



IN HER CIRCLE

The influence of the COVID-19 pandemic
on Indigenous Women's Health in BC



BC WOMEN'S
HEALTH
FOUNDATION



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Gift Bundle

A WINDOW INTO THE CIRCLE

The BC Women's Health Foundation and Reciprocal Consulting are honoured to partner to uplift the voices of Indigenous women across BC who shared their experiences about the state of their health and their shifting health priorities during the COVID-19 pandemic within the pages of this report.

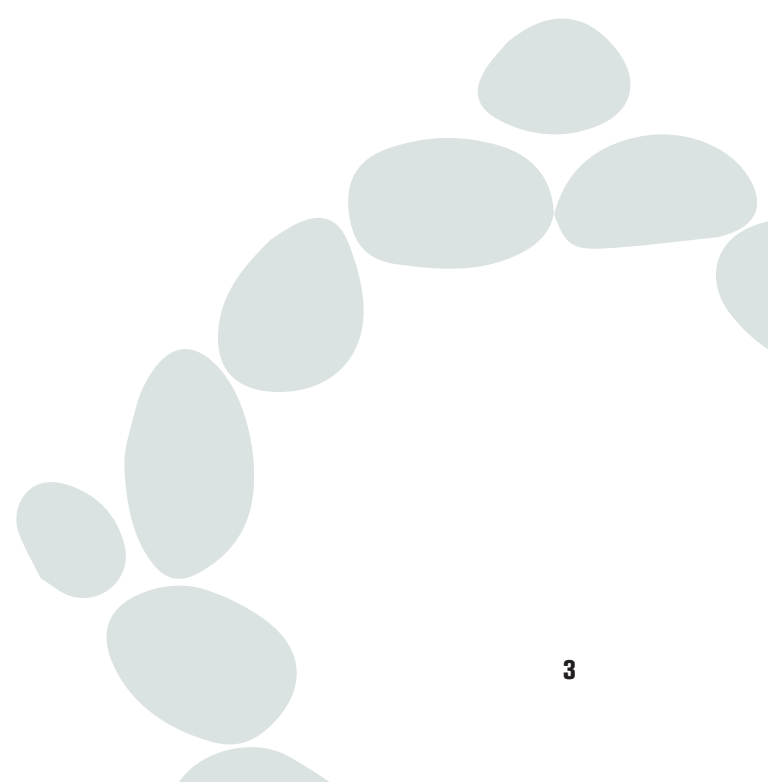
Narratives of Indigenous women are rooted in nature, as is this report, which weaves in metaphors of seeds, stones and cement.

The **seeds** represent growth and opportunities for women's health, including the resiliency of women adapting to the shifting landscapes brought by the COVID-19 pandemic through decentralized services, virtual care, shifting into survival mode, and decreasing self-prioritization to root themselves in their roles as caretakers of the family and communities.

The **stones** represent barriers to well-being, including reduced access to mental healthcare, medical services and support services, difficulties in using virtual services as a suitable means of care, increased rates of violence, and a loss of connection and community, which is essential to their health and well-being.

Laid **cement** represents the systemic or societal barriers that impact Indigenous women's health and have been compounded by the pandemic, including extended wait times, particularly in rural communities, disrespectful care by healthcare practitioners, and the racism and pervasive discrimination inherent within the healthcare system, thereby threatening Indigenous women's safety.

In reflection of these shared experiences and those shared for the BC Women's Health Foundation [In Her Words report](#) (2019) and the [In Plain Sight report](#) (2020), clear recommendations are articulated in a Gift Bundle of recommendations (on page 26) that represent actions we need to take to enable the cement to be broken, the stones to instead create space for seeds, and Indigenous women to flourish.



Marlene Brant Castellano Quoted an Elder who said:

*“if we have been researched to death . . .
maybe it’s time we started researching
ourselves back to life.”¹*

ACKNOWLEDGEMENT

We acknowledge with gratitude that the BC Women’s Health Foundation carries out our work on the traditional, ancestral, and unceded territory of the x^wməθk^wəyəm (Musqueam), Swwú7mesh (Squamish), Stó:lō and Səlilwətaʔ/Selilwitulh (Tsleil-Waututh) Nations. As uninvited visitors, we must acknowledge the history of the spaces we occupy and the ongoing effects of our presence. We thank the Indigenous communities who are allowing us to carry out our work on their lands.

CONTENT WARNING

The following report covers topics including but not limited to colonial violence, gender-based violence, and substance use. The information and material presented here may trigger unpleasant feelings or thoughts. The [KUU-US Crisis Line Society](#) provides a First Nations and Indigenous specific crisis line available 24 hours a day, seven days a week, toll-free anywhere in BC at 1-800-588-8717.

Cover Illustration

Title: stútúlá (Ancestor(s), clan, family, origin(s)) by Margaret August

This design is a symbol of Indigenous Women, who are the leaders in our communities.

Women prosper when they are held up and supported. In turn, this helps our communities flourish as a whole as women play central roles in decision-making. Empowering Indigenous women to embrace their traditional and significant role in their communities is an invaluable investment lasting for generations to come.

¹. Brant Castellano (2004). *Ethics of Aboriginal Research. Journal of Aboriginal Health, 98-114.*

INTRODUCTION FROM THE BC WOMEN'S HEALTH FOUNDATION

The COVID-19 pandemic has upended the lives of everyone, extending beyond the direct health effects to those infected, those who died, and their immediate families. The necessary public health measures implemented to reduce the spread of the virus will continue to impact healthcare, education, the economy, and many other aspects of society, including employment and social interactions.

Yet the effects of these consequences have not been felt equally.

Recognizing the barriers to access, rates of chronic illness, and high levels of racism experienced by Indigenous women before the pandemic (explored in the [In Her Words](#) and [In Plain Sight](#) reports), we are honoured to partner with Reciprocal Consulting to amplify the voices of Indigenous women in this moment.

Within this report, [Reciprocal Consulting](#) uncovers Indigenous women's experiences during the

pandemic; their stories of isolation, of access issues, of resilience, and of community - and provides recommendations for a future where Indigenous women have equitable access to high-quality healthcare when, where, and how they need it.

This report forms part of our [Unmasking Gender Inequity](#) series and marks an important commitment by the BC Women's Health Foundation to actively prioritize Indigenous women's health and operationalize the recommendations within. Join us on the journey.

IN PARTNERSHIP WITH



RECIPROCAL
CONSULTING

BC WOMEN'S
HEALTH
FOUNDATION



OPENING THE CIRCLE



Elapsed Time by Margaret August

This design was inspired by an original painting done by the artist. This design is characterized by the Coast Salish Crows. The crow is akin to raven. Therefore, what applies to raven, also applies to crow. It is said the message of crow is better understood at the intuitive level. They are the guardians of the void of the Great Spirit, where there is no structure and constant change.

INTRODUCTION FROM RECIPROCAL CONSULTING

The Reciprocal Consulting research team acknowledges and holds our hands up to the Indigenous women and Two-Spirit (2S) folks who generously shared their stories and resilience for this project during such a difficult era in our collective lives.

This report includes narratives woven together from the stories gifted to us during virtual circles and interviews with 43 Indigenous women in November 2020. Conducted either online or by telephone, these virtual circles and interviews were conducted to better understand the state of Indigenous women's health and the shifting health priorities of Indigenous women during the COVID-19 pandemic. Stories were shared from all health regions of BC.

This report is a companion to the research we conducted in 2019 for the BC Women's Health Foundation to better understand the state of Indigenous women's health and Indigenous women's health priorities. Included in the report [In Her Words: women's experience with the healthcare system in BC](#) were learnings from a total of ten focus groups hosted in all five health regions, with a total of 62 Indigenous women participating and sharing their stories. We build off of the previous findings within the context of the COVID-19 pandemic. Also referenced are the stories shared within the In Plain Sight report released in November 2020.

