessarily need to learn from somebody that's from my people because I understand that a lot of these teachings are universal. And although everybody has their own specific ways about doing things in their own specific medicines because we come from different parts of the planet, there's still the teaching, in it, it's still the same. I don't look as Native as some people want me to. There's a lot of prejudice out there where I'm just like, I would really like to learn from a traditional birth keeper. The response I get is like {shaking head}. I would say at times it's been very discouraging. But I also know that if I keep to my truth and I keep in my path and I do our ceremonies and I do my prayers and I keep going out to fast and keep sundancing - I know the information that I need will come. It's just going to be difficult. It's a really difficult path to walk alone. I'm happy that I'm not totally alone in it because of my mentor Joe.

But it's not like I can go take a doula client and be like, "is it okay if my mentor comes to this birth." Like the people here in this community don't understand that. The last thing they want is some old Indian guy in their room. There's no cultural understanding there. It's been really difficult. It's been really slow and I'm really steady on the path. I feel like I got a little bit impatient and angry, so I decided to go back to school. Because eventually I do want to be a midwife. And honestly, I have no interest and helping babies into this world and putting them in the system. I know that a lot of people need help in hospitals. I know there's a lot of injustice, discrimination and violence that happens there. I still don't know if that's the place for me, even though I know that I would be needed there. I would be much happier helping women give birth in a situation where if they want to have a freedom baby, I want to be the person that does that for them. I don't care what New York State says I need. I've taken my initiative to take some prerequisites for nursing school to get a midwifery degree, I already have a bachelor's degree. But you know, I'm not a school person, that is not the best way for me to learn.

I feel like some people at this point in time might've been like, maybe birth work isn't actually for me. But for me, this is what I want to do. I know where my heart lives and I know the importance and I want to be there to assist. But the struggle in this process has sometimes really taken out a lot of the fire that's there and the inspiration. It's been really difficult to keep that cultivated. But the one thing that's really helped me is being this helper to a traditional medicine person. We're working with people and it extends beyond birth. There are pregnant women that come to us and I've had the honor to help somebody who had a breech baby. I've had the honor to help flip that baby. Joe was like, "you're going to help me with this." I was like, "are you sure? I don't know what I'm doing." He was like, "that's why I want you to help me with it because you trust, you trust the process and you don't know. So, I know that those spirits are going to work with you because you're being humble." So, I feel like I'm walking in two worlds. I'm trying to incorporate one world into the other and it's really difficult.

The same time that I was starting to embark on this journey of birth keeping - looking back on it, it's really a no brainer why I also started embarking on the journey of seed keeping. All of a

sudden, something came, and I was like, “we need to start growing our own food. We need to figure out how to grow our own seeds. We need to figure out how to take care of our seeds.” And so, I started this whole process of seed keeping. Growing up, I always had this fascination with corn. I love corn. I always had this dream for many years. I had these two funny dreams right before I really came into my identity. And, one of the dreams was, when I have my baby, I'm just going to be in nature. It's going to be me and my baby and we're going to be in nature. I had this idea and I didn't understand where it was coming from. It wasn't, “Oh, I'm going to have my baby. And we're going to be at the hospital.” It was never that type of idea. And, I always wanted to grow corn. I always had this fascination with corn. At the same time, these two things were gestating outside from each other. It took me a few years to really see that the correlation is clearly the same. In the process of taking care of women, learning more about birth and that process of taking care of babies, I was learning about taking care of seeds. Growing seeds and growing our own food and the importance of that as well.

For some reason that part of the path has been easier for me. Four years ago, I really got plugged into the Indigenous seed keeping community. I was understanding that a lot of people were getting a lot of foods rematriated to their communities. A lot of their sacred seeds, especially corn, squash, beans. I was saying, I need to find the corn of my people because I know it's been lost. I know that a lot of varieties of corn for my people in the islands have been lost. I want to find them, and I want to bring them back to the islands. And I was just like, this is never going to happen. It's this crazy idea. And it happened! I set that intention and it happened within a few years. This whole other world has opened up to me. I have to trust that as this other doorway is happening, is open and things are happening quicker and easier, that there's something there that I'm learning that has everything to do with bringing babies into the world.

I feel like a lot of my journey, even though I have a very strong mentor and I've come to meet people that have given me nuggets of knowledge here and there about traditional birth keeping, there's never been, a traditional midwife that's taken me under her wing. I am drawing in my experiences from other places that I know are deeply related to the process of birth and life. A lot of teachings have come from the seeds, and I'm really grateful for that. There's a couple of women up in the Onondaga Nation that have been teaching me a lot about seeds and about corn. It took me a while to get in touch with them and then it just started happening. It was just kind of very serendipitous. I was putting almost no energy into it and then things are just happening. Last winter I went to the Onondaga Nation because I had a client from up on the Nation there who had sought me out as a doula. And then she decided closer to her birth that she didn't want a doula. After her birth, she was like, “I definitely needed you.” It was just kind of like one of those things. But she worked on the farm there, and so one day I said, “I'm trying to get a hold of this person, do you happen to have her number.” She was like, “Oh yeah, I used to work for her.”

So, I contacted Angela Ferguson, and went to meet her. I went with my family: with Joe and his wife and his daughter. We started talking to her about we work that we do and how we're really passionate about seeds and about our people. She just came into this collection of seeds from Carl Barnes, a Cherokee Appalachian seed keeper and he had a collection of corn that is really

kind of special. She was like, “he had thousands of different varieties of corn that he was able to keep. He would grow them year after year.” And I was like, “whoa, oh my God.” I had this thought in my head - she has this seed, she has the seed, she has the seeds. Then the next minute she was just like, “well, we might have the seeds from your people, let’s go look.” She opens this door to this room, and this room had all of these little jars of corn. And she was like, “yeah, I think I have some from Cuba.” And at this point, I’m shaking. We walk into this room and it’s this tiny humidified room. Literally there’s corn from all over and Turtle Island. It was so powerful because I understood at that moment why corn is so important to our people, that corn carries all the stories of our people. With every little kernel of corn, it’s a little human life. It has this lineage that comes from the stars that carries all of the knowledge inside of it. And it’s able to reproduce and you have the whole Nation inside that one kernel. And I mean there was corn in there from the Anasazi people. There was corn that was a thousand years old. Sure enough, she’s digging around and she takes out these few jars and says here, here’s a couple of corn from Cuba. And at that point, all of us, I mean we’re just sobbing. And I’m looking at these jars. And she was like, “you guys can open the jars.” So, we’re opening them, the jars are open and we’re still looking at them. She was like, “you guys can put the seeds in your hands.” She had to walk us through it. It was something that I could’ve never asked. I asked for it, but I realized that that moment that I asked for this, but I didn’t do this. This is my ancestors.

We were able to bring those seeds back to Cuba this last December and repatriate them to the people there. For me that was a moment that happened that, if I died right now, I’m really good. I haven’t accomplished everything I wanted to do in my life, but definitely I’m okay now. While I was in Cuba, we have these seeds and a lot of people were asking about them and curious about the story of them. And we were able to talk to them about my history a little bit. And so many people were just like, “Oh my gosh, if you can get us a couple of things of information, we’ll be able to find your family here.” And so that might happen. Something that I never thought would happen in this journey of figuring out who I am. In this journey of my identity, where I’m going in my life, certain things I never thought were possible, are possible. Situations like that, I’m just like, okay, I will still keep on this path of wanting to become a traditional birth keeper because anything can happen. Yeah, it’s been hard, and I don’t have a lot of people who have really helped me on it. There’s very few. It is what it is.

In the last five years or so, I’ve really come into a different way of thinking and looking at the world and really stepping into who I am as an Indigenous woman and not being afraid of it. And some days it’s really sad, especially now, so many valuable Elders are passing. And every time I hear about an Elder passing, there was a lot of knowledge that also went with that person that they didn’t share. I can’t help but thinking about residential schools and boarding schools and how that affected our people. And I’m really working towards, I don’t really know what I’m working towards, but I know that there’s something really powerful conversation about adoption. And trying to open up conversations about it, within the Indigenous community, because I’m realizing that that’s a very universal identity in being adopted. I’m hoping that through conversations about adoption that I’m still working on figuring out how to open up that it might

provide a different platform for some Elders to share some stories. Because it's really sad to watch that happen.

I guess that's one thing that's really like drilled into my brain is oftentimes, Joe, he's like, "I feel like it's my duty to be able to pass on everything that I know to you and my daughter." I'm learning the best I can. He was like, "cause once I go home, whatever I don't share it goes with me." I sit with that a lot. And not just with him, but for a lot of people, a lot of Elders. I see them and it's sad sometimes to recognize some Elders that have been plagued with a traumatic experience and they have a lot of grief and they still have a lot of sadness and I think fear. But I also see they have a lot of wisdom and experience and it's sad to see them not share because of this false pride that still remains with the older generations. And I know that's part of why we've survived as a people as well, you know, so I don't have any resentment towards that because I have a really deep understanding about why that is.

I guess at this point in time, as a birth worker, I really love to be there, the time of birth. I know a lot of the conversations that need to happen are either before birth, even before conception. Ideally working with a person, you want to be working with them at least four months before they even conceive. Opening up conversations around grief and trauma. Because from my experience, I've had some really powerful spiritual experiences where I know they're real. I remember one day it just happened, I was just driving and all of a sudden, I had this really weird memory. I just remember I could hear sounds and I couldn't see anything. But I remember being abused, it was a very weird feeling. Talking to Joe about it and he was like, "you just had a memory from being in the womb" and he was like, "you should talk to your mom about her experiences while she was pregnant with you because you have that ability now because you've connected with her." And she was like, "yeah, your biological father. He abused me." She told me when she was pregnant, he pushed her down the stairs. I tried talking to him about it and obviously he's not as open about it, but he is upfront about the fact that there is a point in his life where he was drugging. He was addicted to heroin and he did federal prison time for that. When he was in federal prison, they did sweat lodges there. And I think he found a connection to his identity as a Native person, he's from San Antonio. And that makes me really happy. I don't talk to him a lot. We exchange texts here and there, but he's had a hard past.

That memory that I had really stuck with me and understanding that what happens when a baby is in the womb, it really affects their whole life. It really affects them down to their DNA. The work that I do with Joe is working to help people heal. He calls himself a bone setter and what he does is he helps realign people through their physical body, through resetting their structure. The work that he does, it actually gets into the marrow of people's bones. If people are really willing to do the work, because there's that process where a person has to want to be healed. They gotta have faith that somebody is going to help you. Where that change happens in the DNA, you're changing your DNA as we're healing. That's the way our traditional medicines work. I also understand that there is a process of helping women be empowered enough to talk about their experiences, their fears in a way where even if they're pregnant and they've had trauma happen to them in their younger life, that's being passed down to their baby. Even if it happened to their

mom, that's still being passed down to their baby. Then after they have their baby, they still have to work through that, so it doesn't get passed on even deeper.

I definitely take pride in the fact that I'm a trauma informed full spectrum doula. Because I want to have those conversations with people. I let them know, they come to me and they ask me for their initial consult and interview me as their doula. This is how I work, and these are conversations that need to happen. I'm going to ask you the question about if you have been abused, if you've experienced trauma because you're pregnant and all that's getting passed down to that baby. When you go into labor whatever you haven't worked on whatever you haven't looked at that's going to come up spiritually. You have to allow yourself to literally get out of the way so that baby can come through. If you have trouble doing that and surrendering, which trauma will make it difficult, it's going to be a really hard labor. When I start talking about that, people get really scared. Oftentimes that's the last time I hear from them. So that's kind of really where I think I've started to really step into my identity as a birth worker and a lot of the teachings that have been passed on, the conversation that needs to happen is around trauma and grief.

I don't need to be talking to a person that's pregnant to even have that conversation. Sometimes I struggle with the identifier: I am an Indigenous full spectrum trauma-informed doula, because that limits me to certain people as well. I would rather, I don't feel like I'm a birth keeper, because I don't have that experience. I don't have that knowledge. But I do want to work with that part of life. I would rather come into this world and come into my identity as a maturing young woman with the knowledge that I have as a person that works with people. And because of the knowledge that's passed down I have the ability to work with pregnant women. I have the ability to work with people who want to conceive. I also know that that trauma, if a person's having fertility issues, chances are they probably actually don't have fertility issues. It's probably a lot to do with trauma. Because my understanding is that when we conceive, we really need to really consciously conceive a child. To go to a really spiritual place when you're having intercourse with another person. And there's a lot of things that prevent people from doing that, on the male side and on the female side. Even if it's female to female and they want to conceive. That life, going beyond the fact that it's cellular, that life might not want to gestate in that environment if there's too much trauma. The person might keep getting miscarriages. The question for me is, what has been your life experiences? What are you experiencing right now?

I feel like as an Indigenous birth worker, that's where our tradition comes from and having those conversations with people and really getting to know them and connect with them. And being like, "I'm willing to walk you through this. I will be there to support you. You can have my trust, but we have to have enough trust to have these conversations." In the Western world, they're just kind of like, "Oh, I just want to pay you to be there for my birth. And if I have any questions that you will answer them." I'm like, "that's not what I want to do." There's a lot of trauma and there's a lot of grief and there's a lot of healing. I can only do so much, as I'm on my own path. I can only help a person as much as I'm willing to deal with my own stuff.

My understanding of a birth keeper is, going to understand traditionally, you have your medicine people and to be a birth keeper - that is a medicine person. And a medicine person has

to have their bundle that they work with. I mean, to be frank, I have not collected the things that I needed for my medicines to be able to be at that level. I know that I'm going to get to a point where I'm still going to have to be like, I don't know what I'm doing. But I also have been passed down with the knowledge to know what I need to have. I trust that I'm on that path. But I don't feel like I have enough life experience and enough experiences with helping people give birth to say that I'm a birth keeper. There are other women out there that I feel like I would be taking away from their knowledge and their wisdom. And there's already too much of that. There are already too many people that are claiming to have something that they really don't because they've come into their empowerment. They've come into their power and it's hard to not just take it and run.

It's a really beautiful thing when you step into that and you understand that, I know who I am. Inherently as women in order for us to create life, somewhere we have all of the knowledge. Because otherwise we wouldn't be able to create life. But I haven't had enough life experience to be able to tap into that. I don't think at the age of 30 I would ever have enough life experience. I try not to judge because there are really gifted people out there. There are very gifted people out there and I've met some of them where I'm like, you are one of those people. But there are also a lot of people out there where I have a hard time trusting that you have everything that you say you have because you're also saying X, Y, and Z and that doesn't align with it. Yet they still say that they are a birth keeper or a medicine woman.

This goes back to the seeds. I like to draw the analogy there where - you can't just take a seed and like plant it at any time. That does not work. You have to understand your seasonal cycles. You have to understand where's the best place to put that seed. And you have to understand if that environment is a little bit off, say the soil is too acidic, it's too basic, that seed might not work. If it's too wet. There's a lot of different things that are natural that you have to have an awareness of before you plant the seed. Similar to that with our bodies. If even our body's nutrients are off. We don't have enough of a certain vitamin or mineral, it might not be the correct environment for that seed to gestate. I'm starting to really understand the connection between our life experiences as far as trauma, our family's experiences as far as intergenerational trauma, and our nutritional scope of our body. One affects the other. A person might be really depressed, that could be trauma related or it could be a nutrient deficiency like iron and B12. But oftentimes it's a combination of the both and it's this perpetuating the cycle. For instance, you are not coping with your own stuff really well, you are closed off and don't really have the mental capacity to actually look at it. That energy is not there. That could be literally something as simple as you have a nutrient deficiency of iron, B12, and vitamin D. But if you don't have those essential minerals and vitamins, you're not going to have the energy to actually look at that stuff. And chances are, if you don't look at that stuff, you're not going to be able to openly receive from your partner in a way where you can consciously conceive a baby.

I also like to remind people that we are in a time right now where we shouldn't be so dependent on our markets and our food systems in our economy, a lot of things are polluted. I go into our best market and unless the food is grown locally, the produce is crap. And where we live, it's actually really great compared to a lot of places. I'm always advocating for people, eat as much

local food as possible. And I know organic is really expensive, but when you look at it, you have all of these pesticides, they are endocrine disrupters. Your endocrine system is off, you're going to have a really hard time with fertility. If you're not having these conversations with a person before they conceive, they might have a hard time conceiving. And then if they do conceive, they might have a really difficult pregnancy because they're having mineral deficiencies or having vitamin deficiencies. They don't have the nutrients they need to sustain their lives, their bodies, and then also another gestating human. Trying to help people really understand, a complete holistic cycle of things.

Then when we start talking about food, growing food, and understanding the cycles of our seasons. Where live we start our seeds late April, May - if we don't start our seed inside - that's a good time to plant seeds. Because then we harvest them in October or so. And we're trying to bring people on to a traditional way or we're trying to teach people how to be more connected to nature. We know how to decolonize, cause that's a real popular word amongst everybody right now. So that's like the key term, decolonize your birth. Realistically you want to start thinking about conceiving around that time of harvest. You're prepping your body, you're starting to eat, you're using all of those nutrients that have been grown in the soil that you're connected to. Whether it's just from your local economy, you're eating all of those local foods. You're getting the nutrients from your local environment. So that's also going to help your immune system build up to these pathogens that are in your environment around you. You're eating all of those foods, you're getting healthy, your body is getting the energy needs so that when it's time to conceive - let's say you're preparing around harvest time to conceive around late February.

If you conceive around February, March, which for often people, that's the new year. We're thinking about midwinters, often for people on the islands and Mexico, February 2nd is a really important day. It's a new year, right at this time of year. The cosmos are aligned and so the baby comes and you conceive. So now we're looking all the way, nine months again, we've come to harvest. You have your baby and your body's depleted because you just went through labor, but you have all of those fresh foods again to fill your body. You want to start having these conversations with people before they even conceive. So they really understand - you want to have a healthy pregnancy, you really want it to be able to prepare for this life in a way where you're going to be using as much as you can from your local economy. You want to support your community. This is why we need to think about these things. This is why we need to talk about this before you conceive.

Personally, I don't want to be like, I also do fertility work. This is common sense to me. This has nothing to do with that. But when we think about it, this is actually what it is. I've been meaning to really let's start looking up some statistics because I don't know if they're actually there because who's doing these studies? What are the statistics around fertility issues? Are most of the fertility issues actually genetic fertility issues or are they environmental? Does it have anything to do with a person's nutrient deficiency? Is anything to do with hormonal imbalances? Because chances are all of those things are environmentally related. That has nothing to do with genetic fertility issues, I feel like that statistic is actually pretty small in comparison to all of the other stuff.

And so in my work, cut and dry, I start talking about: Oh have you experienced trauma in your life? How is your relationship, I'm not a sex therapist but if you want to talk about it, I can give you some knowledge. In your relationship, how are you connecting? When you go to bed, what are you feeling towards your partner? Do you want to just have a baby, or does something happen for you? What does that look like? And start talking about that because you know, I hate to start a conversation about population issues. But I mean we're having a population issue on this planet. There are way too many humans. And there's also conversations that need to be had about conscious conception. Are you consciously conceiving a baby or are you just reproducing? Where are we in our human evolution? I'm thinking, just even like bacteria. Cause bacteria, it just reproduces. It just wants to colonize - good or bad. That's what it does. It doesn't think about it. Right now, I see a lot of humans and that's what they're doing. It is an issue because we need to be consciously conceiving our children. We need to be understanding, connecting with that spirit, before it actually comes into our body and letting it know, we're ready. We're ready for you. We know that you're there and we want you to come and you need to know that you're welcome. These conversations need to actually come before conception.

I don't want to put myself out there as somebody who works with a person through fertility. Because that's not how I see it. But that's how the Western world sees it. And then after birth, a lot of people are just talking about, we need a postpartum doula so I can get some sleep and they want to bond with their baby. But also, we need to really talk about this because, your baby's going to come and your world's going to be rocked. There were two people and now there are three. It didn't come out of thin air because you've been carrying it in your body for a while. And it's important to really support a person through that time. Because chances are that they're processing their birth, they're processing labor, and chances are there's some stuff from their own life that came up during that moment. Fear, trauma, sadness. Maybe somebody's there that they don't want to be there. Anything can happen. They need time to process that. They also need time to really connect with their baby and not be disturbed by other people.

Then also spiritually, that baby needs to be protected. That new life, the way I understand it is birth isn't three trimesters, it's four trimesters. In the last trimester the baby is outside of your body, but it still should be with you. It needs to adjust to being outside of your body, but it still needs to understand that it's connected to the same environment. Anything that interrupts that can be really traumatic to that process. And a lot of people are just starting to understand that. It's hard to walk a person through that and also just simply, the energy exchange, where a lot of people are willing to pay for a birth doula. But when it comes to postpartum, then you start talking to them about how much you believe your time is worth, they're just kind of like, that's really expensive. Sure, I'm happy to do this for one person a month for free. I don't care. If it didn't take so much energy. Or in the old way – they supported that person in their community, your community provided you food, you did not go without. That's a real issue amongst all of our people, taking care of the community, that relationship really isn't there anymore.

That time after birth it's so sacred and it's so beautiful. It also can be really difficult and oftentimes the partner doesn't totally know how to support in a way where you're feeling like you're

being supported. It's so new to the both of them. If it's a first-time family, even a second time. It's always a new experience, there's support that's needed. Sometimes the family can do that for them, and that's really what's ideal. If you can help integrate the situation, that's really what's ideal after birth. I would be so happy to work with a person through that whole process. Right now, my client was the first person that ever came to me just after she got pregnant. She was like, "oh my gosh, I'm six weeks pregnant. I need a doula." And she's like, "I'm pretty sure you're the one." I'm like, "we didn't even meet." It's been really amazing to have that opportunity and that openness and willingness from another person to be a person of connection through the whole process. And at this point, I know now that to the best of my ability, when she does go into labor, I'm going to be as prepared as I can to help her. Versus somebody coming at 37 weeks saying we need a birth doula. It's a whole process of taking care of something really sacred and preparing for it. Knowing that you're going to have the support you need afterwards to welcome it in the best way possible.

My biggest hope across the board is for sovereignty for our people. That our people can take care of each other and that we can take care of ourselves and that we're able to take care of the things that we need to be able to do that. Because that connection to nature. I feel like it's really been lost amongst a lot of people. Although a lot of people right now are working towards that. It really pains me as well to hear some conversations, BIA Indians and traditional Indians. If you're not traditional enough you're kind of caught in the middle. You're ostracized in the community. It's really complex. My hope is for sovereignty that extends beyond "We're federally recognized", those mentalities, it's just really sad. Whether it's through conversations on just the history of genocide in the United States. Whether it's just any history for our people, history of land theft. Whatever it is to get people to connect to the reality of things so that they're motivated to become sovereign is really what's important to me.

But I have a really, really soft spot for babies and for pregnant mamas and I love growing food. It's important to me to see that we know our people are going to be okay. Because I mean where we're at as human society is really not so good. We're in really scary times right now. I look at the news. What's really scaring me I think the most right now is like the earthquakes that are happening in the Caribbean for instance. Oftentimes I think about our prophecies, and specifically I'm thinking of, I think like the Hopi prophecies about that last time that the earth shakes, and then what comes after that. I know we're in that time and I know that if our people aren't preparing to be sovereign, there's not going to be anything for them. And that pains me to know that there are some people that aren't going to make it through this next shift that we're going to go through as a human society on this planet. And I want to do the best that I can to make sure that I'm doing everything in my power to help people in that process.

I know that I want to be a person that also knows how to help babies come into this world. Because I really care about the next generations. I want to do whatever I can to ensure the wellbeing of them. That's the overarching goal, the vision that I have. When I think about our stories and our creation stories, and I think about our trade routes, and these relationships that we've had for millennia - it pains me that a lot of people have forgotten it. It really also inspires me to know that to some extent they're still there. Because, both me and you have this connection to Saddle Lake

and I'm from New York State, I was born in San Antonio. My people are from Cuba. That is the way our people are. And I'm doing whatever I can to foster and keep those connections that is most important to me. Knowing that I can be of service as well is what's important to me, and helping people heal.

I think this is one thing that I didn't explicitly say that I think is really important. A lot of people separate birth work from life, it becomes this other thing, like that's special. And I think it's very normal. I think that it really needs to be normalized in our community. It should be normal to have a doula. It should be normal to support somebody that needs one. It should be normal to support somebody in your community that's pregnant. Going out of your way to make sure that that person has got what they need. Conversations around conception should be normal. Conversations around what healthy intercourse is should be normal. I feel like all of this stuff really needs to be normalized and it's not. It's very specialized. In that sense that especially in like the Western society, it's very bougie to have like a fertility counselor. It's very bougie to have like a sex therapist. It shouldn't have to be that way. You should be able to go to your auntie and talk about it. A lot of people don't have that and it's sad to me.

I know that a lot of people also don't have that information outside of the reservations as well. I think one other important thing is that, in relationship to everything beyond birth, it's really important to protect our knowledge and to protect what's sacred and protect our ceremonies. But we're really also in a time right now where we need to be sharing these things with people who are asking in a way that is respectable. If a person comes in a good way, then that needs to be respected. And I know a lot of people that are doing their best and they don't know, they don't know the protocol. So how can you expect them to give you tobacco? And I think some of those expectations need to be less rigid. There needs to be a little bit more wiggle space because there's a lot of people that are really willing to learn and we're at a time where we need to be more concerned about with our survival as humans versus our survival as individual Tribes and Nations. And I think that really needs to be talked about. I feel like we're really at that time now. Sometimes it pains me to hear people say, "well, she's white." And I'm like, "yeah, but look at everything that she's done and look at all of this effort she's putting. Don't be so prejudice." We don't have to share everything. Every person is their own person and there is no right way. Trusting in the Creator and our ancestors - they're going to guide us as long as we're connected to them. They're not going to leave us behind. As long as we don't leave them behind.

Chrystal

Kwey kwey nidijinikaz Chrystal. Omamiwinini anishnaabekwe . I said hello, my name is Chrystal and I am an Anishinaabe woman of the Down River People. I come from the Great Lakes region. I'm also a mashkiikiikwe which is a traditional plant medicine woman. I'm absolutely an apprentice, beginner. I've been really blessed to meet a few mashkiikiikwe that know thousands of plants and I feel like I'm over here, knowing 14. I'm scratching the surface. I'm a spiritual advisor. I'm a traditional counselor and I'm someone that has a lot of lived experience and a lot of inherent knowledge and blessed to be here on my ancestral land.

In birth work, I officially took training in 2015. That was with the Native Youth Sexual Health Network. I was really fortunate that for my first child I had a Métis doctor, Dr Janet Smylie. I feel like a rock star that she helped me hatch a kid. I was super lucky that I had someone so awesome, because I was a youth transitioning from street life. I had my sister, who I have a real tight relationship with, she is not quite two years younger than me. I was really proactive in learning about birth right when I got pregnant at 18, taking an active role in educating myself. Doing my prenatal care to the T, for a lot of reasons, I'm sure you can surmise. Then my sister, another two years later, had her first child. I was there for her and knew somewhat about being a doula.

We had lived pretty nomadically in our childhood and youth. Both of my parents were from remote Northern Ontario communities, super remote bush camps. Everybody lives scattered about the province. There wasn't family except for her and I, and so we were really able to be there for each other. That's something that was really revealed for me in that 2015 doula training. We ended up magically, unbeknownst to each other, both going to attend Indigenous full spectrum doula training. We both signed up online without telling the other one. We both got in and shared with each other. So that was really my first foray into birth work. But I have really paid close attention for a long time, I think to the mothers.

I first remember noticing around the same time my aunt was having little ones. There was a girl in my class, and we were so remote, the classes were from junior kindergarten (JK) to grade eight. Students, teaching staff, janitorial staff - total there was 26 people. One classroom was JK to grade four and the other classroom was 5 to 8, that was it. There was three Grade 5's and I was one of them. One of the older girls, who was in grade 7 at the time, just didn't come to school one day. We found out it was because she just had a baby. She had no idea she had been pregnant. Our community was one where we had to travel to see a doctor who came in once a month. You would leave early and you would get your number as soon as you could, and you would sit in a waiting room, sometimes all day. Then you turn around and drive hours back home. We learned to deal with our own healthcare and earaches, a lot of things like that. A baby was a little bit harder to manage in the community and I didn't understand how pregnancy could be missed. So that made an impression.

At the time of the full spectrum doula training I had just cleared the halfway hump with my university career as an undergrad. I felt really burnt out, low energy. I was also trying to work

full time because I had no choice. My funding, my “free funding” from the government had run out. I wanted to persevere there. At the time it immediately looked like some of the food sovereignty work I had already been doing, to at the lowest where I had to say, I need to care for my mental health. I had been working 80 hours over three days, it was shelter jobs and frontline work with sex trade workers and people who just needed that, that role at the time. There was high burnout as well as really demanding hours where I literally saw my kids to shuttle them from my sisters to school. So, I took time and I started growing food, cause I was broke! Growing vegetables, it was so soothing to me, and so therapeutic, and so empowering. It was that tend and befriend kind of response to stress that I had learned about in my post-secondary around trauma. It allowed me to care for myself and for my kids in a deep, meaningful way with the earth.

The doula training had touched on that - at the end there was a little section on plants and essential oils. The facilitator had a rescue remedy, a Bach rescue remedy dropper. It was just this revelation in the training itself. There was this moment where the facilitator’s auntie had come to talk to us and she was a neurological biologist or something. It was really impressive. She talked to us and connected the Sky Woman origin story to how our bodies function, how our ovaries worked, how matrilineal DNA works in our bodies. How it all works, the ocean tides and how the moon and the phases affect the tides, and how the crops grow. It all clicked. The niece who was the core facilitator, she said at one point, we are intelligent beings and we've all - we've evolved like everyone else, every other human on this planet. She goes, “you have to think that your ancestors were knowledgeable and knew how to explain to each other these changes, these waves, these cycles. You have to think that after hundreds of years would have observed these things because they were intelligent beings.” It was the first time that anyone had said anything remotely like that to me about Indigenous people and their beliefs and their views. Because it had always been reduced, minimized, a kind of a rudimentary version.

In my dad's side of the family there is religious leadership. An aunt was a nun for many years, I grew up going to her ceremonies in the Catholic church. And another who was a nun in the Anglican church. In a small town, being an industrious young person, I was a babysitter. I took up Sunday school teacher roles in the United church and got myself solid part time jobs. So, you know, I've been exposed to a lot of discussion about Indigenous people over the years, probably a lot more than I realized. That was the first time someone turned the whole table on everything, and it just clicked. And that by itself really fortified my mental health. At a time that I had been struggling a lot. The year before I had been diagnosed with C-PTSD, complex post-traumatic stress disorder. You can just imagine, having years of social work behind me, there was a lot of stuff that I hadn't dealt with. And then my own background with lived experiences of domestic violence in romantic relationships, and family relationships, homelessness, and housing instability. And now I knew what food instability was. You know getting woke can be really painful and takes a toll.

The training itself empowered my most radical ways of thinking. My daughter had been physically ill from schooling. From bullying and from teachers who were helping in the classroom that were bullying. I just stopped making her go to school, now we're homeschooling. One of the people that had come to talk to us in training was home schooling – a midwife with four kids and

cooking one. I'm taking back my life and my way of being. Sociology had already cracked so much of my perspective open about how we operate as humans in 2020 and whatever it was back then. It really just empowered me— the ripple effect was crazy. Then I was really fortunate that the only ask of the training was - it was a free training - and the only ask was that we find some way to pass it on to the world. Whether it's supporting another person dealing with birth or reproductive health issues or challenges or self-care challenges, whatever it was. Just pass that that opportunity of care and caregiving teachings, to pass it on. That was the only condition.

In some ways I could have said it was filled a couple of years later when my sister had another baby and I was back in the saddle again. But I did implement it right then and there in my job as a family home visitor. I got full support from my employer and my manager to be a doula on the job. I got to take clients on that didn't need to pay because I was in the clear. But it got hard, it got really hard. I think what burns social workers out is - not necessarily the vicarious trauma. I think it's the systems that they have to navigate to do their job because there's so much that needs to be done and there's so many systemic barriers to that work. It makes no sense to fix non-system issues with system solutions. I was with the Ontario Native Women's Association and I was a home family home visitor and it was funded through the Aboriginal Healthy Babies Healthy Children program. Each family was entitled to up to \$30 a month in additional resources, so I would often bring groceries. Or if they needed diapers, or they wanted bus tickets, or whatever. Accompaniment, witnessing with child welfare was a big piece. My main job was to check in with families once a month and facilitate culture, facilitate healing, facilitate safety, do child development check-ins to make sure that I was a full stop before any child welfare involvement. That's how I viewed my role as the family home visitor. I think there's a lot that moms need that can be gotten from a doula or family care. We know that colonization history doesn't necessarily create safe family dynamics, especially for pregnant moms or a new mom. That role gave me the opportunity to do that.

I found myself several times trying to be present for moms that I was working with who were in labour, who had all kinds of flags on them for child welfare, for good reasons. But to still advocate for time connecting, breastfeeding access, all these important things that we know that maternal time is about. Unfortunately, being a mom with kids who at the time were not old enough to be left on their own very long, it got harder to be the 24-hour presence when I didn't have that support myself. And unfortunately, it wasn't always capable from my work teammates. I did that for almost two years. It did become difficult to with a lot of turnover in these organizations, even though there is positive work also being done. I was struggling with interpersonal dynamics that weren't necessary, issues with others managing their own traumas on the job. It was a point to face that I can't do this job well, I need to get more training or more support. I decided - I had been asked to work with my reserve running the cultural education temporary exhibit. I had been looking for an opportunity to work with my community for a while, and it seemed like the right time to transition. That's what I did.

There was a lot of vicarious trauma that was caused by having my hands tied, watching moms get separated from babies. It's just as hard, there is an element of social work burnout where

you do see backsliding and you do struggle with accessor abuse. But those are small portions for all the big parts where you did really help, and advocate and you keep hanging in for those moments. But at some point, I had to say this is not my next 10 years, I have to find my next 10 years. It kept becoming more and more clear that my doula work was where it was for me. I wanted to be self-employed and my doula work – there was a point when I only wanted to fully define where I was on the doula spectrum. That helped me work it out, doula care. It helped me work out that I didn't want to be a social worker. I was trying to provide real care with my hands untied. I ended up taking on a bunch of other stuff but making my business the focus. I really quickly got pulled into death doula work. It started with plant medicines because I was already doing that. But also, for a long time I'd been self-medicating with cannabis. And also having that evolution from being a teenager using recreationally - not knowing at the time it's self-medicating and having that evolution with it. And getting into the holistic herbalism side of things and understanding the real power of plants and how to harness my respect for that plant medicine to make real medicines.

When I was working in death doula spaces and doing death cafes, my main work was talking to community groups and seniors about getting real with their care. And that it's okay to talk about it. It always came back to cannabis and how can they use it? They have aches and pains and their other meds are basically ruining their health, what health they have left. My own grandfather beat colon cancer, a really serious stage. How, I don't know. I really don't know. I mean he's where I get all my Algonquin from and I tease that he's a crusty Algonquin. But he's a hard-living man and he's seen some things. His parents were residential school survivors and his father was a world war II veteran. And so, he beat all of the stuff. And he had chemo hands, and numbness and pain, and trouble standing for long periods, and all this other stuff. I wanted to really find something that he could use that would help with that. It took me on this whole apothecary medicine making journey. I have this amazing underground thing - I call it community healing justice. I haven't set up my products on anyone's shelves or anything like that. I'd rather work in a gift economy. And I would rather come in and teach people how to make their own medicine with their own \$25 or whatever and have enough that it lasts you a year. You know, you shouldn't have to worry about this and your budget. There's no reason for it.

One of the best teachings I ever got, and this was a doula space that I had learned it from. I had responded to a call for doula training around plant medicines, to assist - I can't remember the whole workshop name. One of the teachings offered was that in the city there's a lot of plants that we don't look after, we don't consider, we try and eradicate them. Like dandelions and miner's lettuce and things like that. And plantain, those are the strongest plants that we need the most because we're so unwell. They are thriving in their offering to us. And being so disconnected from nature to know that the hardiest of the plant warriors are coming up to offer of themselves, to help us. My daughter has really bad eczema and she's always had medically dry skin. She knows how to go into the yard, dig up a dandelion, process the whole plant from top to bottom to use it for her own skincare. And it's so cool that she knows how to take care of herself in such a practical way. That's what we got to do in homeschooling. Yeah, doula training was literally a firecracker in my life.

When I got to be part of doula training, three years later, as a facilitator - it was a whole other different experience to be able to witness and be part with another group. Each individual training is made by the people who are there and their experiences. The first training I got to really focus, because of who was there, we talked about how sometimes in birth it can feel like you didn't bond with your child. There can be immense guilt about that - and shame and inner hatred. It's not irreversible, you're not alone. It happens and sometimes birth goes like that. That was the first time I had ever seen anybody talk about that before. We had young mom who was 19 and pregnant with a second baby and married. There's always that rush to justify the teen mom because she's married. But also, even though they were married, they had a lot of hardship. An attitude of "you're too young for this." But they're a very happy little family. They knew exactly what they wanted the minute they met each other. It's lovely. All kinds of different people coming in from different places. And each group is a ceremony. Like we had talked about before, it should be the modern rite of passage. I don't see any way that anyone could not benefit from doula training - male, female - I'm still learning all the gender spectrum terminology. But yes, everyone would benefit, everyone benefits.

Having a disability label and also being a certain age - I'm tired of trying to maneuver through other people's crap. I just want to do good work and go back to something that's more holistic, that feels more in tune with who I am. The doula training did make those connections, look at where these systems and these ways of doing things have gotten us. You know, that horrible climate report - the worst-case scenario of 30 years left here. We have to think about that. If that worst-case scenario is real, how do we want to spend our time? I don't really want to spend it trying to argue for my gift cards to show up at my office. I'd rather plan a healing gathering and invite people that I see doing great work that maybe aren't part of the bigger mainstream hoopla things that are happening. There's so much we have to offer each other and I'm learning more and more that it's the skills that we have in our pockets. It's those innate abilities that are really going to lead us where we want to go. It's not trying to develop and assimilate into systems that were never designed for us to succeed in the first place.

Full spectrum doula work is life, death, before birth, after death, the middle, all the middle. It's where people find me when they need me, and I can fairly give of myself to them. That's my work that I do. Full spectrum has been living my life in a good way and meeting people where they're at when they come up on my path, because it's not always long-term care that I offer. I find a lot of people now think they want doulas. But they have people to fill those roles in their families and they don't realize it. It's kind of like an accessory. It's the new yoga. It's the new commodified wellness thing, and that's OK. There's nothing wrong with more help and there never will be. But it's not a business for me. For me it's finding out that one of the people that I interact with regularly is expecting. She gets stuck, I happen to live across the street from the hospital in Pembroke - she got stuck across the street needing a ride because she was pregnant and very ill. She's recovering from addictions and on the methadone program and I was someone separate from her spaces that she could talk about that to. And I was able to give her some nettle tea for her nausea and be a judgment free zone. I was here a few times for her to visit. She knew right where I lived and that

was a lot. That was some harm reduction and that was great. Another person, it was simply a meeting with, I do lot of meetings with families that want to know what they can do to bring more culture into the birth. So that's giving them ideas for ceremony. I remove fear for people trying to bring in culture and ceremony because they've been “should” to death about stuff. I don't think like that. I know a lot of other people that don't think like that – we're not skirt police. We're not the culture cops. I'm just trying to do some good things. I do talk a lot about identity stuff just because of my line of work. Sometimes that's on the full spectrum of care. I meet people who are 22 and all they know is their mom's Ojibwe, their dad's French. They grew up with their dad, so they go around saying they're Métis. And I talk to people about that.

Increasingly it's also become about pain management. To me, I do a ton of harm reduction. A ton. And I'm pretty lucky that my reserve is famous for so many cannabis dispensaries. They're pretty well known for having a lot of shops. There's increased traffic around the area. But there's also a lot of opportunity and there's a lot of good work around reconciliation here. So, I'm in a really fortunate area and the full spectrum care possibilities are really limitless. I had to find out where I was on my own spectrum and where I was comfortable working. I know some doulas are completely different. It's all about what your tool kit and your bag is about. For myself, it's pain management. It's addiction support and harm reduction. Some of the greatest impacts I had were things that people told me about later that I was oblivious to. Things I had done before I took on doula work.

One friend, I come from a background of street involvement and homelessness. I had transitioned from the streets, but my friend was still very much involved and was postpartum and had lost her child to CAS and was really deep in addictions and I had no idea. We didn't spend a lot of time together. She had said that she had given up the baby and she had given up her first child too. I thought maybe it was a choice. But, being street involved, we met up and I said, let's go to the park somewhere, let's go chat and smoke a joint. And she told me years later that that saved her life. She was going to overdose. She was on her way to find some really hard drugs that she hadn't tried, and she was just going to end it all. I took a minute to sit and talk with her, he was being sexually exploited by her partner for drugs and she was in all kinds of survival mode. I really had no idea. That was thing - we don't have any idea. We get a sliver of what people are comfortable telling you. I'm the same way. I don't disclose all of this stuff all over the place. That day she gave me a sliver.

So, to come into doula training and full spectrum doula care with my background, on my own pathway, really came into being. It started out with birth and connecting to that matrilineal place that they teach about. To understand, to come from a place where you're so disconnected from someone, because I have a parent with severe mental illness. We craft parenting skills and survival skills and ways to do better for our kids. And the older you get, there's a whole different level of awareness and healing that has to take place. It's these slow layers that reveal themselves as you grow and get white hair. To hear that matrilineal DNA teaching, to hear about how when my mother was pregnant with me – there was DNA in my body from my mother, my grandmother, her mother - like infinity. Especially when you feel untethered in that way from your own mother,

a certain level of dissociation. You look for that in female connections with other people. To learn that even though the nurturing part is not what I wish it could have been, there's still a part that I can be proud of. And to look back at when I was pregnant with my daughter, to be able to - now when she's 14 , and to look at my life versus hers. We always have to look back to know where we're going. That's what full spectrum possibilities are. Improving things overall for community.

I have not officially taken training for death doula work. I've done a home funeral training. It was a comprehensive two-day training where you learn about the legislation of home funerals in Ontario. It's really important I think for First Nations communities cause we have a whole different set of rights. I mean maybe you've seen those go fund me accounts or the Facebook ads where people are trying to fund burying people. They've got some \$12,000 casket they're trying to pay off or whatever. You don't have to do that. Especially when they're people who, the front of their values are things like environmentalism. The funeral industry is an industry and I think that's what I love so much about sociology was learning about all of these things. It's empowering to know what people can do with death doula work. The training I took taught about how long you have, how to keep your body cold, challenges that come up. And there's rules, I cannot take money to handle your family members body. The only thing legal in Ontario is family home services and you still need officiants to transport the body and dispose and things like that. I took that training and that was wonderful. Then I also got involved with the home hospice association, they make a wonderful free training available for compassionate caregivers. It's a companionship, a palliative care support training.

I did seek out some paid training. I was lucky cause at the time I was working with Ontario Native Women's Association and we had gotten an offer through St. Elizabeth for an online free palliative care training. It is pretty basic. I think it's what someone who maybe would be facing providing care for an elderly relative might need to do. It was accessible. But I really hope to see something more culture-based cause there's a ton of teachings out there, grieving pouches, the boxes, different ways of burial, different ways like cedar mats. All kinds of things that we haven't put together, for and around death. We're just starting to make some headlines the past few years with birth, we gotta start somewhere. With so many folks, there's Inuit Elders dying in old age homes that have dementia and nobody knows who they are or where their family is. We don't know what happens for our family sometimes. Death doula training is pretty sparse, but I'm hoping it's something that I'll be able to put out in the world next year.

Last year I'd been trying to feel more comfortable embracing using the word healer to describe my work, and more recently spiritual advisor. So those are kind of new. Healer was kind of difficult, especially because there's such a large market for the holistic. My community in particular has someone who calls themselves an Algonquin shaman and sells this to white woman in yoga pants for \$12,000 tuition for a program to be an Algonquin shaman. Whether you're Algonquin or not. The word doula, I found people don't always know what doula means. That's a regular barrier when I'm working with people. Working with people who are palliative, they understand a death maiden, which is kind of heavy metal, I feel. With birth work, I've just gone with auntie. I find that I'm not always working in the delivery room. I feel like a lot of people who

seek me out as a birth companion, they know what a doula is. I use full spectrum doula but equate it immediately to that community role. I don't like how doula care has been monetized. I don't like how, like I said, it's the new white woman trend. Anyone who has had a kid or who knows someone that has a kid is trying to make money off of being a doula now. Women who don't need doulas want to pay doulas. And that's fine. I think I said this before, more help is good. It's this thing where it's becoming this elite accessory that 'the haves' people can afford. And I'm not there to be some bougie, "Oh, and then I had my doula crush my ice, give me a honey stick and cheer me on," while the person's surrounded by support people. It can be tricky. I find that word is commercialized now.

The number one thing I try and impart, whether I'm meeting someone around birth or death or somewhere in between, is that your culture belongs to you. A lot of people get alienated from cultural spaces and cultural events because they get, "you should be this, you should do that. That's not how we do it. You don't know the protocol. Oh my gosh, you're not wearing a skirt," these kinds of things. What I try and impart with people is we are a group of people trying to recover from lost culture, I try to return some ownership to folks. It's your practice of spirituality and therefore it belongs to you. And how you choose to do that is your decision. Your family can choose to do things a certain way and that will belong to them and that can be passed down. I guess there's a bit of restoration in my practice with culture. I want to dismantle the oppression that's in modern culture as much as possible. I tell people, I'm not the culture police, I'm not the skirt police, I'm not the identity police. I'm not here to judge your connections or what have you. People can't be scared of smudging the wrong way. They can't be scared of welcoming their babies. They can't be scared of using their language and not getting the pronunciation right. Someone will correct you if the time comes to do so with language and pronunciation. We're all learning and we're all at different levels.

To remove the fear is a huge part. There was a couple who had come to see me, and they wanted to bring more culture into their birth experience. It was her partner's first child, her third child. And they didn't want me in the delivery room. They just wanted to know about some things they could do around culture and medicines and ceremony. I talked about going as a family to gather cedar and making a cedar bath for the baby after the birth. Explaining that if they want, they could have someone in the delivery room speaking Algonquin while the baby's being born, so it's the first words that the baby hears. Or burying the placenta on reserve, things like that. Then I encouraged them to ask people in the community, if they wanted to get more connected, for guidance or more support. Then they approached someone in the community who is considered an Elder. She really imparted a sense of should: you can't do that because, and you should have a woman do this part and not that. If you send a man, the man has to have a woman and the woman has to be in a skirt, and if you don't do it right you can really hurt someone. People can die if you don't treat your cedar bath properly. There's improper ways and it can actually poison you. That's what she's telling these parents, I mean, what do you even do with someone going around saying stuff like that? You can't die, I mean, unless the water is still boiling, you should be okay. Don't drink it all at once. These are the barriers, the ideas of inaccessibility.

Especially in my community, there's a lot of oppression around LGBTQ. And if you identify as anything other than hetero, you're going to have a hard time. You're not welcome into ceremony. They will stop a powwow if they see someone who looks like a man in a woman's style dress. They will stop the powwow and kick you out. They will stop the pow wow if they see a woman sitting at the big drum and kick you out. If you get too close to the powwow grounds with a dog, they will send someone on a four-wheeler to scream at you and kick you out. And personally, that was my experience, belittle you to an extreme. For myself in my area that I work, to support community through culture, I feel my role is to at least be a counter presence to that. Letting people know that not everybody thinks the same. That you can make up your own mind. Just because an Elder said it – it doesn't mean that's the only way to go about things, we don't have commandments. There is a lot of ways we can support the LGBTQ members of the community – we're really lucky, we have a great pride group in Pembroke. So that's a bridge that I introduce to people because people don't realize there is a group here. They think they have to go to one of the cities. There hasn't been anything negative. Supporting sometimes is just, it really just looks like having coffee and hearing what it was like, to tell others, to come out to their parents. Or I'm the person that they practice on. Whatever that support looks like, my job as a doula is to show them a way forward.

