The Fireweed Project: Community report

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2026

Faculty of Health

Faculty of Social Sciences

Faculty Publications

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Original citation:

Wells, M., Paul, W., Magnus, S., Ferguson, C., Antoine-Allan, E., Crane, P., Hardy, S., Perez Pinan, A., & Monchalin, R. (2026). The Fireweed Project: Community Report. www.fireweedproject.ca/community-reportsFireweed Project

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THE Fireweed PROJECT

COMMUNITY REPORT

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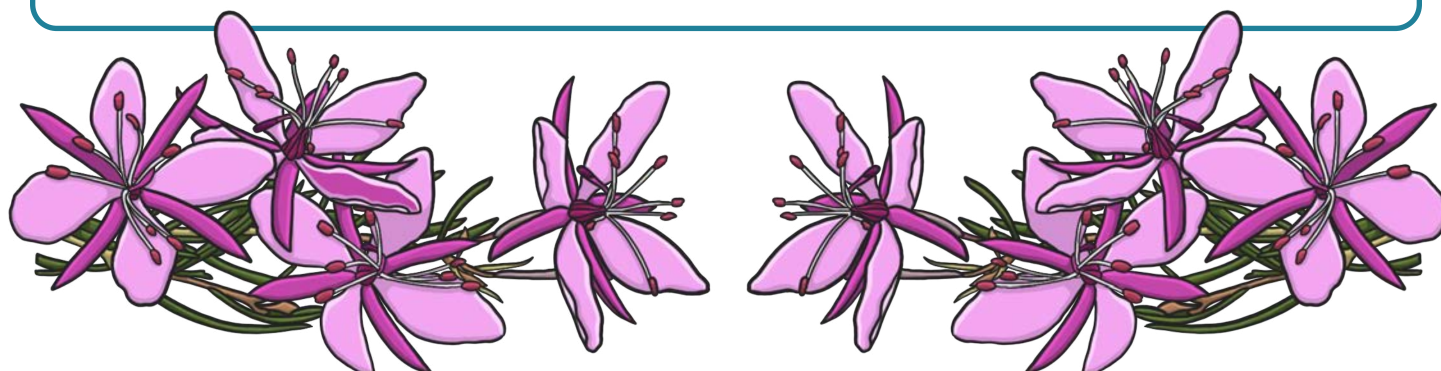

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Definitions can be found throughout the report and a **glossary** can be found at the end of this report. The glossary contains definitions of words and phrases used throughout this report that may not be familiar to everybody. We apologize for any words that were missed and not included.

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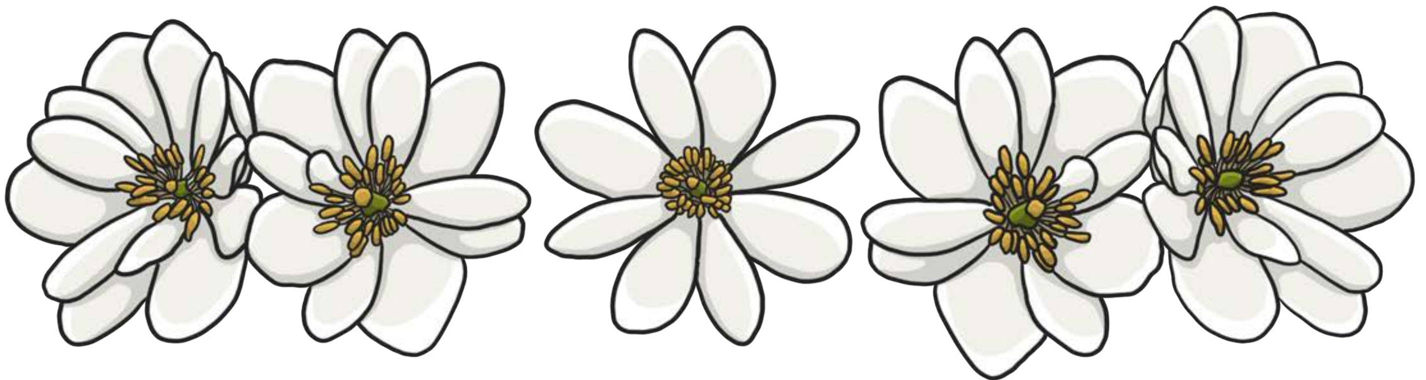

CONTENT WARNING

This report includes discussions of Indigenous peoples accessing abortion and experiencing acts of colonialism (regarding sexual and reproductive rights) which may be triggering to some readers. We advise readers to use their discretion to honour themselves and their limits while engaging with this report.

AUTHORSHIP

This community report was collaboratively prepared and co-authored by the core research team and the data analysis team. It was co-edited by Willow Paul and Sabrina Magnus (Sabrina also compiled the pseudonym database). This report was reviewed in a community gathering by a group of Indigenous Youth Peer Research Advisors from the "Growing Within" research project (led by Dr. Cecilia Benoit and Dr. Andrea Mellor). The Fireweed Project team extends deep gratitude to all who have contributed their knowledge, voices, experience, and support.

Core Research Team Members	Renée Monchalin, Astrid Pérez Piñán, Willow Paul, Madison Wells, and Créa Ferguson
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Growing Within Team	Jewel Lavan, Joan Hubert, and Angel Houle

ACKNOWLEDGMENTS

Thank you to the Indigenous community members who entrusted us with their stories. None of this would have been made possible without your wisdom and courage. We lift our hands up to you with gratitude!

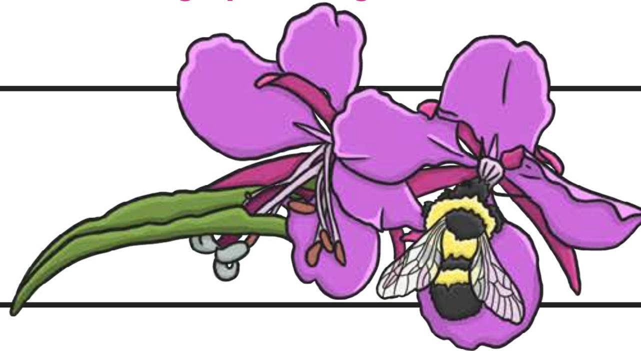
SUGGESTED CITATION

Wells, M., Paul, W., Magnus, S., Ferguson, C., Antoine-Allan, E., Crane, P., Hardy, S., Pérez Piñán, A., & Monchalin, R. (2026). The Fireweed Project: Community Report. Fireweed Project. www.fireweedproject.ca/community-reports

University of Victoria

ART & GRAPHIC DESIGN

This report was designed by Gabrielle Giroux, a Denesųłiné graphic designer and founder of Encore Graphics. Visit **encoregraphicdesign.com** for more information about the artist and her work!



The fireweed image on the cover of this report and the logo for the Fireweed Project was created by W̱SÁNEĆ artist Sarah Jim. She offers the following statement about the logo:

“Fireweed is a beautiful, abundant, and resilient plant that grows best after disturbance. The fluffy seeds are free to fly away and land where they’re meant to be. We can learn from this plant by being open to challenges and having the freedom to choose. The moon phases emphasize the divine feminine and the cyclical nature of all things. The moon reminds us that change is constant, and phases are temporary. The fireweed flower in the centre could also be a compass rose, representing the four directions and the ubiquitous nature of this project.”

Visit **sarahjimstudio.com** for more information about the artist and her work!

INTRODUCTION

Indigenous peoples (First Nations, Métis, and Inuit) on **Turtle Island** have long held knowledge about reproductive health that focus on choice, **wholistic** well-being, and community-based care. Before colonization, Indigenous people used traditional methods, such as herbal medicines, for birth control and abortion. These practices were suppressed by settlers, who labelled these methods as taboo or shameful. Settlers' religious beliefs were imposed through **assimilative** tactics like the residential school system, which disrupted the **intergenerational transmission** of cultural knowledge, including about abortion. Settler-colonialism has distorted Indigenous understandings of reproductive health, misrepresenting the place of abortion and **contraception** in Indigenous society.

In Indigenous communities today, abortion is **intricately** linked to issues of bodily autonomy, which has historically–and currently–been denied to Indigenous women, trans, and Two-Spirit people. Our communities have faced and continue to face disproportionate rates of child apprehension as well as **forced and coerced sterilization**, contraception, and abortion–all acts of violence directly caused by colonial policies. These violations have led to a significant and justified mistrust of the Canadian healthcare system among Indigenous people.

Despite the traditional place of abortion in Indigenous communities, there is little research on Indigenous peoples' experiences of accessing abortion care in colonial Canada. Among the studies that do exist, they found that individuals face barriers to accessing abortion care such as limited services in rural and remote areas, high costs of travel, and racism in healthcare settings. Indigenous voices are often left out of discussions about abortion services, but it's crucial to include our perspectives as we offer valuable contributions for improving equitable and culturally relevant abortion care for everyone. The Fireweed Project has aimed to fill this gap by centering the experiences and recommendations of Indigenous people who have accessed, or tried to access abortion care in Canada. This report highlights the voices and perspectives of these community members and what we learned from their stories.

TURTLE ISLAND

A name many Indigenous Peoples use for the larger land mass now called North America.

WHOLISTIC

Looking at the whole person – including mind, body, spirit, and community – not just one part.

ASSIMILATIVE

When people are pressured or forced to give up their culture or identity to fit into another group's way of life.

INTERGENERATIONAL TRANSMISSION

How beliefs, strengths, traumas, or healing are passed down from one generation to the next.

CONTRACEPTION

Ways to prevent pregnancy. (Examples: condoms, IUDs, birth control pills, diaphragms/female condoms, hormone/birth control injections, etc.)

INTRICATELY

Something that is complex or has many small, connected parts.

FORCED AND COERCED STERILIZATION

Forced and coerced sterilization means that a medical procedure that leaves a person unable to conceive (becoming pregnant or impregnating someone else) happened without the person's full, informed, and free consent – this is a very serious human rights violation.

BACKGROUND ON THE FIREWEED PROJECT

The Fireweed Project is an Indigenous-led research project based out of the University of Victoria. The goal of this project is to build on existing community knowledge and strengths, advance knowledge around, and remove barriers to abortion services for Indigenous women, Two-Spirit, and LGBTQIA+ people in Canada. Our research team consists of Indigenous and non-Indigenous members and co-led by community partners and an advisory circle. These community partners are front-line workers and advocates from Abortion Support Services Atlantic, ekw'í7tl Indigenous **doula** collective, Northern Reproductive Justice Network and Northern Manitoba Abortion Support. Our advisory circle includes Indigenous and **allied** abortion providers, reproductive justice advocates, professionals, and community members.

DOULA

A trained support person who helps someone before, during, or after pregnancy, birth, abortion, or other reproductive experiences.

ALLIED

Being allied means respectfully working with and supporting the group to create a fairer situation/system/world - without trying to take over or speak for them.

The Fireweed Project was built upon a one-year exploratory pilot study that ran from 2021–2022, titled "Global Goal, Local Impact"[1]. During this study, we met a participant who shared how the plant fireweed was traditionally used for abortion and contraception in their community. It was this conversation that inspired the name of our current project, as this participant shared:

"There's one plant called fireweed and you can usually find it up in northern Alberta or anywhere where there's been forest fires because it's a plant that grows and grows after forest fires. But I know that we traditionally used that as birth control, but also as a medicine to implement abortion…I kind of have a philosophy that with the knowledge of herbal methods ending a pregnancy, Indigenous culture suggests a tradition of honouring pregnant people's self-determination of their own bodies. Unfortunately, in my culture you hear a lot of 'abortions never happened, we didn't do abortions, abortions are a sin'. And I think that really came from colonial Christian Catholic, settler ideologies."

The Fireweed Project is funded by the Social Sciences and Humanities Research Council through the Race, Gender and Diversity Initiative grant. The long form title of this project is, "The Right to Abortion: Coming Together to Improve Culturally Safe Abortion Care for Indigenous Women, Two-Spirit, and LGBTQIA+ People in Canada." This research is also funded by Michael Smith Health Research BC. The pilot project was funded by the University of Victoria.

PROJECT DESIGN

TRAUMA-INFORMED APPROACH

TRAUMA-INFORMED

An approach that understands how trauma affects people and works to create safety, trust, and choice.

We wanted participants to feel safe and respected while engaging with our research, so we integrated specific **trauma-informed** strategies to our project's design. The four key strategies we used were:

1 INVOLVEMENT FROM COMMUNITY PARTNERS AND ADVISORY CIRCLE

We worked with a diverse group of Indigenous and allied professionals and community members doing front line and activist work. These folks offered the core team guidance for our research design, reviewed materials, provided feedback on findings, and advised on how to mobilize the findings.

2 TRANSPARENCY AND AUTONOMY

We gave participants the option to review the interview questions in advance of the interview. We ensured that participants knew they could choose which questions they wanted to answer, skip, or withdraw from, reinforcing their control over the process. Our team provided clear information about how their data would be used and where quotes would be shared should they authorize us to publish their quotes.

3 REFLECTION ON SOCIAL LOCATION AND SAFER SPACES

Our team was mindful of power imbalances between researchers and participants. Before beginning the research, we participated in trauma-informed abortion care training offered by Abortion Support Services Atlantic. We also reflected on how our own identities and experiences influence our relationship to the research. The interviewer sent participants a short biography about herself and offered that participants could request a different interviewer if desired.

4 VIRTUAL CONVERSATIONAL INTERVIEWS

We conducted interviews virtually via Zoom, which allowed participants to share their stories from the comfort of their own space. This created a safer, more comfortable environment to discuss sensitive topics.

As a research team, our key learning from using a trauma-informed approach was how crucial it is to make participants feel safe and respected throughout the research process. By involving community voices, being transparent, and offering flexible participation options, we aimed for participants to have control over their own stories and experiences. We hope this approach will inform future research to better serve Indigenous communities.

GATHERING STORIES
Data Collection

This research is grounded in an Indigenous feminist **framework** to ensure that the voices of Indigenous women, Two-Spirit, and LGBTQIA+ people are central to this work. We collected stories and perspectives in two ways: through one-on-one conversational interviews with Indigenous abortion seekers and by surveying abortion providers who serve Indigenous clients. This report showcases what we learned from our conversations with Indigenous abortion seekers.

FRAMEWORK

A structure or way of thinking that helps guide how a study is planned, done, and understood.

RECRUITMENT

The process of inviting people to take part in a program, study, or activity.

We began **recruitment** in January 2023 by circulating a poster on our team's personal and organizational social media platforms. In order to participate, prospective participants had to self-identify as First Nations, Inuit, and/or Métis, be at least 19 years old, and have either accessed or tried to access an abortion in Canada. We held interviews between February to July, offering each participant a $100 honorarium for their time. To show our gratitude for entrusting us with their stories, we also gifted each participant a custom Eighth Generation blanket that featured art by W̱SÁNEĆ artist Sarah Jim.