We want to acknowledge the limitations of language within this narrative presented below, Indigenous women will refer to all those who participated in this virtual circle, including Two-Spirit individuals. For reasons of confidentiality, the gender identities have not been disaggregated in our presentation of the findings. However, we do strongly advocate for the disaggregation of gender identity data for the self-determination and wellness of Two-Spirit beloved individuals.

“I know many elders who will absolutely refuse to go to healthcare.

They [would] rather die than access care... this is because of their past trauma.”

- participant for In Her Words: Women's Experience with the Healthcare System, October 2019

WHAT INDIGENOUS WOMEN SHARED ABOUT HEALTHCARE DURING THE COVID-19 PANDEMIC



Warrior Love by Margaret August

Warrior Love was inspired by the role Indigenous women and Two-Spirit people play in communities. Indigenous women are the pillars. They teach us to be in connection to the earth, and in our hearts. They represent the healing qualities we have within ourselves, and their existence is a gentle reminder that we possess the ability to holistic healing.

SEEDS AND STONES

It is not a foreign concept to the Indigenous women of BC that the land holds Indigenous teachings—the land is our home. The relationship to the land is one that goes back long before us and will be here long after us. The stories that were generously shared will be represented in relation to the land. When considering the health experiences of Indigenous women in BC, we invite you to explore the teachings the land has to offer through the metaphor of seeds and stones.

Seeds are the planting of new ideas: our Elders have taught us the high amount of respect required when handling the gift of plants Mother Earth can offer us, alongside their many teachings. These seeds may represent the growth and opportunities for Indigenous women's health. When considering the seeds that flourish despite laid cement, we invite you to consider the resilience of the land, and of the Indigenous women in BC.

Stones may be helpful or hindering depending on their location: our Elders have taught us they hold the power to reject changes and can prevent the growth of seeds. These stones may represent the barriers to accessing care for Indigenous women in BC. However, stones that are deep in the soil can create space for nourishing the seed to flourish. Laid cement represents the systemic or societal barriers that impact Indigenous women.

Please consider the seeds and stones when reading and listening to the stories of Indigenous women in BC and hear their voices in your mind, body, heart, and spirit while exploring their experiences. Our Elders have taught us that when teachings are laid at our feet, it is our job to pick them up.

STATE OF THE SEED

IMPACTS ON HOLISTIC HEALTH



Fresh Start by Margaret August

The story of this piece is symbolized when flowers bloom. Some bloom earlier in the season, while some bloom later when they are ready to do so. When we allow them to grow on their own time and space, the growth becomes the most beautiful thing to witness. Somehow, this resonates with me, for us human beings too.

In the biodiversity of plants, there are known factors that threaten the ability of plants to thrive, ranging from natural to human causes. Like plants, society too has experienced factors that have threatened our ability to thrive with the COVID-19 pandemic. The pandemic has presented significant challenges in life that threaten the holistic health of Indigenous women in BC.

Many Indigenous women spoke about changes to services and supports because of the COVID-19 pandemic, explaining there is limited access to mental healthcare, medical services, and other health-related programming, including face-to-face appointments. They explained that the lack of in-person appointments made mental health support less effective, with limited access to therapists. In particular, Indigenous women spoke about long wait times to see specialists and the loss of community health programs and activities.

Indigenous women also spoke about reduced resources and support services. For instance, they said there were reduced services for search and rescue operations for missing family and community members and challenges with court delays for those with custody agreements. Indigenous women also noted a lack of support during the heaviest COVID-19 countermeasures related to food security, housing, healthcare, education, and domestic violence.

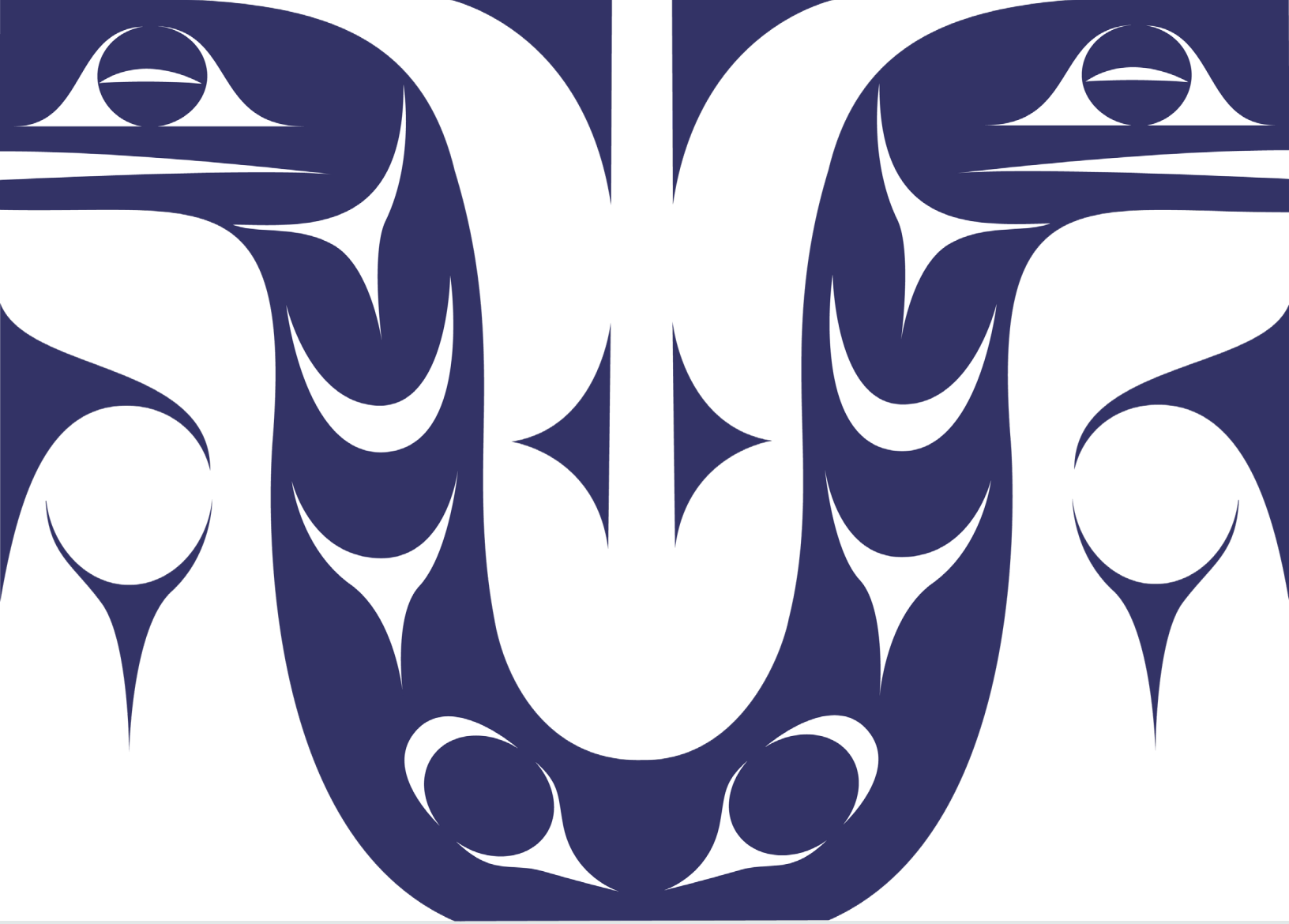
The amount of loss experienced by Indigenous communities during this time has only contributed to the existing roster of known factors that threaten the flourishing of the land and of Indigenous women. The well-being among Indigenous communities has been impacted due to the COVID-19 pandemic, as there has been a loss of in-person connection. This has resulted in feelings of isolation, diminished relations with others, and reduced access to culture. In addition, Indigenous women spoke of the added trauma among Indigenous people as they manage hospital stays and doctor visits without support or advocates in navigating illness, loss, and grief.