I have kind of a list, a mental list that I suggest as ideas that people can adopt. One is that piece of umbilical cord that falls off, that we wait to fall off. That can go in your medicine pouch or the baby's medicine pouch. Same with first haircut, first nail clippings. The teaching around baby not touching the ground for the first year - because they're held up by love for the first year. That's one of my favorites. I've been working a little bit more around the ceremony to learn about - I have a friend that works quite a lot in funerals, traditional funerals on reserves. She's talked a lot about how similar the birth and death ceremony really is, and how we need to get back to honoring that way of looking at death where it's no different than your arrival from the spirit world. You celebrate the return to the spirit world because it's a part of the cycle of life.

I'm hoping that this year I get a chance to learn about cedar mat making. That is something that we know has been lost too in my community. I've recently identified a teacher and I'm hoping to invite them down to our area. A cedar mat would be woven by the mother or several family members. I guess cedar mats were really a staple of the traditional homes that we once had. And that knowledge is all but lost. Like I said I've been looking for a while and I was able to find one person who knew, still knows how to do that. The baby would get a cedar mat woven by the mother or the parents or someone in the immediate family. The baby would be placed on that immediately after birth. It would go into the bed of the baby and it would stay with the baby. That would be your mat for your whole life, and even when you go to depart to the spirit world, that mat would be placed with you. But also, you would have several mats that you would make and own in your lifetime. That was a staple.

And cedar baths, the cedar in this region is the Anishinaabek's gift. There is a lot to do with cedar. When the baby is being delivered it's recommended that whoever's in the room have cedar in their shoes or in their moccasins. Similarly, when a person is departing, they would put

cedar in their moccasins for a safe and caring journey. That's the interesting part, I think, is how a lot of these birth traditions really do mirror the death traditions. Siblings and intergenerational teachings are something I really like to bring up. Making sure that people know it's okay to have that intergenerational care. Another piece is sometimes I have to support people. I offer to support people by giving them tips of how to incorporate culture when maybe someone's incarcerated, the father's incarcerated, and how can they be culturally involved without. Making them more aware about services that are available through institutions and spiritual advisors for Corrections Canada. They can be a go between, they can bring in medicines to your partner. They can visit you with something that your partner sends without it getting held up in whatever inspection center they have for a month and a half. Some of these spiritual advisors have been really great in advocating to get a half day leave with supervision and being responsible for the other parent to come and see the child. Thinking around corners but also really taking time to dismantle some crappy learned attitudes.

With cultural care and community care and harm reduction, there is that piece of removing fear about using your own culture for yourself in self-care and for your family space. When I was working for the Ontario Native Women's Association and got to do that doula role with someone else, paying the hourly wage, one of my tasks was to go into the home. I was often teaching people about smudging, I was teaching people about the sacred medicines and if they knew anything about their community, maybe they had different medicines, I would try and do that research beforehand as much as possible. So, harm reduction a lot is empowering folks to get involved, to visit a friendship center, to go to a powwow. Sometimes, in the summer, I do a lot of meeting people at powwows. In the past, when I was working with Aunties on the Road, we recognize that sometimes powwows can be unsafe and sometimes pow wows are full of people who perpetuate violence against others. There's one guy that was really creepy that we all know, and I've known him for years and years and years. We would run breastfeeding tents and we had to strategize ways to basically put up walls or find a tent with walls because he would stand there and be creepy and watch people breastfeeding. Or find a way to sit at a nearby table and just gawk. We've had to, like I said, make breastfeeding tents that have walls or get these tents that, or we hang blankets or - just making sure that there's privacy where it's needed. Sometimes you see someone that is your abuser at a powwow, and you need a safe space that you know exists on the grounds that you can go to that he will not get into. And so, we would create that space. Our mandate with Aunties on the Road was 12 to 29-years old but we were helping everybody. So that was a huge part of harm reduction for that particular role. Thinking around corners, where people feel at risk.

A big issue as well is our youth transitioning out of foster care. Harm reduction with them meant finding them before they got anywhere near that stage. Finding them before they were camping in the woods and stealing to support themselves. Connecting with them, finding them kinship homes in some cases - because there are really great people that I'm lucky to have in my network and they absolutely do take on a youth living with them for a year or until they find a safe next step. Sometimes it's giving people a ride. Sometimes harm reduction is saying, fuck the system. We're going to go community with this and I'm here for you. Other ways of harm reduction

as a doula that I've done - being in the hospital, standing physically between a mother and child welfare officials there for apprehension. Advocating for time to bond, time to breastfeed, time for skin to skin. Physically standing there and countering the intimidation with my own intimidation. A lot of work saying this person is plugged into their community and they have support. And making sure, using my network of other doulas to make sure that woman is never alone, to fortify that.

I've been really lucky to stay connected with the people that I trained with as doulas and the people that I helped to train as doulas, so that's about 50 people. One mom, at Easter she had a bunch of problems with her finances and Ontario Works and baby bonus. I was able to tap one of the doulas, because I don't live in Ottawa, she was able to after work, go and get Easter chocolates and treats and stuff and drop it off to that mom. That doula that volunteered to help, she's a city worker, she has a good salary, she has no children left at home. She's a grandmother and she was more than happy to spoil these kids with 40 or 50 dollars of chocolate, which probably way more than they needed. She could have done as much damage with 20 but she wanted to go all out. And it was nothing to her income, but it made the world of difference. Part of my doula work is just finding those real, practical, tangible ways to help people. Sometimes that's all we need is just a little bit of help. And it's all harm reduction, all of it. There's no end to harm reduction.

My hope for my work has been this intangible thing for a while. Actually, our last chat helped me solidify part of it. Because I've already been working on creating a death doula training specific for Indigenous doulas. And I'm really lucky that I got involved with the Home Hospice Association right when they were opening a chapter in Ottawa. They remembered me when I reached out and we're in the middle of working out an MOU or something where my Blackbird Medicines - business, for lack of a better word - are going to partner. Anyone who wants to be a death doula in this collective can take this free training and can get a little bit of experience in a placement if they want by supporting the home hospice and shadowing someone if they like but will depend on individual interests.

Some people only want to support people who have lost a pet. Some people are wanting to support someone who has suffered a miscarriage, or had a stillborn, or who had to give a child up for adoption. It's about the mourning and the grief rather than the specifics of the loss. The other part is I realized that I want all Indigenous women to take doula training, birth doula training, death doula training. It is restorative and it does return something that we once had. And it is such a bolster to the identity, to one's grasp of culture. I want to see doula care being taught. I want to see the teachings around birth that we get in doula training to be part and parcel with our youth educational experience.

Everybody who takes doula training wants to be a midwife after. Once upon a time we all would've been midwives naturally or at least to a degree. And some would have been really, really into it. I would like to see - that's where I feel called to - this develop in an accessible way. Part of my vision involves having it recognized by Ontario as a trade. We know that the boomers need palliative care, they need home care. We need to prop up an overburdened system with all those struggling to care for all these elderly people. The answer is doulas. We need all this reinforcement

to support reducing the numbers of Indigenous kids in child welfare settings. The answer is doula. We need to find ways to intervene and divert people from the correctional system, from institutionalization, from addictions, from being at risk to homelessness because you're struggling with mental health episodes that you have no skills to cope with – cause maybe you're hitting puberty or you're in that 13 to 25 range where we know that mental wellness challenges manifest and exhibit themselves. The answer is doula, it's always going to be doula.

This whole thing with cannabis, people wanting to, my reserve is up to their eyeballs in cannabis legislation and tables and things. With the Pikwakanagan Cannabis Business Association on reserve contributing to community. They support their own food bank. They donate to beautification on the reserve. They fund things. And we have Elders getting involved with this association simply because they know that we need some kind of palliative hospice that doesn't exist. We have a senior's home, we have lots of people dying, but no support for them. The answer is doula. They want to use cannabis, but they're scared and they're talking about. I think it's Isadore Day who has this business and he's got a partnership going where he's got some kind of proposal where the Indigenous Nurses Association would be qualified to assess and recommend cannabis for patients. But who is going to plug them in? Doula. Doula in the home. If every community is doing annual doula training, every family should be full of doula principles. It's doula care, but it's a mechanism to return what we were once already.

I think doula are perfectly positioned to be that kind of bridge for everything. We recognize Indigenous artisans, someone who makes crafts, as members of a trade recognized by the Ontario trades, the ministry. Indigenous, the words and titles used are Aboriginal, Indigenous childcare provider is considered a trade by the ministry. Let's get doula on the list. If there was that recognition, I'm imagining the type of resources and supports that would then come with that for people to be encouraged and supported to be able to take that kind of training and for it to be acknowledged. I mean, nobody tells you that these positions are in the trades. They're recognized trades. When you think trades, you think construction, welding, engineering, whatever. Nobody's doing any work anywhere to let people know that there's all this money for training in trades. I think that's the missing piece. That's my idea.

Uh, for myself it's been an evolving piece. I've said that before too, and it started out helping me personally. Empowering me to claim strategies of care for myself and my family. It helped me justify my choices. Where I was fed up, burnt out, and I took a stand and I said, you know what? This is okay and this is valid. But the other piece, that evolving piece, I feel for a long time it was about taking up space. And people really do track you down when you're doing something that is wanted and needed and valued. They track you down. You did. But I've had people seek me out for different reasons and it's never what I think it'll be. I've had people reach out to me because their son had to go to court, and they wanted to spare him from jail, and could I help?

My experiences contribute to how I choose to help community, and where I see the gaps in community, it's very different to how you or someone else might see the gaps. That unique perspective, it's always going to be valued. When I think about community care now, it's less about taking up space and more about making space for others. And that's where, so this year I'm

planning to do a first healing gathering, I'm doing it independently of any funding, any organizations. It's going to be a hundred percent grassroots and separate from involvement of anything and only open to Indigenous community or people who have identity. And again, not being the culture police, or the identity police, but making space and reaching out to people I know that are already doing good work. To give them a space. My friend that I mentioned, that does funerals and weddings, and is an officiant and a doula - she's going to come and do a session. She will talk about holding funerals on reserves and in homes and what that looks like from an Indigenous perspective. I know someone else who is a professional Indigenous tattoo artist, two people are going to come and talk about why that was a powerful career choice for them. It's almost an alternative career fair. We're going to have plant medicines, medicine gardening, planting medicines, showing people how to start with plant medicines and reclaiming knowledge. With medicines I always start teaching people with tea. It's basic, it's accessible, and it's not overwhelming. But it's genuine, it's legitimate, and it can help. It's going to be an opportunity for people who are interested in taking that radicalized, culture-centric path that no one is offering them.

We're so close to Haudenosaunee territory, I hear a lot about what they have. The doula that did my training, Jessica Danforth – of Native Youth Sexual Health Network, she's Haudenosaunee from the Akwesasne community. She did my doula training, and then we had her come in to do the Aunties on the Road doula training. Then she did a third one for them as well. She was able to share the process that they went through for reclaiming their traditions in Akwesasne. They didn't have all this remembered culture, they had to make it up, and now it's 13 years in. Every spring or summer, women and the girls make a moon quilt, they make ribbon skirts, and they go on a fast, and they learn all kinds of stuff. And I think there's an element of some of the doula training curriculum around birth, and bodies, and reproductive health. Then the boys go with the men and they make ribbon shirts. They have traditional headpieces that they make, and they re-enact one of their community wampum legends where they canoe down the river and the boys canoe to the girls who are on the shore and have berries for them. And there's ceremony and everything. The girls are segregated with all the aunties. They come around and they teach the girls. And the girls, they go berry picking and then they feed the aunties. And it's all, every ounce of it is ceremonial.

There's protocol, there's ways they teach them, and they assume that nobody knows anything. They start at ground zero. For 13 years now, maybe one or two more, I might've lost count based on the last training. But everybody starts off on a level playing field with what they know for culture. And Jessica was really clear, they had to design this. It was not something that they remembered. It was not something that they had records of, or older people remembered. This was something they created from their value system, their community needs. They saw a need. And now for 13 years the women from these first of rites of passage are now coming back to be aunties to new generations. And they're there and they have that experience of having done it themselves. There's this beautiful, beautiful element of culture and community that has been revitalized there.

When we look at history and how treaties were and how the colonialism took place and how certain relationships were brokered earlier versus later. And part of that is why certain aspects are intact and others aren't. All that plays into the mix with history. But they took initiative and they took ownership and they took the chance to get engaged and now they have traditions that they pass on. They also have language that they were able to retain unlike what I see in Algonquin communities. Two of the communities have Algonquin Head Start, where you learn to count in Algonquin, you learn your colors, you learn the names of your family members. And that goes back about 50 years. So, lots of people have a leg up when it comes to tackling that language learning. Whereas my community has nothing close to it. They've just started in the afterschool programs and their toddler daycare programs to teach things like numbers and hello, and thank you, and some of these concepts. So, we need to recognize the differences and that we're meeting at different places. It's harm reduction, it's meeting people where they're at and trying to do the best

That's where all this doula work has brought me to is trying to create opportunity for others to take up space. I've found confidence taking up my space and now I'm trying to pass the opportunity on as much as I can. And also, to make it part of our mainstream way of knowing for our communities. I love hearing my daughter explain things to people. She's not quite 14, but she has been to two doula trainings, and she knows what food sovereignty is, and she knows what cultural appropriation means. Kind of brutal to hear her describe treaties but we'll get there. That's what our future needs to be.

It all started with doula training and feeling a sense of, there is a reason that we're not mainstream, and there is a reason that we're separate, and there is a reason that we're still here. Those fabulous things that go around - you are the seeds, your ancestors planted. You are the resistance. You are an extension of that survival and that resilience. I love seeing those. I love teaching people about the connections of the moon to our bodies, to our plants. There's so much magic and wisdom there. And we don't need to try and fit in with anybody else. We are incredible enough and there is absolutely value and worthwhileness to reclaiming what we've lost. And it doesn't end with language. I feel like a lot of people want to focus really clearly on language. I think there's an element of culture and ceremony there that's part of what we've lost. We were logical communities, we were intelligent communities, and we still are. The revolution is with the doulas. The seeds are there, the potential's there. It's just for the rest of us to believe, to get on board.

I'll remember one more thing for you. When I was doing my training, when I first started with the Ontario Native Women's Association, they flew me up for a week to do a staff development thing. That particular week there was a grandmother there, her and her sister both worked for the organization. She talked about her 17-year old grandson who had dropped out of high school. While he was in high school, before the lead up, he would be getting into trouble. He had been expelled, getting into fights, using drugs, going out, drinking. Lots of, it sounds sort of like typical teenager experimentation stuff. But some of it was a bit bordering self-destructive and he had learning disabilities that made school really hard. We have one message in society that is

you go to school, you graduate, you get postsecondary, you get a good job, and “bing”, successful. Socially acceptable success. He was just on this crash course and got arrested and was in front of a judge and grandma stepped in to court and everything like that. She said, “you know what, your honor, I'm going to take him back with me. I live in the middle of nowhere. He's not going to get into trouble. And if he screws up, I'll bring him back myself or I'll come and tell you guys.” She's a traditional cultural carrier in the community and known as an Elder. She had a reputation. So, the judge agreed to this and she took her 17-year old grandson to the bush and he was bored out of his tree, of course. But she dragged him along to all the stuff she did. And after a while he started to get interested. And also meeting men doing this work, and meeting people that were invested in the culture like she was. He hadn't been exposed to that, in small doses with grandma but not in the day to day like you would with school.

He was trying to do IED, independent, remote high school courses. But it was stressing him out because he wasn't successful or very good at it and he wanted to drop out. But his parents shamed him - you're going to be a real loser if you don't get your high school. The grandmother stood up for the grandson and said I'll teach him the ways. And the grandson was full in and he basically recommitted himself. Instead of to high school he recommitted to becoming a traditional culture carrier and knowledge holder and being a medicine man. He's been doing that for five years and basically turned his life around because he found his calling. But how horrible that we think that we have to keep pushing our kids in these directions that are not natural to them, never have been. And they're so unhappy that they're taking their lives or they're turning to addictions to cope because they're constantly getting messages. Not only do you not fit the standard of beauty or the mainstream ideals of what success is. Maybe your home life isn't that of what you see from your peers. But to really think that you've got to leave this world because you're not fitting in and you're not like everybody else? It changed his life to take on that traditional way of looking at things and apprenticeship.

Her telling me that it was also a huge boost for me to fully embrace homeschooling. From there I started taking my daughter with me to my home visits for work. We tease that she was, we had a dog at one point that had puppies, she decided she was a puppy doula. She can also explain her menstrual cycle to other kids, to other girls that don't understand it. She's 14, she's only had her period for a little while. School isn't where everybody does well. 80% of the whole of society can manage in what mainstream school is, and that number was from 30 years ago. I mean, I don't think you can say the same today about that 80%. I feel like it's a lot less. It opened my eyes so much that we don't have to keep chasing these mainstream successes. We have our own successes and our own victories to pursue. So, it starts with doula.

Rebekah Dunlap

My English name is Rebekah Dunlap, but my Ojibwe spirit name is, Waawaase Amoog and that's the way that the spirits recognize me. I was told that I am the bright white lightning that lights up the sky. So, in the middle of the darkness, there I am. My clan is the Martin Clan. I'm from the Fond du Lac Ojibwe Tribe - it's right on the tip of the nose of Lake Superior. It's a really beautiful area. That's where I was raised.

I grew up there on the reservation, and when I was younger, I would fall ill a lot for some reason or another. We had this little tiny clinic on the rez - it was like a little trailer house basically, or a modular home. I can remember going there, and at a young age -probably about six or seven years old - thinking nobody here looks like me, my community members or my family. It would make me feel really nervous. You know, I'd have to go into the doctor's office with my mom or whoever, but there would be this white male, man touching my body and examining me. It made me feel really uncomfortable. There was one time where we had a Native receptionist, and I remember that person made me feel at home and comfortable and I realized at a really young age that I wanted to be somebody from the community that was with the community - they could relate to me and I could relate to them.

And being ill, I knew I wanted to go into nursing. I really loved caring for people as I got older. But I really wasn't sure how that was gonna work or how people did that because I didn't come from a family or community where we saw people graduating and going to college. Life was more about trying to survive. It was, "when are we gonna get our next meal? How are we going to get anywhere? Cause we don't have reliable transportation". And so I struggled in school. I didn't graduate from high school. I was more about trying to make money. I wanted to try and make and have my own money. I stopped going to school about 10th grade and started working. But I still had it in my head that I wanted to be a nurse. It wasn't until years later that I went for my GED and started going to school for nursing. I went to a couple different schools before I figured things out. In the early 2000's, I received my LPN - and apparently I graduated with honors - but I didn't even know! I was so clueless about academia, I found out after the fact. I decided not going to walk for graduation, I just want to get done and work. When I saw my diploma, I'm like, "Oh my gosh!" It was such an amazing experience to share with my family to graduate with honors.

Right away applied for a job at the reservation and I started working part time, working in the public health department mostly. In 2007, about that time, they started a doula program. They asked if I'd like to work as a doula. I had just had my son in 2007 and I had a doula that was from the local area. Not from Fond du Lac, we didn't have a program like that, yet. I declined because I had a new baby. About a year later they were looking to fill a doula position and asked me again if I'd like to try it. It was 2008 and I was working as an LPN and I thought, "okay, I'll try it, but I don't really see this working". I was going through a hard time with my marriage and I was working on getting a divorce - I was a single mom. I was like, "this really isn't going to work". I had tried a couple of births and they worked out. So, I kept trying and every time I would attend a birth and things would happen, I was able to find support either by my family or community members. And

it just kept working for me and it was extra money. So that was nice too. That's how I got started into birth work. It wasn't something I was necessarily super interested in. I had my own experience and I was really grateful for my doula and the support that I was given. But my goals were to become a family nurse practitioner. I didn't want anything to do with midwifery. I thought it was for hippies and crunchy moms. I had my own stereotypes, and they've been proven wrong.

I continued working with families and learning more, I was pretty ignorant. It took time for me to observe, attend trainings, and learn from other people and experiences. But I think a turning point for me, that made me more interested and made me want to engage more was when I got angry. I got angry with the system and I wanted to quit. Our doula program at Fond Du Lac is really unique in that you're not just working independently, you're working with other providers: midwives, doctors, and the public health nurses. You also have access to an on-call phone 24 hours, seven days a week. I remember calling my on-call support person and telling them, "I'm sick of this. I'm sick of what I'm seeing. I'm sick of people becoming retraumatized. I feel like the doctors are raping our women and I can't watch it anymore. I can't do this anymore."

She encouraged me to first get some sleep - because I had been at a long birth, and then to call her back. When we talked, we talked about how the families, they need me. They need me to support them. And about finding ways that I could - because I wasn't sure how to navigate those situations. As a doula, you're supposed to just be the support person, and not speak up for people. If somebody has something in their birth plan, you're supposed to abide by that without your own judgment and so forth. I wasn't sure how to navigate some of the things that I was observing, that were happening. Then things that I would hear back were, well, "at least I had a healthy baby", or, "at least I didn't end up in ICU or I didn't end up with this or that". People were minimizing what happened to their bodies and happened to their babies.

So, I started researching more and I started asking more questions. I started looking for other doula programs that were in the area and I started connecting with Native doulas that were in Wisconsin, learning with them. I started meeting Elder midwives and travelling around to different places. It really inspired me to do more. As I became more well known in the community, non-Native people started asking me to support their births. That was another eye-opening experience for me. That really got me fired up and more engaged, because as I started supporting non-Native families, I started to see the very divided way that people were treated. What I saw with non-Native families is that I saw providers listening to them, giving them space to hear their voice, following their birth plan, being open to their family members and their voices, and treating their bodies respectfully. That was an eye opener for me.

I observed overt and covert discrimination in the care of Native families I have supported in the hospitals. It was especially apparent to me when I began supporting non-Native families. I noted oppression, fear, and re-traumatization placed on the Native birthing people. I noted empowerment, safety, and autonomy with non-Native birthing people. It's troubled me for some time. I believe we need people from Native communities supporting their local people in pregnancy, birth, and postpartum. It was really disturbing for me and that's when I really got fired

up about reproductive justice for Indigenous families. I wanted to know how I could do something, what more could I do? What more could our program do?

I kept researching I went on for my BSN. I received my public health nursing certification and continued working with the Fond Du Lac reservation. In that role as a public health nurse, I had a little bit more power and could make some changes in the doula program. I became one of the doula leaders of the program and started doing what I could to Indigenize the program. All of our doulas there are Indigenous from either from Fond Du Lac or from local tribes. They're also peer breastfeeding mentors and have had their own children, breastfed, and have trained through Doulas of North America. I was able to do that from 2017 to 2019 until this last August is when I resigned.

Throughout that time, I did research with Indigenous birth workers in New Zealand and had the opportunity to ask a lot of questions. Over time I really found how to advocate in a gentle and quiet manner without providers feeling like they have to be on the defense. That's what I would tend to see - if you were to say anything against their practice, or what I would call their malpractice, they would get really defensive. They would make a report about you and it could ruin your chances of being in their spaces again. So, I would ask questions about how could we do this differently? I remember one of the other midwives telling me, if they come in and they want to check somebody's cervix and they're in the middle of a contraction just start singing a song, singing a hand drum song, or saying a prayer and they won't know what to do, so they'll just stop. I would try little things like that. And building relationships, trying to educate the staff at the hospital and doing what I called gentle nudges. Even though inside I was very fiery and feeling very upset, angry at times, disturbed about the things I was seeing - I would come in with a calm presence and do what I could to educate people. I would be open and tell them to ask questions so the cultural practices we were doing weren't so scary. If we wanted to incorporate cultural practices, I would talk to people before they went into the hospitals to prepare. 90%, of my births that I supported were at the hospital. It's an easy system to get into, especially for Native folks who are low income and can't afford home births.

I was so sad to leave the program at Fond du Lac because there's more to do. When I left, I made a list, typed up my wish list and put it in an envelope and interofficed that to my boss. I said, we need birth lodges. I gave her all kinds of information that I could think of between myself and the other doulas and their interests. While I was in the leadership role, we had hired four new doulas. I was excited to be able to teach them, to teach from my experiences and the bad experiences - the things that I learned from - that I did wrong. Oh my gosh, when I first became a doula! I went right in there and started massaging the mom and the family's like, "She was just telling us that she didn't want to be touched!" I told the doulas, "I want to be able to teach you some things that I learned early on," talking with them about those experiences and their excitement about their work. We started adding more things to the bundle that you could bring with you to a birth. The bundle would have medicines in there to use before, during, or after. We incorporated the abalone shell for smudging. They could put in whatever medicine they wanted to use in the bundle. We provided them sage, sweet grass, and of course asema. We didn't use

commercial bought asema or tobacco. We use hand harvested tobacco. They could bring that along with their documentation and massage tools and so forth. Our hospitals in the area were starting to become more familiar and more respectful as the years went on.

When we hired those new doulas, they had to go through education with the Doulas of North America. They had a three-day training and we were really lucky because we were able to bring on Doreen Day who is a traditional midwife. We extended it from three days to four days and incorporated the traditional teachings around birth as well. And at the end of those four days, then the doulas came up with a comprehensive list of how to support people in pregnancy, birth, postpartum, and with breastfeeding in a more culturally appropriate way. The group came up with so many great ideas. Of course, when you're under the umbrella of the human services program that we were a part of, there are certain parameters. Certain things you could not do like suggesting medicine for instance, if you're not an herbalist or a doctor. So we would find little ways to get around that. Go to the appointments and say, "doctor or midwife, what do you think of them using this before or after?" And of course, as doulas, we don't know what their medical history is. It is good to, to be careful and cautious with certain medicines in case there's something that you don't know about. But that's what made the program really unique. We had the ability to work together in that way.

So, we had the bundles. Then there was a doula, had called the on-call support one day. I answered and she said, "I didn't really know what to do with the person, so I just made a belly button pouch with them," and I was like, "Oh yeah, that's amazing!" I was so excited and encouraged her to keep doing it. Then we started teaching people at community events. Before I left, I was trying to get it approved so that we could have her make bulk belly button pouches and then gift them to families - through the public health nurses we were working with. We came up with a new brochure that was more Indigenized and had people on it from the community. People that were breastfeeding. We talked about the importance of water. Oh, and all of the doulas got together and made birth skirts. We were taught by Doreen Day that pregnancy and birth are a ceremony. When you're in ceremony you should wear skirt. She also talked about the connection of the sacred water that we carry when we're pregnant and how we should be acknowledging that. We all made our skirts blue to represent the water - it's another thing they can carry in their bundle when they go to a birth. We talked about other things, putting your tobacco out before you go to a birth, smudging to put yourself in that sacred space and letting go of whatever you're coming from. When you're a birth worker, you're often coming from something related to family or work, cleansing all of that and giving yourself the time and space to think about that baby and their journey here and the mom and the family that are supporting the mom.

We also learned a lot about birth fires and reclaiming that. However, it's a little difficult when you have a birth at the hospital, but there's still ways to do it. You could have somebody at home starting a fire. Just like when somebody is leaving this world. We used to have fires to lead the spirit here too. Often, I would start a candle or something like that once I heard somebody was in labor - to represent that. So many beautiful teachings and ways that we were trying to Indigenize our program. We were also trying to connect the fathers if the fathers are a part of the family.

Reminding them that they have roles too, traditionally, we had fathers that would start the sacred fire that would sing songs. They would keep that fire. They would make the cradle boards and prepare for baby. Trying to encourage fathers too, in hopes that that will help them feel connected and it won't make it as easy to disengage from mom and baby.

In terms of traditional practices, each doula is kind of doing their own thing. Some are trying to learn language – more songs, birth songs. I know one of the doulas now is going back to school and she wants to study the environment and plants and I know she would like to incorporate that into birth work and later on in life. It's really amazing what everybody is doing, and what programs are doing.

Before I was leaving, the Fond Du Lac reservation had discontinued supporting births at home. I was doing my gentle nudges while I was there to encourage them to incorporate this again into the program. The reason that I think it's so important is because people are starting to utilize birth lodges like we used to and they're building their own birth lodges at communities that are around where we live. I believe that they're going to start making them in Fond Du Lac. Then what are we going to do to support them? I was really encouraging them to reincorporate that.

A big thing for me was funding, finding funding for the program. The program was under the leadership of public health nurses and as a public health nurse, I was recognizing how difficult it was to have your caseload and all the education you're doing in the community plus run a program. My hope was that they would make this program its own subdivision and hire people that would focus primarily on the doula program. Funding would have been a big part of that. I think it would do well with other doulas leading. I don't think you have to be a public health nurse to do something like this. Look at Camie Goldhammer who has her own program now, she's not a public health nurse. I'm a big nerd and I started researching all over the US and I only found one program. I mean of course, I didn't look at every single program in the US, but I found one program who has an RN involved. Otherwise there were social workers, other doulas, lactation consultants. I was fighting for that. I think so much more could evolve from the program, more education, creating spaces, and funding for people to have out of hospital birth if they choose to. And to have birth in their community, with their community. And having more knowledge keepers come and educate and incorporate more of our cultural practices.

My dream when I'm done with school is to start something that's outside of that umbrella of human services so that hopefully it has more leniency and more sovereignty around birth. More autonomy. My dream would be, I don't know that I call it my dream - because I had put my tobacco out and was told what I was to do. I was told to go on for my doctorate in nurse midwifery and to start a birth center on the reservation. I think when I contemplate it, it's a building that's kind of like a birth center, but it has spaces outdoors for people to have their fire. It has birth lodges for people to use. It has a garden with medicines you can use for pregnancy, birth, postpartum, and lactation. It has community members coming and going, people utilizing the space. It's a space of learning, growing, and inviting. Where people have choices, and where people have autonomy to go about it in the way that they prefer. It's community based. We would have the support from the

reservation and the business committee but mostly that it comes from a community perspective and what their wants and needs are.

It was the first time somebody had given me a pouch tobacco and asked me to speak about my experiences. I took that tobacco and was so honored. I brought it outside, and I didn't really know what I was praying about. I just was like, "wow, I'm just so grateful for this." I just can remember being flooded with the message about midwifery. I knew that I wanted to go on for nursing and then midwifery. And so, I asked, "what route do I take? Cause I'm about to jump into this RN program, but maybe that's not the right route." And I received a message. Yes, continue doing what you're doing and go on for your advanced nursing. Then you'll have more credentials that will get you into spaces that Native people otherwise wouldn't be able to get into and you'll be able to be a voice in those spaces. And I tried, even though in my head I was having a little doubt. And then I was driving along and all of a sudden, I hear "you need to go talk to this person because you need to have your birth center here at your grandmother's house". My grandmother's house was one of the biggest houses on the reservation. People used to come and sign treaties and have big gatherings. I hear that it was the first house on the reservation that had a phone, people would come and use the phone there. But it sat empty since she passed away. So spiritually I was hearing "you to go talk to the person" that basically owned it at the time. I didn't feel comfortable with this person, but I was like, "okay, fine." So, I literally drove up to their house, knocked on the door and I'm thinking, "don't answer, don't answer." Then of course they answer, and I talked to them about it. I didn't let them know everything that was going on in my head at the time. But I was like, "what are you going to do with that house?" And they're like, "I don't know, the reservation wants to buy it, but I don't know if I'm going to", and I was like, "well, here's my information. I'd be interested in buying it from you if you're interested." And I never heard back - and I tried again, never heard back. Some things have shifted since then and I think that when the time is when it's ready, when it's supposed to occur, it's going to occur. It'll come together because it seems like since that moment where I put my tobacco down, everything else has been aligning. I have faith in the outcome that it will all come together as it's supposed to.

So now I'm on this journey. I raised my son on my own from 2008 until about 2017. That was a tough time and I sometimes don't know how I did it. That's why I just feel like this is meant to be. This is the journey I'm supposed to be on. There was a time where I was in a sweat lodge and at that time in my life I was like, "I am so okay with being single and I really enjoy my life and I'm finding my rhythm and I really like it." In this sweat lodge, I saw these rings, these gold rings and these Eagles that were coming down and they're going to give them to me, I was like, "no!" I was putting my head down and trying to close my eyes to do whatever I could to get this vision out of my head and make it stop. I say "no". And, it was like, "yes." It kept coming to me and I said, "okay, fine. If something like this is going to come to my life, it needs to be a strong Native woman who can handle the work that I do. Somebody that is supportive and who just gets it, cause this is not easy work. It comes with a lot of travel and odd hours." And I couldn't envision somebody that would be so open to that, and helping me with my son, and all the other things that come along with it. So, I let it go.

A year later I met my wife. And I knew when I saw her that I was going to marry her. I couldn't believe it, but I just knew right away. I had no idea that she was going to be that person that I had envisioned. She's an attorney, and she works in wellness courts. In that work she connects with a lot of moms who are struggling with substance use disorders and are trying to do whatever they can to unify their families. She's a very strong, strong person and super supportive. She's Native and our values align. We actually met at ceremonies. So that's just another factor that came into my life where I see this is all really aligning and really amazing. And she wants to help me with my dreams of opening up a center.

It's a big hope. I know, I think it started with one thing and then more keeps adding. But overall really is healing. I believe, you know, when I first became pregnant, there's so many things I wanted to change. I had smoked, I wanted to quit smoking, I socially drink, I stopped drinking. As I became further and further pregnant. I started realizing there's this being inside of me and how do I want to change my eating, and what am I taking in that I've been taking in and I let the energy that's around me and the negative energy that with an unhealthy relationship I was in. How's that affecting this baby? It's a time of change, and I think about; how you can incorporate culture and your traditions, and the right amount of support and have people around you that value you and that see you as a sacred being. I believe that's so beautiful and so healing and can be life changing.

From there, who knows how that can change a person in a community and even generational. The baby that they're carrying, how they're brought in; when babies are brought in with their language, and their songs, and their stories, and they're not pushed to be in this room with inductions and so forth. We believe that these spirits are coming in, they're on a journey, they're picking up stories from our ancestors, and teachings and their gifts. Some babies are being pulled in whenever it's convenient for a doctor. I think about how that affects them, and their little spirits - it just pulls at my heartstrings.

We have an incredible epidemic with substance use and opioid addiction and how that can change too, when you're pregnant. Having the right amount of support around you I think can make a big difference. And allowing the families to have that time to connect after baby comes into the world, and having community members around to support you; because we used to have grandmas, grandpas, uncles, aunties, little ones that would come around and they would laugh around the fire and, and take care of the family. It's not easy to do in an institution, to allow the family to be connected afterwards, to hold the baby to hear those songs and those stories, have their first words in their original language spoken to them and have that internalized right from the beginning. I think can make a big difference in a connection. There are all the things that we do to connect our babies to this earth, by burying their placentas or keeping their belly buttons with them. There are so many things that we could incorporate that would heal our communities.

I'm not the kind of person that you'll see on the streets with a poster marching in a big protest. But every time I go to a birth, that's my way of protesting. Every time I am at the hospital and I smudge the client and her family, that's my way of protesting and getting justice for this family. Anytime I can educate a nurse on what that scent is, or why we're doing what we're doing,

and how this is really a meaningful and beautiful practice - that's another way that I practice my reproductive justice and how I protest. It might not be as apparent as some other practices, but it's really powerful and meaningful to me. Any time a person can have a birth worker with them, and it's not easy. A lot of people are living in survival mode and don't have a lot of income, don't have good transportation, or healthcare - let alone a family member. Maybe their partner's incarcerated, or they've had a death in the family, and their family member can't be there anymore, or they have overdosed. So many things. If we can be there to support them, I think that is huge, and a way of practicing reproductive justice. Anytime I can go out and educate about lactation and breasts and helping people learn about their bodies, and how sacred their body are is another way of practicing that.

Even that piece that I was sharing about transportation, that's another thing in the program of doulas. If somebody needed to go to their WIC appointment or their doctor appointment, ultrasound, grocery shopping, finding a new lactation bra, bringing them up to Walmart to go shopping. Those are some things that we would provide for them. And helping people share their story afterwards. Helping them remember too, because as you may know, as a mother, we forget sometimes the little things or the big things that happened while we were in labor. Having somebody there as an observer, it can help you recall - and we can preserve that sacred memory and space and time that they share together. I feel like I've contemplated that so much. That word or phrase, reproductive justice, and thinking well what does that mean? It means all these little things that we are doing, and its bad ass!

That word doula. My wife actually asked me, I think she saw something I wrote, and she was like, "you should make sure they know you're a doula." It's kind of controversial from what I've experienced and heard in the communities. A lot of Indigenous birth workers don't really like the definition or what it means in Greek cause it can translate to women's slave. I've heard in circles that people would like different terms for that. In my community before I had left, that was one thing that I had wanted to change about our doula program. I wanted to go to an Elder and pass them tobacco to see if they would give us a name for our program. I asked to do that and was declined for some reason. However, we just started calling ourselves birth workers, community birth workers, Indigenous birth workers. It seems like that feels like a little bit of a better term and makes more sense.

I've just been hearing people say, it was family members. I'm sure there wasn't a term, but maybe auntie or grandmother, things like that. It would be usually somebody experienced in the community that would assist at the birth as the main person, the midwife - from what I'm hearing in my community. I don't even know if they called were the midwife. They probably were just like, this is my grandma or my auntie, or the Elder in the community. Some other stories I've heard are that young women would be watching and be invited to go with their auntie or grandma or whoever to all these births. Then they would carry that knowledge and continue that work on after them. I think community members, we were always doing this. So when people ask me - how do I become a doula? Well, there's so many different ways and you've probably already been doing it. And we hear stories about - "I got to go to my sister's birth, and my friend's birth, and I'm just

so interested in doing this work.” And I'm like, “well, you're doing it. You're already doing it. You don't necessarily need someone to certify you to be a birth worker or support births. There's lots of ways that you can support it.” A lot of people are doing this, and they might not recognize it because they don't have the certification, or they didn't get specific training. From an Indigenous lens, that's how I look at it. We're all doing it and have been for generations.

I wanted to talk to you about that too. Recently with speaking with you and just like my learning in school. I'm like, why? Why do we need certification? Why can't we have these policies around our sovereignty and our autonomy as Indigenous people. How can we get around that? So we can train people somehow, with an Indigenous midwife from our communities. Then people are educated on how to be in that space respectfully and knowledgeable about who to turn to. It's so hard to go through Doula of North America (DONA) and become certified. It's just such a barrier. I went through that training three times in my career and plus I've helped train it. I never became certified, but I was still hired as a doula. At first, we didn't need the certification for many years. And so, I never did get certified. And with my wife, she an attorney and a Tribal judge, I've been talking to her about what can we do, how could we get around this? I'm curious - I want to talk to other people that probably have a lot more knowledge than I do. I've no idea when or where to start.

We were talking about like the idea of resurgence and I was thinking about five years ago, I traveled to New Zealand. I was there as an observer, trying to learn a about how they do their birth work there. They have large Indigenous communities, they are Nation, and they have lower maternal mortality rates than we do in the US. Plus, their rates have been decreasing where ours are increasing. I also looked a little bit at Canada, but I haven't traveled there. I received a couple of resources. While I was there, I realized there are a lot of fires being lit. There are embers that are still there from my ancestors and it seems a lot of communities are fanning the flames of those embers and those fires that were there. I was told by several different people that are doing research in birth work that it seems to be happening all over the world. When I came back from that experience, I realized that I don't need to necessarily travel outside of my community. There's a lot of knowledge here and there's a lot that needs to be done here. I think it's important for us to all learn from each other. I think that we all have roles that we can do in our own communities too, we have a lot to learn from our own communities as well. There are so many fires being lit, so many people that are starting to do this work, there's so many beautiful connections - and we can all learn from each other. At the same time, we can respect each other's separate ways – our different ways of doing things. Every Nation has their own way of doing things. I do see a rebirth happening and a resurgence. And it's like the heartbeat, or the drum is sounding louder and louder in our communities. It's really beautiful, really magical. It gets me really excited.

There's so much you can learn in your own language. That connection spiritually, enforces this work and empowers us. That is knowledge that I was passed, make sure to incorporate language in birth work. Even just saying something to the baby when they're born in your language. Even if it's just, hello, welcome, happy birthday. If you don't know a song, having a little something

you can give them right when they're born. That was another teaching that I received along the way I think is really important that, that I've incorporated in my work.

There is so much potential. Every time I go to some sort of Indigenous gathering around birth work, I learn something new and meet somebody who's doing something really unique in birthwork. Recently somebody was talking about the food that we take in, and the Indigenous chefs that are assisting with that and the gardens. People will bring it back to the babies and the moms. Then people are talking about star knowledge and the connection to our ancestors. There are full moon ceremonies, where we're bringing young ladies and talking to our grandmothers - and it's connected to the sacred water that we carry when we're were born. It's just so connected. It goes deeper and broader than just supporting a person while they're pregnant, and then they have the baby, and then that's that. It goes so much deeper.

I see this expanding in so many different ways and people coming together. Where now you go to breastfeeding training and the training is not only about breastfeeding. They have people who are talking about food and water, and social justice. And I think that the same goes for birth work. It's a lot bigger than just that, it's not just as simple as supporting that person, but it goes a lot broader than that. I see all the seeds that are being planted. I have this vision for my pathway and in this work. I keep meeting people and seeing what they're doing. Healthy seeds are being planted. When I'm done with school, I bet all these great programs are going to be starting. And, who knows where things will be with certification, and our sovereignty over this work and how we birth. It gets me really charged up and excited about where things will go. I feel like there's a lot of really strong minded and hearted people that will continue pushing through those challenges.

I really feel strongly that it's racism that is killing our women in birth. I really truly believe that. I sent you the article, there's this article recently on maternal mortality and Indigenous communities. I briefly went over it and some of the data that they found and felt a little frustrated because what I saw was, in my perspective, they're really focusing on the women in this article. Focusing on what's wrong with the women, they have hypertension, and they're smokers, and they use opioids, and they have diabetes, and all of these things. That's what's killing our women. And I'm just like, whoa, what about the practices? What about the malpractice that we're seeing? What about the way the women are being treated when they're pregnant and in labor and the lack of education and the lack of food sources? All of these things, the lack of time that we're spending, the lack of holistic care. Are we talking about their families and their safety and providing resources? Then when they're in labor how are we supporting them? How are we treating their bodies so that they don't hemorrhage and have issues with blood clotting. How can you prevent the hypertension and the smoking? Some the practices I've seen with the providers, the approaches. They have been astounding and really disturbing. That's what is killing our moms.

I believe that if we had an Indigenous focus and perspective, if we had people from our communities serving our people in pregnancy, labor, postpartum - that right there can make a huge difference. Having people that understand our ways of life and our approaches. Having people from our communities that will spend time with people, and assist them, and support them throughout their pregnancy too. I believe that if we were to find ways to provide Indigenous foods

from our communities, that can make a big difference in our health. So, I see a lot of ways that we can make some changes that would decrease our maternal mortality rates in America.

I mean, Western medicine, I don't know. There's a lot of OBs that are our surgeons and that's what they know. They know about how to treat people when they're unhealthy. Some people aren't even being taught how to allow the birth process to unfold naturally; to support that, and to take time with that. We're in such a hurry right now in our culture in a lot of ways. I think the approaches used when we're trying to rush things is another way that we harm women in labor and have negative outcomes. I think we could do in our communities around food, time, spaces, providing Indigenized spaces or birth areas or birth lodges, providing our medicines or herbs from our communities too. We had family and people that came from all over to come be with us when we were in labor, and that stayed with us and helped us. I truly believe that makes a big difference, postpartum care is huge as well.

I have a vision. I see the narrative rewritten. The drum sounding louder. Fires burning hotter. Birth lodges surging. People rising. Communities progressing. We, as Native people, carry inherent knowledge. We know the sanctity of our women and their waters. We carry the medicine, not the ones in the white coats. It is for us to write the story, not for them to tell us how it will be written.

Candace Neumann

My name is Candace Neumann. I have two spirit names. The first name I have is Buffalo Child. And then a couple of years ago I was given the name Leads with Light. Both those names I received in ceremony. Those names are really important to me. Especially with my first name, Buffalo Child, that has taught me a lot and actually helped me through some really hard times. That second name, I'm still learning about that and establishing that relationship with it. But I think it's important to have those names included when I introduced myself because those are the names that exist for us before we even come to the physical world and as we achieve things in our life, even just being born and coming to the physical world, that's an indication of that name to come to us. I just wanted to share that.

I'm a Métis woman. I was born and grew up in Winnipeg, Manitoba, Treaty 1 territory in Canada. This land that I live on is very important to my identity as well and is very connected to my heart. Even - I lived in Toronto for about 16 years and whenever I would think about a place, when I needed to de-stress or calm myself down, I would always think about the prairies. Because it is a very specific type of landscape that is often disregarded as being nothing because there's no huge trees or huge mountains. But there's huge sky and huge spirit. I just really love this landscape so much and it's very soothing for me mentally. We're in the middle of winter right now and there's many days when the sky and the earth actually match each other in color. There's just something really magical about that, that I don't think people really get that aren't from the prairies. I don't think that they can appreciate that as much as somebody who is from here. So, this land is - this landscape is very harsh in the winter. It's very hard. And so, I think about our ancestors a lot and everything that they had to do to get through this time of year. And it just fortifies my spirits and strengthens me. Especially, depression is a huge thing this time of year.

I lived in Toronto for many years. In that time, I moved back to Manitoba briefly, for about a year and a half, to Winnipeg, because I just missed it and my family. Prior to that I worked retail jobs and just regular kind of jobs. When I moved back - I was like, I need to work in the community. And so, I actively sought that out - and I worked at the Aboriginal Centre in their literacy department and I just loved it. It was the very first time in my whole life that I felt like I belonged somewhere. And like, I did good in school, I got good marks and I had friends, I wasn't an outcast or anything, but I just always felt kinda off - or on the edge of things. And that was the very first time that I felt like I belonged somewhere because of the way people treated each other and the way that we use humor.

After that it was really important to me that I am always working in Indigenous places. And so, I moved back to Toronto and I worked at the Native Women's Resource Centre of Toronto in their literacy department. I worked in their advocacy department and with their youth as well. Working with Indigenous women, being around Indigenous women. It was the first time I started really attending ceremony. That, I think - that was the start of it for me. Also - at that time I was doing a lot of volunteering in different mental health organizations. I also volunteered briefly for a hospice, but it just got too overwhelming. But there's something about that transition from life to death that, that I would think about. I didn't really put it together yet. I was also dreaming about a

lot of things that I didn't understand at that time. It wasn't until I moved back to Winnipeg in 2013 and started working at Ka Ni Kanichihk, I started learning about Sundance and other ceremonies that I had never been to before, that I realized I was dreaming of ceremony. How I recognized it, I had this a dream about a Sundance, but I didn't know what it was. But in my dream, there was a woman wearing this coat made out of Pendleton blankets. I was at Ka Ni Kanichihk and our Sundance Chief's wife was there picking up a check and I looked over and she was wearing that coat and that dream came back to me and I remembered it. Then I looked in my journal and I found that dream and it was a Sundance dream.

Things started falling into place. I met an Elder who is also part of that Sundance family. And she told me that I was, I can't remember the exact word, but a keeper or guardian of that doorway between life and death. And she said that for me, if I worked with either birth or death, that's somewhere that I'm meant to be. From there I started seeking out that knowledge. I took the doula training through Birthroots, it's a DONA training. I took that, and I was intrigued. But, again, I didn't feel like that was enough or that I didn't even belong there because it was not a safe space for Indigenous people. We had to do a case study in groups. There's maybe about 40 people in this training and we had to do a case study. I was in a group with maybe six women. The case study was, you have a client and she's a young Indigenous woman. It's the first time you're meeting her, you're meeting at her place on Selkirk Avenue. You go to her place and she opens the door, barely says hello, doesn't look at you, and walks upstairs. So, you follow her upstairs and when you get into her apartment you notice it's really messy and dirty. And you try to communicate with her. And she seems not really interested, and a little bit unresponsive. You know, how do you support this woman? And one person in the group right away says they would call CFS. And I just was like, this is the problem right here. These aren't even birth workers. It's not even a social worker. It's not anyone who's even involved in the Indigenous community. But based on this story, this person feels that it's justifiable to call CFS because somebody's not answering questions the way they think they should be - or their place is messy or whatever. I went away from that training and I kind of thought about - what is out there?

