National Collaborating Centre for Indigenous Health
Centre de collaboration nationale de la santé autochtone

Podcast: Voices from the Field 36 – Gone south: The over-reliance on medical transportation and its impact on Inuit health and well-being

Description

In this episode, guest host Aluki Kotierk speaks with Dr. Richard Budgell, a Labrador Inuk and Assistant Professor of Family Medicine at McGill University, and Siksik, Melodie Sammurtok-Lavallee, an Inuk from the Kivalliq region of Nunavut and breast cancer survivor. They discuss how Inuit are often transported to southern Canadian cities to access health care and describe the repercussions of this long-standing practice on the health and well-being of themselves, their families, as well as individuals and communities across Inuit Nunangat. These repercussions can consist of delayed or incorrect diagnoses and treatment, poor mental health due to isolation, experiences of racism or culturally inappropriate care, and a “deep, broad impact” on the quality of life due to prolonged separation of family members.

Aluki Kotierk and her guests also touch on ways to reduce the over-reliance on medical transportation and its health impacts on Inuit. These include increasing investments to improve the social determinants of Inuit health, better resourcing and equipping northern regional hubs, leveraging digital communications, and improving knowledge sharing on the specific needs of Inuit in southern healthcare settings.

Bios

Siksik, Melodie Sammurtok-Lavallee

Siksik, Melodie Sammurtok-Lavallee is an Inuk woman from the Kivalliq region of Nunavut. She has worked in the field of Inuit language promotion and revitalization nationally and internationally and is an advocate for Inuit historical and cultural reclamation. Siksik is a breast cancer survivor, a mother and a wife.

Richard Budgell

Richard Budgell was appointed Assistant Professor in the Department of Family Medicine in 2020. He is a Labrador Inuk and lectures, writes and does research on Inuit health. In 2022 he began teaching a graduate course on Inuit health which he developed and that is the first of its kind in a Canadian university. Prior to joining Family Medicine he was a federal government public servant in First Nations and Inuit health, and other Indigenous fields, for more than thirty years. Has was awarded the Queen Elizabeth II Golden Jubilee Medal in 2002 for exemplary public service in his role in the creation of the Aboriginal Head Start program, an early childhood development program for First Nations, Inuit and Métis children and families. He has a Master of Arts degree in Canadian Studies (Aboriginal concentration) from Carleton University. He is involved in a variety of research projects, including Inuit cultural safety in health care and the health of urban Inuit.

Aluki Kotierk

Aluki Kotierk was sworn in as the 8th President of Nunavut Tunngavik Incorporated on December 13, 2016. During her campaign, Aluki focused on empowerment, Inuit language and culture, collective healing and Inuit identity. Originally from Igloolik, Aluki lives in Iqaluit with her family.

She grew up in a bi-cultural home as the oldest of seven children. After attaining a bachelor's and master's degree from Trent University, Aluki worked for various Inuit organizations including Pauktuutit Inuit Women of Canada, Inuit Tapirisat of Canada (now Inuit Tapiriit Kanatami) and Nunavut Sivuniksavut.

Aluki returned to Nunavut where she has held several senior management positions in the Government of Nunavut and the Office of the Languages Commissioner. Kotierk was most recently Director of Inuit Employment and Training for NTI. Aluki has a passion to empowering and improving Inuit lives and has a keen interest in how Inuit culture and language can be better incorporated into the way programs and services are delivered.

Transcript

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Aluki Kotierk: Tunngasugissi. Welcome to *Voices from the Field*, a podcast series produced by the National Collaborating Centre for Indigenous Health (NCCIH), which focuses on innovative research and community-based initiatives promoting the health and well-being of First Nation, Inuit and Métis peoples in Canada.

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Aluki Kotierk: Tavvauvusii. Greetings. My name is Aluki Kotierk and I'm very happy to share that I'll be the host. Today's podcast will focus on Inuit and the healthcare system. We have the great pleasure of speaking with both Richard Budgell and Siksik Lavallee. A warm welcome to both of you. Tunngasuainnugissi.

Richard, I am going to jump right in and I'm hoping that you can introduce yourself before you provide a broad overview of the challenges Inuit encounter in the healthcare system.

