The Beat Podcast
Season 2, Episode 7: Transcript

Indigenous experience, heart disease and stroke

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Shawnee Kish [00:00:01] The best I could hope for was that she was put by a window within the hospital that I could go to and visit or, you know, and go with the drum and have, you know, something that would address meeting the spiritual and cultural and emotional needs beyond physical, but, you know, it was all it was all very, very, very limited.

Caroline Lavallée [00:00:30] I'm Caroline Lavallée, and you're listening to The Beat, a podcast by Heart & Stroke with support from our generous donors. Thanks for listening. Now let's get into the episode.

We'll begin today's episode by respectfully stating that the territories on which we are being hurt today are part of the ancestral and unceded territories of all Inuit, Métis and First Nations. In stating this, Heart & Stroke reaffirms its commitment and responsibility to improving relationships between nations and strengthening our own understanding of local Indigenous peoples and their cultures. Indigenous communities have historically been mistreated by the Canadian government and healthcare system, something that has lasting effects on Indigenous people across the country. Today, Indigenous people are more likely to be at risk for or living with heart disease or stroke compared to the general population, and they continue to face discrimination within the healthcare system.

You're about to hear from Lynne Marie Sherry. Lynne is an Indigenous woman who experienced a life-changing stroke. Lynne is a Mohawk of the Six Nations of the Grand River in Ontario. She grew up outside her community. It was only as an adult that she rediscovered her Indigenous heritage and community. We want to give Lynne every opportunity to tell her story, but the effects of that stroke make it difficult. Fortunately, she has her daughter, singer-songwriter Shawnee Kish, to help bring her words to life.

Shawnee Kish [00:02:22] My name is Shawnee, and I am the daughter of Lynne Marie Sherry, an Indigenous person who has survived a stroke, almost two years ago now.

Lynne Marie Sherry [00:02:36] I have a speech problem, but I have all my marbles.

Shawnee Kish [00:02:43] I have a speech problem, but I have all my marbles. Yes. That's your go-to line. And it's the truth. And your name?

Lynne Marie Sherry [00:02:52] I am Lynne Marie Sherry.

Shawnee Kish [00:02:55] Lynne Marie Sherry.

Lynne Marie Sherry [00:02:57] I am Indigenous and I survived to be present. And sometimes I wonder why, but I am here for a reason. I had my stroke when I was 62 and I am a survivor.

Shawnee Kish [00:03:28] I think I'll start off by explaining kind of this entire perspective that I have now on our journey with Mom's stroke. There's a lot of honest conversations we've had about that, and we were just talking about this trip that her and I went on. I took her on a birthday… it was for your 60th birthday, right? Took her on a trip to Utah. You know, she wanted to, she's always wanted to go to the desert. So we went on this trip and I was like, pushing her to do all these things, like ATVing and

climbing, like rock climbing and not really knowing or understanding that some point in her life she was diagnosed with high blood pressure and that went untreated. And that was just a year before the stroke.

And then kind of looking back, seeing some signs health wise that were happening because of the high blood pressure. And we had no idea that it was just like this ticking time bomb. Did anybody ever explain to you, like a doctor, ever explain to you what high blood pressure could do?

Lynne Marie Sherry [00:04:33] No.

Shawnee Kish [00:04:34] So I think at some point you were diagnosed. You were prescribed pills and obviously to monitor it. But I don't think it was ever explained because had you known, had someone said you can, you will… it will cause a stroke and this is what a stroke looks like…. I have a hard time believing that.

Caroline Lavallée [00:04:54] Lynne was never told the importance of monitoring her high blood pressure, so neither she nor her family was very concerned about it. Then came December 5th, 2020. It was during the height of the COVID pandemic, and it was a day that changed their lives forever.

Shawnee Kish [00:05:14] Where the stroke happened was very complicated and severe. It was in the brain stem, which is pretty much, you know, like a no-go zone. As far as what they said to me is, you have to let it play out, which felt like entirely unfair. Because all I can imagine was this bleeding happening and nothing… I could do nothing but let it, like, lava flow and watch where it lands and hope that it would stop. She was on life support. She was not breathing on her own at that point. She had help to breathe and they prepared us for the worst. It's possible that she would not come off life support.

Caroline Lavallée [00:06:04] Eventually, Lynne started to recover, but she felt isolated and hopeless. As her feelings of despair grew, so did her need for a spiritual and cultural connection.

Shawnee Kish [00:06:18] I remember, like, desperately trying to reach out to somebody who could help with the spiritual and emotional side, because I knew that the system only had what they had at the time and everybody was maxed out. And I understand that. But I wanted her to at least have her culture. And if I wasn't allowed to bring in a drum and sing to her and spend time with her, that maybe somebody would be; maybe there would be something out there. But, you know, there was a few programs that I called. They were maxed out. There were restrictions. They weren't allowed in.

The best I could hope for was that she was put by a window within the hospital that I could go to and visit or, you know, and go with the drum and have something that would address meeting the spiritual and cultural and emotional needs beyond physical. Well, I knew it was definitely crucial to her mental well-being, was to smudge, to feel the medicine, to feel even that sense of safety and peace that, like our culture gives to us, that sense of belonging, that sense of hope. In addition, obviously, to her medical, physical needs, I knew that reaching the cultural needs were just as important.

