

Birthing in a Settler State: The Resurgence of Indigenous Birth Practices in “Canada”

By

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BLAS, Quest University Canada, 2018

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Abstract

Since colonial contact, settlers have been targeting the Indigenous female reproductive body. They attempted to sever the inherent connection between the Indigenous female body and the land through extreme resource extraction. This project investigates the impacts of colonization on Indigenous birthing practices and the current Indigenous birth resurgence happening within the colonial confines of Canada. In this context Indigenous birth resurgence is defined as the honouring and reclaiming of Indigenous teachings that support sovereignty over the Indigenous female body. This investigation is presented through semi-structured interviews with seven Indigenous birthworkers residing and practicing on Ktunaxa and Sinixt land. Three key themes were observed throughout these interviews the first being that each birthworker had a very hard time finding any traditional teachings surrounding birth from their communities due to colonization displacing this vital information, secondly all of the birthworkers had to go through Western Eurocentric education in order to be granted “qualifications” to practice birthwork, and finally each of the birthworkers stated that if Indigenous birth resurgence is fully realized it would have a profoundly positive effect on Indigenous families and Indigenous health in general.. The interviews and key findings are further investigated through a podcast entitled *Reclaiming Birth in a Settler State*

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Dedications and Acknowledgments

To the quiet backbones, the relentless voices, the baby catchers and womb stretchers, to the guardians of tradition and culture, to the women: thank you. To Jessica, Chelsea, Danica, Lisa, Tobi, Erin, Hayley and Catherine, your story's and words are this work and I am forever grateful you shared them with me.

For their continuous support, guidance and rigour, I would like to thank my committee. Jeff and Sikata this work and project would not be what it is without you and your thoughtful interventions. The opportunity to work with such brilliant and radical scholars is such a gift and one that has changed me for the better.

To my partner, family and dog, thank you for your patience, love and support. This work would not be possible without your comfort and belief in me.

Introduction

I first realized birth was a political act when my mother told me my birth story. My mother had birthed four children over the span of thirteen years, in which medicalized birth in a hospital was the norm and anything else was “risky” and “new age”. At 22 my mother was in a hospital delivering her first child when an old, white, male doctor walked into the room and said hand me the scissors. He did not introduce himself, he did not comfort my mother, he simply looked the most vulnerable and transformative part of the female body and barked at a nurse for the scissors. My mother looked at him and said “what are you doing with those scissors” and he said “I am going to give you an episiotomy (a small incision at the entrance to the vaginal canal to speed up birth and get the baby’s head out faster), she stared right back at him and declared “oh no you are not”! and he snorted back “of course I am”, she again restated “oh no you are not”. In response, he slammed the scissors down on the metal table and yelled at my mother “than give me the whole baby right now, I want the whole head”. My mother never birthed in a hospital after that day. When it came to me, my mother birthed in our home, in her bedroom with all five of my sisters in the room. Advocating for our bodies has always been political, it has always been potent and it has always been transformative. My mother was a young, white, middle class female the first time she gave birth in the hospital and she had to fight against a procedure that is now outdated and risky.

The second time I realized birth was political is when I started to understand the incredibly complicated and often violent experiences Indigenous labourers are facing within the

Western colonial medical system. In my previous work with the Sinixt nation, I had the opportunity to connect with Danica Wiley, a Sinixt women and maternity nurse living in Spokane Washington. The Sinixt Nation which translates to people of the Bull Trout are part of the Plateau culture whose territory spans across the colonial maps of southern interior BC and northern Washington.

The observed common themes influenced my research questions for my master's thesis project;

“What are some of the challenges for engaging in Indigenous birth practices in communities”?

and “How are Indigenous peoples overcoming these challenges federal policies, biomedical

approaches to birthing amidst a resurgence of Indigenous birthwork”? The major challenges

facing folks engaging in Indigenous birthing practices are integrating these practices in Western

medical spaces such as hospitals and clinics access for Indigenous birthers living on reservation

and centering these practices in birthworker education. However, there is a resurgence of

Indigenous birth practices across Canada and folks are overcoming challenges by reconnecting to

traditional practices, advocating for space for Indigenous practices and birthers and honouring

Indigenous birth.

This project offers an analysis of the Canadian state's policies, acts, and laws that have oppressed and controlled Indigenous birth practices, as well as the Indigenous birth communities'

community resurgence and resistance to the state's oppressive policies and actions. This paper

will end with a review of the calls to action from Indigenous birth workers and organizations,

and how the process of Indigenous birth resurgence informs Indigenous political sovereignty.

Academically, Indigenous birth resurgence sits at the intersection of the body of work on body

sovereignty and Indigenous resurgence. Michif scholar and birthworker Erynne Gilpin argues “reconsideration of self-determination as embodied governance, which begins with the body as a site of regeneration, resurgence and renewal” (2020, pg. iii). I am defining Indigenous birth resurgence as the honouring and reclamation of Indigenous teachings that support sovereignty over the Indigenous female body and birthing. I am employing Joanne Barker’s (2017) definition of Indigenous political sovereignty as “the importance of a critical address to the politics of gender, sexuality, and feminism within how that sovereignty and self-determination is imagined, represented, and exercised.” (pg.7).

I will be responding and engaging with my research questions by conducting seven semi-structured interviews, with seven different birthworkers across Ktunaxa and Sinixt territory that will be highlighted in a multi-episodic podcast. The podcast medium allows for a more direct connection to the birthworkers experiences and stories that would traditionally be offered orally and not through written reports. This medium can better honour the importance of storytelling which is central to Indigenous ways of knowing and the sharing of traditional knowledge. Anishinaabe scholar Leanne Simpson states ““Storytelling is an important process for visioning, imagining, critiquing the social space around us, and ultimately challenging the colonial norms fraught in our daily lives” (Simpson 2011, 34). The entirety of this thesis is informed by the work of decolonial feminist scholars and I will be adopting a decolonial feminist lens throughout the qualitative research process as well.

Chapter One:

A Note on Terminology

Many of the movements and authors cited in this paper conflate gender and sexual orientation by using the term women in place of female which excludes 2spirit and non-binary people who are also able to experience pregnancy, and have important and sacred roles in their communities. The term “woman” has been changed to “female” in order to honor 2spirit and non-binary people. The term “Female” better describes the identity of people whose sex is female but who are not cis gender.

The following is an excerpt from the book *She Grows from the Ground; Sinixt Women's Narratives* which was co-created and published by five Sinixt women; Danica Wiley, Stefanie Marchand, Stevie Seymour, Shelly Boyd and Larae Wiley and myself. I believe this excerpt quite perfectly highlights an Indigenous females journey through her own reclamation of Indigenous birth practices.

According to Danica: “Becoming a mother, I became even more interested in connecting with my culture, because it made me think about how I wanted to raise my kids, and so I did a lot of reading and work when I was pregnant with my first child. I was a college student and I went to a school where we could write our own classes, The Evergreen State College. So, I wrote my own class while I was pregnant, because I was going to have my baby before the quarter ended, so I needed to do some independent studies, so I could still stay in school while I had her. One of them was I created a booklet about 10 traditional practices, plateau tribe practices that connect to

evidence-based literature now around pregnancy and parenting, and so I think my dad was really helpful in wanting me to connect to and that was really nice. He just gave me some anthropological works and different things that talked about what happens with pregnancy and childbirth the traditional Lakes way, and one of those things was daily exercise. When you're pregnant you need to stay strong, which is very counter to Americans view, where mainstream Americans view is that pregnancy is an illness and it's a time to sit on the couch and eat ice cream and give in to all your food cravings and you know you are in this like 'weakened state.' That is not the Lakes way. It was really interesting to read about how women would exercise a lot when they were pregnant, so my dad talked about it a lot and I read about it too. Women waking up when you're pregnant you are up at dawn and you go to the bottom of a mountain or a hill and you gather your skirt full of rocks and you start walking or running up the hill and as you're you are dropping rocks out of your skirt and you are saying to yourself 'my pregnancy and birth will be as easy as dropping this rock.' So, I think that was a really neat thing to connect to because it is also about setting intentions and kind of like how do you create a positive mindset for your body, especially when you're entering motherhood." The following illustrations are by Stefanie Marchand, a Sinixt woman, artist and educator who I had the privilege of interviewing during my first project with the Sinixt Nation. Stefanie listened to the themes in the stories her and the other Sinixt women were sharing and created the following illustrations that are featured in our book. These illustrations feature Sinixt practices and ceremony around pregnancy, birth and parenting.



The Sinixt baby naming ceremony



The Sinixt cradle board



Preparing for labour, walking up the mountain and dropping the heavy rocks as she goes up



Sinixt Women self-birthing at a lookout in Washington

The inclusion of Danica and Stefanie’s work is vital in understanding the importance of the revitalization of Indigenous birth work not only to re-center Indigenous ways of knowing and practicing, but also in the formation of Indigenous identity for females and connecting to their traditional ways. The re-learning of Indigenous birthing traditions directly challenges the colonial assumptions that Indigenous ways of practicing pregnancy and birth are primitive and un-safe

“The Ideals of passivity and submission of Western gendered roles extended into the arena of childbirth and medicine, and Indigenous women were made to feel their way of life and knowledges associated with it were primitive and of little worth” (Tabobondung, 2017, p. 131).

