

# **Following the Spirit of Courageous Leaders**

**Profiles of Aboriginal Nurses**





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## Introduction

The Aboriginal Nurses Association of Canada (A.N.A.C.) is pleased to present this collection of biographies entitled “Following the Spirit of Courageous Leaders: Aboriginal Nurses in Canada”. The First Nation, Métis and Inuit women whose stories are told throughout this anthology represent a wide array of experiences, challenges and successes in nursing. Throughout these narratives is a common theme of an immense will to persevere and triumph over obstacles in order to improve the health and well-being of Aboriginal peoples in Canada. They are truly leaders and pathfinders not only for themselves as well as for others who have benefitted from their journey, their caring and good words.

Most of these women have been recognized with distinguished honours, such as Outstanding Citizens Awards and National Aboriginal Achievement Awards, and continuing this tradition of recognition, A.N.A.C. is pleased to share their stories with you. It is through the sharing of knowledge and expertise that A.N.A.C. intends to strengthen the Aboriginal nursing workforce, and in turn, increase the health and well-being of Aboriginal communities from coast-to-coast. We hope this will be an inspiring resource, especially for First Nation, Inuit and Métis nurses, student nurses and potential nursing students. Enjoy.

Chi meegwetch to all involved from participants to funders for their help in contributing to this important resource.



# Ann Thomas Callahan

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If you get  
knocked down,  
get up and move  
beyond

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## BACKGROUND

For more than half a century, Ann Thomas Callahan (Wapiskisiw Piyesis Iskwew/White Bird Woman) of the Peepeekisis First Nation, Saskatchewan, has devoted countless time and energy to the health and well-being of Aboriginal people. As a health care practitioner, volunteer and Elder, Ann has harnessed her formal education, experience and traditional teachings in health and well-being service delivery. As a girl and young woman, Ann attended the File Hills and the Birtle Indian Residential Schools for a period of 14 years.

In 1958, at 23 years old, Ann Thomas Callahan obtained her diploma as a registered nurse from the Health Sciences Centre of the Winnipeg General Hospital. From 1958 to 1973 she was a general duty nurse and Head Nurse in the same hospital. In 1973, she changed her focus to coordinate programs for Home Care and Continuing Care for People in Need, Winnipeg Region, Central District of Manitoba. In 1983, Ms. Callahan became an instructor and academic counselor for the Southern Nursing Program at the Red River Community College of Winnipeg. Throughout her career, she continued her education with the following certificates and courses: Prevention and Treatment of Alcoholism and Parent Effectiveness Training (PET)(1976); Community Health certificate from Assiniboine College and Assertiveness Training (1977); as well as an Adult Education certificate from Red River Community College (1989). Ann retired from nursing in 1996.

After retirement, Ann Thomas Callahan sought further education and successfully attained two degrees. First, a B.A., with a major in psychology, and an M.A. in Interdisciplinary Studies - with most of her courses pertaining to Native Studies. As a note of caution, she encourages younger people on her lecture tour, “Don’t wait until you become an old age-pensioner, the age I was when I received my Master’s degree.”

As a health care practitioner, Ann has volunteered countless time and energy to many projects over the years, including most recently, contributing to the development of

the Aboriginal Cultural Program curriculum for the Winnipeg Regional Health Authority. As an Elder, she was involved in the design of the new Aboriginal Centre for the University of Manitoba. She also served as a board member for Kinew Housing as well as the Kikinan Centre. From 1973 to 1975, Ann was the President of the Manitoba Indian Nurses. Further, Ann was on the Employment Equity Committee for Red River College from 1993 to 1995 was proud to take part in Aboriginal Awareness Day there in 1995. Ann has received a Certificate of Appreciation from several institutions including Red River College and the Native Women's Society. She is a committee member of the Aboriginal Initiatives for the Canadian Cancer Society and is a board member for the Urban Circle Training Centre in Winnipeg.

The Indigenous Women's Collective of Manitoba has honoured Ann's commitment to the health of the Aboriginal people with the Gold Eagle Outstanding Citizen Award. In addition, the new Critical Services Building at Health Sciences Centre has been named in her honour to recognize her lifelong dedication to health care. The actual ceremony was held on June 2006.

On November 8 2007, Ann received the First Nations Award in the Medicine and Health category sponsored by the Women of the Dawn in Regina, Saskatchewan.

On February 23rd, 2009, at the Helen Glass Centre for Nursing at the University of Manitoba, Ms. Callahan offered the experiences of her nursing journey as part of the Margaret Elder Hart Distinguished Visitor Series.

Ms. Callahan is also a guest lecturer focusing on the residential school system and the impacts on survivors at grade schools, post secondary institutions and churches. She hopes her audience will get an appreciation of this era and that they will gain an understanding of Aboriginal people and their past, especially the Indian Residential School system. Since then, Ms. Callahan has participated in many events geared to help heal from this experience. There were four Healing Ceremonies held under the direction and guidance of the Elders from the File Hills community. Ann Thomas Callahan co-coordinated these events in 2002 to 2005. The retired nurse has made numerous other contributions over the years. Ann is a member of the Elders group for the Indian and Métis Friendship Centre in Winnipeg.

## **MENTORS AND ROLE MODELS**

Ms. Callahan comes from a loving home life. "I was happily raised among 'moosums' [grandfathers] and 'kokums' [grandmothers], aunts and uncles, and cousins who were like brothers and sisters on the reserve," Ms. Callahan reflects. "Our parents saw to it that we were immersed in the traditional ceremonies and the Cree language. There was unconditional love given to us children," Ann continues. "All this was repressed during our residential school experience, but the elders kept up the ceremonies, out of sight of the Indian agent. These elders, 'Key-te-yak-sak', made it their mission to remind the children not to forget who we were, namely Ne-hi-yawak (We the people)."

"At the File Hills Residential School, there was one old matron, Miss Munroe, who used to put a piece of toffee under my pillow every afternoon when I awoke from my nap. I was only eight years old and sick in bed for 10 months that year," Ann recalls. "That was a difficult time, as were all the years there, but Miss Munroe will always remain tucked in the corner of my heart as someone who helped

me survive. She gave me the buoyancy to endure those years.” In junior high school, Miss Eggenweiller was inspirational. Ann was her student during the one-year hiatus of the 14-year residential school period. “We were happy to be home that year and she made us want to learn,” the retired nurse adds. “In nursing school, Miss Margaret Cameron persuaded me to stay and finish when I was discouraged by a brief prejudicial encounter with a head nurse. There are good people in the world.”

One role model that stands above the rest is the Late Dr. Jean Cuthand Goodwill who gave Ann the inspiration to become a registered nurse. She was that confident-looking Aboriginal nurse whom Ann observed at the Fort Qu’Appelle Indian Hospital. Dr. Goodwill encouraged Aboriginal nurses to work in the Aboriginal communities to make changes in the health care of the people. Ann was working at the Fort Qu’Appelle sanatorium at that time and was experiencing a difficult time as she was the only Aboriginal Nurse’s Aide there. This was not looked on too favorably by the young non-Aboriginal kitchen staff.

## CHALLENGES

Ms. Callahan describes the main barrier that she had to overcome was a lack of confidence instilled by the residential school climate, as she terms her time there as an “incarcerate.”

“Our ways had to be aligned or deferred with those in the ‘main’ stream. This robbed us of the confidence we needed to do well on our chosen path. There was little recognition or acknowledgement of our successes or strong points. I had to overcome this deficit before I could succeed,” Ann attests. “I used ‘affirmations’ to get through some rough patches. I said to myself, ‘Yes, I can become knowledgeable and proficient if I strive to reach my goals.’”

“Another barrier was unfamiliarity with the ways of the people outside my world. The hospital environment was so hectic, everything moved so fast. I wasn’t used to that,” Ann emphasized. “Another challenge was decoding doctor’s orders so the information could be transferred to the appropriate parties. I needed to be sure that I had interpreted the information correctly. I learned to validate my conclusions with my supervisors. This was crucial to carry out my nursing procedures safely.” In time, familiarity and confidence took hold and Ann began to excel in her work. “Experience is a great teacher,” she concluded.

## RECOMMENDATIONS FOR CHANGE

“Having spent so many years within the medical field, I feel the nursing profession could be more introspective of its own organizational structure and realize that Aboriginal professionals will be a vital part of this field in the future. We are a pluralistic nation and Aboriginal Canadians are moving towards self-governance in many areas, including the health area,” Ms. Callahan declares. “Therefore, the hierarchy of the nursing profession would do well if they became more aware of First Nation peoples. They could show this by being more open to helping them attain meaningful health-care positions.” Ann was directly involved with assessing health care needs in Winnipeg through the Winnipeg Regional Health Authority Committee.

“I recommend the Aboriginal Student Support Centers at the post-secondary level. These are important for students so they can

network and facilitate their adaptation to the university culture,” Ann offers. “Lobbying for more funds at the provincial and federal level to support Aboriginal education, especially in post-secondary areas, will also encourage more young people to attain their goals.”

Ms. Callahan hopes to personally inspire more Aboriginal people to reach for a career in the health field. This includes researchers, therapists, physicians, and nurses. She wrote her Master’s thesis entitled, “On Our Way to Healing: Stories from the oldest living survivors of the File Hills Indian Residential School” (Elizabeth Dafoe Library of the University of Manitoba. 2002). “Through my recent retirement years, I speak to assemblies targeting our own young people and pass on this message: If you get knocked down, don’t stay down, get up and move beyond. I use my own residential school years and my career path to illustrate this message,” Ann explains. “I was fortunate to have a father, a successful farmer, who believed in a good education, even though neither he nor my mother had the same opportunities. Today I am a great-grandmother of two little boys, Johnson Jules and Joshua Thunder Cloud.”

## **FUTURE CONSIDERATIONS**

“I hope I can remain healthy in my senior years to keep a good outlook on life. I aspire to make my great grandchildren’s world a hopeful and fulfilling place,” Ann adds in conclusion. “I recommend to all Aboriginal youth to find out all you can about opportunities in the health care field. It is advisable that you know what courses you will need to reach your goals, ahead of time. Then you will not have any surprises and you will be better prepared when the time comes.”

“Most of all, don’t give up. Believe that you can be successful. If you fail, try again.” Ann adds, “I have met many challenges in my young and my adult life and I was most appreciative of people like the Elders and other colleagues in my profession who regarded me as a reasonable and intelligent human being.” In summary, “I found this questionnaire quite useful to look back on my life. There is so much more to write, but I hope these entries will suffice and give the reader an overview. I also hope my comments will help inspire other young Aboriginal youth and adults to enter the health care sector. I would like to see them excel in their field.”

# Olga Mansbridge

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“ The sky  
is  
the limit! ”

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## BACKGROUND

The home community of Olga Dorah Mansbridge (née Bruno) is Fort Smith in the North West Territories. This is where she was born and spent her childhood. Today she makes her home in Dillon, Saskatchewan where she is a full-time primary care nurse for Buffalo River First Nation Band that is part of the Meadow Lake Tribal Council. Leading up to this role, Olga ‘shadowed’ a doctor for six weeks when she worked in Cambridge Bay Nunavut and she also took the time to mentor young student nurses near the completion of their nursing courses.

As a teenager, she decided to drop out of school and work for a living. She began with janitorial work and went on to become a chambermaid; a housekeeper; the band’s postmistress; a cashier; and a child care worker. “I was still running the post office on the reserve I lived in when I was in my late 20’s. I decided to try a new line of work so I applied for a secretarial position. My job offer was declined because I was not fluent in my Aboriginal language and I only had a grade seven education. That was a wake-up call for me and compelling evidence that I should return to school. I decided to further my education and do something with my life,” Ms. Mansbridge explains.

“Ever since I was a small child, I had always dreamt of becoming a nurse, but I never really thought I would ever achieve this dream. In the late 1980s, things began to change because I had a special goal. It began with upgrading through Arctic College, now known as Aurora College, in Fort Smith. I entered the Access Nursing program and got my Bachelor of Education and then I got my Nursing Diploma from the Northern Nursing Program in Yellowknife in 1997. I was 38 years old,” Ms. Mansbridge shares proudly. “There were a whole lot of struggles, but I got through it.”