Others spoke about the changes in well-being due to mental health crises. It was explained that for some community members, homes are not a place of safety and stay-at-home orders bring risks, anxiety, and other harms to their health. Some Indigenous women spoke about the increase in substance use and overdose deaths, as well as instances of suicide and self-harm. It was also noted that there is an increase in community awareness and discussions of mental health. While this is generally useful, it can also be triggering for some, which is problematic during a time when support may be difficult to access. Indigenous women throughout many of the regions in BC also shared their experiences of fear around the unknown of the COVID-19 pandemic, including the health and wellness of their family and communities.

As the land tends to adapt and shift to the environment, Indigenous communities have adapted and shifted as well, specifically with regard to how community support is delivered. Some communities have shifted from centralized to decentralized services through outreach to households and other ways to ensure community members do not feel abandoned. Other communities have introduced alcohol bans in an effort to reduce the need for some services.

Like the earth itself, Indigenous women need supports to heal from colonial violence and thrive. During the COVID-19 pandemic, these supports have been reduced or removed altogether, and as a result, both the lands, and the Indigenous women who steward them, are experiencing increased rates of violence and compounding crises. Indigenous women described the ways in which the current pandemic has impacted their spiritual, physical, mental, and emotional health.

The need for social distancing and the reduced ability to travel has negatively impacted the spiritual health of Indigenous women. For example, Indigenous women are unable to gather for ceremony and cannot travel to be on the land.



Ch'inkwu (Double Headed Serpent) by Margaret August

The Ch'inkwu design gives meaning around the subject of death, rebirth and transformation. Death is not always the intended actual meaning. Often it represents a “sudden change”, which requires a deep and meaningful introspection. The Ch'inkwu symbol has been known to be depicted as a petroglyph in shíshálh territory as to mark the spot for an important event, which then turned into a legend for the shíshálh Nation.

“[You] can't go out [to the land] to release yourself spiritually or be with family. In the medicine wheel, all facets are so greatly impacted, and not knowing if I'll [be] able to pull myself out of it, stuck inside and the fear of going out... you're feeling like a prisoner who is given a sentence to be stuck in your house.”

- participant for In Her Circle 2021

Indigenous women further described isolation from living alone without connection as a challenge in caring for themselves.

“Caring is staying away, and that’s so opposite from what I was taught. Now caring is the opposite.” - participant for In Her Circle 2021

“[COVID] has created so many emotional and mental health issues for myself... I can’t even explain how profound this experience has been. There has been an onset of loneliness, depression and then trying to take care of myself when you can’t do it in a holistic manner.” - participant for In Her Circle 2021

For some Indigenous women, the pandemic has negatively impacted their physical health and that of their loved ones. Examples include needing to see a specialist due to prolonged inactivity from working from home, stress aggravating pre-existing conditions, or having to take more medication.

For many Indigenous families, the pandemic also took a toll on their mental health with many Indigenous women reporting experiences of anxiety, depression, grief, and feelings of being “on the brink” or on a “rollercoaster.” Related to this, Indigenous women also spoke about impacts to emotional health due to stress, anger, and frustration over stopping the spread of COVID-19.

It was shared that there are emotional domino effects of having to handle one overwhelming situation after another without social connection or support systems. Other Indigenous women spoke of the difficulty of connecting loved ones to addiction supports during the pandemic and the distress caused by not being able to enter the hospital with loved ones, particularly when they are admitted with life-threatening issues.

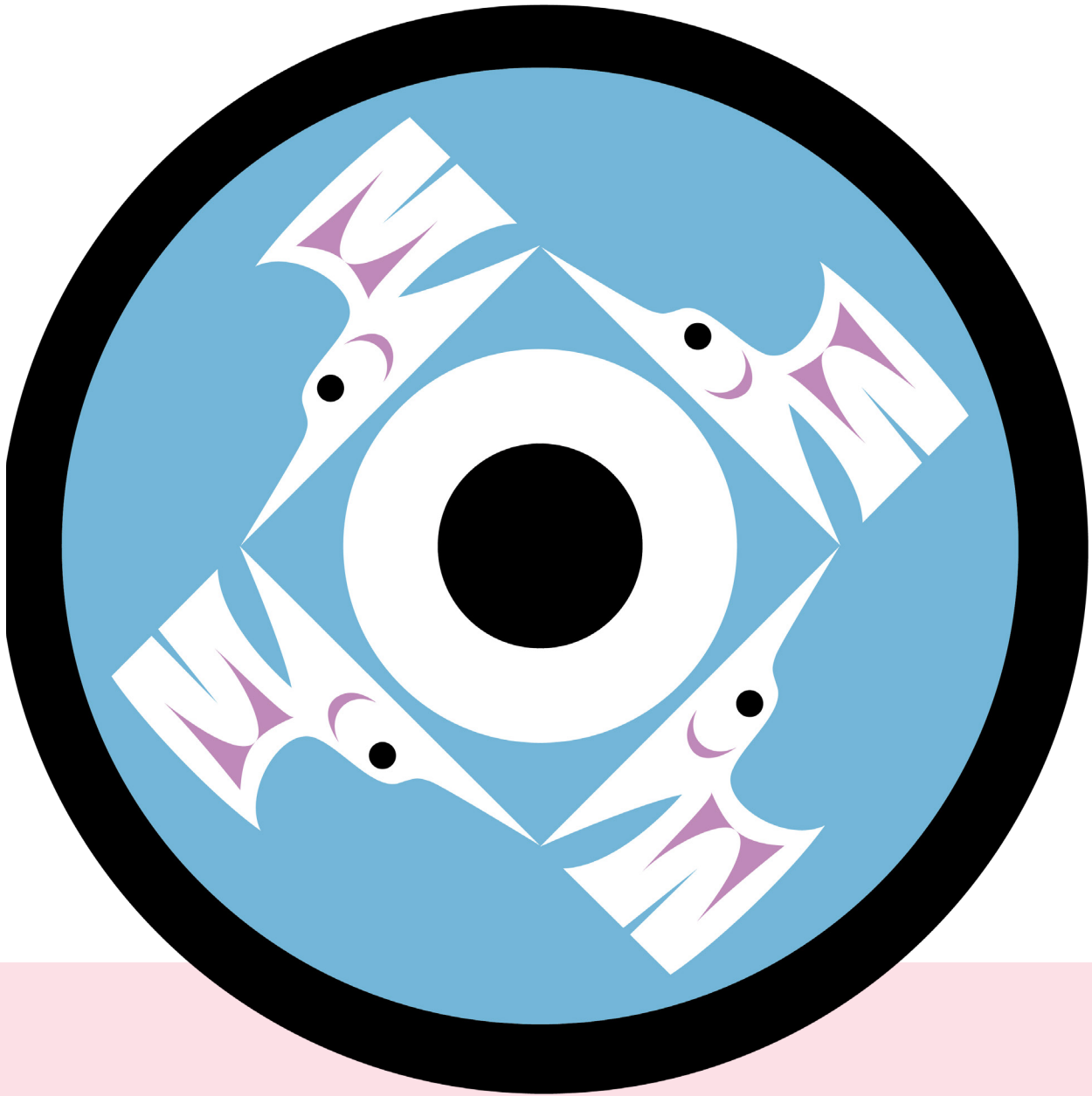
While some factors of the shifting landscape threaten the biodiversity of plants, others help to make room for flourishing, such as support for holistic health. Indigenous women throughout different regions in BC spoke about how they can access virtual support from family, friends, colleagues, and the [First Nations Health Authority](#) in remote areas. Indigenous women also spoke about the ways they are able to connect more with spiritual wellness, such as through land-based trauma healing, teachings from gardening, harvesting traditional medicine, smudging, grounding themselves through hobbies at home, and digging deep into the ancestral and spiritual parts of themselves.