Positionality Statement

Before diving into the project and this work, it is vital that I offer up a positionally statement in order to situate myself, and to clarify the assumptions that shape my interpretations of social realities. Positionality statements are crucial for all researchers as it provides context for our own identities that shape and inform the way we connect with our work. Furthermore, my identity as a settler needs to be known and simultaneously decentralized in this work. Firstly, I want to acknowledge that I am writing this statement on the traditional and unceded territories of the Sinixt, Ktunaxa, WSÁNEĆ and Lekwungen nations. It is an honour to be able to do research and birthwork on these lands. I am a settler from Sinixt and Ktunaxa territory who moved onto this territory of the Esquimalt, Songhees and WASNEC people a couple years ago. I

exist in physical space as a white, female, women identifying, able-bodied, queer, Jewish, Canadian and American citizen. I adore this land and it's meeting point with lakes and rivers, and I recognize the ongoing colonization of this land and its Indigenous people. The nations I descend from settlers who have ravaged this land for resources, assimilated its people and forced control over it. My education has largely been from the colonial enforced academy, I try to always hold both my gratitude for my learning as well as the understanding of violence these types of institutions can and do perpetuate. Though much of my education has been within the four walls of a colonial classroom, I also hold the teachings of my family and cultures. I hold the learned behaviors of generations and generations of women who have been oppressed by hetero-patriarchal systems that taught them to hold their keys tight between their clenched hands when they walk alone at night. These same women taught me how to support people who are giving birth, use my voice, take care of a baby, listen to my body and trust my gut.

Although I was born in the heart of sacred traditional Sinixt Territory (Slocan Park), I did not learn of their existence until the third year of my undergraduate degree at Quest University Canada. During a course entitled Indigenous Governance, I met Eileen Dehanty Pearks, a settler woman who lived in Nelson and was studying the geography, history and culture of the Columbia River. I could not believe I had never even heard of the Sinixt Nation before, but as she told me about the Canadian Government's attempt to deem the Sinixt extinct, it started to make sense. In 1956, an Indian Officer of the Crown came to count the number of Sinixt people present in southern BC. He found no Sinixt members because they were at the southern end of their territory which resided within the colonial boundaries of Washington. He made his report to the government that no Sinixt members existed and until 2017 that is what the Canadian

Government held true. In the previous several years there has been an ongoing court case by the Sinixt V. the Crown for recognition and they have won multiple times. Slowly, the Sinixt are being recognized.

After I learned this violent history, I asked Eileen if she would be comfortable introducing me to her connections and friends in the Sinixt community and she agreed. I contacted prominent women of the Sinixt community and asked if they would be open to me doing my Undergraduate thesis on their experiences as Indigenous, Sinixt females who were deemed to not exist. They all said it was important work as they were in a pivotal period in their history. And so, over the course of 4 months I travelled around Washington and BC meeting and interviewing Sinixt folk who identify as women. The interviews I conducted turned into a collaborative book that featured common themes of isolation, disconnection, longing, reconnection and relearning that shaped their experiences and beautiful artwork illustrating their potent stories.

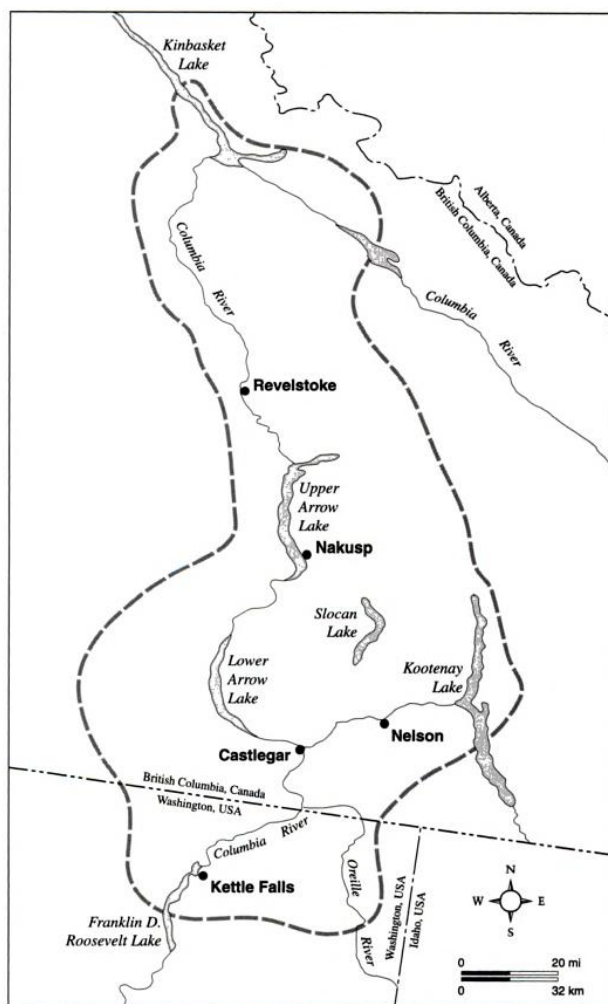
This type of decolonizing work is messy and uncomfortable and I believe that sitting in that discomfort and listening is integral to supporting meaningful work for Indigenous peoples. I am informed by my identity as a culturally and religiously Jewish person, and therefore I am connected to histories of both oppressing and oppression. I am inspired by relationships of meaningful solidarity between Jewish and Indigenous peoples such as the collaboration between Troy Twigg and Rivka Golani on *Two Ravens*, the story of a Jewish spirit and an Indigenous spirit interacting Western "Canada". There is also a history of Jewish lawyers working with Indigenous peoples on cases of land and recognition such as Rick Salter who worked on the Tlicho land claims case, Yukon Umbrella Land claims agreement, and the Little Salmon/

Carmacks Final and Self-Government Agreement. I am by no means equating the experiences of Indigenous oppression with experiences of Jewish oppression, but rather I am asserting that important meaningful work both can come from relationships of solidarity between these communities. Building relationships is at the core of decolonizing work and it is important to me that the Jewish communities that have settled on Turtle Island take an active role in decolonizing work. From both a religious and cultural standpoint, one of the central pieces of being Jewish is community and community-based work, project like the one I have done here supports my own understanding of Jewishness. It is vital that I am constantly holding myself accountable and asking myself “should I be doing this work, what is motivating this work and am I meeting the people I am working with where they are at or am I trying to push my own agenda”. I believe that for me to live and work as a birthworker on this land that is not mine, I have a responsibility to be supporting Indigenous birthing practices in whatever and whichever ways Indigenous birthworkers are asking me to. It is constantly my intention be able to take on labour when asked to do so that supports a decolonial birthing reality for Indigenous birthworkers and birthers. Within this project I am committed to being accountable to the the colonial histories that I come from whilst attempting to not centering myself within the project.

Why This Land

In honoring the inherent and felt connection between the Indigenous female body and the land (Maracle, 2012), it is important to understand why this work is being done on this specific land. During a course entitled Indigenous Governance at Quest University Canada, I began to learn about the Sinixt’s relation to the Columbia River and about the horrific extinction and

banishment of the nation in 1956 by the Canadian federal government and its “Indian officers”. I focused in on the court case for recognition, that had been ongoing for 10 years. Through academic and artistic (my work at the Nelson Touchstones museum) connections, I was introduced to a few Sinixt women. I knew I felt passionate about practicing an authentic, active and decolonizing allyship, I also knew that the Sinixt Nation deserved to be more meaningfully acknowledged and honored. However, I recognize the ways in which my intersectional identity as a non-Indigenous, white woman contributes to an existing power dynamic of colonization. I asked LaRae Wiley, a prominent educator at the Spokane Salish School, and Sinixt woman if she would like me to do this research and to use my educational opportunity, and she said yes. She told me that this was a very poignant and transitional time for the Sinixt community, and she thought this research would be powerful for Sinixt. In addition to the Sinixt nation, Nelson BC sits a top sacred territory of the Ktunaxa nation, whose land spreads all the east to what is now known as Calgary, AB and south into what is now known as Montana state, USA.



MAP 1. Sin-Aikst land area

xii

Figure 1: A map outlining the traditional territory of the Sinixt people retrieved from SinixtNation.org

The Ktunaxa Nation is comprised of elected officials from ʔakisq̓nuk, Yaqaṇ Nuʔkiy (Lower Kootenay), ʔaqam (St. Mary's) and ʔakinkumʔasnuq̓iʔit (Tobacco Plains) First Nation

Communities (Ktunaxa.org). The Ktunaxa territory stretches from southern BC across provincial borders into western Alberta and down into Montana, U.S. See map below.

