Photojournalism Program Edition
Follow us at: Instagram - @lcpioneer Twitter @loyalistpioneer

The Pioneer

Vol. 47 · Issue #26
Thursday, March 12, 2015
Loyalist College · Belleville, ON · Canada

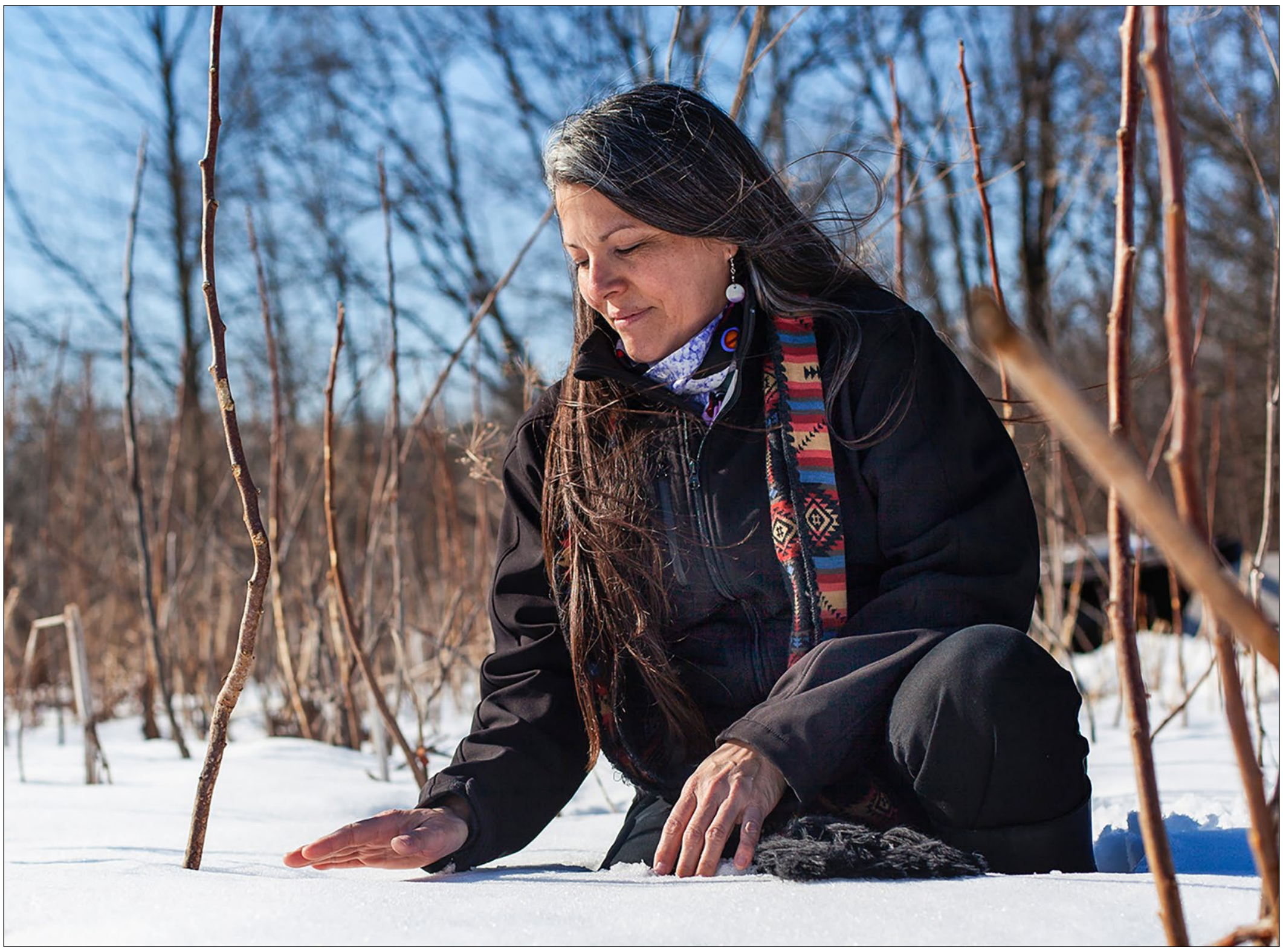

Photo by Annie Sakkab

Aboriginal midwife Dorothy Green at her home at Tyendinaga Mohawk Territory Wednesday. The role of indigenous midwives is not limited to birth and pregnancy. They also look after breastfeeding, nutrition and parenting skills. As well as being traditional practitioners and primary healthcare providers, they are also healers and mentors of ceremonies.