“My spiritual wellness is a bit stronger these days, maybe because I’m calling on my ancestors more, for their strength and protection of everyone around us.” - participant for In Her Circle 2021

Some women experienced no changes or impact to their holistic health due to the COVID-19 pandemic.

SHIFTING LANDSCAPES

CHANGES TO HEALTH PRIORITIES



Hummingbird Whorl by Margaret August

This design represents Coast Salish-style hummingbirds. Hummingbird medicine brings a healing modality to each person who comes in contact with them. They also have a loving vibration and when they cross someone's path, they are bringing a loving energy to anyone they encounter.

As we have considered the ways in which environmental factors impact the land and our ability to flourish, we must consider the ways in which life on earth adapts and shifts for maintaining survival when there are threats to flourishing. In addition to the impacts on their health, Indigenous women share their experiences with stones or laid cement and the ways in which they have adapted and shifted to access necessary light and nourishment.

When seeds come across a barrier such as stone, they will shift into survival mode to ensure they have access to necessary nourishment. Many Indigenous women shared the ways in which they shifted in order to survive this particularly challenging time. Indigenous women described shifting into survival mode and decreasing the prioritization of themselves as they are often caretakers of the family and community and carry the responsibility of ensuring everyone else is safe and taken care of. Many women also spoke about the ways in which their capacity to care for themselves has decreased and how they are only doing what is necessary to survive and stay safe — for example, only accessing essential prescriptions. Many women described feeling too overwhelmed to address their personal wellness or to seek support from others.

Indigenous women shared their feelings of isolation and the difficulty in creating community while trying to follow COVID-19 guidelines and restrictions. The feeling of isolation and loneliness has impacted Indigenous women's mental health. Indigenous women throughout BC shared about yearning to be with family for support, explaining the stress and mental health challenges that being apart causes for them as well as for their families and children. Some women also explained feelings of isolation and loneliness in the hospital while accessing services, particularly when there is no access to Indigenous-specific services.

In some areas, the stones or laid cement were thicker than other areas. Many Indigenous women have shared that some of the barriers to access healthcare became exacerbated during the COVID-19 pandemic. It was noted that accessing services as an Indigenous woman is already challenging and that those challenges are compounded through the additional barriers created by the pandemic.

TAKING A CLOSER LOOK

One Indigenous woman shared her story with us and the impacts she experienced from not being able to support and advocate for her family members in a way they were once able to.

One of her family members had tested positive for COVID-19, and she explained that advocating for her family meant daily calls to healthcare practitioners to help manage her family member's health and wellness. She shared that while some healthcare practitioners were "amazing" to talk to on the phone, others were "difficult."

The Indigenous woman further explained ways she tried to maintain safety while navigating the healthcare system, such as the way she presented herself on the phone to avoid racist stereotypes for herself and family members.

“...[I was] trying to make sure we were presenting well on the phone because you understand the potential impacts of losing your temper once, it’s just not a possibility for us, safety wise. Unfortunately, you have to humanize yourself and your family in the eyes of the healthcare providers and that’s so incredibly frustrating because that shouldn’t even be a problem.”
- participant for In Her Circle 2021

Other barriers to accessing healthcare that were exacerbated include decreased access to a primary healthcare physician, having to access counselling services for mental health over the phone, and decreased access for any other extended services for health issues that may potentially have serious long-term implications. Also noted was how healthcare has become less thorough as people do not get the same care or updates as they once did.

Indigenous women further shared their experiences in adapting and shifting lifestyles for fear of COVID-19. Women from all across BC spoke about the ways they are protecting their health due to fear of COVID-19, such as being more diligent with handwashing, mask-wearing, and sanitizing.

They also shared about the ways they try to manage the health of others who are not able to care for themselves. They protect the health of others by doing their best to minimize risk for family members and being mindful of symptoms. Indigenous women shared about their fear of COVID-19 more broadly in the catching and spreading of the virus. Women also described the many adjustments needed to adapt to the pandemic, including businesses closing, adjusting to the “new normal,” and adjusting to accessing healthcare over the phone.

Additionally, many Indigenous women spoke about the ongoing shifts of balancing healthcare with their anxiety related to accessing services during the pandemic. Many women are hesitant and anxious to access health services due to fears of catching and spreading COVID-19 but are still trying to take care of their health through accessing their chiropractor, massage therapist, optometrist, or dentist.

As Indigenous women had to adjust and shift health priorities, many shared the ways in which they began to learn to re-prioritize caring for themselves as a way to care for others. Indigenous women described having to relearn how to care for themselves, as they are leaders in their families and communities and choose to lead by example. Leading by example could include following the pandemic guidelines and restrictions, as well as advocating for their own health. As mothers, grandmothers, and caretakers, women commented on how their wellness impacts the rest of the family.

“I have recurring pancreatitis. [Healthcare practitioners] stigmatized me as an alcoholic, but I don’t drink. I was hospitalized, my levels went up while I was in the hospital, and then they apologized for accusing me of drinking.”

- participant for In Her Words: Women’s Experience with the Healthcare System, October 2019

“No matter how bad it is, whatever it is—I’m the calm before the storm, I have to be because I have these two [sons] who look up to me and they can’t really rely on their dad, so it’s all I can do and keep moving forward.” - participant for In Her Circle 2021

“[I am] more aware of my role as a rock of support of other people. More than ever people are reaching out and I feel myself try to fulfill that role as best I can.” - participant for In Her Circle 2021

As the landscape shifts the seeds and stones, some are able to sprout between the cracks—this is representative of the resiliency shown in Indigenous women and their ability to thrive despite laid cement. For some, this meant an increase in prioritizing themselves such as feeling empowered enough to take an hour for appointments, while others learned to listen to the needs of their body and to be gentle with themselves. Having flexibility in schedules, as society adjusted to the “new normal” of working from home, allowed many women to use their time in a way that best fits their health needs.

In a similar way to how plants communicate distress with one another, many Indigenous women shared the ways they are responding to the needs of their communities by shifting priorities to focus on the health and wellness of the community at large. Concern for community wellness has required many to shift priorities to address the lack of capacity and preparedness of some communities regarding [opioid-related deaths](#) events.

Health priorities have had their ups and downs and required adjustments for some, while others have experienced no shifts or changes as their needs are mostly met.