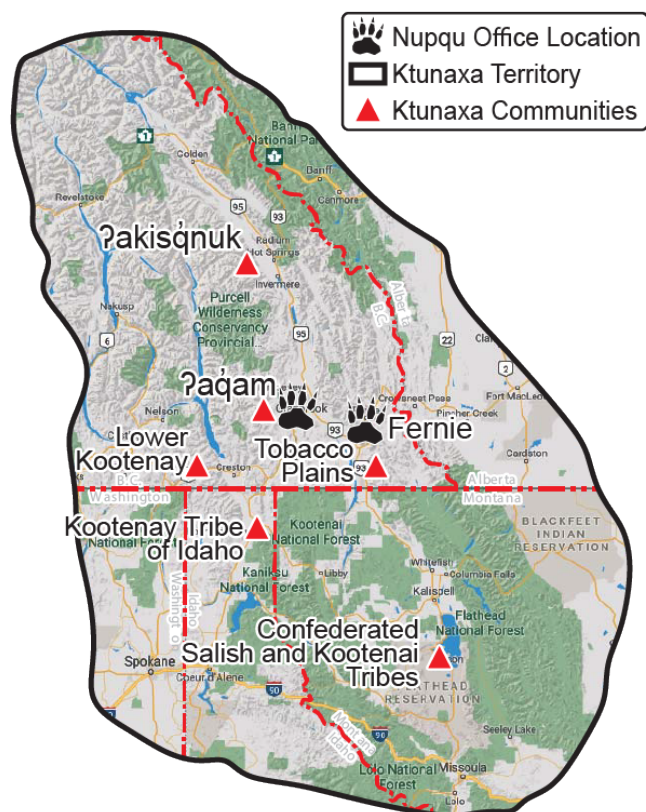


Figure 2: A map outlining the traditional territory of the Ktunaxa people retrieved from

nupqu.com

Chapter Two:

Theoretical Framework

I am using Jeff Corntassel's definition of Indigenous resurgence as "having the courage and imagination to envision life beyond the state," (2012). Earlier scholars such as Franz Fanon and late Secwépemc Chief Arthur Manuel inspired the academic work on Indigenous resurgence and the actualization of their work is driven and felt by community members. Although these two scholars took very different approaches to decolonizing work, they are tied by the face of the work itself.

"An Indigenous resurgence paradigm reframes decolonization by turning away from the state in order to focus more fully on the complex interrelationships between Indigenous nationhood, place-based relationships, and community-centered practices that reinvigorate everyday acts of renewal and regeneration." (Corntassel, 2021, pg. 2)

The work of Indigenous resurgence happens despite and in opposition to the states oppressive colonial rule and fuels decolonization. I use the term decolonization and not reconciliation due to the states manipulation of the terms reconciliation which has turned it into a hollow buzzword with no real felt impact for Indigenous communities. Chief Arthur Manuel states

"Many Canadians want to see reconciliation between the settlers and Indigenous peoples...Reconciliation has to pass first through truth, what is broken in Canada and the issue is not merely behaviour, but fundamental rights, our land right and the inalienable

right to self-determination” (Reconciliation Manifesto, 2017, pg. 56)

Decolonization is active and engaged and it centres the work and voices of Indigenous peoples. It is not performative or capitalistic but rather relational and connected. What can be truly transformative is decolonial relationships between Indigenous communities and allies.

“The “death of reconciliation” we are watching unfold may seem sad; arguably, Canada had an opportunity to build something new with a whole generation and instead they have proven that despite the land acknowledgments and talks of a “most important relationship” nothing has truly changed in this country” (Yesno, 2020).

This type of decolonial union is key for Indigenous birth resurgence to be fully actualized in all birthing spaces and especially in Western medical centres and hospitals. Rebuilding these relationships will not be easy or simple as they have historically perpetuated violence towards Indigenous bodies. “Rebuilding an inequitable and harmful relationship is not easy, but for the good of all our children - Indigenous and not - the hard work must begin” (Talaga, 2020).

Colonization and the impact on Indigenous birthing practices

In 1876, the Canadian government introduced the Indian Act. Enforced through the Department of Indian Affairs and its Indian Agents on the ground, this legislation gave the federal government almost total control of all Indigenous land and its resources, as well as over the rights of Indigenous peoples. The text of the Act consistently cites ‘good moral character’ as basis for deciding the benefits and rights of Indigenous peoples. Although all aspects of Indigenous peoples’ lives were affected by this Act, the traditional practices surrounding birth

and pregnant bodies were specifically targeted and oppressed.

Since colonial invasion, the Canadian state has specifically targeted Indigenous birthing knowledge and practices, as they counter dominant Western and medicalized notions of how pregnancy and birth should be practiced, and because of the inherent connection between pregnant female bodies and land.

From contact onwards, the violent process of settler colonialism targeted Indigenous female bodies and particularly reproductive practices. The oppression of Indigenous ways of knowing in regards to the female reproductive body was initiated and supported by white female settlers who were leading religious missions, uninvited onto Indigenous land,

“White women were out to destroy gender variance and fluidity, our knowledge of families, kinship, birth, birth control, sexuality, breastfeeding and attachment, and community parenting” (Simpson, 2017, pg. 97).

The stereotypes the Church and white women perpetuated about Indigenous females as irresponsible, unhygienic, unintelligent further resulted in a western medicalization of Indigenous birth,

“They were out to destroy our agency, self-determination, body sovereignty, and freedom and to contain us under the colonial hereto-patriarchy within which they lived and used to have power over us” (Simpson, 2017, pg. 97).

Indigenous reproduction became the target of a European medical dogma with birth being viewed as a medical prognosis.

Returning birth to the communal level also honors the connection between the female body and the land, which through settler colonialism has endured severe violence and

displacement. As stated at the beginning of this paper, the linkage between the female body and the land ties to birthing practices and is a crucial site of healing and resurgence. Katsi Cook, a Mohawk midwife, activist and advocate for Indigenous female health and the link between the female body and the land, writes:

“Woman is the First Environment. In pregnancy, our bodies sustain life. At the breast of women, the generations are nourished. From the bodies of women flows the relationship of those generations, both to society and the natural world. In this way, the earth is our mother, the old people said. In this way, we as women are earth.”

Sto:lo scholar, author and activist Lee Maracle in her talk *The Connection between Violence against the Earth and Violence against Women 2012* speaks to the inherent connection between indigenous bodies and the land, particularly female’s bodies that are reproductive and encounter increased amounts of violence, “There is a direct connection between violence against the earth and violence against [Females] Bodies,” (Maracle, 2012). Yet again, we see colonialism violating the bodies of Indigenous females not only through the biopolitics of sexuality and Christianization but also through land extraction and the ways in which settlers are harming and taking from the land. This biopolitics concept honors the many intersections between human biology and politics and therefore can be applied to Indigenous bodies that are pregnant and how they choose to birth. It is then clear how the female reproductive body connects to land which is centered within the larger project of decolonization as well as the connections between resurgence work in regards to bodies and reproductive health to the concept of Indigenous nationhood. The clear connection between the birthing body and the land calls into question the greater conversation of decolonization within Canada. This is especially observed in the words of

Arthur Manuel who is a foundational scholar and activist within the field of Indigenous Nationhood.

“In Canada, the primary force behind the status quo is colonialism. With regards to Indigenous peoples, colonialism is shaped by dispossession, dependency, economic exploitation and oppression” (Manual, 2017).

When we look at the intricate mechanisms that enforce colonialism, we realize in order to achieve the projects of decolonization our inputs need to be just as intricate and interconnected. This method requires a deep acknowledgment and honoring of the relationality between the environment and the body for Indigenous peoples.

As Hunt (2017) argues there is no separation between bodily freedom and territory freedom. Indigenous birthing traditions are centered in cultural teaching and ways of knowing and therefore were/are directly impacted by colonization and the Western ‘civilized’ belief systems that were driven by Christian dogma. The Western medical system certainly does not honour a land body connection as evident through rampant oppression of female bodies as well as the utter destruction of land for its economically valuable resources. Colonial “values” of the land and female bodies are opposite of that of Indigenous values and therefore can never fully comprehend the connection between the two as valuable, sacred and dynamic. In Western society, we are conditioned to treat the land as something to be explored, extracted and owned and in many ways this true of how many female bodies are treated. We are told to strive for owning private property and exploring uncharted areas. These views are not only laden with hubris, but are also completely contradictory to Indigenous people’s values.

Policies and laws are not created in a vacuum. Rather, they are often informed by common social dogma and religion, which are clear influences in some of the Canadian state's early laws and policies with regards to Indigenous peoples and specifically their health practices and rights. Sections 74-78 of the Indian Act specifically outline that Indigenous peoples cannot practice their own traditional religious practices and knowledges, which of course includes the practices surrounding birth and pregnancy. As stated by the first Canadian Prime Minister John A. Macdonald, the Indian Act's goal was/is to assimilate "Indians" into Western "culture" and belief systems as quickly and effectively as possible, all in the name of making Canada more "modern" and civilized,

"The great aim of our legislation has been to do away with the tribal system and assimilate the Indian people in all respects with the other inhabitants of the Dominion as speedily as they are fit to change." (Sessional Papers of the Dominion of Canada, 1887).