I took the DONA training through Birthroots and then also through Birthroots I took a breastfeeding training. It was a one-day training. But then I took the Indigenous breastfeeding counselor course, which is a certificate course, it's a five-day training. I realized there wasn't really anything out there that's specifically for Indigenous women, to support Indigenous women. I was still working at Ka Ni Kanichihk and I worked with Isca Spillett. We talked about it and we wanted to create something, and she introduced me to Melissa. Then we got started doing that work together. All my other training was through Zaagi'idiwin, with Melissa, and my work with MIDI and Zaagi'idiwin and in creating the curriculum, those were my official trainings. At the time I was working with women. Pregnancy always happened, and babies were always around. And talking to women about their experiences, the woman that I knew, it was mostly negative stuff. Let alone, we haven't even really touched the surface of evacuated women and all of that issue. I was also volunteering at Women's Health Clinic as a birth control counselor and reproductive options counselor as well. So that's how I got started.

I feel like I was doing more work that was in tune with my spirit when I started doing Cedar baths. I had always been supporting people one on one through counseling and advocacy work. And then I started doing Cedar baths, which is a ceremony that I was given through Elder Josephine Wood. I was really working very intimately with people. It's a healing ceremony and it's very connected to dreams and visions. When I had my first Cedar bath, what I saw in that for myself was what was going on with my period and my sexual health. That connection is always there for me when I do Cedar baths. And that ties into the work I was hoping to do, and I did in my early years. I did a few Cedar baths on pregnant women and it was pretty amazing to be able to support those women in that way and the things that I saw and that they saw in that ceremony and for healing. When I started working as a doula, even though I didn't have all the knowledge about pregnancy and birth, I wasn't an expert, I had that comfort of being able to create that sacred space in a short amount of time in that relationship.

My first paid doula job was a youth in care. She wanted to have an abortion. In Manitoba you can get an abortion up to 19 weeks. At 22 weeks you can still access abortion in Toronto and now in Ontario, but mostly in Toronto, and in Alberta. But she was past that. I actually went and traveled with her into the States, I went with her to her appointments to support her to do so. She didn't even really know me much. I think I'd met her a few times. When it ended up being the day of her appointment, she couldn't do it. We had a conversation about that. The nurse said, "can you talk to her, see what she wants to do." So, we went for a walk and she was crying, and I was wondering if this is because she had talked to her boyfriend and he was kind of being a jerk to her. I said, if you didn't have to worry about anyone, what anyone said, what anyone thought, what would you do? And she sat there for a minute. She was like, "I prayed to God and God said to have my baby." So, we went and thanked the clinic and left. I was her doula and I supported her throughout her pregnancy, throughout her labor, and in her delivery, and then postpartum as well. That taught me a lot because it was, when you talk about full spectrum, that was truly full spectrum experience. I was going to be her doula to support her through an abortion. And I ended up supporting her through her pregnancy, and her labor, and postpartum.

In Manitoba if you are under 18, you automatically have a birth alert. And if you are or have been a youth in care at any point, you automatically have a birth alert. We have the highest rates of apprehension and the highest rate of newborn apprehension. She went home with her child. She went home with her baby. I truly believe it's because of having support, not just myself, but I think that played a huge role. Together, we were able to demystify a lot of things for her. She really understood what was going on, what the responsibility was, and what everything would entail. When she was in the hospital, you would not think this was a first-time teenage girl having a baby. She was so mature, she understood things, she asked amazing questions. It was really amazing to watch her. She was curious about everything. I would talk to her in our prenatal visits, I would see her once a week for anywhere from an hour to three hours, depending on whatever was going on for her. She had a midwife. I don't think I even ever ended up being able to attend an appointment with her, but she went to all her appointments. Then we'd usually meet either later that evening or the day after to talk about it. Just from having conversations with her and asking her questions

about what was going on and what her supports were like, she was able to access what she needed to get herself housing to get herself furniture to get herself all the stuff she needed for her baby. She did all of that on her own and that came out of just us having conversations every week about the things she wanted and how she could achieve those things. She was my first, once I had been trained as a doula. I had been at births before with friends and family. But she was my first as a doula.

The feedback I got through that agency was really good because I guess she was known as being a little bit of a hard case and doesn't trust people easily, doesn't talk to people, and is kind of closed off. They were amazed at how she had seemed open with me. Even in the hospital, with her and with another girl through CFS that I worked with, the nurses commented on how good our relationship seemed to them. I think that's just like spending that time. I got a call after I finished working with that gal, we still message once in a while. I got a call to attend a birth of a woman, through the same agency. It was 10:30 or 11 at night. They said she's just gone to the hospital. She's on her own from a fly-in community. They said she was drunk and that her baby had passed away, and she knew her baby had passed away already. They had made this appointment a week or so ago for her to be induced and deliver her baby who had passed away. They asked if I would go and I didn't hesitate. I said yes.

I'm really lucky because my partner's really supportive. I literally just made a cup of sleepy time tea. I didn't have one single sip of it yet. And I was like, I got to go. And he's like, "okay, what do you need?" And he helps me get my stuff ready. When I got there, I introduced myself to her, we had never met. I told her what I do - that I'm a doula and that although that CFS agency did call me, I don't work for them. They just call me because I am a person in the community who does this work. I said, "if at any time you want me to leave that's totally fine." She seemed really happy that I was there - and she wasn't drunk at all. I don't know what the hospital was saying, but she was not drunk. And so that was, kind of annoying. It was interesting, but annoying.

So, I spent time with this woman. I guess her partner had been with her and then he left. She asked him to go pick her up some pajamas or something like that. And she gave him some money and he left, and he never came back. And she did have a sister in the city, but she couldn't get ahold of her. So, she kept asking to use my phone to call her sister, which was fine. I didn't have a relationship with this woman, I just spent time talking to her and asking her about herself. She had already had kids and she had already had a similar experience where she had a stillborn birth, I think she actually had two prior. It was a challenging experience. Eventually, her sister came. And her sister was amazing. So amazing, and this woman was amazing. I spent a lot of time rubbing her back, doing all the things to keep her comfortable, getting her water and cloths.

It was interesting too, because even though it was a sad kind of scenario, we would still joke around. Even more so when her sister got there. We were just laughing and joking around and it was really nice. I'm really glad that I was there because I think about how those health care providers judged her as being drunk and she wasn't. And so, I wonder, how would they have treated her if she was there on her own. If that was their assumption about her already? But once I

supported her, I stayed for an hour or two after, I went and got her some food. I gave her my number and then her sister stayed with her. She had never contacted me after that, that was it.

The third person I supported was another youth in care. She was 16 or 17. She was actively using all kinds of substances. And again, she was labeled as someone who's a hard case type of a thing. I just did the same thing. I would meet with her, ask her questions, ask her who her people are, who does she trust, who are the people that support her? What are her wants? What does she want with her baby and her goals. I would talk about basic birth things, but she would ask and I would let her take the lead. She was curious and she'd asked, what's going to happen to my body? So, I'd go through all of that stuff with her. I talked to her about the medications and her options and basically what her rights are when she's in the room, what she can ask for and what she can expect. And, she delivered her baby. Her baby came early and really quick. I actually wasn't at the birth. I missed the birth. Her mom was with her, I was in the doula training actually and she called me and she's like, "I'm in the hospital, I'm in labor." So, I left doula training. I went there and she wasn't in active labor. And she's like, "can you tell me about all those ceremonies that you were telling me about?" Cause her mom was there and her mom wanted to know. So, I sat with her and her mom and we talked about all the ceremonies. As I was talking about them in just my little puny knowledge of them, her mom was remembering things, and some of the different traditions that they have. She remembered was that you have to dream of your baby before born. Then that's when you know that your baby's ready to come meet you. That night she had a dream, after we had been sitting there, she told me she had a dream of her baby. Then the next day I went home, I got some food. She hadn't even really changed in her labor at all. So I thought, okay, "I'll go after the training tomorrow." Her mom messaged me and said that they're going to induce her around lunchtime. I was like, okay, they're going to give her epidural, that usually slows stuff down. And so, I have some time, I'll go later in the afternoon. I went to the hospital and she had her baby right as soon after she had her epidural, she had her baby. It was crazy. I was like, "oh!" The thing with this gal is that she was, again, a kid in care under the age of 18. She was actively using substances and she still went home with her baby because she had a lot of support around her. It was really good. It was awesome.

I do quite a bit of work with this particular agency. I used to be involved in a girls' culture camp every month. I run a beading group every week. So, they know me, they know my work, and they know my relationships with these youth. And so that's a lot of the people that I've worked with. Right now, I'm working with a community member who I used to teach. She reached out to me and so I'll be supporting her. She's due in May. I work, as much as I can, cause I'm really busy. I do work with pregnant women or postpartum women with Cedar baths, sometimes. I've supported a lot of women in that way as well.

My goal with everything that I do, every single choice I make in regard to the work that I do, is about ending violence against Indigenous women. Preventing violence against Indigenous women, and supporting Indigenous women to honor that within themselves, however that looks. My goal in working with women and Indigenous women is, I hate to use the word empower, cause I'm not in a position to give or take power from anyone, but to be a support for people so that they

can find their power, or know their power, or feel their power. And for them to understand that they, as a human being, have the right to access that at any point in time - and to share what knowledge that I have. That's my goal with everything. So even doula work, it's about supporting women so that they don't experience violence when they're giving birth. Because it's unfortunate, but that's a real thing that happens. That racism, discrimination, sexism, colonization, oppression - all those things come into play. We see it, and we hear the stories over and over. Those three people that I supported through CFS they were all in positions to be not treated well. Those are positions where those babies would have been taken away if they didn't have somebody there with them and they didn't know about those things. So that's my goal with what I do is really to connect people to information, connect Indigenous women to information so that they're just as beautiful and as powerful and as amazing as I see them and as I know that they are.

One of the other jobs that I do, I work with Indigenous women who've experienced sexual assault and who have survived a sexual assault and sexual violence. This doula work comes into play with that as well. Because, women mourn their birth because they weren't beautiful - and they should be, they know it in their heart. They know that their birth should be beautiful, but they also know that they live in a world where they're treated so poorly, and they experience racism and sexism and violence all the time. In a way it's expected, but there's something hurting inside - where they mourn that. Even when I talk about anatomy with this group of sexual assault survivors, women cry because no one's ever just talked to them about their bodies as being amazing, being beautiful, and being capable of creating life. And you know, that's the saddest thing in the world that that's never been experienced. That's never been honored in them. It was just important to me. I'm an Indigenous woman. My mom is an Indigenous woman, the community, my friendships are - in most of my friendships are Indigenous women. My ceremony, I dance with Indigenous women, I pray with Indigenous women. I can't separate myself from not supporting Indigenous women in whatever way. This is a huge part of it. I think that by whatever it is; education, encouragement, just reminding people of what their gifts are, talking to people about ceremony, or access, or praying, or how they can do ceremony for themselves. Even if people don't necessarily take up everything that I say, that there's things that come out that they have something that they can remember and fall back on.

I used to work with families of missing and murdered Indigenous women and girls. I remember praying in the lodge and I asked our Sundance Chief, "how do I support these families? What do we need to do, what can I do?" And he said, "I don't have the answers, but I know that when those women come to these lodges, they don't go missing and they don't get murdered." That just stuck with me. It's like we are the lodges and colonization has separated us from knowing that. So, if it takes one by one talking to a young girl or an Indigenous woman, one by one, I'll remind them over, and over, and over again. The work that I do is that. That piece.

We have inherited trauma, and we have inherited shame, and we have inherited all kinds of things that we shouldn't. I just remember Leslie Spillett saying once, you know that question of the Indian problem: how do we solve all these problems that these Indians have? I remember hearing her say, "these are appropriate responses to the things that have been done to us." That

opened something up inside me. I always thought that about my family. I was like, “what's wrong with these people?” But when I think about all the stuff we've inherited, even if we've lived a good life, even if we don't have the same type of addictions problems that we see in the news or the same types of incarceration problems that is expected of us, even if as Indigenous people, we've led a good life and we've had a family that, we weren't in CFS, we still inherited this stuff that we have to take care of. And it sucks, and it hurts, and it's painful, and it comes out all the time. I'm in school, and so, when I hear these stories, I'm like, “Oh my God, I forgot about that.” Cause I didn't think about it, I don't want to think about it, because it's awful. But we've inherited that and so if I can support someone even to make them be happy about their pregnancy, or to find some beauty and to think of themselves as beautiful while they're pregnant, and to give them a Cedar bath and to give them a safe space. I work in programs where sometimes women that come for that hour or two that they're in that group – that is the only time that they really feel safe. Where they don't have to watch what they say, they can do whatever and it's totally fine. I think if that baby or that woman in pregnancy can feel that, it takes away a little bit of that legacy that we've inherited. It gives that baby a little bit more of what it should have, they call it attachment, in the psychology world. If we can give women space to feel that joy, and that happiness, and that safety - it transfers onto their baby. So even if that baby should get apprehended, it still had that bit of beauty in those moments.

In the Indigenous full spectrum doula training work that I have done across North America I see that there are connections in birth. It's all connected. I think even though it's different communities, a lot of the ceremonies are very similar. The way that they talk about the ceremonies around birth, there's a lot of similarities there. Also, there's similarities when people learn this stuff, when they hear about birth, and what birth is, and the ceremony around it, and the way we talk about the different things that we talk about – people connect to that. The mainstream doula training that I took, we didn't talk about the ceremony of birth. I think one of the common things across our trainings is that people really mourn for that lost opportunity that maybe they didn't get to have with their own pregnancy and birth. Or a loss that they may have had, whether it's abortion or miscarriage or stillbirth, or just a sadness of not having this knowledge shared. We would have known this from a younger age, we would have known this. I think too, for people, there's a sadness with not even being able to have birth in their community for whatever reason - they have to be evacuated or there's just no access. It brings up a lot of hard things that people have to face. That's a common piece that comes out of our training experiences. I'm a woman, and I've never given birth. Something I've noticed is hesitation with people who've never given birth, in different communities. When we were in the Navajo Nation, offering the training, there was a group of young women and they were concerned. They're like, “we've never had babies, how are we supposed to do this work?” It's about relationship first and foremost. There's the role of the auntie that's very significant as well. It doesn't require that you have to have birthed to be able to support somebody through that. As long as you're able to care about somebody, and love them, and treat them kindly, and take care of them just like you would take care of somebody in ceremony - that's valid and just as meaningful.

What I find is also common is the excitement. There's always somebody who remembers something, or they had a grandmother or their mother or their great aunt were traditional midwives. There's always someone in our group who had somebody down the line who was a traditional practicing midwife. So that's interesting because we, people are, they know that this was what we had, even though we live in our colonized time. I think there are also different traditions that I have seen. Like going to the Navajo Nation, they had some traditions that were a little bit different, just certain specific beliefs, but that's understandable because it's a very different place. I think the main stuff is very similar, but it's minor things that are a bit different.

Then wherever we go, the availability of types of support for birthing families is different. It varies, the different policies and access to different things. Something that's common, that is unfortunate, is the need for support for harm reduction and for support for pregnant people who are actively using substances and information about that. That's unfortunate, a common thing everywhere we've been. There are not too many drastic things that I can think of that are really different. We always try to get an Elder wherever we are. Some Elders can be kind of strict, but we ask for really open Elders - that are open to harm reduction and to reproductive health and different kinds of families. We get pretty good Elders for the most part.

The gal that I supported who was actively using, we were at the hospital, about a month before her expected due date. She had high blood pressure and so they had to check her blood pressure every hour or so. I was there, it was kind of late at night, it was maybe 11:30 or 12 and she was sleeping. The nurse came in and woke her up to check her blood pressure and she kinda yelled at the nurse and then I saw the nurse get a little impatient with her and start to be unkind to her. I could see the workings of her mind, "Oh, you don't care about your health, so you don't care about your baby." But she's a teenager and she's tired and you guys are coming in here literally every 45 minutes to poke her, check her blood pressure, turning on all the lights. I intervened there, I didn't talk to the nurse at all, I didn't say anything to the nurse. I just talked to the individual and said, "Hey, you know what? This is important. This is why it's important. And if you do this now, maybe they'll give you a little extra time to sleep before they come in. Maybe they'll give you two hours to sleep rather than coming in every hour." Cause she's not doing anything. She's not stressed out. She was just sleeping. With that particular girl, there was a few things. I was actually just thinking of something that made me upset about that. I went out with her, she wanted to have a smoke. I don't smoke, but I went outside with her. When we came back the nurse was like, "Oh, I fed your baby." And she was like, "what?" She wanted to feed her baby, but the nurse just did that. I thought that was kind of rude because that's common sense, that's a huge bonding thing for attachment. So, there's things like that. Knowing this girl too, she gets angry. And so, I was able to talk her through that and give her some guidance on managing her feelings around that.

I had a woman, I just know her from community work, I had given her a Cedar bath. She got pregnant and she had her baby, and she had a lot of birth trauma. She never went into detail about what happened. I didn't support her throughout her pregnancy, or her labor, or birth. Her baby at that point was maybe almost a year old. So, she wanted a Cedar bath because she said she was still feeling a lot of that trauma. It was hard to let go of it. She also had asked me to do a Cedar

bath for her baby. They came to my house and I gave her a Cedar bath. And I saw a lot of stuff about her baby already, just from working on her. Then I showed her how to give her baby a Cedar bath. I said, it's important that you are the one that, that does this because you know everything that happened and you can, when you do that work, it'll help to let that go. I supported her in that way.

When I do those Cedar baths on women, I see a lot of the stuff that's going on with their periods, different things. It's due to trauma, a lot of it, different kinds of trauma and so I do work with them around that too. The traumas are not even necessarily from people, from abuse or violence, it's even from the women's health field, like the birth control. There's a lot of trauma that comes from birth control, different kinds of birth control and what it actually does to the body. That stuff comes up in that ceremony a lot. Especially with IUDs. I know they help people and these things help a lot of people. But for some people it is very traumatizing to their bodies and it really impacts their health in different ways. So, I support people like that. Whenever I work with pregnant women, I always offer them a Cedar bath. I offer them one postpartum as well. I show them how to make Cedar water and to give themselves the bath. We use water as medicine.

I worked with a woman, she was in the doula training, who went for her first ultrasound and found out that she was losing her amniotic fluid. She was only at 21 weeks or something, very early. She thought that basically they said, "you can wait for your baby to die or we can induce you." And that was the option they gave her. So, she messaged me, I had talked about the Cedar bath the day before. She told me what was going on and she said, "do you think you could give me a Cedar bath?" And she asked me when the time comes for her to go to the hospital if I could support her. And I said, "absolutely, whatever you need." Then I talked to her about ceremony. I sent her links to a water song and I told her, pray with water, do a water ceremony every day, sing this song, learn this song, put your offerings out. It was just after Christmas she came, and I gave her a Cedar bath. I gave her a Cedar bath and I talked to her about some of the things that came up. A couple of weeks later, she had her baby and he's okay. He's in the hospital. He'll be there for a while because he was quite early, so he'll be there for a couple months, but he's doing fine and she's doing fine. I believe in that water ceremony and the power of water. I think that she was really able to use that to help her through that. Water is like the greatest harm reduction tool. It is the greatest medicine. If we, if we can respect it and use it. The water definitely is the most beautiful medicine.

Birth work, this work, my work, is one more piece of the puzzle. It gives people back, the access to their inherent right to have their babies in a way that feels good for them, and for community. I think about the land and where people's homes are and how those ceremonies were happening on the land, have been happening on the land for thousands upon thousands upon thousands upon thousands of years. In the past 200 or so years they kind of stopped, then all the issues with the environment and people, taking stands against different industries, trying to access the resources on their land. I think about that. That land is wanting those ceremonies back. Especially for some of our communities, there's death, there's suicide, there's addiction, their

children are gone because of CFS or there's no birth there on that land. And so that land is hurting just as much as our people are hurting.

We're not just training doulas. I think that by people learning about birth, and some of our traditional practices or the traditional practices in their communities, we're lighting a little spark. Now there's a little community of 20 to 30 people who all have that spark and they can do whatever work they need to do to get that going again in their territory. Maybe in my lifetime they won't have birth in that community, but maybe women will start burying the placentas there. And that's a healing thing that's happening, not just for that family but for that land. So that reciprocity is going to start again, that we used to have with the land, that relationship that we used to have with the land of that give that take, that balance. Even if one person does a water ceremony on that land there's that healing that's happening on that land. An Elder did tell Melissa that when we go to communities and we do this work, just by doing this work and talking about these things, that's healing that's coming to the land. I think that that contributes to strengthening of different nations for sure. It's just exciting.

People think that ceremony and that certain things are not for them because they're not worthy or something. It's really complete bullshit. Somewhere along the way, our ceremony and some of our ceremony people have been colonized and they really made it very exclusive. And they put a lot of restrictions on ceremony and medicines. That's not how it is. That's not how it was. I remember going to a woman's gathering and there was a male Elder teaching about medicine at a woman's gathering and we were in this tent outside. And he said, "Oh, I'm going to be talking about medicines. If you're on your time, you need to go sit outside of the tent. You can listen but you can't be in the tent." And I was like, "what the heck?" And then so he starts talking about these medicines and then he started showing the medicine and they're all women's medicine. They're all medicines that you would give to a woman when she had problems with her period or problems with pregnancy. So, I think that when the way that we do our training and what we try to do is make that stuff accessible to people again, because Creator doesn't say, "Oh, you have your period. Okay, come pray in four or five days when you're done." Or Creator doesn't say, "Oh, you, you had some alcohol last week. Oh, come back in four days when it's clean out of your system." That's not how Creator works. That's not how spirit and ceremony work. Ceremony is there for you when you need it, whenever you need it. You don't have to be any special kind of a person. That's your born right to access medicines and ceremony. Do them for yourself. And also showing people how to do a water ceremony for themselves, or how to prepare tea for themselves, or how to do Cedar baths for their children.

A lot of the Elders that we do work with, it's those Elders we gravitate towards. They just are so generous, and they don't accept excuses about why you can't do ceremony. They don't believe in it. It's just like, "no, this belongs to you and you belong to it. And just because you don't know the little things doesn't mean that you don't belong to it and it doesn't belong to you." I just loved that. Yeah, and the skirt, I can't stand the skirt thing. Sorry, Creator doesn't say, I'm not listening to your prayers because you're not wearing a skirt. That's BS, a hundred percent. I love my skirts too, and at Sundance we have to wear skirts. If you identify as a woman, you have to

wear a skirt. But it's really, it's just a little bit of bull shit. But it's okay. We're practical people and if you've ever wandered in tall grass or bush in a skirt, that's not practical, you know? And that's what women did. If you ever had to go and kneel down and get water and collect things off the earth and medicines and kneel up and down a skirt is not practical, a long skirt like that. One day I'll be an Elder and then I'll be able to say this in the larger context of the ceremony, right?

Taking care of myself, I'm not perfect, but I try to pray and do my offerings and smudge. And then having really good, positive relationships with women is important to me, and really helps me. Then my creative outlets that I have - learning and all that stuff takes care of me. One area I know I'm lacking is like taking care of myself physically, definitely more exercise and that kind of stuff. But I feel really lucky because my work is stressful, but I can kind of pick and choose what I want to do. I'm in a position where I have choices in what I want to do. And also, all my stressful work is community based and it's doing work for people that I absolutely love. Even if I don't really know, that woman that I supported in the hospital whose baby had passed away, I only knew her for 10 hours, but I just had so much love for her in my heart. So that helps me to take care of myself. Then, going to ceremony and eating food, good food. When we travel, that's one of the common things too is when we do the doula trainings in the communities, there's usually water. In the Navajo Nation there wasn't, but we went to the spider rock. Going near water, putting offerings in the water. And then debriefing. I get to debrief with Melissa and she's so amazing. And that's helpful.

Sarah

My name is Sarah, I'm from [a Manitoba] First Nation, I live in Winnipeg, Manitoba, and I am a mother of four. My journey with birth work and in this work, started about 20 years ago, actually. It started from a dream that I had. It was a dream of me going to a place in a hospital. I'd walked up to a wooden door and it had a number on it, 387. I knew when I opened that door, there would be death on the other side. It's kind of started funny, right? It starts with death work and being interested in death work and doing that, and then thinking, let's just start at the beginning. That's how I got into being a birth doula.

My dream I thought, okay, that dream tells me that death is coming. And then four years later my mom died, and I thought, okay, that's it. Then four years after that Nathan's auntie was in the hospital and she was really sick. I went to go and visit my brother in law because he was there to visit her too. I go and visit him and I'm walking to the hotel room and all of a sudden it has that door number 387. And I was like, "Oh my God, no way!" And I'm like, "ok, it's not a wooden door. So, whatever." And then I go to open a door and I look at the handle and the paint is chipped away and it's a wooden door. And it made me think of that dream and I just knew that she was going to die. I had a feeling that she was going to go that night. I went home around 1, got the call at 3 that she passed away.

From there I've had other dreams telling me about death and I've had feelings telling me that death was coming. And it sounds, I guess when I tell people, I'm a little leery about telling people that because there's such a phobia about it right. Usually keep that kind of stuff to myself. I started doing, not hands on death work, but through my drum group, this is our eighth year together. We have attended lots of funerals and wakes and sometimes I'm supporting the family and sometimes I'm there just as this traditional singing piece. For the past five years, I've had the opportunities of supporting people in their journey towards going back home. I met a woman, she wanted traditional songs, so I'm in her home and I went there, and I sang. And then when I was finished singing, she had some family members there and a friend and I said, "she is ready to go, but it's hard for her because the family is really struggling with it and holding onto her and it's kind of like keeping her here, but she's ready to go." And I usually don't blurt out that kind of stuff. But I did at that time and she died maybe about a week later. She wore the ribbon skirt that I made for her, in her coffin.

When I took the birth doula, that's where I was thinking, okay, maybe I should be starting at the beginning and learn about that. Even though I know that I'm mostly doing the work at the, the death area. I wanted to take a two-year course in Toronto. It was all about working with death and the families and community and things like that. When I saw the chance to take training for birth doula work, I thought, I'll take that. I applied and I got in and did the doula training and it was really beautiful, very informative. And the cultural piece was so beautiful. I just loved it. I learned a lot from there. With that program I didn't really get the opportunity to attend birth. It just didn't work out for me. There was one woman where she was having her baby. She called me and

I couldn't, for the life of me, I couldn't remember her last name, so they wouldn't let me in. So, I sat outside in my car and waited for her to message me, so I missed it.

I found that because I had supported that, I think two women and, one of them was not really open. I don't know what happened, but she was closed, you know what I mean? And so, I found it difficult to connect with her. She got referred to me because I'm capable in dealing with the death area. And this lady, she was pregnant and there was something wrong. I can't remember what it was. But most of the times those babies don't survive. So that's what had happened to her. Her baby didn't survive. And she called me a week later to let me know that they've had the funeral, it's really sad.

Last year, I went to a birth to support my friend. I supported her before baby, while she was giving birth, and then she had the emergency C-section. I couldn't attend that piece, but I've been supporting her ever since. Because we have a pretty close relationship, it was very open right from the beginning, she asked me to be her birth doula. I went over and visited with her, I just chatted with her, and asked, "what's your birthing plan?" We talked about a lot of things, like we talked about what would happen if the birthing plan didn't go the way that she had initially planned it. We talked about different routes and things like that. And because me and her close, I'm like, "are you okay with me seeing your vagina?" It's funny, cause it's a very personal thing, right? I mean it's a very vulnerable position. So, I wanted to make sure that she was able to tell me things that she needed to say without worrying about our friendship. I told her, "I need you to know that if you want me to leave the room, to tell me that." We had very open and honest conversations about that. There were a couple of times where she was a little worried about baby and she was having pain and it was kind of funny because when she was having these pains. For me it felt like, it's just your body is starting to get ready. And I would tell her these things, and this is what's happening with your body and your body and baby are working together. It's a very natural thing. Then she would phone, she had other doulas too, she had through the birth center, they assign doulas. She got doulas from there too. And she would call them, and they would basically tell her the same thing. That was nice that she was getting a lot of support.

On the day of having her baby, I think she went in at 11 o'clock at night and it had been a full workday for me. She let me know that she was going to the hospital and so I got there at about 12. I went to the hospital and I stayed with her and it was such an interesting experience because even though I've had, I've given birth to children, I didn't get the support that I needed. Then being there to support her, it was a brand-new thing. It was very interesting in the sense of, I knew what to do without worrying about it. I could see and feel sometimes that she would go into panic when the pain started. I would just be sitting there looking at her and then I would just start deep breathing and it was such an automatic thing and she caught on and started breathing deeply. It was so calming and so relaxed to do that, which was really cool.

My own birthing experience, I didn't get a lot of support. I didn't have a doula at the time, I didn't even know that that was an option. My two older children, they're 25 and 19, it's some time ago. When I was doing the birth doula training, there was a time where we had to look back into our own birthing journeys as mothers and then also for my mom. What came up was that my mom,

she had a lot of traumatic things happen around birth. She would have had 12 children had they all survived. Six, she lost six boys and some of it was through violence. She had miscarried because she got beaten up by the father and by my dad too. Some of them were stillborn and some of them had died. Two of them had died after being born a few days. And I remember talking about that and just crying because I had never really realized that my mom had gone through these things. Then also in my birthing, I didn't have the support that was needed. So, to being able to provide that for people, I just think it's a wonderful and beautiful thing. Me and my friend had talked about bringing medicines, bringing cedar water to wash the baby and all those kinds of things. We're going to bring our pipes and smudge. We were able to do that at the birthing center, but because the baby's heart rate kept going, kept dropping, they sent her to Saint Boniface. We couldn't smudge in there or anything. None of that happened. It sucked. But it is what it is.

As a support, and as a friend, I've been phoning her and going there to visit. But work has been holding me back, being able to visit cause we're short-staffed, it's been really hectic. I haven't been able to visit her as much as I want, but when I do visit it's really good. And, we're just talking about care of the baby and that kind of stuff, mostly visiting.

I took my Indigenous full spectrum doula training three years ago. I really like traditions and cultural pieces of any work that I'm doing, that draws me in. Learning about why we bathe baby in cedar water, and what kinds of practices we have when baby is here. And even before baby is here, learning a song to welcome baby. Those are my favorite things and what draw me in, the spiritual aspect of it. Doing that kind of work, it's so, so critical and it has huge impacts in changing the way life is and will be, when we have that spiritual and cultural piece as part of our lives. Because I'm thinking about like colonization and residential schools and the experiences there and how those things really interrupted the spiritual practices of people. And so, being able to do that with people and help them explore what their spiritual practices would be depending on where they're from.

So when we're giving the cedar bath for the baby, it's because we don't know what kind of journey they had when they were coming here. We're bathing baby in the cedar water because cedar water is, the cedar is used as a way of protection for us. It also helps clear away any negativity that they may have had up while they were coming here, because they say a spirit travels and it's traveling to the mother. When the baby is born, the first gift of life is that breath. It's always very important to honor that. Giving the cedar bath is washing away any negative things they may have picked up that also protecting the baby too. They're very, because they just come from spirit world, there's things that may draw them back and so it's in hopes of keeping them here and keeping them grounded.

The song I sang her, the song I learned from doing the Indigenous training. It's a song that a mother or father would sing to the baby is a way of connecting with baby and welcoming the baby. Because we've learned through our practices and Indigenous ways that our children are gifts. We want to cherish and honor that. Plus, the song is so beautiful. I also did that for another friend when she had her baby, she's two now. Her hubby is Cree. I know this Cree song that honours women.

I went there the day after she had her baby and I went there and I sang the song for the baby. And they were so emotional. They were crying, it was a really beautiful moment.

I support ceremonies and share teachings at my work as well. I'm the person who organizes the ceremonies, ribbon skirt making, and medicine picking. I do that for the staff and for the community. I also do teachings every month for the staff. I also do check ins with the staff and debriefing, that kind of thing. Because it's heavy work there, we're at ground zero. We're seeing violence and violent things almost every day. Making sure that there's not too much burnout and they're taking care of themselves. That's really important. So that's what I do there.

I also facilitate [a community program] - that's working with women in domestic violence in my community work. I do house clearing for people. What that means - if people have energy in their home that is bothering them or causing negative things to happen. We'll go and do ceremony at the home. I bring my pipe and I'll bring my eagle whistle, and my drum and I'll go through each of the rooms and smudge it down. And blow my Eagle whistle and my Eagle whistle lets me know when, where things are actually in that space. And it lets me know by going into this high pitched, almost deafening noise and it's just like, "Whoa, Whoa!"

I sing with my drum group, we've been together eight years, so we've sang at a lot of wakes and funerals. We sang at graduations. We go to schools and to organizations, teaching about the drum. I get invited out to sing at events or organizations. I also do sweat lodges for the people, whether or not it's through work or through places or people. I also do naming ceremonies for people. This work is very rooted in my dreams. My dreams help me and guide me. I love my dreams, but I struggle with them because my dreams tell me of - whether or not people speak it or not - they tell me about the violence that they've been through. Some of my dreams have been very violent. Some of them have been about death. Actually, most of them have been about death. I feel like that's my area that's just the way it is. So, it is hard, but also, I feel like it's a good gift.

I hope that the work I do will lessen any shame and loneliness that comes with important life decisions that people make. I know, and I guess that comes from personal experience, and also the things that I've seen people go through. There's that death phobia, and there's patriarchy in terms of birthing doulas. How that kind of overpowers. It's a way of, I'm hoping to help people reclaim and remember what their role is as Indigenous people, as women, as men. You know what I mean? In the work that I'm doing, the things that I'm learning, I find that it helps me be open and communicate and say things that people may be struggling to say. I found that in the beginning of my healing journey, I found that the things that I was healing through at that time were sexual abuse and being raped and things like that. And so, I went to full moon ceremonies. I talked about that. I talked about the alcohol in the home and how that created opportunities, sick opportunities for people to take advantage and hurt and harm people. I talked openly about that. And I found that when I did that, it opened people to being able to talk about those things. With all these things that I'm learning, it helps me be open and be able to talk about the hard things. I'm drawn about talking about the hard stuff and I find that it makes it a little easier for people to be open and honest with themselves and what they want and things like that.

Yeah, so building that bridge of communication and reminding people of how sacred life and death can be. It's a beautiful part of being human and having our experiences here. Being open to communicating life experiences is a way of really helping people connect with their own experience. Being open and able to communicate those things, not being shy or shamed or lonely in decisions that they're needing and wanting to make. A couple of times people have expressed wanting to have an abortion. And because I've been through that experience, then I'm able to say, is this something that you want and how can I support you in that way? Because a lot of people are afraid to say these things, because of their partner or their family, and I've gone through that too. You know, my sister, she was very upset with me when I decided to have an abortion. She called me a murderer - she still calls me a murderer 25 years later. But it was my right that it's my choice. So, I told her that, I said I can't help it. If you don't agree with it, that's what I'm going to do anyway.

With people who ask me to support when they choose to get an abortion, I talk about decisions before and then the impacts after. Being able to talk about that, they worry how the family's going to react if they have an abortion. Or there's one lady, how will the family react when she gets her tubes tied? Because there's another idea, where if you get your tubes tied then you're basically killing any children that you could possibly have. Just talking over those kinds of things with women and helping them understand that we need to prepare for that. Prepare for these responses and push backs that we may get from our families. That's the hardest thing to deal with because they are our families and we are connected to them. Right? So they do have an impact in our decisions, but, it's also learning how to get past that, where we're needing to honor and respect our own decisions.

Identity is such a critical piece, you know, I find that without my identity, I was pushed a little more, you know what I mean? My decisions were based on other people's judgments. Now that I'm in my space of identity, I know who I am. I find that when I'm in that space, I am honoring myself. I'm hoping that through all this work that people are able to realize and see their self-identity, right. Cause I think that's such a critical piece of learning of who we are and what we want and what we need and our boundaries and all that stuff that goes into it, right? And also realizing what it means to be in our sacred roles as women, and in our sacred roles as men. And what it means to be a matriarch in our home and in the community, and nationwide.

And so, I feel like the work that I do is planting little seeds with people. You have a right to say what it is that you need. You have a right to say what it is that you want. You have a right to say no. You have the right to say yes. A lot of the work that I do is very much the beginning stages of healing work. I feel very connected to that because the beginning stages of my healing journey was very impactful. I remember all the things that I've gone through, and thought of, and stressed about, and cried about and things like that. I'm very comfortable in talking about that even though I've been on my healing journey for like 12 years now. I am still really good at going back to the very beginning of how I was thinking and feeling before becoming who I am now and how worried about all these little things I was.

To me right now, it's planting seeds but also watering that garden, the garden of creation. That's what our roles as helpers is, is watering it and you know, planting seeds. The thing about that helper work is that we don't always get to see the end result and that's fine but sometimes we do get little glimpses of how people have changed. And once in a while people will come back and say - hey, you made an impact in my life and this is what's changed since. I've had a couple of those really nice moments.

I would consider myself a matriarch in my home, and also in the community too. Because I'm very much trying to raise my children in understanding what healthy relationships are, with themselves, with family, with community, that kind of thing. I talk to them a lot about that kind of stuff and bring them to ceremonies and I'm hoping that my girl learns what it is to be a woman. And then my boys, I hope they learn what it is to be men. Trying to make sure that they're surrounded by, like my daughter's surrounded by strong women and my boys are surrounded by strong men who show and know what their role is within the community, within the family setting. For me, that's what being a matriarch is it's the person who is guiding people. Guiding their family, guiding community. And so, for me, that work is learning what that is. Of, how it's not having a power or anything like that over people. It's guiding people to see the power within themselves and to learn how to access that and follow it, right? And the spiritual connection. For me, it's learning what that role means to be as a woman, as a life carrier, and how important that role is. And then, learning about the men's role and how important their role is as protectors and helpers of the women. Trying really hard to learn that and then also role model it for people.

I had this really nice experience about 2 months ago. I was asked to do a sweat lodge at the Thunderbird house. And so, I was like, "okay, yeah." I show up and I was looking around and feeling a little bit of sadness because of the shape, the way it is there. It's not very well taken care of. I could see that just by how the lodge looks and how the land around it looks and the surroundings. There were a lot of men helpers there, a lot of young guys, and then some older guys - maybe about 9 or 10 of them. And I'm sad, I sat there for a while and I debated, I'm like, okay, I feel like these are the things that need to be done. I had a moment of, "are they gonna listen if I asked?" And then I said, "I can't worry about that. I have to ask anyway." I look to the person who asked for the lodge and I asked him, I said, "I need a few things done before we can have this lodge." I said, "first of all, I need the tarps taken off the lodge." And so him and he rounded up the men and they took off the tarps from the lodge and they laid it out nicely. And I said, "okay, now I need the inside of the lodge to be cleaned out to rake it and take care of it. And get rid of any pieces of things laying in there." And they did that. Then they cleaned the outside. They raked it, swept it, and it was looking beautiful. And I said, okay, "I need all this area cleaned up here. You know, where the fire pit is. And around that." And they did that. And I said, "OK, put the tarps back on." It was just, teaching the men how to love, how to give love, care, and beauty to our ceremonies. That is part of their role as providers and protectors. That is their role to do that piece, to make sure that we're taking care of the people in a good way, and so in a good way, we're making sure that the land around is cleaned up and it's not looking shabby the way it was.

I felt so sad. I'm like, "how am I supposed to bring in people into a lodge when it's like this?" I couldn't, I felt like so sad. My first direction was, take the tarps off and they all kind of looked at me. It was kind of funny cause I could see that they're not used to that. They're not used to a woman giving direction and leading. But being a matriarch is not doing things for my benefit. It's doing things for the benefit of the people. Learning what our roles can look like within that realm. Getting the men to do these things, it teaches them that, yeah, we need to have love, care, and beauty when we're having our ceremonies.

And I saw a beautiful thing happen after I stopped asking for things to be done and the tarps were back on and we're ready to go in. I saw one of the men continue on cleaning and tidying up. He went away from the lodge and there's a little path from the lodge and the fire pit to the shed where things are kept, the wood and all that. He went over there and started cleaning up and I'm like, "you see, and this is what happens when people are guided in a good way that they take it on without having to be asked." I'm starting to see that it's a beautiful thing. That's what being a matriarch means to me is guiding people but not in a bossy kind of way. Cause sometimes I get the feeling that people think it's being bossy, but when you're doing it for the benefit of all people, including the men who are helping, or the women who are there for ceremony. Whatever the setting is, then that's always going to be a good thing. It was a really good experience. And, not all the men helped, which is fine. That's the way it is. Some men, the older, some of the older men, they just sat there and watched the younger men do it, which is fine. I know that the younger men they have more energy.

I feel like Indigenous doula work is really critical and important work because when we're starting out in a good way with ceremony, that in itself changes the lives of people in a good way. I find that it happens over time. Doing that kind of work, it's repairing what was interrupted. Because you know, as you think about it, long time ago, all these things were done automatically, you know? There was no thought or question. The women were supported. So, I dream of a place where we're going to be back to that, where the women are supported and taken care of by the community and same thing with the men.

Nimis

I'd like to be known as Nimis. I am a birth worker working in collaboration with Indigenous Birth of Alberta in Edmonton, Alberta, Canada. I'm also a Métis priest with the Anglican Church of Canada. It's actually the Anglican Church that funds the birth work I do right now. For the church it's a tangible act of reconciliation for the many devastating harms done deliberately through the residential school system and just being part of colonial structures in general.

Both my parents' families come from the Red River settlement in Manitoba. My mum's family was involved with the Riel Resistance. My grandmother's great uncle, Joseph Vandal, is on the Memorial at Batoche. There were lots of repercussions for my family in the aftermath. You can see on the census records in the early 1900's where they stopped listing themselves as French Métis and started listing themselves as just French. I think they were trying to escape the label of "rebel" or "traitor" and the unending racism. So I actually didn't grow up in my culture. There were some things that were done and taught that were part of our culture, but it was never explicit.

In my grandmother's family there were lots of siblings and everybody was always getting together. Lots of cousins and aunties. I can remember one of my grandmother's sisters, one of my great aunties, she would often say to us kids, the cousins, "Oh, you know, there's no Indian blood in our family." I remember thinking that was really strange. I always wondered why she made such a point of saying that to us. I realize now she had a lot of shame about being Indigenous and she was probably trying to protect us. There was an unspoken family rule that we didn't talk about being Métis. There was this on-going sense of danger around it.

It wasn't until I was in my early twenties my mum actually explicitly told me we are Métis. The only reason she told me was because one of her cousins had joined the Métis Nation of BC. And she thought my cousin had only done it because she was going to get these great tax breaks and a free car, which of course is not true. But she was annoyed enough about it that she actually acknowledged we are Métis. I started asking her questions and some of the stories started coming out. My grandmother was gone by then and most of her brothers and sisters. There was nobody in my family to teach me. It wasn't until about five years ago that I started to learn my culture. It came about in a kind of different and unexpected way.

In the wake of the Truth and Reconciliation Commission in Canada a traveling exhibit was sent across the country. When it came to Edmonton it was housed in the big Anglican cathedral downtown. There was an opening reception and I was asked to attend. I walked into the building and the Bishop of the Diocese, Jane Alexander, had taken it upon herself to hang all of these red dresses in the cathedral. She added them to the installation. And I don't know whether she'd done it on purpose or not, but some of the dresses were hung in a way you actually had to put your hand on them and move them out of the way to get down the aisle to the next part of the installation.

I was standing there in the Cathedral with my hand on one of these dresses, and I had come in my sash, a Métis sash, which is the first time I'd actually worn one in public. Because there had been all of these rules about things you didn't talk about when I was growing up, especially being

Métis, I felt like I literally had a target on my back. I was so self-conscious wearing the sash, like I was declaring myself as an Indigenous person and it was an unsafe thing to do. It was a pretty intense moment for me. And as I was standing there in my sash with my hand on this dress, a little voice--I think it was the voice of Creator--said to me in the back of my mind, "These dresses need to come out of this building and go in a public space where people can experience them, engage with them." And I thought, "Oh, that's a nice idea. Who's going to do that?" And this little voice said to me, "You are."

I was walking around already feeling like a target and now I had this overwhelming idea burning in my heart. And then I ran into this fellow that I'd known for a long time, more than a decade. He'd actually been one of my teachers at one point. And he came up to me and he looked me in the eyes and then he looked at my sash, and then he kind of bowed over from the waist. And standing bowed over with his head to the ground he said to me in this super formal voice, "Thank you for welcoming us to your territory." I was so shocked and so taken aback I didn't even know what to say. What I actually wanted to do was laugh because it just felt so ridiculous to me. I imagine he believed he was being respectful and was trying to honour me. But this person that I'd known for so many years, who worked in the community on some of the same social justice issues I had worked on, all of a sudden had othered me into this kind of pan-Indigenous person who somehow was representing all of the Métis people who'd ever lived here on this territory. It was my first experience being othered as an Indigenous woman. It was a startling moment, especially already feeling so vulnerable and unsafe and overwhelmed.

But when all of that was over with, I went to my Bishop, full of many different emotions and hoping she'd say no, and asked, "If you don't have any plans for these dresses after you're done, could I have them?" Of course, she immediately said, "Yes." I went home and sent an email off to half a dozen people I knew who had hearts that might rise to doing something with the dresses out in the community. I have a background in theatre, and I write, but visual art is not my skill set at all. I knew I needed to gather people. And this incredible thing happened where all kinds of people gathered around. I had responses to my email from everyone by the next morning. One of my Métis brothers in the community responded by telling me he had had a vision and described for me what he had seen: bare, stripped down trees with red dresses hanging on them around a bare teepee (no skirt) with a cold hearth. So that became the guiding image we used to create what became a large-scale, outdoor public art installation. People from the community contributed in many different ways and we needed teepee poles.

But at that time, I was not connected to any Elders or knowledge keepers or very many people who were walking the Red Road. So, one of my colleagues, a Cree priest, made some calls and found two knowledge keepers who were willing (with protocol) to go out in the bush and scrape poles for us. They took helpers with them, and it still took three days. On the fourth day they brought them in to the city, set them up and led ceremony. We did this outside, at the end of January, right down in the inner city on 118th Avenue here in Edmonton. There is an empty lot there the city allowed us to use. A number of Alberta women had gone missing or been murdered

from that neighborhood, so we wanted to do it there. And, that's how I got connected. I had prayed for teachers and that's how they showed up in my life.

I could never imagine or orchestrated it happening in that way. We held this space for 30 days- held ceremony and held it as sacred space for 30 days. It ended up being a cross-over of art and ceremony. And it was a life changing experience for me. Families came together to honour their women. The day we finished putting up the installation a woman came up the alley with two men I later found out were her brothers. She actually lived in a house kitty-corner to the lot where we were putting everything up. She was carrying a long red shirt. And as soon as I saw her, I just knew why she was there. She came right up to me and said, "My daughter was murdered. I know what you're doing here. I bought one of her shirts. Could we hang it with the dresses?"

I was weeping and she was weeping as we helped her hang the shirt. Her brothers stayed and helped with the set up as we prepared for the opening ceremony. There were so many families who came. The stories I received...some of them are unrepeatabe...the unbelievable, incredibly traumatic things that were done to these women and the lingering impacts, the ongoing trauma that these families live with. Some of the families who came still don't know, sometimes years and years later, what happened. The women from their families are just gone. It was a life changing experience for me. Not only getting connected to Elders, teachers in the community, and starting to learn my own culture, but having this visceral experience of loss and trauma, but also of hope, and the resilience and the healing of Indigenous people and families.