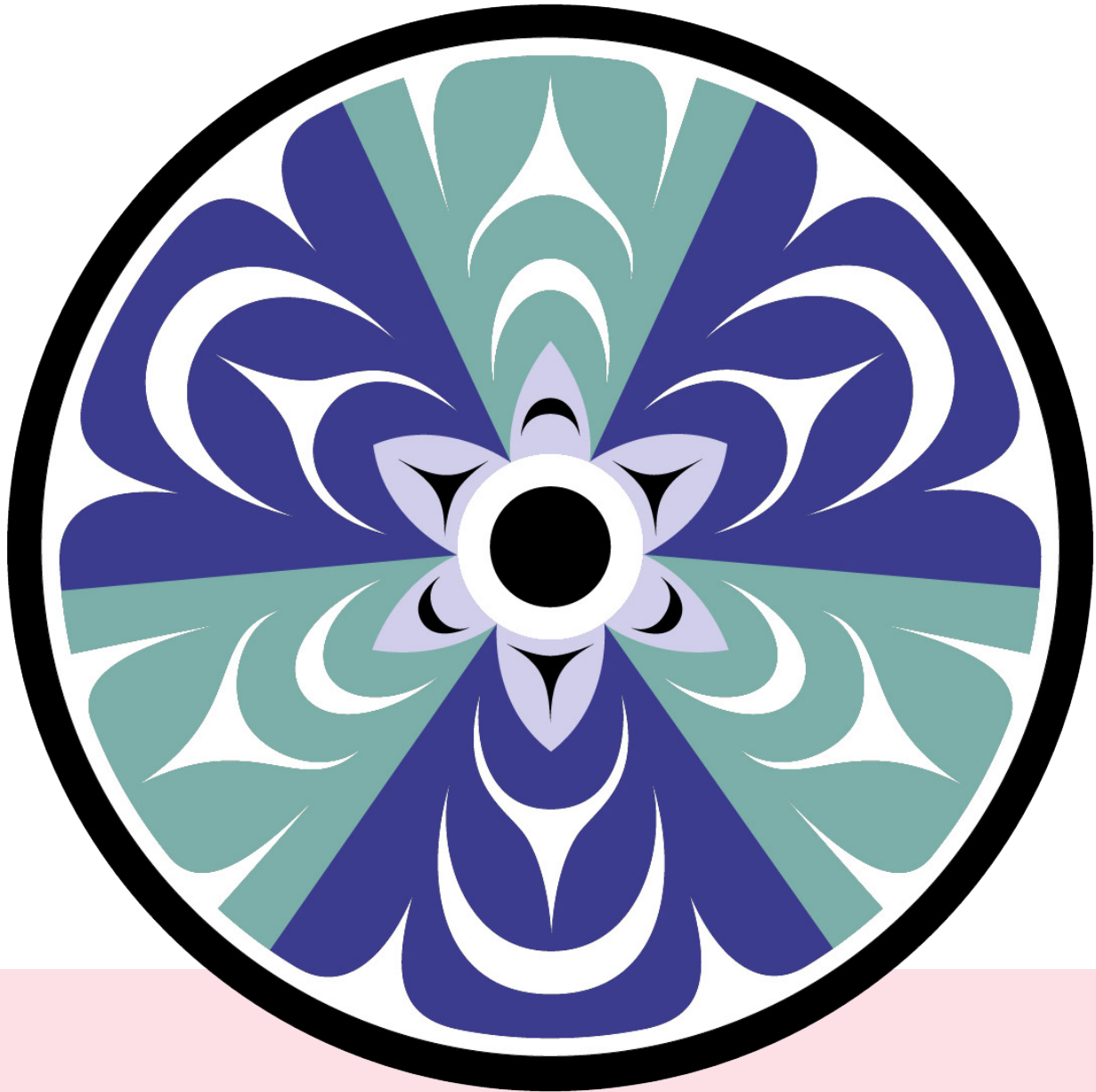
... your family comes to you looking for support. Keeping myself – the grandmother – strong to be able to support them, I have to keep in a good frame of mind to help and advise them, to help them through becoming mothers and looking for work, they're interviewing and doing them via zoom so guiding them on that.

My daughter is a nurse and facing all kinds of loss – clients, staff that aren't doing well – it's a challenge, a multitude of those things. I have to stay strong for them and keep myself healthy – [it is a] big torch, carrying it, and [I have] got to stay strong.”

- participant for In Her Circle 2021

STONES AND CEMENT

BARRIERS TO ACCESS



Divine Momentum by Margaret August

Divine Momentum is a limited edition screenprint by Coast Salish artist Margaret August. The design shows a Coast Salish spindle whorl that is striking in its vibrancy. The colours give the design a youthful, modern appearance, indicating that Coast Salish cultures are prevailing in modern times.

The onset of the COVID-19 pandemic was akin to a thick layer of cement covering the earth, blocking the seed's access to necessary light and nourishment. The COVID-19 pandemic created, and compounded, barriers to accessing healthcare for Indigenous women in BC. It became harder, or in some cases, impossible to access needed service providers. Across the province, Indigenous women spoke of the difficulties encountered trying to access family doctors, specialists, dental care, therapists, and substance-use support workers. In some cases, access to Elders and counselling was completely cut off for a period of time.

“My older son, we were on a roll with psychiatrists and seeing those he needed to see, then COVID hit and all the supports dropped off.” - participant for In Her Circle 2021

Indigenous women who could not access their family doctor were forced to continually re-explain their health to multiple different doctors to piece together their care. Waitlists to book appointments were extended by weeks and sometimes months. On Vancouver Island, in particular, women who had been without a family doctor before the pandemic, experienced all the doors closing on securing a new family doctor during this time. In some cases, this caused the complication of having to access virtual walk-in clinics that had limited hours and took so long to get through that it was not possible to access with a full-time job.

Many of those who were able to find a small crack in the cement to access care spoke of poor and inadequate service delivery. From virtual counselling appointments cut short, to delays in getting prescriptions filled, to driving in for appointments only to find they had been canceled, many Indigenous women experienced sub-par healthcare services when they were able to access them. Some were forced to leave their band land and travel for

any COVID-19-related services, like testing or mental health support. One woman with a chronic sinus infection went to a walk-in clinic to get needed medication and was shamed because her sinus infection symptoms were the same as COVID-19 symptoms and so they made her get tested:

“I’d rather tell people I have a sexually transmitted infection I think you know, then having to go get tested for COVID. I don’t know...there was something about it that was really stigmatizing.” - participant for In Her Circle 2021

The move to virtual care also created a barrier for many women through its impersonal nature. Many found it strange and awkward having counselling over the phone, especially at first. Others encountered racist assumptions, particularly with healthcare practitioners they had never met face-to-face and were troubled when a phone call seemed to be the substitute for a physical postpartum exam. One woman reported, “it’s not the same to go over test results on the phone.”

The thick cement barrier meant that some Indigenous women have avoided getting healthcare for now or have restricted access. One woman assumed that preventative care, like pap tests, was not happening during the COVID-19 pandemic. A previous negative experience with her family doctor meant that she wasn’t going to ask him and did not feel comfortable getting one done by the nurse practitioner. Others were choosing to stay away for the moment due to fear of exposure or a desire to limit the burden on already stressed doctors and nurses. A woman who had to take her children in for wellness checks was grateful there was a set time in the day where the clinic was seeing COVID-19 patients so that she could take her kids at an alternate time. Another was forced to go see her doctor in

person because he refused to fill her prescription over the phone – despite her preference to not go due to the risk of exposure. The barriers to accessing healthcare during the COVID-19 pandemic are also gendered, as one woman spoke of her inability to get bloodwork done because it was not recommended that she bring her young children along but without childcare and her husband at work, her only option was to forego getting the bloodwork done.

TAKING A CLOSER LOOK

One Indigenous woman faced many barriers accessing care after she had tested positive for COVID-19. Her care was compounded by a breach in privacy as doctors and community members who were not directly involved with her case were made aware of her positive test results. This increased her stigmatization and resulted in scrutiny of family members that she kept isolated from, who were in need of healthcare. Even after her properly observing self-isolation and recovery recommendations, she still experienced denials of care due to her previous COVID-19 diagnosis. As someone who has previously experienced [racial discrimination](#) in the health system, these additional barriers had huge impacts on her emotional, mental and physical health.