REVISION

Making changes to improve or update something, like a report.

TRANSCRIPTS

Written versions of what people said during spoken interviews or conversations.

PARTICIPATORY APPROACH

A way of working where community members help guide and shape a project or research process.

PARTICIPATORY QUALITATIVE HEALTH PROMOTION RESEARCH

A type of study where researchers and community members work together to explore health experiences through stories, conversations, or observations.

METHODOLOGIES

The ways researchers choose to collect and understand information in a study.

We conducted 40 conversational interviews based on the methods of Ojibway scholar Kathy Absolon[2], who emphasizes that storytelling and relational connection are an important part of Indigenous research. Participants were asked open-ended questions about their experiences with abortion access, support systems, community attitudes, and their desire for how the research findings would be used. They were invited to share whatever portion of their experience they felt called to disclose (See Appendix A for the full list of interview questions). Following interviews, a trusted transcriptionist transcribed the conversations and participants were offered the opportunity to have their **transcripts** mailed back to them for review and **revision**. Once these transcripts were returned with participants' edits, our team moved forward with making meaning out of these conversations. Notably, one interview file was lost, and one participant could not complete the interview due to an unstable internet connection, so they wrote and emailed their answers instead. This brings our total sample for conducting interviews and analyzing data to 39 participants.

MAKING MEANING
Data Analysis

Our team used a **participatory approach** to analyze the data, guided by the DEPICT model[3]. The DEPICT model, developed by Sarah Flicker and Stephanie Nixon, is designed for **participatory qualitative health promotion research**. DEPICT emphasizes participatory analysis, which means that community members play a central role in interpreting, or making meaning of the data. We chose this model because it aligns with Indigenous research **methodologies** that prioritize community ownership and the active involvement of participants in all aspects of the research process. We invited Indigenous and allied team members from the greater Fireweed team to join for data analysis. Five folks

joined, but two had to step down, leaving three data analysis team members, all of whom have lived or frontline abortion support experience. This collaboration allowed for a more inclusive approach to preparing the research findings.

We began by reading through the transcripts to identify key themes/topics that participants repeatedly discussed, then combined these topics into a master codebook. The team then highlighted sections from the transcripts and matched them to the corresponding topic that they spoke to. By the end, each topic in the codebook contained sections from all 39 transcripts that were related to that key topic. Each team member approached the reorganization of these sections differently since each individual comes from various backgrounds, **lived experience**, and holds various identity factors (similar to our participant sample!). To ensure nothing was missed during this process, we double checked each other's work so that every transcript was reviewed by two people. Once this was complete, each team member indicated which topic of the master codebook was the most interesting to them, then took this section of the data, and wrote a summary of the findings. We then double checked each other's summaries and offered feedback for improvement.

While writing the summaries of the findings, we used the Indigenous Gender-Based Analysis Plus (IGBA+) framework, which looks at how gender, race, and other identity factors intersect to shape individuals' experiences. IGBA+ moves beyond Western, **binary** conceptions of gender to consider the complex, fluid, and culturally embedded understandings of gender within Indigenous communities. IGBA+ recognizes the impacts of colonialism on Indigenous gender roles and seeks to reclaim traditional knowledge systems that honour gender diversity. In the context of our research, IGBA+ provides a way to understand how identity factors intersect with reproductive justice and healthcare access.

LIVED EXPERIENCE

The knowledge people have from going through something directly in their own life.

BINARY

A way of thinking that puts things into only two categories (like man/woman), even though people's identities and experiences are more complex.

PSEUDONYMS

Pseudonyms are words used in place of a participant's name to protect their identity and allow them to remain anonymous while sharing their words. For our participants' pseudonyms we used medicinal plants that were traditionally used for birth control and/or abortion by Indigenous peoples across Turtle Island.

We began by researching online and literary sources to make a list of traditional plant medicines used for reproductive purposes, then cross-referenced them to improve accuracy. Once we had a list of plant names, we translated them from English or Latin back into their original Indigenous languages. This was a difficult task because many of the widely available written records of plants in North America only use colonial languages such as English, French, and Latin. This is an example of cultural, linguistic, and historical erasure of Indigenous knowledge and a form of ongoing colonial violence. Despite this, we found translations for each plant; in some cases, a single plant was even translated into multiple languages to create a unique pseudonym for each participant. To ensure that participants' can't be identified, none of the pseudonym languages match the Indigenous community that participants belong to. All translations were drawn from or traced to Indigenous sources such as books, articles, Nation newsletters, colleagues' work, and websites. Many online Indigenous **language revitalization** resources were used during the translation process, including First Voices Search Engine, Cree Language Translator & Dictionary, Michif (Métis) Online Dictionary, and the Ojibwe Peoples Dictionary. In Appendix B, you will find a table documenting plant names, translations, and the sources where we found this information.

PSEUDONYM

A made-up name used in place of someone's real name to help protect their identity.

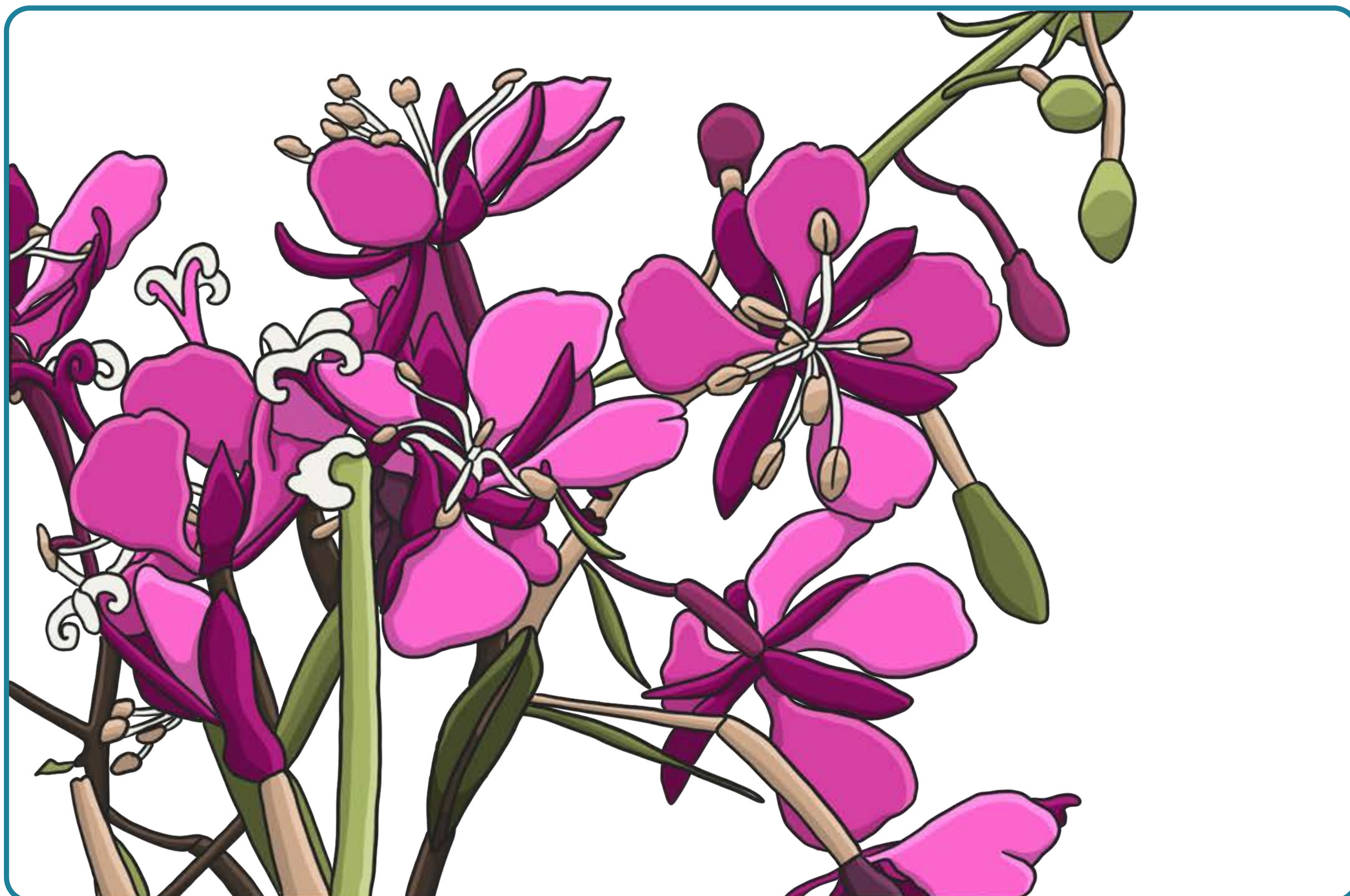
LANGUAGE REVITALIZATION

The work of strengthening Indigenous languages after these languages were banned and English was enforced by settlers.

WHAT WE LEARNED FROM COMMUNITY

In this section, we share what we learned from the Indigenous community members who participated in this work. We begin by introducing these participants, and the ways that their identities and geographic locations shaped the experience of seeking abortion care. We then share our learnings, organized into five overarching topics: traditional knowledge, accessing abortion care, after the abortion, stigma, and recommendations for improving access to and experiences with abortion services.

Throughout this report, you will notice that we don't say "woman" or "women" when referring to participants. We intentionally use gender-inclusive language, where appropriate, to reflect the diverse gender identities of our participants.



PARTICIPANT DEMOGRAPHICS

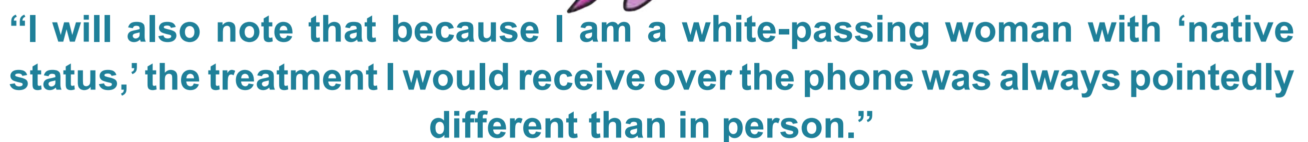
GENDER, INDIGENEITY, AND RACIALIZATION

Our 39 participants identified as cisgender women, non-binary, and Two-Spirit. They represented many diverse Indigenous communities, including Salteaux, Cree, Métis, Michif, Dene, Algonquin, Mohawk, Ojibwe, Inuvialuit, Mi'kmaq, Coast Salish, Anishinaabe, and Haudenosaunee. Twenty-four participants identified as First Nations, seven as Métis, three as both First Nations and Métis, one as Inuit, and four as Indigenous without specifying a specific Indigenous community.

Participants shared various ways that their Indigenous identity influenced their abortion experience. At times, participants withheld their Indigeneity on purpose to avoid being discriminated against. Many people identified how being "**White-passing**" may have offered them privilege in how others perceived and treated them. Despite the privilege that can come with being White-passing, some still had very difficult experiences. For example, some wondered if not being offered Indigenous cultural support services was a byproduct of stereotypes about what Indigenous people look like or simply that there were no such services available. One participant in particular was able to contrast how their treatment varied depending on how they were perceived by providers: they shared, **"I will also note that because I am a white-passing woman with 'native status' the treatment I would receive over the phone was always pointedly different than in person."** (Ozhaashijiibik)

WHITE-PASSING

When a *non*-White person is viewed and treated by others as a White person.



"I will also note that because I am a white-passing woman with 'native status,' the treatment I would receive over the phone was always pointedly different than in person."

- Ozhaashijiibik

TYPE OF ABORTION AND THE LOCATION OF SERVICES

Out of forty participants, thirty got a **procedural abortion**, ten got a **medication abortion**, one person used an herbal remedy to end their pregnancy, and three people did not have an abortion at all (one had a late period, one had a pregnancy loss, and one carried the pregnancy to term).

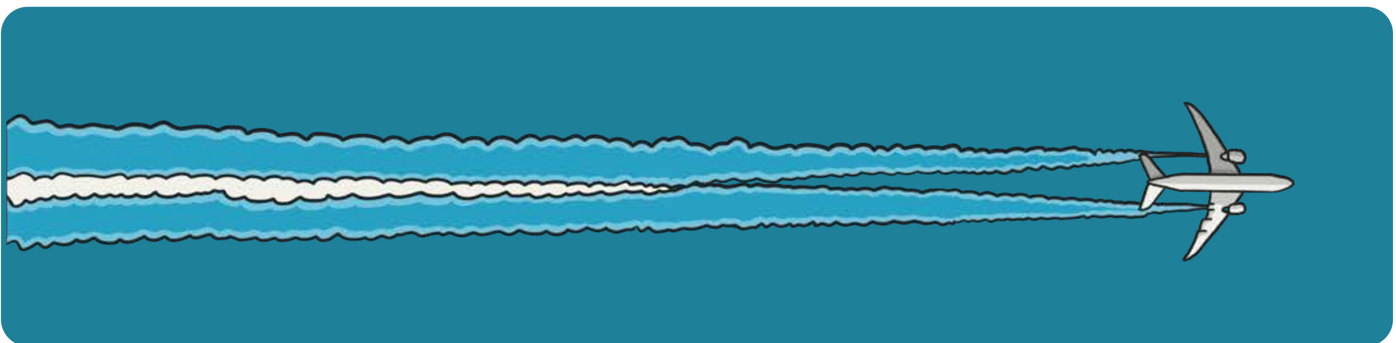
MEDICATION ABORTION

Ending a pregnancy using prescribed pills.

PROCEDURAL ABORTION

A medical procedure done in a clinic or hospital to end a pregnancy.

In terms of where participants sought abortion services, each province and territory was represented except Newfoundland and Labrador, Nunavut, the Yukon, and Prince Edward Island (PEI)–although one person living on PEI travelled to Halifax for services since there were no services on PEI. Participants received services in locations of various population densities: from big cities in urban centres to small villages in remote fly-in/fly-out settings. 36 people accessed their abortion in an urban setting, including five who had to travel from a rural to an urban setting for services. Three people accessed their abortion in a rural setting, including one who had to travel from a rural setting to another rural setting for services. And one participant travelled from a remote location to another remote location to get an abortion.