I also found that it wasn't that accepted within the medical system. And although you respect and you trust, you know, experiencing our medicines or hearing the drum — like all of that stuff gives you peace, and it fills your cup. You know, she often referred to the hospital as the residential system. She felt like she was in the residential system, locked in a room, not able to talk to anyone, not able to practice her culture. And just like that's the way she described it as.

Caroline Lavallée [00:08:09] Today, Lynne lives in a retirement home, and she and Shawnee have developed a routine that works for them.

Shawnee Kish [00:08:17] She has her sense of independence and can close the door and listen to her podcast and, you know, watch a movie at night. She has two PSW visits a day, morning and night, which helps. She has someone that comes in the morning, Karen, that makes her coffee and...

Lynne Marie Sherry [00:08:36] (She makes) good coffee… she opens the window and makes the bed.

Shawnee Kish [00:08:45] She makes the bed. So she does like Karen a lot. And, you know, just kind of figuring out how to live in peace, you know, the best way.

Lynne Marie Sherry [00:08:56] I've got quite a few deficits.

Shawnee Kish [00:09:00] Quite a few deficits.

Lynne Marie Sherry [00:09:02] My left side is numb.

Shawnee Kish [00:09:07] Left side is numb.

Lynne Marie Sherry [00:09:10] I can't feel it. My eyes are foggy.

Shawnee Kish [00:09:13] Your eyes.

Lynne Marie Sherry [00:09:13] …are foggy.

Shawnee Kish [00:09:13] Your speech.

Lynne Marie Sherry [00:09:18] My speech. My swallowing. But they cut things up.

Shawnee Kish [00:09:27] They cut things up. Her diet is cut so she can easily swallow. She still struggles with the coffee, but she is very persistent about the coffee. She's not giving that up. And she told every doctor, even myself, contrary to what we recommend, she's not giving it up. So that is her peace and happiness. Coffee. Just don't take her coffee and she'll be golden.

Caroline Lavallée [00:09:49] After such a difficult situation, Lynne and Shawnee still have hope.

Lynne Marie Sherry [00:09:55] Keep the plane flying...

Shawnee Kish [00:09:57] You have more options if you keep the plane flying. She wants people to know that, to survive and not give up. And that definitely has been your… even though at some point she's been desperate to give up, but she hasn't given up throughout it all.

And you know, it's taken a lot of time for her to get some abilities back and to use her voice and to even feel enough safety to even speak your truth. But I know that there's a greater purpose and everyone has that. So, you know, I think to for me, she's taught me to not give up and just share that message.

Caroline Lavallée [00:10:36] Unfortunately, what Lynne experienced isn't unique. Many Indigenous people have risk factors for heart disease and stroke and may have challenges getting preventive care. And if they do end up in the hospital, it's not always easy to access the spiritual care that could help them heal.

Dr. Bernice Downey [00:10:57] I'll start by saying buju. Bernice Downey [gives greetings in Ojibwe language].

So greetings. My name is Bernice Downey. I've also been given the name of Head Woman or Niganakwe. I'm an Ojibwe-Saulteaux woman. My family ties are with Lake St. Martin First Nations and Dolphin River First Nations in Treaty Two Area of Manitoba.

Caroline Lavallée [00:11:32] This is Dr. Bernice Downey. She is a medical anthropologist and the associate dean of Indigenous Health in the Faculty of Health Science at McMaster University.

Dr. Bernice Downey [00:11:43] Despite the reduction in cardiovascular disease that has been attributed, for example, to lifestyle behavior such as improved diet, regular exercise, smoking cessation, Indigenous populations continue to experience a rapidly growing burden of cardiovascular disease, morbidity and mortality.

So when we think about this… we can see the presence of an overall inequity gap compared to non-Indigenous people with respect to cardiovascular disease. So that becomes problematic. Aboriginal people in Canada experience numerous health inequalities that lead to a lowered life expectancy of 7.4 and 5.2 years respectively for Canadian Indigenous men and women, than is seen for the rest of the population.

And cardiovascular disease is more common, and end-stage renal disease in Canada's Indigenous population is more frequent, largely because of the high prevalence of diabetes. So you can see quite the gap when you look closely at the multiple contributing factors as well. But when we think about the causes, the related factors, we also consider things like the social determinants of health.

And so Indigenous health is affected by these cultural factors and the consequences of colonialism, for example, which include loss of language and ways of life and dispossession of traditional lands that results in factors such as food insecurity, environmental deprivation, spiritual, emotional and mental disconnectedness. We've been aware of the more traditional — I'll call them risk factors — but I think it's only in more recent times that we are beginning to understand that social determinants of health play a major role in compounding the cardiovascular disease risk, especially among Indigenous populations.