The newly graduated nurse began her professional career as a “Float” or “Casual Nurse”, continued as a “Maturity” Nurse (working with seniors) and then became a Primary Care Nurse, working in both the North West Territories and Nunavut as a government employee. She subsequently took a job in Northern Saskatchewan for Buffalo River First Nation under the umbrella of the Meadow Lake Tribal Council. “I also do some volunteer work when there are community events and I help with Meals on Wheels’ whenever I can,” Olga explains.

## **MENTORS AND ROLE MODELS**

“I was very blessed that I had two very experienced mentors during my nursing training. Suzanne and Iris both took me under their wing and influenced me with their impressive knowledge and more importantly, with their confidence in me,” Olga attests. “I was a grade-seven drop out with no self-esteem and no confidence in myself. Much of this dysfunction came from my years at residential school where I learned to survive at the cost of believing in myself,” she shares. “With their unshakeable faith in me, I was able to regain my self-worth and eventually I had the self-confidence I needed for me as a person, and then for my role as a nurse. Both mentors were awesome; they helped me to become the medical professional I am today. Olga recalls saying to each of them as a student nurse, “When I grow up I want to be just like you.”

## **CHALLENGES**

“Going back to school in my late twenties as an adult was a considerable challenge. Learning to focus on the lessons and disciplining myself to sit still and study was difficult,” the former nursing student offers. “I was determined to reach my goal despite the interference of some people with rather negative outlooks. I promised myself that I would show these people that I could accomplish this goal; that I wasn’t the failure they claimed I was.”

By the time Ms. Mansbridge achieved her dream of becoming a nurse, the opinions of the naysayers were no longer important to her. “After working and struggling through my nursing education, I felt I did not have to prove to anyone that I could do this. I had achieved my dream. In the workplace there haven’t been any challenges and there still are no barriers. Each day, I am happy to say that I learn something new in my chosen career,” Olga adds. “Once I had gained back my self-esteem, I felt I could overcome any challenges that came my way.”

## **RECOMMENDATIONS FOR CHANGE**

“I was lucky because Aurora College was in the north where I grew up. I didn’t have to move south. The majority of students in this school were Aboriginal so we grew and learned together,” Olga outlined. “I can’t think of anything I would change at the college.”

Ms. Mansbridge hopes that other Aboriginal nurses will mentor young nursing students and help them achieve their targets. Olga, herself, is a role model to the young people in both her home community of Fort Smith and in Dillon, Saskatchewan, where she lives today. A niece, who was fortunate enough to do a high school career work rotation with her Aunt Olga, is a Registered Nurse today. “It is very encouraging to know that I am returning the gift given to me. My nursing role is helping to chart a medical course for young people just as Suzanne’s and Iris’ confidence in me helped secure my future,” the accomplished nurse offers. “I never thought of myself as a role model but when I reached that coveted nursing goal, I knew my life had changed. If I could do it, anyone else could too.” “Today I have younger people calling me, stopping me on the streets to ask me questions about the nursing program. I am honest with them when I inform them that it’s a long and tough road but if you’re determined then nothing can stand in your way. Today I am proud to be a role model to the younger generation and I will be pleased to mentor any nursing student.”

“As an Aboriginal person, I used to be intimidated by any person that appeared to have a higher education than I did,” Olga confirms. “Now, I always tell the younger generation if you don’t know or are unsure, just ask. People who have the education or experience are willing and often enjoy, helping.”

“I would also say to Aboriginal students what was once said to me: “The Sky is the Limit”. I didn’t really understand what that meant until I reflected back after finishing my nursing diploma,” Olga announces. “When you have a goal, and you are really determined, no one can stand in your way.”

## **FUTURE CONSIDERATIONS**

“As a young person, my aspirations were put on hold when I left school after grade seven. My opportunities seemed more limited. I became convinced that I would never reach my goals. After holding a series of jobs that required very hard work for low pay, I made up my mind to return to school and reach that goal, “ the Fort Smith nurse adds. “I wanted to learn my Aboriginal language, Chipewyan, and I wanted to help Aboriginal people. Now it has been over ten years since I reached that destination. I have learned my traditional language and I am helping my people. It is intrinsically rewarding every time a client says ‘thank-you’ to me. That is the greatest feeling, knowing that I helped someone each and every day.”

“In the years to come, I would like to complete my Bachelor of Science in Nursing and preferably get a job that has regular hours, from nine to five, Monday to Friday, with weekends off,” Olga concludes with a smile. “I would also like to finish the home currently under construction on the lower north shore of Quebec, where my husband is from. Eventually, I would like to live in my dream home.”

## Mary Lynn Labillois

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Believe in yourself,  
challenge yourself  
and remember  
where you come  
from

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### BACKGROUND

Mary Lynn LaBillois hails from the Eel River Bar First Nation in New Brunswick and she happily makes her home there today. She received her nursing diploma from a college in New Brunswick in 1995. Today she is a full-time Nurse Supervisor for the Listuguj First Nation Government. She held a previous position as a Floor Nurse in the Psychiatry-Medical wing of the Campbellton Regional Hospital. Ms. LaBillois has also been a Home Care Nurse and Community Health Nurse (CHN) for the Listuguj First Nation where she works now.

### MENTORS AND ROLE MODELS

“I was hospitalized when I was a small child and this visit left an indelible impression about the nursing profession,” Ms. LaBillois shares. “I was lucky to have a very nice nurse. She was so friendly to me. To her, I was just another kid on the ward, but to me she was special. After that, I always wanted to be a nurse.”

“When I graduated from high school I didn’t have the confidence to pursue my dream. There were no nurse role models in my community and I didn’t feel that I could do anything I put my mind to, so I didn’t go after nursing at that time,” Mary Lynn continued.

Ms. LaBillois went on to university but she didn’t really like the courses she was taking. She referred to herself as a professional student with no particular goal. To complicate matters, she became pregnant and left university after three years. “When I went for my prenatal exam, I met an Aboriginal nurse and she really impressed me,” Mary Lynn emphasizes. “By the time my daughter was born, I was sending my application off for nursing school. Seeing a First Nation nurse gave me the strength and confidence to believe in myself.”

## CHALLENGES

“By the time I started nursing school, my daughter was six months old. Leaving the reserve was a significant challenge for me,” the nurse recalls. “I was away from home and responsible for a small baby - my baby. At home I had been surrounded with immediate and extended family. They had provided me with friendship and support that would not be available off reserve but we had to leave for a while to make a better life,” Mary Lynn offers. “We came to the city where people were strangers and friends didn’t just live up the road”.

“My daughter went from being lovingly cared for by my grandpa to being looked after by a total stranger at a day-care, but we managed to stick it out with a little help.” The young Eel River Bar First Nation nurse was very thankful for the friends and family from home, who would occasionally use her rental as a vacation getaway. “I managed to pick myself up and brush myself off when I got too discouraged with the weight of it all; when I felt I couldn’t go on any longer,” Mary Lynn shares. “I believed I would be failing more people than just myself if I were to quit. I also had great parents to prop me up and friends to share my experiences with.” Ms. LaBillois completed three years of nursing school.

When she was working at the hospital closest to Eel River Bar First Nation, Mary Lynn was the only Aboriginal nurse there at the time. “I don’t see that being a First Nation person created any barriers to my career advancement,” Ms. LaBillois attests.

## RECOMMENDATIONS FOR CHANGE

“Within the educational system, First Nation students sometimes get lost after high school. The secondary education experience could be adapted to allow easier entry to university. Many colleges offer upgrading to allow a smoother transition to college and university programs. The upgrading involves taking missed courses or repeating some to get a higher grade,” Mary Lynn explains. “Funding criteria for bridging high school and college or university could be examined and improved. Opportunities to take university courses themselves could be revisited and enhanced.”

“My advice for any First Nation, Inuit or Métis person, going into any field is to believe in yourself, challenge yourself and remember where you come from. Celebrate your successes and learn from your shortcomings,” the successful nurse volunteers. “Home will always be there when you are done.”

## FUTURE CONSIDERATIONS

Personally, Mary Lynn’s goal is to be happy. “I feel good about myself. I am a good wife, friend and mother. I consider myself fortunate and I can attribute that to surrounding myself with positively minded people.” The active nurse would also like to travel. “I want to see some of this great big world with people I care about.”

“Once my children are finished with high school, I am planning to return to my studies for my post-RN baccalaureate. I also want to get

a geriatric diploma, which I hope to start soon,” Ms. LaBillois explains. “I am striving to open my own special care home for the elderly First Nation people in the next five to ten years.”

“Essentially, I believe I have always been blessed. I have enjoyed a great childhood, managed to overcome challenges and met new friends. This was especially true when I was a student. I also enjoyed the thrills of motherhood,” Ms. LaBillois concludes. “As a professional, I have the chance to celebrate being Migmaq from my work as a registered nurse in a sister community. I am also living in my home community where I enjoy family and friendship on a daily basis.”

# Laurie Ann Dokis

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Have faith in  
yourself

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## BACKGROUND

Laurie Ann Dokis hails from the Dokis First Nation located on Lake Nipissing near the city of North Bay. Today she makes her home in the Kwakiutl Traditional Territory, near Campbell River, British Columbia. She is a full-time employee working with the Transfer Nursing Team for First Nations and Inuit Health in the Pacific Region. Ms. Dokis is also the President of the Native and Inuit Nurses Association (NINA) of British Columbia. Her most ardent goal remains the advancement of Aboriginal health and nursing.

Laurie began working at a young age. “I was a babysitter first; then I worked as a waitress and as a food preparation person. I was also a chambermaid, a clerk-typist, an Administrative Assistant, a Personal-Care Aid, and a Research Assistant. Laurie earned a Bachelor of Arts in Psychology in 1991 but was not sure that this was the direction she wanted to pursue. She decided to enter the medical field and got her Bachelor of Science in Nursing from the University of Alberta.

She began working in 1994 in the areas of Critical Care, Home Care and Public Health. That same year she received her Critical Care designation and a year later, the Clinical Geriatrics specialty was added. Following that, Ms. Dokis went on to the roles of Nurse Educator, Nursing Clinical Advisor, and Regional Coordinator for the College of Registered Nurses.

In 2003, Ms. Dokis achieved her RNEC or Nurse Practitioner designation, after completing her diploma in Advanced Nursing Practice. She enhanced her role as a Nursing Consultant in the area of Nursing Management and Practice. In 2004, Ms. Dokis achieved a Masters of Nursing from the University of Athabasca. More recently, Ms. Dokis has expanded her consulting role in the areas of Nursing Management and Practice.

## **MENTORS AND ROLE MODELS**

“When I was finishing up my Bachelor’s degree in Psychology, I wondered what I would do next. I was a single parent living in student housing,” Ms. Dokis shares. “My neighbour was also a single parent in her third year of nursing. I asked her what she liked about nursing and she replied “If I never work as a nurse that is alright, I am learning to look after my son and myself and that is what I love about nursing.” Her message hit home for Laurie. “The adage, ‘Healer, heal thyself’ is always with me. I truly believe that I am a lifelong learner, continually re-inventing myself to be the best that I can be.” Nursing has been the vehicle that has allowed Laurie to reach this personal goal.

“Along the way, there were many mentors, both personal and professional, who contributed in unique and significant ways to help me find my confidence, strength and courage, as well as economic success. These mentors helped me overcome obstacles and balance my activities in both my personal and professional life. Their guidance allowed me to find the right blend of scholastic and work obligations while still respecting the needs of my family and my community,” Ms. Dokis clarifies. “Each one of these people is important to me because they accepted me for who I am, and where I am now. They helped me navigate the various challenges that I encountered while striving for my personal and professional goals.” Laurie adds; “these ‘mentor’ relationships have had a big impact. They have instilled a propensity for advocacy. It seems the thing I love doing most is helping others navigate systems and overcome obstacles and barriers to achieve their dreams.”

“In the workplace, I have some trusted professional colleagues that I treasure for their exceptional minds and spirits. They give me unbiased and direct feedback. I also have the opportunity to collaborate with them in a way that adds a powerful synergy to the solutions we develop. This grows from our common commitment to make things better,” the well-trained nursing specialist adds.