TRADITIONAL KNOWLEDGE

Traditional knowledge refers to the practices and herbal medicines that Indigenous knowledge keepers used to prevent or end pregnancies prior to contact with settlers. Indigenous participants discussed how colonialism has influenced their relationship to such traditional knowledge about birth control and abortion. They shared how much of this knowledge has been hidden or lost as a direct result of colonial violence–like imposing religious doctrines, cultural stereotypes, and residential schools. One participant shared their reflection on this complex relationship between Indigenous peoples and traditional knowledge about abortion care:

“I see very few times that Indigenous people are able to engage in conversations that are really complex and nuanced about almost any kind of healthcare. When it comes to sexual reproductive healthcare and abortion specifically, I think that it’s even harder. And it’s harder because of Christianity, of all of the harms of Christianity, in terms of institutional residential schools, churches, like all of these things that were put onto and into our communities. And I think added onto that, this idea of the complexity of what it means to a people who have actively dealt with and frankly are still dealing with the effects of forced and coerced sterilization, the history of sexual trauma and the way that Indigenous women are seen as like ‘for the taking’ or just like fertile creatures. You know, slightly inhuman, dehumanized. And I think that then the complexity of what it means to actively make choices for yourself in that realm can carry just layers of all of that colonial history in the decisions. So, you know, the opportunity to actually talk about that or what the complexities are is rare because it requires first of all the ability to be able to imagine or envision a time or a situation where you could access, where you could be autonomous and self-determined in your care. And it also requires a pretty hard look at the pieces that are informing your way of thinking that you may be aware of and not aware of at the same time.”

- Moosewijiibik

Many participants reflected on feeling disconnected from or uninformed of their communities' abortion teachings, traditional medicines, and ancestors. But for some, conversations with friends helped them reclaim abortion as a traditional Indigenous practice, which brought comfort and a renewed source of strength.

"My friend said to me, 'you just have to remember that our ancestors had ways that they aborted too. That timing was important for them as well. It's easy for birth to become essentialized in Indian country. It's very gendered shit, like women are life givers, blah, blah, blah. [That's seen as] being like our values or whatever. […] There's so much nuance to that and don't get sucked up in those notions that aren't actually where we come from. Because our people did have abortions and our people did prioritize themselves or their spirits when they needed to.' And that just gave me permission to understand that. […] So, looking at abortion as something that we did traditionally and knowledge that was passed down, liberates you to know that you are allowed to actually choose, and you are allowed to prioritize yourself, and that your ancestors did that too."

- Gozigwaakomin

When considering the relevance of traditional knowledge in abortion care today, many felt unsure whether they would use traditional methods to end a pregnancy if the opportunity arose. Most participants were more comfortable receiving abortion services through Western medical practices in a hospital because they perceived these methods to be more controlled and effective.

With that said, participants did see great value in receiving abortion services that adopted an Indigenous approach to care. They explained that this approach was not exclusive to Indigenous service providers, rather that non-Indigenous providers could employ an Indigenous approach to abortion care too as long as it is community-based (but not necessarily community-specific), recognizes the positive impact of ancestors and community connection, and adopts a wholistic approach to support. Currently, where this type of Indigenous abortion care exists is usually in the form of community-run non-profits, with few physical locations or formal associations with other mainstream services.

Notably, not every participant wanted to access Indigenous-specific abortion services or supports. This was due to many different personal factors, the most common being that folks felt shame for how their individual beliefs do not align with their communities' beliefs regarding childbirth and reproduction and assumed that Indigenous-specific abortion services would judge them similarly. For this reason, it was important to participants that they always have the option to decline Indigenous-specific support without explanation.

ACCESSING ABORTION CARE

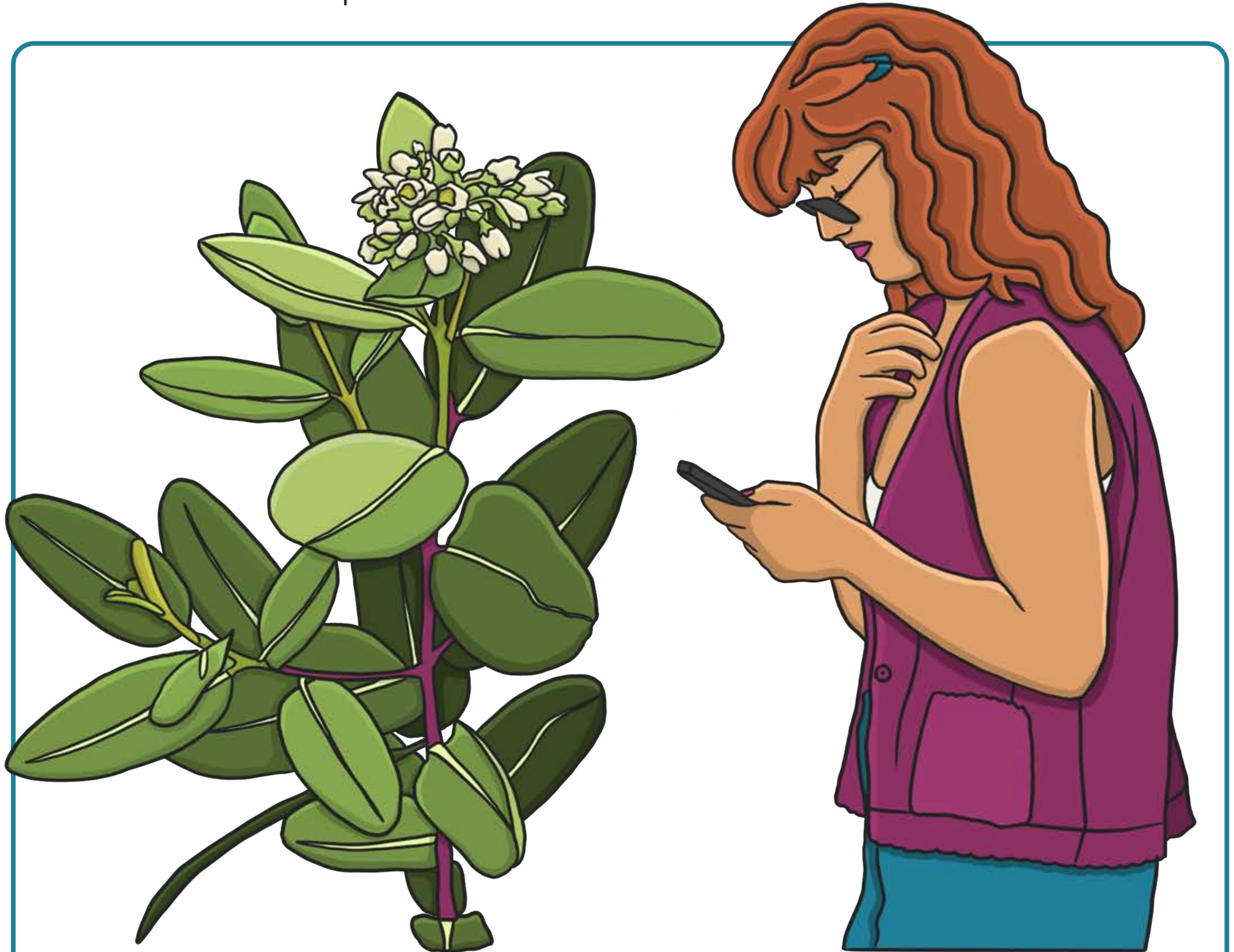
Indigenous people across Canada had a variety of experiences when accessing abortion services. Participants who accessed abortion care did so from many different spaces, including:

- Clinics (such as abortion clinics or women's health clinics)
- Hospitals
- Pharmacies
- Gynecologists
- General practitioners (such as family doctors)
- Through work
- Through family members
- From the land (such as a herbal abortion)

They were impacted by many different factors, with geographical location playing a main role. Although some found accessing abortion care to be easier than expected, for reasons like living close to supportive local clinics and/or having reliable internet access, most faced challenges such as:

- Travelling long distances
- No access to safe, private, or free transportation
- Difficulty communicating with service providers
- Anxiety
- Financial stress
- Long wait times
- Lack of support from family and/or community, or having to rely on an abusive partner for help

Distinct challenges linked to geography arose whether participants lived in an urban, rural, or remote setting. For example, the type of abortion (medication or procedural) that was available to participants varied according to geography. Some had to travel far distances for any type of abortion care, while others had one type (like medication) available locally and would have to travel for other types (like procedural). Therefore, "choice" was shaped by distance and the out of pocket costs associated with travel.



"You hear all the time that abortion is accessible in Canada and it just felt like no it's not, it really didn't feel like it. And it was kind of during the whole Roe v. Wade [being overturned]... and people were like 'why are Canadians so upset about this, they're not affected, they can access those things'. And I was just like, this is so crazy that people think that it's so easy to access because I can't get access, I'm having such a hard time trying to even get a hold of anybody."

- Spets'i

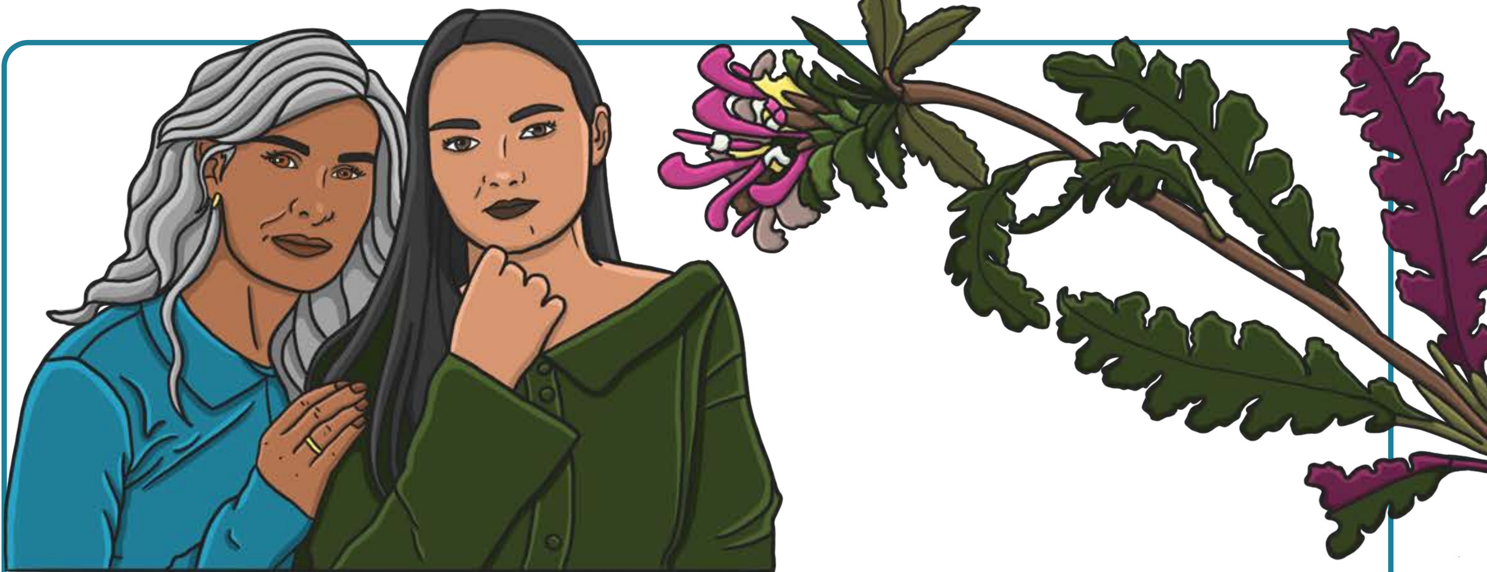
It was common for participants to discuss the disconnection from their "home territory" as most resided in places other than their traditional territories. One participant in a remote northern area was required to fly out of their community, spending a whole day before and after their appointment travelling. In rural areas where people are closer knit, it can be difficult to travel for healthcare without raising questions from fellow community members. Support for an abortion can vary and participants experienced both ends of this spectrum. For example, one person who had enough knowledge about abortion assumed their risks and used their agency to manage their medication abortion without involving any healthcare providers. Instead, they traveled to their community to be surrounded by loved ones and the community support they wanted. However, others were not always afforded this warmth from their communities. Despite having good abortion care accessible, one participant chose not to get an abortion after being shamed for pursuing this option.

Some abortion clinics had intense security measures including buzzers, secret codes, and guards. In light of this, some folks felt intimidated and described their experience as similar to entering a prison:

"It was such a taboo feeling of you're entering somewhere where you shouldn't be and we're going to remind you every single step of the way, from even finding the entrance from the outside world."

- ᒨᓲᒥᐣ Môsômino

Regardless of where they accessed services, many felt their experience was rushed and impersonal. Participants noted that a lack of funding and infrastructure was reflected in the quality of care they received:



“[…] And we almost felt like cattle. You know, we all had a gown on, we all had intravenous, and they just called us in one-by-one. […] it was done and go home. They didn’t really want to know anything about you.”

- Zhagashkaandawenswaanashk+oon

“[O]bviously I know we, in this province we don’t have the best infrastructure for everyone to have the adequate care that they deserve, but it was definitely a building that was way too small for the service that they’re providing. That first room was just full of people. We’re all kind of packed in there […].”

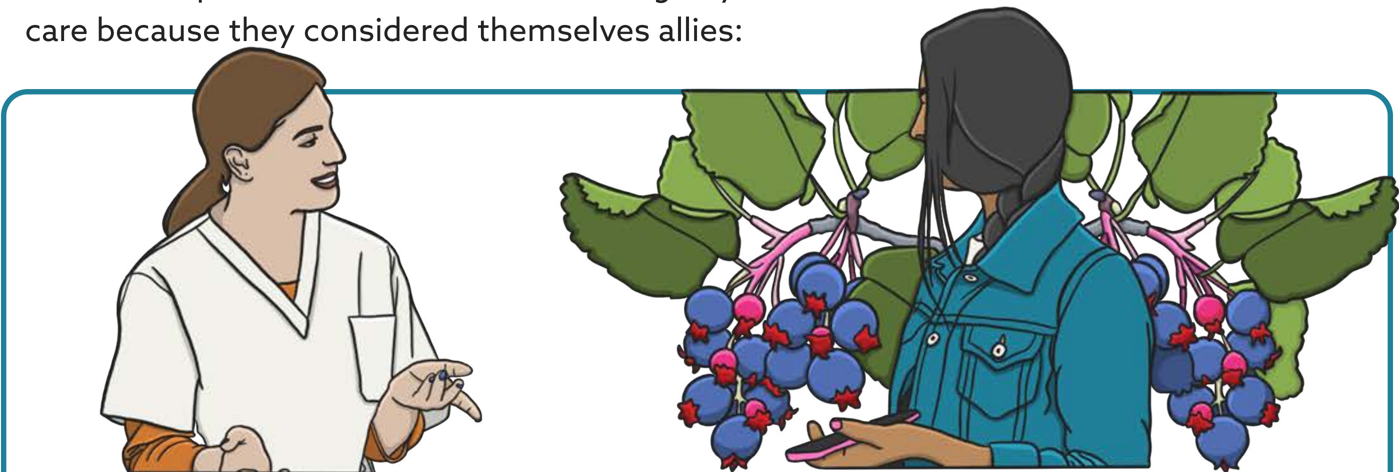
- Sp’ic’n

Some participants found that accessing abortion services in hospitals felt different from clinics. Noting that hospital staff seemed less familiar with the intricacies of abortion care:

“...maybe it was different because the setting was different in that it was a hospital versus a clinic where this is what they do all day long everyday sort of thing. Whereas the hospital was like, ‘we’re trying to figure out what’s going on, what’s happening here and why does this person think that there’s something wrong with the pregnancy’.”