That experience led to me doing lots of different kinds of support work in the community. It started with those families--being invited to receive their stories and stand in that space with them and be part of that moment, that one step they were taking that was part of their healing journey and honoring their loved ones. Over the next three or four years I saw so much strength and beauty and resilience and healing. But so much of the work I found myself doing was trauma-based and connected to things like addiction, poverty, kids going into care, suicide, death and dying, incarceration, lateral violence, and people recovering from sexual trauma. Heavy work, yet so important and so needed.

Now I'm getting specifically to the bit about how I came to birth work. In the midst of that heavy work, I heard this woman speak, and I wish I could tell you her name. It was around the time when there was a lot of talk in the media about appropriation, cultural appropriation, and there was the whole blow up around Joseph Boyden. I heard an interview with this woman who said she had come to a place where she realized, for her, she had one of two choices. She could continue to pour her time and her energy and her heart into trying to change colonial systems and structures or - because she'd come to this place where for her it had become an either/or - or she could put her energy and her time and her heart into doing work that would strengthen her community.

Her words resonated with me because the work I was doing with families was important to me, but I often found myself feeling frustrated and overwhelmed by the bigger colonial system and realities around these families that I didn't know how to start to shift. I had been doing some work around human trafficking, too, listening to stories and discussions about the factors that contributed to people getting caught in trafficking later on down the road. And I started to wonder

what I could do that might in some way be part of strengthening Indigenous families, that could maybe intervene in the factors that lead to the need for this kind of trauma related work down the road. At first, I thought maybe this kind of work could be described as “preventative,” but I don't think that's the right word. I really think it's more about strengthening and wellness. So, I started talking with those two knowledge keepers that had come into my life earlier on. They had heard me talk about the birth work I used to do before becoming a Priest, although at that time it was in a western way.

They knew I had even considered midwifery - but being on call really wasn't working well for my family at that time, so I stopped. But now my kids were grown, and my partner had died. I was in a situation where being on call wasn't going to be a barrier anymore. They suggested maybe going back to birth work could be my role in our community. So I went to my Bishop, my boss, with a proposal to do birth work for Indigenous families and she found some funding. I started just over a year ago. I knew it would take a good year to build a new network of relationships in the community because I didn't have any relationships with anybody in the community who was specifically doing birth work. And I didn't know how I'd be received, being funded by the church.

Talking about the church can be a painful conversation to have with people. Not so much for me. My family has lots of trauma, but not a history of being in residential schools. Although there is a question mark about that - some of the family patterns of abuse that have been passed down make me wonder about our involvement with residential schools. I need to look at some of the records from Northern Saskatchewan, but no history I know at this time. I needed to wrap up some of the things I was doing and transition into birth work. And I needed to learn - because I didn't carry any of the practices or teaching or traditions or ceremonies. Not that I would step into the role of our Elders - but I didn't know anything. To be able to help families access those cultural resources I needed to learn. So, I connected with Nadia Houle at Indigenous Birth of Alberta and she welcomed me in, for which I was very grateful and humbled.

I went to some of the agencies around the city working with families I thought might benefit from extra support around their birthing time. I've had some clients come through them. Most of my clients have come through Indigenous Birth of Alberta. And because I have my basic needs looked after by my employer, I am able to just be available for whatever is needed. The women at Indigenous Birth of Alberta have been guiding me as to where my time would be most useful.

As I was preparing for this interview I was thinking about the question of when I first got interested in birth work. I actually remembered that when I was really young, just a little girl, I used to play with dolls, but my dolls were always having babies. And one of the other dolls was helping them have their babies. It was always a woman doll helping another woman doll to have their babies. And I remember the feeling I used to have playing with those dolls. I wouldn't have had language for that feeling when I was tiny. But now I think that feeling was a sense of the power and the sacredness of women being able to give life and be life-givers. Some kind of instinctive sense that another woman was the right person to be there to help. And I didn't know about midwives. I knew about doctors and nurses. But I didn't know there was this long history of women

helping other women. And I certainly didn't know about the role of Indigenous midwives and birth helpers in our culture. But as I was remembering I realized my draw to birth work actually goes way, way back.

I trained with DONA originally, after my first daughter was born, over 20 years ago. I didn't know about doulas when she was born. And I didn't have access to midwifery care. I imagine there were midwives practicing in Victoria, which is where I was living. But nobody told me that could even be an option. Maybe that's why today I make sure all my clients know they have the option of midwifery care. I had no female helpers. I was pretty isolated. My grandmothers had already died. My mom wasn't able to help, and I was the first amongst my friend group to have a baby. There were no aunties around. What I really needed was another woman to hold space for me and be a helper and a guide.

None of the men around me at the time talked about believing in the power of women to give life and to birth, or the sacredness of that time. I had a very medicalized experience without any emotional support--really very little support of any kind when I was birthing. I learned about doulas after my daughter was born, and then I wanted to become a doula to help other women have a different kind of experience from mine. Not to tell anyone else what was good or best for them, but just to support other women in what they wanted. I trained with DONA because at that time there weren't many organizations doing training. I took their basic training and then some more advanced training. And I built a business. Coming back to birth work a year ago, I did go and retrain with DONA, to refresh my basic knowledge around the physiology of birth, breastfeeding support and postpartum care, and to update. I also took Spinning Babies training, which has given me some useful tools, as well.

I already had training related to the host of trauma-related challenges Indigenous families can face, including healing practices in working with people affected by the Residential School system and historic trauma, as well as training in trauma informed care and translating trauma informed principles into practice. I had mental health first aid and suicide prevention training, and lots of training and experience in loss and grief and end of life care. I had done a little training in best practices for pregnancy and substance use and how those are changing in Canada, and some training in supporting survivors of sexual abuse. But I needed to learn the cultural pieces around birthing, and those are coming (because I'm still learning and will always be learning) the same way the other cultural learning has come, which is through relationship.

It's coming through relationships with knowledge keepers and Elders, kokums and aunties, and through talking with other birth helpers who've been learning in the culture a lot longer than I have. A lot of it comes through attending ceremony and other cultural events, and by helping - showing up and helping wherever I'm asked and doing lots of listening. And by making mistakes. Some of it comes through being out on the land and through language learning, because so much is carried in the language.

I'm just starting to learn Cree. Part of the learning is unlearning, too, slowly de-colonizing my ways of thinking, doing, and being in the world. Another important part of the learning is continuing my own healing journey. There are many opportunities for our own trauma to be

triggered when we are working with our clients—I believe as birth workers we need to always be working on our own healing journeys, especially through ceremony. So, the learning doesn't come in a programmed way, in a Western, colonial way.

Last spring, I was invited to a ceremony at Grant MacEwan on the full moon. There were 13 grandmothers who came with 13 pipes to pray for our birth workers and our midwives and our birthing families. It was very profound for me. After we prayed and had feast, we sat in circle. I listened to these women who came from all over – from different First Nations, different Métis backgrounds – and over and over again I heard these women say the healing goes back to birth. It all goes back to birth, to learning our ways and our ceremonies and our language from the beginning. Hearing that repeated so many times encouraged me to trust I'm on the right path. It was so affirming to hear all these women with so much knowledge to share, so much life experience, sometimes with generational birth knowledge in their families, speak about the vital importance of birthing and ceremony and language in our communities.

I want to share a little bit about what we do at Indigenous Birth of Alberta but I'm still fairly new to the work they do and I don't want to misrepresent it in any way, so what I have to share is not me speaking on behalf of the organization, but only sharing my perspective from the experiences I've had so far. I would call our approach wraparound care. It doesn't look like a Western business model where you might get, depending on what package you purchase, a couple of prenatal visits and then phone access and birth support and maybe a follow up – and then you could purchase another package if you wanted postpartum support at home. It doesn't look like that. It looks different for every family, depending on what their needs are. It certainly includes those supports I just described. But it usually includes so much more.

Many of the families we walk with have lost connection to their birthing traditions, and so they're looking to reconnect and find out what kind of ceremonies there are around birthing, and to connect to ceremony keepers. I've had clients who struggle with basic needs, so I help them access resources in the community - food support, medical services, for example. Often, they are isolated and looking for community. Wrap around care, then, includes helping them find ways to meet their physical, emotional, mental, spiritual, and practical needs before, during, and after birth. It might mean helping them access the kind of primary care provider that's right for them. We also work on a shared care model. So sometimes I actually get to go to prenatal visits or do postpartum work or even a birth with other birth helpers, which is different from what I experienced before.

It's been such a great learning journey for me. I just feel like all of my life experience and the different skillsets that I've learned over the years, and now the cultural piece, all come together. But it all comes out of relationship, the learning, and the work with the families. Because it's not a business model it's much more about community relationship and the relationships are much longer term. Often I find myself getting connected to the extended family - multi-generations of the family, the grandparents and the children that are already in the home. I've really enjoyed that experience, too – to become part of somebody's family in a different kind of way than when you're just offering a service for a fee and then it's done.

When we get a request for clients, particularly where they're in need of volunteer birth support, I'll get a call and then we plan from there which of us are going to look after care for a particular family—who is going to be the lead person for the birth support and who else is going to be part of the care circle for that family. We recently started doing a community kitchen for some of our families. Quite a few of us will come to that, and, if we can, we will do it in the client's home because that way we get to build relationships and talk about birth and get to know one another. We spend a good part of the day in the kitchen, cooking together, talking and sharing. They get a freezer full of meals, either before baby comes, or after baby comes. Sometimes we do it in a community center if their home isn't suited for it. And then, after baby comes, depending on what else is needed, we put a call out to the group. We have a lot of different experiences in our group of women. If somebody needs extra breastfeeding support, for example, there are women we can ask to visit and support in that way; or if a client is having a rough go and needs somebody to come into the home for part of the day so she can go to bed and just cuddle with baby, there are women who will do that.

We have two circles as well, one weekly – we call it a breastfeeding circle. It's aimed more at moms who've already had their babies. We have food and some people bring their traditional crafts. It's an informal setting to make connections with other mums who are in the same stage of life. Some of our birth helpers come and sometimes a midwife ally will come. It's a great place to have your questions answered, or, if you're looking to be connected to a resource, that can happen there as well. We also receive donation of baby items, prenatal vitamins, diapers, clothing, and a wide variety of other items so the women who come to our circles can have a look through the donation table for things they need. The other circle is monthly right now, although it may become more frequent. It's focused around moms who are pregnant, it's more of a prenatal circle. Whoever is free on the days that the circles are running will show up and we do that together, too. We all pitch in to make sure the circles are staffed. If the woman who leads for our circles is at a birth there will be a call out for who can go and be there, and who can cook.

Relationship is really important. Wherever possible, I try to spend time getting to know my clients. Hearing their hopes, fears, beliefs, needs and previous experiences around birth and in the health care system, the resources, strengths and natural supports they already have to draw on, and where they have gaps. I listen for life experiences that will come into the birthing space with them. I think about the last few clients that I've had. One of the clients I have right now is quite young, just finishing high school, and has a complicated family situation. She has professional support workers around her, but she's pretty isolated. I help out by taking her to appointments. When we're travelling, we have time to talk. I helped her get connected to a midwife when she didn't know midwifery care was an option. Indigenous Birth of Alberta is able to help clients get connected to midwifery care. I've helped out with food support and connecting her to other resources she has needed for this pregnancy. She texts me often with questions or concerns. One of the really lovely things that happened a couple of weeks ago was that I was invited to sit in on a case conference with her support workers. And because we had talked about some of her hopes and options for connecting with her culture, generally, and accessing ceremony around this birth, I was able to

bring that up in the meeting. She hadn't talked to her workers about any of that and they said it was the first time they had heard that was important to her. I was able to help her have that incorporated into her care plan.

Now on the flip side, it sometimes frustrates me when non-Indigenous support workers (who may have had a little bit of cultural awareness training) hear there's a want for access to cultural resources or culturally appropriate care and step in and take charge of it themselves. Rather than sitting back and allowing the Indigenous people in the room—the birth auntie, for instance—to take the lead in a way that can actually help connect the client to a community she can continue to be part of once she's out of their system. It's especially frustrating when it's a client who needs a wider circle of community around her and is looking to connect to other Indigenous women. The support workers can actually become gatekeepers and prevent that from happening by stepping in and trying to meet the cultural needs themselves. Then I need to do some advocacy work on behalf of the client. I find I do a lot of advocacy with non-Indigenous caregivers—support workers, nurses, doctors, and midwives.

I think about my first client, coming back to birth work. She wanted to have the ability to smudge during labor in the hospital. She actually had her baby in Calgary, which meant I wasn't familiar with the hospital she was birthing in. There was quite a long process for them to get the airflow reversed in the room, which they do because of the smoke. Even though there are hospital policies about access to culturally appropriate and safe care, if you're on a unit where the staff person hasn't done it before, it can be a really arduous process getting it done. The policies are helpful but there is definitely room for improvement in implementing them. The same can be true for access to Elders or cultural helpers in the hospitals – there isn't always someone available when needed. But we did eventually manage to get the airflow reversed. We lit the smudge and she just started weeping because it was so profoundly meaningful for her to be able to have that smudge going during her birthing time. It was just so beautiful to see.

I had been out medicine picking with those two knowledge keepers I told you about down south in Alberta the season before. They had given me some clamshells they'd found in the river for smudging, a really beautiful purple colour. I saved some of those shells and I brought one into that birth. She doesn't have Elders in her family or kokums and moshums and we had no connection to any Elders at the hospital. We had to do this smudge on our own. I had brought in this shell and gave her that, as well as the sage I had picked and brought with me. I talked to her about where they had come from.

There's a teaching I received when my partner was dying, from Reubin Quinn, a lodge keeper and Cree language teacher here in Edmonton. He was very close to my partner. He told me the first gift of life we receive after we're born is the gift of wind - breath. Now, my kokum told me the first gift of life is water. Nobody comes into this world without water. So, the first gift of life is water. But the first gift we receive *after* birth is the gift of wind. As soon as we take that first breath, Creator counts every breath that's to come. And then when we've breathed all of those breaths, we breathe our last breath back to Creator. And then we step into the spirit world. I gave her this shell and talked about the gift of water and the gift of wind as she was labouring to bring

her baby into this world. For me, to bring in that shell and sage, and to share that teaching, was part of my own healing journey coming back to my culture and learning. For her it was very meaningful because it was part of her birth experience. It was all connected together. To be doing my own healing work, but then to have that all wrapped up together in this experience of sharing as a community, in this birth, was very meaningful to me. Very beautiful. She's adopted me as auntie now and I see and talk with her often. She still calls with questions as baby grows.

I think of another recent client, very young. This was a hospital birth and not with a midwife, again because of some of the barriers put up by her support worker. There was some trauma involved in this birth. When I talk about trauma-informed care, in my experience (and this is true with death as well as illness and birthing), even if hospital staff have some training, some cultural awareness training, or trauma-informed training, they don't always put it into practice. It can be difficult, sometimes, to make a birth space a safe space. And then there are the racism, assumptions, stereotypes and prejudices that are still part of our health care system--the lack of awareness and education around what has been done to Indigenous people in this country, as well as the on-going privileging of colonial perspectives and ways. All of which, again, creates a need for advocacy. This young woman went into hospital because of a pregnancy related complication and I wasn't called in until a few hours later. She went in with her family support worker, a non-Indigenous person, and her support worker was quite taken aback by the number of times and the number of different staff who asked her if she was using drugs. Racism and prejudice and assumptions and injustice are alive and well in our hospital and healthcare systems. Even though some things are getting better, there's still a long way to go. I don't think the family support worker had experienced that before. It was really clear to her the only reason this client was being asked so many times about her drug use was because she was young and Indigenous and part of a family system that didn't look well to the staff.

During her induction she had a very traumatic experience with the OB assigned to her. One of the reasons I haven't certified with DONA is because they have a standard of practice that says you're not supposed to speak on behalf of your clients. But the truth is when you're working with clients who are marginalized, racialized people, sometimes you actually have to act as an advocate for them and speak up when they are not able to because of systemic power imbalances. In this case, this young woman was a minor with no other adults present. In this case, advocacy was important. Advocacy meant supporting my client in dealing with the trauma, triaging her trauma in the moment, and then having a conversation with her about who was going to be her care provider going forward. She didn't want to see this doctor again and so I had to broker a conversation with the nurse about having a different care provider assigned as her attending physician. I was able to help my client find her voice and speak for herself, but I needed to broker that conversation with the nurse in order for it to happen. That was very traumatic for her, and it took me awhile to come down from that experience, too. When her support worker came back to the hospital, we had a conversation about what had happened, and she was horrified. We made a plan together to make sure there was an adult present to intervene throughout the rest of her

experience in the hospital so that she would always have somebody present with her who could step in if need be.

But then, after baby arrived, I witnessed a very moving moment. Baby was born on orange shirt day, and the auntie this client had been living with came to the hospital wearing an orange shirt that said, "Every Child Matters". I watched her pick up this brand new baby and hold the baby up against that shirt and those words. It was very beautiful and very poignant. This family was hoping that this baby was going to be able to grow up at home. This young mum had been in care. Their hope was that this baby was going to be able to stay with mum and grow up with mum, with family around and connected to culture right from the very beginning. So that's an image that will stay with me forever. Part of my hope in doing this support work is that by doing what I do, especially for women where life and family are complicated, maybe I can make a contribution towards some of these babies staying with mum. Not going into care and avoiding all of the things that come with that experience for everybody involved. It was very poignant for me to be there and witness auntie come in and pick this baby up wearing that orange shirt.

There was a placenta ceremony for this young woman and this baby afterwards - they invited me to go. That was really lovely, too. Sometimes I support my clients by teaching them about protocol and help guide them in participating in ceremony in a good way. When they learn those things, I know they're going to carry them forward and they will know how to go talk to an Elder and ask again when they have a need in the future. And I know now that they're connected to somebody they can ask. It starts a relationship. They're not disconnected anymore in the way they were. That's also super meaningful to me.

I actually have come to believe - through all of the listening I've done - that birth work is work that really does focus on the wellness of Indigenous peoples and strengthens our families. I know it's going to take generations for healing to come. I've heard quite a few Elders from different communities talk about how it took seven generations to get here and it's going to take seven generations to heal. But, for me, I think birth work actually has the ability to intervene in all of those things I talked about at the beginning: the number of kids in care; suicides; lateral violence; addictions; high incarceration rates; family fragmentation; isolation; poverty; and identity, culture and language loss. And, to flip it around, I believe birth work has a vital role to play in wellness and resiliency, language and cultural revitalization, land protection, secure housing and food security. Breastfeeding contributes to food security and it's a sacred food. I believe birth support has the ability to help heal trauma, including the inter-generational and historic trauma of residential schools and the colonial experience. We begin to restore the sacred bond at birth. I believe that through birth work I can be part of the healing and strengthening of families and communities so that there's going to be less and less need for trauma related healing as new generations grow up in the world. I really believe that.

A few months ago, I was on a reserve at a meeting with Chief and Council and I heard them say our young people are lost because they're not grounded in any kind of spiritual way. They were talking about a loss of a sense of identity and connection. As I listened to these leaders speak it seemed to me that they were describing the effects of what really has been an experience

of cultural genocide. So many actions by our government have been aimed at eradicating and extinguishing not just a relationship to the land, but actually the life of Indigenous people and our cultures. Without that sense of identity and belonging there is this experience of being lost I was hearing described among the young people in their community—the experience of not being rooted and grounded anywhere in the world.

So, yes, let's think about how we can come around our young people and connect them. But I want to go back even further. Let's go back to birth so that our babies are coming into the world surrounded by and grounded in a strong sense of culture and identity and belonging and value, so they know they are welcomed and wanted and honored and recognized from the very beginning. Our birthing mothers need the opportunity to hear they are powerful life-givers, that their birthing connects the spirit world and the physical world; that their labour is bringing a new spirit into this world, a spirit that chose them to be their mother because they need one other. And there's a sacred bond there. They need to hear that whatever life has been, they have support around them in this time of great vulnerability. They can heal and grow and be good parents; that they're not alone. And they have culture that can root them and ground them in a good way, together from the very beginning of things. They need to be celebrated and honoured.

If we could be in that space with our birthing families, and in the early parenting years, I have such a strong hope these generations coming up will have a different experience of what it means to be family, parents and community together than so many of our people have had in recent decades, including my own. I have hope that patterns of harm can be broken and something different, and good, and beautiful, and strong and sacred can take their place. I hear lots of talk about genetic memory--that we are passing all of these impacts of trauma on to the next generations through our genes. It's incredible to think that, as a woman, when I carry a daughter, by the time she is ready to be born, she already carries all the eggs she will ever have. Which means I am actually carrying two generations in my body. Two generations of genetic memory of the trauma in my family is already preprogrammed.

That may be true, but I also want to talk about blood memory as a counter to genetic memory. As Indigenous people we have blood memory. I am also carrying two generations of preprogrammed blood memory - the memory we have of ourselves being grounded and rooted in culture and ceremony, of being in relation to everything around us - the people around us, the land and all our other relations, our ancestors and Creator. Blood memory that we're not disconnected, we're not alone. We're in relation to everything around us. Restoring birth work and the ceremonies and knowledge around birth to our communities is part of having that experience from the beginning. Not that there's a neat, tidy, quick fix to all of the harm that has been experienced and that we live with, but that the healing is happening and these new ones who are coming into the world are a part of our healing. I want to hold sacred space for women. I want their journey through pregnancy, birthing, and early parenting to be a sacred experience, to be a healing experience. I believe it can be.

I hear myself speaking with a lot of passion and urgency. It's so great to be part of Indigenous Birth of Alberta and have other women around with the same sense of passion and

urgency. I just feel grateful. I'm so grateful to be doing this work with these other strong, passionate women who are committed to ceremony life and healing, who are committed to increasing our capacity to bring our birthing ways back into communities and thinking intentionally about how we can mentor other women and help them recover and re-learn and remember our ways. And then they can share that knowledge in their communities and with up and coming generations so that it's not just horizontal, it's vertical too. The healing goes backwards and forwards across the generations. I'm thinking about another client who has three generations living in her house and how much it meant to her parents to witness community gathering around their daughter, showing up, and being there, and caring and helping. They hadn't experienced that before. They've experienced a lot of isolation in the city.

We had another client recently who had to drive-in for her birth - an "evacuee" from another community further North. I came in just after baby was born to do some postpartum support and she said to me, "I have never had support that was just for me." She had never experienced that kind of support before, that sense of being valued and important and honored and held as sacred as she birthed. Profound. It's profound. Baby had to be transferred to another hospital for surgery. When the NICU transfer team come in they looked at her, who, I imagine, would be whatever somebody's stereotypical idea is of an Indigenous woman, and they looked at me, who is white-reading. And then they proceeded to explain to me what was now going to happen with baby, ignoring mum. They went through their whole spiel and then asked me if I had any questions. So - I turned my head to towards mum and I asked her, "*Mum*, do you have any questions about what's going to happen to your baby?" And only then did they turn towards her and engage with her. I see that kind of thing all the time. It drives me wild. I've seen it with Elders in hotel lobbies. People get treated differently because they're perceived as Indigenous and because of whatever stereotype or assumptions somebody has in their brain about Indigenous people.

What does culturally safe care look like? It looks like non-Indigenous people being aware of their own assumptions and prejudices and working really hard to unlearn those. It means staff and caregivers have some level of cultural awareness. It means Indigenous people in the health care system are not treated differently or as less than. It means staff are aware they hold colonial perspectives and practice in colonial ways within a colonial system, but they don't automatically privilege their ways as inherently superior. It means staff have some knowledge of the experience of Indigenous people in this country and a compassionate approach towards Indigenous patients. That they have trauma informed training and they deploy their training so that if a woman is crawling up the back of the bed, trying to get away from a cervical check or other procedure, she is not labeled as difficult or combative - but instead is understood as a person who has had trauma in her life. Then the response can be appropriate to her needs, so that her hospital birth experience becomes potentially healing rather than further traumatizing. That's what it looks like to me. And it means she has the ability to choose what is culturally safe and appropriate for her, what she wants as far as cultural supports go, and she has the ability to access those without barriers, without having to give explanations or advocate for herself. It means those supports are easily available - because that's what she needs.

Some of it's just so basic, you know? One of our families recently had an unexpected stillbirth. It wasn't my client--my colleague's. I was talking with my colleague afterwards and she told me they called in the hospital chaplain, who was not Indigenous. And the chaplain failed to acknowledge the trauma that was experienced by everyone who was present at this birth. The chaplain focused solely on the parents, which left my colleague and the other caregivers alone to deal with their own trauma and grief while they were also caring for the family. And this chaplain also took it upon themselves to act as gatekeeper. I've seen this so many times with births and deaths. When somebody's sick or dying, or in this case, there was a baby that had died -the family gathers. The kinship circle gathers. It's not usually just one or two. I've seen 30 and 40 people at the hospital when there's a death. And I've seen large numbers gather for a birth as well. This chaplain decided to act as a gatekeeper to the room where the family was spending time with the baby who had died. In their opinion it was appropriate to only allow one extra person in the room at the time. That kind of lack of cultural awareness just adds further trauma. What did this family need? They needed to have the room full. They needed to all be together. The chaplain stood in the way of that happening. That would be some very basic cultural knowledge to have and to act upon.

It's an example of how awareness can prevent further harm – awareness that working with an Indigenous family requires setting aside whatever Western assumptions are held about what is appropriate in order to support a family in a way that is culturally safe for them. Recognizing there will be variety and having the humility to ask and the willingness to learn. It requires understanding that a caregiver's worldview and way of doing things is only one among many. It's not the right one - and it certainly shouldn't be the privileged one. It requires awareness of the fact that even a caregiver's ignorance and inexperience dealing with the host of complicated realities Indigenous families live with on a daily basis because of colonialism is part of their privilege. We have so far to go still.

I was at a church gathering recently where people were sharing about themselves. I was the only Indigenous person at the table. I spoke about birth work. As soon as I finished speaking the woman across from me responded by saying, “So most of your babies must be born drug addicted or alcoholic.” I took a big breath and thought, “Of all these things going through my head, which is the one I'm actually going to say out loud?” I didn't want to sound hot because I wanted to have a conversation. I wanted her to learn something. So, I said, “I'm curious why you would assume that?” And then we had a conversation about assumptions. I was able to share a couple of stories about the harm of assumptions – some of the ones I've shared with you. But, oh, those assumptions.

In my work I'm always thinking about the big picture. There's this one-on-one work with the birthing person that I do, and with whoever their other supports might be. And then there's the wider family around them, which I almost always have contact with along the way. And then there's the other staff involved in their care, whether that's hospital staff or a midwife or a doctor or a child and family services worker. And then there's the whole system around those relationships and interactions. There are many circles around every client. I'm always asking myself how - in

this support I'm doing with this client - how can I influence and bring change and wellness to all of these circles? And there's me as well. I'm part of all the circles. I'm also aware of my own healing and my own trauma, and my own learning needs so I can support this family in the best way I can. Even the way I show up is important. I was taught when I go to a birth to always wear a long skirt. There are other things that I always have on my body that are a part of the way I show up to acknowledge I'm in ceremony.

I'm always thinking about what wellness looks like for this client. What does balance look like? How is this person doing physically, emotionally, mentally, spiritually? How can I show up in a way that honours my belief that ceremony is a way of life? How can I bring that belief with me into this experience we're having together in the way I speak and what I do? How can I pay attention to all the circles around this birth and everyone who is gathered, what they are saying and doing, in a way that I pick up where their deficits are in terms of cultural awareness and education and their own practice? Where are the opportunities to speak into that in a good way that will help them learn and become better practitioners?

I'm also thinking about the problems I encounter in the system and where the opportunities are to bring change in a bigger way. Nadia Houle, the founder of Indigenous Birth of Alberta, does lots of that kind of big picture advocacy work, but we all have opportunities to show up at seminars and conferences and be present and talk with people. Sometimes it's one-on-one, sometimes it's in a group. Sometimes we'll ask: What is the hospital policy around this and how is it being implemented? Does the policy need to change? Does the process need to change? How can we influence change in the policy on a wider scale? Where are the opportunities for that? How can we create safe spaces for our birthing families? We're early in a conversation about the possibility of having an Indigenous birth house or birth center in the city and how we could work towards that. We are also having a conversation about a home in the city for families who are evacuated out of their communities for birth, so that they're not staying in a hotel room. Then they can gather as a family, they can have a safe space, have their children there, eat the kind of food they like to eat to be well. They don't have to go outside to smudge. They can have the normalcy of all of these things that are part of their day to day living in the communities where they are from because they have a safe physical space for that here in Edmonton.

I'm always thinking about all of those circles that are around the birthing person. It's not enough to be thinking about just the birthing experience itself, even though the birthing experience is so important. There's all of this other reality around it, and it all connects back to colonialism. I'm reading this book right now called *Decolonizing Trauma Work*. It was a PhD thesis by a woman named Renee Linklater. It's been really helpful to me because I've had all these experiences and I feel these things, but then I need to find language to talk about them. She has all of this helpful language in the book about the contrast between Indigenous ways of being well in the world and healing - recognizing there's lots of variety there—and colonial ways of being well in the world and healing (without defaulting to a pan-Indigenous view).

Indigenous ways are so different from the dominant western system and the care that's offered in our health care system. So, I'm always thinking about how we can make space for us,

as Indigenous people, to access care and wellness in the ways we need. How can we be engaged with healthcare providers who operate by default in a Western way to increase understanding about the needs and ways of Indigenous people? How can we transform some of those systems? These are the things I'm always thinking about. Sometimes it's overwhelming, thinking about how we can bring change to the wider systems because it's so daunting. It's so big and so vast, and there are so many barriers and obstacles. There's so much power and money tied up in it, too. So much privilege and prejudice about certain ways being best - the assumption is that these ways are best for everybody and that's not actually the case. But those very assumptions have led to the host of horrors that have been perpetuated against Indigenous people in this country for generations. The colonial assumption that colonial ways are best is still a fundamental belief and it's alive and well in different forms in our healthcare system.

This brother who had the vision of Ni wapataenan (We see), the art installation we created to honour our missing and murdered, sits on a board at Grant MacEwan that oversees training for nurses. He has listened to me in moments of high frustration, including the experiences I had when my partner was dying in hospital. There were some difficult moments when he was dying because of these colonial realities I have been describing. At one of their board meetings he asked if the nurses are receiving cultural awareness training. He told me everybody in the room put their heads down and looked uncomfortable, and then somebody said, "We're just beginning." The nurses that are graduating now will have had some cultural awareness training. And if they're young enough, they actually had some learning in the public education system about the real history of this country.

My oldest tells a story about remembering a time when nobody talked about residential schools and colonialism, and also remembering when that started to change. She's 22. She's part of the generation that remembers the beginning of the change. So some of these nurses will have that little bit of teaching and then they're going to get a little bit of cultural awareness training in their programs, now. But all of the nurses already in our hospital system didn't receive any of that. To receive it now, they have to seek it out, unless they have a manager who's realized it's important and facilitates some training. The status quo is still - not aware, not trained, not practicing. And that means we have a long way to go. But even those who want to learn often don't know how to be good allies, to come with humility, to sit and be quiet and learn. I am always thinking about how I can contribute to change.

Alycia Two Bears

My legal name is Alycia Dowsett - it's going to be changed to Alycia Two Bears within this next year. My dad's family is Plains Cree from Mistawasis Nehiyawak First Nation. My mom's family is dominantly located in Calgary, they grew up under a Swedish matriarch. My dad was dominantly raised by his grandmother, who was Dakota Sioux. I self-identify as a mixed blooded Cree. I have many bloodlines and I am proud of all of them. Most of my cultural tendencies and the way that I was raised were definitely Cree. I eventually found lodge and ceremony on my own and it was through a female two-spirit, Metis Elder. A lot of my teachings and practices that came from her were also Cree. That is how I approach life and ceremony. I have five children - a set of twins who are boy, girl, so I have two girls and then three boys. They are seven years apart from oldest to youngest. Currently they're 14, 11, 11, 8 and 7.

I do birth work, as far as being a birth doula goes, and attend birth that way. I also do prenatal care, curriculum development, and prenatal yoga - to teach and support in education that way. I teach regular yoga, lots of beginner yoga. I write lots of poetry for local magazines like USAY, and Red Rising, around matriarchy, relationships, and loss and grief. I have two degrees, both from the University of Calgary. One is the exciting realm of general studies - I ended up minoring in Canadian studies, women's studies, and primatology, a very interesting mix. I just needed a first degree. I also convocated with my Bachelor of Education in the area of Early Childhood Education also from University of Calgary. I taught kindergarten in TsuuT'ina Nation for about seven years. Then I left classroom teaching and I worked for the Calgary Board of Education for a very short stint as a diversity and learning support advisor.

I was realizing that I couldn't work in jobs that are stereotypically 9 to 5. It didn't work with the high needs of my children who need ongoing therapy, or they have to get picked up because it wasn't safe for them to be at school anymore. Parenting - it always had come first, but it couldn't take a back seat to jobs anymore. It really pushed me into the realm of teaching yoga, teaching prenatal classes, and being a home visitor for a local not for profit organization. The organization works with Indigenous parents who are self-referred and looking for cultural connections and parenting skills. I also work at Alberta Health Services providing culture care for patients in hospitals. It's through all of these little positions that my soul's path is fueled and that I'm able to parent at the end of the day without the high level of stress, like I had in my regular everyday jobs.

The reason I got into birth work, was that after leaving education, I didn't know what I wanted to do. I literally sat in my living room and I lit some smudge and I said, "okay, I have no idea what I'm supposed to be doing, but I'm going to surrender that you're gonna show me the path. I accept that education isn't that path anymore, and I'm going to trust the process, but you got to give me some signs in the next 24 hours". I had three friends the following week text me, or call me, or I ran into them and said, "do you know what I think of when I think of you - a midwife". And I was like, "Oh, that's because I have five kids". I had the last two at home with midwives. They said, "When I think if people being there for women when they're in birth, I think of you".

So, I went to go look at being a midwife at Mount Royal University and it was so ridiculously competitive, and I didn't want to get another science degree, not my strong suit. An alternative at the time was a birth doula - and I was kind of snotty nosed about it. I didn't want to do that, but I didn't even know what it was. Eventually I decided, "well, it's one weekend and it's quite affordable". So, I went, and it completely lit a fire within me: how much I love women, I love motherhood, I love supporting mothers, and I love newborns. It was there - through that fire being lit - that that I knew I needed to be a part of creating women's wellness and an Indigenous birthing center in Calgary for our urban population. I don't know how it's going to happen, but I'm going to make it happen somehow. That was three years ago.

From there, I realized that being on call for births is really hard when you're a single parent to four kids at home full-time. I had to back away, but I was super happy with the births that I did attend. It was a reminder that yes, I belong here, just not right now. Then a friend told me about Doula Canada's first ever Indigenous women's scholarship, and I applied, and I won. I was going to take postpartum doula training because I could schedule postpartum clients and that would work with my life and I can help with all the moms postpartum. But then I saw a childbirth educator training and got excited to be able to create my own curriculum. As a home visitor with all my mamas, I saw that a whole bunch of them did not go to prenatal classes, not ever. I didn't understand how you could go into something so blindly. I went in fully prepared and it was still the most terrifying experience of my life for the first one. I knew I needed to remove the obstacle of fear and get education out to women. I don't care if it's your fourth or fifth, you're still coming, because it's also creating community. I want the curriculum to be culturally relevant and based. And flexible enough to be able to say, week two I want to do this teaching, week three I want to do this teaching. And also, to put in your teachings around birth and labor. Then it is completely flexible to be shipped out to any community on Turtle Island. It's still very relevant for anatomy, physiology, stages of labor, how you can be a support member, and the classes aren't just for the women. Whoever's going to be your support person, bring them in so they can do this journey with you too.

I feel like for the past three years, I'm on that cusp of everything coming together. It still feels new and a little bit strange. And I'm like, "no, you're a legitimate yoga teacher. That is your bread and butter of life, how did that happen?" Before I had even graduated, my instructors asked if I would put together something to be a guest teacher to come back for all the future 200-hour students yoga certification. In my training I taught my classmates about culture and ceremony, and how they overlap, all in the context of Canadian history. They told me, "I think everybody needs to hear this and to me, you did this in such a gentle way." So, I designed land-based yoga. I teach them how to sit in circle - and by modeling - we say who we are, you can say what job you are, who your grandparents are, where you come from. Because this is how you get to know each other, and you're able to trust each other. This is where sharing your traditional name can come out, because you're not going to share it just to anybody - it only happens in ceremony. And so that format. Then teach them about smudge, why I smudge, the medicines, and then the directions of the medicines. It's lit while they're sharing their story.

Then we talk about how ceremony was illegal – the dates and times and with the move onto reservation, how it directly impacted female based ceremony, two-spirit based ceremony, and also two spirit people in general. How they were removed out of the center of community and ceremony quite intentionally and violently. I share snippets of colonization and how intergenerational trauma affected from time of contact, and then residential schools. Then I talk about my family's history and how this overarching history directly impacts me, and then my kids. And I share about how I try and break it, so there is a little bit less for them to have to cope and deal with. I am working to try and break those patterns while making my kids aware of those habits and dysfunctions and how they're not normal. After that I send the students off on a meditation. Then bring them back and talk about how meditation is very similar to Tadasana. In my training we had to hold, Tadasana for two hours, for standing meditation. And the teacher just jumped it on us. I'm glad I wore warmer clothes - then all I did was I flipped to ceremonial mind. "Be grateful you're not having to do this in a sweat lodge with no door opening for two hours and sing some songs." I just flipped and that made it so much easier to go deeper into my own meditation practice. I found my own meditation practice drastically shifted learning under Chris. Then I share a drum teaching with students. I teach them the West Coast Women's Warrior song. "This is the song you'll most likely hear at marches or on the news", and the difference between an open song, a ceremonial song, a round dance song, and a pow wow song. Then we all sing it together. Then we would move back inside to the studio and have a little bit of a movement break. I would lead them through a quick 10-minute asana. Then a guided meditation at the end it like that.

Last night I just opened it up to the public because I started having instructors ask how they could learn this. I still find it so bizarre that people who are well-established within the yoga community are asking to learn this from me. I'm just the baby and I'm a little punky teenager in ceremonial life. But then realizing that this isn't normal to them. So, I am going to open it up in my home for six people and see where it goes. I want to help break down pan-Indianism and teachings, and to teach that it's not your right to come sit in circle with me and then go do this right after - and say that you were gifted the right.

With all of this work that is happening, I will keep listening. I think that things are happening at a pace that they're supposed to be. And I mean, I haven't gotten yeses for everything. There's been tons of rejection. But I decided in 2018 that I'm just going to go for everything that I want. It didn't even have to be totally in line with my intention. I got yes to so many fun events and things and then no to a lot of things that I thought would have definitely been for me. It was a really good year of learning that rejection isn't personal. No just means no – not for you - and not because you're not worth it. A simple no means a simple no. I think that was one of the greatest learning experiences I gave myself in the past couple of years.

For me, in that role as a birth worker or doula – my stance, my mantra is bringing birthing back as ceremony. That birthing is ceremony and trying to reclaim that space. Being a full spectrum doula starts right from training. You're not just trained to be a birth doula. I think full spectrum doulas get way more knowledge and care. It's not just a weekend – it's a whole series of knowledge that's much more inclusive to reproductive care and STIs. Your knowledge around sexuality is

much more increased. It's not just labor and delivery, it's not just taking care of newborns and maternal health. I wish I had done full spectrum doula training, in hindsight, but I didn't even know it was an available option to me until after I had done doula training and that world was opened up a little bit more to me. I tried to connect with Indigenous Birth of Alberta, who offers full spectrum training. But their work is very Edmonton-based.

I do use the term doula, when people ask what I do. Because I will say birth worker and then I get a blank stare. I say, I'm a birth doula and I attend birth. But I don't practice the way I was trained. And so, it's no insult to DONA, they have a wonderful training. But they have a very specific box that they want you to practice within. I already know I can't practice like that and that's fine. I've no intention of being certified through them. I'm just really grateful that I got the teachings and trainings that I needed to spark something within me, to start somewhere. The structure they had was, you meet your doula, and then agree to work together, and then you might meet one more time at 20 weeks. Then they suggest meeting between 32 and 36 weeks, before the birth. Essentially, it's to get paid and make sure you get your money. I understand you don't want to be chasing postpartum moms or parents for payment. In my work, the meet and greet is still free. I'll meet with you and if we get along, wonderful, let's sign a contract. I also offer flexible payments. I said you can pay me in any which way, format, or however much works for you. But I need everything paid by 36 weeks so I'm not chasing you down.

Primarily I have worked with Indigenous women. I meet with them once a month from the day that we start. This is to be able to build a rapport. I can't know how to take care of you if I have no idea who you are. We might be together from anywhere between 4 hours and 52. I want every moment that I'm with you to be comfortable. I don't want it to be a stranger coming into your environment cause I'm going to come to your home. Whether you end up in the hospital or not, we are probably going to start in your home. I want my presence in your home to be a normal event for you so we don't slow down your labor at all. Then I describe the difference between me and the midwife. I am waist up, not anything else. I am emotional support - but I come with my drum, I come with songs, I come with a whole bunch of smudge so that you can smell it if you want. This is so your birth ends up sounding, smelling, and feeling like ceremony to you. I will make an ancestors' plate when I come in and put that out and call in any of your female ancestors who have gone through birth, might've lived, might not have - to come support you right now with whatever you need until baby comes birth side.

I do that and try and teach their partner and meet their partner. I give him hands on practice of hip squeezes. I ask, do you have mantras. Do you have music ready? What do you want this scenario to look like, so that they feel included. With the partner I found such a different dynamic in partners who were there. They might have still been absolutely terrified and had no idea what they're doing, but they were there despite it. That feeling is what their partner will leave with. It doesn't even matter what they actually did. But that feeling will linger and that carries into postpartum and with babies who maybe don't sleep well or don't feed well - you don't want your parenting journey to start with. "You left me alone with a 24-hour old baby to go have a nap". You don't want resentment to start then and there. Or, "You just walked out in the middle of a

contraction,”. I try and prevent that and make sure that they feel cared for at the center of it all. I'm on the sideline cheering on, basically.

Then, after, I do one postpartum visit, usually within a week. To check in and see how they felt about their birth, how life is going, anything that they need to share, vent, or get off their chest. I'm just there to listen. Sometimes I'm there to be that neutral person between them and their midwife if they had a really difficult birth. Sometimes I've gone in to support with breastfeeding. I don't have any training, but I breastfed all of my kids. That is the other thing I'm trying to get is Indigenous breastfeeding training to come up to Alberta. Sometimes, I'll step in there because the midwife will be like, “Honestly, she probably doesn't want to see my face right now. She had a really difficult birth, but she needs some support. Can I send you in?” I do that as well for my work. In those monthly visits, I really try to build that sense of community. I can offer a prenatal yoga if they want in their home. If they don't feel like leaving to practice, I can include it.

I also started mom and baby yoga classes out at TsuuT'ina. It is open for everybody in collaboration with the health center. I was able to get them to finance six gym passes for six weeks. The moms don't have to pay for the yoga class, plus they get access to the whole new gym facility at the sportsplex. So the center of my work is building community, this is what I want. Postpartum depression and reactions are reduced when we have a sense of community and purpose. Motherhood can be so overwhelming no matter how prepared you are. And I don't ever want somebody to feel alone, especially, Calgary is such a high transient city. Moms might break up when they're pregnant, which sucks. But it also might be for the best for everybody, if they can figure out how to co-parent together. But if he's from here and you're not, and family goes from offering to support to not returning your texts or calls, you need to have outside support. I only know how to do this through yoga. So that's what I'm doing. I'm trying to build that community, it gets them out of their house, it gets them moving safely and bonding with their baby as well. My hope is that sense of care starting in pregnancy and in prenatal care with my clients starts to break down dysfunction from that point in time forwards.

One of my big driving forces in this work is that I want more knowledge. I want all of the knowledge. With medicines, I wish I had more tea knowledge. There has to be teas and medicines for every trimester of birth - there has to be. I was taught don't eat any cinnamon because it's a blood thinner - it was used to stop pregnancy, if you wanted to. When I think back over the history of colonization, the midwives were one of the first things that had to go. You have to get rid of women taking care of women in birth because babies become political pieces that we want. That the church wants, that the state wants. So you push out your midwives. Then there was the transition of taking women out of community and having to birth in a hospital. And then we have twilight births. Now we're having the momentum back to midwives, home births are still pretty touch and go. I know TsuuT'ina doesn't support them. I think TsuuT'ina ended up with one home birth. She had her little guy at home. She's a really loud, active voice about the support of midwives, and home birth, and just trusting yourself in that birthing process.

I talked to a younger woman, she reached out to me about becoming a midwife from out there. She had midwifery care for herself and she just thought that this is something she really

wanted to do. I went out and visited her and her newborn and I was like, “if you want to go for it, go for it hard. Now is not the time to be shy, or to be bashful.” This is something that we as women, particularly as Indigenous women, we hold back our ambition in case we fail and apparently everybody will laugh at us. But at least we went for something that we were passionate about. Failure is not the worst thing to ever happen in your life. We need to start reframing this. This starts in our education system. Science is not highly driven or cared for, neither is math. We need to start increasing our existence in the sciences. That was taken away from us. We were naturally always very good at science and the correlation of land to how existence happens. But we were told that you were wrong. Except science is now telling us we are right. Thanks for catching up for the past 5,000 years. I want to try to shape those momentums and push for those younger girls to who want to do this. There's space for you to do this. Telling them, “you're going to be supported”. I told this young girl, Four Directions will support you, I would support you, your community would support you. We need return of midwifery care. We need the return of birth. Our grandmothers, our great grandmothers didn't have the options of these births. We might not be able to ask them for the medicine or they might have a fragment of a memory of a tea, or a song, or witnessing somebody being born. But we're grasping onto anything that we can. It's also okay to go forward in the knowledge that we have now and reclaiming what feels just as valid.

There are things that I struggle with. I struggle in trying to find female Elders and knowledge that I'm seeking. And how do we be connective pieces for each other. And the lateral violence in the birthing community - this is something I'm struggling with. One person wants to be the leader and wants every amazing idea to come from them and tell you that they are so willing to be a collaboration until they say, but everything will be under my name or my company's name. You're like a planner, that's not okay. If you aren't vocal on social media about how amazing they are, they take that sisterhood away really fast. And certain people stop talking to you or commenting or sharing or reaching out. So that is something that I do struggle with. I was a bit stunned by it - and I've endured a lot of lateral violence within the education community. I know what it feels like to be on the receiving end of it. It's made me turn around say, I will support every sister in what she wants to do - because we have so much that we already work against. Why are we making each other another step that we have to go over? I don't understand this.

My greatest hope is always that it's going to disrupt intergenerational trauma. It's going to disrupt dysfunction in our families. That the access to knowledge straight from prenatal care will support women that are going through pregnancy, labor, delivery, and that they can do anything that they want. Not everybody feels powerful while they're pregnant. Particularly if it was unplanned, I was definitely that woman twice. And so, what are all your options were available to you. If you are choosing to have baby, you still feel empowered at the end of the day, this was your choice and that you feel they are a blessing. And then I just want them to feel connected to their baby. Having a child brings up so much of your childhood trauma that you don't even realize it until it's a couple of years later and you're drowning in it. I want them to feel strong enough with a community around them that they ask for help and they receive it. They don't have to wait for it. It's there for them when they need it.