And so we think about things like income, education, employment, living conditions, lack of adequate housing and access to culturally competent health services. So all of these factors that can be considered social determinants of health also contribute to that gap between indigenous peoples and the general populations. So practitioners have to understand their history, their shared history with the rest of Canada and Indigenous populations in order to see what also has to be addressed.

So I think there is some promise in knowing that collectively Indigenous peoples around the world have raised awareness and understanding about how health inequality is linked to social, historical and structural factors. So I think there's promise in that, that Indigenous peoples have, you know, are taking charge and they are self-determining and raising awareness and there's resistance and a resurgence and reclamation of their own health and well-being.

Caroline Lavallée [00:15:01] During the colonial period, traditional healing practices were outlawed by the church and state. Even after the ban was lifted, many Indigenous people lacked access to traditional healing while going through the healthcare system. Only recently have there been changes.

Dr. Bernice Downey [00:15:20] We are seeing a shift where health professional organizations are accepting that it is within our rights to access traditional healing and to use that in our health care, in the management of our own health care. And so we are seeing licensing bodies and health professional organizations that are now understanding that this is the case not being harsh towards its members for supporting that in the patient care relationship. And so that's making it a little bit easier.

And I see those health care practitioners as being in a broker role. And I always tell them, you don't need to know everything there is to know about traditional healing or Indigenous knowledge, but you can be a

broker and you can facilitate and build the trust with that individual so that they can share that information with you.

Caroline Lavallée [00:16:13] There are many factors that contribute to health risks faced by Indigenous people in Canada, and when it comes to getting care and treatment, they often face barriers.

Dr. Bernice Downey [00:16:25] I've heard many stories of individuals, who often times repeatedly sought care for various illnesses or symptoms and… received an approach that minimized their concerns, were sent away with inappropriate solutions (that) didn't work and represented back in the emergency room or to their doctors. And so I've heard many stories like that.

I guess I think we could all do better in collaborating with communities to improve information sharing and health promotion about heart disease and stroke in this case. I think that if we explore and facilitate knowledge exchange in ways that make sense and feel comfortable for Indigenous people, that we'll see an increased uptake in health information.

But I don't think it's any one single solution. You know, I think we have to understand what's behind racism. What are those socio-historical factors that contribute to how general society views Indigenous people? There's a lot of victim blaming that goes on that, you know, they could pull up their socks and be better. That's an important part of the work. Removing the structural barriers, for example, and then engaging in methodologies around research, health care, education and knowledge exchange that Indigenous peoples can contribute to.

Caroline Lavallée [00:17:52] Dr. Downey has been doing research into the barriers faced by Indigenous women like Lynne, who have experienced cardiovascular disease and how to trained health care practitioners to ensure these women receive the resources and care they need.

Dr. Bernice Downey [00:18:09] For example, storytelling and circle process. So these are two methodologies that are quite familiar to Indigenous peoples, and they hold potential to share information about heart disease and wellness in a way that promotes relationality, that fosters that building of trust and relationship between the health care provider or whoever is participating in that circle process. A circle process also equalizes the power dynamic. You know, typically the healthcare practitioner is considered the expert — is going to give you information that you're passively supposed to accept and be compliant with. And so there's quite a power dynamic there.

I think that that then exacerbates that oppressive experience that most Indigenous peoples had have had with, you know, in an institutional environment. Whereas if we're working as equals, if we're respecting the contribution that Indigenous peoples can make, we foster that agency and hopefully the increased uptake of information for them to manage their own health. And so that's kind of the premise that I'm working with in helping to generate awareness and training for health care practitioners.

Caroline Lavallée [00:19:30] Dr. Downey sees hope for health reconciliation, including better outcomes for Indigenous people when it comes to heart disease and stroke. And that hope is rooted in close connection to Indigenous traditions and culture.

Dr. Bernice Downey [00:19:45] We're now seeing a cultural resurgence and reclamation of our traditional ways, our Indigenous knowledge, and from our younger and younger generation. I think it's amazing. I think it's beautiful. And, you know, so I would say to that younger generation, keep going, share your strengths, send your resiliency and continue to learn new language, new teachings, share it with other people. And I think that fosters some health wellbeing. It fosters cultural pride, resiliency. And

we know that there is a connection between mental health, improved mental health and that link to culture.

Caroline Lavallée [00:20:27] There is still lots to be done to prevent stories like Lynne's, and the Canadian health care system could do much more to understand the importance of traditional healing to the recovery of Indigenous people and to the barriers to care in Indigenous communities. Vital work like that done by Dr. Downey needs to continue, and health care practitioners need to understand the social and historical context in the lives of their Indigenous patients.

Thank you, Lynne and Shawnee, for sharing your story and thank you, Dr. Downey, for your valuable insight. Stay tuned for our final episode of season two, where we discuss women and stroke.

Thanks for listening to The Beat, and a special thanks to our donors for making this podcast possible. I hope you'll take away some valuable insights from today's episode and maybe you'll be inspired to join a community that's determined to beat heart disease and stroke. Subscribe now to stay informed, get inspired and rediscover hope. Don't forget to rate and review the podcast so we can reach even more listeners. Stay tuned for our next episode. Until next time, I'm Caroline Lavallée.