- t̓łat̓ła̱k̓wa̱xtła

Participants also discussed the complexities of racism in healthcare spaces. It was noted that some providers wouldn’t acknowledge systemic racism in healthcare and abortion care because they considered themselves allies:



“[service providers] think racism doesn’t exist here because they march for the TRC or wear orange shirts... but they’re in denial and don’t think they still need to do the work because they think it’s not an issue. … So, racism is just a very specific thing and people are in total denial that it exists.”

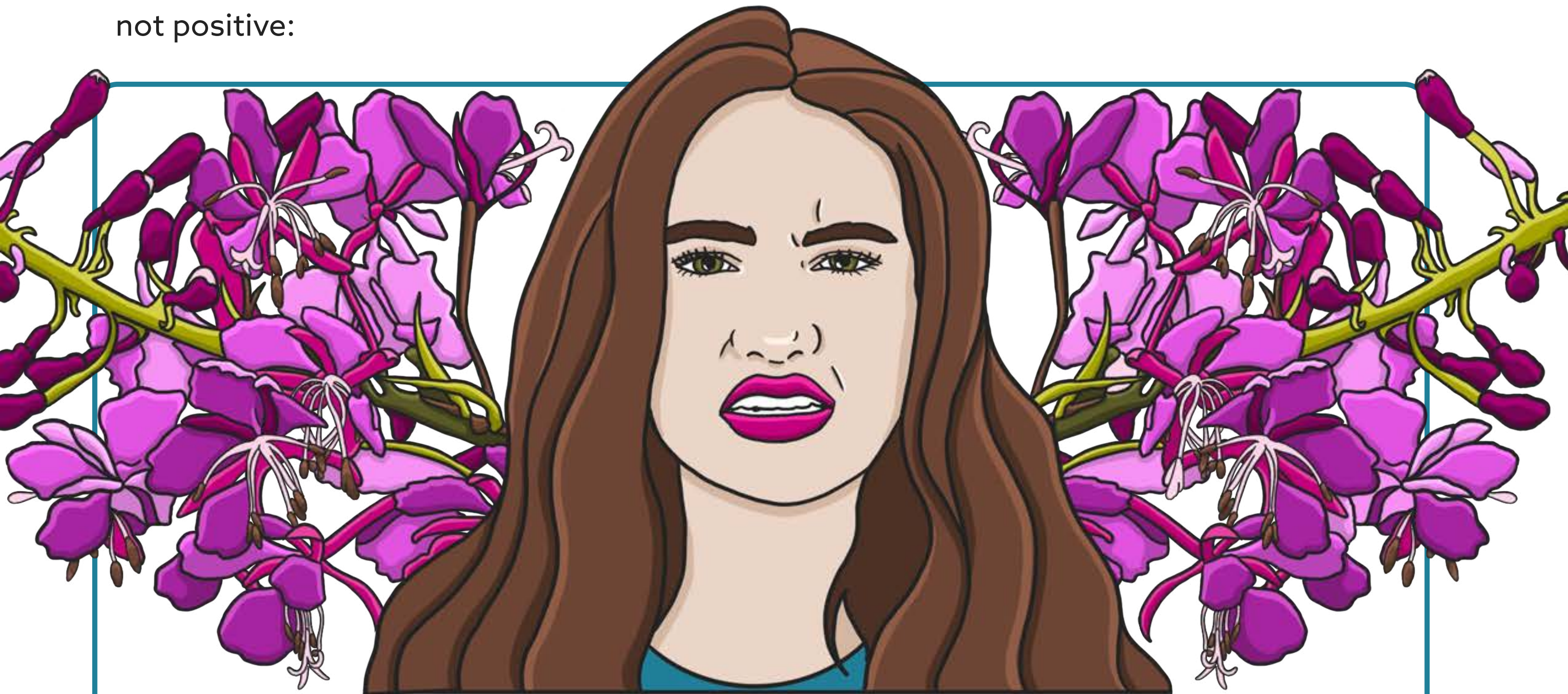
- Gozigwaakomin

Another important theme that emerged was a lack of accessible and reliable public information sources on abortion procedures. Due to this, we heard that many Indigenous abortion seekers felt under-informed and, as a result, unprepared when accessing abortion services. Many participants wondered how different their experience would have been in an Indigenous setting where wholistic care is prioritized:

"I wouldn't say it was the most pleasant experience. No, I was very scared. I had no idea what was going to happen. All I knew is that I got the test result, and my life was about to be over. Like it was very scary. I got there, and the woman at reception, I remember her being really nice. She was probably the most supportive of everything. […] And like the whole environment there was very cold and clinical. I think I would feel so much more comfortable if I was back home in [my community], around my family, with my family doctor out there who is Indigenous and has always made everything seem so welcoming, heartfelt, compassionate."

- SȻEȾEṈIŁĆ

A common theme was the overall need for better appointment access and support. Many folks experienced frustration and inconsistency when searching for abortion providers. Several even encountered anti-choice crisis pregnancy centres pretending to be legitimate abortion clinics. This negative experience led them to be wary of continuing their search for abortion services, which is a barrier to accessing supports and receiving care. Those in urban settings described having support services, though at times limited, but did not always have access to information about all available options. Participants expressed the need for "the right supports", desiring more community health centers in urban settings, not just on reserve. Participants distinguished between availability and accessibility, meaning that while a service may be available, it does not mean it's accessible and vice versa. For example, some available services seemed inaccessible because they were perceived to be for white people, while other services seemed accessible (like a crisis pregnancy centre) but were actually not an available abortion support service. At times they ended up in places that seemed to have a good reputation, but their experiences varied and some were not positive:



"[W]e ended up going to what we thought was a clinic but turned into a high-pressure pro-life centre where they separated us, and I was shown a film on why I should not get an abortion, and then taken through a room with all the donations they would provide me with if I did go through with the pregnancy. We felt misled by their online resources and decided to stick to only medical professionals and no other kinds of support services."

- Ozhaashijiibik

The COVID-19 pandemic also had an impact on abortion access. When travel was restricted, some folks turned to home or land-based methods by using medication or herbal remedies:

"So, in 2020/2021 I think, I tried to access those same services. And this was during COVID-19 and at the time I was living on a [reserve] [that] was limiting people travelling onto the reserve and off of the reserve. [Y]ou could leave the reserve, but you had to tell them why and when coming back on you had to tell them where you had been. So, this was a multi-step problem. […] So, yeah. And what I ultimately did which was probably maybe not the smartest thing to do, but with my background in traditional medicine and traditional knowledge, I decided to try some of those you know, plant remedies and what not. And it worked, but it was extremely unpleasant. I obviously didn't have any lasting damage from it because I have had a child since then. [Laughs] And I mean, I guess the way I figured it is, you know, native women have been using those methods for hundreds of years and they were fine, so, I thought it was okay."

- Pell-tsqwéqwyem̓c

Some participants faced complex circumstances with multiple factors influencing their ability to access abortion services. One participant shared their experience of leaving an abusive living situation and needing to relocate with a young child while seeking support. They had to travel a long distance and stay in a shelter with strict rules and limitations while waiting for their appointment. Like many others, they had difficulty accessing complete and correct information about abortion care options and struggled to schedule an appointment. Once they managed to secure an appointment, they had to find reliable childcare and figure out how to navigate the public transit system in a new city. After undergoing the abortion, they faced multiple barriers back at the shelter. The shelter's rules did not accommodate their need for healing and physical recovery, and the lack of privacy resulted in others knowing about their procedure and gossiping about them.

These stories describe many different experiences but come together with a common theme: **there is a great need to improve access to supportive abortion services for Indigenous people.**

AFTER THE ABORTION

Indigenous participants' experiences after their abortion varied. Some folks had health complications which required them to seek medical attention. This situation brought challenges similar to when they initially sought their abortion–like navigating a confusing healthcare system and childcare–but this time, under even timelier circumstances like an infection. Even without complications, many people found that they weren't well informed about what to expect during their recovery or how to recognize and manage the symptoms.

While some participants experienced grief afterwards, it wasn't always directly caused by their abortion. For instance, sometimes this grief stemmed from the circumstances that led to their decision or arose from changes to their self-perception. For many, their abortion complicated aspects of their life such as school, work, finances, living arrangements, and romantic relationships which added pressure during recovery.

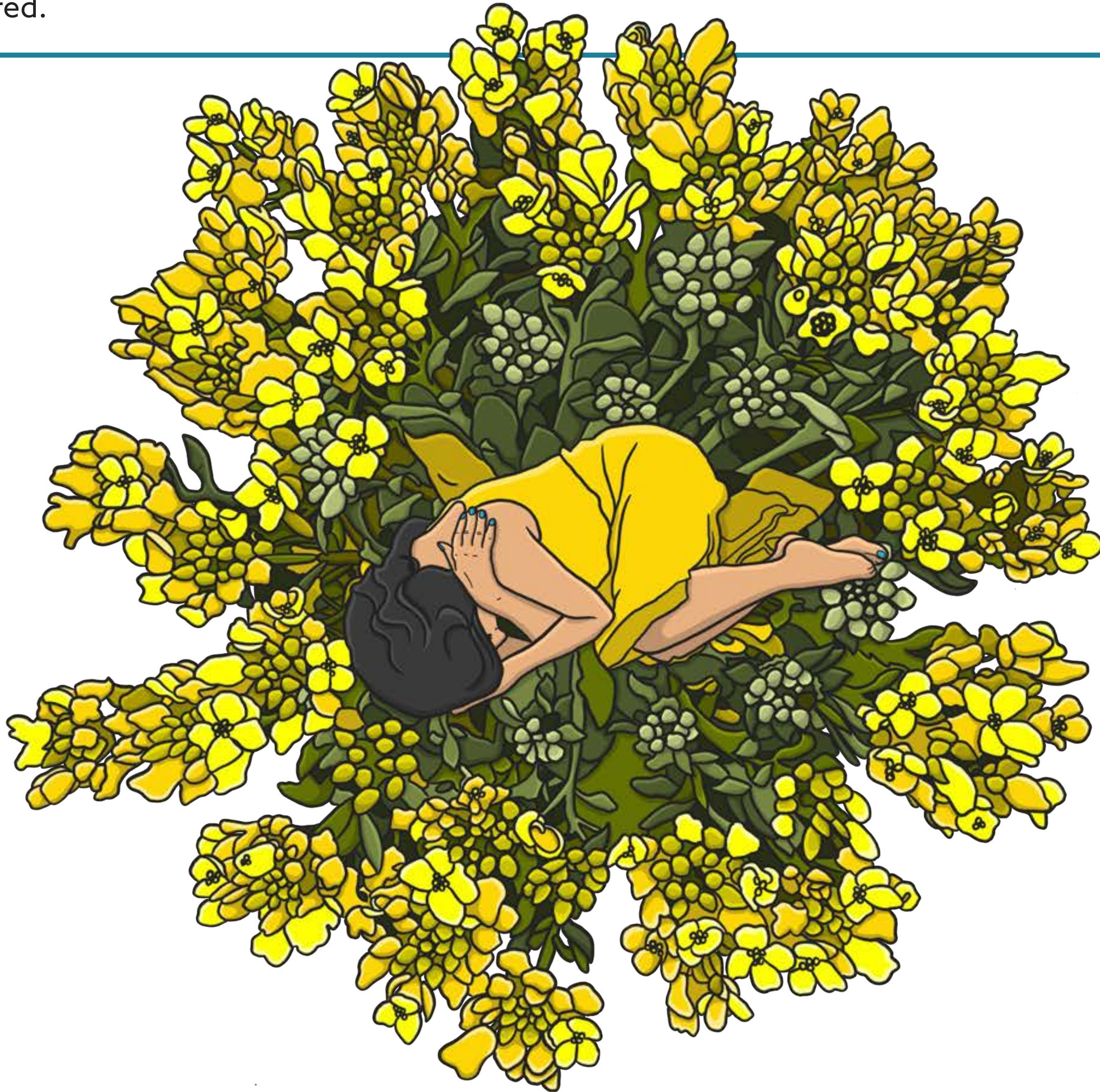
Seeking support during this time was usually difficult; however, one person recounts how this chapter of their abortion journey was quite positive thanks to sheer coincidence. This participant explains that before they got pregnant, they had planned a fast that was scheduled to happen after their abortion. It was fasting that gave them an opportunity to process their abortion in a good way, allowing them to **"honor the spirits that came to me [them] in that pregnancy, acknowledging them, and letting them go." (Moosewijiibik)**. Unfortunately for most, participants' post-abortion journey was lonely because anti-abortion stigma deterred them from reaching out to family and friends.

"I stopped really being social for probably five or six years. Like did not go out. I was just scared. I couldn't deal with that. Knowing that somebody might hate me for it or even thinking that they might. I just couldn't, I couldn't deal with it. It was too scary. And it's unfortunately again had a really profound impact and I think not having that support kind of made that a reality even if for the most part, I don't want to say it was just in my head, because you do deal with negative shit, but thinking that everyone was going to be unsafe when that's not true. The statistics don't even show that. It's a couple negative interactions made me think that that's everybody. Where if I had had a positive reaction from the start, and maybe someone to help guide me through the difficult emotions and grief that I was feeling, I probably would have come out a lot [more] mentally balanced on the other end."

- Meskojiibikak

AVAILABLE POST-ABORTION SUPPORTS

Following an abortion, there were moments where support services would have promoted the overall wellness of Indigenous individuals. However, many participants found that the available services didn't meet their needs since these services usually focused on physical health (like contraception) and didn't incorporate the mental or emotional support they desired.



"I think the only thing they really said was, if it's really, really, really bad pain, call us and come back or whatever. If it was horrible. Yeah, I think that was kind of the only thing that they really said. I definitely got most of my information about what was happening and what I was feeling just from other women on the internet. Yeah. Nothing from them really."

- Spewt

For those who did receive quality post-abortion support, the elements that contributed to these positive experiences were as follows: compassionate volunteers in recovery rooms, providers checking up on patients via telephone, receiving referrals to trusted mental health professionals, and hotline staff using a non-directive approach to support.