## **CHALLENGES**

Laurie has always been mindful that she has created a lot of her own barriers due to her very high standards. She has a compelling need to be healthy and strong so she can help others. She strives to optimize her own physical, emotional, and spiritual growth. This holistic approach gives her the strength to support her patients, her family and her community. “My husband, children and family have always helped me too, with a lot of unconditional love. They have shared their stories of overcoming tough stuff. They also helped by distracting me when I needed a break from the daily routine. This allowed me to focus on family and community stuff for a while,” Laurie holds. “I get a lot of laughs from them too and laughter can be healing.”

## **RECOMMENDATIONS FOR CHANGE**

“Increasing awareness and knowledge within the health care system is so critical to make lasting change for Aboriginal peoples in Canada,” Laurie explains. “Effective and respectful communication is crucial to advance as a nurse. Finding the time, the patience and the perseverance to develop the knowledge and skills takes time and ingenuity. Experience takes time. You need to learn to communicate in such a way that offends the least number of people as possible, especially if the perspectives are diverse and the

stakes and tensions are high. Achieving advances in Aboriginal health is one such topic.”

“In the workplace, fostering enlightened nursing leadership has a unique meaning. It means we need to develop specific training and performance criteria for individuals, teams, and organizations that are publicly mandated. These measures will ensure [culturally] safe, ethical and competent nursing services to Aboriginal peoples in Canada,” Laurie stresses. “A supportive practice environment is also important. In order to grow enlightened leaders, we need relevant, safe, stimulating and accountable practice environments. Both a political and an administrative buy-in are needed to create a climate where a commitment to customer or client satisfaction is more important than individual, professional or political interests. It seems that a culturally sensitive, best practices model for the nursing profession would be a worthwhile and noble target. This model would thrive in a political backdrop with a safe and accountable, grass-roots orientation.”

Ms. Dokis feels that Aboriginal youth will have a smoother educational journey if there were more First Nations’ faculty. Another benefit would be derived from having more teachers, from all backgrounds, that are enlightened about the reality of Aboriginal ways. This would lead to a more inclusive and culturally-relevant teaching and learning environment. It would also lead to a curriculum that includes the true story of Aboriginal people in Canada as told by Aboriginal peoples in Canada. This would be achieved by a combination of academic readings and personal story telling. “My advice to young Aboriginal people is to have faith in yourself, be diligent in pursuing your goals, be mindful of the company you keep, and concentrate on what is important to you. I advise that you continually strive to be the best you can be, to know your strengths and build on these. Let go of worrying about what you or others think you are not good at,” the nurse educator summarizes.

## **FUTURE CONSIDERATIONS**

“In order to achieve these interactive skills, I search out and surround myself with people who have the relationship and communication attributes that I aspire to gain. I actively listen, learn and then ask for their feedback as to how I am progressing,” the nurse-practitioner continues. “My next goal is to be licensed as a Nurse Practitioner in British Columbia and at the same time be there for my husband, daughters, parents and family,” Laurie affirms. “During this life journey of self-discovery and growth, I am grateful for the opportunities that allowed others to share their knowledge and experience with me. In turn, these opportunities have often allowed me to use my knowledge and skills to make their lives a little easier,” Laurie adds. “I love to share what I know with like-minded people who are interested in working together in effecting change in a positive and powerful way.”

“As a working person today, in an uncertain economic climate, I feel grateful and fortunate to be working as a nurse. I have access to knowledge and resources that assist me in maintaining and enhancing my own personal health and well-being and that of my family. Most importantly, my hope is that my work as a nurse contributes in some way to improving the relationship between the health care system, notably nursing, and the Aboriginal peoples of Canada. “

# Rozella McKay

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Realize that you  
are in charge of  
your own  
life

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## ROZELLA McKAY

### BACKGROUND

Rozella Constance McKay was born into the Kahkewistahaw First Nation. She has spent most of her life in the Fort Qu'Appelle area, and now she considers this her home. Ms. McKay got her diploma in Nursing in 1963 at the University of Saskatchewan. She went back to university in 1986 to get her Bachelor of Science Degree in Nursing. Today, she is a Community Health Nurse, or CHN, for the File Hills Community Health Services, three days a week.

“After grade eight, I was placed by Indian Affairs in a school that was 350 miles from my home and 100 miles from the closest First Nation community. I was the only Aboriginal student at the Shaunavon High School and that was a good thing for me,” Rozella claims. “The other students had no pre-conceived notions, no prejudices about native people.” Ms. McKay graduated from Shaunavon High School in 1960, after completing grade 12.

“After finishing high school, grade 12, in 1960, I discovered I was the only Aboriginal person in my nursing class of 50 students at the University Of Saskatchewan School Of Nursing. I recall only one negative evaluation from a non-native instructor,” Ms. McKay shares. “I was described by this instructor, as ‘aloof’, ‘uninterested’, and ‘stand-offish’. I think that was because I was shy, quiet and didn’t often speak up in class. I went to the teacher and pointed out that my rural cultural background did not encourage assertiveness. It was this cultural trait and my lack of confidence that were being evaluated here. I remarked that some students tended to monopolize class time and I did not wish to compete with them,” the experienced nurse adds. “I was firm with my instructor when I told her that I would not accept this negative evaluation under the circumstances, and I got my message across.”

Ms. McKay had several positions over the years, and all but one involved nursing. “My first summer job in grade 12 was a ‘chambermaid’ in a local motel. After that, it was

all nursing,” Ms. McKay declares. “I went from a general duty nurse at the University Hospital, Saskatoon and Fort Qu’Appelle Indian Hospital to a CHN, a Community Health Nurse, in various locations in Saskatoon and Alberta.”

“I was an Assistant Zone Nursing Officer for Health Canada located in Fort Qu’Appelle. I worked in two nursing stations, Fond du Lac and Black Lake. I was also employed at the Wellness and Health Promotion Branch, for the Province of Saskatchewan as an “Aboriginal Wellness Consultant,” a title I proudly chose myself. I also taught off-campus classes for the Saskatchewan Indian Federated College (SIFC) and the Saskatchewan Institute of Applied Science and Technology, (SIASST) at Yorkton and the Cowessess First Nation.”

Ms. McKay has been a volunteer at the Qu’Appelle Valley Friendship Centre and she was a provincial representative for A.N.A.C., the Aboriginal Nurses Association of Canada, for several years.

## MENTORS AND ROLE MODELS

“I remember very clearly when the whooping cough went through our reserve and affected my extended family,” Ms. McKay shares. “My mum had taken us to the Indian Agency Nurse for our needles so we were safe. Unfortunately, my aunt had not taken her children to be immunized. My five year old cousin died from the disease. At that point I resolved that I would become a nurse. I realized the needles the nurse had given us kept us safe. I became aware that I could do so much more for my community and this kind of tragedy might be prevented in the future. I was also disenchanted with the ‘rough’ needles that we were given, and I knew I could do a better job.”

## CHALLENGES

Challenges often resulted from poor communication. “I was not aware of the monthly student allowance that I should have received for my last three years of high school,” Rozella explains. “My aunt found out by accident when she inquired about funding being available for a grad gown, three months before I finished grade 12. Apparently, there should have been a yearly clothing allowance too.”

“After I started nursing school, I found out I could have received funding for shoes, a watch and other items. I had babysat to get money to buy these items and my mother gave me what she could. On the positive side, I may have valued things more highly because I had earned them myself.”

“I was taking a course after completing my nursing degree, and the timing was not ideal because some family problems almost made me quit. I managed to persevere,” Ms. McKay shares. “My ‘un-wealthy’ family helped with money and a lot of moral support. I was attending school with some very well-off students. Thankfully, they were not ‘snobbish’ and accepted me for myself.”

“When I got my Community Health Nurse, CHN position with Health Canada, the Zone Nursing Officer didn’t want to hire me because I didn’t have a Bachelor of Science in Nursing degree,” Rozella outlines. “She also told me that I probably wouldn’t last long because young married nurses often got pregnant and quit.”

Ms. McKay married into the Standing Buffalo Dakota Nation and eventually she did start her family but she has never left her job in Community Health. “Instead, the Zone Nursing Officer quit her job at Health Canada a couple of years later. “I would like to add that I took a Health Canada CHN course to help me with the community nursing program at work. I took this course at the University of Manitoba, while I was pregnant.”

“The health system offered on reserve in the early years could have been more sensitive to the needs of the Aboriginal culture,” she states. Ms. McKay recalls an incident when the gap between Aboriginal traditions and western culture created a problem. “It may have been related to the same issue of ‘rough’ needle applications. My aunt, a Community Health Nurse [CHN] and I had to travel to a distant reserve, to give immune globulin to the family contacts of a child with Hepatitis A,” Ms. McKay testifies. “When we got there, one of the family members, a young boy ran into the bush and would not come back. Irene, the CHN, called to him saying, “We’ve come 200 miles to give you this protection”. He hollered back, “You can go another 200 miles because you’re not giving me anything.”

### **RECOMMENDATIONS FOR CHANGE**

“Our reserve schools try to hire the best teachers who are proficient in their chosen field and they teach our young people all subjects including mathematics and science. Unfortunately, we don’t find out if they have achieved the standards required for off-reserve schools until we attend provincial or city schools. At this point we often find out that we are behind in a subject,” Rozella articulates. “It would be good to facilitate setting the same standards for off and on reserve with our leadership. On the positive side, I have found that many off-reserve schools are now providing Aboriginal content in their curricula.”

“We should continue to help young people with career and course selection before and after they get to a school of higher learning. In Saskatchewan there are organizations that will facilitate course selection and other related tasks, they include; the Nursing Education Program of Saskatchewan, NEPS, which is a collaborative venture of the Saskatchewan Institute of Applied Science and Technology, SIAST’s Nursing Division and the University of Saskatchewan’s College of Nursing. The Saskatchewan Indian Institute of Technology, SIIT, is another organization that offers assistance.”

“Realize that you are in charge of your own life. How well you do is in your own hands,” the experienced nurse declares. “You are affecting the rest of your life if you goof off. It’s never too late to straighten out and do better. Please try to do your best in mathematics and science classes,” she adds. “You don’t have to be an Einstein, but be the best you that you can be!”

“Check with the universities and colleges. In this province, I recommend you get in touch with the Saskatchewan Indian Institute of Technology, SIIT, and the Saskatchewan Institute of Applied Science and Technology, SIAST. Please check out the Community Colleges to see what they have to offer, either locally or in the cities. Don’t forget that there are also bursaries, scholarships, and grants available, too.”

## **FUTURE CONSIDERATIONS**

“In my day, there were no assertiveness or life skills courses available. I believe that many students may have been labeled shy or aloof or uninterested”. Their cultural teachings were more likely to be linked with modesty and avoiding self-promotion. This is not always effective in a competitive environment. Aboriginal students are taught not to contradict their elders and are more likely to give in than oppose an evaluation,” Ms. McKay adds. “Instructors are seen as all-knowing and final in their judgments. It might be beneficial to keep this in mind when young people come to the city from their rural Aboriginal communities.”

“I went back to university at age 45 to get my Bachelor of Science in Nursing. I am saying that you are never too old to learn. Now, at 67, I am hoping that I will eventually be able to retire from my health-care role,” Rozella concludes with a smile. “I would like to be a full-time Grandma and a Great-Grandma.”

## Madeleine Dion Stout

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Create your own  
path.

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### BACKGROUND

Madeleine Dion Stout, a Plains Cree speaker, is also known as “Keteskwew” or “Ancient Woman” also meaning “Child with Ancient Spirit”. She hails from Kehewin First Nation in Alberta and today she makes her home in Tsawwassen, British Columbia, on lands leased from the Tsawwassen First Nation. Ms. Dion Stout got her Nursing degree from the Edmonton General Hospital and her Bachelor of Nursing with distinction from the University of Lethbridge, in Lethbridge, Alberta. Ms. Dion Stout has also achieved a Master of Arts degree in International Affairs from the Norman Paterson School of International Affairs at Carleton University in Ottawa, Ontario. Since 2003 she has been the President of Dion Stout Reflections, Inc. while continuing as an independent scholar, researcher, writer, and lecturer with a focus on Aboriginal health development.