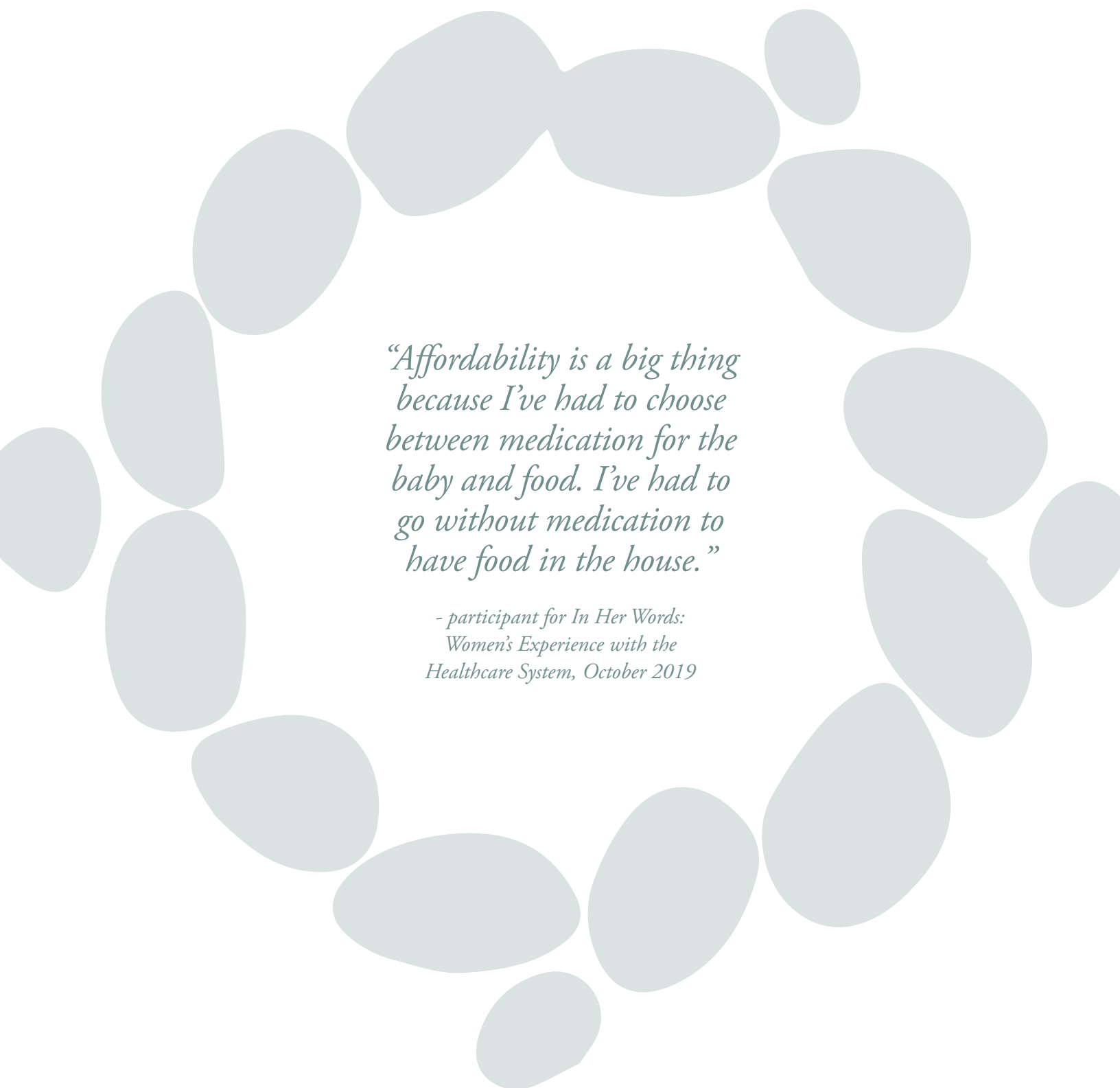
While some sections of this cement were thickened by the pandemic, many barriers to accessing healthcare existed for Indigenous women prior to the COVID-19 pandemic. Foremost among them is the racism and discrimination experienced at the hands of healthcare practitioners, from being branded as drug-seeking, resulting in the delay of the release of standard prescriptions, to mislabeling an Indigenous woman as a detox patient in their medical file so that all further care is stigmatized. Indigenous women are exhausted by the continuous racism experienced across the spectrum of the healthcare system,

from the [Emergency Departments](#) to medical testing centres. Many people in their rural communities choose not to seek treatment from their local hospital or emergency department because of their racist history. Instead, some opt to travel to bigger health centres in an attempt to be prioritized by the doctors. The constant disrespect and not being taken seriously puts Indigenous women under gruelling scrutiny whenever they access healthcare.

“This denial of health services is connected to the systemic violence highlighted in the Missing and Murdered Indigenous Women and Girls report. The report is public but where are the changes being made?”- participant for In Her Circle 2021

Threats to Indigenous women’s safety are intricately connected to accessing healthcare. One woman was released from the hospital in the middle of the night under the influence of her medications and a man noticed her disorientation and followed her home. Thankfully, the woman made it home without an altercation, but the experience was distressing. The racism Indigenous women in BC experience when accessing healthcare is a systemic barrier that has been highlighted in the recent [In Plain Sight](#) report led by Dr. Turpel-Lafond.

Other persistent barriers remain unchanged by the pandemic. Lengthy wait times, particularly in rural communities, have been an issue for a long time. Similarly, accessing mental healthcare continues to be very difficult. It is hard for some women to find a doctor who treats them respectfully. Limited telecommunications services to the minimal variety of healthcare practitioners also come into play in rural areas. While the COVID-19 pandemic has introduced new barriers to Indigenous women’s access to healthcare, it has also highlighted and exacerbated existing barriers such as racism.



“Affordability is a big thing because I’ve had to choose between medication for the baby and food. I’ve had to go without medication to have food in the house.”

*- participant for In Her Words:
Women’s Experience with the
Healthcare System, October 2019*

CLOSING THE CIRCLE

PROMISING PRACTICES FOR IMPROVED HEALTH EXPERIENCES AND TAKEAWAYS FROM THE SHARED STORIES



Submerged in Harmony by Margaret August

Submerged in Harmony depicts two Coast Salish loons, which represents a relational process. Loons mate for life. The medicine of a loon is about increasing your awareness of diving within. The common loon can dive underwater up to 200 feet, searching for fish. This is powerful symbolism for accessing the dimensions of yourself that you otherwise would not have done before. Loons provide the knowledge of solidifying the imagination and making one aware of the power of dreams.

As a seed sprouts, this force of new life can crack the pavement and forge its way toward the light. For some Indigenous women, the COVID-19 pandemic positively affected their ability to access healthcare. In some cases, their access got better in the form of lower wait times, no parking fees, easier access to specialists, cleaner hospitals, and better quality of care. One woman even described how novel it was to get care at the emergency department and not experience racism. Having pre-existing conditions for some women meant that their care continued through the pandemic uninterrupted. Others were able to remain connected to their naturopaths, doctors, nurses, physiotherapists, social workers, and counselors. Particular programs mentioned as offering supportive, accessible services during the pandemic were the [First Nations Health Authority \(FNHA\)](#) virtual Zoom doctor calls, the [811 Hotline](#), and the [University of Victoria's Elder Support and Indigenous Counselling Group](#). While some women noticed no improvements in their access to care during the COVID-19 pandemic, others saw a noticeable positive change.

Virtual care made access easier for many Indigenous women. Particularly in the Northern and Vancouver Island health regions, they noted the reduction in their wait times at walk-in clinics and engaging in phone appointments. Indigenous women expressed their appreciation for the efficiency of virtual healthcare and could see it having ongoing benefits, especially with monthly pregnancy visits where there was no physical component. There was an improvement in many women's access to prescription refills done over the phone; a practice previously considered a privacy violation. One woman emphasized that the current system is designed for the ease of the healthcare practitioner rather than the patient.

She highlighted virtual care as having the potential to restructure the whole system to be more patient-focused and, therefore, more effective. The telehealth options also meant that patients could be referred to Indigenous service providers, which has the potential of increasing the culturally sensitive care available, creating a more comfortable experience for Indigenous patients. With the virtual health world expanded by the COVID-19 pandemic, several women expressed hope that these positive changes could continue beyond the pandemic. As the cement cracks further, new opportunities emerge to enhance the growth of the seed through enhancing access to healthcare for Indigenous women in BC.

Several new initiatives grew up out of the cracks in the cement. Within their community, Indigenous women noted greater care for Elders, such as initiatives to deliver groceries to Elders, so they did not need to leave their homes. Another woman acknowledged a noticeable change in her community's perception of outside resources. While previously there was hesitancy and mistrust, with the COVID-19 pandemic, she saw more people trusting and utilizing outside resources provided to the community. For some women, the smooth administration of the COVID-19 test and its quick turnaround on results portrayed an efficiency in the healthcare system not observed before. The benefits of virtual healthcare and the enhanced community care emerged as strong plants cracking through the barriers that so many Indigenous women face when accessing care in this province. Virtual healthcare and enhanced community care have the potential to alter how care is provided in a way that centers patients and creates more opportunities for culturally safe care.