"…the volunteers at the back were always incredible just like grandmas and aunties or something. There's just so many other older women there and it was very nurturing. And I found those experiences wonderful. In that little recovery bubble, I really didn't want to leave personally because I knew I had no other care once I left that room. So, hanging out extra long because I was nauseous and them giving me crackers and you know, one lady I remember held my hand and brought me ginger ale."

- Pekllén

LACK OF POST-ABORTION SUPPORTS

For many Indigenous participants, deciding to end a pregnancy was a significant life event that merited emotional support. So when support services were not available, it left many folks feeling robbed of the opportunity to process a significant life event, intensifying a sense of isolation.

"Although I was confident we were not ready to start a family, I was resentful that I didn't have the resources to do so or that we didn't fight for it enough, so it would have been nice to talk those thoughts and feelings out instead of try to deal with them on my own and with my partner."

- Ozhaashijiibik

"So, I think that there just needs to be more support and understanding because as soon as someone is sad about having an abortion, people don't feel bad for those people, they're like you made that decision, you went through with that and you didn't have to have one."

- Spets'i

INDIGENOUS SUPPORT SERVICES

Very few participants received support from Indigenous services, and among those who did, none were specific to abortion. Many shared that they would have liked to receive Indigenous-specific abortion support, as they considered these services to better meet their needs because Indigenous approaches to helping differ from western approaches.

"There's this notion that women shouldn't feel remorse about their abortions when we think of that White feminist ideology […] And so I think there also needs to be those differing perspectives that come in when we talk of, when we're offering support to folks after they have abortions. Because when you come up front and you're like 'no, you shouldn't feel guilty. You shouldn't feel remorse. You shouldn't feel shame because this is just what we do.' I think that shuts people down and it's not okay because we're allowed to feel the things that we're feeling. So I was like yes. This is what I need to do but I also felt a lot of guilt. I felt a lot of shame. I felt a lot of remorse. I felt a lot of pressure on me to like should I just hack it out. You know, should I just, just continue. But I'm like no. I actually can't. And it was pretty consistent that I couldn't."

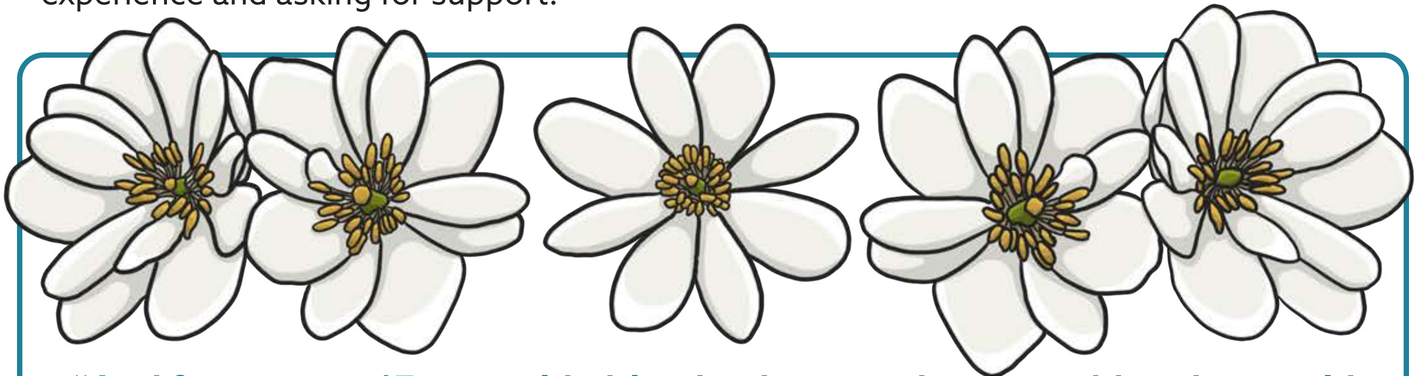
- Ku¢ǫ̓uku

"It definitely would have been a lot easier, not easier but more gentle and like sacred healing process instead of it being, like I've mentioned before, like a very individual experience. I would have felt a lot more like community support and love and care and guidance in terms of like how do I move forward from here. […] I think if I would have had the opportunity to sit with somebody, an Elder, a knowledge keeper, an Indigenous woman, just someone that could have been there to talk to me about it. Just talking. Or maybe do a sweat or something. Some kind of healing community ceremony where it's like I'm not the only one going through this and I have support and resources and I think just that healing journey would have been a lot less scary and lonely and intimidating to do on my own."

- Iskwawutupe

STIGMA

Our research found that stigma plays an influential role in Indigenous people's abortion care experience. Participants are greatly impacted by stigma, whether they are experiencing it firsthand or worried about experiencing it. Many participants have never told their close and/or extended families about their experience with abortion, out of fear that they'll be rejected or gossiped about. Some folks fear they could lose their privacy at home or their access to housing altogether. While many people expressed their desire to receive support from their families, they also said that the fear of rejection stops them from sharing their experience and asking for support:



"And for me as a 17-year-old girl, rejection was the worst thing that could happen to me. Terrified. That's why I did not talk to an adult, even the adults I loved and trusted. When I told my mom years later, she's like, 'why didn't you tell your aunt?' [For] the person I most looked up to to say something mean, it would have broke me, right. I didn't want that. It's scary but having somebody that's specifically working in that like field, knowing that that's a safe person then I think I would have felt a lot better. Because even now, [going] to the school nurse you don't know what reaction you're going to get. And it was okay but I'm like dang. It was still scary. To put yourself out there that way, ask, and deal with like the judgment or even the perceived judgment that you think you might get."

- Meskojiibikak

Indigenous people also face anti-abortion stigma in their schools and workplaces. Many participants worried about their employers or coworkers' reactions when taking time off to attend and recover from their abortion care appointments. Folks worried that abortion stigma would feed anti-Indigenous racism and misogyny and intensify their experiences of workplace or educational discrimination.

"There is still incredible stigma around [accessing abortion care], which is weird because even with my employer, we connect people to these services all day every day. But there's still this inherent othering of people that access services. Especially as an Indigenous woman in the workplace, I have to try extra hard-- I don't need people projecting stereotypes of Indigenous women on me if I were to disclose."

- Sp'ic'n

Many participants identified historical and ongoing acts of colonial violence (such as forced and coerced sterilization and the theft of children through residential schools and government intervention) as the root cause of external pressures to continue with their pregnancies. Many felt that accessing abortion care was additionally stigmatized within their communities due to the belief that having Indigenous children is an act of resistance to colonial violence. Some individuals worried that by ending their pregnancy, they would disappoint their elders since older community members often hold beliefs like, "repopulate to decolonize". To some, these types of messages feel dehumanizing because it removes the agency and choice from the pregnant person, implying they don't know how best to honour their circumstances.

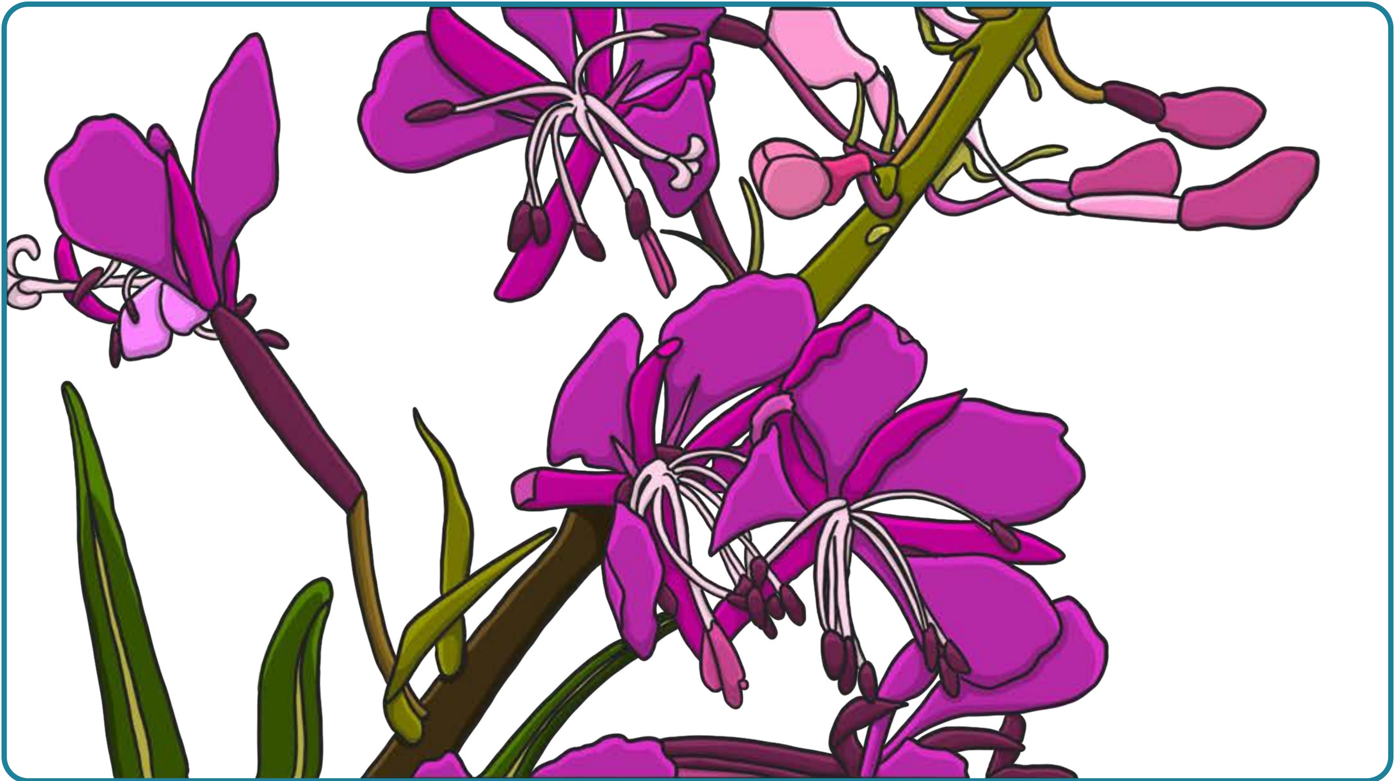
"For me I wish I had somewhere to talk to an Elder or a knowledge keeper. This experience for me was really, really hard to deal with, mostly because my choice was seemingly in conflict with the teachings that I have. And that's an extremely hard thing to deal with. It's such a taboo thing, even within communities, because of how at least in my nation's teachings and my Anishinaabe teachings and in my Haudenosaunee teachings, abortion is very taboo in the sense of it conflicts with some of people's main beliefs and teachings of the life span, where we come from. That's concrete, that's foundational to how we're being and our stories and our creation stories."

- ᒨᓲᒥᐣ ***Môsômino***

Some participants feel that abortion stigma is perpetuated in communities where Elders and Knowledge Keepers are silent on the subject. They feel there is a stark contrast between the growing accessibility of teachings on menstruation and birthing, versus limited teachings on abortion and birth control.

"There are a lot of cultural keepers and knowledge carriers […] and elders that haven't totally unlearned some violent beliefs around abortion. At least in my experience, I couldn't even tell you an elder that I felt safe enough to talk about it with, let alone an agency. I'm aware of a lot of resources for women who want to pursue going full-term and delivering. […] You know, like this push for Indigenous birth workers and there's movement happening here in the province around that, but there's not as much conversation about how cool it is if you could access culturally safe abortions, you know. No one's as excited about the termination as they are about the, yeah."

- Sp'ic'n



Anti-abortion stigma is a barrier to accessing abortion services. To combat stigma, participants advocate for:

- **Indigenous pro-choice billboard campaigns**
- **Indigenous pro-choice broadcasts**
- **Spaces for Indigenous people to share their abortion stories**
- **Better sexual health education that includes abortion services**
- **Better public communication about abortion services**
- **Intentional inclusion of cisgender men in personal and community conversations about abortion, so that:**
    - Brothers and fathers can support their relatives
    - Romantic and sexual partners can understand the gravity of their partner's choices regarding abortion and/or birth control
    - Indigenous men and boys are given the opportunity to support the people in their community who access abortion care

RECOMMENDATIONS TO IMPROVE ACCESS AND SERVICE EXPERIENCE

The following pages contain recommendations grounded on project participants' experiences and are aimed at those working in health settings, policy making, education and Indigenous communities themselves.

CULTURAL SAFETY RECOMMENDATIONS

Annual cultural safety training for healthcare providers

- To better understand the historical and ongoing reproductive violence experienced by Indigenous peoples
- To learn about intersectional identities (For example: race and gender expression or sexual orientation etc.)
- To encourage the incorporation of a trauma-informed approach

Provide a comfortable environment. Clinics should provide a warm and inviting atmosphere by offering:

- Comfortable seating
- Warm blankets
- Light-hearted comedy on televisions in waiting rooms

Access to Indigenous-led or -informed clinics, which could:

- Incorporate intergenerational teachings on reproductive health
- Incorporate the use of traditional medicines
- Staff Indigenous Elders, Grandmothers, doulas, counsellors and/or liaisons, to reduce stigma and provide wholistic care
- Accommodate ceremonial requests in a non-judgemental way, including requests to take the products of conception home for burial

“It would be nice if we had that Indigenous service, that Indigenous clinic or that Indigenous area of expertise. Like nurses in that realm, who know how to support. Because when I went through my abortion, afterwards there was no reassurance and then I had that lingering thought of like, what if I’m sterilized? What if this did happen to me and I don’t even know it? Like that thought, it gave me nightmares. That’s a valid fear in Indigenous communities when they go to the hospitals or go to see doctors. I feel like if there were an Indigenous clinic, I would go travel to that clinic, no matter how far that they were, over deciding going to a non-Indigenous clinic. Or even a clinic that offers Indigenous support.”