Previous Employers include the Charles Camsell Hospital in Edmonton where Ms. Dion Stout was a staff nurse. She was a Public Health Nurse at the Peigan First Nation Community, in Brocket Alberta and she worked for the Government of Canada, where she was a Director for the Indian and Inuit Health Career Program.

From 1969 to 1986, Ms. Dion Stout worked for Health and Welfare Canada, Medical Services Branch. She was Director for Aboriginal Education, Research and Culture at Carleton University, Ottawa from 1992 to 1998; Assistant Professor for the School of Canadian Studies, Carleton University from 1993 to 2001; and Coordinator of Native and Northern Studies, for the School of Canadian Studies, also at Carleton University from 1994 to 2001.

Ms. Dion Stout has also been an active volunteer. She was President of the Aboriginal Nurses Association of Canada and was a member of the National Forum on Health, appointed by Prime Minister Jean Chretien. She has served on two Federal-Provincial-Territorial Advisory Committees providing policy advice to Deputy Ministers of Health. She is an inaugural member and Vice-Chair of the Board of Directors for the Mental Health Commission of Canada. She is a “Thought Leader” for the Native Mental Health Association of Canada. She also serves as a board member for the ‘Streetohome

Foundation', a private sector board with a mandate to work with the public to end homelessness in Vancouver.

Ms. Dion Stout is also an Advisory Committee member of the "Communities in Crisis Initiative" for First Nation Inuit Health Branch, and an Advisor to the Director of Aboriginal Health of the Provincial Health Services Authority (PHSA) in British Columbia. She is a co-investigator in two important research projects funded by the Canadian Institutes on Health. Ms. Dion Stout adds to her amazing credentials with numerous policy-related articles she has written for Aboriginal and non-Aboriginal organizations. She has also been a keynote speaker locally, nationally, and internationally for many years.

## MENTORS AND ROLE MODELS

"When I was seven years old, my mother and father drove me by horse and wagon to the Elk Point Hospital where I had an emergency appendectomy. We rode in the ditch to the hospital which was ten miles away, to make room for the cars and trucks that sped by us," Madeleine shares. "My parent's dignified suffering on that fateful ride remains in my blood memory today. They saved me from death and set me on my life's journey with what turned out to be a life-altering experience. I can still smell the ether and more importantly, I can still see the nurses floating angelically around me. In sum, it was the nurturing spirits of my mother and father and the nurse's gentle voices and hands that made me decide to become a nurse during that hospital stay."

"My most influential mentors and role models were from my own community. My grandfather, Solomon Youngchief was my constant companion when I was a child," Madeleine explains. "I once watched him make a screen door by hand, whistling as he did. Early on Easter morning, he had us look through it so we could witness the sun dance to the wonders of a new and special day. My grandfather also charted the sun's morning rays where they first hit our humble kitchen wall, using the screen door as his gauge. At the end of his fastidious study there were many pencil lines with Cree syllabics decorating our wall and with them a valuable lesson."

"On most winter nights, my grandfather told us legends and stories as we huddled around our pot-bellied stove. Years later, when I was in nursing school, he, more than any other family member, wanted to know specifically what I was learning there. He was very hard of hearing so I had to yell in his ear. I can still recall the quizzical way he looked at me when I told him that particular day I had to give needles to oranges," Ms. Dion Stout offers with a smile. "I neglected to tell him that I was just practicing to give needles to people. His influence, his oral traditions and his teachings have shaped my life journey in the most positive of ways."

"My mother, Sarah Youngchief Dion is another one of my early and lasting heroes. When she and my father visited us children in residential school, it was an opportunity for me to renew my resolve. I would fix my teary, red-rimmed eyes on her red tam. That splash of colour, the statement, my heartbeat and the moment gave me the strength I needed to continue this journey. My mother meant so much to me. At home, she tirelessly carried out her 'corporal works of mercy,'" Ms. Stout recalls. "Her mini-sweat lodges and herbal medicines made short shrift of our everyday illnesses. Her huge garden and numerous home-canned jars kept us well-nourished over the many winter months. My mother was really so much like a nurse in her approach to life, that she kept this profession on my mind."

"Bob Stout, my husband and an avid long distance cyclist, is another one of my life's heroes. He reminds me a lot of my grandfather with his kind and supportive demeanor and principled work ethic," Madeleine attests. "For 40 years he has pulled with me to raise two beautiful daughters to whom we've tried to pass on the ritual of the gift economy. Making your little corner of the world a better place

is as important as anything else you'll do in life.”

“Bob has stood by me in my career moves, including the ones I wasn't paid for. Most important, he was present when all three of our grandchildren were born.” Ms. Dion Stout adds, “One of my favourite nursing positions was working in the maternity ward. This is where I learned how important it is to be part of bringing new, innocent and awesome life into the world.”

Another mentor was the Honourable Monique Bégin. “While maintaining a sense of who I am and where I come from, I have always aspired to move beyond the normal paths of personal growth and development to accept unique positions like becoming Special Advisor to the Minister of Health and Welfare Canada. I accepted this role when I was a young nurse and in due course gained a life-long mentor and friend in this prominent Canadian. I saw policies, politics and power first-hand.”

“This experience has added value to my career and made me a stronger, more self-directed person,” the former aide reveals. “When the Minister interviewed me for the Special Advisor position, I was wearing long braids and a dress that I had made. She has often commented about my not being replaceable with; “When they made you, they broke the mold and threw it away.”

## **CHALLENGES**

“Leaving the reserve to go to nursing school would have been a harder transition had I not made friends the first day I arrived. I had only been to Edmonton twice, and one of those times had been for my interview at the Edmonton General Hospital School of Nursing,” the nursing advocate explains. “With my circle of friends around me, it was easier to focus on my nursing career. The challenge was not to fall into pitfalls like partying or mixing with the wrong company. Likewise, breaking the rules in the nursing school residence risked expulsion and that would ruin future prospects.” Aboriginal youth at the YMCA and the Friendship Centre also provided a sense of community. This in turn cultivated quite a few friendships.

“The Regional Director of the Medical Services Branch in Alberta promised to promote me to an administrative position in the regional office when I completed my Bachelor of Nursing Degree,” Madeleine reports. “After I finished my degree with distinction, I let her know I was interested in such a position. Instead, a First Nation man was hired. It was ironic, perhaps, that he did not stay for long. In my work experience, it seems that sexism trumps racism when it comes to First Nation women trying to gain our rightful place in key decision-making roles.”

“In April of 2008, I celebrated my 40th nursing reunion with my classmates, most of whom I had not seen for a long time. That was a wonderful chance to share our stories and experiences. My advice to new people starting out is: create your own path, stay unique, marvel at those who mentor and support you, give away as much as you take away and most of all be well.”

## **FUTURE CONSIDERATIONS**

Ms. Dion Stout would like to remain self-employed as a researcher, a writer and lecturer for Aboriginal health and health care issues.

# Karen Brascoupe

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Surround yourself  
with positive,  
healthy people.

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## BACKGROUND

Karen Mary Ann Frances Brascoupe originates from Kitigan Zibi, Quebec, her home community and this is where she lives today. Ms. Brascoupe went directly from high school to Algonquin College in the Nursing Assistant Program. “I was working in Ottawa at Health Canada, part-time, and while there, I found out about the Lakehead University Native Nurses Entry Program. I graduated from that program in 1991 with an Honours Bachelor of Science in Nursing,” Ms. Brascoupe explains. Karen began to work as a registered nurse at the Moose Factory General Hospital in 1992. Karen Brascoupe, R.N., HBScN, ‘Education Sector Nurse’ is her title and she reports to the Education Director, Anita Tenasco, in her home community where she has worked since 1999.

## MENTORS AND ROLE MODELS

“Claudette Dumont-Smith was our Community Health Nurse (CHN) when I was growing up. One day she came to our school to give us all a tetanus shot,” Ms. Brascoupe recalls. “I was terribly afraid of needles so I made up an excuse not to have my needle that day. I may have even confessed to her how much I feared them. She was very nice; she didn’t insist I have the needle that day, instead she offered to give me the shot at our health centre. I just had to make an appointment when I was ready. I was so relieved that I didn’t have to feel that needle in my arm that very day.” A few days passed and Karen still didn’t have her shot. By this time her friends were urging her to get it.

“I made the appointment and got off the bus at the health centre. Claudette met me at the door, welcoming me with a big smile,” the nurse adds. “I told myself that I was not going to let Claudette down; I was going to get my shot today. Claudette knew I was nervous so she took her time to tell me exactly how she was going to give me the shot. She waited until I was ready and then gave me the needle. I remember thinking, “Is that it?” I hadn’t fainted, nor did I feel like I was going to faint.” According to Karen, the talented Claudette helped her overcome her fear of needles that very

day and at the same time influenced the young student to think about nursing as a career. Even as a teenager, Karen recalled that day and remembered how good she felt.

“Prior to that time, I had occasionally visited a hospital or a health professional off the reserve. Looking back, I had found these visits unfriendly in comparison,” Karen confesses. “I was always seen by a stranger in an atmosphere that was cold and uninviting. On the reserve, it was a different experience. I was seen by a native health professional and it felt so much nicer. I felt at home and I felt comfortable.” Ms. Brascoupe adds. “That was when I made up my mind to become a nurse and work for my native people. If I felt uncomfortable about non-native institutions then others probably felt that way too.” Ms. Brascoupe wanted to make a difference in the way native people received health care and Claudette Dumont-Smith, her role model, continues to play a supportive role for the Kitigan Zibi nurse.

“My grandmother, Philomene Commanda-Tenasco, was a very important role model. Although she passed away years before I was born, she had a good reputation as a mid-wife who also tended the sick. She had never received any formal medical training, but she was always there when someone in the community needed her services,” Karen outlines. “I feel I have naturally followed in her footsteps. My family was also very supportive; without their help, it would have been much more difficult to become a health professional.”

Another Community Health Nurse on the home reserve was Shirley Commanda-Quedent. She was always positive and inspirational for the young nurse in her studies. “Mae Katt, a native nurse practitioner, and Larry Garrow were on an Advisory Board for the Native Nurses Entry Program at Lakehead University,” Karen outlines. “I was working part-time at Health Canada in Ottawa while attending Algonquin College in the mid to late 1980’s when the Advisory Board was looking for their first intake for the Native Nurses Entry Program. I was accepted and away I went to follow my dreams.”

## CHALLENGES

“My biggest challenge was being so far from my home community. The trip to Thunder Bay, Ontario, where I was studying, was a two-day drive,” Karen shares. “I was lonesome for my family and familiar surroundings, but I did make a lot of friends in Thunder Bay and that made it easier. Mae Katt, who was the Coordinator for the Native Nurses Entry Program helped me find my first boarding home, just blocks from the university. I was so thankful. She also helped with funding and academic issues, not to mention helping us find our way around the campus and the city of Thunder Bay. I remember her as someone who liked to joke and laugh. She was always willing to listen and help in any way she could.”

Another challenge came from a few non-native teachers and high school career counselors. “They tried to tell me that I wouldn’t make it out there in the college and university world. They claimed the city was a different world from the reserve,” Karen explains. Ms. Brascoupe was determined to prove them wrong and she used every opportunity she had to tell them just how well she was doing. “These counselors and teachers did not stay in the community long and this was welcome news because they had made the same statements to some of my peers, who also proved them wrong. It just goes to show that you can do anything you put your mind to, if you try hard enough. There is always a way.”

Work brought its own kind of challenges. “I encountered racism in the hospitals I worked in, just as I had during my studies. The Aboriginal staff was terrific and enjoyable to work with but the non-native staff often made comments that were negative and racist. When they spoke to each other in French, the language of my province, I could understand the negative words they shared with each other. Non-native nurses in general seemed to be racist in their attitudes and that was disappointing,” Karen clarifies.