I hope that by surrounding families with support, dads can get help too. Because same thing, all their childhood trauma and all their crap can come up when their partner is very hormonal. They might feel very insecure and unsure of themselves in this or their role as a dad. They don't want to be like their dad, they don't want to be like their uncle, they don't want to be like their grandpa. More often than not you lash out at your own self, when you do that. You're going to go binge, you're going to go take off, you're going to do everything you said you weren't going to do. I'd much rather prefer that those community strengths, if there's a men's group, at least they know about it or they can access it. Instead of doing something else. They can learn to verbalize their fears and their feelings and that they're 100% valid and it's okay to feel like this. It's also okay for them and their partner to have these conversations about being terrified of fucking everything up. And your partner is like "yes, so am I. So, let's just do this together." Then that way their child may not have the absent parent. Even if they decide not to stay together, they can effectively co-parent together and there's not that sense of loss in their parents' separation put on the child. Even though nobody ever wants to do that, children in separations end up feeling like that anyways. Unless both parents are very active reinforcing that, "this is not your fault and we both love you and both can take care of you. It just means that mom and dad didn't work out and that's okay. That's not the end of life. You're still gonna see us. You're still going to go to school. You're still seeing the same friends. You just might live in two different houses or they might share a house and the parents share the space."

By utilizing yoga throughout pregnancy and then postpartum, I want them to be able to recognize feelings and energy inside of them. If it isn't something that is serving a higher purpose or form of protection for you, it needs to be released. You can do that in breath work and you can do that in a yoga class, but you can also do it at home by yourself in your own practice or in meditation. You can also do that in ceremony. I hope that I'm able to provide all those avenues that they need to be able to successfully take care of themselves like that. It also goes into mom and baby yoga classes. The sense of community is there. Even when babies are walking and they don't come to class anymore, they still have strong enough communication and ties to each other that they don't need class anymore, because they still have themselves. Then with prenatal curriculum, it's rebuilding resiliency around culture. Reclaiming back the moss bags and swings – educating that that these things aren't primitive, they aren't dangerous. We've been doing them for thousands of years and our children have been surviving, even against genocide, thank you very much. To learn how to make them.

And to bring in female Elders - because there's another whole thing that's been lost. Bringing them back into the fold - that their knowledge is wanted, and it's useful, and it's beneficial to the women that they come see in groups. Activities such as beading, sitting down and beading while you talk about early pregnancy symptoms, or what worked for you, what didn't work for you. Then being able to share wisdom, like ginger actually works because it sets off this acid in your stomach and then that lets this hormone relax and that's why ginger works, and that's why peppermint works. Our traditional knowledge is just as valuable even though it's only now been validated by science. And then they can take these classes, building community and relationships

so you don't feel alone. I know so many people, so many women who felt so alone in their birthing experience. I don't want that. I want babies to be blessings. I want pregnancies to be celebrations. I don't want it to be heart stopping, my life is over and done and everything I wanted is gone moments. Then through birthing with a doula, trying to learn those songs, and learn those medicines, and treating it as much like ceremony as possible. Because birth is difficult, and it's meant to be difficult. And whoever you choose to be with you in your space there as a safe person for you as a supportive, loving person. At the end of it, you feel so empowered, and so exhausted. Until that moment you get to hold your baby, the moment that you say, I can totally do that again. So that way your whole birth experience also extends into postpartum care, you have people to coming to visit you after baby's born. And you also have the voice to actively say, who is welcome. If you're going to come into my house and visit me and my baby, you're not going to have a cold, you are going to be sober, and you're going to bring me food. And you're not going to be labeled as spoiled or demanding. If our communities can treat the core of our families like this, that is going to slowly do that ripple effect of healing.

If we start with ourselves in the realm I just described - that means you're going to be a healthier, stronger parent. You're not going to be perfect. You're going to be maybe better than your parents were, and your kid's life will be that much healthier than perhaps yours was. But that also means you're going to be a healthier grandparent for your grandkids. That sense of security will always be around you and your kids. That bond will grow because as your child grows up, hopefully they have much healthier tools for communication and expressing their feelings, and regulating emotions, and being able to have a safe and secure romantic relationship. That is another form of Nationhood continuing cause then your kids will be healthier. But if we keep booting men out of the circle, they will go have kids with other women and keep doing that dysfunction everywhere. We need to stop expelling them out of our lives and get them support. This is a brotherhood thing. Men need to start stepping up and helping other men. It shouldn't be us women birthing and raising the kids, fixing our partner, trying to be a good daughter for both of our parents and taking care of everything. We will crack every single time if those demands are put on us. Men need to start holding each other accountable for each other's actions. Going, "you know what? This is not okay, but I've been going to wellbriety meetings. I have been going to these men's circles. You need to come with me. I will come pick you up. I'm not going to take no as an answer. You need to come along." That's a really huge piece that is missing from all of our circles.

My hope is to have healthy families, and babies be born at home, and that it's a celebration again. That it's a community event. My work out in TsuuTi'na is dominantly with prenatal classes. I found most Indigenous moms - like my TsuuTi'na moms - can't afford a doula. I wish that there was a way to be able to afford me to whoever wanted me. This is one of the other barriers. It's funny, Alberta Health Services made a call out - how can we support calls to action and support reconciliation while positively impacting maternal health for Indigenous moms specifically? Four Directions put together a beautiful presentation, fully backed by science on why Indigenous doulas need to be present with Indigenous birth. If you want to reduce maternal or neonatal deaths or instances, all of it points to Indigenous doulas and Indigenous midwives being present. And they

were like, “Oh, not like that.” She goes, “then what else are you looking for? To throw a pill at them, what exactly was it that you were looking for?” She was quite upset about obviously the rejection, but they don't actually want to pay Indigenous moms to take care of Indigenous moms. They're trying to look for something else - despite what the statistics and data say.

Here, I think there's hesitation with on-reserve moms to utilize midwives or doulas or home birth as even an option. I think that there's a lot of fear and misconception about what they do - that doctors know the best and that's who you trust. I do believe with the midwives leading prenatal classes now, it's going to dispel a lot of myths out there. And I ask, how come you trust a GP who might have done one round in OB care in their seven years of training over somebody who has studied birth and labor for four years exclusively? And they're like, “oh, well I didn't know that.” I tell them “not only that, you need a 4.0 GPA in an already established science degree to be able to apply or be considered to be a midwife.” People need more critical awareness and I think that will come with time and exposure, with Four Directions being available. I think that will open the doors to more doula care or birth worker care. In the city I found that the moms that I deal with tend to be much more educated, very research minded. And are like, “I looked into studies and I know that you being here increases this and reduces this. I want somebody who knows culturally what I'm looking for.” My company's called Good Woman Medicine, and there's a story behind that. But they're like, “I want you to bring that good medicine with you. I want you to come with this and that. I also trust you because you've had five kids. I feel safe in your care.” I find those are the bigger differences. They also tend to be much more financially secure. They are usually able to work it into their budget.

Pihêsiw

Tansi. My name is Pihêsiw. Some people call me Cat. It depends, it's all different, depends on my relationship. I am based in Amiskwaciy-Waskahikan which is Edmonton, Alberta here in Treaty 6 territory. My homelands are Mâskwâcîs Samson Cree Nation, which is about an hour and forty-five minutes South of Edmonton. I'm a full spectrum birth worker, a sexual reproductive health educator, CNT practitioner, and land and water activist with a group called Beaver Hills Warriors. I'm 23 years old. I'm two-spirit and I use they/them pronouns.

I don't use the word doula. I think a lot of people get confused cause I'm like, I do birth work. And they automatically think that I just strictly attend births. And a lot of people I have to explain it to them cause I'm like, "oh I'm a birth worker." And they're like, "what?" "I'm like a doula." They're like, "Oh, I know what that is." And I'm like, "agh!" I used to call myself a doula. Then I started to let go of that term and started to use the term birth worker. The word doula, a lot of people don't know what that is. I don't really like the term because it's very patriarchal. It means slave, I don't want to be considered a slave.

For me, I don't think I realized at first that birth work was an interest. I first started from the ages of 11 to 16. I volunteered at the Red Deer Regional hospital. I was put in different units, but my most memorable moments were when I worked in pediatrics and NICU and maternity. In the NICU, you fed the babies, bathed the babies and kept them company. I started doing that at a young age. And then was in the maternity unit and was visiting with the moms and bringing them water and bringing them their food and cleaning the units that they were in and just doing little things for them.

I think that's where it sparked. But I was so young that I didn't realize that it was almost kind of like doula work. Then when I was 18, I lost my own son. And I realized that I didn't have the necessary support in place to support me through that. There were no outside resources I could turn to, no one offered me any mental help. And just was treated horribly, especially as a young Indigenous mother. There was no ceremony put in place for me to grieve through that. A couple months later I came across a woman named Nadia, she messaged me on Facebook, she found me in a comment section stating that I did birth work and she was just like "hey, I'm starting up an organization and we want to start bringing in Indigenous births workers" And I was like, "Oh my God, this is what I've been looking for", because while I did do my training and was doing birth work, I was predominantly working with white families, it wasn't fulfilling because I wasn't helping my people. I wasn't fulfilling a niche that needed to be filled.

Nadia and I had been in back and forth contact for a couple of months before we met. About a year later NYSHN (the Native Youth Sexual Health Network) and IBA (Indigenous Birth of Alberta) collaborated on a full spectrum doula training. That was where my passion for birth work really took off. I didn't realize birth work could be so much more than just birth. I started doing a lot more environmental work through birth work and realized that violence on the land was violence on the body. I got more involved with the work of harm reduction and sexual health as well. NYSHN really opened my eyes to reproductive health, and full spectrum inclusivity. I was just like, "holy crap. This is what I needed. This is the education that I needed." Especially since

it came from Indigenous people and the teachings were Indigenous based, cultural, and ceremonial. And I didn't get that with my DONA. The DONA training was very much about the idea of "how can you make money? Let's shove all this information down your throat in three days and you're not gonna remember anything. Whereas with NYSHN, it was a week-long and we'd start our mornings with a smudge and the food was impeccable. It was all this organic local food, which is so important. Food sustains us. And having access to healthy food really is critical to the movement. After that week it sparked this little fire in me and ever since then I've been doing that - and have just been completely enthralled with this work.

The kind of support I offer people, it's so different for every person—it is full spectrum. A lot of the people that I support are teens and young moms and family. And a lot of them are - I hate the word - but considered high-risk. Not high-risk pregnancies, but high-risk lifestyles. A lot of the work that I do, I actually don't get paid for it. There's a lot of pro bono. If they can pay me, they pay me what they can - sliding scale kind of thing. What does that look like? For me, that's hard to answer. It's a lot of community support in a way, if that makes sense. Because it's not just me that's offering this support. I'm referring these people to multiple different people. I'll tell them about all the opportunities that they have. We have breastfeeding circles and we have parenting circles. If you don't feel comfortable with me, I can refer you to our IBA group and you can come and check it out and talk to us and see who you want as a doula or a birth worker. It's hard because a lot of these people do come from various backgrounds of trauma and it's really hard to get that close relationship with them. There are times where they're like, "I want this, I want this. I want a birth worker and I want to do a water birth and I want ceremony." And then they get scared and then they back out. And then I never hear from them again. I think it has to do with their traumas and the lack of ceremony that they've seen in their lives, and it freaks them out. So, I want to be able to like, I guess in a way build my skills so that they don't run away.

I think for me it's easy to relate with the youth because a lot of the people that I have supported are people that I grew up in care with. I think in a way they were just like, "Oh, well this person, I know this person because they grew up in care and they understand, they understand what I had been through." But still then they don't really trust me. I think I just, I mean this should be common sense, but just treat them like a human. And I don't treat them like they're my client. I hate that word. I hate the word client because to me when I'm like, "Oh, you're my client," that means that there's a transaction between us. You're paying for something, it's a goods and service kind of deal. I don't treat them like that. I treat them how I would treat my friends - but in a more professional setting. I think with my own history and my own experiences, I'm able to be like, "I have been through what you've been through and I can understand and I'm here to support you through that." I think when I tell them that they're just like, "Oh yeah, this person is trustworthy." Because a lot of the time, they're going to their doctors or they're talking to other people, these people have no experiences of what they've been through. And for me personally, I just want someone to experience or to know what I've been through. That way if they know what I've been through, then I can trust them.

When I'm supporting a person with birth, I have a contract, and it says I will meet with you two times prior to your birth. But I don't do that, I meet with them lots. A lot of the time it's just, "Hey, do you want to go for coffee? Let's just talk." Sometimes we'll bead together. Sometimes I'll go with them to their appointments. A lot of people are going through this alone. They don't have a partner. They don't have family. They're pretty isolated. They're scared. Not every single person, but a lot of them are young. I understand what it's like to be young and having to be independent and not having that support. I just want to let them know that if you just want to hang out, let's do it. This doesn't have to be super professional. And I think a lot of them get weirded out because they think this is some professional contract and relationship. And I'm like, "no, it's not - you have my number. Text me anytime." There was one person, she was having legal issues, and this was not in my frame of work at all. I helped her with legal aid and finding a lawyer and helping her through custody issues. And I was just like, "Oh my God, I've never done this before." And she's like, "Thank you. I needed someone to be there even though you weren't exclusively doing the work for me that you were supporting me through that."

I think a lot of people don't understand that I will do more than just be there for your birth. I will be there for you in many aspects. And in a way it can kind of get hard sometimes because sometimes I'm not setting my own boundaries and I'm just putting my all in these people and then I get burnt out. It takes a lot of mindfulness. Asking, "can I actually take this on?" And telling the person, "Hey, I can't do that for you, but I can help you find the information that you need."

I think majority of the births that I've been to have been people that I have known. There's one birth where I went to and I didn't know her and then I found out that she was my cousin! They've all been family or people that aren't blood related, but people that I have considered family. People that I've grown up in care with, people that I've seen in the community. It's really nice being an Indigenous birth worker because one way or another there's some sort of connection between us. Even if it's not firsthand, there'll be somewhere down the line where there's always a connection.

I have supported people through abortion. I haven't done any, firsthand pregnancy loss. There's been times where I have people come to me over internet and want someone to talk to. Some of the people aren't even in the province and they're just, "hey - I just need someone to talk to." And I consider that birth work, just not firsthand. I've worked with LGBT, two-spirit, queer people. I want to start working with incarcerated Indigenous women. Canada has the highest rate of incarcerated people who are Indigenous. I hear stories of no support, and women going into the hospital, especially as Indigenous women and being shackled and chained and their babies being immediately taken away and put into care. It's just, it's horrific. So, I want to start doing that. But I have no idea who I would contact or how I go about this.

I recently did an abortion training, specifically. So, I want to start supporting more people through that. I guess it's mostly been birth, but some of it has been other things. The training I took through the Alberta Abortion Access Network. And it's kind of funny because the woman who runs it, she is Christian or Catholic. But I liked the fact that they are a person of religion and are still giving accessible support to people even if people are not going to agree with you. So, I did

the training through them. It was good, and it was really eye opening to learn this information. The more I go to these training sessions, the more that fire I spoke about earlier keeps reigniting and pushing me to do more social justice and reproductive justice work. So, this job, I don't even call it a job because I don't feel like I'm working. It's my passion. I've completely dedicated my life to this sort of work.

To me, reproductive justice is having safe, accessible care and information to any person. Having sovereignty over our bodies and being able to choose what we want to do with our bodies. And accessible health care to all. I think it's a lot more than that, but that's the basics of what I think reproductive justice is. Definitely making sure care is very safe, accessible. Indigenous people in health are not treated well. I've experienced firsthand. When I lost my son when I was four months pregnant. When they were doing the D&C, they put an IUD in me without my consent. I have this constant fear that, when I go in for surgery, even if it's not related to my reproductive system that they'll sterilize me. Because that happens so much to women here. And that's a fear of mine, and I think it's a fear of many others. I've had people who've come to me being like, "yeah, I'm scared that they'll take my baby away, or I'm scared that they'll see me as - oh - she's Indigenous so she's either drunk or high or something. Or they'll sterilize me." I think that's also reproductive justice - not being scared of healthcare. And having racial justice, I think reproductive justice is also racial justice. It's social justice and it's land justice. I think they all tie into each other. That's why I do a lot of land and water work. Because I believe that violence on the body is violence on the land and violence on the land is violence on the body. How we treat our land directly affects our body. This is hard for people to wrap their heads around. They're like, "huh, what?" For, example, when you run pipelines through ground that affects the water and then people are drinking that water and that affects the breast milk and that breast milk is going to the baby and it's all tied into each other.

I've ever taken a breastfeeding course specifically. I'd like to take one to be a breastfeeding counselor. I'd like to do that. Maybe through the IBCLC. The thing that I really enjoy about birth work is that it's a never-ending education. There's always something that I'm learning and constantly gaining new skill sets and new information. I think this work is a never-ending educational experience and journey. Surprisingly, I have learned a lot through Instagram, following different educators. And having one on one conversations with people, even those who are not specifically educated in birth. Like moms, I'm constantly learning new things through moms. And my partner, he's a male, but there's some things that he has taught me, he does philosophy. He can get very philosophical about birth and I'm just like, "wow. Okay. That makes sense."

I'm constantly learning something. Through the land, through ceremony, through Elders. They'll say one thing and I'll just be like, "Oh, that resonates." And then I can tie that into something birth related. There was at the NYSHN training I did four years ago. There was an Elder there and she comes up to me and she asked me, "Oh, what's your name?" And I was like, "Piheiw." She's like, "Oh, bringer of water, bringer of life." And I was like, "what does that mean?" And then I realized that the Thunderbird represents the water and the water's the first thing

that happens before the baby comes. And I started crying after that, it was a small thing but so profound to make that connection. It really made me feel like this was the work that I was meant to do. I remember as a kid, when I got my name, Elders were like, “you know, you may not figure out what your name means for a really long time.” And I hated my name because I was like, “this doesn't, what does this have to do with me?” And then the Elder told me that and I needed to hear that.

The ways that I include culture in my work, it's hard to answer because I don't think about it, it just happens. But one of the basic ones can be, if there is a partner and if it is a cis couple, I'll try it to get the dad really included because a lot of the times they're freaked out by it. They're just like, “ah, I don't want to be there when my baby's born.” I'll get them really involved because I do believe that is cultural, to have everyone involved. How we raised our children was very communal. And for me, personally, I think the idea of just having a mother and father and then extensions of family is very colonial. Whereas how I was raised, it was mother, father, aunts, uncles, cousins, grandma and grandpa. Raising everyone and all of us raising each other. Even as kids, raising our siblings.

Smudging, I'll do that. Asking, “do you plan to name your baby? Do you plan to have a naming ceremony?” And if they don't, finding an Elder who will do that. Setting up tea dances for them and when their baby turns a year old, doing a walking out ceremony. Tea dances can be for multiple things. A tea dance is, from what I was taught, a gathering. It can be for someone when someone's born, it can be for their first birthday. I know a lot of people do tea dances for the first birthday and it's just where the community comes together and just celebrates. It can be for someone's death. It can be for the anniversary of someone's death. That's my teachings. It might be for other people, sometimes they'll do a tea dance as a bereavement practice. But I've seen people do a tea dance for their first baby's birthday. Some people do get that for their own birthdays. I think it's just a way for the community to get together and celebrate almost like a round dance.

I can't really sew myself, but I'll help them make a Moss bag. And if they're like, “well, what's a moss bag? Why do I need a Moss bag?” I'll teach them. “This doubled as a diaper, but it also was a way to keep your baby's spirit safe.” There was one birth that I was at where her partner sang her baby into the world. And at the same birth, it was really significant, because there was a red sun. The baby's father was talking to me, “my Moosom told me a prophecy a long time ago. When there's a red sun that means the seventh generation is rising.” And I was just like, “Oh, your baby's born on that day,” I just started crying. And I will talk Cree to them, even though I don't speak fluently, we'll sometimes exchange words in Cree. I think when people think of ceremonial practices, it's smudging and stuff. Speaking your language is ceremonial and a cultural practice and taking care of one another, it's a ceremonial cultural practice as well.

My hope for this work is about bringing back our ceremonies. Showing people that we don't have to be afraid- cause a lot of people are afraid of birthing their babies in traditional ways. We have been taught that Western medicine is the way to go. I think that we can incorporate Western medicine in with traditional medicine. Cause I'm not saying, “oh completely screw the

Western medical institutions and move away from that and go up to the bush and have your baby in a bush”. I’m not saying that. But if you want to do that - cool. I think my hopes are for people to challenge Western medicine and also re-embrace Indigenous birth and Indigenous birth workers and midwives and practices. I just want for people to be safe. I want for people to feel safe and to feel supported - there's so much.

I think hospitals like to say that they are spaces that are inclusive, but they aren't really. Because for example, if I'm in a hospital setting and the mom wants to smudge, sometimes I have to remove them from the room and go downstairs to the smudging area and smudge there. They're in labor! Sometimes the nurses will grimace when I pull out smudge and just be like, “Oh, that's not healthy, that's not safe. You're inhaling - that's not good to inhale, smoke.” I think hospitals like to believe that they are welcoming spaces. The Royal Alex, they have a cultural liaison and they have someone who will come in and help you. They have an Indigenous person that'll come in and work with Indigenous families. But at the same time, the Royal Alex is also one of the most racist hospitals in Edmonton. So, I'm just like, “how are you combating your racism?” Having an Indigenous person that works with Indigenous families is great and all - but what are you doing as a hospital itself to combat your racism? Not only to Indigenous families in the maternity section, but to everyone - because it's a terrible place. I don't like it there. I think there can be a lot more that they can do. I think right now they're just blowing smoke up their own butt to make them feel better and be like, “Oh, look at us -reconciliation - we're doing a good job.” But they can do more.

It's important that hospitals and health care workers are trauma informed, being culturally sensitive and culturally aware and challenging your own biases and stereotypes within hospital settings. And, I think confronting racism in maternal care and obstetrical care - by displaying, and valuing, and acknowledging Indigenous knowledge around birth and reproductive care and ceremony. Because a lot of the times our teachings and our knowledge in this gets shut down by Western medical care because it's not “scientific”. They just look at as like a “hippy dippy” kind of thing. Western birth is seen more as a medical procedure. They need to put emphasis on wholeness - seeing the birth of the person as a whole and the baby as a whole. Not just – “we're going to cut you open and take this baby out and see you.” Allowing us to have sovereignty over our own bodies. We do need control over our own bodies and our own needs and our own wants. I see a lot of the time, that control being taken away.

As Indigenous full spectrum birth workers we make community stronger because we advocate. For me personally - I believe that. I know that Indigenous people have strong values of family, whether they're close or extended - they're important no matter what. For example, a lot of rural Indigenous people have to travel for birth, which means they're leaving their families behind. They're leaving their homelands and sometimes they'll leave their own children behind. Some of them don't speak English. There are instances of people who don't even speak English and then coming to these cities - having sometimes to even fly in. I think it's important that even if they have to come to these hospitals and they don't bring anyone with them, it's important that we have Indigenous support for them. So that maybe they feel at home, they at least know that no matter what they're being supported by someone who is like them. And when they're placed hundreds of

miles away from their homeland, they're being put in a position that's traumatic. They're put in a position that ignores and disregards their bodily autonomy and their traditions and values. Because these Western places don't understand how we are as people. So, I think it's important that the work that we do as birth workers is that we can advocate and support them. Even in these Western places of birth. Being like, "you know what, you have someone here who will culturally support you. You have someone here who will advocate for you if that's what you want." Some people don't want that which is ok. It's all about choice and as birth workers we respect any choice they want.

Bringing birth back to the land is critical. You know what I mean by land, as connection. Because there is a need for Indigenous midwifery and Indigenous birth practices because they have such an impact on our communities and on our families and on language and spirituality and reconnection and revitalization. And these places that institutionalize births and the removal of the people from the lands - they're not supporting that need for reclamation and revitalization, and reclamation of sovereignty and supporting birthing people and their health. When I talk about the connection of birth and land, there's a teaching. Ociniya, from what I was taught, I might be mistranslating it – but it has to do with your bellybutton and the bellybutton is the connection to the mother. I think for us, ociniya in Cree and in standard Roman Orthology translation means, where are you from? But in actual translation ociniya means where's your belly button from? It means where's your maternal lands. When I say, "tansi. pihesiw nitsiygason Mâskwâcîs, Sampson Cree Nation ociniya," people will know that's where my mother's from. I think that's another connection to the land because like I said - ociniya means where are you connected to? The land that you're connected to. In that way, birthing is connected to land.

I think birth work has been incredibly healing for me. It sounds so dramatic, but birth work really saved my life. I grew up in foster care and I was always told that, "you're never gonna become something. You're never gonna make anything of your life. You're just going to end up 16 and pregnant, on the streets, or in jail." That really affected how I viewed myself and my life. I got out of school and I was just like, "I don't know what to do with my life right now." All my friends who are white who had no experience of what my life was, were going to college and going to university and getting married and starting families. And I just felt like a failure and I was like, I have no idea what to do. And then I got pregnant and then I was like, "wow, I'm really living up to this stereotype." Which wasn't true, it was just a narration that I was fed, a negative narration and stereotype. And then I lost my son and I found birth work. With birth work came finding my own community, relearning my language and my ceremonies, and finding who I was as a person. It also helped me through so many other traumas because birth work really showed me that in order for me to support and help other people, that I needed to put myself first and help myself before I could help other people. Because you can't help other people if you haven't helped yourself. So, it really pushed me to go to therapy and start healing through my traumas and doing all this and doing all that. Birth work just really saved my life.

Aspen Mirabal

My name's Aspen Mirabal. I'm 23 years old, from the community of Taos Pueblo. Born and raised in Taos, which is located in Northern New Mexico. I am the first-born daughter of three girls, and both my parents are living and vibrant and healthy. Both grandmothers on either side are living and well. I have a huge family here in Taos, which is great, I don't have to travel long to visit family. They're all outside my front door. I currently live with my boyfriend. His name is Nate, and he's also from Taos Pueblo. We don't have any kids yet. We've been on our own romantic journey for four years now, which has been something beautiful. I love to travel, and I love to stuff myself with food. I grew up in a very musical, artsy family. Music, arts, and romanticism are very much part of my everyday life. Seeing new places and being open-minded I think is important for my wellbeing - being receptive and giving as much as receiving. I'm active in my culture year-round, there's always something going on. I am constantly trying to reciprocate teachings, and love, and knowledge that people have graciously expressed with me. That's a little bit about me.

The first thought I had about becoming a birth worker was when I was about 13 years old. That began the start of my educational journey. But it really starts when I was four years old with the birth of my middle sister. She was born at home by a couple of non-Native midwives on Taos Pueblo, not inside Taos Pueblo but on our tribal lands. I was in the next room, sleeping through the entire birth, which was one of the most intense births my mom experienced. Instinctively, I guess, I woke up as soon as she came out - and cut the cord. Then I went back to sleep. It seems that I forgot all about this experience until I was 13, and the calling - or a desire came over me. I began my fascination with reproductive health and how babies are created and can be created.

There was this poster on Taos Pueblo, and it said, "Learn more about childbirth, parenting classes", led by a couple of local, non-Native midwives from town. I told my mom that I wanted to attend this class, so she brought me. They were instructing what I now understand was a prenatal class. The video that they showed was *Orgasmic Birth*. They talked about birthing alternatives, whether that's in the hospital, or a birth center, or at home - to a mixed group of pregnant individuals. They shared their scope of practice and how they like to support prenatal and expecting families on Taos Pueblo. I remember them coming to me during the introduction and kind of looking at me funny, "Are you pregnant? You're super young, you're sitting here with us, why are you here?" I explained to them that I just wanted to know more about midwives. That led me to a summer internship with the Northern New Mexico Birth Center when I was 14 years old, right before high school. That's kind of how all of it started.

During that summer there were three midwives on call. Sadly, this Birthing Center is no longer - which was really devastating because my whole intention was to do this internship and then when I turned 18 and was out of high school, I would start their midwife apprenticeship program and become a midwife. But more devastating because the birth center was an option for people wanting to have a natural, home-style birth. They had an amazing presence from what I can remember.

Starting with the internship, on the first day - they were like, "here are the midwives, here's the receptionist, and here are the rooms". They had two birthing rooms, a pink one and a green one

- deep, beautiful birthing tubs, windows, a courtyard. In fact, my youngest sister was born in the pink room! I remember going to that space after my mom had her. The room and the small kitchenette were the only familiar things to me. Through one of the halls, they had this bulletin board of all the babies birthed there from the late 70's until the current time. They told me that for the time being my job at the center was to sit in on prenatal checkups, pelvic exams, and pap smears, to sterilize speculums and instruments, mop floors when there's blood, change bedding. It's not what I expected. But it's very much the clinical home birth setting I needed to experience because it isn't about attending birth after birth, it's real everyday stuff that you have to do too. It was humbling.

I was just tagging along and one day they're like, "Oh, looks like we have a birth". There was this woman passing through to Texas, and she happened to go into labor and wanted to deliver her baby at the birth center. We didn't have anybody that day, so we birthed this baby. It was a first-time baby, but I don't remember if it was a boy or a girl. It was really fast. The next thing you know, they're taking her to pee. I don't know why this part has stuck so much with me, the postpartum – it was so raw. Where they had a peri bottle, she was holding it and they're guiding, and are like, "it's gonna sting when you pee, so squeeze this bottle and it'll help soothe a little bit". I remember helping her on the toilet and then mopping the blood drops off the floors and changing the sheets. I remember watching the midwife weigh this newborn, a pink baby that was nice and healthy, doing a heel poke, and checking the oxygen levels and vitals, typical midwife stuff. In the days to follow we did home visits at those people's friends' house, which was in the mountains. I remember writing down terms: nouns and phrases that I had never heard before so that I could go home and research them. I still have this wide ruled notebook. Aside from sterilizing a bunch of things all the time, and seeing into different vaginas, we got to do a pregnancy test. There was this girl that came in and she said, "I think I'm pregnant". And she was. She came in because she knew that she could go there for a free pregnancy test. So that was great.

A lot of the midwives were quite aged, which is great because they had these amazing experiences and stories to tell me about trips overseas and abroad and in Mexico and stuff that they had done at such an early age. I had told them, "I want to be a midwife". And they were like, "well, come back and do that apprenticeship and we can certify you as a midwife. But basically, this is what we do, this is what it looks like". That's how that internship was.

Later, after leaving music school, I came back to Taos and finished up my high school. Then left and went into Bolivia, hearing from some friends that there was an Indigenous Bolivian woman who was a midwife/obstetrician. Maybe she was a gynecologist. She had done her studies in Mexico and in Belgium and was getting her doctorate. A huge humanitarian who was also advocating on the board of natural medicine for the country of Bolivia. Like super cool. I was talking to her about how I could collaborate or how - because this whole time I've been navigating in the dark. Nobody really there to guide me or tell me what a doula is. I mean I had to seek out what a midwife was on my own. I've always been seeking more information and then discovering. This woman was telling me about birth customs in Bolivia, but really - I couldn't learn a lot from

her because she was on such a different level. She wasn't practicing home birth, she wasn't delivering babies.

Then I came back and was not knowing how to pursue midwifery. I didn't know what to do next. My plan was to go to Hawaii to study with this midwife, Claire Laprinski, she's a non-Native Hawaiian. She's lived in Hawaii for decades and she has a farm, a classic hippy midwife. Super local and respected by the community. I had heard about her from a family friend, but that fell through and I just wasn't ready for that. Then I started searching for other programs. I searched, midwifery internships abroad on a Google search. And then something popped up, for an opportunity to go to Guatemala and choose a midwife that you want to intern with.

That took me into a rural community called Tecpán. I was there for a couple months, it was my true initiation into Tribal, raw, midwifery care in a rural dirt road setting. It was really hard for me because my Spanish wasn't that great. The demand that the midwife had on me was really tough because I hadn't had a lot of experience, but she just knew I could handle it. It all worked out and I'm so grateful for it. The day before I flew out to Guatemala, my uncle who used to be a medic in the military, he was like, "okay, here's your blood pressure cuff and stethoscope. I don't know if you'll need it, but just take it". And he's like, "this is how you take blood pressure". That ended up being the biggest tool I have ever been taught. Once I was in Guatemala, I was assisting, I was a midwife assistant essentially. Taking blood pressure, checking measurements of the growing belly, checking the positioning of the baby, catching babies, putting on an apron and passing the sterilized instruments, spending the first hour with the baby while the midwife tended to the postpartum woman in their Temezcal sweat, following a postpartum ceremony. We were seeing three to four clients a day. I experienced four births out there, and once I got home, I thought: oh gosh, I need a breather. That was really intense - and I don't know if I want to be a midwife right now. Because I saw this woman and she had the biggest respect and reputation in the community, and I felt like I don't have that at Taos Pueblo. How could I just become a midwife and think I'm going to be successful?

I realized I needed to do something with postpartum. Then my mom was on Facebook and she had this ad pop up on CAPA, the CAPA organization and there was a training in Santa Fe for a postpartum doula. So, I applied and somehow scrounged up the money and ended up going and getting trained - but never completing my certification because it felt so awkward. It really didn't speak to me. It was very sterile and not comfortable learning about Western ways of supporting a family after birth. I just was kind of turned off - but thought, this is great information and knowledge that I will use anyways. Shortly after, I took the lactation educator training through CAPA, but I did not finish that certification either. And that at that point I was feeling at a crossroads and feeling like I should be making money. I should be doing something - applying my knowledge and skills. I should be working instead of restaurant jobs and little traveling here and there. I was kind of unhappy.

The CAPA training, Childbirth and Postpartum Association, I believe the headquarters are in Georgia. It's a huge global organization that looks great but is very dry. The curriculum is evidence-based, research-based, which is so important, but it doesn't work for everyone. In taking

that training there was minimal information, but it discouraged using herbs. They did not talk about traditions of the expecting families in labor. They did copy some of the Robozo techniques, but just spent five minutes on that and moved on. The most natural piece of the postpartum training was the massage because it was hands on. But then for the breastfeeding educator training you cannot be hands on and you cannot suggest galactogues to promote breast milk and it's very contradicting what you can and can't do. And then the certification was very intense for becoming certified with CAPA. I almost thought, how am I going to do this in a year, that was discouraging. What was also discouraging was the money. You had to pay a fee to obtain your membership online, the only way that you could access the educational portal was if you had this membership. I was shelling out so much money just to start this program and get the required books, and that was really hard. Then the support, it's not the support that a human being is looking for - I guess from a very humble community. It's cut and dry customer service. I didn't want to reach out for help.

Then through my first CAPA trainer, Abby Bordner in Santa Fe, she emailed me saying Tewa Women United just created their first doula program. She's like, "apply now". And I did. I got in and finished my certification in December! I graduated with that first cohort, completed my certification, and now I'm contracted with Tewa Women United as one of their five doulas that serves Rio Arriba County and the six Tewa speaking tribes. However, that does not include my community or Piccuris. Just last week I finished the Indigenous breastfeeding counselor training with Camie and Kim, it was amazing. Recently I also became certified as a midwife assistant with Changing Women Initiative. So that's going great.

The current trainings I've successfully completed include the Indigenous breastfeeding counselor training. It was amazing because it was a room full of likeminded individuals who were also from communities, rural communities. Not so much urban, which is cool cause I clash with urban communities. You cannot put urban and Pueblos in the same room and say you have the same values. It's difficult because Pueblo is very much still present, and we haven't been relocated thankfully, and we haven't been told that we have to start a new way of living. We're still very much an agrarian culture. We still have our streams and our rivers, and we have our lake and our land. That is so fulfilling. Our bordering Pueblos, they still have a lot of that vital land connection.

What keeps me afloat is I'm a full-time home visitor for Taos Pueblo serving all of Taos County. We have 32 families that we're serving - Native and non-Native. It's a Tribal home visiting program, just kicking butt and enjoying the family interaction. I've had a couple doula clients that I was able to transition over to home visiting and be their home visitor as well. At the program I am able to strengthen their prenatal material, their labor and delivery and postpartum material, and overall knowledge of the reproductive and postpartum phase. All this knowledge is finally being put to use and I feel so amazing.

The Tribal home visiting that I'm a part of has founders that tried to combine urban and Pueblo and mix it together. That's when I had to speak up – it's not possible. Yes, we love our Native brothers and sisters and we want to uplift each other and collaborate, not to fight. But there's some differences that you have to also recognize, too. In these trainings, since it's been very much

based on regions, we've had Navajo and surrounding Pueblos and some Apache, which is pretty cool. Those are all very familiar, close places. And then the trainers, Camie and Kim are both IBCLC certified and Native. Which, usually when I'm in these trainings, whatever training, it's always by some non-Natives. It's just more comfortable when you can learn from people who know your slang, who can talk about tribal living, make funny jokes, and really feel comfortable in the space. It's a family.

When I attended the Yiya Vi Kagingdi, Tewa Women United Doula Program, it was open to some non-Natives and that made it a little bit hard for some. Especially because they were in a room of 10 plus Natives and they're the only white people. Typically, I'm the only Native in a group of 200 people. So how does that feel? But you know, I still have compassion for them. It was just great because the curriculum that Tewa Women United developed was based off of Northern New Mexico. It was based off of our plants, and local herbs, and trees, vegetation, the rivers. And most importantly, the diversity of cultures that exist. We have the Hispanic, the different migrants, the Pueblo culture, and some of the Navajo culture. It's very, very, very rich in that sense.

They were able to articulate that in a way that was very inclusive and not segregated. Because I've heard Pueblos and Navajos don't gel. Just like the Hopis and the Navajos don't gel. And that's very primal thing, right? Because we are different bands of tribes, they did fight each other. But this is also 2020, how can we go above and beyond that? Both those trainings were very much centered and very respectful of the land and that feels good. They were also so in depth with sharing data and research, so that we may provide evidence-based care. They talked a lot about trauma-informed care and substance abuse, recovering substance users, victimized people in the jails. That component is so important in Northern New Mexico and in the world. Even the component of foster parents and grandparents raising grandchildren, cause that's very much the reality in a lot of Native country. It's not saying, "Oh, poor natives, we need to be sensitive with our people". It's like, "here's real shit right here". Let's get educated. It's like the other surrounding trainings here - they're taught by white people, but let's do it better and so full force. It's so appealing and badass.

I was certified with Tewa Women United's YVK full spectrum doula program. We are certified in preconception education, sexual education, reproductive health and anatomy, and then the prenatal phases - from first week to the last week, labor and delivery, infant loss support and abortion support and postpartum, and of course a big emphasis on lactation support.

The term doula, I use whatever word families want to use. Especially if I'm doing a first-time intake or meet and greet. I tell them, "I'm just here to educate you, support you and make sure that you know, that you could come to me for anything regarding this time in your life". I tell them that we're known as doulas. I've definitely been called a birth coach. For example, there's a young family in Taos, they didn't know what a doula was and the best way they could describe it to their family was, "Oh, this is our birth coach". And they said that saying doula was too weird and they didn't want to have to explain it. Whereas birth coach was ideal for them. Usually I just say I am a

birth worker because I kind of dabble in the full spectrum doula work. Using the term birth worker, it fits better with me.

Having to navigate in the dark has definitely been work too. I feel like I'm doing all the hard work for families not to, which is ideal. Birth workers, it sounds cooler than doula to me. I know there's doula associations and training, so that term seems to be used more. Sometimes people think of doulas as the Hollywood version of a doula, which is basically your hippie midwife stereotype. The one with the clogs, the oversize dresses, the sage, and the crystals. If you want me to do that, I can be that too. Whatever you're comfortable with, whatever your culture in this family is, or spiritual background, ethnic background. I'm not here to instill my personal beliefs on any families. And I think that's a great skill that I have, being able to be comfortable in so many different settings and also - it's not my choice, I don't think to say I only do hospital births or only do home birth. To me that's bullshit. If you're going to give this awesome work, if you're going to give back to the community you're serving, you might as well do it all because we don't have time to be picky and choosy and say, "Oh this is only what I specialize in". Cause you know what home births still to do transfers to hospitals and what happens when you're out of your comfort zone? You still have to show up.

It's an important thing during that first visit, meeting families to really gauge them and ask what they're comfortable with. Even down to the presentation. I have a way of putting up my hair on my head and being messy and having a certain look. When it comes to birth and meeting people for the first time, my work ethic kicks in and I'm very respectful of the first meeting and their space. And if they're like, "Oh yeah, whatever", then that's cool too. But I'll always have my hair back. I'll always have my pre-ritual and whenever I'm in somebody else's space, I have my tools where if I get triggered or dis-regulated, I know what to do. I think that's very important - to have skills to do this work in a very receptive way. You can't judge people. You have to just be on their level. And sometimes I've seen where that goes very, very, very wrong where they don't get on that family's level.

That starts with being on time. If they show an interest, returning their call, being punctual and not leaving them waiting. Asking the family where they want to meet and making sure that they're comfortable. If they don't want to meet in their home in the first meeting, that's completely fine. So that means finding a place where they feel comfortable cause I don't want them to come to an office or meet at a McDonald's and feel totally out of their comfort zone. I always consider my safety too. Making sure that they know what the work is before they completely sign on to it, and then scheduling is very important. Just before that first visit, I like to make sure that all my needs are met. I've used the bathroom, I'm hydrated, and not fatiguing out on this family trying to listen to them. I want to make sure they have all the right information: brochures about the program, about what I do, a card in hand, pen and paper. It's very important to make sure that you're not missing any vital information. It's like the waitress that takes your order without writing it down. Sometimes I don't trust that they're going to get my order right. So maybe that helps them or maybe it just helps me remember. That way that they know that I care because if I'm like, "Oh wait, say that again. Okay, let me write that down so that I could bring that to you at the next visit".

I want them to know that I'm validating everything they're saying and just appreciate being in their space. Honoring that they are making the time and the complete effort to have reached out to me, but also allow me to be in their space, which is extremely vulnerable, especially for some pregnant people. They are so tired of talking about how far a long they are, the gender. They're so harassed, I feel like, that one more person added to your realm is exhausting sometimes and overwhelming. I am a pretty solid listener. I'm talking a lot on this interview, but usually when I'm listening it's very, very, very wholehearted. Not interrupting them or not overwhelming them with too many questions. Just making sure that that first impression is like, "Oh, she's actually really cool and she's not a slob and she smells good". Or she wasn't fidgety because she was fatigued, and nervous, and hungry, or she didn't have to get up and use the bathroom a bunch of times. It's so important that first meeting. And really, I won't hold them to an hour. It's whenever they're ready and feel like they've gotten the information they need. I like to leave it with - any more questions or concerns. Cause a lot of people are like, "what if I can't get ahold of you?" You know, "what if you sleep through your phone and I'm miscarried, or I'm hemorrhaging, or I'm in labor and what do you do?" So, we talk about backup plans and also being on call.

When I'm on call, I don't drink, I don't go out. I stay pretty much in my own healthy realm. I've got to humble myself. I make sure I know what my food intake is, I'm looking at how much I'm getting sleep and that I'm not too stressed. Because you never know when you're going to get that call. For example, there is a time where I was super overwhelmed, and I went to a birth. I felt that after everything, I did not show up 100%. I was too exhausted during that birth because I had too much on my plate. It was before the holidays. Those are important things for the family know. I'm here for you and I abstain from a lot of things. You have a special ring tone. I have your due date alerted in my calendars, I will be in contact with you, I'm yours. Knowing that they can count on me, it's a lot easier and sometimes it's really hard for a family to just let that settle. I give disclaimers and also tell them that if they don't like my services or aren't gelling with me, just let me know and I don't take offense to that.

I've been doing most of my births with Tewa Women United as a contracted doula. Usually they'll get a referral and they'll do an intake and they'll assign a doula. And once they get assigned, we do that first warm handoff and make sure all the paperwork is good. Then we set the stage - you have three prenatal visits, then labor and delivery that I attend, and then three postpartum visits. Sometimes I can't do a visit right away, unless it's an emergency, so most visits are planned ahead. It typically depends on how far along they are we get the client. Sometimes they're already in the last trimester. We'll have to make sure to get those three prenatal visits in. Still, that's wherever they want to meet. Those visits depend on the doula or client, but minimum is an hour. Then labor and delivery, Tewa Women United requires that you're there for the labor as well, not just the delivery. Whether that's an induction or a C-section, you have to be there for all of that. Per our scope there is a minimum of two hours we spend with the family postpartum. That one I'm still really bad at. I always extend my hours past two hours postpartum cause that's such a vital time, it's so important to be there. The postpartum is really cool. As doulas, it is important that we ask respectfully about any traditional customs/cultural practices and how they'd like to incorporate

that, or not, with or without or assistance. In New Mexico, postpartum rituals vary from community to community, but I think they're pretty much similar even down into Mexico and South America. We're all corn culture here. We've got to have some similarities and we do, a lot.

I've gotten a couple of referrals through another home visiting agency here in Taos. One of them I took on, one of them I declined because I already had two births to attend. Which I don't have a problem doing that – denying births. Because I think I'm valuable. And that's not me being cocky, it's just there's not enough doulas in Northern New Mexico, let alone Taos County. I really value this work and I'm not gonna bend over backwards too much to accommodate. But there is an exception when it comes to Taos Pueblo, that's when I show up regardless. Because that's my whole purpose - is to provide this birth work. I'm a container of information, use me, specific to my Tribe. Then sometimes people will be like, “Oh, I heard you're a doula, heard from so and so or can you be my doula?” And then one time someone asked if I could assist their unassisted birth. And I said no, because I'm very, very keen on respecting my scope of practice and what I can and cannot provide and I don't want to get in trouble because this reputation affects my whole life. It's not like, Oh, I'm a doula now and then who knows what I'll be, it's not a trial run. This is who I am. Protecting this whole presence that I'm giving is very important and I can't risk anything.

There are no midwives or birth workers in Taos Pueblo. I'm the only one right now, but there used to be. A lot of those questions that I have are unanswered. I've looked through a lot of anthropological, ethnographic books and articles specific to Pueblo culture during the turn of the century/1920s/30s. Although there is very little to learn from these texts, I've been able to compare what I know and what I've heard and been taught to what these foreigners witnessed. Most of the articles that I do have from that specific time mentioned is that they recorded in Taos Pueblo two or three midwives. I can't even fathom what it'd be like to have those midwives walking around today. Just Taos Pueblo midwives in general, our lives would be so different.

Because we're a corn civilization, very agrarian driven, I went specifically to Mexico and South America in search of these, also relatable birth customs because I felt it in my DNA, the similarities. I did find that we do all wrap the belly postpartum, immediately. And, the placenta, it seems like we all buried the placenta, be it a boy or a girl. Some different surrounding cultures, say you bury the umbilical cord in a field that's for a farmer or in the mountains, hunter, or under a grinding stone is for girls who are going to be amazing, corn grinders. But now it's very different because people have forgotten that. It's died with a lot of families, that concept. And no one is really farming that much anymore. A lot of us are buying corn that's already blended and sold in the stores and not actually taking a corn kernel between two stones and grinding the shit out of it. We're not doing that anymore. A lot of people can't fathom the amount of dedication and work. They ask, “why do I want a farmer that doesn't make sense”. Or what, “grind corn, I've never done that. So that's hard”.

Thinking about what birth used to be like in the Pueblo setting, there would be no men allowed in the labor and delivery of the child. It was dark. It was very, very warm and sweaty in our Pueblo home and there were lots of aunties. And of course, there were midwives. A lot of women were part of that birthing ritual. But the men were told that if they're in the room they

would make the labor a lot more difficult. During pregnancy, men are told not to hunt because birth defects may influence the child. I've heard that over so many different cultures as well as tying things. I mean there's a reason - we don't live near the ocean - we would be a tying nets and catching fish, but we don't do that. So that would be like maybe tying ropes around a gourd to harvest and let dry. Same with women, not weaving or doing handwork - knitting and crocheting, stuff like that. Tying knots would result in the umbilical cord having knots in it or being wrapped around the baby in crazy ways.