- ʔesxéw’peʔ

HEALTH SYSTEM LEVEL RECOMMENDATIONS

Non-judgmental service providers:

- Trauma-informed training for all service providers and staff, including ultrasound technicians and receptionists, to avoid being congratulatory or judgmental (whether intentional or unintentional)
- Diversity training for all service providers and staff so they are able to recognize the diverse circumstances of patients

Wraparound support:

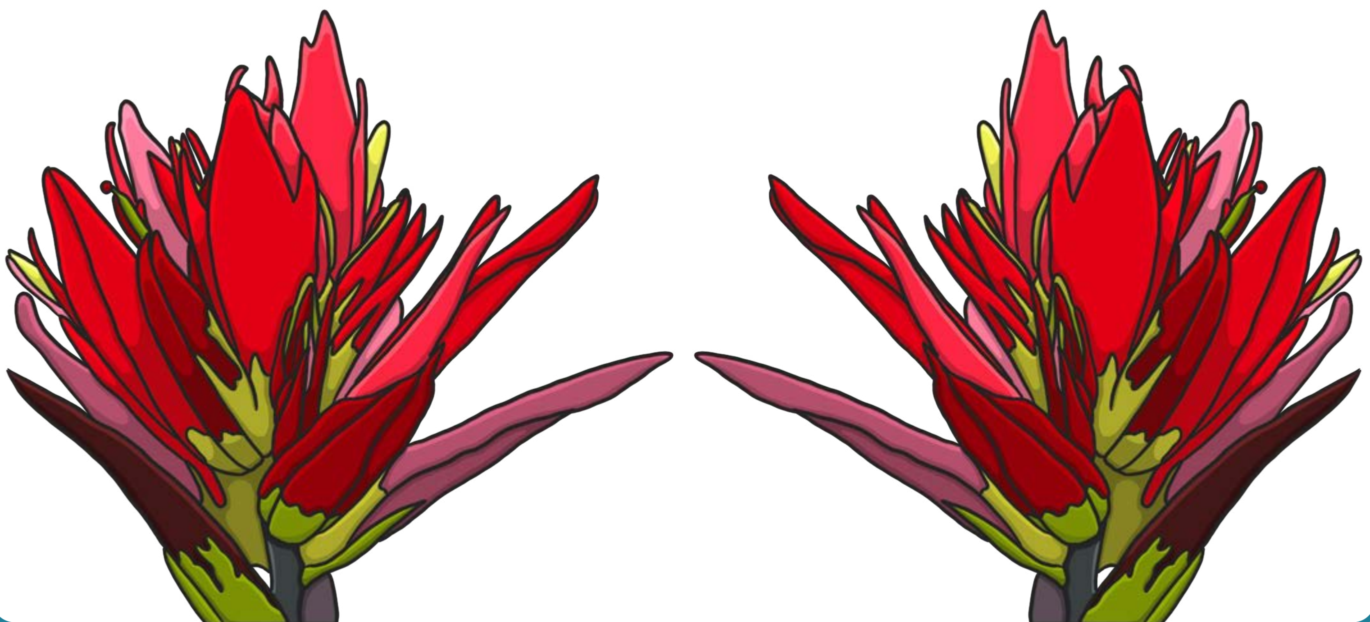
- Wholistic support such as mental health care, transportation, and childcare to counter access barriers and support emotional needs

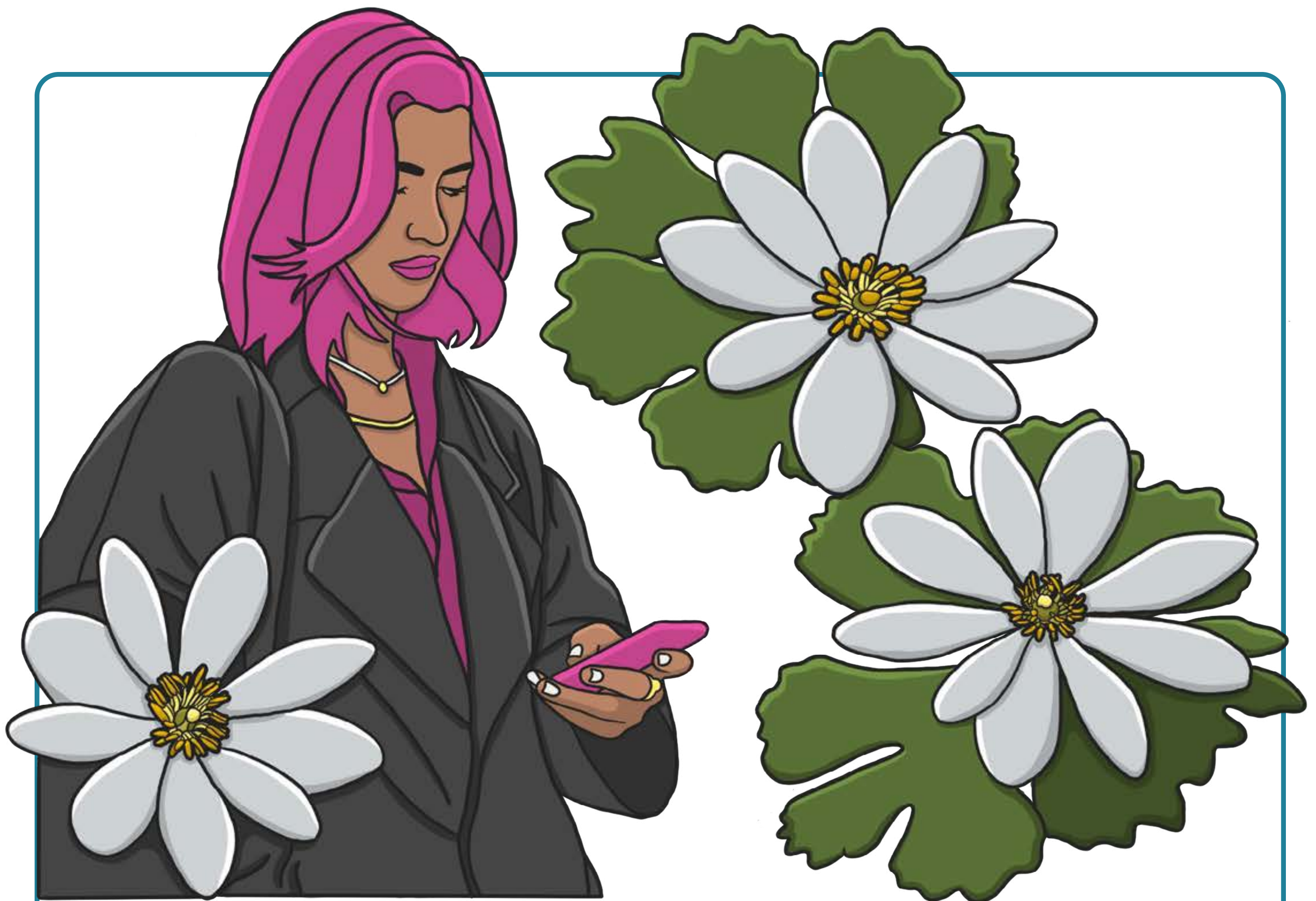
Offer the option to self-identify as Indigenous on intake forms:

- Provide information on and offer referrals to culturally specific supports to those who self-identify

Follow-up and post-care services:

- Clear communication from providers on what to expect during and after the procedure
- Those who have an abortion are given clear instructions on how to care for themselves afterward, along with information about post-abortion support options





“Not even knowing where to find a resource, not a pamphlet, nothing. There’s nobody to call when you’re feeling sad or nobody to celebrate with even. Nobody fucking makes you a cake. You know what I mean? Like that’s it. It happens and then it’s over. There’s no follow-up. There’s no anything. There’s no way to reach the doctor and say hey, I’m bleeding a lot. What do I do? There was no number to follow up with that. It was just expected that I would know what to do if that happened, and as a teenager I didn’t know. I was like, do I just go to bed… or do you call an ambulance? Like it was never just one thing. A phone number or some resources I think is really helpful. Even if it’s just information about emotions and what to expect … because to me that wasn’t explained. There was nothing that was like oh, you’re going to need a lot of pads and make sure you take Tylenol. Don’t drink alcohol. You’re still super fertile after. They don’t tell you that, that like if you have sex again, you’re going to become pregnant right away. I think a lot of people don’t realize that happens either.”

- Meskojiibikak

SUPPORTS, MATERIALS, AND RESOURCE RECOMMENDATIONS

Provide clear and informative materials:

- Accessible information about abortion procedures, symptoms, and aftercare, including detailed explanations
- Accessible information about post-procedure support options

Create abortion access tools:

- Create Indigenous-specific hotlines , apps, or websites to provide culturally relevant support and guidance
- Connect Indigenous patients with Indigenous abortion doulas and safe support systems

Offer specific resources for cisgender men:

- Create and distribute inclusive education materials for cisgender men to foster understanding, reduce stigma, and encourage support

"Transferring … teachings about how our grandmothers and aunties and ancestors, what their teachings were surrounding abortion… to the generations that have lost it, I think that's really important… And not just for women who are accessing abortions or people with uteruses that are accessing abortions but just for all of us, like my son, my brother, my dad. To help destigmatize the shame or just to remember these stories. Because they are so important and so vital and somehow getting them out there would be really valuable."

- Deníijíe

INDIGENOUS COMMUNITY LEVEL RECOMMENDATIONS

Tackle abortion stigma:

- Community campaigns and materials that emphasize choice and share traditional practices of abortion, led by respected community members

Community-based healing options:

- Offer pre- and post-abortion sweats and healing circles in urban spaces such as Friendship Centres

“If I did have those post abortion services where I could have talked to an Elder with my family , maybe I could have had a better way of explaining that my choice wasn’t wrong, my choice isn’t in conflict with our teachings, it isn’t in conflict with our culture and our beliefs. Have them hear it from a community member, like highly respected community member. Like an Elder or a knowledge keeper or whatever, it would have been a lot easier for me and for them to hear it and understand. Even for myself. I still think about it, I still have the same teachings that they do. I still live my life according to my beliefs and my cultural values. I do second guess myself. You know, did I do the right thing, based off of what I’ve been taught and things that I still hold value to, just because I didn’t choose to keep a child that I didn’t want or whatever…

That’s the type of stuff that would have actually had an impact because at this point in my life… I’m not going to change all of this intergenerational trauma that comes with a decision like this, I’m not going to change it in my lifetime, it’s not going to change in my parent’s lifetime. I might not have to hide this for the rest of my life… But at this point, I feel like I will take this to the grave in terms of telling my family. Because I simply can’t bear the consequence of what might happen because of the ongoing effects of what residential school did to my family and what systemic racism is continually doing. This is… why I wanted to participate too, is it’s so much bigger than just abortions and accessing abortions. This is talking about way more than just that and the way it affects Indigenous people, especially Indigenous women, is way more complex than anybody could imagine, you know, any white person could imagine.”

- ᒨᓲᒥᐣ Môsômino

Increase visibility through social media:

- Increase the online presence of medical professionals and clinics who provide reliable information about abortion care

Comprehensive sex education:

- Incorporate abortion services and care into regular sex education curriculum in public schools, with a focus on making informed choices
- Inform students which types of medical practitioners are licensed to perform abortion procedures and/or prescribe abortion medications

"Teach … school kiddos around what that is. And that choice that we, as humans, we are allowed to make choices for ourselves, for our bodies, for our wellbeing, for our families, all of those pieces. And just I think one of the last things is just to really hold folks where they're at in the choices that they make."

- kuȼq̓uku

POLICY LEVEL RECOMMENDATIONS

Create reproductive leave policies:

- Create comprehensive policies in the workplace that include appropriate time off, make abortion services more accessible, and include aftercare support

Provide travel reimbursement:

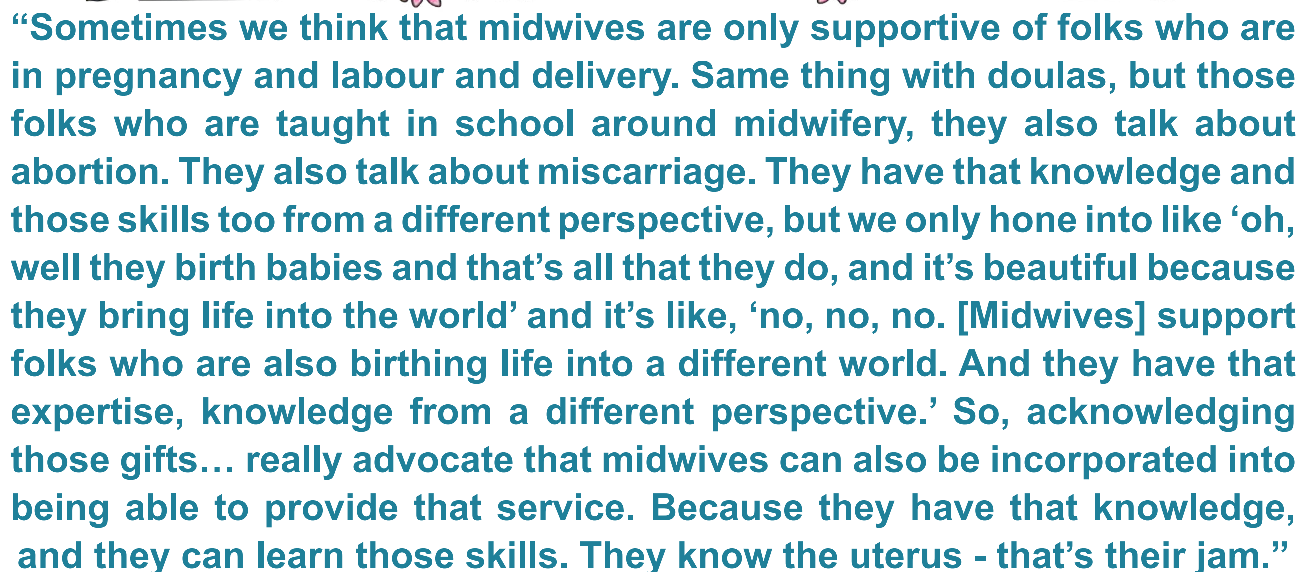
- Implement funding for travel expenses related to accessing abortion services

Increase providers in rural and remote areas by:

- Authorizing midwives to provide abortions
- Making abortion training accessible to midwives and healthcare providers

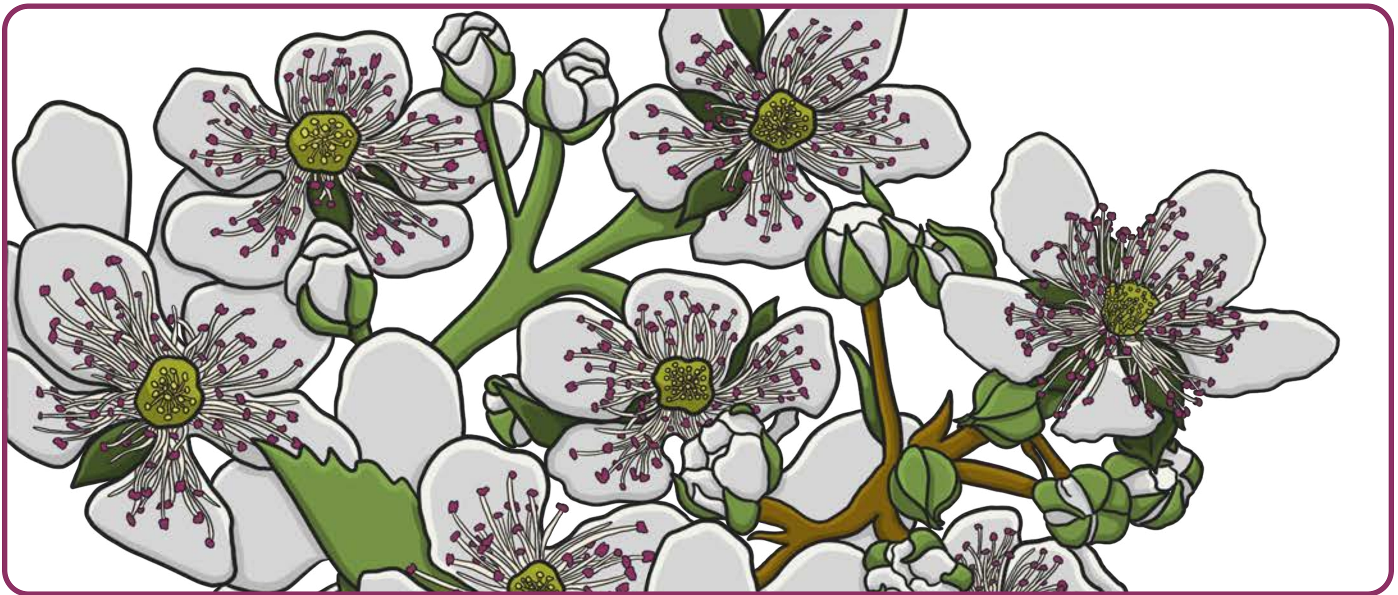
Protect funding for wholistic support providers:

- Allocate funding for abortion doulas so that wraparound aftercare supports can be more accessible



"Sometimes we think that midwives are only supportive of folks who are in pregnancy and labour and delivery. Same thing with doulas, but those folks who are taught in school around midwifery, they also talk about abortion. They also talk about miscarriage. They have that knowledge and those skills too from a different perspective, but we only hone into like 'oh, well they birth babies and that's all that they do, and it's beautiful because they bring life into the world' and it's like, 'no, no, no. [Midwives] support folks who are also birthing life into a different world. And they have that expertise, knowledge from a different perspective.' So, acknowledging those gifts… really advocate that midwives can also be incorporated into being able to provide that service. Because they have that knowledge, and they can learn those skills. They know the uterus - that's their jam."