Once Ms. Brascoupe was back on the reserve, there were other roadblocks, more political in nature. “When I shared these findings with other nurses from other reserves, I found that they had the same or even more serious problems,” Karen admits. “The other discovery concerned the healing that had to happen due to residential schools and the legacy they generated. These abuses filtered down to the work place and made it more difficult to get things done.”

## **RECOMMENDATIONS FOR CHANGE**

“I would recommend keeping the Native Access and Native Entry Programs at the college and university level. I say bravo to anyone who extends or increases this type of programming. They are all important programs.” Karen confirms. “The Native Support Services also fall into this category of important programs to reinforce. I was very lucky that I found the Native Nurses Entry Program. We were a small group of 12 in an all-native class and this made a huge difference for us; greatly contributing to our success level.”

“At the organizational stage, racism has to be reduced with education and awareness sessions for non-native health professionals. This is especially important in the northern communities where there are large native populations. As mentioned, I personally was exposed to comments in French and English from non-native staff that did not realize I could understand their negative comments. One would think that such programs had already been introduced in these locations,” Ms. Brascoupe emphasizes.

“If you have it in you to dream, you have it in you to succeed,” is Karen’s advice to students considering their future roles. “I have dreamed of becoming a nurse since I was nine years old. I always wanted to be a nurse and I followed that dream,” she continues. “Don’t let anyone or anything jeopardize your goals in life! Take positive steps in the right direction to make this dream a reality. Surround yourself with positive, healthy people who want you to succeed in life.”

## **FUTURE CONSIDERATIONS**

“My philosophy is that I have been hired by the people and I will do my job the best way I know how, for the people, regardless of what is going on in my surroundings. I work with this in mind and avoid anything that could derail my good judgment. I try to avoid people who are negative in their outlook. Likewise I make an effort to avoid barriers that can bring me or my work down,” the successful Ms. Brascoupe concludes. “I have spent 18 years as a nurse and despite the challenges; I can say that my goal is definitely to remain in this profession until I retire. I love being a nurse. I love to help people of all ages.”

## Lisa Marie Sanderson

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Think positive!

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### BACKGROUND

Lisa Marie Sanderson comes from Fort Smith in the North West Territories. She has been a Certified Nursing Assistant since July 1992. She decided to go back to school to become a Registered Nurse in 1996. After her graduation, she worked as a registered nurse and then she became a Community Health Nurse (CHN) in a small town. Later she added Patient Care Coordinator to her duties. Now she is working full-time as a Patient Care Coordinator in a small remote hospital, the Fort Smith Health Centre, in the North West Territories. Lisa also volunteers on the board of directors for the Uncle Gabe’s Friendship Centre Board.

Lisa has been fortunate to grow up within her own cultural milieu. “I spent most of my early years with my family on a trap-line. My mother and step-father were both trappers,” Lisa recalls. “My favourite time of the year was when the ice started to break up on the lake. I knew that it wouldn’t be long before we could go on boat rides. I lived a good life with my family in the middle of nowhere. I always had a feeling of freedom and happiness.”

“While I was in training, at school, I had to leave the support of my cultural home and that was challenging. When I became a Registered Nurse, I returned to familiar surroundings. After working in my home town for a short while, I got a job in a small Aboriginal community and I had no problem settling in. I was accepted by the people and I felt at home,” Lisa adds.

### MENTORS AND ROLE MODELS

“My cousin, Dianne Benwell, has been my biggest influence in my career. She was a nurse for 29 years. I remember going over to her house and seeing all the crisp white uniforms hanging on the clothes line. I often sat in admiration as I saw her heading out to go to work while I was visiting my grandmother,” Lisa recalls. “I would watch her crossing the big potato fields heading for our hospital. She would look so impressive in her uniforms that I wanted to be just like her.” Sometimes Dianne would tell Lisa stories about her work at the hospital.

“When I started my nursing career in 1993, I was so proud to work beside her. It was a rewarding experience to work with my mentor,” Lisa says with pride. “She taught me to treat my patients the way I wanted to be treated. I have had other mentors in my nursing career, but I will always remember with fondness and be grateful for my cousin, the one role model that played such a big part in my chosen profession.”

## **CHALLENGES**

“It was challenging to leave my home and family to attend nursing school and be in an environment where I did not relate to a lot of people,” the established nurse recalls. “I was fortunate in that I continued to have the love and support of my family. My mother gave me guidance and a lot of encouragement and I wanted was to make her proud.”

## **RECOMMENDATIONS FOR CHANGE**

“I feel there has to be more sharing of information, more advertisements to let young people know about furthering their education. Informative educational posters in high schools might work. Flyers could also be sent in the mail outlining the necessary steps, the courses needed, and all the preparatory work that is involved in getting a good education. Booklets about student financial assistance could be provided to all students, well before they get to university so they can make informed decisions and be armed with adequate funding and the right courses, when they graduate from high school,” the young nurse attests. “The [First Nations] bands could be more involved with getting young people to reach for their goals. In fact, it should be a community affair. The whole community could participate in encouraging and supporting their young people to stay in school and build career skills. We also need to keep telling our children just how special they truly are.”

“Always remember that you have the opportunity to become anything you want to be. Stay positive. Think positive, and stay in school, because dreams do come true,” Lisa promises.

## **FUTURE CONSIDERATIONS**

“I would like to become a Director of Nursing in a hospital setting,” Ms. Sanderson concludes as she offers us her vision of the future. “I want to be the best role model for our youth that I can be. I want to show them that anything is possible, no matter who you are, or where you come from.”

## Dr. Rose Alene Roberts

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You have the capacity to be part of the future in health care.

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### BACKGROUND

Dr. Rose Alene Roberts originates from Stanley Mission in Saskatchewan. Today she makes her home in the rural part of this province, close to Saskatoon. She got her Bachelor of Science in Nursing in 1996 and her Master of Science in Community Health and Epidemiology in 2001 at the University of Saskatchewan. In 2005, she attained a PhD in the same field, Community Health and Epidemiology at the same university. She began her nursing career in 1996 after finishing her Bachelor of Science in Nursing.

“I had two jobs before I became a nurse,” Dr. Roberts explains. “I was a Chemical Laboratory Technician for Key Lake Uranium Mine, and a Gold Assayer for the Jolu Gold Mine. After I finished my nursing degree, I started as Coordinator of the National Native Access Program to Nursing, and then moved to Community Outreach Nurse for the Westside Community Clinic, to get more clinical experience. My next role was Research Assistant for the Saskatchewan Socio-Behavioural Cancer Research Satellite Centre. Then, I became Research Officer for the Department of Community Health and Epidemiology, part of the University of Saskatchewan. Currently Dr. Roberts is an Assistant Professor at the College of Nursing for this university.”

Dr. Roberts also volunteers her time at a community based advocacy group called “Iskwewuk E-wichiwitochik” which means “Women Walking Together”. Their mandate is to raise awareness of missing and murdered Aboriginal Women in Canada. She also sat on the board for “Tamara’s House,” a self-directed treatment facility for women survivors of childhood sexual abuse.

### MENTORS AND ROLE MODELS

“My mother was my first role model. She was Métis and the oldest in her family, which meant she had to look out for her younger siblings and as a result never had the chance to get an education. She never learned how to read, write or speak English,” Dr. Roberts attests. “She wanted her children to be educated so they could survive the ‘changes’ that she saw coming. She always insisted that we go to school.

We were voluntarily signed up for the Prince Albert Indian Residential School, where I stayed for five years. When we attended the school in Stanley Mission, she made us board with relatives when our family was busy at the trap-line so we would not miss any school.” “Lucky for me, I loved learning so I was content to comply with my mother’s request, and I went to graduate school to learn what I love best - teaching nursing. This is the job I do now in the College of Nursing at the University of Saskatchewan,” Dr. Roberts adds.

At nursing school, Clare McNab, Assistant Coordinator of the National Native Access Program to Nursing at the same College, was a role model too. “I had just started nursing school and she was the first Aboriginal nurse I met. It was her mandate to support new students so she organized weekly lunches creating a strong bond among the four Aboriginal nursing students, out of 80 students in the class,” Dr. Roberts attests. “She also introduced me to traditional teachings and inspired me to pursue a path in Aboriginal spirituality and personal healing. “

“Clare has always pushed the boundaries of traditional nursing roles with examples from her own life to bridge the world views of Aboriginal peoples with non-Aboriginal peoples,” Rose adds. “I strive to find my place within academia that combines my Woodland Cree world view with the Western medical view. One result of this quest has been my involvement in the design and teaching for three courses taught at the university, two undergraduate courses and one graduate course. I am proud to say all three are focused on Aboriginal health issues.”

## CHALLENGES

“My greatest challenge during my nursing school days was the realization that I had to let go of my Woodland Cree world view and belief system to get my degree,” Dr. Roberts relates. “I realized this in my first year and resigned myself to jumping through the appropriate hoops. The four Aboriginal students, of 80, were always called upon to speak for all our people. One of the four had not been raised with traditional values and had minimal connections with her community, so it was difficult for her to speak on behalf of other Aboriginal people at that time. She was being asked to take on a mantra that was not hers. This is why I did not pursue my graduate degrees in the nursing field, but instead chose Community Health and Epidemiology, whose faculty and students supported and championed who I was.”

“When I completed my nursing degree in 1996, there were few jobs for nurses. Half of my classmates went to the United States to find work, but I had a young family and my options were fewer. At one point I had applied to work as a Resident Care Aide in a Nursing Home,” the nurse educator shares. “I did finally get a position, but it was administrative. When I attended my first Aboriginal Nurses Association of Canada meeting a few months later, I was urged by my peers to get more clinical experience.” This became a goal for Rose and she soon got work as a Community Outreach Nurse in an inner city clinic in Saskatoon. “It was this position that helped me realize that I loved the teaching aspect of nursing and began to set my sights for a graduate degree.”

## RECOMMENDATIONS FOR CHANGE

“The educational systems perpetuate the Western medical system and there is often very little emphasis placed on other world views. Students often get lost, confused or lonely in this setting. Support systems can play a significant role here,” Rose attests. “I feel the most successful one is the Native Access Program to Nursing and Medicine at the University of Saskatchewan. This model should become incorporated into every nursing educational institution in Canada.”

“Sadly, there is still so much racism and discrimination that Aboriginal nurses continue to face among their non-Aboriginal colleagues that there are no easy solutions,” Dr. Roberts continues. “I tend to look at the big picture. The effects of colonization and oppression continue to be felt by nurses but there is another side to this. Sometimes nurses can perpetuate internal oppression amongst themselves. Education is one step, but even ‘Aboriginal Awareness’ sessions within the hospitals only seem to prolong the stereotypes and the stigma.” Dr. Roberts does not want to “proffer a strategy that allows divisions” because she believes everyone is equal and should have an equal opportunity to health and wellbeing. She feels segregation is not an option.

“I believe that Aboriginal people need to be in positions of power and influence, but they have to be healed themselves so that they do not perpetuate the internal oppression. They have to be individuals that will have the strength and fortitude to forge new paths.”

“Only Aboriginal people can determine for Aboriginal people how health care should be provided. As an Aboriginal health care provider, I can bring my world view into my interactions with another Aboriginal person,” Dr. Roberts clarifies. “I share the same values and beliefs and that is the foundation of all work that we do. Health is a human right and it’s time Aboriginal people looked after their own health, on their own terms and with their own belief systems,” she continues. “You, the Aboriginal student have the capacity to be part of the future in health care with Aboriginal peoples and within Aboriginal communities.”

## FUTURE CONSIDERATIONS

“My life has not been one of ease. I have had to work very hard to get to where I am. There have been angels that have intersected my journey and steered me back onto the path or carried me for a short distance until I could find my own inner strength again. I am grateful for every blessing I have received and continue to be thankful for having the opportunity to share my knowledge with future nurses on a daily basis,” Dr. Roberts sums up.

“Personally I would like to build bridges between my own healing journey along the traditional spiritual path and my professional work. I would also like to incorporate my traditional teachings into my professional life,” Dr. Roberts adds, “I don’t believe they should be separate or distinct. I strive for a holistic lifestyle in all ways.”