The rhetoric of the 'savage and uncivilized native' that has been perpetuated by settler colonialism, greatly affected Indigenous birthing practices – not only through the vicious control of Indigenous female bodies, but also through the dispossession of land and fragmentation of families. Indigenous birthing traditions are centered in cultural teachings and ways of knowing, and therefore were/are directly impacted by settler colonization and the Western 'civilized' belief systems that were driven by Christian dogma. I am using Eve Tuck and Wayne Yang's (2012) definition of settler colonialism as "different from other forms of colonialism in that settlers come with the intention of making a new home on the land, a homemaking that insists on settler sovereignty over all things in their new domain" (5). Thus, the "new domain" also included how females' bodies would be regulated especially in regards to pregnancy and birth, creating

tangibly felt negative outcome for Indigenous females, “an Indigenous [persons] experiences of pregnancy and its intersection with culture and colonialism extend directly into [their] birthing experience,” (Neufeld & Cidro, 2017, pg. 4).

The pregnant person became pathologized and pushed into the Western medical system where birth become a medical procedure both in the name of civilized modernity and due to ‘medical risk.’

“The concept of risk has been used by colonizers in many contexts to remove Indigenous people from their communities – a weaponization of medical discourse which extends to the medicalization of birth and the forced removal of women to give birth away from their community” (AOM, 2019, pg. 17).

The sanitization of pregnant people and their labour is in direct opposition to Indigenous birth practices, where Indigenous women occupied empowered social positions within their communities and had autonomy over their bodies.

“The state’s interference in Indigenous pregnancies and births, beginning with colonization, stole the autonomy of Indigenous women...instead, Indigenous women continue to navigate their experiences of motherhood under the constant unrelenting gaze of the state” (Cull & Simpson, 2017, pg. 141).

In the 1960s the Canadian federal government in alignment with the 1951 changes to the Indian Act, introduced a birth evacuation policy for Indigenous people in the north. Then in 1992 the Canadian federal government introduced the evacuation policy to all rural, remote and northern reserves to enforce both “the marginalization of First Nations pregnancy and birthing practices and the use of coercive pressures on First Nations to adopt the Euro-Canadian

biomedical model,” (Lawford & Giles, 2012, pg. 486) The policy particularly targeted rural, northern and pregnant Indigenous females. Currently, the policy is framed as wholly importing maternal care for rural, northern Indigenous females, however there has been no consultation with or input from First Nations in the policy about their own maternal health needs. Thus, began the legacy of “outside management of [Indigenous] women’s reproductive lives” (Jasen, 1997, pg. 396). The lack of Indigenous perspective on the policy is problematic and exposing that this blanket style policy is yet another colonial attempt to control Indigenous females. It is important to note that in some high-risk pregnancies evacuation is the best option, but many pregnancies and births could be accommodated in rural northern Indigenous communities if political energy was put into creating locally relevant and safe maternal care options.

The evacuation policy has great negative impacts on Indigenous peoples lives including cultural, social, emotional and psychological costs. (Brown et al.,2011; Chamberlain & Barclay, 2000; Kornelsen, Stoll & Grzybowski, 201; Olson, 2017). The policy also has economic pressures as many of the costs associated with the evacuation are not covered often forcing one of the parents to stay home and work. This economic pressure forces Indigenous females to birth alone causing social and cultural isolation, perpetuating negative effects on the entire birthing experience. Once in hospital care in southern cities, pregnant Indigenous females often experience racism from health care professionals. Often the negative experience in southern hospitals comes from misunderstandings “that are rooted partly in cultural differences in communication styles, medical beliefs, and values and partly in systemic racism and negative stereo types of indigenous peoples,” (Vang et al., 2018, pg. 1859). The misunderstandings are often perpetuated through hospital bureaucracy and the colonial structure of care. The

interactions between Indigenous pregnant females and their southern care providers is a powerful and potentially transformative space for Indigenous maternal care. Although many of the medical interactions have perpetuated racism and stereotyping, it has the potential to break down cultural and colonial barriers and change the narrative of western medical practices. Knowledge of Indigenous peoples' historical encounters with European colonizers in Canada and their experiences of forced separation (e.g., residential schools; see Truth and Reconciliation Commission of Canada, 2012) helps physicians to better understand her Indigenous patients' wariness toward non-Indigenous health care providers (Vang et al., 2018). Although this policy does not directly impact the communities I worked with, I include it as an example of the ways in which the Canadian state targeted Indigenous birth and the racism perpetuated by these policies and actions. Federal funding must be taken away from the birth evacuation policy and put into providing medical clinics in northern and remote communities and training Indigenous peoples in healthcare so they can provide both traditional healing and allopathic care options.

Reforming Birthing Practices

In order to transform medical interactions all health care professionals and policy stakeholders should firstly understand the colonial history of dispossession and displacement of Indigenous peoples and look to Indigenous birthing resurgence movements for accessible and meaningful ways to break down racism and colonialism within the medical space. This will require a trauma-informed approach in order to be accessible, accommodating and relevant. I am using the *BC Mental Health and Substance Use Services* definition of trauma-informed care, "Trauma is often closely tied to substance use, mental illness, stigma, health care access barriers,

and other challenges. Trauma-informed practice means recognizing this link, making sure that people feel safe and are not re-traumatized by their care,” (BCMHSUS). Because Indigenous peoples have had to endure such staggeringly high levels of trauma and intergeneration trauma enforced by the colonial state, a trauma-informed model will be a necessary foundation for pregnancy and birthing care.

Although medical interactions must be transformed, the biggest goal is to “bring birth home”. This goal became evident and explicit at the Indigenous Midwifery Summit held on February 12th and 13th 2019, where 126 Indigenous birth advocates came together to learn about Indigenous midwifery and the issues that Indigenous birthing is facing today within Canada. In a report put out by The Association of Ontario Midwives (AOM) after the summit, a central theme of “bring[ing] birth home” was identified and highlighted. The report centres the Truth and Reconciliation Commission 2015, which highlights 94 calls to action in order “to redress the legacy of residential schools and advance the process of Canadian reconciliation” (TRC, 2015). Although these calls to action were drawn in the name of Canadian reconciliation which as previously stated is but a hollow and action-less pursuit, the calls still hold significance and importance in regards to Indigenous people reasserting their individual and collective freedoms. The report also underscored two focuses framing the summit;

1. To support and sustain the restoration and renewal of Indigenous midwifery in Ontario through the growth of opportunities to train/educate new Indigenous midwives; and
2. To contribute to the Truth and Reconciliation Commission of Canada Calls to Action, specifically number 18: “We call upon the federal, provincial, territorial, and Aboriginal governments to acknowledge that the current state of Aboriginal health in Canada is a

direct result of previous Canadian government policies, including residential schools, and to recognize and implement the health-care rights of Aboriginal people as identified in international law, constitutional law, and under the Treaties.” (2019, pg. 5)

In order to fully understand the importance of the calls to action by both the TRC and the AOM summit, it is important to understand how healthcare professionals are given validity within the healthcare system in Canada. The ‘advancement’ of the medical field and profession in the West has laid out a clear path of education; you graduate high school, get an undergraduate degree in something hopefully biology-based, go through medical school and a series of residences, internships and stewardships, and you are then valued as a medical professional and capable medical doctor. For midwives to be accepted into the Western health system, they too must complete a degree in midwifery that essentially crams medical school and the principles of midwifery into 4 years at a university. These are the supposed clear and identifiable pathways to medical success and validation within settler society. For Indigenous birth workers, whether they are midwives, doulas, attendants, healers or knowledge keepers, training comes traditionally in a very different form: a hereditary passing of knowledge and apprenticeship-type education. Herein lies one of the main issues with this type of integration method of Indigenous birth practices into Western education. How do we value or legitimize Indigenous birthing education that hasn’t taken place within the academy? Frankly, it is the wrong question to ask because it is centering Western ways of knowing and further enforcing that Western medical education and practices are the baseline for legitimized care. ~~there~~ There are many possible versions of better questions, but ultimately, they all need to be centered in medical pluralism and mutual respect between Indigenous birth education and western birth education. In 1991 Ontario set into place a

policy that values both registered and non-registered midwives and allots them hospital privileges which was an attempt to create some medical pluralism between systems. The Ontario Midwifery Act of 1991 presents an exception clause;

Exception for aboriginal midwives

According to State 8 of the Exception Clause for Aboriginal Midwives;

(3) An aboriginal person who provides traditional midwifery services may,

(a) use the title “aboriginal midwife”, a variation or abbreviation or an equivalent in another language; and

(b) hold himself or herself out as a person who is qualified to practise in Ontario as an aboriginal midwife. 1991, c. 31, s. 8 (3).