Richard Budgell: Ullaakut. Good morning. Nice to be here. I'm Richard Budgell. I'm a Labrador Inuk. I grew up in two different communities in Labrador. I began working in the federal government more than 30 years ago and had a career of about 30 years. About five years ago, in 2020, I retired from that job and went to become an Assistant Professor in the Department of Family Medicine at McGill University, where I teach and talk about and write about Inuit health. It's very much my focus.

I teach both academic students and also medical students, and my preoccupation is improving the nature of health care that Inuit experience both in Inuit communities in Inuit Nunangat, but also in settings … like hundreds of Inuit come to Montreal every year from Nunavik and encounter the healthcare system – a big institutional healthcare system here – and I think there's lots of room for improvement in what we see happening in the system and what Inuit experience.

Aluki Kotierk: Thank you for introducing yourself. You've talked about there's lots of room for improvement. Maybe you could highlight some of the challenges that Inuit face in the healthcare system?

Richard Budgell: I think that a fundamental challenge is the extent to which Inuit end up being in situations of medical transportation in order to access health care, so not being able to access healthcare in their own communities, or frequently even in their own regions in the north, and being transported to the south. In fact, I just saw some numbers from yesterday from Nunatsiaq News. The government in Nunavut is looking for $236 million this year for 2025-2026 for medical transportation of patients. So, we know that the distances in Nunavut are enormous in terms of distances between communities. The same is true in Nunavik, also to a lesser extent in Labrador and the Inuvialuit Region.

But I kind of argue that the money that goes into medical transportation is money that is not being spent on anything else. So, it's not being spent on system improvement. It's being spent on putting people in planes and transporting them to usually places in southern Canada to access health care. And I have argued in some things I've written that that goes back to, I think, as a precedent that was established beginning in the 1930s and 1940s, when medical transportation for treatment of tuberculosis patients began, and then initially that was by ship instead of by airplane. But my argument is that kind of began to put in place this reliance on transportation as opposed to local care. And because significant resources are going into medical transportation, it inevitably reduces resources that would go into anything else in terms of improvements in the system and improvements to local health care.

Aluki Kotierk: Thank you for that context. I'm wondering if you could maybe expand on what you think the system's improvements could be when you're thinking about local care. What needs to change so that you know you get better healthcare?

Richard Budgell: Well, there are a number of ways to create greater access to local care. One of the things that's developing within the healthcare system is that the ability to communicate digitally is becoming better. So, being able to use tools and equipment that communicate digitally with, say, institutions in the south as opposed to having to transport people, that's improving. I don't know that we are taking full benefit of that across the healthcare systems that Inuit encounter in Inuit Nunangat. I think we could do a better job of that.

I think there are some positive signs, but I also see continuously increasing expenditures in terms of medical transportation. Now we know that airline fees have increased over the last few years – that's a natural kind of increase – but it's not clear to me – are we, in fact, transporting a lot more patients? And that would indicate to me that the change is going in the wrong direction.

I think a factor for Inuit, like for a lot of other people, is what is sometimes called social determinants of health. So, are we looking closely enough… are we paying enough attention to factors that affect people's health, like do people have decent housing? Do people have access to good food that, for Inuit, includes good country food from animals and fish and berries that exist within our localities? Can people take advantage of what is available to them locally? And I think in the case of many people and many families, it has been becoming a bit more difficult to do that because of the costs of using boats or using snowmobiles to be able to harvest a lot of local food. So, I'm advocating kind of for let's look at health in a broader kind of way, and let's look at health in ways that are based on Inuit values as well, as opposed to almost automatically, in some cases, assuming, "all right, you're ill or injured, so we will put you on a plane." I know that people in the healthcare system don't necessarily think that way, but that seems to be the result so frequently of the kind of treatment that Inuit encounter within healthcare systems.

Aluki Kotierk: Thank you so much for providing a broad context of Inuit and how they access health care.

Siksik: I'm now going to turn to you, and similarly, I'm hoping that you could introduce yourself before you share how it has been for you to navigate the healthcare system as you fight advanced-stage breast cancer?