“In my College role, I hope to educate young people training to become nurses on major issues facing Aboriginal peoples, like health and illness. I also want to incorporate indigenous ways of knowing and being into the nursing curriculum and help Aboriginal nursing students start their own healing journeys. In essence, I wish to assist in healing the healer before they begin their professional careers.”

# Leah MacDonald

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Anything  
is  
possible.”

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## BACKGROUND

Leah MacDonald is the first Inuk nurse out of Cambridge Bay, Nunavut, her home community. Ms. MacDonald got her Diploma in Nursing in 2008 at the Yellowknife Campus of Aurora College. “Today I live in the Northwest Territories where I am a full-time nurse at the Fort Smith Health Centre. I also sit on the Emergency Measures Committee for this facility,” Ms. MacDonald offers by way of introduction.

Ms. MacDonald had a difficult youth. Her mother died when Leah was only eleven years old. Leah spent many years moving to different households. “When I had my own family, it was important to me to stay home with my children, especially in the early years, to give them a good head-start,” the young nurse explains.

## MENTORS AND ROLE MODELS

“I was exposed three times to life changing incidents that involved the nursing role, Ms. MacDonald confirms. “Firstly, my mother was a Registered Nursing Assistant who graduated in 1971 and worked in Edmonton. Her role influenced my choices quite significantly.”

“Secondly, back in 1977, when I was five years old, I was diagnosed with a rare autoimmune disorder that had the same treatment protocol as cancer. They did surgery, chemotherapy and radiation at the time. I went into remission until my relapse at age ten. Then there was another session of chemotherapy,” Ms. MacDonald confirms. “Tragically, during this treatment for my relapse, my mother died. I was eleven years old.” This began a legacy of moving from home to home for Leah. Ultimately, she came back to the Territories, and some time later, she moved to Fort Smith.

“My third exposure came when my elderly maternal grandmother survived a brain aneurysm and needed palliative care. With two small children in tow, I made my way back to Cambridge Bay to care for my granny in her final weeks,” Leah offers. “It was important for me to be the one to care for her. She had always played an instrumental

role in my upbringing and my goals in life. She was my first patient, long before I became a nurse. She got the very best care I could possibly give. I wanted her to be comfortable and made every effort to see that happen,” she adds. “I try to give the same kind of care and respect that I gave to my granny in her final weeks, to all my patients.”

“Thinking back, both my grandmothers were instrumental in my getting a nursing education. My adopted father’s mother had a difficult life and was never afraid of hard work to get the job done. She insisted on many occasions that I should get a good education. My maternal grandmother also had a strong work ethic and she left an indelible impression on me to be the same.”

## **CHALLENGES**

It was back in Cambridge Bay, when Leah was caring for her grandmother, that a locum nurse suggested she consider nursing as a career. “It wasn’t until the birth of my third child that I decided to apply to nursing school. My best friend and I applied together, left our community of Fort Smith, and relocated to Yellowknife with seven children between us. We both had husbands who worked at remote camps for two-week rotations. It was tough being away from home, but the end result was well-worth it,” the young nurse emphasizes. “At the time, being away from home was extremely difficult. I was living away from all my support networks and I found that a huge challenge,” Ms. MacDonald attests. “On the other hand, going to school with a friend was a huge benefit. We faced the same challenges, usually at the same time. Both of us understood the issues and we could always talk about them.” All seven children remained playmates. This added to the unexpected harmony of the students’ educational pursuits, while away from home and living in Yellowknife. Both families lived in the same apartment complex. “A very supportive husband was an added blessing,” the young nurse testifies.

“Living in the north has been an asset when it comes to being exposed to opportunities. The only real barrier continues to be the remote location. It limits access to specific training sessions. Few actual courses that are offered in the south seem to be available to us in Fort Smith,” Ms. MacDonald laments. “However, my employer has supported all my training requests within and outside the community.”

## **RECOMMENDATIONS FOR CHANGE**

Ms. MacDonald has no complaints with the Aurora College Yellowknife Campus Nursing Program. “It was a good program and I have no suggestions to change the courses offered or the system employed by the college for teaching students. The only personal barrier that I saw was a lack of day care services for students who were also parents. I would like to see the College add this capacity in the future and make it easier for young families to get an education,” she outlined.

Likewise, in her workplace, she has no recommendations for change. “Most of the staff is Aboriginal in all levels of management. The CEO of the health centre, my direct supervisor, as well as four of the eight fulltime Registered Nurses are Aboriginal, including our Nurse Practitioner,” Leah confirms, smiling. “The kitchen, housekeeping and all maintenance staff are Aboriginal as are the financial staff.”

“Anything is possible. Keep your mind open and be flexible. No matter where people come from, they can achieve a lot and be what they want to be. I have overcome my adversities and I have tried hard to keep my ‘humour’ through it all,” Leah contends. “If you really want something, nothing will stand in your way.”

## **FUTURE CONSIDERATIONS AND CONCLUSION**

“In years to come, it would be a privilege for me to be a palliative care nurse so that I can provide end-of-life care for the Inuit of my home community,” the young nurse speculates. “Another dream of mine is to work for ‘Médecins Sans Frontières’ or MSF, ‘Doctors without Borders.’”

“Overall, nursing school was a huge challenge in trying to balance school life without sacrificing my duty as a mother. In the end, it was well worth it and I am grateful that everything came out well,” Leah sums up. “One driving force during my college years was the reminder I occasionally got from one of my ‘single’ classmates who ‘noticed’ the extra efforts. They were gracious enough to let me know that I was their ‘motivation’.

My personal motivation was to become a role model for my children. I was especially proud and grateful that they were there to see me graduate and become a nurse.”

## Madeline Ann Battiste

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“

Learn as much  
math and science  
as you can while  
still in school.

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### BACKGROUND

Madeline Ann Battiste’s home is the Mi’kmaq Community of Indian Brook First Nation, one of four belonging to the Shubenacadie Band south-west of Truro, Nova Scotia. Indian Brook is the second largest First Nation Community in Nova Scotia. Ms. Battiste obtained her Bachelors of Science in Nursing from the joint nursing program of Cape Breton University and St. Francis Xavier University; a program that began in 1999 and is situated in Sydney, Nova Scotia. Today, she lives in Chapel Island First Nation, Cape Breton, with her husband and three children.

Since April 2008, Ms. Battiste has been working casually as a Registered Nurse for the Eskasoni First Nation. She is a “CHN”, a Community Health Nurse as well as a Diabetic Nurse. The website for the Mi’kmaq Confederacy of Prince Edward Island states that 28% of their adult population has either impaired glucose tolerance or actual diabetes. It also states that 18% of the native population of Nova Scotia is diabetic which compares to 5% of the total population in that province.

Ms. Battiste also does contract work for the Mi’kmaq Confederacy of Prince Edward Island. “I do emergency planning for possible pandemic influenza outbreaks which includes the immediate immunization of children from newborn to age six. I am also involved in policy making for the Community Health Program in First Nation Communities,” Ms. Battiste explains. In her community of Chapel Island First Nation, Madeline has kindly volunteered to give personal hygiene and infection control workshops from grade one up to grade six.

As a teenager, Ms. Battiste found jobs in several places. “I worked with animals first in a pet shop and I also cleaned stalls on a farm. Then I moved to retail for a while and became a secretary in another location. I worked as a housekeeper and a janitor for a while. Another role was the child care field,” she adds.

## MENTORS AND ROLE MODELS

“I grew up in the United States as a ward of the State spending time in several foster homes, including group homes and a girls’ residential school,” Ms. Battiste outlined. “I came back to Canada when my biological father contacted me in 1992. I was 18 years old. He wanted me to come home to meet my family and spend time with him before he died,” she continued. “He was diagnosed with cancer and opted not to receive treatment.”

“Not long after he contacted me, I found myself on a bus heading for Canada. I came home and looked after my father until his death, about five years later in 1997,” the Eskasoni nurse continues. “My father’s condition had prompted him to look for me and bring me home so I could meet my family and be part of a community that would get to know me and love me”.

“At school, a teacher and mentor, Eleanor Johnson, encouraged me to ‘not quit’ nursing. In addition, she wanted me to become the best nurse that I could be. She supported me when I didn’t get any help from my non-native instructors and fellow students. She encouraged me to be proud of my Mi’kmaq culture and traditions. She asked me to incorporate them into my nursing practice. “

## CHALLENGES

“Unfortunately, I had to face racism on a daily basis both from my instructors and my non-native peers. At work, patients and families were quite vocal about their feelings. I was kicked, slapped, spit on and pushed. Occasionally things were thrown at me and I was called names,” the young nurse describes. “I was even accused of hiding my ‘Indian-ness’ by some because I did not look like a typical native person. It seems that my name ‘told the truth’. It told them that I was an ‘Indian from the Rez up the road’. Apparently that meant I shouldn’t be working in an all-French area. “

“When I went to the administration and related these serious issues to them they said to me, ‘Do you really want to open that can of worms?’. Ms. Battiste was informed that she did not fit into the Western culture and philosophy. “As a Mi’kmaq person, I believe in unconditional, positive regard for all persons regardless of nationality, race, creed, religion, and political affiliation. It seems that most non-native nurses seem to feel that everyone should fit into western society’s values and beliefs,” Madeline attests. “Because I haven’t necessarily conformed to this model, I have been labeled a ‘trouble maker’ and I was told I ‘should learn to fly under the radar and keep my mouth shut.’”

“The only support I got was from my husband, my family, and Ms. Eleanor Johnson who never stopped encouraging me to be a good nurse. Despite the challenges in school, my marks were excellent and I graduated at the top of my class,” Ms. Battiste continues.

“During my nursing school years, I worked as a Personal Care Worker in a Long Term Care facility.” After she graduated, Ms. Battiste returned to the same institution as a Registered Nurse. She was told by the administrator, for whom she had worked for four years, that her philosophy did not fit in with that of the home. It was recommended to her that she might be happier working for the Eskasoni First Nation on reserve. “It was difficult for me to accept this kind of attitude after all the work I had done for this centre, especially now since I was fully qualified with my nursing degree,” she offers.

## **RECOMMENDATIONS FOR CHANGE**

“Overall, I found it both challenging and discouraging facing discrimination and being alone or a part of a small group in a classroom of a hundred or more, or on a hospital floor working with patients and staff. What keeps you going is knowing that your work will facilitate the role for future Aboriginal students, at school and in the workplace,” Ms. Battiste holds.

“All programs within the educational system need to be culturally sensitive. Likewise, the staff, all the teachers, need to have ‘sensitivity’ training so that they can be more understanding when they are working with people of different cultures. These recommendations need to be written into the organization’s policies and procedures. A ‘Best Practices’ model would outline the standards and competencies that would indicate successful completion of the course at orientation.”

“Learn as much mathematics and science as you can while you are still in school. It will be of great benefit once you are working in a professional health care role. It would also be a good idea to start planning for your future when you get to grade six and continue right through high school,” Madeline offers. “Set small goals along the way and do all you can to achieve these. It will help you focus your energies and reach your ultimate goals.”

## **FUTURE CONSIDERATIONS AND CONCLUSION**

“I really never found a way to deal with the discrimination at nursing school and at work but I continue to seek equality, justice and fairness as well as cultural sensitivity for the nursing practice. I have been a guest speaker in the recent past where I have illuminated traditional family roles in First Nation Communities. I have also taken the opportunity to advance cultural sensitivity when I was asked to present information about our nursing standards and competencies to nursing students and faculty at St. Francis Xavier University.” Madeline concludes with, “In the future, I plan to complete a Master’s Degree in Nursing and continue to help develop policies in health care that will stress cultural sensitivity so other students will have an easier time when they get their nursing degrees. I continue to strive for equality in the work force and hope to find long-term employment within my First Nation communities.”