- ku¢q̓uku



CONCLUSION

The stories and insights shared in this report come directly from the lived experiences of Indigenous women, Two-Spirit, and LGBTQIA+ people who have accessed (or tried to access) abortion services in Canada. At the Fireweed Project, our goal is to amplify the voices of Indigenous community members and build on the knowledge and strengths that already exist within our communities. The aim of this report is to lift these voices up!

Through their stories, participants shared that their connection to traditional reproductive health knowledge has changed over time and into today. They shared what it was like to access abortion care, including the barriers, inconsistencies, and challenging moments they had to rise above and overcome. They also described what happened after their abortion, and where more support–whether medical, emotional, or cultural–could have made a difference. Abortion stigma was commonly felt throughout these journeys, whether anticipated or directly experienced. Many folks also spoke about the unique tensions that exist within Indigenous communities around abortion-stigma. In light of these challenges, every participant shared actionable recommendations to improve abortion services for future Indigenous abortion seekers. These suggestions include how to reduce stigma, improve access by removing barriers, provide culturally-safe care, and offer meaningful support services. Their recommendations are aimed at those working in health systems, policy making, education and Indigenous communities themselves.

These stories are important, valuable, and sacred. We are so grateful to the Indigenous community members who trusted us with their stories, and to everyone who helped put this report together.

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GLOSSARY

ALLY/ALLIED

An **ally** is someone who stands beside a group they are not part of, and supports their rights, safety, and well-being. Being **allied** means respectfully working with and supporting the group to create a fairer situation/system/world - without trying to take over or speak for them.

ASSIMILATION/ASSIMILATIVE

When people are pressured or forced to give up their culture or identity to fit into another group's way of life.

BINARY

A way of thinking that puts things into only two categories (like man/woman), even though people's identities and experiences are more complex.

CONTRACEPTION

Ways to prevent pregnancy. (Examples: condoms, IUDs, birth control pills, diaphragms/ female condoms, hormone/birth control injections, etc.)

DOULA

A trained support person who helps someone before, during, or after pregnancy, birth, abortion, or other reproductive experiences.

FORCED AND COERCED STERILIZATION

Sterilization is a medical procedure that leaves a person unable to conceive (becoming pregnant or impregnating someone else). **Forced and coerced sterilization** means that the procedure happened without the person's full, informed, and free consent – ***this is a very serious human rights violation.***

FRAMEWORK (IN RESEARCH)

A structure or way of thinking that helps guide how a study is planned, done, and understood.

INTERGENERATIONAL TRANSMISSION

How beliefs, strengths, traumas, or healing are passed down from one generation to the next.

INTRICATELY

Something that is complex or has many small, connected parts.

LANGUAGE REVITALIZATION

The work of strengthening Indigenous languages after these languages were banned and English was enforced by settlers.

LIVED EXPERIENCE

The knowledge people have from going through something directly in their own life.

MEDICATION ABORTION

Ending a pregnancy using prescribed pills.

METHODOLOGY

The way researchers choose to collect and understand information in a study.

PARTICIPATORY APPROACH

A way of working where community members help guide and shape a project or research process.

PARTICIPATORY QUALITATIVE HEALTH PROMOTION RESEARCH

A type of study where researchers and community members work together to explore health experiences through stories, conversations, or observations.

PSEUDONYM

A made-up name used in place of someone's real name to help protect their identity.

PROCEDURAL ABORTION

A medical procedure done in a clinic or hospital to end a pregnancy.

RECRUITMENT

The process of inviting people to take part in a program, study, or activity.

REVISION

Making changes to improve or update something, like a report.

TRANSCRIPTS

Written versions of what people said during spoken interviews or conversations.

TRAUMA-INFORMED

An approach that understands how trauma affects people and works to create safety, trust, and choice.

TURTLE ISLAND

A name many Indigenous Peoples use for the larger land mass now called North America.

WHITE-PASSING

When a *non*-White person is viewed and treated by others as a White person.

WHOLISTIC (SOMETIMES SPELLED ‘HOLISTIC’)

Looking at the whole person – including mind, body, spirit, and community – not just one part.

APPENDIX A
INTERVIEW GUIDE FOR THE RIGHT TO ABORTION PROJECT

HOW WOULD YOU DESCRIBE YOURSELF?

Based on how this question is answered, supplementary questions are...

- What makes up your identity? In other words, what makes up who you are?
- Do you remember your age at the time of your abortion(s)?
- Where did you have to go for your abortion? Where was it in relation to where you were living at the time?
- Is there any part of your identity that you feel impacted your abortion experience, such as age, sexual orientation, gender identity, disability status, Indigeneity, religion, mental health, neurodivergence, etc.?

CAN YOU TELL ME ABOUT YOUR EXPERIENCE WITH ACCESSING ABORTION(S)?

If *able* to access an abortion, supplementary questions are...

- Can you tell me about your experience with accessing your abortion(s)? What kind of barriers did you encounter, if any?
- Can you share any helpful and/or positive experiences when accessing an abortion? What types of things made it possible for you to access abortion?

If *unable* to access an abortion, supplementary questions are...

- Can you tell me why you were unable to access an abortion(s)? What were the barriers that you encountered?

WHAT DO YOU WISH YOUR EXPERIENCE WAS LIKE WHEN ACCESSING AN ABORTION?

Based on how this question is answered, supplementary questions are...

- Whether an abortion provider, or a service provider you encounter when trying to access an abortion (like administration), what are the things they can do to make you feel comfortable and respected and able to be yourself?
- What about the space where the abortion is being provided? How does it look or feel?
- What does culturally safe abortion access mean for you? To help with understanding and answering this question, we offer our definition of what cultural safety means to us: an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health care system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care.

THINKING BACK TO YOUR ABORTION, WHAT WAS YOUR AWARENESS LIKE OF ANY INDIGENOUS-SPECIFIC SERVICES? WHAT WAS YOUR EXPERIENCE LIKE SEEKING OUT THESE SERVICES OR SUPPORTS, IF AT ALL?

Based on how this question is answered, supplementary questions are...

- If *yes*, did having Indigenous-specific supports when accessing abortion, change the experience in any way?
- If *no*, do you wish you had access to Indigenous-specific supports when accessing abortion? How do you think this would have changed your experience?

WHAT KIND OF POST-ABORTION SUPPORTS OR SERVICES DID YOU RECEIVE, IF ANY?

Based on how this question is answered, supplementary questions are...

- If *yes*, can you describe what they were and whether these were beneficial?
- If *no*, can you think of supports that you would like to have following your abortion?

WHEN YOU NEEDED TO ACCESS AN ABORTION, WHO WERE YOU ABLE TO TALK TO ANYONE IN YOUR COMMUNITY ABOUT IT, IF ANYONE? THIS MAY INCLUDE FRIENDS, FAMILY OR LOVED ONES? WHY OR WHY NOT?

Based on how this question is answered, a supplementary question is...

- Can you describe a time that you felt judged or treated differently for having an abortion? What happened?

WHAT ARE YOU AWARE OF REGARDING ANY TRADITIONAL MEDICINES OR TEACHINGS IN YOUR FAMILY, COMMUNITY, OR MORE BROADLY SURROUNDING ABORTION OR CONTRACEPTION, IF ANY? CAN YOU DESCRIBE THEM?

Based on how this question is answered, supplementary questions are...

- If *yes*, how does this knowledge change your perception of abortion?
- If *no*, why do you think that is?
- What are your family's or community's current beliefs around abortion?

HOW WOULD YOU LIKE TO SEE THE FINDINGS FROM THIS CONVERSATION USED TO REDUCE STIGMA AROUND ABORTION? TO SUPPORT PERSONS WANTING TO HAVE AN ABORTION?

APPENDIX B
PSEUDONYMS

Pseudonym - Medicine in Indigenous Language	**SȻEȾEṈIŁĆ**
Language Name	SENĆOŦEN
English and/or Latin Name	Bitter Cherry
Medicinal Use	Birth Control
Medicinal Source	Burnett, K. (2017). Different Histories: Reproduction, Colonialism, and Treaty 7 Communities in Southern Alberta, 1880–1940. In Abortion (pp. 35–54). University of British Columbia Press. Link Here
Translation Source	Camosun College. (2024). Native Plants. Link Here

Pseudonym - Medicine in Indigenous Language	**Ozhaashijiibik**
Language Name	Ojibwemowin
English and/or Latin Name	Fireweed
Medicinal Use	Abortion
Medicinal Source	Monchalin, R., Pérez Piñan, A.V., Wells, M., Paul, W., Jubinville, D., Law, K., Chaffey, M., Pruder, H., Ross, A. (2023, August). A qualitative study exploring access barriers to abortion services among Indigenous Peoples in Canada. Contraception, 124. Link Here
Translation Source	Lee, M., Beaster, K., Panci, H., Smith, K., Croll, R., Melonee Montano, N., Heim, K., Kriva, J., Handy, S. (n.d.). Ganawenindiwag: Working with plant relatives to heal and protect Gichigami shorelines. Lake Superior National Estuarine Research Reserve & Great Lakes Indian Fish & Wildlife Commission. Link Here

Pseudonym - Medicine in Indigenous Language	**łaַnxw'maַs**
Language Name	Kwakwala
English and/or Latin Name	Paper Birch / Betula papyrifera Marshall
Medicinal Use	Birth Control
Medicinal Source	Applequist, W.L., Bridges, M.C., Moerman, D.E. (2021, December 01). North American Fertility - Regulating Botanicals: a Review. Economic Botany, 76, 84-113. **Link Here**
Translation Source	FirstVoices. (n.d.). Paper Birch. **Link Here**

Pseudonym - Medicine in Indigenous Language	**Mesgâ elé' dzídze'**
Language Name	Denek'éh / Kaska
English and/or Latin Name	Creeping Juniper (berries)
Medicinal Use	Birth Control
Medicinal Source	Markewich, C. (2017, August 06). Medicine in your backyard: How Indigenous peoples have used medicinal plants. CBC News. **Link Here**
Translation Source	FirstVoices. (n.d.). Creeping Juniper. **Link Here**

Pseudonym - Medicine in Indigenous Language	**ʔesxéw'peʔ**
Language Name	Nlaka'pamux
English and/or Latin Name	Western Stoneseed
Medicinal Use	Birth Control
Medicinal Source	The Mother Earth News Editors. (1970, May 01). A Herbal Answer to Natural Birth Control. Mother Earth News. **Link Here**
Translation Source	Turner, N. (2014). Ancient Pathways, Ancestral Knowledge. McGill-Queen's University Press. **Link Here**

Pseudonym - Medicine in Indigenous Language	**ḰEḰEIȽĆ**
Language Name	SENĆOŦEN
English and/or Latin Name	Arbutus
Medicinal Use	Birth Control
Medicinal Source	Camosun College. (2024). Native Plants. **Link Here**
Translation Source	Camosun College. (2024). Native Plants. **Link Here**

Pseudonym - Medicine in Indigenous Language	**Meskojiibikak**
Language Name	Ojibwe
English and/or Latin Name	Bloodroot
Medicinal Use	Abortion
Medicinal Source	Croaker, A., King, G. J., Pyne, J. H., Anoopkumar-Dukie, S., & Liu, L. (2016). Sanguinaria canadensis: Traditional medicine, phytochemical composition, biological activities and current uses. International Journal of Molecular Sciences, 17(9), 1414. **Link Here**
Translation Source	Kay-Nah-Chi-Wah-Nung Historical Centre. (n.d.). Medicinal Plant Guide. **Link Here**

Pseudonym - Medicine in Indigenous Language	**Miskominaganzh**
Language Name	Ojibwe
English and/or Latin Name	Raspberry Leaf
Medicinal Use	Birth Control
Medicinal Source	Burnett, K. (2017). Different Histories: Reproduction, Colonialism, and Treaty 7 Communities in Southern Alberta, 1880–1940. In Abortion (pp. 35–54). University of British Columbia Press. **Link Here**
Translation Source	The Ojibwe People's Dictionary. (n.d.). Search the Dictionary. **Link Here**

Pseudonym - Medicine in Indigenous Language	Gwagwa̱ltama
Language Name	Kwak̓wala
English and/or Latin Name	Fireweed
Medicinal Use	Abortion
Medicinal Source	Monchalin, R., Pérez Piñan, A.V., Wells, M., Paul, W., Jubinville, D., Law, K., Chaffey, M., Pruder, H., Ross, A. (2023, August). A qualitative study exploring access barriers to abortion services among Indigenous Peoples in Canada. Contraception, 124. **Link Here**
Translation Source	FirstVoices. (n.d.). Fireweed. **Link Here**