Siksik, Melodie Sammurtok-Lavallee: Qujannamiik Aluki. My full name is Siksik, Melodie Sammurtok-Lavallee. I am an Inuk woman, originally from the Kivalliq Region of Nunavut, although I have spent a large part of my childhood also in Iqaluit, Nunavut as well, so I consider them both of my hometowns. My parents are originally from Qamani'tuaq, Nunavut and Iglulugaarjuk, Nunavut, and their parents are originally from Igloolik and Netsilik Region, so I have family connections from around Nunavut. And I bring that up because had I been able to access any kind of health care in my home region, the support systems that would have been in place through family naturally would have made the whole process much easier. As it was, because my husband and I were already living in the south with our daughter due to the housing crisis in Nunavut, I began my treatment while I was already in the south.

But the loneliness that's in place when you're in treatment, that naturally comes because your life is going to be changing; you're not going to be out socializing, you're not going to be working, you're not going to be talking and seeing people more often. The distance between my family and I became even more apparent during treatment. And it evokes this emotion in me that I can't quite put into words, other than to say that it is extremely lonely. It is extremely isolating.

My father is a cancer survivor. He's a 23-year cancer survivor, but he fought colon cancer for many years and he kept being sent down to Winnipeg for his treatment. He was in his late 40s when he was first diagnosed. At that time, I was just a young child and I didn't realize how scared and lonely he must have been throughout all of his treatment – to be constantly travelling back and forth from Rankin Inlet to Winnipeg, back and forth every six months and not knowing whether or not he was going to see his children grow up into adulthood. So, I'll stop there as my introduction.

Aluki Kotierk: Thank you for sharing your experiences, Siksik. I'm wondering if you could share your thoughts on how, in your view, the health care system could be improved so that it can better meet Inuit needs?

Siksik, Melodie Sammurtok-Lavallee: I think that this is a multi-layered issue. First off, what Richard was speaking about, I agree with. We do need to have better access to healthcare within our own communities, and if it's not going to happen in every single community, we at least need our regional hubs better equipped. If it's not for like entire – they call them chemo pods, for example, places where people go to access their chemo that they need every week. I don't expect something like that in every single community, but perhaps just in one community would make a difference.

When you're receiving chemo, when you're diagnosed with cancer and you're living in an Inuit community, we know that we're going to be sent to whatever southern hub it is that the community is closest to. And in that time that you're away from your family, you're also away from experiences for your children, for example. It really changes the way you enjoy life. For me, say when I was still working, before I had my diagnosis and I would go away for work, I knew that my daughter would be missing me, for example. But once I got my diagnosis, I was realizing it wasn't just her childhood that was being affected, it was my motherhood as well. I was – not by choice – missing out on very big things that were happening in her life because I was too sick to be there or she was too afraid to see me. Or sometimes she was sick and she had to stay away from me.

When you're home and around your family while you're going through something like this, it doesn't just give you company to be with. It brings a holistic way of dealing with it because you have your people who know what it's like to really struggle and have struggled really since our grandparents and our great grandparents, you know, dating way back to having to be sent to TB sanitoriums.

Regarding how to better access in the south: I don't know how to fully answer that question other than to say that there needs to be more knowledge shared with healthcare providers in the south when it comes to Inuit, First Nations, and Métis needs and our experiences here in Canada. Because it took three years for me to get my diagnosis. I knew since 2021 that I had breast cancer. However, I could not be taken seriously over the symptoms that I was experiencing, and so over three years it just got bigger and bigger and bigger – the tumor, I mean. And it got to the point where it couldn't be denied that something was wrong; something was very wrong in my body. I was starting to show signs of very advanced-stage symptoms of a very serious illness and they had to check me at that point. But it took three years of me advocating for myself to get to that point. And now, at the age of 40 here, I am facing advanced-stage breast cancer and having to face the reality that I may not reach my 50th birthday. And I truly believe it is because of the discrimination that I had to face being in the south.

Aluki Kotierk: Thank you, Siksik, for sharing that very personal experience.

Richard, I'm wondering, having heard Siksi's experience, do you have any additional thoughts that you would like to contribute?

Richard Budgell: Siksik, I'm so sorry to hear about you encountering such difficulty. I think it is, unfortunately, fairly common for Inuit to encounter that kind of difficulty in the system. And of course, what that consists of is forms of systemic racism or systemic discrimination that Inuit, and First Nations, and other people also encounter. I mean, it's not good enough, it's fundamentally wrong.