Birthing returns to native communities

By Annie Sakkab

The Ontario Midwifery Program has agreed to fund indigenous midwives to bring birth back to their communities.

In Ontario, prior to January 2015, the only funding for midwives to practise on reserves was allocated through the Aboriginal Healing and Wellness Strategy that received funds from several provincial Ministries, including the Ministry of Health and Long-Term Care (MOHLTC). This funding is provided directly to the aboriginal midwives through the Six Nations Birthing Centre. These funds flow through the band council.

This historical decision came after a lot of hard work at the Association of Ontario Midwives to submit a funding proposal to the Ministry of Health and Long-Term Care in March of 2014, after a gap in funding was identified. This gap was realized after a number of Indigenous midwives who had received training were not able to access funding in their own communities.

This will allow the graduates of the Aboriginal Midwifery Training Program at Six Nations, and possibly other educational institutions, to start practising and to establish birthing clinics and centres within indigenous communities.

Prior to the funding approval in January, Indigenous midwives, as primary health care providers, were not able to access funding to practise in their communities. Physicians and nurses have been funded for many years through an agreement with Health Canada. In some cases, nurses have some training to deliver prenatal care according to Ellen Blais, policy analyst for Aboriginal midwifery at the Association of Ontario Midwives.

"This prenatal care generally ends at approximately 36 weeks of pregnancy. At 36 weeks, they evacuate women alone out of their community to the nearest hospitals, Sometimes, it's thousands of kilometres away," explained Blais.

"This agreement to fund indigenous midwives is making me overjoyed. This is historical," Blais added.

Before funding was allocated, many women on reserves, rural and urban indigenous communities found themselves alone, away from their families and partners in urban major centres. This was because of limited to no access to indigenous midwifery care and birthing clinics in their local community.

"In our cultural beliefs, we pick our mothers and we pick our fathers, and we choose to come in through that doorway. As an Onkwehonwe midwife, it's our role and responsibility to protect that sacred space," explained Tyendinaga midwife Dorothy Green.

"We look after the whole life cycle. It's not just during that transition from child to woman, to a birthing mother. For us women are the centre of the family. They are the ones who give direction and provide that care and love and nurturing," Green said.

The role of indigenous midwives is not limited to birth and pregnancy. They also look after breastfeeding, nutrition and parenting skills. As well as being traditional practitioners and primary healthcare providers, they are also healers and mentors of ceremonies.

For Green, her role is to protect that doorway of life and death, birthing people through the doorway of death, and birthing babies through the doorway of life. They bring back spiritual, emotional, mental and physical wellness into their community, enabling the creation of sacred, powerful healing spaces.

Green dropped a 22-year-old government career to pursue her passion at the Aboriginal Midwifery Training Program at Six Nations carrying her ancestral traditions of women healers forward.

Right after graduation in 2011, Green took on a six-month contract at the Six Nations Birthing Centre. Upon her return to Tyendinaga, Green has been advocating for culturally appropriate healthcare and indigenous practice while running her own clinic with a birthing team since May 2012. She is able to practice midwifery under the 1991 Ontario Midwifery Act exemption that recognizes the practice of aboriginal midwives.

"Birth is a spiritual event, it's not a medical event," Green explained.

"We sing to the mother so she's hearing songs in her language. We sing to the baby so they can hear their first language," Blais said.