GIFT BUNDLE OF RECOMMENDATIONS



Community and Connection by Margaret August

This design depicts the majestic orca, moon and eagle. The orca is revered by Indigenous people through their family bonds. The eagle in this design, who represents a bird that flies closest to the spirit world, shares its ability to heal others in this same way due to that innate connection to the spirit world, which is a place that is loving and compassionate.

Rooted in the data provided from Indigenous women from all five health regions in BC, including rural and remote areas in 2019 and 2020, and reflective of the learnings from the [In Plain Sight](#) report, this section provides recommendations from Reciprocal Consulting for the healthcare system and associated organizations.

This gift from Women and Two-Spirit people across BC is not given lightly but a gift with a responsibility to carry these seeds forward and plant them within the different systems that need to flourish to meet the needs and rights of Indigenous women.

Highest Level by Margaret August

Eagles represent the highest form of spiritual assistance because these majestic birds can fly the highest of all the birds. Therefore, they are considered to be the closest to the spirit world.



HEALTHCARE INCLUSIVE OF HOLISTIC HEALTH

n1

Recognize culture as part of health.

Indigenous women shared the impacts on their spiritual, emotional, mental, and physical well-being from not being able to gather and engage in culture. Culture is a form of good medicine. There needs to be greater support for programming which centers Indigenous approaches to health and well-being, led by Indigenous people and communities. In addition, collaboration between Indigenous health leaders is necessary to assess opportunities to promote and support Indigenous traditional healing methods alongside western methods of healing, including creating space for traditional practices.

n2

Advocate for the expansion of healthcare practitioner worldviews to see health holistically, inclusive of not only physical, emotional, and mental wellness, but also of spiritual and environmental wellness.

Due to the need for isolation and other distancing guidelines, Indigenous women experienced reduced access to services and care that support their holistic well-being. The services identified varied widely and included access to not only medication and doctors but to food, childcare, community gatherings, employment, education, and creative outlets. This is indicative of the complex and interconnected ways that Indigenous women's health was further impacted during the pandemic. In addition, women need to be able to discuss more than one issue at an appointment as the challenges that women experience are frequently interconnected.

CULTURAL SAFETY AND ANTI-RACISM

03

Create, support and promote avenues to address racism in the health system.

In light of the tragic and preventable [death of Joyce Echaquan](#) and other disturbing accounts of racism in the healthcare system, consider how the Calls to Justice of the [National Inquiry into Missing and Murdered Indigenous Women and Girls \(NIMMIWG\)](#) and the recent [In Plain Sight report](#) can inform and guide efforts to address racism and misogyny in the healthcare system.

04

Work with practitioners to operationalize best practices on serving Indigenous women across health service sectors and support initiatives that increase recruitment and retention of Indigenous medical students and professionals, especially Indigenous women who are doctors, and midwives to increase cultural safety for Indigenous women when accessing health services.

Stories were shared of interactions with healthcare practitioners across multiple sectors where Indigenous women felt uncomfortable, discriminated against, and unheard when accessing care. Many described how these interactions modelled cultural ignorance and racist sentiment, particularly in emergency rooms.

Mandatory training should be implemented for practitioners on culturally safe, anti-racism and trauma-informed practices in serving Indigenous women in various healthcare settings such as gynecology, emergency rooms, mental health, primary care, tertiary care, and dental care. Additionally, resources and time should be allocated for healthcare staff and leaders to self-educate on the role of cultural safety, cultural humility, and allyship in service delivery. Avoid relying solely on Indigenous people to educate settlers on cultural safety as this is an uncompensated emotional burden.

CULTURAL SAFETY AND ANTI-RACISM

05

Conduct a review of child apprehension policies that take place in hospitals shortly after a child is born.

Health was found to be intimately connected to family. Focus group participants in the original [In Her Words](#) research reported that having families stay together is part of their holistic health and shared stories about the trauma and negative impacts on health and wellness that resulted from children being apprehended from birth.

Focus group participants also shared the generational impacts on holistic health that resulted from the separation of families through the residential schools, tuberculosis hospitals, and the Sixties Scoop. Participants shared about the importance of keeping families together. It is worth noting that Indigenous families tend to be closely connected to their extended families and that extended families should be considered as potential caregivers before children are apprehended.

Collaborate with the [First Nation Health Authority \(FNHA\)](#), Ministry of Child and Family Development, and the [BC Indigenous Justice Council](#) through the [Native Courtworker and Counselling Association of BC](#) on this review. Improvements are needed to better serve and protect Indigenous women from the risk of child apprehension and ensure that Indigenous mothers can feel safe accessing care in hospitals. As part of the review, create educational resources for Indigenous women to strengthen their ability to advocate for themselves in their reproductive health journey.

MENTAL HEALTH AND ADDICTIONS SUPPORTS

06

Tailor mental health and addictions supports to safely offer continued services and extend care throughout the province.

The COVID-19 pandemic has had an impact on mental health and wellness in a variety of ways. The variable impacts of isolation, fear or uncertainty and lost ability to gather with Elders, community and loved ones were extensively shared. The immediate need for attention on the increased rate of overdose and addiction related health decline is a major priority for the Indigenous women who contributed to this report.

Engage with harm reduction, addiction, and mental health support organizations to better understand how the COVID-19 pandemic has impacted their work in order to gather insight into prioritizing relevant advocacy needs moving forward.

07

Support Indigenous organizations providing addiction treatment services and engage with them on opportunities to support access barriers.

Service gaps in addiction treatments and counselling services were identified, particularly in rural and remote regions. It is important that these services continue during the COVID-19 pandemic, particularly as the [drug poisoning crisis](#) and isolation worsen during these isolating times. Many communities have experienced either a loss or a reduction in access to addiction services due to restrictions implemented to slow the spread of COVID-19.

MODELS OF CARE

n8

Develop services to support system navigation of new healthcare delivery models under COVID-19 adaptations.

Many participants shared that new online service provisions during the pandemic have helped reduce waitlists, have reduced challenges when booking appointments, and have eliminated transportation barriers when travelling to and from appointments. However, some also highlighted the need for equitable access to the necessary technology and tech support to access virtual health services.

Create an outreach plan to ensure that those with technology barriers are aware of virtual services and have the equipment and support needed to access them. Elders were highlighted as a target group who could benefit from this type of support.

n9

Hire local Indigenous people as Indigenous Patient Liaisons to help close the gap in service quality experienced.

Many Indigenous women, particularly Elders, reported that they did not know what was being prescribed for them and did not know which questions to ask. Indigenous Patient Liaisons can help mitigate this by serving as patient advocates and knowledge translators. Increasing the number of Indigenous Patient Liaisons may also help foster trust in the medical system.

MODELS OF CARE

10

Collaborate within the healthcare system to identify communities that have effective, integrated health models that are meeting community health needs. Conduct a review of models both within BC and throughout Canada to identify the mechanisms required to scale these models and adapt them to more communities in BC.

The [Central Interior Native Society](#) was identified as an effective health centre model, where street involved individuals access healthcare through a team-based model, and prior patients are included on that team. [Anishinaabe Health](#), with various locations in Ontario, offers holistic centralized care to Indigenous people. This centre was highlighted as a model that provided safe and effective care for Indigenous people.

COMMUNITY WELLNESS

11

Address the unique needs of rural and remote communities.

For example, it was mentioned that the onus of accessing and navigating care is on the Nation or individual rather than the health system. Consider having the healthcare system work with Indigenous Nations to create self-determined and Nation-specific plans to shoulder that burden in line with the [Canada Health Act](#), to provide greater accessibility to healthcare in rural and remote communities.