Essentially what this Act states is that in Ontario, Indigenous midwives can legally work without registration with the College of Midwives of Ontario (AOM, 2019). This act thus creates space for Indigenous midwives within the hospital that can hopefully allow them to work with and be valued by the other Western medical professionals. This is an important and vital step because although birth in community at home is generally the goal of Indigenous birthing practices, there are common and frequent situations in which the birth must take place in the hospital. A report put out by National Aboriginal Council of Midwives in 2016 states,

“Another issue that was raised was the struggle to obtain hospital privileges in northern, rural, and remote settings, where some doctors and obstetricians have placed a cap on the number of births that can be attended by a midwife in the region” (NACM, 2016).

NACM offers very concrete and specific policy recommendations that call all levels of government to end the limited access to midwifery care in these more remote areas. The need for midwives specifically from Indigenous families is only growing, yet the limited access remains. NACM also calls for student loan exceptions for midwives in rural areas (an allowance already afforded to Western-trained doctors and nurses) and the provision of education programs to increase the number of midwives in more remote and rural areas of Canada. As previously stated, increased hospital access must also run parallel with bringing birth back to the communal level where Indigenous ways of knowing and birthing can be fully centered and actualized as “Acts of returning birth to communities and revitalizing Indigenous birthing practices affirm sustained resilience and strength, instead of a one-sided process of reconciliation” (Cidro & Neufeld, 2017).

Indigenous birth workers become agents of political and social change not only through practicing and asserting their rite and rights, but also by being active and engaged community members, “Many midwives are also very active on various committees locally, regionally, provincially, nationally, and internationally” (NACM, 2016, p. 21). It is evident that Indigenous birth workers are not only doing advocacy work on a grassroots level but also throughout committees and stakeholders.

“it is important to take into consideration the possibilities of an alternative form of governance of maternity care and midwifery in Aboriginal communities. Six Nations in Ontario, and the Nunavik midwives in Northern Quebec are excellent examples of how Indigenous governance of midwifery emerged from strong community visions for changing maternal health care.” (NACM, 2018)

The identified policy recommendations need to be taken seriously by the state to both ensure access to care for Indigenous families, and financial support for the initiative of bringing birth home to the communal level. Many Indigenous scholars have argued that the project of decolonization and reconciliation within Canada must centre land, “they must first respect and affirm our Indigenous rights to our lands before real reconciliation is even logically possible” (Manuel, 2017, pg. 203). Without centering land, reconciliation becomes as Dr. Taiaiake Alfred puts it “recolonization” therefore all the connections to land must be centered and honored within decolonial work. The work of Indigenous birth workers is vital, relational and foundational to honoring Indigenous peoples and traditional knowledge. The Canadian state must support the reassertion and resurgence of Indigenous birth practices both financially and politically: through the funding of Indigenous birth work, policies that support non-registered midwives, doulas and birth workers and an increase in community birthing centres that offer birthing space and Indigenous birth education for communities.

“We ask the government of Canada to measure the health and wellness of Indigenous Women, Girls and gender diverse people as an indicator of the health and wellness of the entire nation” From Women Deliver 2019 Nutsamaht: We are One, Our Voices, Our Stories. Indigenous Women’s Preconference.

My work continues to build on these existing themes in literature and attempts to look at real world applications beyond the academy and into the birthing room of Indigenous females. This work is a project of Indigenous birth resurgence, and as such exists at the intersection between body sovereignty literature and Indigenous resurgence literature. Hands on community work is already happening throughout the country by Indigenous birthworkers, advocacy groups and

organizations that are embodying the theoretical intersection between Indigenous body sovereignty and Indigenous resurgence literature.

Chapter 3:

Methodology

Over the course of several months I have interviewed seven different Indigenous birthworkers living and working on Sinixt and Ktunaxa territory. I used a snowball method as I connected with them through friends of friends from previous research and as I met a new birthworker they would exclaim “oh you have to talk to this person”. The organic way in which these connections were formed influenced the choice to use a podcast as a medium to convey this work. The interviews initially were planned to be in person, but due to the spread of COVID-19 the interviews had to be done over phone and video calls. The interviews were approximately 40-60 minutes in length and took place over the phone, Skype, Zoom and FaceTime. I then listened through the interviews and coded for common themes and sliced up the audio files to organize the common themes together. The reorganized audio files were then imported into Reaper a podcasting program and organized into 4 episodes. This research project is two-fold in its intentions; firstly, to highlight and honor Indigenous birth workers on Sinixt and Ktunaxa territory and secondly and to understand the embodied ways in which their work shapes their own political identities.

This research project is a culmination of both the academic and personal passions in my life. I am a doula and have been present at births my whole life. I am specifically inspired by the work of Indigenous birthworkers who are reasserting their traditional knowledge and ways of being through storytelling. Storytelling is the methodological foundation of this work that informs the semi-structured interview technique and the podcasting medium. Storytelling itself creates an interconnectedness between the storyteller and listener that asserts an Indigenous way

of being and learning. Sto:lo scholar Jo-ann Archibald/Q'um Q'um Xiim, asserts that “effective story work grows out of the actions of interrelatedness and synergy formed by the storyteller, the story, the listener and the context in which the story is being used” (2007, pg. 373). I attempt to honour this interrelatedness through the semi-structured interviewing process and the podcasting medium in hopes of better supporting synergy between the storyteller, the story and the context.

Recently, podcasting is gaining acceptance and popularity as a meaningful medium of academic research “Against this backdrop, academic podcasts have come to prominence as a medium of communication among scholars and with the public,” (Lustig, 2019, Pg. 123). The podcasting medium is simultaneously gaining the academy’s approval and breaking down its “ivory towers”. Academic work is moving from centralized to decentralized due to the accessibility of podcasting

“A podcast, technically speaking, is just a really simple syndication (RSS) web feed, a computer-readable format listing audio files that can be downloaded; these files, usually in MP3 format, can be hosted anywhere. Consumption, too, is also highly decentralized. Listeners are not limited to any one computer application, platform, or time of broadcast” (Lustig, 2019, pg. 125).

I choose the podcasting medium for all of its decentralized, accessible qualities, but also because it supports my main methodology of storytelling. Podcasting unlike the written word gives listeners the ability to hear the birthworkers stories directly from them.

The Podcast: *Birthing in a Settler State*

The podcast brings together the interviews I have conducted assuming a decolonial

feminist framework into a public format. This medium allows for accessibility and grounding through the voices of seven indigenous birthworkers. Each podcast episode is approximately 25-35 minutes in length and includes my own academic offerings alongside pieces of the interviews with the birth workers. The episodes are structured as follows.

Episode 1: The first instalment of the podcast offers up an introduction to the project, the land and the seven birthworkers involved. You will hear each birthworker introduce themselves and trace their connections and identities. They each offer up the story of how they were called to birthwork.

Episode 2: This episode engages with the realities of being Indigenous and birthing in a settler state. I introduce some of the theoretical framework that highlight colonized medical interactions and their effects on pregnant indigenous people. Each of the birthworker's engage with the ways in which colonization has affected their own access to teachings on indigenous ways of birthing. They reflect on how western medical interventions are affecting their indigenous communities today culturally, socially and politically.

Episode 3: In the third instalment, I dive deeper into the birth evacuation policy in Canada and what is happening for Indigenous pregnant people in the northern regions of this country. Furthermore, I explore how a policy like this impacts the personal, familial, and communal level and how Indigenous birth resurgence is responding. Each birthworker reflects on whether indigenous birth resurgence is felt in their circles and communities and what it could mean if it was fully actualized.

Episode 4: In the final episode, I offer up a review of the landscape of indigenous birth resurgence in Canada. I examine the shared grassroots and holistically focused nature of each organization, group and clinic. The birthworkers offer up what they want to see next for Indigenous pregnant people and the services that are provided to them. This episode is framed by the question: What would it mean to have birthing centres on and off reservation that offered culturally and medically safe and relevant care?

Although my thesis consists of a large written component, I am also using the podcast medium to produce a multi-episodic podcast that corresponds with each chapter of this thesis and highlights the voices and calls to action of Indigenous birth workers. The qualitative research portion of this project consists of semi-structured interviews, a popular and important methodology in acknowledging the inherent relationship of power between interviewer and interviewee, Indigenous person and settler. I am using Nicholas Clifford's definition of semi structured interviews "although the interviewer prepares a list of predetermined questions, semi-structured interviews unfold in a conversational manner offering participants the chance to explore issues they feel are important" (Clifford et al., 1995, pg. 117). This format allows the participants as much freedom as possible to convey their narratives, and to prevent the principle investigator (myself) from taking up too much discursive space. With this method, I interviewed seven Indigenous birth workers; doulas, maternal nurses, midwives and traditional birth attendants. These birthworkers reside all over Ktunaxa land, across provincial and international colonial borders. I provide a brief introduction to my respondents below:

Catherine Harper grew up on The Spokane Indian Reservation. Her mother is an enrolled Spokane Tribal member. After having two children with no interventions she decided to help other women do the same and went to trainings for a Birth Doula and a Childbirth Educator. She has attended many births and is always willing to talk and assist any momma that is looking for natural childbirth encouragement.