# Carrie McCallum

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“ Be involved  
and look for key  
supporters ”

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## BACKGROUND

Carrie McCallum is originally from the Sioux Valley Reserve in Manitoba. She grew up off-reserve for many years because her father was in the Royal Canadian Air Force. Today, Ms. McCallum is a Registered Nurse working in an out-patient Medication Clinic with seriously mentally ill patients at the Royal Victoria Hospital in Barrie, Ontario. She is a member of both the Aboriginal Nurses Association of Canada and the Registered Nurses Association of Ontario (RNAO). Through the nurses' union, the Ontario Nursing Association (ONA), Ms. McCallum is also one of two Human Rights and Equity Officers for the hospital. She is a recent board member of the Aboriginal Health Circle in Barrie.

Carrie began her working career as an asparagus cutter and a tobacco picker for neighbouring farmers. She also prepared meals at the local hospital. In 1976, she started a job with the Canadian Forces Base (CFB) Borden, run by the Department of National Defense. Carrie was a kitchen helper and she prepared meals for 2000 soldiers. “By this time, I had lost my mother and was living with my father. I wanted to add to my education and become a chef. I approached my supervisor to see if they would help me reach this goal but they turned me down. It was alleged that they had refused me because of my racial background and my being female. I decided not to pursue this challenge and instead, I went to OSAP, the Ontario Student Assistance Program office,” Ms. McCallum explains. By this time, Carrie had married and had extra responsibilities.

“They suggested that if I were to separate from my husband, I might have better luck in getting funding. That was rather discouraging. Another opportunity became available after I decided to become a nurse. My union steward felt he might be able to help me. He went to Ottawa on my behalf and got approval for CFB employees to take educational leave”, Carrie continues. “I transferred to the janitorial sector for the same organization and worked there until I had finished my nursing diploma from Georgian College. I worked four months of the year, full time, and went to school for eight months.” It seems Carrie's efforts and those of her steward turned out to be very significant. Their advocacy initiative opened the doors for other employees of the Department of National Defense to take educational leave.

Carrie began her career as a nurse in June of 1990 when she was thirty-two years old. She had a nursing diploma from Georgian College and spent subsequent years in the mental health field, both as a nurse and as an innovator in her profession. Carrie was a Team Leader and a Resource Nurse on the mental health unit. She has also been a crisis worker in a large hospital.

Ms. McCallum became a preceptor for college students for the RN and RPN programs and a mentor for new graduates. The talented nurse went on to teach College and University students in the collaborative RN and RPN programs where she spent time in both academia and in the hospital setting for the practicum. In 2004, she graduated from the Ryerson Polytechnic University of Toronto with a Bachelor of Science in Nursing as well obtaining the Leadership and Management Certificate in Nursing.

## **MENTORS AND ROLE MODELS**

Life is more secure these days for the successful nurse, however, it wasn't always a smooth ride. Carrie McCallum was raised off reserve in various locations. Her father, a member of the Royal Canadian Air Force, was stationed in a number of communities in New Brunswick, Quebec and Ontario. The last community she lived in, before she lost her parents at age 19, was a small Irish and Scottish village with Presbyterian roots. Her Anglican mother hailed from the Sioux Valley Reserve of Manitoba and her father was Italian from a Catholic home. "Our family was seen as outsiders," Carrie explains. "One day in the schoolyard, after we had lived there for a while, I noticed that my playmates were treating me differently. They had been my friends in the past, but now they began to ask me about my background in an accusatory manner. Finally, they told me that their parents had forbidden them to play with me."

"I remember sitting with my mother, both of us crying about it. She felt helpless to change the situation, but my father was angry and he said quite clearly, "You should never be ashamed of who you are or what you can be in life." Carrie wrote a paper about her playground experience, the exclusion, and subsequent sadness. Luckily, Carrie had an excellent teacher who became justifiably angry after reading this paper. "My teacher asked me to spend one morning doing a show-and-tell session. She wanted me to bring in some cultural items and explain them to the class. I brought in beaded moccasins, belts made of buckskin, photos, and a quilt. The children tried the items on while I told my stories about them. I showed them pictures of my uncles dancing at the powwow and explained what that meant to our people.

My mother showed the children how to quilt. We also made some bannock, covered it with fresh jam and the children enjoyed the treat," the nurse-educator recalled with delight. "My teacher had sat proudly at the back of the room. At the end of the session, she smiled and said to all, "There is only one race, the human race!" She bid the children to go home and share with their parents what they learned today. That teacher made me feel special about having an Aboriginal background and she encouraged me always to be proud of my heritage".

At college, Carrie also had a mentor, a professor."She always told us that education doesn't stop with our nursing license, that it is a life-long journey of learning," Ms. McCallum relates. "She encouraged me to mentor other students and novice staff. She felt I had solid skills and compassion both of which she felt were needed in the profession." Carrie continued to be supported by this mentor into the job setting. They worked side by side in the college setting. "She always emphasized the need to share my cultural background with my students and my peers. Her passion helped me be all I could be, even when it wasn't popular to be a nurse; when the profession was

being criticized in the press. I was always encouraged to be an active voice for Aboriginal Nurses.”

“She predicted Aboriginal nursing would be in the forefront one day. I was taught to be more flexible and adapt to the changes. Her support was instrumental in my achieving my Bachelor of Nursing degree despite all the workload issues.”

## CHALLENGES

Funding issues were a challenge for the young nurse. In her third year, Carrie applied successfully to her band in Manitoba for financial support. “Before that, there was no funding available. My mother had died by this time, so I had to obtain a status card under Bill C-31 of the Indian Affairs Act.” By the time Carrie was 19 years old, she had lost her father as well, and this added to the feeling of being “out there, alone”.

“I opted to take Continuing Education courses for my Bachelor’s of Science Degree in Nursing. This allowed me to take one course at a time and still leave time to work, Ms. McCallum explains. “Unfortunately, our band did not have resources for this program either, until I was in my fourth year.”

Arrangements were made with the university to bring some of the classes to the Barrie workplace to help offset costs. For much of this degree, Carrie had to attend classes full-time during the week and work on weekends, while still trying to raise a family. In the workplace, there were other challenges. It seems there was no respite from prejudice. Carrie had learned to tackle open discrimination with confrontation. “I informed the biased peer that her actions could be reported to the College of Nurses where they would be dealt with by a discipline board,” she outlines. “I could not depend on other staff members to support me because they often feared recrimination and this was sad. At one place, I was told I got the job because the organization had been encouraged to hire women, Aboriginal, or disabled persons. I guess I fit two out of three of those criteria,” the dedicated nurse offers with a sigh. “I did not let these incidents slow me down or make me give up.”

As a well-experienced nurse educator in the mental health field, Carrie tends to avoid these kinds of incidents now. She shares her experiences with others in the same profession within the hospital. “When I worked at the maximum security hospital, many employees were male. I had to prove myself by my skills, critical thinking, and team work. I had to know when to advocate for staff or patients and when to remain silent,” she confirms.

## RECOMMENDATIONS FOR CHANGE

“Supportive programs designed for Aboriginal students might be a real benefit. Likewise, a regular program to share Aboriginal issues and celebrate cultural differences might be welcome for non-native staff,” the Barrie Nurse explains. “The format could be similar to the show and tell session my mother and I used to inform my classmates in public school.”

“This idea was made clear by our cat, Peppi. When I was living in Montreal with my parents and siblings, we went on a holiday and

left Peppi with a neighbour. The neighbour assumed he was just like every other cat and placed food in front of him, instructing him to eat. Peppi declined the offer. Fancier food items and coaxing did not work,” Carrie chuckled. “When our family returned home, my dad whistled for the cat, as he always had, and then encouraged him to eat in the Sioux language. When Peppi began to eat, he praised him in Italian. Peppi, content, finished his meal.” The neighbour was astounded; “I didn’t know the cat didn’t understand English,” he said.”

It seems that a life out of its element is happier when familiarity is restored. This principle should be considered first, when a student from one culture is asked to study or work in another cultural milieu. Consideration for the obvious challenges should be clearly understood by the school or employer’s administrative staff. Within the university and college setting, Aboriginal students could be offered more venues for sharing their experiences at school or in the workplace. For instance a Native/Access Entry program or a Native Support Service might help with this goal.

Not all the nurses in the workplace are positive in their outlook, it seems. The negative impact to the profession, of nurses with a poor attitude strengthened Ms. McCallum’s resolve to remain positive and passionate about nursing. She advises students to remain optimistic.

“Throughout my training and my career, I have learned to negotiate life’s challenges with the strong emotional support of key people that included my husband of 30 years, a paternal aunt, a sister, my early grade-school teacher and several mentors. In more recent times, I have enjoyed the extra encouragement of my adult children.”

“Without my husband, I would not have achieved half of what I have done. He has always been there to encourage me to move forward, despite the obstacles. My nursing career really has been a team effort,” she acknowledges.

Since Carrie joined the Aboriginal Nurses Association, she has had the opportunity to be more involved in Aboriginal issues and this has added extra strength to her commitment to the profession. “I have attended several networking conferences and I have met others doing the same work I am. I am hoping that this position will allow me to advocate and provide more opportunities for Aboriginal nurses and those who wish to become nurses for many years to come.”

## **FUTURE CONSIDERATIONS**

Ms. McCallum has taken continuing education courses in ‘Leadership and Management for Nurses’ from Ryerson; she as a ‘Canadian Mental Health Psychiatric Nursing Certificate’ from the Canadian Nurses Association, and she is currently completing a ‘Mental Health and the Law Certificate’ through York University. She claims: “I would like to become a nurse practitioner as part of a program that includes a Master’s Degree in Nursing and a Nurse Practitioner designation, but I have several issues that must be considered first. Overtime is the norm today and often expected by administration. Each course will cost \$1000 plus texts. I can’t work part-time and still pay for my courses. Also, a leave of absence will create staff shortages.”

Nevertheless, Carrie knows she will keep her goals in sight, as she has done in the past. She is on that lifelong nursing journey her teacher had foreseen.

# Elaine Minoose

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Ask and you shall  
receive.”

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## BACKGROUND

Elaine Marie Sherry Minoose comes from Cold Lake First Nation in Alberta. Today she makes her home in Edmonton, the legislative seat of the province. Ms. Minoose completed her High School Advanced Diploma at Assumption High School in Cold Lake, Alberta in 1990 and her Bachelor of Science in Nursing in 1995 at the University of Alberta. In 2008, she went on to earn an ‘Occupational Health Nursing Certificate’ at Grant MacEwan College, also located in Edmonton.

Presently she is working as an Occupational Health nurse, BScN, RN, OHNC, for Health Canada in the Workplace Health and Public Safety Programme. Ms. Minoose is also a Registered Nurse for the Misericordia Hospital where she works in Orthopedics, part-time. Another position has been as Nurse Researcher for the Assembly of First Nations where she has addressed Tuberculosis issues in First Nation, Métis, and Inuit communities.

During the early years, Ms. Minoose, like most young teens, went through a series of jobs that would prepare her for a career. She began as an apprentice to her mother’s janitorial role at the local school. She also babysat, was a secretary, a night supervisor, and a concession worker. She also did volunteer work for Disabled Student Services, and for Tuberculosis Services. Elaine also provided her expertise to a Sexual Assault Centre.

In advance of her current role, Elaine spent some time working for the local Diabetes Prevention Program. She was a Registered Nurse at the Cold Lake Hospital and a Community Health Nurse (CHN) and Home Care Nurse at Kehewin Cree First Nation. This was followed by a stint as a Home Care Nurse at Alexander First Nation. She proceeded to employment at the large Royal Alexandra Hospital and the University of Alberta Hospital. She gained experience in the Long Term Care sector as well. Before she came to her present employment, Ms. Minoose was a Home Care Nurse at the Enoch Cree Nation, west of Edmonton.

## MENTORS AND ROLE MODELS

“My pivotal moment, when I decided I wanted to be a nurse happened in a laundromat. I witnessed my mother, Albertine, in action saving someone’s life. With her training in First Aid, she knew just what to do when she saw a lady choking that day,” Ms. Minoose recalls with pride. “She used her finger to quickly pull the lady’s tongue forward. She asked the attendant for a spoon which she placed in the lady’s mouth to hold her tongue in place. Then my mother put the lady in the recovery position. My mum had been trained as a CHR, a Community Health Representative. She had to wait to get that training until my father had finished his carpentry program. Today, I was seeing my mother save the world and I knew this was a truly valuable skill. She left a powerful impression of a Wonder Woman in my mind and I knew instantly that I wanted to be just like my mother.”