Thinking about medicines and herbs, I have read these books and there's all these herbs listed, and I ask people around here, but most don't know what that is or, "I've never heard about that". To terminate a pregnancy, or to promote fertility, or to be used as a birth control, or even love potions, and smells, and flowers. A lot of those elements are a beautiful aspect of our lives but it's not there anymore. That's also why I have such a huge drive. It's not necessarily to bring back or to try to remember and say we have to be primal again. It's just if a family is wanting that, seeking that, or needs to hear stories of birth, then I can provide that. It's a lot harder because like I said, a lot of people aren't living in the village, culturally active, or abide by a cultural Puebloan calendar or farm. The family dynamic is very much broken. I'm just happy to remember things and to hear stories and to be able to maybe inspire somebody. I do have a little success story about someone interested in lactation work, a woman from a surrounding Pueblo, who has a child with a young Taos Pueblo man. She attended the breastfeeding training and was totally inspired. Even though she's from a different Pueblo, we're still so close and she's living in Taos, so why not? I am stoked, but also trying not to scare her away with my intensity.

My hope would be to be able to get a handful of young girls to be like interested in learning more. Because I feel like I have a solid birthing community in Rio Arriba County and am trying to build one in Taos. I have the connections and I've done all the hard work. People just need to jump on board with me and I got them. I'll support them. I don't want to be the only Taos Pueblo birth worker, or one interested. I can't be so close minded to only think of my community. I have to think of the surrounding community and even though I'd prefer to only work with Taos Pueblo, there's not enough of demand for me or this work yet.

I'm hoping that by me doing this work and continuously showing up to events and having this image that people can be like, "Oh well there's always Aspen in case you need to ask her something." I want them to offer the alternative. Some are seeking prenatal care too late, but ultimately don't have many places to choose from. We are seeing many people from Taos are seeking prenatal care at the Presbyterian hospital in Española, which is a 50-minute drive on a chill day, through really crazy conditions sometimes. They seem prefer that because they say it's much nicer, the care is predictable, stable, and humane. Their maternity ward, their staffing, their OB GYN on staff, are all just amazing. And they have this great reputation and it's a baby friendly hospital and their C-section rates are not very high either. In Taos, a lot of the Native people are like, "well I guess we got to go to Espanola." And they brush over the idea of having a midwife or seeking a home birth or a midwifery center birth. And that's cause it's really, really, really fricking expensive. There's also a certain image of midwives I often hear associated with families not

receptive to the work. During the 1970s, a huge hippie migration of very free-spirited people made it to Taos. Midwives and daughters of midwives were part of that caravan. They were the ones that established that Northern New Mexico Birth Center and the National College of Midwifery. However, the Native population, my population was like, “so they're doing this. I don't think we want to do that anymore.” That was right at that perfect time where they were just brainwashed enough to say, “hospital clinic births are better and less savage, cleaner.” I want my people to know that there's an option and there are alternatives. There's an option to have me as a doula for free, if that's the case. There's an option to get midwifery care if they just talk to me so that I can talk to the midwives.

My ultimate hope is that I can have a gathering quarterly with all the current, dedicated, rooted midwives and doulas/birth workers in Taos. We have that in Rio Arriba County. But what about Taos? Where I'm from? Is there anyone around that can support me too and that I can support? That's been really hard - finding dedicated people who are willing. I'm also a bit picky too- so that doesn't help. I also don't care saying that because there's just popularity, this trend of doulas and midwives and they get burned out before they know it. It's hard work, and they're just doing it to do it, as a hobby, maybe supporting a friend's birth as a sister or motherly figure. That's cool, but I need dedication.

Even although I am Native, I don't project it to people. I am proud and it's in my heart, but I also don't identify myself as just this Tribe. What's true to myself is what's in my heart and what my beliefs are. I don't care if I go someplace and I don't introduce my clans or where I'm from and what lineage I come from. My family knows me, and I participate, those who participate know me, and that's what's good. When it comes to coming to birth, I never try to play off this intense Indigenous vibe. If they want me to, I will. I keep that to myself. For example, the way I tie my hair for births or meetings will be how we tie our hair from Taos Pueblo. It's called a Chongo. It's just a Spanish term that we use. If you can imagine Navajo hair, how they tie it with the white string. I'll tie one on the back, and it's very subtle, and not so flashy.

I have this little silver effigy that my dad gave me as a graduation present. It's a storyteller. I think during the 1950s there was this trend of pottery storytellers, the big mama, Pueblo mama. She has all her little babies crawling over her and her mouth is open and she's speaking stories or singing song. This poured, pure silver effigy looking thing, you cannot tell what it is. But she has such a profound energy. I'll kiss her sometimes. I'll shine her up, and I'll talk to her and tell her my worries or ask her to give me strength. Sometimes she'll be in my pocket if I need that extra push. She'll charge in the moonlight, sometimes get washed in the river, or just chill in the dark. It's whatever she likes. She has a lot of power. And depending on the intensity of a birth, I may pray, whether that be with tobacco, or cornmeal. Usually before we eat a substance or drink something, we always feed a little bit to the earth. So maybe I'll be in the hospital, drinking some coffee, and I'll poke my finger in the liquid and splash it out. I definitely honor that.

I have a pretty strong intuition where if I need more guidance or support from an ancestral or spiritual level, then that can go pretty deep too. I think what's important is having a good mindset, dropping all my baggage before I go see a family cause it's not about me. Sometimes it's

a long birth or labor and I'm a little tired, but I'm like, "Nope, bring it back in. What do I need to do? Is that drink water or is that go outside." Sometimes I'll sleep in my car for an hour. I always debrief the birth experience which is very healing. Usually my go to is my dad. When I'm going to a birth, he's the one that gives me a lot of strength. He's my main spiritual teacher from the Pueblo side. That always gives me a nice, amped up approach to doing the work that I'm called for.

This work, birth work, it's a lot of healing for people. It's free healing, that they don't even know what they're jumping into - birth is an experience in itself. Pregnancy and postpartum bring up so much intensity, whether that's good or bad or in between. For a Nation or a community, I don't think I can change the world, let alone my community, but I do know that maybe I can have an impact on one person and therefore will ripple out. In providing full spectrum care, it's holding them in a space of vulnerability. If they can heal through some traumas, or they can heal through some grief, or whatever that they didn't know that they had – it's a privilege to be in that space. I enjoy promoting confidence in them to face their fears. I think does a lot because I've met some moms that are like, the birth changed my life and now I'm this fierce, force for my community, and I'm advocating now for the waters, and I am advocating for early child development.

Inspiring one family with some knowledge or helping them grow a little bit feels pretty life changing and something that's connected to helping the community. Sometimes it doesn't work with them, which I'm cool with. But it's just nice when you do see some confidence in that person come out. Or intense sorrow that they're able to recognize and maybe release. It always turns into a conversation, which is really beautiful. It's the stories that I think is going to help uplift - at least my community and their struggles whether it be with feeding the child, formula or breastfeeding or supplemental- and their birth stories. A lot of times you don't hear that, especially with miscarriage and infant loss, that's just not discussed. The language has been forgotten - how to speak about these things.

I also wanted to mention uplifting our young males in the community. I recently had a family and they had an unexpected pregnancy, and this is just an example of how I'm able to foster that. This young man, he didn't grow up with a father, he ended up being raised by his grandparents but still causing a lot of trouble. Now he's a dad. During our visit, it was really shocking to see this sad young man realize like, "Oh my God, I have to step it up, who was there for me?" Helping him to gain that confidence and even teach him the basics. Even though it's a huge responsibility, you're going to be fine, trust this process, and communicate. Uplifting the partner, whoever the partner may be. Uplifting the male or the father figure is profoundly important. And sometimes we forget about the others and, and just expect them to show up, but really, they need that support. That's one little part, one little big part.

Miranda Kelly

My name is Miranda Kelly and my ancestral name is Tilyen. I'm Sto:lo and mixed settler ancestry. I have connections through my great-grandparents, to Snuneymuxw, Sumas, Cowichan and Soowahlie First Nations. I'm registered to Soowahlie and that's the village that I grew up in. On my mom's side, I have Russian, Scottish, and maybe Welsh ancestry. We're not totally sure on that side. But I was born and raised in Chilliwack and grew up in Soowahlie, my home village. Currently I live in Vancouver, BC, which is the ancestral, unceded lands of the Squamish, Tsleil-Waututh, and Musqueam. I feel a strong connection to this place as well. This is where my babies were born. I'm a mother of two.

It's hard to trace back and pinpoint exactly where my interest in birth work originated. It certainly goes back to at least my first pregnancy - but I think even beyond that. When I started my master's program at the University of British Columbia – I actually moved to Vancouver about two months before my master's program started to do a summer course in biochemistry. I moved to Vancouver and my partner was still in Victoria where we'd been living before - wrapping up his work. So, I was kind of alone in a new city, just studying really hard for this intensive biochemistry course. In my spare time I was volunteering for this summer camp program that UBC runs, designed to foster interest in sciences and to recruit Indigenous high school populations into science programs at UBC. In the program we did a tour of the midwifery school at UBC and that stuck in my brain. One of the other volunteers with the program was very interested in midwifery. As one of my first friends at UBC that also just stuck in my mind that she had this interest in reclaiming Indigenous traditional birth practices and in the midwifery program.

I started my Master of Public Health and the Director of the program was a researcher in maternal and child health. She brought that lens into the work that she was doing in our program. Early in our first semester, she lectured in our introduction to public health class, presenting research on maternal and child health. She spoke on research about the safety of home birth and the safety of limiting the number of interventions during birth as much as possible. This spoke to something deep inside of me. That resonated with this deeply held belief that I've always had; that our bodies are designed to do this and that it's a safe process.

I learned more about the midwifery model of care, and the safety of home birth, and that planted a seed in my head. If I do have a baby someday, I feel like that's the way that I would go. So, then fast forward to when I got pregnant. I just knew that I wanted to have midwifery care, and that I wanted to plan a home birth. And actually, before I got pregnant, one of my coworkers, an Indigenous public health physician, very generously shared her own home birth story. And that just felt really empowering to me, to know that my mentor, and somebody that I love and trusted, also understood the safety of home birth. Knowing one person who had done it made me feel more empowered to make that plan for myself.

Early in my pregnancy I found a group of local midwives to plan a home birth with. Everything went very smoothly in my pregnancy and in my childbirth experience. I ended up having the ideal birth experience that I'd hoped for. Everyone told me in pregnancy, it's never going to go exactly as planned. There's always going to be some element of surprise. For me, the

surprise was that it did go exactly as I hoped. That there wasn't just this doom and gloom that something bad was going to happen. It went beautifully.

The next surprise for me was just how hard it was postpartum. I was completely unprepared for how demanding both the postpartum recovery and caring for a newborn would be. I didn't plan for adequate postpartum support. And that really stuck in my head - I feel it actually took years of healing to recover from that. I didn't take the time that I needed, and I didn't have the support that I needed to recover postpartum. I took a year of maternity leave with my first daughter and then returned back to work part-time after she was a year old. When she was two years old, I went back to work full time in a health organization. After a couple of years of having been back to work, my partner and I were ready to start trying for another baby. But I also was starting to feel really burnt out and needed some kind of change. I ended up leaving the health organization and moving to a lower stress position in a health education program. My plan was to figure out what to do with the rest of my life and my career when I went on maternity leave.

It didn't take me long to get pregnant again. Only about three months. I took my maternity leave, I started it as soon as I could, 12 weeks before my due date. I spent that time being present in my pregnancy day to day, trying to really honour where my body was at, and trying to stay as comfortable as possible. I had a doula for my first birth. I had a doula again for my second because I had such a wonderful experience with my first pregnancy and childbirth. Basically, my birth plan was to do everything exactly the same as last time - cause it worked really well. And that didn't go really that great for me.

I had decided to go with the same group of midwives, but the same doula wasn't available. I had hired a birth photographer for my first birth who's also a doula and I actually ended up hiring her as both my doula and birth photographer for my second birth as well. I had as much as possible the same team as last time. But what I didn't realize, going into my second pregnancy was that midwifery groups and their practices can change and evolve over time. I just assumed that this group of midwives was a good fit the first time they'd be a good fit the second time. That ended up not being the case, for a variety of reasons. As things progressed in my pregnancy, getting closer and closer to my due date, I had this increasing feeling that this was not a right fit.

The midwifery group had changed their model of practice and there was some turnover in midwives. There were a few new midwives I hadn't worked with the last time. Their team ended up being divided on whether or not they were willing to support me in having a home birth. Some things came up in the pregnancy, some deemed kind of high risk and others not. I didn't really see it that way - in terms of risking out for a home birth. I felt like my doula was really critical in supporting me to feel that this was my pregnancy and I can own this. She reminded me it was really important to have a healthcare provider that I could trust and that supported my decision making.

I felt like the midwifery group that I was with was divided and while some of them were supportive of me, others weren't. It reached a point where I felt like I was being strung along. They wanted to wait and see. I got to 38-weeks of gestation and I asked, "are you going to support me at my home birth or not?" They had a team meeting about it - and they were basically divided.

Half of the team was willing to support me to have a home birth and half wasn't. It was going to depend on who was on call when I went into labour. That was just it for me.

That was not okay. That wasn't my birth plan. I wasn't going to leave it up to whoever's on call. And I was at a point where I felt like even if they were supporting me at home, they'd be looking for any reason possible to transfer me to the hospital. I didn't want them bringing their fear into my birth space. My doula, who's well connected in the local birth world, was able to help me get a meeting with another group of midwives who were willing to take me on and support me to have a home birth. I changed care providers at 38 and a half weeks, which is something I definitely had not anticipated. But it felt absolutely necessary at the time because I just had this really strong belief that I can do this - I've done this before. I know what home birth entails and I'm completely a hundred percent willing to transfer to hospital if it's necessary and I'm willing to accept the risks involved in that. I live 15 minutes away from our provincial women's hospital. I felt really safe - at least attempting a home birth. I felt this incredible weight lifted off my shoulders once I did make that switch in care. And at the same time, I felt really angry and robbed of joy in my pregnancy because this had been so much stress in the last half of my pregnancy.

The birth ended up going beautifully and uncomplicated and smooth. I had the lovely birth that I wanted at home. It was that birth that really solidified for me why birth work is so important. I had really wonderful support people willing to hold me up in my birth. That's such a powerful gift to offer someone. And I thought, maybe there's a path for me to do that.

While I was on maternity leave with my second baby, I completed training through the Pacific Postpartum Support Society. They offer volunteer training for their telephone support line. I was interested in that because of my first experience struggling postpartum. I felt that maybe there was some way that I could use my personal experience and knowledge to support people postpartum. I did that training when my baby was about five months old and I felt like that opened the gate for me to want to explore more training. So, I looked into doula training - it was out of curiosity and interest. I didn't really see it becoming a career path for me - I just loved reading pregnancy and childbirth books and listening to podcasts and birth stories. I signed up for training through Doula Training Canada. First, I completed their postpartum doula training, a one day in person training. A few months later I did their birth doula training, which was two days in person. They also had an online modular structure - if you wanted to become a certified doula. I really enjoyed the in-person trainings and I started doing the readings and some of the assignments for the certification - still not fully committed to actually finishing the certification and becoming a doula. But again, just more out of interest.

After my in-person training, I connected with a local group, the ekw'í7tl Indigenous Doula Collective. I felt like it would be really interesting to connect with some Indigenous birth workers and see how they practice and how they manage to integrate birth work into their lives as mothers or as busy students. One of the doubts that I had about going into birth work was just that, how can I make this sustainable and how can I be on call when I've got young children? So that was a barrier to considering it as a career. Through that ekw'í7tl Doula Collective, I ended up connected to a nurse at a hospital who called me one day and said, "I have this mom who's being discharged

tomorrow who really needs some postpartum support. Can you support her?” And I was like, “yeah, I guess so. I guess I can”. When my baby was nine months old, I started doing postpartum doula work. I thought that would be a one-off and I probably wouldn't have another client again for months down the road - cause I didn't even know, how do people find you and how do you find work as a doula? But it just snowballed. I ended up getting one client after another after that first experience. It was mostly through this doula collective, through other doulas, and through word of mouth. I continued on the path of certification which also required attending births to be certified. And I didn't feel ready yet to start attending births, so I left that until the very last step. Another reason that I felt not ready was that my baby was still young and nursing every few hours. I just couldn't see how I could be on call and then get called away to a birth and be gone for 24 hours or more potentially and leave her.

I continued on and then when my baby was 15 months or so I started attending births. For the first few clients I volunteered as their birth doula. Then after the first three I felt more confident in starting to charge for the services. In BC we have an Aboriginal Families Doula Grant Program administered through the BC Association of Aboriginal Friendship Centers. I had the goal of getting certified and then getting on their doula preapproved list. That would mean I could more easily serve Indigenous clients - since the majority of Indigenous families I've supported don't have financial means to pay for a doula out of pocket. This doula grant program helps them access to the services that they otherwise wouldn't be able to access.

By completing my three volunteer births and getting on the approved list, I was able to start taking on more Indigenous clients by funding that through the Grant Program. At that time, I was a full time stay at home mom and also working part time as a doula and I was wondering how I was going to make this sustainable. I wasn't really making money - I was barely breaking even when you factored in having to hire babysitter. I always had this fear that I was going to be on call and get called to a birth and not have any childcare for myself. That was stressful. I did manage to get some help from my father in law and then just having a roster of babysitters that I could call last minute. I was lucky to have some clients just happen to go into labour on days that my husband was home. In the fall of 2019, my oldest daughter started kindergarten and my youngest daughter started daycare. Now that I had full time childcare, I was able to put myself out there full-time as a doula. Since then I've been working full time. I find the majority of my clients still continue to find me either through the collective, or through word of mouth, or referrals. I do have a website and some people find me that way. But the majority will find me by looking into the grant program and just by wanting an Indigenous doula, I'm one of the few names that comes up locally. I think that that was a long way of explaining how I got into birth work.

As far as becoming engaged in doula work, I think the fact that here in Vancouver there's a pretty large group of doulas who are really engaged in that work. Being able to connect with the broader doula community in Vancouver was really helpful, especially with other doulas who are going through the training at the same time as me. Being able to connect specifically with the Indigenous doula collective was really critical to my success. I think that's because that's where I found confidence that I can do this work. I feel like the training program that I did through Doula

Canada was very comprehensive and I'm the sort of person that really likes having projects and list of reading and assignments and I learn well that way. I liked their online module system - it's progressive where you have to complete one step to move on to the next and then you get little green check marks. That's so exactly my learning style to be like, yes, another checkmark. It was really motivating for me to move through that kind of learning system.

I also recognize that does not work for everybody. I found it very helpful to be able to sit with other Indigenous doulas - who've all learned through various methods. We've all taken different training programs or learned through our aunties and our grannies. Being able to feel validated - it doesn't ultimately matter how we learned to do this work. We can learn in lots of different ways and we always continue to learn. It's not like you do your training and then you're done - and you can be the best doula ever. You're always learning and finding new ways of learning and different teachers to learn from. That was really helpful for me to feel confident that I can go out and call myself a doula and own that role. To know I'm going to keep learning and growing as a doula, the more I practice.

I feel like it took me awhile to connect with the word doula. It felt weird at first calling myself a doula and now I'm okay with it. I've been able to claim that as a word for myself, but I'm also comfortable with birth keeper, birth worker. I feel like doula is a useful word because I think it's more understood in our mainstream community. More and more people are knowing what a doula does and seeking out doula care. I think if I didn't use that word, it might make it harder for people to find me when they're looking for support. But then when I talk to families about what my role is, what I do as an Indigenous doula - they might also connect to it more as, I'm an auntie or I'm a helper. I'm fine with whatever resonates with other people.

In the ekw'í7tl Collective we speak of being a full spectrum doula with two frames of mind. The first being - supporting kind of any reproductive health outcome or any pregnancy outcome. And I'd love to integrate more moon time and fertility teachings into my practice, but that's not something that I really actively do right now. Certainly, supporting any abortion or miscarriage or pregnancy loss. Kind of all the way from preconception to postpartum. And then the other full spectrum pillar is around supporting all of our relatives - two spirit, LGBTQ, not just in binary terms.

I am also certified as a childbirth educator through Doula Canada. As I was getting close to completing my certification, they had a scholarship program that I applied for and won. The childbirth educator certification has really helped with the work that Danette and I have done with the ekw'í7tl Collective to develop our own Indigenous doula training. It has helped me feeling confident that I can train others. I continue to do continuing education workshops and other opportunities.

I am currently working through still birth training and later this year I'll be completing end of life doula training. The end of life doula training is happening through a partnership with trainers from the Douglas College end of life program. The training is being offered and funded through the First Nations Health Authority and it's specifically offered for Indigenous peoples who plan to serve Indigenous communities. I feel like that's really important part of being a birth worker is just

being open to teachings coming to you in lots of different ways. This is, I think, the second time they're offering a round of end of life doula training. I believe they did this last year as well. They had five different training sessions, one per geographic region in the province. That's the way that they're doing it again. They actually completed the birth doula training under that same model, back in 2016 I think. At the time they hired DONA trainers to offer doula training. I didn't participate in that training. What I heard from other doulas was that, it was fine, but it wasn't culturally grounded or entirely relevant to Indigenous contexts, especially for rural and remote doulas who have a very different context of practicing versus an urban doula like myself. That was one of the things that motivated Danette and I to develop our own Indigenous doula training curriculum. We kept hearing this feedback that the DONA model doesn't work for our people. Through our own experiences of training, we recognize certainly there's something missing from the standard doula model that grounds it in our own context of serving our own communities.

My interest in the end of life doula training has started just with recognizing that in birth work there's always the possibility of somebody losing a pregnancy or having a stillbirth or infant loss. I feel like that's something that I should have more training and skill and knowledge in, in case it does come up. It hasn't yet for me. However, I have supported clients who have previously experienced miscarriage or loss. It's part of people's stories when I'm supporting them. I think being able to understand that and hold space for that is really important. In terms of the end of life care, I guess it comes more from wanting to explore and understand in greater depth how birth and death happen through the same doorway - that they're two sides of the same coin. I think intuitively I know that a lot of what we learn, to support that transition of a baby from the spirit world to the physical world through birth could be also supportive to somebody who is making that transition from the physical world to the spiritual world through death. I think another reason why it's really important to acknowledge both the birth support and the death support, looking at our healthcare system, these are two natural events in our circle of life where healthcare has really interfered and colonized our practices.

Last year I took the summer off from attending births in July and August. In that time off I was able to go back home to and participate in ceremonies and a spiritual healing workshop. That felt like a really important element of my learning and training. Being on the land in my home territory with my Elders - doing that spiritual work. Birth work is spiritual work in so many ways. I think that maybe the most important training that I do is spiritual training. That's so relevant to my wellbeing as a human - even if I wasn't doing birth work, I was able to take my daughters out to our home territory. I'm hoping that I can do that again this summer. Taking time away from birth work for a little bit to take care of myself and that my spiritual growth and training. I think that's really important in my sustainability as a birth worker to be able to honor the different seasons that I'm in. I have seasons of really being a really busy as a birth worker and then seasons where I need to focus on my family or myself.

In the spiritual workshop, retreat that I was at - there was a thread of honoring women as life givers. That comes out in all of our teachings. As an example, I took my daughters to our first salmon ceremony - a practice that our community is trying to revive. This was the first salmon

ceremony in many decades. In that ceremony, they asked that pregnant or breastfeeding women come up first along with the Elders. I feel like that's one of those teachings, it's been held onto and it's being practiced, but sometimes we don't know a lot of the deeper teachings. I'm sure that there's more knowledge there, I just need to spend the time on the land and spend the time with the Elders and the knowledge keepers to be able to start delving more deeply into those teachings.

For me I didn't really even give the teachings about pregnancy and childbirth any thought until my first pregnancy and then I was like, "Oh, like I actually don't really know". What are the teachings around staying well in pregnancy or around childbirth and postpartum? What are the traditional practices? Living away from my territory, I found it a little bit hard to connect with anyone to find out what the teachings were. Not that I live that far from my territory. It's an hour and a half drive maybe -but it's still enough that I'm not out there to get to sit with my Elders regularly. Even now, having had two of my own childbirths and now working as a birth worker, I find it's challenging. I think there are a lot of knowledgeable Elders who want to be sharing this information. It's a matter of finding the time and building those connections to get the Elders together with the people who want to learn.

In the work that I do as a doula, it usually starts out with somebody contacting me. Usually by email or sometimes it's a health care provider saying, "Hey, I have this client who could really benefit from and is interested in doula care,". At that point of contact we usually set up a time to meet in person to see if I'm a good fit. From there, to me it's all about relationship building. I find with my clients there's varying degrees of interest in kind of pursuing education around childbirth. Some of the families that I work with, they're taking a prenatal class and they love it. They're reading the books and they are really interested in accessing my knowledge base and others are not as interested in that and are really more interested in the emotional and physical support that I offer. In that relationship building phase of getting to know each other prenatally I'm gauging, what do you want from me? How can I best support you? And what can I offer and bring to the table for you? I find generally that goes really naturally and just flows really easily. And then again with each family it varies in terms of what kind of cultural support they might want. And it's interesting too, working in the Indigenous, urban Indigenous environment that I work in.

My clients come from all different Nations and cultural backgrounds and differing degrees of familiarity or connection to their Indigenous culture. Some of my clients have been very culturally grounded and they know exactly what elements they want to bring into their birth experience. And it's very prominent in their birth space. For others it's not really a priority or maybe they're a little bit curious about it. In that way, I might just offer some suggestions. I'm like, "Here's what some of my other clients do". Or for some people it's more just about building connections and community -so letting them know where they might find access to Elders or access to parenting resources or supports. One of my clients was really interested in learning and practicing her language, and we were actually able to find language class for her locally, which was really cool.

So it kind of just depends, it's really tailor made to what their interests are. Sometimes it's even planting a seed. "Some people choose to have ceremony with their placenta. Is that something that interests you? Is that something you want to learn more about?" And really following that

model of autonomy and supporting the clients and make their own decision. In the birth space itself, I find it really varies on what the client wants. Sometimes I find it's more about supporting the family to support the clients, supporting a partner or the mom or whoever else is there.

In one instance there was a client where I was the only person in the room with her, supporting her, and that was her choice. At the end of the day, she didn't want to call anyone else to be there. That was very much hands on hip squeezes, rubbing back, lots of affirmations and encouragement. Sometimes it's about witnessing. Sometimes people just want someone else there who's Indigenous, who's on their side. I've had clients who have hired me and said, "I want someone there who's on my side because I'm worried about child apprehension". And even if there's nothing going on, there's no reason why their child should be apprehended - just being an Indigenous mom, that's something that's in the back of their mind and that they worry about. I can be an extra buffer or offer that sense of safety by being someone there who's not accountable to the hospital or to the health system. I'm accountable to them as their doula. I have no agenda other than just being there to support them. I feel that witnessing role can be really important too. And that as a Coast Salish person, that's something that really resonates with me. We place a lot of importance in our ceremony and having witnesses.

In the broader doula community, there's some debate as to whether or not doulas are advocates. To me as an Indigenous birth worker, I feel like there's no debate. To even sit and have the debate is a luxury. We don't have that luxury to sit and ponder on whether or not it is our role to advocate. So many of us, our roles as advocates start long before we're in a birth space. It's a matter of survival for so many of our families - yes, of course we are out there advocating. It doesn't mean that we speak on behalf of our clients or we make decisions for them. But of course, you're out there. Our advocacy goes so much broader than what is happening in the birth space. Our advocacy is often around those social determinants of health - like housing, access to food, access to local resources, being able to connect to our Elders, and being able to connect to our land. Yes, of course, obviously we're advocates.

Then I find postpartum, it again really varies what kind of level of support clients are looking for. Some clients right off the bat hire me as a postpartum doula, or we enter into an agreement that even if they can't afford to pay me my postpartum doula fees, I'll continue to offer some additional care. And others, everything's really great. They've got the support system they need, and they don't need that extra support from me. The kind of support that I offer as a postpartum doula often varies. In the beginning, the first few days or weeks postpartum, it might be more information and support around breastfeeding, and postpartum recovery, and those early days, newborn infant care. "Is the umbilical stump supposed to smell? How do I change a diaper? How do I know if baby's too hot or too cold? How do I give my baby their first bath?" Those sorts of common questions that come up. Then as baby gets a little older and parents find their footing, often it's more support around the house. "Can you come in and help prepare a meal or go do a grocery shop for us or do some house cleaning or watch my baby while I go take a shower and then nap for a few hours". And I find that I find it really rewarding when I can offer support to a family from pregnancy right through to the first few months postpartum. Often as a postpartum

doula I do end up working with a family for at least the first three months or so - sometimes a little shorter, sometimes a little longer. To be able to see them right through that fourth trimester is really rewarding. To be able to be there at the birth and see them claim their baby for the first time and then have that, “Oh my gosh, what do I do”, panicked look sometimes. Then to see them three months later, to be able to so seamlessly connect and communicate with their baby and from the other room, hear the cry and know exactly what their baby needs. To see them gain that confidence and find themselves as parents is really rewarding. I try to really prioritize working with families through, if that's what they're looking for. And for a lot of families I do end up staying with them at least for some period postpartum.

When I think of the cultural ways that I support families, sometimes it's something really simple and basic like gathering medicines to bring to them. Talking through if there's anything specific they want to bring into their birth - which family members will be present and if they have a particular role to play. I've had a few families who specifically name who's going to cut the cord or who's going to say the first words to baby or to say that in their traditional language. Or who's going to prepare the placenta or participate in that ceremony. Sometimes in the birth space it's smudging, or it's having traditional songs, or music playing, or it's prayer, or using water - because water is medicine. I think for a lot of family members it's more recognizing the physiology of birth itself as ceremony. And I can help facilitate that by reminding that a lot of our Indigenous ceremonies to some degree have elements of pain, or endurance, or sweat, or tears, or blood, or moaning, vocalizing, taking different positions, maybe making animal noises. All of that can occur in our ceremonies. And all of that is like woven into the physiology itself.

I think sometimes people at first feel intimidated. If I want to have a ceremonial birth that I somehow have to plan something really specific, or have an Elder present, or have my traditional medicines present when for a lot of the urban Indigenous families that I work with - that just might not be possible. If they feel like they don't have access to their Elders or their teachings or their medicines - cause they live away from home. To be able to offer that reassurance that you don't have to plan anything specific or have certain cultural materials, just being present in the physiological process itself can be ceremony. And at the same time, if you have interventions, if your labor is induced, or if you end up having an epidural or a C-section, that that doesn't just erase the ceremony of it. That kind of birth can still also be ceremonial.

After I returned to work after my first daughter was born, there was a student intern who was doing a project within the organization and was reaching out to people to share their birth stories. And I said “yeah, I'd love to, I love talking about my birth. It was amazing.” I did an interview with her where, she was really probing, “what traditional elements did you bring into your birth? Or what ceremony did you practice in your birth?” And I didn't have all the words at that time to describe birth as ceremony, but I just kept saying, “I birthed my baby. That was the traditional part of it, I birthed her”. And I remember being really frustrated and disappointed when her final project came out - none of my story was shared and I just felt like it wasn't ceremonial enough for her. It was really disheartening because I feel it really undermined and disempowers how modern-day birthing people claim our birth. You can have a hospital birth, and have an

epidural, or have a C-Section - and that can still be empowering, and beautiful, and ceremonial. You can still call your ancestors into the room with you. They can come to you in the OR, they can come to you in the hospital. I think her idea was that I had to be out in a birthing lodge on the land. To me, I feel like I did have a birth that was in a lot of ways, very similar to what our ancestors would have had. Even if I'd had a hospital birth and had a lot of interventions in my birth, I still went in with the intention of it being ceremonial and that's how it felt to me.

My hopes that I have for my work, oh my gosh, probably many. I feel like one of the frustrations I had in my former work in public health was that I was trying to enact change at a system-level, and it was just too slow. I mean, a lot of the work that I was doing was internally facing within the health care system. And I was mostly engaging with people within the healthcare system. Lovely folks, but I felt really removed from community and I didn't see how my day to day work was having any impact at all for people on the ground. And so, birth work has been a breath of fresh air because I feel like I can very easily and tangibly point to a way that I made a difference for somebody in their life that day. To be able to show up into a birth space and hold that space for someone, or to be able to come into somebody's home newly postpartum and do a load of laundry and make sure that they're fed. That can make all the difference in the world. I love birth work for that, and I want to continue that to be able to feel like I have this strong, close connection to my community and that I'm making a difference on the ground. But I also hope that through my work I can start re-engaging with my public health brain and those professional connections that I have. To start doing started on advocacy at the systems level. But in a way that doesn't drain me and leave me feeling hopeless at the end of the day.

I feel like the teaching that we're doing to train up new Indigenous birth workers is really exciting. And that definitely fills me with hope for the future and for the present really. That we're building up this great resource for our community. In the first training that we did in November a lot of the people who took the training already had full time work in some capacity supporting families in their community. They weren't necessarily looking to start working as doulas themselves but were more interested in how that knowledge and training could help them expand the scope of work that they're already doing or deepen how they support families. I think that's so important. I'd love to see a world where doula training was just part of like our life skills training in high school. Where everyone walked around with this skill set to be empathetic and to hold space for others. I think offering this training to people in our community is a great way of reclaiming our strengths as Indigenous people and being able to feel confident in holding one another up. That doesn't have to just be in birth, but even in day to day life. And I see that. I see people come into our training and they realize, "Oh, I already know how to do this". That's really all it is for us is kind of just flipping that light switch. So, the light bulb comes on, "Oh yeah, I know how to support people in this way. And as a doula or birth worker or birth keeper, all I'm doing is going in and reminding families that they know this too."

When I think about resurgence, I think of all of these Indigenous birth workers upcoming and claiming these roles and reclaiming our teachings and our traditional roles. And connecting virtually and building this worldwide network. I think of it as this unstoppable force. I feel like

we're going to be leading the way in how to reclaim birth. And I think systems are going to see that and realize - we have to keep up, we have to change the way we practice. I think of the us as this big wave in the middle of the ocean, just crashing. It makes me feel really hopeful for the future, to see the families that I work with really wanting to root their parenting in traditional ways and raise up their children to be really proud and strong - especially the young girls to be positioned to become matriarchs. That's really powerful and leaves me feeling really hopeful for the future.

I feel like birth is such a beautiful site of healing and opportunity for really reclaiming our sovereignty as Indigenous peoples. Birth ties us to the land. There's so much going on right now in BC, and across Canada, and across the world - in terms of asserting our rights and sovereignty as Indigenous peoples on the land. Especially with Wet'suwet'en right now, standing for their land. When I think about how our societies, and our systems are in so many ways really failing new parents and failing to nurture new mothers and offer them the support that they need. And we have so many mothers in need of love, and tender nurturing. Our mother earth is the same. She's a mother in need - and she really needs that tender nurturing.

As Indigenous peoples, reclaiming those roles of offering that nurturing to our mothers is really powerful. I think we can lead the way and teach the rest of the world in healing and taking care of ourselves and our earth and our future generations. It makes me feel sad to think about our mother earth and the she is hurting and the way she needs healing and nurturing. But it also makes me hopeful to see so many Indigenous youth who just feel it in their hearts - and strongly enough to put their bodies on the line.

Danette Jubinville

My name is Danette Jubinville. On my father's side, I belong to the Cyr family from the Pasqua First Nation in Treaty 4 territory. I was born and raised here in Vancouver in the lands of the Coast Salish peoples. I'm now raising my own daughter, Keestin, here in Coast Salish territory. My ancestry is Cree, Sauteaux, and French Canadian on my father's side. On my mother's side we're German, Jewish, Scottish, and English. I'm a PhD student as well.

My pregnancy with my daughter was definitely the catalyst for my journey into birth work. Although, if I think about it - it did start a bit earlier than that. During my undergraduate degree at UBC, I volunteered a lot at the x^wcìcəsəm Indigenous health and research garden. At the farm there they have a learning and growing space. I volunteered there as a helper with the Elders who've planned and hold the vision for that garden space and lead a lot of the activities there. I learned a lot from them and other knowledge keepers at that garden about plant medicine and traditional foods over the years. At one point I had an opportunity to assist one of the Elders in a workshop for the UBC midwifery students. Connecting with the midwifery students I really started to think about midwifery as a potential future career.

Then through that interest, I also started to learn a bit more about my own family history and I learned that my grandmother's grandmother was a midwife for our reserve and those surrounding reserves, her name was Isabelle Bear. And she delivered my grandmother at home at Pasqua. My grandma's generation was the last generation to be born at home on our reserve. My great grandmother Isabelle stopped practicing as a midwife in 1938 when they opened the Fort Qu'appelle Indian hospital. And at that time, her job as a midwife was essentially criminalized and outlawed through biomedical policy. That happened all across Canada through birth, being removed from communities to hospitals and nursing stations and things like that.

It was really when I was pregnant that I got more connected to a community of Indigenous doulas in the city. Two of my friends from UBC were actually Indigenous doulas. I gave them tobacco and asked them to be my doulas and then worked closely with them through my pregnancy. I really wanted them to care for me during my pregnancy because I felt like there were a lot of gaps in my midwifery care related to traditional medicines and things like that. I had this expectation of this granny midwife who would be like, "here's your red raspberry leaf tea," and whip my boyfriend into shape and all of these things. And my midwives did nothing of the sort. But I also had a lot of questions about, "can I smudge now? Can I go on the lodge? Can I dance?", all of these cultural questions that obviously the healthcare system couldn't answer. I wanted Indigenous doulas for that reason. And they offered me a lot of support that way.

Then that summer during my pregnancy, the summer of 2015, they invited me to a meeting because they knew that I was also interested in that line of work and potentially doing it in the future myself. They invited me to a dinner that we had with Jessica Danforth from the Native Youth Sexual Health Network. That was the beginning of the formation of our collective. Jessica really encouraged us. There were a couple other Indigenous doulas there to start a collective of doulas in Vancouver - myself and three others, we did that. That was when the Indigenous doula collective was born. I didn't do my formal training until a year and a half later, I think. I sort of

accepted that I was experientially learning through my own pregnancy. The Collective was formed the summer of 2015. My daughter was born in December of that year. I think I did my DONA training in the fall of 2017.

For my pregnancy, I had two doulas. I asked them to support my pregnancy for two different reasons. The first person is Anishinaabe as well, I wanted that cultural connection to my doula. She is familiar with a lot of language words. She grew up in her community and she was really supportive that way with teaching me different language words related to pregnancy, thinking about possible names for my daughter, and Anishinaabe teachings that were really meaningful to me at that time. She sang a water song at my birth. The other doula, she's from Katzie so she's Coast Salish. And I really wanted her to support my pregnancy because she is a dear friend of mine, but she's also quite close to my daughter's dad. We struggled quite a lot in our relationship. Our relationship ended quite early in my pregnancy and we had lots of communication challenges around that time. I really wanted her to be at the birth for him because I knew that he trusted her, and he was quite freaked out by birth and the medical space and things like that. I wanted that to not distract me, but I also wanted him to be supported. So, I asked if she would come on kind of as his doula.

At the very beginning of my work on the Collective I didn't provide any care. I would say not until after I did my training. At the very beginning, I was more involved in the collective building side of things and some advocacy. So actually, what had happened during my pregnancy, there's a grant program in British Columbia that's available to Indigenous families and it's called the Doulas for Aboriginal Families Grant Program. It's a \$1000 grant that Indigenous families can use towards paying for doula care, which is not part of the public health program in British Columbia. I had applied to the grant program and forwarded them the information for my doulas. They didn't know I had two doulas. You can only pay for one doula, so we were just going to split the money on our end. I submitted for one of my doulas who had done the DONA training, the Doulas of North America International training and she was a member of the Doula Services Association. We submitted her paperwork and they denied her application because they said she didn't meet the criteria - which was to be either DONA certified, which is more than having done the DONA training but actually certified with the organization. And she wasn't a high enough level member of the DSA. You can be a member of the DSA, but then there's additional things you have to do to get to be on their web referral list, and she wasn't on that list. So, they wouldn't give me the grant to pay my doulas. My other doula didn't actually have those qualifications that they required either. So, as a recipient of care, I emailed the organization to advocate on behalf of my doulas. To say I chose my doulas for specific reasons and those reasons to me were much more valuable than what those certifications meant and entailed. As Indigenous people, we have to really support other Indigenous health care providers as keepers of knowledge and practices that are truly supportive of our health. The grant program contacted me and was very empathetic towards everything that I had said, but ultimately told me that their hands were tied by the funding organization. The organization that administers the grant is not the same organization that funds the grant. The grant is actually funded by the provincial Ministry of Health and it's an Indigenous

organization that administers it. In the end my doula's couldn't get paid through the grant program. So they never were, I couldn't really afford to pay them at that time. I didn't qualify for EI. It wasn't a planned pregnancy. I had just finished my undergrad in April, and I had been doing evaluation work as a consultant. I just didn't qualify for enough self-employed hours to qualify for EI. In British Columbia, that's how it works. You have to qualify for employment insurance in order to have that money to be paid if you take a maternity leave, otherwise you can't take a paid maternity leave.

Because of breaking up with my daughter's dad and moving into my own place, all my savings had basically been depleted from that. Financially it was a really hard time for me. I did end up buying gifts for my doula's, but it really sucked that I couldn't pay them much more than that. That was an injustice we all felt once we became aware of that issue with the grant program. That was a piece of advocacy that we had been working on from the beginning of creating the collective. At the beginning we would gather, maybe monthly, at one of our homes, the four of us. We started to co-create a vision of what a doula collective could look like, what kinds of activities we could do. We spent the first year and a half focusing on that. We were all students at the time and had several other things going on. Nobody was really available to be providing a ton of care one-on-one. Everyone was taking sporadic jobs - if they had a friend who got pregnant. The vision that we have for the collective was to create this community of support and practice for Indigenous doula's. Because we've all been to university, the four of us, and we're quite woke to the politics of colonization and these kinds of things and what reproductive justice meant. We had a shared understanding that the larger field of birth, and I knew this from my own pregnancy, was very white and middle-class and heteronormative, and had all these assumptions about you being in a married relationship. We knew what we'd wanted to do was radically different from what midwifery and doula care looks like for non-Indigenous communities and what it was going to need to entail in terms of our service model, or our collective model. It felt so good to come together as Indigenous women and birth workers or future birth workers and share this space together. The fact that we all had this strong call towards midwifery and birth work, we were all united by that.

It felt like this really special little space that we were creating. That's a huge reason why we wanted to start the collective - so that we would always have that space and be able to offer that space to other people who were aligned. The other piece of it was knowing that there's all these Indigenous families in this city who might want Indigenous doula's. And so, to try to create a space where Indigenous families could find Indigenous doula's. That was another part of it. And then there were all these other ideas that we had at the beginning we would ultimately love to see. One of those dreams was to see an Indigenous birth center in the city. One of those dreams was to create an Indigenous doula training program.

At that time, in Vancouver, you could really only train with DONA, or there were a couple other programs that you could do. Some a little bit more holistic than others, but really, none of them involving or coming from Indigenous people or knowledge systems. That was important to us. We recognize that Indigenous families, through the evacuation policy, were coming into

Vancouver from out of town and they needed support. We hoped to create partnerships with Indigenous communities so that those families could find Indigenous doulas if they wanted them when they came to Vancouver. We recognize that we have lots of Indigenous mothers incarcerated. There's at least one, I think maybe two larger prisons around Vancouver. Jessica Danforth had mentioned that to us. So, we started thinking, those moms deserve care too. Is that something one day we can address? We knew that lots of our families were facing interventions from the child welfare system. Can we support those families? Those were all these intersecting things that we were thinking of that our doula care could eventually play some role in strengthening. The role that I took on at the beginning was to manage communications for the collective. We created an email address and I took that on.

Eventually we created a website so families could find us. For a long time until pretty recently, we had a self-referral intake system for families to seek our care if they wanted. Administratively it became too burdensome because it involved me having to match families with doulas based on availability. It's simpler for people to do it the way that they do it with most other doulas, which is to find them and contact them directly. So now our website lists all of our individual contact information and families have to choose. Whereas before they could just say, I don't have a preference for who - these are my due dates. We've never had any seed funding or anything like that. It's all just been voluntary in terms of the collective activities. For myself with everything else on the go, it was something I couldn't manage anymore.

I think over the years, at times, the collective has really just been more of a shell. Just because, of the four of us, three are currently student midwives, in fourth and third year. They all got into midwifery school not that long after we started the collective. And midwifery school is really quite full on. So those doulas haven't really been able to take clients since starting midwifery school. I've also been at home with an infant, toddler for all of this time. It's been pretty hard for me to be able to be on call. I started and finished my masters since starting the collective. Then I went straight into my PhD after that. But we have had some new members join, there's about eight of us now. One member who was a full-time doula and when she was with us working with us, we were able to do more things like work together in partners and do workshops.

Her and I did quite a few workshops for families, postpartum oriented workshops or prenatal workshops for Indigenous groups. And, she went home to live back in her community in the North, so that's why she left. Just before she left, we had another member join who is also being able to work as a full-time doula. I think a huge distinction why people can work as full-time doulas and why they can't, has to do with the ones who can be on that grant list and the ones who can't. For the rest of us, it's really hard to prioritize that in your life if it's unpaid work because it is so demanding. I think for several of us, I hear this echoed by Indigenous doulas all across the province, it just becomes quite unsustainable when you're not getting the resources you need to do the work. With people's roles shifting in terms of how much energy they had available to the collective over the years, the collective had to shift along with that.

We did have a retreat a couple of summers ago at one of the founding members houses on Vancouver Island. It was a time to check in about the collective, we had some new members. What

do we want to focus our energy on, what can we feasibly do, and how do we want the organization to run? We've always been a consensus based, non-hierarchical group in terms of how we make decisions. When we had that retreat, we had a couple of big realizations. One of them was that our families can't afford to pay for doula services. It's just the reality. All the families we've served over the last several years, almost none of them have been able to afford to pay out of pocket for doula care. But also, we really strongly believe that they deserve doula care if they want it. And on the flip side, Indigenous birth workers, all of the doulas in our collective deserve to be paid for their work. And so, trying to reconcile all of those realities sort of led us to realize that what we need to create would be more of a nonprofit model. Potentially something where we could get funds and donations and things like that in order to be able to pay doulas, our doulas to do the work that they do. We have never really had the capacity to get anything like that off the ground until now.

From the beginning, we've always called ourselves a collective of full spectrum Indigenous doulas, meaning that we will provide care for the full spectrum of possible pregnancy related outcomes. Whether that's abortion, or miscarriage, or other kinds of loss, also reproductive related health care companionship, if somebody wanted us to accompany them to get an IUD, that kind of thing. We've always stated that we're available for those kinds of things. In practice I would say that it's been quite rare that we've been asked to help in those ways, in those more full-spectrum capacities. But it has happened for sure, especially with abortion and miscarriage. For a while too, we were using the term, it's not like we're not using the term now for any reason - we were playing with the term full circle. For us that meant understanding from Indigenous ways of knowing that birth and pregnancy related experiences go beyond those narrow ways of thinking about birth, even full spectrum ways of thinking about birth and also understanding that birth happens within the context of family, and community, and the land. As birth workers we attend to lots of those things as well.

One of the activities that we have done as members of the collective is to offer workshops. Several of the workshops that I've done have been to introduce new parents or pregnant people to traditional medicines that could support their pregnancy. We'll do a tea blending workshop or something like that. Part of it too is around advocacy. Educating health systems and the different institutions about our work, and about reproductive justice from an Indigenous perspective. This advocacy around the grant program and getting Indigenous doulas paid, all of those things are all a part of our role as birth workers. Even the research that I do, I also see that as part of my role as a birth worker. Indigenous birth workers have always been keepers of community health and knowledge related to that. I see that as part of that role as well.