Chelsea Cross, of Cranbrook, BC, is a member of the Ktunaxa Nation, belonging to the Akisqnuq First Nation, located in Windermere, BC. Chelsea works for Ktunaxa Kinbasket Child and Family Services Society as the Early Years Team Lead, where she oversees the Regional implementation of the Aboriginal Infant Development, Aboriginal Supported Child Development, and Urban Aboriginal Early Childhood Development Programs.

Chelsea received her Birth Doula Certification in 2017 through Douglas College. This education has been paramount in guiding her team, as well working one-to-one, with Indigenous communities, parents, and parents to be in a supportive, informed, holistic, and culturally conscious manner.

Danica Parkin (Pila?sis) is a Sinixt / Sn̓čay̓čkstx and Irish-American woman who lives in Spokane, Washington. She is a Family Nurse Practitioner that currently works in Paediatric Primary Care. She completed her doula training in 2006 and has attended the births of friends and family. She loves being part of building a beautiful future for Native families through Indigenous Birth Justice, Salish language revitalization, and Community Care.

Erin Roulette is a Métis registered nurse working in Maternity and Paediatrics in Nelson, BC the traditional and unceded territory of the Sinixt, Syilx and Ktunaxa peoples. She is also the West Kootenay Indigenous Leadership Circle Rep for the BC Nurses' Union where one of her roles is to advocate for Indigenous rights in healthcare.

Jessica Stensgar is a baccalaureate prepared registered nurse born and raised in Eastern Washington. Her family comes from Inchelium, Washington. She is a descendant of the Colville Confederated Tribes. She was raised on the Spokane Indian Reservation, a place she calls home. Jessie has worked as a Health Educator for the Spokane Tribe, managing the IHS funded Special Diabetes Program for Indians, along with writing grants and developing programs to meet the needs of the Spokane Tribe and Reservation communities. Some of the grants included breastfeeding initiatives to improve maternal child health in the community. That work and support from her community pushed her to pursue her nursing degree. After completing a baccalaureate nursing program from Washington State University Jessie began working for Providence Health & Services at Holy Family Hospital on the Family Maternity Unit in Spokane. Here is where this passion became a career. Jessie loved working with families that would come from her community or any native community, it was a special bond for her and for the families. Those babies also became her babies, ones that she continues to support long after discharge from the hospital. Being someone from "home" or from the "rez" helped Jessie advocate for the family in the medical field, which is not always easy to do with historical mistrust of the medical community. Recently Jessie left the bedside to take a position to best meet the needs of her family, but her work with pregnant moms and new moms continues. She

has been a doula for friends, provides breastfeeding support via Facebook or text messaging. Jessie strives to continue to be a resource for her community for all things to support the maternal-child dyad.

Lisa Delorme is a Metis Registered Midwife. She was born in Saskatchewan, lived in Ontario and then moved to the Slocan Valley when she was eighteen. Her interest in midwifery started when she was a teen and grew from a passion for women's health and traditional healing practices. After giving birth and becoming a mother her understanding of the significance of this time for pregnant people and their families deepened and her commitment to providing informative, non-judgmental, empowering care grew. While her children were young she worked as a Doula, learning to provide emotional and physical support to labouring families. She also developed skills in herbal medicine and graduated in 2003 from Dominion Herbal College with a Chartered Herbalist Diploma. When her children were old enough she began her midwifery education and graduated in 2013 with a Master of Science in Midwifery from Bastyr University. The next year she graduated from the International Pre-Registration Program and began practicing as a Registered Midwife.

Toby Douglas has had the honour and privilege of being a Registered Midwife in Alberta for over 20 years. She is a proud Sioux woman from Muskowpetung First Nation. she knew from a young age she was meant to attend women in labour and walk alongside them in their journey to motherhood. Pregnancy and Birth brings forth one of the most transformative experiences life can offer. She is an owner of Briar Hill Midwives in Calgary Alberta serving Calgary and

surrounding area as the longest established practice in Southern Alberta. She was co-creator and owner of Four Directions Midwifery in Calgary from 2018-2020 serving Indigenous women and families.

Chapter 4:

Discussion of Findings

Before diving into the interviews findings, I want to come back to Danica's experience of indigenous birth resurgence and what that meant for her as an Indigenous female:

“I had both of my babies at home and with a midwife, and my mum did the same thing with my brother and I with a midwife. I think that fits with being Lakes, because it is really easy in that situation to be like, ‘yes this is what my ancestors did, they were with other women and they did this without medication or drugs and they had faith in their bodies and were able to go to a space where birth was normalized,’ and it is just something you do. I think having those pregnancy and birth experiences also brought me closer to my culture in thinking about my ancestors and some of the ways things used to be, and then thinking about what I want for my children and who I want to be as a parent.”

From the interviews, I identified three common themes, firstly, all of the birthworkers had to search very hard to find teachings on birth in their communities, and often came up with little information. Secondly the birthworkers had to go through Western institutions to obtain their titles and rights as birthworkers and finally that they have witnessed how transformative and empowering connecting to Indigenous birth practices has been for themselves and their clients.

The impacts of colonization on sacred cultural teachings was so thorough and violent that many of the birthworkers were met with shame from their families when trying to search for

birth resources. “one of the biggest things that happened was birth was taken out of the home and into the hospital” (Danica Park). Their families often had nothing to share or still felt too much shame put on them by colonization to share. There is also a shame present for those seeking the traditional knowledges, “there is a big barrier between people who want to reach out to find out more traditional information but because of the way that it is delivered there is still this underlying judgement, hatred and negativity towards the person not already knowing” (Chelsea Nicholas). Although this disconnection was difficult, it did not stop any of them from responding to their call to birthwork.

Secondly, many of the birthworkers pursued Western academic training and then built connections with multiple Indigenous communities in an attempt to center their ways of knowing and birthing. They had to go through Western Eurocentric ways of knowing in order to get “qualifications” and jump through institutional barriers in order to be able to exist in the world of birthwork. Still, the Western medical system requires specific hoops to be jumped through in order for any type of birthworker to have hospital privileges. This is enforcing a violent dynamic in which Indigenous birthworkers are being forced to learn the ideals of their oppressor in order to support their community members in all aspects of birth. As they continued to practice and connect with Indigenous communities and clients, their work, passion and activism have grown as well.

Finally, each of the birthworkers expressed that they believe Indigenous birth resurgence does and can empower Indigenous families in a profound way. It means having culturally and medically safe and relevant care whether it is in the home, a birthing center or the hospital. Chelsea Nicholas noted that Indigenous births resurgence would also help “Indigenous people

reclaim their sense of identity and belonging which is very severely lacking with a lot of people because people are hurting and they are turning to substance and risky ways of life and this resurgence could help mitigate that”. Although, as mentioned above, a lot of traditional birth knowledge is lost, there is still important pieces as well as an inherent ancestral tie to those traditional ways of being, Toby Douglas voiced that “we have to remember that when colonization first occurred, the first midwives or whatever you want to call them were here on the land and they in fact did help some of those settlers have their own babies. So, it is really reclaiming that and reminding the nations of the powerful information that they have”.

These three themes are explored further in the podcast, where each of the birthworkers share stories that expand on these shared themes and experiences through storytelling.

The birthworkers who reside on the Sinixt and Ktunaxa territory within the colonial borders of the U.S all observed that the members in their communities are leaving the reservation to birth. In the U.S many of the Indigenous population are living on reserve, but there are currently no maternal or reproductive services on Sinixt or Ktunaxa reserve land. This is causing yet another displacement for Indigenous people who are leaving their homes and communities and traveling to more metropolitan areas to birth in a hospital. One birthworker who currently resides in Spokane WA, shared that when she speaks to pregnant Indigenous females on reserve she found that they have a lot of fear around birthing at home or without medication even though that’s what their ancestors have always done. Exposure to colonial standards of birth and health have caused Indigenous females to distrust their bodies which is based on the fact that they are not rooted in their body. And so, a big part of Indigenous birth resurgence needs to be supporting Indigenous females to reconnect with and trust their bodies, their strength and their teachings.

This reconnection will look different in depending on the community, but in general it will take a relearning of the female Indigenous body from the perspective of their own Indigenous teachings as opposed to the colonial western views of female bodies.

Throughout the theoretical and interview stages in this project it has become abundantly clear that order to challenge and shift the very real negative effects of colonial birth practices, we need to use a holistic and multi-layered approach that involves multiple stakeholders. The following figure clearly depicts the relational layers needed.