I think and hope that as we move towards more locally available care, that can work to improve the nature of care that people encounter.

That depends also, though, on who is providing the care and what kind of knowledge do healthcare providers, healthcare professionals, have in their encounters with Inuit. And I'm kind of assuming, because I know with this to be the case across Inuit Nunangat, the majority of healthcare professionals are qallunaat - some with more knowledge and lived experience and good cultural humility, [and] some who don't necessarily have that. And that is something that has to be improved systemically. I work in a medical school and have been working at teaching medical students and academics about Inuit health. That has not been, from my understanding, really widespread across Canada, that med students and other kinds of professionals in training encounter that kind of knowledge, which I think is really unfortunate.

And it's a systemic thing that needs to be changed as well so that the encounters between Inuit who are ill or injured and the healthcare professionals working in the system, regardless of where it is – it could be in big institutions in Montreal, or in Ottawa, or in Winnipeg, or in Edmonton – we want to ensure to the greatest extent possible, and advocate that those professionals will be treating people fairly and appropriately. And I think that is happening in many cases that people encounter good treatment and encounter good professionals, and then in other cases, not. And there are like hundreds of stories from Inuit about having had bad experiences in the healthcare system that have nothing to do with their illness or injury. It's just the nature of the treatment having been inappropriate or wrong. There's room for improvement there, I think.

Aluki Kotierk: Thank you, Richard. Siksik, I'm wondering if you have any additional thoughts that you would like to contribute?

Siksik, Melodie Sammurtok-Lavallee: I think that there's an opportunity, definitely, right now. There is so much change that's happening here in Canada. The political atmosphere is changing all over the world, but here in Canada, it's definitely becoming more and more palpable. And I think that this is an opportunity for the conversation to be had, and the politicians that work closely in the Arctic and with Inuit and Inuit communities, and outside Inuit communities, to hear how health care can be improved. Our Inuit organizations and our governments that are in the four regions across Inuit Nunangat also have an opportunity to be the ones to reach out and bring these issues up.

It doesn't just affect Inuit with cancer or cancer survivors, or Inuit who are supporting family members who have cancer; it also affects even our Elders who have to be sent south to go and live the last of their days out because they don't have an Elders' facility, for example, and there's nothing in Nunavut right now. So that conversation, I don't feel like it's something that – I can't say that it hasn't been explored, because I know it has been brought up, I know that Inuit leaders have spoken about it with politicians. I know that they have brought up that there's a need, but I don't think that it's happening fast enough. I remember this conversation happening before 1999, before Nunavut became its own territory. And here we are, 26 years later, and now I'm the one who is experiencing what I heard people back in 1999 talking about. It's not because there isn't a need for it; politicians are absolutely aware that there is a need for it. It comes down to two things: I believe it comes down to systemic racism, as Richard brought up, and it also comes down to money – the will to actually invest the money in something like this. I'll pass it back on to you, Aluki.

Aluki Kotierk: Thank you. I think this conversation is very important. I mean, we've heard about medical travel, and when you think about medical travel, and think about the small community where an Inuk is being sent away from when they're not feeling well – like who wants to go on a many hours trip when they're not feeling well? So that's the beginning of being sent away to treat oneself through the healthcare system.

You've talked about the loneliness and the impact it has not only on the individual, but the family and the extended family. It has a deep, broad, expansive impact that sounds very urgent. There's some urgency to this conversation. I recognize and I hear that the social determinants of health have an impact. I know, Richard, you raised that, and then Siksik, with your lived experience, you make reference to how you're living down south due to the lack of housing.

So, I guess I'm wondering if there's any other closing thoughts that you might have, Richard?