Pseudonym - Medicine in Indigenous Language	k̲'uts
Language Name	Gitsenimx̱
English and/or Latin Name	False Solomon's Seal
Medicinal Use	Birth Control
Medicinal Source	Camosun College. (2024). Native Plants. **Link Here**
Translation Source	FirstVoices. (n.d.). False Solomon's Seal. **Link Here**

Pseudonym - Medicine in Indigenous Language	Gozigwaakomin
Language Name	Anishinaabemowin
English and/or Latin Name	Saskatoon Berry
Medicinal Use	Birth Control
Medicinal Source	Belcourt, C. (2007). Medicines To Help Us, Traditional Métis Plant Use. The Gabriel Dumont Institute of Native Studies and Applied Research. **Book.**
Translation Source	The Ojibwe People's Dictionary. (n.d.). Search the Dictionary. **Link Here**

Pseudonym - Medicine in Indigenous Language	**ᓃᐱᒥᓈᓈᐦᑎᐠ Nîpiminânâhtik**
Language Name	Cree
English and/or Latin Name	European Cranberry Bush
Medicinal Use	Birth Control
Medicinal Source	Applequist, W.L., Bridges, M.C., Moerman, D.E. (2021, December 01). North American Fertility - Regulating Botanicals: a Review. Economic Botany, 76, 84-113. **Link Here**
Translation Source	Online Cree Dictionary. (n.d.). Word Search. **Link Here**

Pseudonym - Medicine in Indigenous Language	**Ku¢q̓uku**
Language Name	Ktunaxa
English and/or Latin Name	Milkweed
Medicinal Use	Birth Control
Medicinal Source	Belcourt, C. (2007). Medicines To Help Us, Traditional Métis Plant Use. The Gabriel Dumont Institute of Native Studies and Applied Research. **Book.**
Translation Source	FirstVoices. (n.d.). Milkweed. **Link Here**

Pseudonym - Medicine in Indigenous Language	**Wambay**
Language Name	Gathang
English and/or Latin Name	Wild Yam
Medicinal Use	Birth Control
Medicinal Source	Anderson, K. (2003). Vital signs: reaping colonialism in contemporary adolescent family planning. In Anderson, K., & Lawrence, B. (Eds.), Strong women stories: native vision and community survival. Sumach Press.
Translation Source	FirstVoices. (n.d.). Wild Yam. **Link Here**

Pseudonym - Medicine in Indigenous Language	Gawa'komĭc
Language Name	Ojibwa
English and/or Latin Name	Prickly Ash or Nepal Pepper / Zanthoxylum americanum Mill
Medicinal Use	Abortion
Medicinal Source	Applequist, W.L., Bridges, M.C., Moerman, D.E. (2021, December 01). North American Fertility - Regulating Botanicals: a Review. Economic Botany, 76, 84-113. **Link Here**
Translation Source	Uprety, Y., Asselin, H., Dhakal, A., & Julien, N. (2012, January 30). Traditional use of medicinal plants in the boreal forest of Canada: review and perspectives. Journal of Ethnobiology and Ethnomedicine, 8. **Link Here**

Pseudonym - Medicine in Indigenous Language	K'es
Language Name	Dene
English and/or Latin Name	White Poplar or Large-Toothed Aspen / Populus grandidentata Michx
Medicinal Use	Birth Control
Medicinal Source	Applequist, W.L., Bridges, M.C., Moerman, D.E. (2021, December 01). North American Fertility - Regulating Botanicals: a Review. Economic Botany, 76, 84-113. **Link Here**
Translation Source	FirstVoices. (n.d.). White Poplar. **Link Here**

Pseudonym - Medicine in Indigenous Language	Sp'ic'n
Language Name	Nsyilxcən
English and/or Latin Name	Dogbane or Hemp Dogbane
Medicinal Use	Birth Control
Medicinal Source	Roberts, N.F. (2022, April 14). 7 Native American Inventions That Revolutionized Medicine And Public Health. Forbes. **Link Here**
Translation Source	FirstVoices. (n.d.). Dogbane. **Link Here**

Pseudonym - Medicine in Indigenous Language	**Muxkòtae**
Language Name	Lenape
English and/or Latin Name	American Mistletoe
Medicinal Use	Abortion
Medicinal Source	Obomsawin, R. (2007, March). Traditional Medicine for Canada's First Peoples. University of British Columbia. **Link Here**
Translation Source	Native Roots Farm Foundation. (2020, December 25). Think you know mistletoe? **Link Here**

Pseudonym - Medicine in Indigenous Language	**ʔinq̓um**
Language Name	Ktunaxa
English and/or Latin Name	Windflower / Anemone acutiloba (DC.) G. Lawson
Medicinal Use	Birth Control
Medicinal Source	Applequist, W.L., Bridges, M.C., Moerman, D.E. (2021, December 01). North American Fertility - Regulating Botanicals: a Review. Economic Botany, 76, 84-113. **Link Here**
Translation Source	Great Divide Trail Association. (2024). Pathfinder Spring 2024. **Link Here**

Pseudonym - Medicine in Indigenous Language	**Nahuk**
Language Name	Ktunaxa
English and/or Latin Name	Creeping Mahonia or Oregan Grape / Berberis repens Lindl
Medicinal Use	Birth Control
Medicinal Source	Applequist, W.L., Bridges, M.C., Moerman, D.E. (2021, December 01). North American Fertility - Regulating Botanicals: a Review. Economic Botany, 76, 84-113. **Link Here**
Translation Source	Ktunaxa-Plants. (n.d.). Square Space. **Link Here**

Pseudonym - Medicine in Indigenous Language	**ḰO,PEŁĆ**
Language Name	SENĆOŦEN
English and/or Latin Name	Devils Club
Medicinal Use	Birth Control
Medicinal Source	Lantz, T.C., Swerhun, K., Turner, N.J. (n.d.). Devil's Club (Oplopanax horridus): An Ethnobotanical Review. American Botanical Council, (62), 33-48. **Link Here**
Translation Source	Camosun College. (2024). Native Plants. **Link Here**

Pseudonym - Medicine in Indigenous Language	**t̓łat̓ła̱k̓wa̱xtła**
Language Name	Kwak̓wala
English and/or Latin Name	Red Osier Dogwood / Cornus sericea L.
Medicinal Use	Birth Control
Medicinal Source	Applequist, W.L., Bridges, M.C., Moerman, D.E. (2021, December 01). North American Fertility - Regulating Botanicals: a Review. Economic Botany, 76, 84-113. **Link Here**
Translation Source	FirstVoices. (n.d.). Red Osier Dogwood. **Link Here**

Pseudonym - Medicine in Indigenous Language	**Lii pwayr**
Language Name	Michif
English and/or Latin Name	Saskatoon Berry
Medicinal Use	Birth Control
Medicinal Source	Belcourt, C. (2007). Medicines To Help Us, Traditional Métis Plant Use. The Gabriel Dumont Institute of Native Studies and Applied Research. **Book.**
Translation Source	Métis Gathering. (2024). Michif Language Flashcards Game. **Link Here**

Pseudonym - Medicine in Indigenous Language	**Kadegimnedu**
Language Name	Ojibwa
English and/or Latin Name	Red-Root or Mountain Sweet or New Jersey Tea / Ceanothus americanus L.
Medicinal Use	Abortion
Medicinal Source	Applequist, W.L., Bridges, M.C., Moerman, D.E. (2021, December 01). North American Fertility - Regulating Botanicals: a Review. Economic Botany, 76, 84-113. **Link Here**
Translation Source	Uprety, Y., Asselin, H., Dhakal, A., & Julien, N. (2012, January 30). Traditional use of medicinal plants in the boreal forest of Canada: review and perspectives. Journal of Ethnobiology and Ethnomedicine, 8. **Link Here**

Pseudonym - Medicine in Indigenous Language	**č̓itapt**
Language Name	Ehattesaht Nuchatlaht
English and/or Latin Name	Slender Tufted-Sedge / Carex species
Medicinal Use	Abortion
Medicinal Source	Applequist, W.L., Bridges, M.C., Moerman, D.E. (2021, December 01). North American Fertility - Regulating Botanicals: a Review. Economic Botany, 76, 84-113. **Link Here**
Translation Source	FirstVoices. (n.d.). Slender Tufted-Sedge. **Link Here**

Pseudonym - Medicine in Indigenous Language	**Qʷəqʷəyíɬč (Qʷaʔqʷəʔíɬč)**
Language Name	xʷsépsəm lək̓ʷáŋən
English and/or Latin Name	Arbutus
Medicinal Use	Birth Control
Medicinal Source	Camosun College. (2024). Native Plants. **Link Here**
Translation Source	FirstVoices. (n.d.). Arbutus. **Link Here**

Pseudonym - Medicine in Indigenous Language	**Spets'i**
Language Name	Secwepemc
English and/or Latin Name	Dogbane or Hemp Dogbane
Medicinal Use	Birth Control
Medicinal Source	Roberts, N.F. (2022, April 14). 7 Native American Inventions That Revolutionized Medicine And Public Health. Forbes. **Link Here**
Translation Source	Ignace, M.B., Turner, N.J., Peacock, S.L. (2016). Contributions in Ethnobiology, Secwepemc People and Plants: Research Papers in Shuswap Ethnobotany. Society of Ethnobiology. **Link Here**

Pseudonym - Medicine in Indigenous Language	**Deníijíe**
Language Name	Dene
English and/or Latin Name	Mooseberry / Viburnum recognitum Fernald 2
Medicinal Use	Birth Control
Medicinal Source	Applequist, W.L., Bridges, M.C., Moerman, D.E. (2021, December 01). North American Fertility - Regulating Botanicals: a Review. Economic Botany, 76, 84-113. **Link Here**
Translation Source	FirstVoices. (n.d.). Mooseberry. **Link Here**

Pseudonym - Medicine in Indigenous Language	**Zhagashkaandawenswaanashk+oon**
Language Name	Ojibwe
English and/or Latin Name	Wood Betony / Pedicularis canadensis L.
Medicinal Use	Abortion
Medicinal Source	Applequist, W.L., Bridges, M.C., Moerman, D.E. (2021, December 01). North American Fertility - Regulating Botanicals: a Review. Economic Botany, 76, 84-113. **Link Here**
Translation Source	The Ojibwe People's Dictionary. (n.d.). Search the Dictionary. **Link Here**

Pseudonym - Medicine in Indigenous Language	**Pekllén**
Language Name	Secwepemc
English and/or Latin Name	Bitter Cherry
Medicinal Use	Abortion
Medicinal Source	Burnett, K. (2017). Different Histories: Reproduction, Colonialism, and Treaty 7 Communities in Southern Alberta, 1880–1940. In Abortion (pp. 35–54). University of British Columbia Press. **Link Here**
Translation Source	FirstVoices. (n.d.). Bitter Cherry. **Link Here**

Pseudonym - Medicine in Indigenous Language	**Metoni Maskawâhtik** ᒣᑐᓂ ᒪᐢᑲᐚᐦᑎᐠ
Language Name	Cree
English and/or Latin Name	American Beech / Fagus grandifolia Ehrh.
Medicinal Use	Abortion
Medicinal Source	Applequist, W.L., Bridges, M.C., Moerman, D.E. (2021, December 01). North American Fertility - Regulating Botanicals: a Review. Economic Botany, 76, 84-113. **Link Here**
Translation Source	Online Cree Dictionary. (n.d.). Word Search. **Link Here**

Pseudonym - Medicine in Indigenous Language	**Spewt**
Language Name	Secwepemc
English and/or Latin Name	Common Twinpod or Common Bladderpod / Physaria didymocarpa (Hook.) A. Gray
Medicinal Use	Abortion
Medicinal Source	Applequist, W.L., Bridges, M.C., Moerman, D.E. (2021, December 01). North American Fertility - Regulating Botanicals: a Review. Economic Botany, 76, 84-113. **Link Here**
Translation Source	FirstVoices. (n.d.). Common Twinpod. **Link Here**

Pseudonym - Medicine in Indigenous Language	**Biisaandago-zhingwaak**
Language Name	Ojibwe
English and/or Latin Name	Ponderosa Pine / Pinus ponderosa
Medicinal Use	Abortion
Medicinal Source	Applequist, W.L., Bridges, M.C., Moerman, D.E. (2021, December 01). North American Fertility - Regulating Botanicals: a Review. Economic Botany, 76, 84-113. **Link Here**
Translation Source	The Ojibwe People's Dictionary. (n.d.). Search the Dictionary. **Link Here**

Pseudonym - Medicine in Indigenous Language	**Pell-tsqwéqwyem̓c**
Language Name	Secwepemc
English and/or Latin Name	Indian Paintbrush
Medicinal Use	Birth Control
Medicinal Source	Obomsawin, R. (2007, March). Traditional Medicine for Canada's First Peoples. University of British Columbia. **Link Here**
Translation Source	FirstVoices. (n.d.). Indian Paintbrush. **Link Here**

Pseudonym - Medicine in Indigenous Language	**Iskwawutupe**
Language Name	Cree
English and/or Latin Name	Blue Cohosh
Medicinal Use	Abortion
Medicinal Source	Obomsawin, R. (2007, March). Traditional Medicine for Canada's First Peoples. University of British Columbia. **Link Here**
Translation Source	Schoepf, D. (n.d.). Materia Medica Americana. Native Health Database. **Link Here**

Pseudonym - Medicine in Indigenous Language	**Moosewijiibik**
Language Name	Ojibwemowin
English and/or Latin Name	Beach Wormwood / Artemisia campestris L.
Medicinal Use	Abortion
Medicinal Source	Applequist, W.L., Bridges, M.C., Moerman, D.E. (2021, December 01). North American Fertility - Regulating Botanicals: a Review. Economic Botany, 76, 84-113. **Link Here**
Translation Source	Lee, M., Beaster, K., Panci, H., Smith, K., Croll, R., Melonee Montano, N., Heim, K., Kriva, J., Handy, S. (n.d.). Ganawenindiwag: Working with plant relatives to heal and protect Gichigami shorelines. Lake Superior National Estuarine Research Reserve & Great Lakes Indian Fish & Wildlife Commission. **Link Here**

Pseudonym - Medicine in Indigenous Language	**Môsômino ᒨᓲᒥᐣ**
Language Name	Cree
English and/or Latin Name	Mooseberry - Viburnum recognitum Fernald
Medicinal Use	Birth Control
Medicinal Source	Applequist, W.L., Bridges, M.C., Moerman, D.E. (2021, December 01). North American Fertility - Regulating Botanicals: a Review. Economic Botany, 76, 84-113. **Link Here**
Translation Source	Online Cree Dictionary. (n.d.). Word Search. **Link Here**