Our role also is a part of our family responsibilities and are our call from our ancestors - that spiritual component of the work that we do that's bigger than just a job. All of that is part of what it means to be a full circle birth worker. Part of it is informed by our own worldview as Indigenous people and in terms of how we think about birth. All of the members of our collective are quite culturally diverse, but I know we all share the same understanding that birth is ceremony. From that understanding, it really changes the way you think about what high quality care looks

like in pregnancy and at birth and postpartum. Understanding birth that way, and the responsibilities that we have as helpers in that ceremony, necessitate us to care for ourselves and to learn certain things, and to nurture certain relationships that I don't think are required of non-Indigenous doulas by non-Indigenous doula organizations. For example, my doula singing the water song at my birth. You don't just Google and get a water song. That is a reflection of years that she's spent in ceremony and with her Elders, and a certain location that she has within her own community and knowledge that she carries from her ancestors and her relatives. And my ability to teach a plant medicine workshop, I mean, you could pick up a book maybe and talk about that, but to talk about that from a culturally relevant perspective, that is a reflection of years that I've spent with Elders out at the Indigenous garden and with the plants and learning from them directly and taking care of that responsibility I have to the land.

This is all part of that spiritual reality of birth, in terms of what it asks us as caregivers to do and to take care of. To approach birth as a ceremony requires involvement of medicines and songs and teachings, and things like language. Then you understand that we need the earth to be well so that it can continue to support the ceremony. And we need to have access to our medicines. We need to go out onto the land and get those medicines and know how to harvest them and where to get them from or what relationships that we need to have to our own communities to get access to those things. And so it's quite different, I think, from the non-Indigenous perspective on the role. I'm not trying to knock on non-Indigenous doulas. Because I think that that almost all birth workers that I meet really understand that stepping into the role of a doula often even for non-Indigenous people is sort of like a calling, like a spiritual kind of calling. I think a lot of people resonate with that. I also think that a lot of doulas I meet - of all backgrounds -- understand that the work is a lifelong learning journey and are all really interested in learning and mentorship and continuing education. But as Indigenous doulas, I feel like there is, it's quite different to be an Indigenous birth worker. You can be a birth worker who's Indigenous, but to be a birth worker - an Indigenous birth worker, you're approaching that job from an Indigenous point of view. I think it requires that you tend to those kinds of different relationships that are probably overlooked by non-Indigenous doula paradigms. For a lot of us in the collective, we all have a really similar story around, there's an ancestor of ours who was a midwife - who was the last midwife in our lineage or that kind of thing. I think for all of us, the work really closely connects us to our ancestors.

I have lots of reflections about my experience taking the DONA training. I was able to do the training through a connection, she was one of the early mentors of our collective and other Indigenous doulas in the city, who was ending her time as a doula. She had a connection with the instructor, the Vancouver DONA chapter. She was able to get me and another member of our collective into the workshop for free, which was awesome cause it's a \$450 workshop. So that was really nice of them to create that space for us in the classroom. It's a two-day program. I did the birth doula training and I enjoyed taking two days to talk about birth and be around people who are also excited about that and the instructors are really phenomenal. But you know, from my own critical perspective or analysis on it, there was no social justice component of the training. There's no anti-racist component, there's no cultural safety component. There's really no discussion of

social dynamics at all, or social determinants of health within the training and how that impacts birth experience. I think they say that with the limited time that they have, their focus is on the physiology of birth and that's fine. I almost think to be a good doula for Indigenous families, it's almost more helpful to know about the social context than the physiology. But that just is what it is. There were a lot of limitations of it for me in terms of it leading to a model of care that would really actually enhance Indigenous peoples' experiences of birth and improve maternal health outcomes for Indigenous families. In the training itself, the people that were in the classroom with us reflected the demographic of people that they would likely be serving. White, middle class people. There were no other Indigenous people in the room besides myself and the other collective member, we came together. And very few people of color. But we had already known about the limitations of that training before we did it.

When we started the collective, we really wanted to create an Indigenous model of education. Me and another member of the collective, Miranda Kelly, created an Indigenous doula training curriculum that's a four-day workshop and it's a full spectrum doula training that covers birth and postpartum and the full spectrum of care. We talk about moon time and we talk about the history of colonization as it applies to birth in Canada. We talk about reproductive justice and what that means. We piloted that in November with a community on the North of Vancouver Island, the Kwakwaka'wakw community there. It was really successful. We, maybe it's just because I'm petty that I'm telling you this, but we hoped that we would hear this. We heard a lot from the participants that it was way better than the DONA training. I'm not, I'm not trying to be petty, it's just that we, actually in British Columbia, I think in 2008 or 2011, it's one of the two, they had piloted an Indigenous doula initiative that was paid for through one of the health organizations. I think an Indigenous nurse who's laid a lot of the groundwork for the province, in terms of Indigenous doulas, she partnered with the DONA folks and I think that what they did was they essentially Indigenousized the DONA curriculum and they piloted that in a couple of different communities. Then they did an evaluation a year later and the evaluation was quite dismal. Very few of the doulas that they trained were able to practice, were practicing as doulas a year later. It explains it all in the evaluation, but a lot of the barriers and challenges that Indigenous doulas have in terms of doing that role in their communities, the DONA training doesn't address those things. The DONA model caters to a best-case scenario. People who have access to midwives or OBs, who can elect a home birth, who are in a city with access to care and the best-case scenario of everything, and who can afford a lactation consultant. Things that our families, especially in rural and remote communities, birth doesn't look like that. Because the training doesn't address those things, I think that the doulas that they trained were not adequately prepared to be able to thrive in those roles in their communities. A lot of people in our communities want to be doing that role alongside another role that they might already have in the community, in the health center for example. They were really struggling, for their supervisors to give them the time to attend a birth or if they attended a birth at night - did that mean that they got time off the next day? All these logistical things - that the DONA training would never go there. We felt the reason why that

training wasn't very successful was because it was a really Indigenizing approach rather than an Indigenous from the ground up approach. And that's what we really wanted to create.

We tried to do that with our training, and it was really successful. The evaluation, I mean we weren't evaluated by a third party, we just got evaluation forms at the end. But they were really, really positive in terms of the feedback that we got and that kind of reverberated in the community after that. We've got a couple more contracts to do more of them this spring. We're going to be doing one in two weeks in Vancouver. I guess what I'm sort of getting at is that I think Indigenous peoples really have to be the ones who are leading and guiding the education around birth work - for birth workers to be properly prepared to actually thrive in their roles in Indigenous communities.

There is also a structural component of it as well. It's not just about education - whether or not people will thrive. We didn't do the training until we had promise from that grant organization that they would allow doulas that we trained to access the grant program. Because we didn't want to train up a bunch of doulas who then couldn't even get paid to do their work. It would feel unethical if there's no resources for people to go on and do this job. We already know that our families can't afford to pay out of pocket for it. That's another thing about DONA is that they sell this really business-based individualistic doula care model that we know just doesn't work in our communities. Those changes to the grant program haven't been finalized yet. They're supposed to be finalized this month. The doulas that we trained actually haven't been able to access the Grant program but should be able to quite soon. I'm hoping that that will mean that people are actually able to take on this role. I think also we expected that out of 20 people that we trained, maybe two of those people will go on and be able to work as doulas or full time or part time. A lot of those people are actually just going to take what they learned into their other roles and integrate them. I think a lot of people might just walk away and that's a new framework for thinking about their own reproductive health and bringing it into the support that they give their friends and family. And for us that's enough. I think that's the seeds that we're planting for decolonization and resurgence is really restoring this knowledge to our families because the medical system essentially stole it from us. It's just so dismal what women and childbearing people, the knowledge that we have about our own bodies. I went to a workshop last year where I learned to be able to identify from touch, where my ovaries were, and my womb, and my liver, and my colon. An abdominal massage workshop that was taught by an Indigenous birth worker from Mexico that I went to. That's just so mind blowing. You feel so empowered when you're like, "Oh, I know where my ovaries are!" But how out of touch we are with our bodies. It's not uncommon for me to talk to women who are in their forties or above and I've heard things like, "Oh, I didn't know I had three holes down there until last year". We're so disconnected from our own bodies and that's part of the legacy of colonization.

One of the stories that I tell, I told at the last training that we did was around the story of my own journey to heal the relationship with my daughter's dad and get to a place where we're co-parenting quite amicably and collaboratively. Which I think is a real win. I feel like it's quite awesome that we've created this dynamic even when we're not together. He's Indigenous as well. I would attribute that relationship to our Elders, two specifically who we gave tobacco to when I

was still pregnant and asked for them to mediate for us. At different times in our daughter's developmental stages we returned to them. We had mediation with them three times to work through different things.

I really feel that this is the reason why we have such a good relationship today and why we've been able to parent our daughter in such a positive family dynamic. It is important to recognize in working with so many other Indigenous families, often because birth is so intimate, if there's stuff you haven't dealt with your whole entire life, it's coming for you in pregnancy, or birth, or the postpartum. You can't run away from it anymore. That's part of the gift that our children bring into our lives. They force us to do our own healing work, and the healing work that our parents passed us that they didn't do, and their parents before them. Pregnancy and birth is this site of being able to do this intergenerational healing work.

I see other indigenous families struggle and understandably so. Our parents and grandparents were in residential school. We've had hundreds of years of our boundaries being systematically steamrolled. Of course, we have interpersonal communication challenges, especially in our intimate relationships, and struggle setting boundaries, and all of these things. When families I'm supporting are in situations and they're faced with who to turn to for support, their options look like the justice system or the child welfare system. These are not systems that my families want to turn to - ever. They know that they're just going to get themselves more trouble in their lives and the situations they already have if they go to those systems for support. That's a really big piece where I, as a birth worker and as a mom, I can see the damage that's been done by colonization to the infrastructure within our communities to support the wellbeing of families.

I feel like that's something that doesn't get talked about very often. I think it gets talked about a lot how harmful the child welfare system is. But I think it doesn't get talked about how often Indigenous people are actually forced to turn to that system and ask for help because there's nowhere in our community to ask for that kind of help. And that's so shitty. Communities collectively, all around Turtle Island, we have to look at that and we have to start building that infrastructure within our own communities to support our families. That's not really the role of a birth worker, but as birth workers we're seeing that. I tell my families when they're facing those kinds of situations, what my daughter and her dad and I did, and I think they all love that idea. And the people that I talked, the people we trained, they did as well. But they don't necessarily have those people that they could ask, and I feel really lucky that I did. I think we need to restore those roles in our communities of Elders, and mediators, and safe people to support for families.

Actually, I shouldn't have said that's not the role of birth workers. It's not the role that birth workers have right now I think in our communities. But I actually think that historically midwives especially would have had roles related to supporting families and parents throughout their entire lives. One of the communities I visited in Northern BC, they told me about how the last midwife in their community, she used to go through the houses and make sure that people were keeping their houses clean, and that their kids weren't sick. She would just barge into people's houses and tell people to tidy up. I don't know if that translates directly to something that would be awesome to have right now in our community. But just there were those people though that were looking

out for the health of the community as a whole at every stage in life. I do think that midwives were those people. I think the fact that that role doesn't really exist in our communities right now speaks to the diminishment of that role in our communities and even the diminishment of the role of our Elders in our communities by colonial processes.

We were just talking about on one level there's the decolonization of self and just reclaiming that knowledge, understanding why we can't birth in our communities, and why our grandmas tell us not to go to the hospital or go to a doctor for care in the prenatal time. Or why our people get treated so shittily in the hospital. Understanding that, having a framework for understanding that I think helps us to not blame ourselves for those things. There's that refusal or shedding of the shame around that - I think it is really crucial to being able to be well and feeling more liberated in the system that we live in. Being able to name that and have the language for it. I think this work contributes to that - sharing education around those things. And then like I said, being able to show up as an Indigenous birth worker, what that asks of you. That's also, part of it for me, when I think about resurgence. I think about how much of that is being nurtured through my birth work. Especially living in a city, having grown up off my reserve and not with a lot of cultural teachings from my own immediate family. I feel like birth work really strongly keeps me connected to Elders, and knowledge keepers, and is always teaching me things. Even just my families or if you attend a birth or whatever. You get these downloads of information that are part of what resurgence is - reclaiming and revitalizing that knowledge. And having these experiences that are very spiritual. I think the work that we do in terms of the advocacy work that we do.

There's a lot of decolonization that I think we're working towards through that work: decolonization of health systems, educating of non-Indigenous people, creating and taking space for Indigenous people within institutional settings. Those are all necessary parts of decolonization. I think decolonization work is so important, but you have to have that other side of the resurgence piece because you have to be building something else as an alternative to colonization. You can't just dismantle and have nothing there. That's what we're doing in our birth work. We're building this whole new system. And not just of care work and care givers, it's holistic. I'm trying to think of a concrete example, to work with a family and be able to provide culturally relevant care and teachings and make sure that a family has access to medicines or whatever it is, not all of the families that we work with want that. That is the journey that we're all on with our own culture and things. Not every Indigenous family wants this culturally supported birth, but to have Indigenous people supporting Indigenous people from conception through to pregnancy and birth and in the postpartum period. When I think about that and what that means for the future long-term health of those babies, and those families, and our communities more broadly. To me that gives me so much hope. I was born by Caesarean section in a hospital with none of that and to think about these babies who are getting sung into the world, and their birthing spaces are smudged, and medicines are burning, and the first words that they hear are in their own language. That's so powerful. To me that's resurgence. Resurgence is happening at so many levels, there's so many different areas. But for me, and obviously I'm biased, as a birth worker, I feel like birth is a particularly powerful site of resurgence and decolonization. Because there's just so many facets of

birth - spiritually and physically, we don't even really understand how encompassing and far reaching the outcomes of that even are. I think it's more than we could even imagine, you know. I feel like you have this incredible opportunity to heal several generations at once through Indigenous birth care.

Doula is not my favorite word at all. For all of us in the collective. We're definitely critical of the term. We know that it comes from this Greek word that means servant and that is contrary to how that role has actually functioned historically in Indigenous communities. It's not that doulas as they were traditionally practiced in this relationship of domination, like a servant in this imbalance of power. For us the role of an Indigenous doula centers around kinship responsibilities. In that role, there isn't this imbalance of power and it's about creating a reciprocal relationship based on care and responsibility to one another as relatives or members of the same extended community or Nation. We've definitely used words like birth aunties, which resonates for people. To me, if I'm to think about it, the best English word for describing what it is I do from a cultural lens is helper. It's really just that. But we've strategically chosen to stick with the word doula because it is already such a marginalized role in terms of whether or not people even know what that means. That to use an even more esoteric term, we just feel like that doesn't, this is not helpful to us. We've strategically chosen to call ourselves a doula collective because some people will at least know what that means. If we call ourselves a birth helper collective, like a helper collective people just don't know what we are. We're trying to get money towards our work and policy and all of these things. We're going with that word doula, so people know what we're talking about when we talk about ourselves.

I think a lot of people have been interested in reclaiming their own words for the work that they do. I think that's awesome. I also use the term birth worker a lot. I like that term because it creates less of a divide between doulas and midwives. And I think, in terms of stories I hear from people's communities, it sounds like there were always people in our communities who were midwives. They had really specialized skills, especially when something was maybe going wrong or wasn't straightforward - those people might be called to come. I don't necessarily think that those people attended every single birth. I think maybe the women's helpers, the doulas, might have been more often attending births and that the more specialized midwives. There was probably always a distinction of roles in terms of specialized knowledge. I also think that in today's world, the distinction of roles is largely linked to the regulatory systems that we are practicing within. And I feel like midwives and helpers would have worked more closely together in the past and that there weren't necessarily these guarded and divided responsibilities. A lot of that has to do with the scope of practice within the medical system and medical liability.

As doulas, we provide nonmedical care. I'm not saying that sarcastically because I don't respect that or the medical system. But the reality of birth work is sometimes you're in situations that are all hands-on deck situations, and you do what you do based on your own values and your own heart. Sometimes doulas are the first people to show up at a birth. Sometimes midwives don't get there in time. Sometimes doulas catch babies. Especially in Indigenous communities, I don't work in this context, but for doulas working in remote communities, sometimes they're

transporting clients who don't make it to the hospital all the time because the hospital is three hours away from their community. So, babies are born in the back of their car. And in those situations when there's no cell-service and the medical practitioners haven't arrived yet, sometimes doulas do get faced with those circumstances. To divide the roles and pretend like doulas shouldn't ever do those things or can't ever - it just means that doulas are doing them, but then they're not getting any resources or training or support to do those things. One of the student midwives in our collective, she feels really strongly that doulas should all get emergency birth skills training because sometimes it just happens. But I think that for the medical system to maintain and keep the authority that it has, it has to set these standards and define these scopes of practice. And I think often it isn't attentive to the actual context that we work in as Indigenous people in today's times and also how the work has always been done in our communities historically.

That's just a bit of a tangent I went on, but I like using the word birth worker because I feel like it unites midwives and doulas under the same term. Sometimes those skills and that education, it's held behind these giant walls of tuition or getting into a program that's really competitive to get into. There are all these barriers sometimes to just getting this knowledge and education that not having it in our communities is detrimental to our community. Then those scenarios happen.

For me birth work and land - these two things have always been really closely intertwined. Probably a lot of that has to do with my journey into birth work starting through the medicine and food work that I was doing. More broadly, I think all healers and medicine people within Indigenous communities have always required a close relationship with the land to be able to do their work and perform their roles. The information that were handed down by our Elders and knowledge keepers around how to care for ourselves and for other people - all of that information is tied to the land and our relationships to plants and our food sources. I think that nutrition especially - it's foundational to an Indigenous model of midwifery. I think doula care falls within a midwifery model, in terms of values and knowledge. The scope of the role is different, but I think the larger model is part of the midwifery model.

And I think an Indigenous midwifery model heavily relies on relationships with food and traditional plant-based medicines. That knowledge is overlooked by the Western medical system. I don't think that the Western medical model places a huge emphasis on food or nutrition in perinatal wellness. I do think that that this is absolutely crucial and fundamental to good health outcomes, especially long-term health outcomes following birth. Indigenous people all over the world have similar protocols around food that you might eat during pregnancy and postpartum and also medicines that you might use.

I'm using the word nutrition because a lot of medicines that we use are for nutritive purposes. There are medicines to treat ailments, and then there are medicines for more preventative health, and blood building, and bones - that kind of thing. So those medicines are more like food sources, like nettles or red raspberry. It's all of the vitamins and minerals that you get from that. It's more like a food source than a medicine, thinking of something that treats an ailment. So, warmth for example - in the postpartum period to eat and drink only things that are warm in temperature, but also warm in nature. And ginger for another example, there's a warming food.

That's a common teaching from traditional Chinese medicine to Ayurvedic medicine to Mesoamerican Indigenous medicine. For our people too there are certain food protocols that we have. These things are really critical to good health in the reproductive years and in the perinatal period. That knowledge requires relationships to medicines and plants. In the world that we live in today, you can get by kind of okay reading those things in books and going to an herb store and buying those things - not actually really having a relationship with the land. But I think you can really only go so far that way. Once you start putting your hands in the dirt and working with those medicines and growing them, harvesting them, and watching their cycles throughout the year, your knowledge of that exponentially increases. You can never learn that in a book, because it's just always different depending on where you are, and the seeds that you have, and just so many factors.

Our Elders and knowledge keepers teach us that any one medicine does multiple things depending on the person that it's helping and what they need. Like yarrow for example, I feel like you could learn about yarrow your entire life and still not know all there is to know about yarrow. It is one of those medicines. Not all of the members of our collective may have that kind of knowledge or training, but I think we all can respect that that knowledge has always been really important to Indigenous birth work.

I think our people are really hungry for that information. When I work with families, it's often one of the first things that they want to talk about, "can I still drink my teas and is there medicines for this?" I think all people are looking for alternatives that are not pharmaceutical. That knowledge encourages you to start to cultivate a relationship with the land. I feel like birth work and a midwifery model of care, is so closely tied to the land on many levels. I'm only talking about nutrition, but there's also ceremony - and all of the medicines that we need for that.

The ways that the plants help us in a birth space, it's like the land is there - almost as its own entity or a character. It's there with us, it's playing a role. It's helping in its own way. And not just through us, if we have knowledge of it, but also directly. For example, in hospitals we often can't burn our medicines. One of the things that we'll do is put the medicines out in the hospital space and we remind our families that the medicine doesn't have to be burned to do its work. Having it right here in the space, it's doing work, it's helping. Because plants have their own agency, and autonomy, and role.

Everyone kind of has their own thing. I have noticed people will naturally start to gravitate towards plants or stones or animals. I'm definitely a plant person, so I'm talking a lot about plants, but I'm not even touching on the water. Everything about birth reinforces all of our teachings about water. There's that aspect of our relationship to the land that Indigenous birth work reinforces. And then there's animal teachings. There are many pieces - the two things are very, very closely connected in my point of view.

My hope for this work, ultimately, I just want indigenous people to have access to the kind of birthing environments that we've always had access to and that we feel we should have access to you. To feel safe and what that means for Indigenous people to have birth in a safe environment based on our own definitions of safety. That's what I want for our people. I want our people to have access to Indigenous midwives and birth workers if that's what they want. I want Indigenous

babies to be born into the hands of other Indigenous people, as we've always done. I want our right as Indigenous people to consent over our own bodies, and our own lands, and our own families, and the decisions that impact our families, and our bodies to be respected. Really it comes down to human rights and dignities, to Indigenous rights over land. I want our people to have all of those things recognized and affirmed through their experiences of birth.

All of these things that were harmed and taken away from us through processes of colonization and residential school. I feel like we're entitled to have all of those things restored and have them back in our communities. For birth to be seen as the ceremony that it is and to have that power that emanates from the ceremony returned to our communities. In communities where they can't even have birth - what does that mean for the entire community, when we have death in our community? It's not balanced through the ceremony of birth and what that means for a community - spiritually and emotionally.

I know that not every community right now is ready to have birth back or would even necessarily want that. I think the medical system has done a really good job of making people afraid. When our communities are systematically under-resourced, it may not be appropriate in every instance for the return of birth to happen. But to have, even as a starting point the power of birth to be restored, for people to understand what that means. Looking at that through a different lens, the lens of how their ancestors looked at it. I really hope to see that. I think that is already largely underway across Canada. I think there's a lot of people, like me, who have the same goals and vision, who are putting a lot into this work and trying to make that happen. I think you're talking to many of them, which is great.

I wanted to say this too, about what we were talking about before, about birth as ceremony and all of the power that it potentially has. The reality is, we still live in a very colonial context and our people are still discriminated against and marginalized. And so, as doulas in our collective, we often talk about our work in terms of harm reduction. Because there's only so much we can do. I was talking about singing those songs, and speaking the language, and all of that is so important, and it's so beautiful, and I think it has more power than we know. But at the same time, it can only go so far when the power of that is still undermined and diminished by certain contexts that our people are birthing in. Like if you have to go live in a hotel room in a city where you don't know anybody for a month before your birth. Some beautiful songs and having an Indigenous doula and all of that, it only goes so far to actually support wellness when there's so many things that are working against you. So unfortunately, that's why I also see this work being about harm reduction. There's only really so much we can do. I also really believe in the things that we can do and the power in them. But at this point in time, as birth workers and allies, it's part of our work. There's still a lot of fighting that we have to do to actually be able to affect the kind of things that support good health outcomes we want to in our work.

I think once you start to understand more of the teachings around knowledge around Indigenous midwifery and birth work, you have a different lens for understanding what does and doesn't exist in our communities and what should. Like that nutrition piece, that's one of the pieces. Another really important aspect of Indigenous birth work, traditionally, has been bodywork, like

massage and bone setting. There were people in communities who had those skills. If you read historical accounts, Elders talk about midwives giving abdominal massage and things like that in pregnancy and postpartum. Today that's not a part of the care that people receive. Or in Mexico, wearing a faja, a wrap around your abdomen. We did that here too in North America. That's not a part of perinatal health in the Western medical system. Lots of doulas don't know about these things that help to support the health of the pelvic floor. This ends up impacting how people experience menopause. And so, restoring all those roles that have always been essential to good maternal health outcomes - the herbalists, and the body workers, and the midwives, and the medicine people. All of the roles that have really been diminished by colonization. I don't think that kind of knowledge is always steering the direction in Indigenous maternal health policy and programs and services, even when it's set by Indigenous people. Indigenous birth workers themselves need to play a role in setting that direction, because they have that knowledge.

Stacey Lucason

Waqaa, wiinga Stacey Lucason-auruna. Ataataqa Richard Lucason-llu aanaqa Sandra Rogers Wing. Enaqa Anchorage. Pankiqa Olga-llu uiqa James (Jim). I am still learning Yup'ik. I said, hello, my name is, or I am Stacey Lucason. My dad is Richard Lucason. My mom is Sandra Rogers Wing. I live in Anchorage. And then I told you that my daughter is Olga and my partner is James. He goes by Jim. Then I was going to tell you I work in, but I don't know how to phrase that yet. I know the teacher part, but I don't know the birth work words. We're still in discussion with some first language speakers on how to talk about this correctly. Cause different regions had some different words but sometimes they were like, well no, that was specifically this part or that. I live in Anchorage. I have a partner and a daughter. and my parents are both still living. I'm Yup'ik and I teach and do and birth work primarily.

My best friend growing up was Hawaiian and Filipino - from middle school and high school. Her mom was pregnant while she and I were in high school. And she was like, "you're going to be there." And she just told me and I was like - haha. I was 16. I was like, "ew, that sounds gross. It's gross that you're having a baby, you're an old mom, right?" I had no concept - that it was normal, and it was good and made her really happy and all of the reasons why somebody who had teenage children might want more children. She just told me, "you're going to be there." And I was like, "okay." I was, and she had both of us come and jokingly was like, "so you know what sex does." But she wanted us to do support roles for her. And I was like, "Oh! I was *supposed* to be there."

I was talking to her afterwards and to my mom and they said maybe you would like to be a midwife. Maybe that's what you're supposed to be. I looked up midwives who lived in the area and was able to talk to a couple of them. They were mostly nurse midwives. And I was like, "maybe this is right?"

But I had other family stuff going on. I moved back to Alaska right after high school. My dad's dad had cancer. I needed to help with him and help my grandma, but also help him a little bit. I didn't do any of his care necessarily. Just visiting and little stuff. He was here for another five years. So, it was really good to get to know my grandparents as adults. But it disrupted, "here's clearly what I will be - step wise, how it will become in a career, in a very Western direct path." Then I moved back to Alaska and started spending time with my dad's family more. Getting to know people in the Anchorage Native community. My dad is where the Yup'ik comes from.

I was born in Fairbanks, because my dad had gone up there for school. There are Native people in Fairbanks, there's a really strong Native community and we were involved in open to the general community events. But we're not Athabascan. There are Athabascan things you can come visit, but you can't really join in the same way. It wasn't really until I was an adult that I was getting to know other Yup'ik people. There's a few in Fairbanks but it's just not nearly as many as Anchorage has.

I started working at the hospital and I had kind of a similar like, "Oh, you're just going to be here." I worked in the operating room and it was right across from the labor and delivery. If

there was C-sections, and there was a couple, I was a patient assistant, which meant I was a gopher for all of the tasks. I could set up an operating room, I could break it down and clean all of the stuff. I could run patients from the floor. Mostly what I did was setting up the rooms for surgeries. But whenever they had somebody that needed extra support, physical support. It'd be like, "come, we need you to hold this limb and then help us that way."

One of the nurses that covered both labor and delivery and she did C-sections - she did surgeries and then OB GYN surgery support. She was on labor and delivery and was like, "Hey - I want you to come, you're going to come help me with this birth." And I was like, "I don't do that," cause it was, six or seven years after I had been at that first birth and really interested in midwifery care. And I was like, "Oh, I don't." And she was like, "no, I want you here." She was a little bit older, Native nurse and so I went and helped. The mom was really glad to have another young face in the room and to have somebody - she was also mixed. It was her first birth and she was having twins and they were really scaring her - "if something goes wrong you might have to have a surgery." It was really super bright in there and there's tons of people. Literally my job was to stand there with the mom and be like, "I think you're going to be fine." I was like, "this is a really good doctor. I don't think anything bad is gonna happen." And she was like, "are you sure? I don't think I could do this." So that was my whole purpose, why I had to be in the room. That nurse just knew she needed somebody. She had her twins and the first one came and was on her chest and she was super happy. And then the second one was breach, but she was able to vaginally deliver. She was super relieved not to have had the surgery. And the other nurse was like, "you need to make people calm so they can do their own work." And I was just like, "Oh, okay. I guess I'm capable of that." It hadn't come back in my life since I was in high school and it was a sort of faraway distant thing.

And so I thought maybe I should, I opened my mind to that. Then people that I knew started asking me to come to their births. Not from me telling them I was doing this, just that things lined up in my life that I was ready to do that, I think. And then, Anna for her son was like, "I need you to be there, you know?" And I thought I was going to help watch her kid. That was what we had planned - I was going to watch her older kids so her husband could be there. And she was like, "Nope, I'm gonna find a different babysitter. I want you to be there." So, I passively started doing it more, and then being present, and then talking more with people about, "what are we supposed to be doing, and what are, what happens?"

I wasn't formally trained as a doula, so I thought maybe that's what I should do. I looked at some of the online classes - they help some, there's some good information. I've not done any of the travel away for official certification. I tried to. I tried to get a scholarship from our Native corporation. I tried to get them to pay for it. And they were like, "they're not certified." They wouldn't pay for it because they're self-certified. And so, it was just like, "Oh, maybe it is not legit, fancy, accredited training." That was maybe four or five years ago. It's internal accredited, but maybe that is good enough.

So, I hadn't ever traveled out to one of the trainings. And then the Indigenous Birth Workers Gathering was here in Alaska in 2017. I saw a note about it on Facebook - if you're Indigenous

and do birth things you should come hang out, basically. And I was just like, “Oh, maybe I count?” I sent them a message - they asked questions in a really specific way. How do you support birth in your Tribal community? Do you live on your homelands? And I was like, no and no. But I am Alaska Native, and I do support birth but I don't live, my Tribe is Ninilchik. That's one of the village Tribes that got created fairly recently in Alaska. It's not tied to an ethnicity. It's tied to the location you happened to live in 1971. So, most of our Tribes, especially on the road system are very multiethnic. It's not a Yup'ik Tribe. It's a bunch of Alaska Native people of various backgrounds. I don't really only serve Yup'ik people, does that count. And they were like, “yeah probably, cause they too are living in Anchorage.” This is where the hospital is. This is where the university is. Half the state's population is within 50 miles of where I am. Our state is the most massive land mass in the total states. Most of the rural areas are really spread out. Your traditional lands, your family's home village - most of us don't live there anymore. I got really intimidated by those questions. I was like, I don't know if I count. Fortunately, the person deciding, who is Koyukon Athabascan also not on her traditional home territories - but moved to Anchorage. She was the one deciding if we could pass that interview stage and she was like, “you know, I have those concerns too.” So that's how I met the birth workers group here in Alaska and then Rhonda Grantham, he had come up along with several other midwives from Canada and the lower 48. Yeah. And I was like, “Oh, there's more people that do this, in a more formal way.”

At the gathering, once we started, we opened with a circle and everybody did their introductions. But I felt like I knew them already, because I had helped with transportation and picking people up from the airport. That was really nice to be able to come into it. Being a little bit unsure about my credentials, my value to being there. Cause I was like, “Oh, you're like a full traditional healer. You travel the world sharing plant knowledge and you're one of the - literally wrote the book on plant medicines from your region and have been a midwife for years.” But then they were like, “no, this is just the things that we do.” It felt much more comfortable being kind of peers with these women.

It reminded me this can be more of your life. It doesn't have to be an occasional, when somebody you already know is having a baby, you make yourself available. It could be open to people beyond my social circle. I think that was the biggest change from that gathering was that I realized that I could build it into my life if I wanted to. Because I saw someone that had done it really successfully and some of them had struggled to make it happen - but did anyway. I felt this was something that I could fit within what I want to be doing and how I want my life to look.

Probably, people would have asked me, the same kinds of people. I knew Anna for her previous pregnancy, but she didn't ask me for her older daughter. I think it was something about me being ready in an unconscious way. It's always been there. I think I had to be ready to hold that kind of space. Then apparently Thekla, the nurse at the hospital noticed and was like, “Come here. You're going to do this.”

The gathering was a good reminder of talking about, how did I get interested? I had let a lot of other things get in the way. When I went to Carly's mom's- to Christine's birth, I was like, “Oh, this is literally, this is what I should do. I just didn't know how to get there.” But moving back

to Alaska took time. Then I was working odd jobs and then trying to go to school. I did my bachelor's over a really long period of time. I worked at a textile place, and I worked at Sears, and I worked at the American Pest Management for a minute. And then I worked at the hospital but not just in one job. I bounced around and thought I wanted to do something else clinical. I'm a little bit open to suggestion in terms of what job is going to work for me. I think I got distracted away from birth, chasing a bunch of different career choices. Especially once I worked at the hospital and then had different opportunities. I worked in the pharmacy for a while and I was like, "Oh, maybe I could be a pharmacist. This seems important and will help people. And it's interesting cause there's tons of different medications and you can treat stuff, really fine tune it, and you can be in emergencies or you can be in long term patient relationships and all of that."

If I hadn't met these women and been reminded that you can do all of the things that you want for your community and be there for supporting women and helping build strong families and help kids have a good start. The first year of the gathering I was like, "Oh, okay maybe." And then they gathered in Washington the next summer in 2018. I was talking to people across a broad spectrum, mostly this group was plant medicine folks, one nurse midwife, and then the rest of us that are not officially in titled positions.

I was pretty sure I didn't want to go to nursing school after taking so long getting a bachelors. Dipped my toes in that arena and was like, "Oh, this is not a good fit." I looked at what I might do, how I could work in healthcare. But not in nursing. Everybody is like – you're a Native girl, you should be a nurse. My family was way supportive of that. Then when I started talking about doing other school, they were like, "but you should just be a nurse. You'll make plenty of money, you'll be able to work wherever." There's lots of good logical reasons to be a nurse, but it just is not for me. One of the nurses in the OR – she was a bomb tech in the military before she came here. She was such a boss. She explained it in a way that made the most sense. She was like, "you don't think like a nurse. You could do it, but you would struggle every day to fit into the expectations that everybody else has for nurses. And you'll probably be just fine clinically but hate your job." And I was like, "this sounds really, really true."

While I was in Washington for the gathering, I talked to some doctors and some OBs and some current medical students and they're all Native women doing birth work from these different roles. And so that really solidified for me that you don't have to be a nurse midwife. That doesn't, that's not the only way to be successful in doing birth care and women's health care from a Native perspective. So that was really - when I started telling people, outside those I already knew, that I do these things and also birth work. And started incorporating it into other conversations and other work that I do.

I'm still in academia spaces to some extent. I'm part of a research cohort for Indigenous Arctic early career social science. The cohort has some funding for mentorship for us. I was able to go to a conference, it was about health and education, and learn from Hawaiian and Maori midwives for the whole time. It was all Indigenous folks from around the Pacific. There was Alaska, West Coast, Hawaii, and Maori people. It was really interesting to learn from them and to hear - similarly to that gathering in Alaska - that I do belong in those circles and that it was not

inappropriate for me to show up and want to talk about what I have learned here and what I'm still learning and the work that I'm trying to do with the local group. We were pretty early when I went to that conference, in terms of what our actual plans were. But it was similar to what's happening elsewhere in Native communities, trying to take ownership, and training. Which is mostly confidence building and skill building so that people who already know that they have this capacity can feel good going to a hospital and being like, "Oh no, I am official too." That seems like the biggest barrier. We can support people that we know, and we can support people within our local, word of mouth community. Prenatal is fine and postpartum is fine. But being there in the hospital and having a doctor would be like, "and who are you?" Being able to have an answer for that. "Oh, well I am trained in this - right back at you with your training." So, that's what we're trying to bring this this year to Anchorage. Is to have an Indigenous breastfeeding support counselor training and an Indigenous full spectrum doula training.

The healthcare landscape in Alaska for Native folks is really spread out, right? We have 229 federally recognized village or Tribes - most of which are associated with a single village. And in most villages, not some of the really tiny ones, but most of them have a health clinic. It's at least the size of a house with a bathroom and an exam room and a waiting area. And they have what's called a Community Health Aid - the provider that staffs most of those clinics. In some ways like they are comparative with a CHA where they're a low-level provider. But really, they're not there. They're a provider, they're just paid really poorly because they're tied to their community and not willing to move to an urban area. So they're paid pretty low. They don't have a lot of title power, but they're the person who sees everybody in the community. They're the one who does all the triage to figure out if an accident is bad or if it is minor. They do confirmation of pregnancy, they do infections. They have this wide variety, like a general practitioner would do. But they see fewer people and they don't have prescription writing authority and they don't have some of the other, mid-level provider stuff that a nurse practitioner would have. Even though that's probably more similar to what they actually do. But they're not titled that way and they don't have those legal responsibilities. They refer to a larger village, or hub, or to Anchorage depending on what it is.

We would hope that the breastfeeding support training can reach them, because right now there's nothing offered. They get continuing education but there's not much around birth and breastfeeding. Originally before the Indian health service came to Alaska, all of our communities had Tribal doctors or practitioners or midwives that would do all of that care. Then they got sort of demoted into this Community Health Aid position that was created. It's like you took somebody who is the authority on all of those things and you're like, "no, no, no, you're only allowed to do this." And mostly you refer people to me, the official doctors who live in Anchorage and don't come see you ever. A lot of places, they didn't do prenatal visits for the longest time. You could do a urine sample pregnancy test and they could tell you "yes, you are pregnant and we're going to send you out for your prenatal now." Or you skip your prenatal care. Which is dangerous and not traditionally what we would have done and not what Western medicine standard of care would say is appropriate. In Alaska, Alaska Native women have a much lower access to prenatal care.

Our completion rates for prenatal care is about 60%. The rest of the state non-Native population is about 90% have adequate prenatal. Not every Community Health Aid has done the extra learning to be able to do – it's checking your blood pressure and measuring your belly. It's not a huge prenatal care aspect but they don't even have that some places. So we're working on that.

Then things like the breastfeeding support training. There is interest but it's hard to get to Anchorage. It's very expensive. We're trying to work with the healthcare consortium, most of our Indian Health Service (IHS) provided health care in Alaska is now Tribally controlled and it has been for 20 years. They make plenty of money and I think it would be very easy for them to just buy people's tickets. They buy tickets for their staff to travel all over. They're the ones who provide the continuing education and the initial licensure for those Community Health Aides. They're your people, buy them tickets. There's I guess bureaucracy involved and that sort of decision has to be approved or whatever.

That's who we would hope would get this training, is women who are in communities, supporting families that are trying to breastfeed already. But it looks like we'll have probably a mix of rural Community Health Aid providers and then Anchorage-based. There's a lot of Alaska Native women that do nursing as a career. The university has a support program for that and recruitment and scholarships. And so, we have a really fairly large Native hospital and they do try and hire Native nurses and other providers, but nursing is probably their biggest clinical component that actually is Alaska Native. So we're hoping to get more of those nurses in so that they can be breastfeeding support in the clinics that they work in. Which would be nice cause right now we don't have any Alaskan Native lactation consultants. There's some good allies and women who have lived in Alaska a long time or were born here and honesty care. But it would be nice if you were like, "Oh, who's your grandma? And where are you from?" And I think you connect on a different level that way.

In my work with families, I'm at a fair number of births. But I spend more time with pregnant women and families, mostly women, before birth. And so sometimes I don't end up going to the actual birth just because of constraints on who can be in the room. I work a lot, sharing - what's going on in your body and what are you feeling and what are you expecting? Then what is likely to happen in the hospital and what are your choices and what choices do you, because it's your body – you get to make - you can tell everybody else to back off and that it's not their business. Practicing some of those conversations. If you have very strong feelings about epidurals, you only want an epidural if it is necessary because they're going to do a procedure to you, to reduce the pain of it. Being able to practice saying what your opinion, what your feeling is. It's confidence building, in having consent in a medical setting. Especially around birth work, but I end up doing that for other non-birth related - when people are like, "Oh I think I'm going to go to the doctor about this, but I'm worried about it." Other non-birth healthcare stuff. So I talk about birth, but also I hope people will be ready for colonoscopies and mammograms and other health care stuff that is sort of scary and where you feel a loss of control. It's all the same reasons that people talk to me, and I'm like, "well let's talk about what you're worried about and what you need to have control of and what is important to you." For me, the template of that is the same even though it's a very

different reason to go in. It's still you versus the whole big healthcare system and trying to navigate that.

I do that a lot for people in both my circle and one layer out. Some people I already know and then people that they know. To prepare for prenatal appointments and to talk through, "what did you hear at your prenatal?" Sometimes I'll go with them to the prenats to be a second set of ears. In pregnancy, as things get closer, we start talking about names, especially if I'm talking to somebody else who is Yup'ik. We have some specific naming traditions got changed through the missionization of Alaska. So everybody lost their local names and got renamed first for Yup'ik folks with Russian names. And then with more Anglican - just depending on who the missionaries at the time were. When they were like, "Oh, actually none of this heathen stuff. You're going to be John or you're going to be Olga." So then, talking about if they're gonna be looking for a traditional name. I say traditional, but we didn't just get one name either. For some families, it's really important that when somebody would pass in our community, we would name a baby shortly after, after that person. Then they inherit all of their relationships. And so, they really are, she really is my grandma's sister. And so, for my grandma to call her older sister, it's a little bit like a nickname, right? Obviously, she is a baby, obviously we are enjoying her figuring stuff out and getting teeth and whatever. But it's also a duty relationship, like my grandma would have to her older sister. Making sure that she has enough support and the same as Olga gets older. That my grandma would be her little sister and that she's supposed to in some ways teach her things. Of course, it looks different across the generations, but it reaffirms those bonds. So, for my brother, that's his little auntie. And so, he calls her little auntie when she gets bigger, she'll make him stuff like an aunt would make.

Some families it's really important to have that tie still even living in urban communities, but it becomes complicated. You know, it used to be - your community is really small so you would replace somebody immediate. Now you have to consider, do you replace somebody who has passed from your home community and bring them here? Or is it in the community that you've built in Anchorage and the close relationships even if they're not blood related to you. They're still your community member. So helping folks think about that and talk to their Elders and their grandmas and their aunties about which is more important. And then we have nicknames and usually when people put their Yup'ik name on their business card. It's the nickname one, cause that's one that you would use casually. They can be kind of funny, like my brothers Yup'ik name is Taryuq which means salty cause he's got kind of an attitude. Some people don't want an old school name with all the relationships. They just want the nicknames, the teasing names. So, I talk about that.

And then I'm learning more I guess it's energy work, with your hands - it doesn't have to be touching but often is touching. For pain relief and additional strength and stuff like that. I don't have as good an explanation for it. It's something that when it's right to do works really well. Then when it's not right, it doesn't do anything. I don't have good explanation on how that part works. Sometimes that will happen, especially later in pregnancy when things are more physically demanding. And then during labor. I've done that a few times for folks where, it's like I take part

of their burden and then can focus on other things or not be distracted as much by something else that's going on physically. I've done that a few times.

I've been at births in the hospital and I've been to birth centers. I haven't been at any homes. But I do have, I know two women who are pregnant right now that will be at their house. So that's all new. It's different in the birth center to the hospital. It's easier. It's more relaxing is part of it, and the sense of who is in control is so different between the hospital and the birth center. I'm really curious to see if that ends up being easier to do at home than it is at the birth center even. This is literally your house. You can prepare it however you would like, and you can have everything where it needs to be.

I also talk with people about early parenthood stuff, talking with people a lot about when to freak out and when to not freak out. There are so many recommendations from the hospital and the Western medical system around babies with colds, basic normal baby stuff, weird poops, and when to see your doctor. If it's one weird poop and then they never have another weird one, probably you're fine. You don't need to go in for that. He gets squiggly guts once in a while, it's probably fine. A lot of that is re-normalizing bodies, I think that is part of Indigenous birth work in the broad strokes. In my work this has also spills over to other medical stuff. Like having a low-grade fever is actually your body's defense and is what should be happening, so you do comfort to make it physically easier and less demanding so that your body can do what it's supposed to. If you have good nutrition and nothing else going wrong, that's literally what's supposed to happen. It's not worth a rush to until it's at a dangerous level. But low grade, a hundred-degree fever, let them be cranky.

So much of it is normal. Then with breastfeeding, mostly all of it is normal; your baby wants to eat all the time, or your baby wants to eat only on one side, which is lame. You're not doing anything wrong. Once in a while they'll just decide they have a strong preference. So, here are options to hand express the other side or do other things to release your discomfort. Maybe next week they will change their mind or maybe this is just your life. That happened to one of my friends and the messaging from the women's clinic tied to the hospital was, "oh just hold the baby on the other one and they'll eventually struggle and figure it out." And I was like, "or they've got a little bit of an ear thing going on or they've got lots of other stuff could be happening that you making your baby lay there and cry while you get really sad and frustrated." It's not doing anybody any favors. I think my work in some ways is being a counterpoint to a lot of the Western system that's very device driven, and medication driven, and you should have lots of appointments. When a lot of this is really normal. If appointments are helpful and if you feel better after them, I'm not going to tell anybody not to go to all of those appointments. But usually they're stressful, and they make you feel stupid, and they are designed to do what the hospital needs to do to protect them from liability. They really have nothing to do with you feeling better or empowered or knowledgeable at the end of the appointment.

I haven't been to a ton of birth center births. I've supported six or seven birth center pregnancies and I only attended the actual birth for three of them. The other moms were very happy in their choices and confident and ready and decided that they wanted their partner or their older

kids. And I don't need to intrude. In the hospital, sometimes the hospital is not bad, the hospital is not a terrible place to birth. It's just, there's a lot more expectation. There's a timeline in the hospital that there isn't in the birth center. At least here for the Native hospital and the one birth center here in town that I've been to. At the birth center you come, and they ask, "how far apart are your contractions, how are you feeling, does it feel like things are progressing, and what do you need from us?" And from the get-go they are putting the ball into the woman's court. They are not as invasive. They're not gonna question, they are trusting the woman to be able to honestly represent what's going on with her own body.

Whereas the hospital, it's immediate; "Oh, you think you're in labor. Okay, well go put on a gown and go sit in triage for a few minutes." And then you're sitting there effectively naked. You're not allowed to have any support people in that room. Me and whoever else, partner or the mom - we have to go hang out in the waiting room. The patient just has to hang out naked while the nurses get the chart ready, or deal with whatever they have to do. Sometimes it's two minutes and sometimes it's 45 minutes or an hour because sometimes there really is other stuff going on. And then they put on a fetal monitor, a band - you have to wear that, and you have to sit still. They run that strip for 15 minutes to see what's going on. Then, if you are having contractions, they do the vaginal exam to see how many centimeters dilated you are. And there's no choices involved. This is just what has to happen before you even get seen by full labor and delivery. That's just triage. So that's really disempowering from the start - you're separated from everybody. This big transition is about to happen and, "here go sit in this cubby and wait for our schedule." And then they tell you that you're X number of centimeters dilated, and you should be this much by this time. That's the phrasing that they use when they're checking women in, which I think really not particularly useful. Some of the births I've been at, they progress super quickly and then hang out for a while. And some of them go really slow and steady and are on a predictable dilation schedule. But mostly not. I think the more of it is spurts and then rest and then spurts. It sets up this expectation of - "you're not on time and you're on time." Then they're checking your vitals and they make you wear the band and then if you want to walk around or if you want to go pee, it's a little bit of an inconvenience to the staff. As opposed to - the birth center, where they let you know, "so this is your space. Here's the stuff that we'd have out. If you need other stuff or if you want us in here, we'll be. Otherwise, we're going to hang out around the corner and check in now and again, but mostly come get us when you need something." It's just a much different attitude of who is in charge, and also who's important. The hospital, they have people of all levels coming in. I know they have to do some of this; the HIPAA compliance person comes by to sign consent forms, sometimes there's a second person, because they'll have created two patient instances, one for you and one for the baby. If they do it efficiently, they come one time. Then they ask do you have insurance, or do you have this? Obviously at some point those questions have to be asked. But that person comes in, and then the hospital this could be one person or many different people. Or the same person but not always the same visit. They're coming in and then there's the nursing assistants doing your blood pressure and temperature. They come every hour and they have a rotation. But it's not necessarily convenient, or they just interrupt.