Examples of this include greater collaboration between health authorities and health regions to create more programs and health education sessions for Indigenous women in rural communities. BC also needs greater collaboration between the [Ministry of Health](#), the [First Nations Health Authority](#), and the [Ministry of Transportation](#) to create a more robust and safe transportation system that allows patients better access. And lastly, implementing additional mobile outreach vans to Indigenous communities and reserves to increase access to health services and creating satellite campuses for women's health in additional urban settings such as Prince George, the Okanagan and Victoria to reduce travel for holistic treatment for Indigenous women in rural and remote communities.

COMMUNITY WELLNESS

12

Support Elders Care. With the COVID-19 pandemic, there is increased isolation for Elders, which is often paired with unfamiliarity with technology.

Elders are frequently the knowledge keepers of Indigenous communities and, in some cases, the only holders of ancestral languages. It is paramount to the health and wellness of Indigenous communities that Elders are supported to remain healthy.

Support communities to care for Elders and those who need support during the COVID-19 pandemic. This could look like support with technology to remain connected to the community, support with delivering meals and groceries to Elders, or support with continued engagement in culture during this time.

13

Support creative projects and policies to facilitate connections and communication between family members who are in hospital and healthcare settings with limitations on visiting.

Many Indigenous women shared about the heartbreak of not being able to see or support family members during their stays in hospitals. Although this has been a challenge for many people, this challenge is amplified by the fact that hospitals are frequently unsafe spaces for Indigenous peoples and the stress of being isolated may impact recovery. Support families to feel as connected as possible while still preventing transmission of COVID-19.

COMMUNITY WELLNESS

14

Advocate for collaboration between health authorities and the First Nations Health Authority to create community-based workshops and programs that address topics in holistic health.

Focus on areas such as lowering stigma around mental health issues (e.g. [Mental Health First Aid – First Nations](#)). Mothers groups for Indigenous mothers lead by Elders and aunties, with guest speakers (e.g., nurse practitioners, early childhood psychologists, early childhood educators, nutritionists). Promoting healthy relationships and boundaries. Other topics linked to health such as links between health and culture, intergenerational trauma, education, housing, and employment.

15

Expand the service delivery mandate and increase the capacity of health practitioners to support Indigenous women with substance use concerns.

Many focus group participants noted the role that substance misuse plays in the health and well-being of their communities, and that addressing addictions is a critical piece of community wellness.

POLICY LEVEL

16

Advocate for increased access to prescription drugs and shifting of related policies which have been in flux during the COVID-19 pandemic.

Many Indigenous women spoke about how the COVID-19 pandemic has made access to prescriptions more streamlined. For example, prescriptions were extended from 3 months to 6 months, and pharmacists could prescribe medications in lieu of prescriptions from physicians. These changes helped to reduce barriers to booking appointments, time, and red tape.

18

Support initiatives and policies to increase access to general practitioners.

Several participants described wanting to have a General Practitioner but not being able to find one who would include them in their practice as they were already at full capacity. This creates even more barriers for people accessing healthcare without a GP during the pandemic.

17

Design and support policy that supports Indigenous women getting home safely and promotes safety when leaving a hospital or clinic.

Stories were shared about being discharged with no plan for how to get home. As mentioned earlier in this report, one story included an instance where discharge happened late at night, under the influence of medications, where the Indigenous woman was then followed home by a potential predator.

There is a need for triaging resources for when discharge plans are not able to be carried out (e.g. temporary transition housing that provides aftercare for those who are experiencing homelessness or have great distances to travel to go home).

19

Consult with leaders in Two-Spirit and transgender circles to create policies that protect transgender and Two-Spirit Indigenous peoples and provide them with safe and effective health services.

As part of this consultation, conduct a needs assessment to identify policies and services that are effective, those with gaps in policies and services, and areas for improvement.

POLICY LEVEL

20

Increase collaboration across sectors and advocate for improved access to social determinants of health for Indigenous women in BC.

The impact of COVID-19 on employment has brought to the surface how income and insecure employment impact health treatment adherence and overall well-being. Women spoke about how COVID-19 impacted childcare for working parents and how the loss of employment due to illness created financial stress and insecure housing

Additionally, those on the edge of making ends meet described the way health issues have the potential to push them into insecure circumstances. This was also revealed by focus group participants for the [In Her Words](#) report who shared that they did not feel the systemic issues impacting Indigenous women's healthcare would be addressed without sincere collaboration among the different ministries.

This could include collaboration among the different arms of the provincial government including (but not limited to) the [Ministry of Children & Family Development](#), the [Ministry of Health](#), the [Ministry of Municipal Affairs & Housing](#), and the [Ministry of Social Development & Poverty Reduction](#) to develop a holistic framework for addressing the structural barriers impacting Indigenous women accessing adequate and appropriate healthcare.

THE BC WOMEN'S HEALTH FOUNDATION'S COMMITMENT

The BC Women's Health Foundation is dedicated to ensuring all women across British Columbia have equitable access to high-quality healthcare, when, where, and how they need it.

The BC Women's Health Foundation is dedicated to amplifying the learnings from this report to ensure the experiences of the generous Indigenous women involved in this work are heard, and the recommendations from Reciprocal Consulting are available for all.

We are dedicated to supporting the operationalization of these recommendations through our [Indigenous Women's Health Fund](#). With these recommendations as a focus, we will work alongside stakeholders throughout the province, including Reciprocal Consulting, to develop an inclusive program dedicated to their operationalization through capacity building, programming, advocacy, education, and awareness initiatives. All processes related to these funds and granting will be led by Indigenous women in concert with the BC Women's Health Foundation.

We will continue to work closely with the [Indigenous Women's Health Program at BC Women's Hospital](#), a team dedicated to delivering best practices in caring for the health and well-being of Indigenous women at BC Women's Hospital and beyond.

In addition, we are honoured to directly support our partners at the [Ending Violence Association of BC](#), who fund ten Indigenous sexual assault response services in various locations across BC. These community-based, emergency sexual assault response services are trauma-informed and culturally appropriate and are beginning to fill the gap in much-needed support for survivors.

Today, we call upon the wider healthcare system and society to identify their role within these recommendations and play their part in ensuring Indigenous women receive equitable access to healthcare.

Reflective Heron by Margaret August

Reflective is a design that depicts the great blue heron. In this contemporary design, you will notice that it is sitting on concentric circles. The inspiration for this painting is the image of heron sitting patiently when they are hunting for fish. Herons are experts at being patient; they will wait for long hours for their food. Their spirit medicine represents self-reflection, patience, calmness, self-reliance, and self-realization. The colour blue is a meaningful sign of the spirit world, referred to as the blue road. This attribute is the reason behind their medicine bringing calmness to the earth's inhabitants.



ACKNOWLEDGEMENTS

The BC Women's Health Foundation would like to thank the many contributors to this report including:

- The 100+ resilient women who shared their healthcare experiences both in 2018 and 2020.
- Reciprocal Consulting, who delivered these insights into the experiences of women throughout the province with humility, compassion, and urgency.
- Our partners at the BC Women's Hospital's Indigenous Women's Health Program and the Ending Violence Association of BC for working tirelessly to improve the lives of women.
- Artist, [Margaret August](#) (@salish_artist_margaretaugust), whose remarkable work taught us of the infinite learnings we can reap from art, nature, and the animals of the Coast Salish lands.
- Graphic designer, [Cheyenne Manning](#) (@thecheyennekid), who brought this content to life through design with such a high degree of intention and respect.
- The donors to the BC Women's Health Foundation's Indigenous Women's Health Fund, who are improving the health of Indigenous women through their dedication and generosity.
- Every person who reads this report, engages with the content, and actively works towards decolonization in their own lives, work, and communities.

RECOMMENDED CITATION

In Her Circle: the Influence of the COVID-19 pandemic on Indigenous Women's Health in BC

BC Women's Health Foundation and Reciprocal Consulting, April 2021

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