..*See Midwives, page 2*

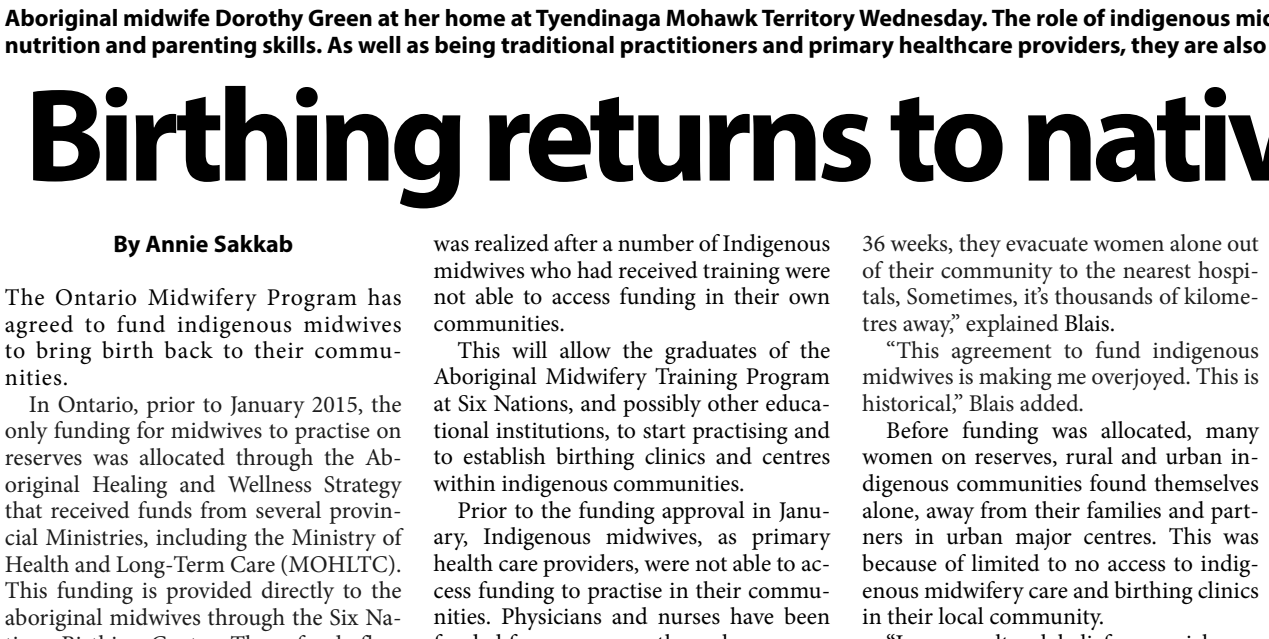

Photo by Daniel Luk

Final goodbye

After an incident deemed "friendly fire" in Iraq, Sgt. Andrew Joseph Doiron, following a repatriation ceremony, was driven down the Highway of Heroes. Canadians gathered to pay respect to the family by waving flags and saluting the passing procession. Present on Tuesday were citizens from all around Ontario. Veterans, fire departments, police, ambulance attendants and citizens bundled up from CFB Trenton to Toronto.

Proposed hospital cuts could result in nurse layoffs

By Micah Bond

Up to 33 nurses could be laid off from the Belleville General Hospital over the next year.

A proposal to cut costs at the hospital is currently being reviewed by the Ontario Nurses' Association before being presented to the board for approval.

"One of the most significant changes for the hospital for 2015-16 is a move to a more inter-professional model of care," said Susan Rowe, the senior director of communications for the hospital.

If the proposal is approved, 51 registered nurse positions will be cut across Quinte Health Care, she said. This includes both some part-time and vacant positions. The nurses will be replaced by 25 registered practical nurse positions and 44 personal support worker positions.

Rowe added that the personal support workers and practical nurses will be able to provide aspects of care that don't necessarily need to be performed by a registered nurse. Despite the overall increase in staff, the differences in salaries between the positions will result in net savings for the hospital, she said.

"There's no service that's currently offered at QHC that people will now have to travel outside of our region to receive," she said.

She said the hospital will also maintain its standard of care.

"We need to ensure that we're measuring things like access, wait times, safety and quality of care to ensure that the changes we're making are the best possible solutions."

However, a press release from the Ontario Nurses' Association stated that the changes will result in "less safe patient care."

In the press release, ONA President Linda Haslam-Stroud said, "Quinte Health Care is taking 88,000 hours of registered nurse care per year out of the hospital system, and patients are the ones who will be falling through the cracks."

"You will hear that services will not be affected, but you cannot cut the 88,000 hours of registered nurse care from the community and expect that patients won't be affected, no matter the platitudes that emerge from hospital leaders," she said.

"Study after study has shown what a false economy cutting registered nurses turns out to be, not to mention it's bad for patient health outcomes," said Haslam-Stroud.

"Every extra patient added to an average nurses' workload means a seven-percent increase in the risk of patients suffering from complications and even death. Conversely, studies show that adding more registered nurse care leads to better health outcomes for patients and a reduction in readmissions to hospital," she said.

...*See Cutbacks, page 2*