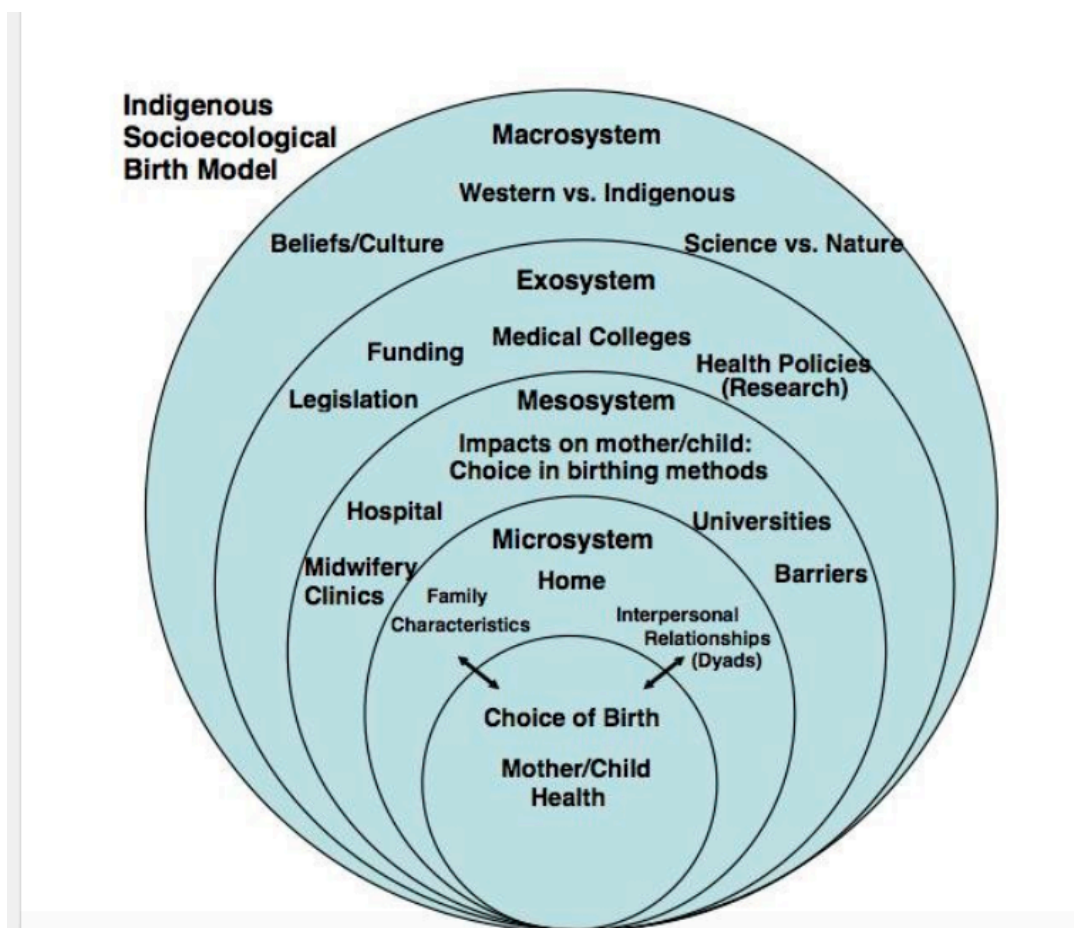


Figure 5: Indigenous Socioecological Birth Model created by Erika Fine stone and Cynthia Stirbys

The information my participants revealed fit into this model quite seamlessly.

The model starts at the individual level with the Indigenous female being empowered to reach out for cultural teaching on birth and gaining trust in their bodies. From that point, there needs to be respectful and communicative partnerships between medical and cultural stakeholders in order for the Indigenous pregnant person to experience a culturally and physically safe birth. Subsequently, the other parallel piece is that the work and activism Indigenous birthworkers are doing on behalf of their Indigenous clients and communities is informing their own identity and experience as Indigenous peoples. The model contextualizes the unique experience of Indigenous birth within the larger discussion of Indigenous labour, pregnancy and parenting within a settler state. The physical illustration of medical pluralism required for successful Indigenous birth is clearly a contrast to that of the pathologized western birth model. Finally, we see the clear interconnectedness required for Indigenous birth to exist in a settler state.

As stated at the beginning of this thesis, I set out to engage with the following research questions:

- 1. What are some of the colonial challenges for engaging in Indigenous birth practices in communities?*
- 2. How are Indigenous peoples overcoming these challenges amidst a resurgence of Indigenous birthwork?*

In order to answer these questions, I dove into the canon of Indigenous resurgence literature and Indigenous feminist theory to inform my theoretical framework. The scholars that I engaged with heavily informed the way that I structured my original qualitative research,

including the semi-structured interview technique, interview question development and the podcast medium. Every interview was a unique experience much like every birthworker that I connected with. However, as stated in the discussion section, there were several commonalities between the birthworkers in both their personal and professional experiences. What came as a surprise was that although I came into this work ready to dive into the impacts of the resurgence of Indigenous birthwork, many birthworkers expressed that they felt that Indigenous birthwork resurgence has not been fully realized. They noted that with the Indigenous language revitalization movement they have seen tremendous growth and support, but that when it comes to Indigenous birthwork there is not the same involvement or commitment yet. Because there is so much work to be done in order for Indigenous birth practices to be honoured and actualized, doing this type of work has become a huge part of these birthworkers identity, politically and otherwise. They are the frontline workers seeing the impact their services have on Indigenous families. Furthermore, the birthworkers are acting as political advocates and mediators between the various stakeholders involved in indigenous reproductive care in a colonial state. *The Indigenous Socioecological Birth Model* makes explicit how many layers and stakeholders are involved in offering indigenous birthers care that is culturally and physically safe and relevant. This work is inherently radical and requires the connectedness that Indigenous birthworkers are providing. The podcast medium can take this research in a more accessible and transformative direction. By being able to hear the voices of the birthworkers telling their stories, the audience can clearly understand both the vitality of this work and their passion for it. As Indigenous peoples, the birthworkers are rooted in a tradition or oral history which is better realized in a

podcast format. The vitality of their passion and belief cannot be captured in a traditional academic paper.

Conclusion

This work aims to support a decolonial birthing reality for all Indigenous females, however it also acknowledges the ongoing, violent, colonial reality that exists and that Indigenous females are birthing in. For decades, Indigenous birthers and families have been targeted by the most violent parts of the Western medical system; the concept of medical risk has allowed the state to displace Indigenous birthers and their families out of their communities and into medicalized care simply because they are Indigenous. The inherent connection between the land and the Indigenous female body has been severed through hundreds of years of resource extraction and the extreme medicalization of the reproductive Indigenous female body. The seven birthworkers I interviewed shared their experiences of struggling to find any traditional birth teachings in their communities and being railroaded (forced to move) through Western Eurocentric institutions to receive qualifications in order to practice birthwork within their communities. Finally, these experiences of struggle, relearning and resurgence informed their own political identity. These themes are further explored in the podcast, where the birthworkers offer up their experiences of these themes in their own voices. This work is an attempt to fill the gap between Indigenous body sovereignty and Indigenous resurgence work. The intention is that this work is trifold: it identifies the harmful impacts of colonization on the Indigenous female body and Indigenous birth practices, it highlights the intricate layers of interaction between the multiple stakeholders involved in birthwork and hopefully it can lead to a fully realized Indigenous birth resurgence

within “Canada”. Moving forward, this intersection of Indigenous resurgence and body sovereignty in regards to birth, will should be explored and critiqued. Fundamentally, if this work can contribute in any way to transformative policy change and an increase in advocacy for Indigenous birthers it has been successful. In the wake of unearthing mass graves at residential schools, politicians campaign on commitments to Indigenous peoples and academic institutions including Indigenous politics programs, now is such an important time for continued collective action that enforces Indigenous resurgence in all its facets and Indigenous birth resurgence is one of those crucial facets. In the words of Anishnabe scholar Leanne Simpson “Indigenous futures are entirely dependent upon what we *collectively* do now” (2017, pg. 246).

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Appendix A: Letter of Recruitment

Dear _____

Thank you for allowing _____ to pass on your contact info to me.

My name is Rivka Landsberg and I am a settler from Sinixt and Ktunaxa territory. I have started my masters in Political Science and Indigenous Nationhood at The University of Victoria under the supervision of Dr. Jeff Corntassel. For my thesis, I am conducting qualitative research, connecting with Indigenous women, Two-Spirit and non-binary people who are birth workers or who have used Indigenous birth workers. I am focusing on these voices because of their historic role within Indigenous communities as birth workers and advocates for reproductive health. I believe these voices are still very underrated and were restricted from being a part of the larger dialogue of decolonization and Indigenous resurgence. In the words of Nishnaabeg scholar and author Leanne Betasamosake Simpson "A large part of the colonial project has been to control the political power of Indigenous women and queer people". The reason for this place based focus is both because of my responsibility as a settler born on Sinixt and Ktunaxa land (currently living on Lekwungen and WASNEC land) and because of the lack of Indigenous focused pregnancy and birth programs and services. The scope of the research is within the Pacific Northwest because it is so often deemed and seen in the mainstream community as being politically progressive and honoring of indigenous nations. Therefore, this is an opportunity to illuminate performative allyship and the vast amount of colonial narratives and agendas that are still being enforced. More specifically I am focusing on Sinixt and Ktunaxa land because these are vastly underrepresented nations in research and it is the land I was born on.

Firstly, I am hoping to get your opinion on if this is valuable work? As a non-Indigenous person, It is very important to me that this research is centering Indigenous voices and actually useful/helpful/important for Indigenous peoples.