“Before she became a CHR, my mother, Albertine, was the janitor in our school. She was always there and she made me feel safe. I knew I had to do well because I could not let her down; besides, she knew all the teachers personally,” the registered nurse recalls. “I had the same kind of support with my first supervisor, Levina Ewasiuk, working in a First Nation community. She respected and valued my opinion. Before we went into a meeting, she would debrief me privately; then we would go in as a team,” Elaine continues. “If I was too quiet in a meeting, she encouraged me to speak and this built up my confidence. I realized that I mattered and what I had to say made a difference. When I added the ‘Home Care’ role to my ‘Community Health’ role, she made both specialties equal and I was able to practice both, greatly increasing my knowledge base at a critical early time in my career.”

## CHALLENGES

“At nursing school, I found someone who helped me through a difficult time. I was pregnant part way through the course and I was told by my nurse educator that I would have to drop out because the last two years of my degree program would be too challenging for someone in my condition,” Elaine recalls. “I went outside and cried for a while, but resolved that I would not let anyone stand in my way. I went to my clinical supervisor and got the support I needed to rearrange my schedule to so that I would do as much of the clinical work as possible and all of the written assignments. I worked up to the day Garrett was born and got a nine out of nine on that course.”

Ms. Minoose spent some time working in a Long Term Care Lodge on a First Nation where her relatives had been residents in the past. “I found some challenges here that I was able to help resolve. I found that most of the clients that were being admitted had ‘high needs’ and this did not match the capacity of the Lodge to care for them. I joined the admitting committee and we changed our protocol, incorporating the needs of all the stakeholders through community meetings. We set standards suitable for the lodge and began to admit only clients that could be safely cared-for in the lodge. We had some ethical and political problems in the change-over but eventually we had a facility that was better-functioning for both the residents and the staff.”

“While in my Medicine/Clinical Rotation in a large hospital, I expected some difficulties. I did not anticipate it would be giving a bath. A tub bath with a lift turned out to be more of a challenge than I suspected,” Elaine shares. “It was my very first bath for a patient. The Century tub had a hoist seat. I was so busy trying to get both the patient and myself to relax; I forgot that he still had his clothes on. I noticed this when I was about to immerse him in the water. He looked me in the eye, while pinching his pants in a meaningful way,” Elaine adds with a smile. “I’m sure he was thinking, ‘What the heck are you doing, nurse?’”

“Same tub, different patient: I was so flustered with getting the safety aspects worked out, it took me a while to get this lady into the tub. This time I made sure the patient had no clothes on. However, I could not remember the limit of soap capfuls for the tub and I may have put in as many as five. When I started the jet stream the suds produced very rapidly and would not stop producing right over the edge of the tub. I started to mop up the suds on the floor with extra towels and broke into a sweat with all the robust activity. When I looked up at my patient she had the biggest grin on her face. “I feel like I am in a spa,” she said.”

## **RECOMMENDATIONS FOR CHANGE**

“In the educational system, I feel that there could be more opportunities for inspirational talks from Aboriginal role models. We also need better computer systems for the students. In addition, there should be safe homes for children to come home to, with good parental support and funding incentives for after-school tutoring,” Elaine offers. “More Aboriginal teachers would be a good asset, and more Aboriginal people in the school system in general, at all levels. We could use many more native counselors. I would also like to see more chances to use the school after hours with access to a good library both on and off the reserve. Lastly, there should be a partnership with the community to provide the most relevant and best opportunities for the students.”

“In the nursing profession, I would like to see more guest speakers that are sharing their expertise and findings. I would like to see more community involvement in longitudinal studies. The community being researched could provide input in everything from theory to practice,” Elaine declares. “When curricula are developed in nursing schools, I would like to see rural health issues on the table. Assignments could be made for decreasing the disparities unique to the challenges of rural health care delivery. By providing excellent health care, nurses can help people stay healthier, better able to work and care for themselves. Indirectly this will help reduce some of the poverty that exists, especially when the communities have input to these projects.”

Ms. Minoose wants students to always have a goal in mind. “If one door does not open, keep knocking and one will open. If you are interested and enthusiastic in your approach to life, others will help. Always listen to your instincts. Ask and you will receive. The health care field is demanding, but it is a good long-term choice because the opportunities are endless in this field.”

## **FUTURE CONSIDERATIONS**

“I would like to get my master’s degree, but I am not sure of the specialty yet. Becoming a Nurse Practitioner in the Occupational Health Field is another goal. I am considering doing more counseling, both for individuals and for groups, but none of this is final at this point,” Elaine holds. “On a personal note, I would like to support my children to be contributing individuals in our society.”

Ms. Minoose sums up her contribution with, “I was always a forward thinker; I was always looking for opportunities at all levels. School was a top priority as a child and as an adult because learning is never-ending. I am doing two jobs, one full-time and one casual just to keep my nursing skills up.” She adds, “I also have a back-up plan when one dream or one job does not work out.” The Edmonton nurse is always interested in seeing what she can do for her Aboriginal people. “I like to think that I am very perceptive and a ‘change agent’ in the future of nursing. Personally, I always look for the good in people and I always look to God’s plan for me.”

## Veronica Matthews

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“ Always have a vision or dream. ”

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### BACKGROUND

Veronica Matthews, also known traditionally as “Belonek”, is a retired Registered Nurse. She is a member of the Congregation of the Sisters of St. Martha of Antigonish, Nova Scotia. She lives in her home community, the Eskasoni First Nation in Nova Scotia. Veronica is fluent in Mik’Maw, however, she had no understanding of English when she entered school and this made learning much more challenging. Accordingly, her Bachelor of Science in Nursing was a very impressive achievement. She went on to earn specialties in several areas. These include a diploma in Pediatrics, Community Health Nursing and in Psychiatric Nursing. Over the years, she has completed various refresher courses to stay current in her chosen field.

Among the awards, this talented nurse has achieved are the Cape Breton Health Leadership Award from the Breton District Health Authority and an award recognizing the contributions Veronica has made to A.N.A.C., the Aboriginal Nurse’s Association of Canada. This Eskasoni nurse was also acknowledged for her significant contributions to improve the health of First Nations People within the Atlantic Aboriginal Communities. This award was provided by the Mi’Kmaq and Maliseet Atlantic Health Organization.

Before she became a Registered Nurse, she was a Medical Worker. After achieving her Registered Nurse designation she took a position as a Supervisor for Infant Boarding Homes, and then she became a Head Nurse within the Pediatric Department of a hospital. Veronica was also a Community Health Nurse (CHN), a VON Nurse, and a Public Health Nurse.

“Another service I used to provide was that of interpreter for our elders and our children. It was an honour and a privilege to be able to help our people, especially our elders in a way that was very meaningful for them,” Veronica explains.

A very significant role came when the nurse from Eskasoni First Nation realized there was a great need to deal with a serious health concern in her community. She established the first Diabetic Clinic and in doing so, became the ideal Coordinator for

the program. “This devastating disease was killing our people but they were afraid to go to the Diabetic Clinic in the Regional Hospital because of the language barrier and the cultural insensitivity they encountered. I felt I had to do something to stop this tragedy,” the retired nurse declares. “Today, our diabetic clinic is bigger and better and still expanding.” A local 1996 study indicated that 28 % of the Eskasoni people were diagnosed with diabetes. This is about three times the 8.7% provincial average for Nova Scotia.

## MENTORS AND ROLE MODELS

“My happy childhood memory is going on nature walks with my father. He knew so much about the forest and our interconnection with nature. He knew all the names of the trees, plants and animals and he understood how they depended on Mother Earth to survive. He also realized that we had to care for, and love our Mother Earth just as we care for, and love our own mother,” Veronica explains. “I have special memories of my mother as a woman with a deep love of nature; a woman who was well-aware of her inner self. She was gentle and loving, seeing violence as very damaging to our nature. Our family was not materially rich but we were never cold or hungry and we were bestowed with emotional and spiritual richness,” Veronica attests. “That is how we were able to cope with an unjust society.”

“In school, my grade six teacher had a strong influence on me. This instructor really enjoyed teaching Aboriginal children. She felt I had a strong potential to do well and she instilled in me a passion for reading and learning,” Veronica continues. “With her persuasion, I realized I needed an education to do something with my life.”

“Professionally, my aunt was also a role model for me. I am proud to say she was one of the first Aboriginal nurses in this country. She worked in the Canadian north and shared her experiences with me,” Veronica offers. “I admired her ability to help less fortunate people who were in need. She has inspired me to get out there and help nurse the people who depend on us, back to health.”

## CHALLENGES

“Racism was evident when I was a student nurse, and it still exists today. Back in the 1960s, the teachers seemed to have lower expectations for their Aboriginal students. I was not accepted by the other students and being the only First Nation student in the class, I felt isolated,” Veronica confirms. “Degrading remarks were made about my people as patients and these really hurt.” The Eskasoni nurse felt she was helpless to change this situation at the time, but she was determined to do well, and she accomplished this, despite the odds.

“Even in the workplace, racism is still alive and well. It may be more subtle, but it still exists in all aspects of life. Aboriginal people and other minorities tend to be treated differently, less competently. This is the result of years of systematic racism and white privilege,” Veronica clarifies. “Many barriers between the non-native service providers and their Aboriginal clients have led to a scarcity of appropriate health information and treatment. Sadly, this is especially true within our own community health centres. Stereotyping and ignoring people’s concerns on the reserves, I feel, has led to a reduction in attention to personal detail and consequent substandard treatment. Often it seems like the native communities are used as experimental treatment models, especially when it comes to over-prescription of medicines. It seems you are still working for the dominant culture even within your own Aboriginal community.”

## **RECOMMENDATIONS FOR CHANGE**

“I don’t believe one person can overcome these systemic barriers, but as Mahatma Ghandi said, “Be the change you want to see”. I do have some suggestions for dealing with racism in the healthcare field,” Veronica offers. “Now I am older and wiser. I feel we need more women who are anti-racist in decision-making positions within the government. We also need an advocacy office, a support system to help us question people in higher administrative positions because this is a very difficult feat for the average person.”

“We need to include Human Rights issues as well as cultural competency and sensitivity courses in the nursing curriculum. The knowledge derived from these will be salient attributes for a non-native nurse working in an Aboriginal community. Funding for this educational support as well as research to optimize the relationships between the cultures should be forthcoming from the provincial and federal health programs, universities and colleges,” Ms. Matthews outlines. In conclusion she asks, “Do we not have the same rights as all Nova Scotia citizens?”

“Always have a vision or a dream of what you wish to accomplish, and love the work you do. For me nursing was never a job, it was an opportunity to help less fortunate individuals and my tools were love and compassion,” Veronica shares. “It was an opportunity to be with people in their time of need, in the most vulnerable moments of their lives.”

“Lastly, be passionate in your convictions and always believe in yourself. Do not let any system destroy your hopes or your dreams.”

## **FUTURE CONSIDERATIONS**

Although Veronica is retired, she remains active in her goal to serve her people. She was a board member for A.N.A.C., the Aboriginal Nurses Association of Canada, and is also an Honorary member. She also sits on the board for the provincial Cancer Care Nova Scotia. Locally, she sits on the Eskasoni Health Board, helping to direct programs for her community. The retired nurse also participates on the Advisory Committee: ‘Bridging the Gap for Aboriginal, Black and African students’ for St. Francis Xavier University. She was also involved in helping organize an Elder’s group for this program.

“I will also continue to raise awareness of the injustices and the discrimination that exists in our health care system,” Veronica acknowledges. “I would like to help our Aboriginal and especially our non-Aboriginal nursing students be aware of, and embrace the need for cultural sensitivity and cultural competence courses in the curricula of our educational systems, at the high school, college and university levels.” In conclusion, the accomplished nurse adds, “I would like to be available wherever there is a need in our health care system. I would also like to encourage and support more Aboriginal students to become nurses and doctors and other health care workers.” “My Spirituality and my belief in our Creator is always a source of strength for me in my journey of life.”