Richard Budgell: Well, I'm hearing Siksik talking about questioning whether there's been enough significant improvement in the system. We share a common experience Siksik. My father had colon cancer that he ultimately died from, and he was sent from my mother's home community of Northwest River to Saint Anthony in northern Newfoundland, which was then operating like a regional hospital. This was in the 1990s, and he was sent there by himself – this was before medical escorts were used very extensively – to have this very serious surgery – he had a colostomy – and he was by himself. And we were in Labrador thinking about, "how is he doing," and, "how have things gone", and just really worrying about how things were going. And he came back to Labrador after the surgery and, in fact, really never recovered. And we thought – we knew the surgery was necessary, but the strain of going quite far away to have this surgery, and the fact that he was by himself – we just found that very, very, very troubling. And of course, it was a typical experience for people in that kind of situation at the time.

But that was that was in the 1990s, and here we are in 2025 and it's difficult to feel that the system has radically improved. And I agree with Siksik. I think it's an opportunity to try to move things in the right direction and to look at really diagnosing the issue, the systemic problems in the system and working to fix those. And I think medical transportation is – I think it's almost a symptom, in fact, of some dysfunction in the system, but it's something that that affects many, many hundreds of Inuit from every region of Inuit Nunangat every year. I think it's something we need to look at critically, and also other aspects of the way the system operates.

Aluki Kotierk: Thank you, Richard. Siksik, I'm wondering if you have any final thoughts you'd like to share?

Siksik, Melodie Sammurtok-Lavallee: I want to thank you Aluki, first of all, for reaching out to me. It really makes a big difference when you have experienced something, an illness such as this, to have those around you who know you, who love you, that you share spaces with, validate you. The subject of cancer is very hard to grasp unless you've actually experienced it. I say experienced it, but I what I truly mean is that unless you experience it yourself – so if it's somebody that you're very close with and you're the caretaker for them or you yourself have/are going through cancer treatment.

However, cancer is so common, and I feel like in a lot of ways we have become almost desensitized when somebody tells you that they have cancer. Or if somebody has early-stage cancer, we tend to think that they're going to make it through and treatment will be easy, and things like that. And I've noticed since my diagnosis, or sharing my diagnosis, that there's a lot of very well-intentioned people who will give you advice or who will say things to you, or they want to tell their experiences with cancer in any aspect that it may be, whether it was a grandmother or an aunt. But, when you have cancer and you're fighting, especially at such a young age, there's a tendency to think that you're going to be able to get through it, that you're going to survive because you're young and you're strong. However, women under the age of 50, and most certainly women under the age of 40, when their cancer is found, tends to be extremely advanced. There are a lot of young women, and even men, who are fighting breast cancer – young, young women that I wouldn't have known about unless I was actually in the system and in these support groups and meeting these people. And it is these young women and men of all ages who have breast cancer, who are not being heard. They're being, in a lot of ways, gaslit, with explanations given to them as to what's going on in their bodies. Then add on the layer of being Indigenous on top of that, add on the layer of being Inuk in a fly-in community; it just adds all of these complex layers that make it even more difficult at every single level to receive proper health care, starting with a proper diagnosis.

And every single part of the way you have to advocate for yourself, and even afterwards when the treatment is over, the after-effects consistently stick with you. Chemo fog, for example has – even though I finished chemo last July, I still suffer from chemo fog. It affects my ability to read, it affects my ability to do my work, I'm constantly forgetting things. My nails are constantly breaking, for example. I can't have any more children because I've been put into medical menopause. There are just so many things that cancer treatment takes away from you and we don't know this. I didn't know it. I did not know it before my cancer diagnosis that this is the reality that cancer, people living with cancer, go through.

And then again that other layer that I was talking about, the people I have met here in the south who are going through cancer treatment don't realize the level that I, as an Inuk woman, had to go through in order to get my diagnosis, and then the treatment and then being away from family.

Aluki Kotierk: Thank you, Siksik. I want to thank both of you for your generosity in time, and your insights in sharing personal experiences of challenges, of ways in which the healthcare system could be improved to better meet Inuit needs. This conversation is an important one and I have no doubt that it will continue. We've heard about improvements that have been made, that have been made slowly, and how there's some urgency in making additional changes so that we are in a position to provide a better healthcare system.

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Aluki Kotierk: To conclude, and to hear more podcasts in this series, head to *Voices from the Field* on the National Collaborating Centre for Indigenous Health's website, nccih.ca. Music on this podcast is by Blue Dot Sessions. It appears under a Creative Commons license. Learn more at www.sessions.blue. Qujannamiik, thank you.

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