If you do believe this research is worthwhile then I am wondering if you would be interested in sharing your experiences with me for my project that would be featured in a multi-episode podcast produced independently by me- This would entail a 20-30 minute interview either through Zoom or over the phone. The interview itself would be semi-structured meaning that it is open to what you wanted to share and center.

I look forward to hearing from you and thank you for the work you do.

Best,

Rivka Landsberg

Jeff Corntassel



**University
of Victoria**

Participant Consent Form

Study Name: Bringing Birth Home: The Resurgence of Indigenous birthing practices and its impacts on political sovereignty.

You are invited to participate in a study entitled **Study Name: The Resurgence of Indigenous birthing practices and its impacts on political sovereignty. Conducted by Rivka Landsberg**

Rivka Landsberg is a graduate student in the department of political science at the University of Victoria and you may contact her if you have further questions by email: rivkaglandsberg@gmail.com or phone number: 250-505-6720.

As a graduate student, I am required to conduct research as part of the requirements for a degree in political science with a graduate certificate in Indigenous Nationhood. It is being conducted under the supervision of Jeff Corntassel. You may contact my supervisor at 250-721-6491 or ctassel@uvic.ca.

Purpose and Objectives

This research asks how the resurgence of birthing practices informs political sovereignty for both the birth workers and those using Indigenous birth workers. I am reaching out to indigenous self-identified women, non-binary and Two-Spirit people who are birth workers and those who have used birth workers. I am focusing on these voices because of their historic role within Indigenous communities as Indigenous birth workers, community leaders and important political voices. I believe these voices are still very underrated and were restricted from being a part of the larger discussions of decolonization and Indigenous resurgence in Canada.

Importance of this Research

This research examines the ways in which colonization oppressed Indigenous Birth workers and their traditional practices, and the current resurgence of Indigenous birth workers. The hereto-patriarchy values that are foundational to colonization, targeted and controlled women's bodies, particularly in regards to reproductive practices. To conduct this research, I will interview Indigenous self-identified women, non-binary and Two-Spirit people living in on Sinixt and Ktunaxa territory who are Indigenous birth workers or who have used Indigenous birth workers, about their experiences as

Indigenous birth workers and the ways in which their work has informed political sovereignty. I am intentionally choosing to focus on women's, non-binary and Two-Spirit voices because of the traditional role of those identities within reproductive practices.) The location of this research takes place on the land of the Sinixt and Ktunaxa specifically within the colonial borders of British Columbia and Washington. The reason for this place based focus is both because of my responsibility as a settler born on Sinixt and Ktunaxa land (currently living on Lekwungen and WASNEC land) and because of the lack of Indigenous focused pregnancy and birth programs and services.

Participants Selection

You are being asked to participate in this study because of both your identity as an Indigenous women, Two-Spirit or non-binary person and because of your experience/ position as an Indigenous birth worker or person who has used an Indigenous birth worker. You have been selected because this study is aiming to highlight your voice and experiences and voices like yours.

What is involved

If you consent to voluntarily participate in this research, your participation will include being asked questions about your experiences as a birth worker or working with an Indigenous birth worker and how it broadly connects and related to Indigeneity and Indigenous resurgence. This interview can be over the phone or through Zoom ~~in person~~ at your discretion and will be approximately 20-30 minutes in length. The interview will be recorded with a voice recorder. The interviews along with my own scholarly research will be created into a multi-episode podcast, produced independently by me and publicly available via website.

Inconvenience

There are no foreseen inconveniences to this study.

Risks

This study may cause discomfort for some of the women because I am asking participants to be vulnerable and am asking questions about self-governance and Indigenous politics. These questions could allow for past traumas to be explored, which could be potentially emotionally triggering. There is also a possibility for emotional responses to questions such as risks of embarrassment and discomfort. In order to respond to these potential risks, I will be available to process or do any kind of conflict resolution (I have my mediation/conflict resolution certificate and have lead peer support groups for 5 years), I will also have available the contact for a local female counsellor and a trauma hotline number. The PI (Jeff Corntassel) will be contacted whenever safety or protocol concerns are raised by the participants and will be engaged through email initially followed by face-to-face or phone interactions to address the concerns. The PI will act to ensure safety protocols are followed and that accountability to community/participants is upheld.

Benefits

This is an opportunity to highlight indigenous women, Two-Spirit and non-binary voices and unique lived experiences. I am justifying the risks of this study because of the lack of accessible narratives that highlight Indigenous women, Two-Spirit and non-binary people speaking to their experiences as Indigenous birth workers, and the importance of their work. The work of voices of Indigenous birth resurgences is vital in the larger narrative of decolonization.

Compensation

There is no monetary compensation for participants of this study.

Voluntary Participation

Your participation in the study is completely voluntary and you may choose to stop participating at any time. You may also choose to not consent to the use of your interview as part of the podcast.

On-going Consent

To make sure that you continue to consent to participate in this research, the semi-structured interviewing technique will also ensure ongoing consent as the questions are only proposed and the participant has complete power to refuse to answer any questions or take the conversation in a different direction. I trust this method will give participant continuous agency to share as much or as little as they feel comfortable with. You may decide at any point that you would like specific parts of your interview or the whole interview to not be used in the podcast, with no negative consequences. The participant will have the opportunity to preview the podcast before it is shared publicly. If any information is not represented properly or decided to be private and not publicly shareable I will re-edit it out of the podcast and send back the revised version for their consent before it is publicly available.

Anonymity

If you would like your identity to remain anonymous in the podcasts you have every right to do so. You can state whether you want to have your voice used and a pseudonym used or not have your voice used at all. This measure is being put in place to address the close-knit aspect of smaller nations and communities and that likely the participant's voice could still be recognized even if using a pseudonym.

Confidentiality

Unless you choose otherwise, you will be identified by name in the audio recording. All information you supply during the research will be held in confidence and unless you specifically indicate your consent, your name and other identifiable characteristics will not appear in any report or publication of the research. Data will be collected using a USB audio recorder that will be encrypted, your data will be safely stored in a locked and only I will have access to this information. The USB will be encrypted meaning that when the USB is inserted into a computer it will require a password only I will have, in order to see audio files. Audio files, and transcriptions of the files will be returned to you

at the conclusion of this study. Confidentiality will be provided to the fullest extent possible by law.

Withdrawal from the Study:

You can stop participating in the study at any time, for any reason, if you so decide. Your decision to stop participating, or to refuse to answer particular questions, will not affect your relationship with the researchers, The University of Victoria, or any other group associated with this project. In the event you withdraw from the study, all associated data collected will be immediately destroyed as soon as possible.

Disposal of Data

Once the podcast has been finalized, data will be give over to your nation and my copies will be destroyed.

Contacts

Individuals that may be contacted regarding this study include Rivka Landsberg and Jeff Corntassel, please see the start of the consent form for contact information.

In addition, you may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Human Research Ethics Office at the University of Victoria (250-472-4545 or ethics@uvic.ca).

Your signature below indicates that you understand the above conditions of participation in this study, that you have had the opportunity to have your questions answered by the researchers, and that you consent to participate in this research project.

Please check one of the following options;

- 1)Wish to remain anonymous without the use of their voice on the podcast
- 2) use a pseudonym with their voice on the podcast
- 3) be fully identified with their voice on the podcast

Name of Participant

Signature

Date

A copy of this consent will be left with you, and a copy will be taken by the researcher

Appendix C: UVIC Ethics Approval

ethics@uvic.ca

Tue, Mar 31, 2020, 5:24 PM

to dhamoonr, me, ctassel

Dear Rita Dhamoon and research team,

The following application requires revisions before approval:

- Principal Investigator: Rita Dhamoon
- Project Title: Bringing Birth Home: Revitalizing Indigenous Birth Practices on Sinxt and Ktunaxa Land
- Protocol Number: 19-0397
- Status: Submitted for review of revisions

Comments from Human Research Ethics Office

Dear Rivka Landsberg and Jeff Corntassel, Thank you for submitting your revisions. Due to the Covid-19 pandemic, on and off-campus research involving in-person activities and interactions has now been suspended effective March 20, 2020, until further notice. You have options with respect to your study. Please see your Notice of Ethical Review for important information regarding your study and the attached guidance document, "COVID-19 Human Ethics Bulletin 1, March 23" for further information. Kind regards, Kenna Miskelly, Research Ethics Facilitator

Action required

Please review the [Notice of Review](#) and resubmit the application with your edits.

Sincerely,

The Human Research Ethics Board

Appendix D: Interview Questions

1. Could you tell me a bit about yourself, what nation you come from and your history and what knowledges inform you?
2. Could you tell me about when and how did you first become interested in Indigenous birth practices?
3. Could you tell me about the ways in which colonization has specifically impacted the birth practices of your nation of community?
4. Could you tell me what it means for you to practice indigenous birthing practices? How does this inform you identity?
5. Do you feel there has been a resurgence of indigenous birthing practices?
6. Could you tell me about what you believe the impact of the resurgence of Indigenous birth practices has?
7. Could you tell me about how Indigenous birth practices informs your/your community/ nations political sovereignty?