I've been to a couple of births at the non-Native at Providence hospital here and they let you put a sign on the door that says, I don't want to be disturbed. It's not always honored - I'll be fully honest. There are still nurses who come in and want to touch your vagina and see how dilated you are. And ones who want to come be involved in what you're doing, but at least it's an option to be like, "I'm in fact fine, please stay out." Little things like that where it's just not part of the routine yet at the Native hospital to give moms that sense of choice. We're officially run by the Tribal corporation or consortium, but they still follow IHS standards and the same protocols since the 70s when they took over. There are lots of older male OBs. They want to do things, they're trained to use forceps, so they want to. And they see the times when they're like, "Oh, this could be helpful." And the ones who are surgeons are trained to do surgery and that's what their whole career has led them to see opportunities when surgery is appropriate. Our Native hospital doesn't have a super high rate of C-section, which is really nice. But everything about it is very antiseptic and the protocol – and what the rule says, and it's all very rule-based.

One of my friends has now a four-week old. Her birth was not exactly what she had desired, but it was fine. She ended up with a C-section, she had a transferous breech that would not even - manual version would pop back, even when they tried again. It turned out that she had a fairly large fibroid and so that was in the way. She had a C-section that she didn't really want but needed to happen. Luna was weighed and then they made a transcription error. She was 4.15 kilograms after having IV fluids for the C-section. Actually, they made two transcription errors. They wrote her down as 4.5 kilograms and they had pre-coded her as a vaginal birth because they expected to have a vaginal birth. But then nobody went back in the computer and recorded that Luna was born via C-section. They made two transcription errors. Not only was she puffy from all the IV fluids, they had noted her weight as much higher than it was.

When she went in for the two-day checkup, it looked like she had lost this massive amount of weight. Since they didn't note her as a C-Section birth, so they didn't expect her to be IV puffy, there's a greater percentage of weight loss you can have there. They treated her as if she was a vaginal birth with no IVs and had started out significantly larger than she was. The nurses freaked out and talked about how Mikayla was starving her, and made her feel stupid, and threatened to keep the baby in the hospital. Fortunately, her husband is very strong willed and insisted that they were going to go get a second opinion at the non-Native hospital. The baby looked healthy and we didn't know the transcription error. It just didn't seem right. And, I'm telling Mikayla this cause, I'm not officially supposed to be there, I can't talk to the nurse. Officially they were supposed to be looking at her and her C-Section, but they didn't even look at her because she wasn't noted in the computer as having had a C-Section. Nobody even checked her steri-strips or anything, because then they got all focused on, oh the baby's starving. Nobody looked at the baby to see if she looked dehydrated. Her soft spot is nice and flat. She's awake, not super awake, but her eyes are open. She's looking around, she's nursing in the office. Nothing was wrong with this child. They're making all of these threats about how they're going to keep her, so Mikayla is super upset. They leave and I was just like, "why don't you guys wait a couple hours, your baby looks fine. Nothing looks wrong with this child. She has all the signs of being a very normal fresh baby. She's had pee

diapers, when she doesn't have pee diapers for a little while, when other things start looking wrong - then maybe it's worth that second opinion. Let's be really careful and actually count pee diapers for a while." So, they counted pee diapers and she peed nine times that day, after, plenty. Then somebody in the hospital noticed those errors and called them the next morning and was like, "so we saw this transcription error. She actually weighed less when she was born than we had noted, so no big deal. It's fine." But it's that attitude of, A) you don't know what's going on with your own body or your baby's body and B) that you couldn't possibly be right because they have a computer and a protocol and it says X percent and it's a hard line. Even though looking at the child in front of you, obviously if something isn't making sense. That they had made both of those errors that are not in the patient's favor and didn't even consider that that was possible. The system is very hierarchical - this is your role and you must check all the boxes.

They give patients the postpartum screening to fill out themselves. Then nursing staff and the behavioral health tech that is supposed to administer that survey, doesn't actually administer it. This is something different, too, at the birth center. At the birth center you go back for your postpartum two-week checkup and the midwife asks you those questions; how are you feeling? Do you have anxiety around this? It's the exact same questionnaire, but they read it and then they watch your face while you're answering them. If you're just left to check the boxes on your own, there's nobody watching your physical reaction to that. It's like there's so much less care being put in, even though you're doing it - officially have done the same thing.

In Alaska there aren't many Western doulas that will support full spectrum outcomes. I think there's just two of us actually that are out and say that we do. I mean some of them might do it quietly, but I consistently make a point when I'm talking about what I do in to talk about full spectrum outcomes. For a while I had a website that described what I do, but I don't advertise anymore, just because of timing. Between the people I already know, plus my baby and my grandma, I don't have time to meet new people like a Western doula would be meeting. I mean if somebody asked me, I'd probably make time, but I'm not looking. But when I was, I advertised that if you need support with whatever your choice is, I will be there for you. And that is not common up here. I think a lot of the doulas up here come to doula work specifically for happy pregnancy outcomes work, and they love babies. I also love babies and I see that there is more than that in healthy families and in women's reproductive choices, and rights, and needs. I think it's not a very comfortable area for a lot of the other doulas in this part of Alaska. I don't know what's happening in Fairbanks, but I imagine that it's similar. When I did the online doula training, most of the people in my online class were that same perspective. Relatively, they can afford to stay at home. It's not a struggle. A lot of them are Christian and have really strong feelings about other women's bodies.

The other person that I used to partner with to do some doula work, is also mixed Alaska Native. And I'm pretty sure we're the only ones that support whatever people's choices are, we will show up and we're here to support. I've never seen anybody else at Planned Parenthood that's there in that support role, I'm sure there are some. That's our only provider here in Anchorage. And even for people who have a child with severe chromosomal abnormality, and they are probably not

going to survive pregnancy, much less birth and live and grow. There is nobody to support those women locally. That could be my whole job, you know what I mean? If I really wanted to talk to OBs offices and go talk to the genetic specialists and make a business card and make it a business and put myself out there in that role. Cause there's nobody in Anchorage. Just talking with the genetic counselor, it's not super infrequent. Our population size is large enough that we have people who terminate for health reasons every week, and for the mother's health or for the baby's health, and then all of the other reasons that people need to terminate. It could definitely be several people's jobs and there just really isn't a network in Alaska.

There are even support groups for all kinds of stuff. Support groups for child loss, for pregnancy loss, for specifically people who have one surviving twin. All of these support networks that are out there, but there's not one for women that had an abortion. For whatever reason. I feel a responsibility to be also there for that. That's part of you as a whole person and if I'm here to support you in whatever you need. I have to be a little bit more forward I think, then if I lived somewhere where there's lots of resources - I don't know where that is, but to imagine a place that has plenty of resources - and it could be in the background. But here it feels like it's a statement, these are their normal bodies. So much of it is not accepted, to even talk about reasons why, and that you can still grieve, and feel a sense of loss, and you know that that is okay and normal too. I'm trying to not make that be like a large part, I feel like I could get consumed by just supporting those women. There is so little here. If I really put it out there, I don't know that I have the emotional reserves to just all the time be doing that.

I think that's a really important reason we want to bring the Indigenous full spectrum doula training up here. I feel like if we're going to say as an Indigenous doula, I'm here for you for what you need. For Yup'ik traditional organization of communities and I think this is true, I just don't want to speak on behalf of Athabascans or Inupiaq. I think it's pretty true though in their communities as well. The whole range of normal was normal. We didn't look at somebody's sexuality and be like, "Oh, you're in this other category." It was like, here's your regular name, and here's your teasing name, and here are the jobs and responsibilities that you have. And a lot of those things that have become really important in a Western sense just were not important at all. I was just like, you are Taryuq and you have a little bit of an attitude, but here are all of your jobs, and here's your aunts and your uncles and your people that you need that you're in relationship with. So that sense- either you're a person or not and then I have whatever responsibility to you as another member of the community. Your humanness is all that is sufficient. It doesn't matter if you're autistic, or it doesn't matter whatever categorization that happens in the Western system, it doesn't particularly matter. You're human, right? There wasn't this either/or some categories that are worth more than others.

That's my perspective coming to birth work. I'm here to help you and that is our relationship. Then it's really, really, really not my place to say what you should be doing. Cause, you have connection, your humanness is your connection to everything else. And so, you understand how you need to relate to everything else innately. I don't need to tell you and it's super weird of me to tell you how you need to relate to everything else. I'm here to help you. And that's

really all that needs to be our relationship. And so, I think it's really important to honor that in an Indigenous doula training - we'd be more open and accepting then cause it's really not our place to say anything else.

In the culturally grounded practices I use with people I work with, some of them are definitely like modified to fit modern era, right? So, our steam bath, maqi, everybody used to have one outside their house. That was where you literally go to get clean, but then also, go to socialize and talk. Women would go together and then men would go. Sometimes they would have separate houses, but you go and share and talk. Sometimes you don't really need to talk, but just being with other women, especially. We don't, of course, have the maqi outside most of our houses in Anchorage. I would love one. But we can go to the steam room at the gym or go to the sauna. The dry sauna steam room is way nicer. It's just harder to get into and have that space to yourself. There's a lot of, Korean grandma's really love the steam room, and sometimes it's super cool to go and hang out. But the gym, the workout club gets really side-eye when they see a pregnant lady. Officially it says you can't go in there. But that was really normal for us. And it's really good for most, obviously you're not gonna stay in there until you get really hot. It's a shorter exposure than you would not being pregnant, but you would go and it's good for your muscles and it can help you relax enough so that if your baby is trying to turn they can, it'll loosen up your round ligaments if you're holding it really tight and are not in the best health. There's lots of stuff that can make it harder for some of the stuff that needs to naturally occur, to occur. In the modern context of "everybody's overweight, has diabetes, and their babies are giant." Lots of our babies were giant anyway. And so being able, so many relaxing that way is helpful.

Then having a lot of- it is traditional, but it's also everyday life stuff, right? We used to and for my daughter's birth, we were out in Bethel, me and her birth mom. And we were able to do some of the more traditional activities. Berry picking is really good exercise for labor. Cause you walk a long way, you squat, you get up, you squat, you get up, you walk, you squat. That would be the exercise routine that Western medicine is going to tell you to do, but that's just the work that needs to get done. And so, you just do it and you do it while you're pregnant and then your body is more ready to labor and deliver more easily. Seasonal appropriate, trying to do some of those traditional activities, subsistence especially. And bringing along people that are pregnant and not making them feel like they're going too slow, or that they're unwelcome. I wish that the hospital would just let us have group prenatal activities like berry picking, that would be all summer long. We're just going to walk through berry patches. I pitch them ideas sometimes and they're like, "ha ha Stacey, nice to hear from you again." Perhaps this will hit somebody that can make that change.

Pregnancy is such a normal part of our traditional culture. My great grandmother had all of her babies at home. But not at home, in her nice house. Wherever they were, moose hunting - where she had her first child and it was not a big deal. She knew she was very pregnant and that she could deliver, and she was like, but we're going moose hunting, this is season to do that. She just brought the stuff she needed and then it was fine. And then continued moose hunting more low-key. She was mostly in the boat at that point with her baby. But she still had to cut the moose

up and everything. It's not that long ago that people in Alaska really saw pregnancy as just this normal part of life.

And naming, it's a cultural practice that some families are really, I say colonized and I don't mean it in like, "Oh these guys are so bad." They just, went to boarding school or they ended up in an orphanage or they got so removed from some of those traditional practices, so they might know about it, or they kept part of the tradition. Where you name your baby after somebody who has passed, but then they'll clip off the relationship part. Because they wanted to survive that era, where you have to stop speaking your language to survive boarding school. You have to stop doing cultural stuff if the church is the only warm building where you live and you can't afford heating, right. And the only way you can stay in the church is if you ascribe enough to what they're saying and give up your heathen practices. I mean the church being the only warm place is my grandma's generation. In some places, my dad's generation. It's not that long ago where people have made a really rational choice to give up cultural practices. I try to create space to talk about that, and to talk about whether that's important for people starting new families now. Do you want these traditions, and do you want to take them back? You have a house that is warm, and you have that ability and privilege to do so. We talk about stuff like that.

These two home births that are coming up are probably going to be more traditional than most of the births that I have attended. Because of who they want there and their confidence in their own bodies. They're not so reliant on the hospital. At births, usually we'll cleanse the space. You can't use smoke in the hospital, so we use salted water. Which, the translation is actually closer to living water - our tears, our amniotic fluid, our blood is a salted water. We can use that with some other steps to make the space free from whoever else was in here - in a way that is compatible with hospital rules. You cannot, even if outside, use any smoke including a Chaythluk, or sweet grass, or sage on the hospital campus. There's structural imposition against doing some things that are, this is pretty basic. We just want to be refreshed and clean in that sense, as much as we want you to wash your hands, both of these areas need to be clean. So, that doesn't always happen in the way that it could, with the hospital setting.

And then, talking with the auntie I talked about earlier this week about preparing for this morning. How you live with intention - and the small things that you should be doing on a regular basis that make your whole life work better. The way that you wash and the time that you take to prepare yourself for the day. I talk about that. Some of it is gauging how important it is, and then sometimes it's just saying, "just try it and see what you think." The traditional practice of the washing, when you sleep, you're more open to influences is probably the easiest way to say it. And so, you might have some of that residue on you when you wake up. It's not a big complicated wash, your face, and you start at the top and you're rinsing. The way that you brush the water off, it's a ritual. Just see if that makes a difference. And if it doesn't do anything for you then maybe it's not important to you, but it doesn't hurt to try it out and try on some of the stuff that the churches were like, "you're not allowed to do that." I think trying on some of that stuff that has been removed. Not everybody's going to want to do every traditional practice, and that's fine. I think in pregnancy especially you might feel more open to try new things, try a new diet or trying to some of the

traditional foods around pregnancy is pretty easy, it something everybody can do, and it doesn't feel weird. Cause some of our Native moms are really Christian and fully believe it. And that is who they are and they're really uncomfortable with some of the practices that feel spiritual. Because that's not their spirituality anymore. The way that they interact is through the Christian path and so they aren't comfortable doing some of the other things that feel like it might be breaking the commitment that they have made with Christianity.

But foods, universally I think still speaks to us and it doesn't matter. So, having the bone broth to - sure you should drink lots of water. I'm not going to tell anybody to not do what their OB or their midwife says. Drink lots of water, but traditionally we would have a bone broth and you would every day eat either a bone broth or fish soup. Depending if you're up-river or down river for Yup'ik folks, cause of our staple foods. Once you knew you're pregnant, that was part of what you ate every day. Not that you necessarily like forwent all other food, but it was also the only time that you could have more of the red meats - when you're pregnant. You're building another body and you need some of that additional iron. And then the fish eggs, if you dry them and powder them, it used to be that you would eat it and mix agoduk. That word just translates to mix, it's where you take fat and then other stuff. But having those fish eggs is really, good nutrients. Most people now that go fishing, they save the eggs to make bait for next year. But if you know that you're planning to get pregnant, asking for them. The same for the soup, you can ask people for heads and usually even non-Native fishermen are happy to give them to you. Even if you don't have a ton of resources to go do some of the subsistence activities that are harder when you're Anchorage based, you can still get some of that stuff pretty easily. Then those are the foods too for breastfeeding support. Just eat some fish soup. The doctor's office talks about new hydration coconut water but use whichever one of those works for you. One of them is probably going to make you happy and think about your grandma at the same time, you know? So, talking about the foods that I've learned about that we would eat. Even when I was breastfeeding, having fish head soup, I got much more of a boost in volume than some of the other stuff that I tried. Making those changes that work, that's the food practices. And I'm always excited to learn more of those and talk to aunties and grandmas and see what they remember eating.

My 50-year hope is that we'll have births back in our communities. It's been out for about 50 years now. A of issues are being impacted by experiences with different treatment in the justice system, lower educational attainment, more depression, and substance use. There are definitely components to broader colonization that happened there. But I think of real importance is that we separate our families at this really important time, because we evacuate all the moms. They're out of their community between 6 and 12 weeks before labor and delivery, plus the downtime. Sometimes they're stuck in town if they're sick or the baby is sick for some amount of time after birth. Having a regular postpartum period would be really useful on the other side of birth, which even regular by American standards is six weeks. So that's a three to four-and-a-half-month commitment of being removed, being out of the workforce, being unable to participate in traditional subsistence activities, and out of caretaking for their kids. We had boarding schools that took children away and now we take moms away, we've continued that practice.

Kids don't grow up seeing birth and meeting and greeting new community members. They don't know immediately who they are and what their ties to them are. The naming I was talking about earlier, we used to have more formalized roles. "You're this child, then you have this duty to the other children and then this to other community members," you knew your place in all the directions. We remove people for that now and we pull them on out, let's just say six weeks out of time. She's going to miss whatever is seasonally appropriate to be doing. She's going to miss anybody else's birthdays, or schoolwork, or anything that she would be doing to support older children. She'll be away from her partner, she'll be away from her mom, and her sisters and not able to do any of the things that you normally do to maintain family, like having Sunday dinner together. Whatever small rituals that you have in your own family to strengthen and deepen those relationships. She's full gone for at least six weeks, there's no making preparations together. I mean you could do it early, early in pregnancy, I guess. She's not there for all of that or it has to happen two months ahead of time.

Then they are also gone in an economic sense. Who's gonna want to hire you if you're childbearing age and you're going to be gone for four months for every child. Fully removed, you can't even work from home, which is not really a reality in rural places. You can't even do a semi work from home type situation for an administrative job because you're going to be far away in a place with no wifi and no access to even a private room. You're in dormitory style housing for six or eight weeks on a minimum, on a healthy pregnancy. The schools don't hire women of childbearing age. The clinics struggle with that. Sometimes you're the only one available who's willing to do the health aide training, so they get those jobs. But the Tribal corporations and the small businesses that exist in rural Alaska often don't want to hire Native women of childbearing age because they know they're going to be gone for that long.

Then what does it do to your relationship with your partner? The flight for the pregnant woman is covered but nobody else. A plane ticket is \$500, in some of these places \$1,000. And assuming you either have no other children or dependent relatives or that they are all taken care of, which is sort of a big assumption. But even given that you need to have maybe \$2,000 to fly yourself in cash that you're going to spend on airplane tickets and not on new baby stuff. And so, you've got the men removed from that new child when they're coming into the world. When they should be meeting them and knowing their partner in like that new way. Not only are you my partner, but you're the mother to this child that we've made. Seeing the women be that powerful and transformative, they missed all of that - on top of all of the regular colonization and the hierarchy of men and women in the church and all of those things. Plus, media representations, the kids in the village see Youtube and Western TV - and depictions of men, women's relationships.

You've got this opportunity for men to be looking at women as really strong, and powerful, and important, and transformative. And they're fully removed from it, you don't build that individual relationship. Then also, you aren't changing how boys and young men are seeing. Then it's not surprising to me that they frequently leave relationships. Our rate of unpartnered birth is fairly high. Because you have someone who is a little immature, and doesn't see women as powerful and central to life, and doesn't have a lot of good examples - because we're on generation

four of people who've been really deeply disrupted with boarding school and the forced removals around the turn of the last century and up until the forties and fifties. They don't have those good examples to look up to. They're not seeing it in their daily life, and then the pregnant woman is gone for 6 to 12 weeks. I think removal for birth is really detrimental to a lot of aspects in our communities. At the root it's not that Native people are deficient. The system disrupts families and breaks community bonds and makes it impossible for the people who should be seeing this role transformation from ever seeing it.

I feel like having, having that return to our communities would alleviate some of the tensions. It doesn't fix all of colonization, and it doesn't fix economic opportunities, and it doesn't change the media narrative. But it would allow that really immediate interpersonal understanding to happen in a way that just doesn't right now. It's a push back against all of those things that are out of the control of what should be in the control of our communities. If we were able to make that change, start opening the door for economic opportunities, healthier relationships and good examples, rebuilding those things we know existed and we know worked for a really long time. We are colonized peoples now and we are part of a Western system, these can work together. If you want to have a job that pays well, and if you want to be successful, or be Christian, or be some of these other things that are new that we've incorporated in into who we are, it's still compatible with that. I think you start making changes in the way that the community operates together to being healthy and to being whole people again.

Right now, doula work is a preliminary step that's maybe a little bit more accessible to achieving this. It's a small step like having food as a pathway. Maybe spirituality is too much to think about, but you can connect with food, and connect back to your ancestors and to your people in a way that isn't so scary. I think birth is one of those things that happens to most families, right? Most women will be involved in some fashion with mothering - actually being pregnant or being partnered to somebody that has children. Because it's so nearly universal. Even for people who never having kids but have a sister or a brother that's having kids and building new families. It's a good entryway point to talk about things like, how you can push back on the Western medical system in other ways. And it's an opportunity where you might actually be listened to. There's some acceptance and saying things like, "I want this, I don't want an epidural or I do want this to happen." Then once you have practiced it in a way that is more accepted by the system, you feel more empowered to do it in ways that - like, "I don't want to take that high blood medication. In fact, I'm gonna work on my diet and exercise first. Or I want to try this traditional medicine before this step." Feeling like you can say those things and that you might actually be heard. And then too, if we someday had the choice to say, "no, I don't want to be evacuated. Yeah, you're right, something terrible might happen, but that risk is mine to take. And it's more important to me to be among community members and to build these relations, to have my mom, have my partner, have my kids present." It's not like there's no risks of going to the hospital. To trade out and to say these are the risks that I want to take.

I think that conversation can lead into, "as a community we want to set this as a preference." Have enough people that have made a choice, an aware choice, where they understand there's a

trade-off. “Do we want to log this area, or do we want to have a road,” practice in making those decisions that are really important, and the stakes can sometimes be really high. But you don't necessarily have to take the immediate Western monetary payoff, or most corporate approved path. That you can make a different choice and that it's also valid. I think you can practice making them in birth, and in healthcare, and in what you eat. And then you can also look at that in ways of economic development; what you want your community to look like, what you want to invest in, what you want to put your time into. I think it is important in nation rebuilding to have a place where you actually are able to be a real agent of what you're doing. Cause otherwise those things like, “Oh, do we want to invest in wind power for this region and build out, or move the whole community.” Those are really big and really hard to conceptualize. But I'm going to make choices about my body, and about how my family starts, is a lot closer to imaginable.

I think birth work and the sovereignty over in bodies is related to the sovereignty for our communities and our peoples. I think they are really strongly connected. Sovereignty for our people should also be a universal thing that people can imagine. Sometimes it seems like it's too hard. It's much easier to acquiesce and to accept a Western definition of success, of beauty, and of wellness. And it is easier, because that's the dominant culture and that's where there's the most support. This work seems like an area that can be compatible for people who want to take in some new things, new definitions of success. I think that's how our Nations are gonna evolve and should evolve. It should be with a sense of agency and an awareness of what you're taking on, with purpose, instead of just letting stuff happen.

Helena Jacobs

Benozaadleyo se'ooze'. Tlaa ologhe huts'enh ts'aadaanslet. Heyeetoghee'o Denh lesdo. Eetaa'e Kk'oneeh'ol be'ooze'. Eena'a'e K'etse'hultoone be'ooze'. Setseye yeł setsoo, eetaa'e bedelnekaa, George yeł Helen Hoffman hev'ooz gheelaa'. Eena'a'e bedelnekaa, Lillian yeł Fred Olin yeł Neelnohulno yeł John Honea hev'ooz gheelaa'. Seketl'e Kk'oleyo be'ooze'. Sode ka Gee'eedoydaalno yeł Bahooltsolee hev'ooze'. Sekkun' Nehudegheel'o be'ooze'. Sedenaa' kkaa Yeedaadleggots yeł, Nelo'etaanh yeł, Sodekelt'seeyh yeł, Seketl'e yeł, Enaaseyh yeł, Sedaadze' hev'ooze'.

Translated into English: My name is Helena Jacobs. I'm originally from Ruby, but I live in Anchorage, Alaska. My parents are Dee Olin and David Hoffman. My paternal grandparents are the late Helen and George Hoffman. My maternal grandparents are the late Lillian and Fred Olin and the late Lillian and John Honea. My husband is Torin Jacobs and our six children are Torin II, Daveon, Chazz, Seketl'e, Enaaseyh and Ayani.

The first time I ever attended a birth was almost 15 years ago with my oldest sister's youngest child. And that kind of just happened by default. I was spending the night at her house to help care for her other three kids, and she ended up going into labor. And so, I went to the hospital with her to support her. I didn't really have any clear intention to attend her birth - and definitely had no training. I ended up passing out in the labor and delivery room because I saw the blood and I couldn't handle it. That was my first exposure to birth, and I was so ill-prepared, and I ended up, all of the providers who attending to her then had to care for me and dragged me out to the hallway. I felt so bad. Then to realize then that I had the opportunity to play a really supportive role, but I wasn't able to because I didn't know how. I started asking those questions about what it means to attend a birth and how to do that in a way that wouldn't actually harm or take away the care needed of the birthing person.

Then my next oldest sister, with her first pregnancy, she decided that she wanted a home birth. She found a midwife here in Anchorage that was so amazing and really taught me a lot. My sister would invite me to her appointments, and I was actually living with her at the time. I got to learn about what it means to be pregnant and prepare for birth and learn about the herbs and the medicine and these practices - these very holistic practices that she went through and her pregnancy. I was right there beside her learning about this. I just loved everything that I was learning, and I felt really prepared to support her and her birth. It's such emotional work and that there's the strong power that comes just in talking about this. It was just one of the most beautiful experiences I ever had in my life. And really life changing because I didn't even know about midwives. She was a non-Native midwife, but she had a lot of non-western practices that she brought into her care that I learned a lot from. That didn't rely on overmedicalization and pharma and all of that in her practice. I feel like what I had learned from her and that first exposure was much more aligned with traditional practices than medical practices that have taken over most of our birthing. That that really inspired me.

I was with my sister and I helped her care for her child. And I was her child's primary provider when they went back to work. I attended all of her births. She had four children. Then when I first became pregnant, I found out when I was on vacation, two days before Christmas, I was in New York. I immediately took a picture of the pregnancy stick and texted it to my sister. She called and was so excited. Within minutes I had four different emails from her in my inbox - these are vitamins you should consider ordering right now. These are links to websites to help you learn about this stage of pregnancy. These are books that I recommend you put on your reading list. And it was so amazing to immediately have that level of support and care. My husband was with me and is such a supportive partner. He came to all of my prenatal appointments with me. We did hypnobirthing classes together. We did birth art together. We set intentions together. I just felt so supported, so safe, so loved, so full of resources to gain information to make healthy choices for myself and for my baby throughout my pregnancy, during my birth, after my birth. That was really, really strong and I really love sharing my birth story with people - I've given birth three times and every time it was the same, very positive. I felt really loved and supported and had really beautiful births. That was so empowering.

And I would just share my birth story with people. And that then opened up these conversations where I heard a lot of the opposite of what I had experienced. Where there was a lot of fear or concern or maybe not feeling supported. And people started inviting me to their birth. I never advertised anything. Through sharing about my experience, and I think feeling so positive about it, people felt like I was a safe person to talk to, and I would get all of these questions. Then during pregnancy, I would then get invited to come into births. That's how I came into that space and just absolutely love it. It's just, I can't even describe it. It just is such a sacred place that fills my heart and my soul with so much joy. And I feel so honored to be invited in to attend to birthing families - that I just know that it was something that I wanted to do. That's how I first got engaged in this work.

The first birth that I attended that was not one of my siblings was 10 years ago, for one close friend. I attended all three of her births. And then another friend reached out to me and I attended both of her births. So that's been about a decade. I've attended probably a dozen births and I've given birth three times on my own. Now I'm part of this network, it's pretty recent in Alaska. It's called the Alaska Native Birthworkers community. It's a group of five other women and I, who have been very grassroots, organized to attend to birth as volunteer doula through word of mouth. When you hear that somebody has come in from the village and is open to having a volunteer doula and is asking for extra support, then we'll organize to see who can show up. We've been doing that for the last three years. We're just now trying to do to actually advertise and grow our network of birth workers and grow our own capacity as Indigenous birth workers to attend to our peers. In the last six months, we've done a lot more community engagement and formalizing this group. Naming the change that we want to see in our system, the information that we want to gain, and the people that we want to connect with. To have it be a standard practice when our Alaska Native women come in from the villages and register at the hospital to give birth, that there could be a box that they could check to say, "do you want to have a volunteer doula attend to you?"

Everybody would have the option. To grow that equity and level of support for our people in the way that it was done for millennia before we had to get evacuated and leave our homes to go to hospital.

I haven't done DONA coursework or registered for any kind of training course, really. I've learned a lot from my sister who's a midwife. I've read books from people like Tammy Simkin on being a birth companion. I've taken classes during my own pregnancy where I learned really helpful birthing techniques, hypnobirthing and Birthing from Within. There was another class I took that helps with natural pain remediation. Some of the things that I learned when I was pregnant in my own birth, I've used those techniques when I've attended births too. I would say that the training has really been more like apprenticeship - learning from my sister and then learning from the mothers who invite me into this space.

I will be attending my first official training as part of our work with the Alaska Native Birthworkers community. We're organizing and hosting trainings. Camie Goldhammer will host the Indigenous breastfeeding counselor training in April. And we're working with Melissa Brown to host the Indigenous full spectrum doula training in August. I'm so excited about that. That will be the first time I've officially signed up for training and received a certificate at the end. I'm also really interested in learning about - not just receiving the training but thinking about how we want to develop our own Indigenous training here in Alaska. So that's something that I'm really actively seeking right now. Not any specific training but Indigenous training and learning about what that framework looks like for Native woman, by Native woman, for Native parents, by Native people. We've already been talking to folks here at the university systems through our community health aid programs, through our tribal health care training programs. We've been doing outreach and engagement to think about how we might move forward with curriculum development. That's a pathway that's starting to get opened up too, to think about what we learn and what we can apply to our own framework that's based on our place and culture here.

One thing that I do before I go into a birth is that I need to make sure that I'm clean or that I am not carrying things into the space that won't serve the family that I'm trying to show up for. If I'm feeling a certain way, dealing with something heavy, or if I'm not quite right I know that I need to take a timeout and smudge, or pray, or step aside and really meditate on clearing that energy out to be a vessel for love and light and support and positivity. When I step into that space, everybody who's in the room, is going to feel what I bring. Being really intentional about how I show up is the first thing that I do. I also made sure that I have a bag packed. In my bag I include massage oils, rice bags to heat up or cool down, and tennis balls. I have music, candles, and salmon strips - our strong Native foods that offer good protein sources. I have a whole checklist of things I make sure I have in my bag to just offer and see what might work. I try to be prepared with physical things.

Then when I'm in the space, I try to walk in and read what's happening first. Feel that energy, see where the parents are, the mom, the providers. If I don't already know the person, I make sure to introduce myself and share about who I am, where I come from, some of the things that I brought that I can offer for support. If I already know them then I'll show up and read the

situation first and try to figure out where I fit in and observe. And depending on where the parent is in a phase of labor too, that'll help me determine what I can do to support. Maybe the support that I really need to offer is for the spouse or the partner who is attending to the birthing person and that is my focus. Or maybe it's offering massage, or walking, or singing, or putting on music and being quiet, or praying, or maybe it's continually reminding that person of their own strength and how perfectly and beautifully designed their body was for this experience. Reminding them of what they might've written down in their birth plan if they have one. Just being very reassuring and comforting and nurturing. Sometimes I'm just standing there holding somebody's hand. It really just depends. I come and think about how I can melt into the landscape and support what is best needed. That can change from moment to moment and it's so individual for every person and where they are. I don't really have anything set except just to be and offer love and support and a very peaceful presence. And maybe there is some technical support, or I might say, let's maybe try this position or maybe let's try this light touch massage or maybe I'll squeeze your hips for you. There might be some mechanics and technical stuff. But I think the strongest thing that I can offer when I show up is just being present and another person to offer support if needed.

Sometimes I won't know the person I am coming to support. The way that has typically happened is through my sister, who is a Native midwife practicing in our tribal health care organization here, the Alaska Native Medical Center. About 40% of the birth that happens at our hospital here are from folks who live outside of Anchorage or the Mat-Su Valley, 45 minutes north of here. The way our system is set up here is that if you live in a village - where in a lot of our villages there might be a small clinic with the community health aide who offers all of the health care in the community. There is no birthing facility, no midwives, no registered nurses, no physician's assistants or doctors. At 36 weeks people on those villages are evacuated to their regional hub that has a hospital and wait there to give birth, if they're considered low risk. If they're high risk, then they're automatically sent into Anchorage and have to wait here. My sister works in the clinic that sees these families outside of Anchorage when they first arrive to the hospital. She sees folks who don't have a travel companion with them and haven't been able to identify local support - but are really expressing that they want support. Then she'll reach out to our group and just say, we have a customer-owner here who is requesting additional support. She's about X amount of weeks, is anybody available in town during this timeframe to help support this person? Among us, we'll organize our schedules and see who can be available when. And sometimes there's four of us touching one parent, sometimes there's one of us who's available. It really just depends. And so that's been part of the grassroots organizing there, which we're looking to formalize and make a standard practice. Where somebody could come in and request that.

This was the situation there, where my sister had seen this person in clinic and then that person said that they were interested in additional support. She had my phone number and the midwives had my phone number. I said, "have her call me when she's ready for me." So, it was 11 o'clock at night and I got a phone call from the midwife saying she's in labor and she's asking for you. I went and attended her birth. I have to be honest and say that I was kind of nervous about showing up for somebody that I hadn't met before. Just because we hadn't already built that rapport.

I didn't know her, she didn't know me. And I wasn't really sure what breaking the ice was gonna look like. I didn't have any idea in advance about her situation and how to prepare myself to best support her. I just showed up. Within minutes, all of that dissipated because it felt really comfortable. She felt super comfortable with me. I felt super comfortable with her - and it didn't even matter that we hadn't known each other because there was just this instant bond and I knew exactly what I needed to do to support her when I got there. It was so special. And by the time I ended that birth with the young woman, by the end of the birth, she was like, "I love you, thank you so much for being here". And I was like "I love you too and I love your baby and I love your family". There was so much love and trust in that space and we will always be a part of each other's lives now because of that. It was a really powerful bond and that feeling of being strangers immediately melted away.

I had been on call for one couple before then, the mother was pregnant with twins and had felt a little bit of that nervousness too, not knowing how to show up for somebody that I didn't know and then also, I've never attended a birth with twins before. That was a new situation. They ended up not calling. So that was the first time I met with somebody that I didn't know, and it eliminated the fear and concern that I had about showing up for others. Just two days ago, I was on call for another person. I had offered to be on call for another person who I didn't know and who was incarcerated. Correctional officers were going to be present at the birth. That was a new experience too, and I didn't feel that fear about it. I knew that I could show up and had enough confidence to just be there for that person and respond to whatever it is they were telling me verbally or nonverbally that they needed to feel supported in that space.

Thinking about cultural practices, there's one thing that was really prominent in my own birth. And the only time I've ever had this experience that I'm going to describe has been through birth. When I first started learning my heritage language, I remember during my very first birth. When I close my eyes, I would see my ancestors. I could see my grandmothers who has passed, my great grandmothers who I never met. I could see my descendants; I could see the grandchildren. I could see the grandchildren of the child that I was birthing. All of us were connected by my umbilical cord. I had this really, really strong vision and imagery. All of those people were in the room with me. I have never felt such a strong connection to my ancestors or my descendants than in that space. It made me realize how all of them really are in that place. That was really comforting to me and it really, really helped me during my birth. It really contributed to that sense of power that I felt, that sense of connection, and the strength that I drew from them. It was so powerful. And because of that personal experience that I had - when I'm in the room with other mothers, I ask them to think about their ancestors, to think about their descendants, to conjure up their own imagery of these strong matriarchs in their lives and pull on their strength. And to invite their strengths and their guidance into this space too, if that's something they're comfortable with. I've seen that, offering that has really created a sense of calm, support, and comfort. It's been really powerful. That's a practice that I try to bring in with me. That I'm not the only Native woman in the room; there's this long line of people who are there supporting them.

Specifically thinking about my Native culture, we try to bring some of our medicine into the space. We can't burn anything in our hospitals. I bring in this sweetgrass spray - to purify the space and fill it with the good intentions that we want. I also bring other medicines if that birthing person is open for that or offering prayer. I don't know very many songs in my language, but for the songs that I do know, I offer that. Sometimes just hearing a lullaby in your Native language when you are in that space of really needing to be nurtured can be so comforting. So that's part of the practice that I want to learn about more, our lullabies in our Native languages. And to make a drum where we can learn these songs together.

One of the things that we did for my sister's most recent birth - she had her fourth child in September. She had a home birth and invited up a midwife, a Native midwife from Olympia, who she's known for years and who has been involved in some of our Indigenous birth work gatherings. She came up and we were really excited to learn from her. One of the things that we did to prepare the house for birth was we went around, and we sang. We went to every corner of the house and drummed really hard. And sang this song in her language that she taught us, to break up anything stagnant that might've been stuck in the walls or the corners of the house. And clean all of that out any energy that wouldn't serve the birth. We went through every single corner of the house. First with the drum to break everything up. Next with sage that we were burning. And finally, with rose and cedar water that we sprinkled throughout the house. We invited over a whole group of women, about eight of us were doing the mama blessing and getting her house ready. You could just feel the change in this space after we did that. It felt so pure. Even our own individual selves, we were cleaning out anything in ourselves that needed to get out so that we could show up in the best way possible for my sister. It was a powerful, beautiful ceremony. I had never done that before, but all of us who were there were like, "this is what we're doing from now on." We felt the difference. You can almost see the difference in this space. It was a really beautiful, powerful way to help prepare her for her birth. I'm really interested in learning about things that can prepare us energetically and spiritually. There's a lot of things that you can learn when it comes to the mechanics of birth and how to physically support. But one of the things that I'm really exploring now is how to offer that spiritual support and bring that into my practice more.

Another thing that I've been able to do in my practice, considering what it means to be full spectrum, is offering support during grief too, and when the baby isn't born. When I would share my birth story with people and that opened this portal for people to learn more and want to invite me into their space - it happened the same way with grief too. My first born, we had a really beautiful healthy pregnancy, really beautiful, healthy, natural birth in a birthing center. A really beautiful 12 days at home with my son. And then, we started to notice that something wasn't quite right. His respirations were a little too fast and he was a little too lethargic. We brought him to the hospital and discovered that he had this really, really rare liver disease that wasn't detected during pregnancy and symptoms didn't show up until a week and a half after we got home. We spent a week in the hospital here in Anchorage while they were trying to figure out what was going on. They went through five different diagnoses until they really figured out what it was. Once they did, they immediately medi-vaced us down to Seattle Children's Hospital to get on the transplant

list to get a new liver. And while we were waiting for that transplant, he passed away in the hospital down there when he was just 30 days old.

There was a lot of community that surrounded us during that grief process. I was really open about the healing journey that I was going through as I was processing that. I had a blog and I would share a lot on Facebook about how I was working through that, knowing that I wasn't the only one that was grieving. There were a lot of people in our community who were really heartbroken by the loss of our son. I knew that I had to face that grief head-on and I had to be really super intentional and work really hard to go through that. I knew that I had to go through healing, I had to figure out what that looked like, and I needed support from people. So, I was very open about that. I have come a really long way in my own healing and grief journey working through that. And I have shared that with people as well in the same way that I shared my birth story. And so that also opened up a portal where people would come to me and share stories about miscarriage or reach out to me about grief and loss. That also became part of my practice, supporting people when there's loss around pregnancy too, or infant death. I think if I hadn't gone through my own experience of grief and loss, I wouldn't even be able to be in that space because I was really afraid of it. Very trepidatious about making a mistake in supporting somebody, or saying or doing the wrong thing, or not knowing how. I think what we can do is be with them, love them, and show up - to let that person guide you to the place that they need you to be. It's not something I advertise, but because I'm open about sharing my own story, people seek me out. I'm open to doing that also and equally feel really honored and blessed to be in that space with people.

I want to be able to support people even from pre-menstrual, learning what our ceremonies looked like, for what it meant to become a woman. I'm really curious. I understand that we have so many protocols and ceremonies and rites of passage for different stages of our life and what it means to become a woman. I would love to start there, working with young women and helping them to learn about their own bodies, learn about our reproductive health in really safe spaces. Where it's not embarrassing or yucky or any sort of way than what it just, I think is supposed to be - pride and joy and love for our beautiful bodies. I think that part of our training for young women - to love their bodies, and to feel a strong identity and self-esteem. And what I want to do for them is learn about those ceremonies for how to support them when they go through their cycles and support them in becoming women.

I think that's really where that work starts in thinking about what it means to be full spectrum. And so as part of our group too, we're wanting to learn more about that and think about how to support our young women from a very early age to understand their bodies, understand reproductive health, understand healthy relationships and choices, understand their own power, and feel comfortable in that power. It can't start early enough with that. Then spanning all the way through to what it looks like to support somebody who might be going through menopause, and everything that's in between. Planning for pregnancy, pregnancy, birth, and postpartum care. Learning ceremonies for all of those different rites of passage that we experience throughout our lives. How to be a good relative, a good sister, and a good auntie.

Not even just for our human relatives. One of the other things that I'm really interested in learning more about too is our plant medicine, having relationships with our plants. I've been learning and I'm thinking about how to bring that into practice too. It's something that I feel really intimidated by because there's so much knowledge and so much to learn. I'm trying to not feel overwhelmed by that but just be really open. I've had dreams where plants have talked to me in my dreams. Right now, I'm really starting with prayer. Figuring out how to open myself up to receive that knowledge if it's coming to me and share with other people who know our medicines really well. To take baby steps to learn how to do that, learn how to make some salves and tinctures. I would really love to learn more about how to invite our medicines into this practice too.

It's been within the past year where I've fully committed myself to this work and have been fully dedicated to learning more about it. Making it a priority in my own life's work. Before it was by circumstance that somebody would invite me and I would say, "yeah I'll do it". I love to learn about birth. I've attended these Indigenous birth keeping gatherings for the last three years and learned a lot from this network of women. Last April, I was feeling so overwhelmed, trying to juggle so many different things in life. I run my own small business, I've got five kids, and all of this stuff. I had signed up for an Indigenous Leadership Academy and I was going to cancel it. I thought, I can't take six days of time to just go and focus on my own leadership development. That's so selfish and there's too many other things that need to get done. I was talking to my husband about it and he was like, "no, that's all the more reason to go take the time out, go and do this". And so, I went. One of the things that we did was identify one thing and go through a whole process of developing a strategy around that one goal. The one goal that I wrote out was this plan to grow as a doula and grow as a birth worker. And so, I wrote out this plan last April. As part of that experience I had to really hone in on what motivates me, what my purpose is, why I do what I do and how. It gave me room to trim a lot of the excess and really focus in on what matters. It was almost giving me permission to let go of the things that don't. It was exactly what I needed.

And so, I came back and I did - I trimmed things that weren't feeding me in the way that I needed it to. It directly impacted choices in my life when I came out of that space. The plan that I wrote is what I've been following since, for almost a year now. I've taken that plan, adapted it, and brought it to this group of women that I work with. We've co-created plans together. Setting that intention and putting it out in the universe and saying, "this is actually what I really want to do." It's been so amazing to see how the universe has responded, how opportunities have lined up, and the place that I'm in now compared to a year ago. I've been doing birth work for over a decade - but I would say it's been within the last year that I've actually set the intention to focus on it in my life and make it a part of my life and who I am. To seek out more opportunities, to grow, and to think about systemic change within this work.

I have used the term doula because I know that that's a term that people who work in hospitals understand. That's where I've attended most of the births that I've been able to attend. I call myself a birth worker in general, and I've actually gotten feedback from some of the moms that I've attended to and they're like, "what does that mean, do people in our community understand what that term is, isn't it Greek?". It's funny cause as soon as you asked, I was like, "yeah, I know".

But if that's somebody, the person I mentioned whose birth I attended for the first time when we didn't already know each other. I didn't refer to myself as a doula at all. I referred to myself as an auntie or a sister. This was a very young person. She was 14, and it was her first birth, and she had just come in from a really small village. I didn't know if that was going to be an accessible term or not. But I knew that we can all understand what it means to be an auntie or a sister and get comfort in that space using that term. So, I prefer that in that space. If I'm working on a grant proposal, I might use the word doula. If I'm just speaking in my own community, and for the organization that I referenced, we were really intentional about our terminology and what we were going to put out there. We decided that birth worker was most inclusive. But even then, people are like, "what's a birth worker?" And so that's when I just get into the description of what I do. That I'm there to support and show up and be present. I try to make it as simple as that. I'm a mom and I want to support other moms and families.

So, it depends on the audience. One of the things that I'm also trying to do in learning my own language too, is understand what our terms were for ourselves in our own languages and think about how to just start using that again. Even thinking about renaming what we've been calling Alaska Native Birth workers community using a Dena'ina term. We're mostly supporting labors and all of us who are in this network now are based in Anchorage are on Dena'ina land. Thinking of what's the most appropriate term would be to recognize the relationship that these babies who are being born here have to Dena'ina land and honoring their language with birth worker or midwife or one of the translations that we got from a Dena'ina person here was, she sits with someone. I have to look that back up, but it was a literal description of what you do when you're attending to a mother.

I'm actually just going to read the language that a group of us and a lot of time putting together to really clearly identify that hope. So, my voice is in here, but it's part of the collective practice around the organizing that we're doing:

Our vision is that every Alaska Native birthing person feels supported, well cared for, and full of the information they need to make confident choices around reproductive health, birthing, and parenthood. In doing this we seek to reclaim, as well as to create new ceremony, and heal our ancestors and future generation who may have been harmed through the colonization of our bodies, health care, and birthing practices. We're seeking to formalize and grow a statewide network of Alaska Native birth workers who feel confident, competent, and grounded in cultural values to support our peers for better family health and wellness outcomes.

So that's the big picture. Part of that means growing the capacity to offer individual support, growing our own respect for and practicing of our traditional knowledge and our ceremonies. It means working towards systemic change and advocacy for the way systems are set up right now to support or not support our birthing families. It means really localizing training programs that incorporate our Indigenous knowledge to produce our own birth keepers here. There's no program in Alaska to become a midwife. You have to leave the state to go and participate in this institution

of learning and then come back. And so really thinking about how we can localize and bring to life that knowledge again. That everyone in our communities had that birthed our generation.

It wasn't even that long ago that the disconnect was made. Because my husband's grandfather birthed nine children at fish camp, one of them being his dad. So, everybody had knowledge and a place in the family to support growing families. And I want to bring that back. I've been really inspired by the work that I've seen through the National Aboriginal Council of Midwives and the vision that every Aboriginal community or Indigenous community has an Indigenous midwife. And the stories that I've heard about Inuit moms saying, "I'm not getting on the plane. I'd rather have my baby here in my community than be displaced and have my birth in that other community, in the hospital,". Thinking about these Indigenous models of midwifery that are growing through places like an Akwesasne territory and through Changing Woman Initiative and TEWA Women United - I've been learning about other organizations and people who are doing this and growing their own and giving birth at home. I love it, and I'm really excited about that. That's what I see for a future here. Our Indigenous women having the opportunity to stay home if they want to and being fully supported to be able to have a safe birthing experience.

There's a lot of healing that can come through that, through us owning our health care, owning our wellness. Recognizing our own knowledge system as being really valid and valuable for the wellness of our community. It's not something that needs to be delivered to us from people who don't come from our communities, from people who don't look like us, from people who might be recognized as better authorities. Shifting that to knowing that we have everything we need within us to care for our communities in this way. We can self-determine what that care looks like, we can reclaim our knowledge and our practices, and remind people of these roles that we upheld in our communities for so long that contributed to that balance. Everybody had a place. Everybody had training to fill that place in that role. Everybody understood what their contribution was, and their responsibility was to their community. I don't think that there was a lot of room to get lost. This is one way of building strong families, building strong community, taking back things that were stolen from us, and growing systems that we know work for us - because they're based in our cultures and our values and our place.