



Dr Holly Graham

Dr Holly Graham is a registered nurse, a registered doctoral psychologist, a professor in the Department of Psychiatry at the **University of Saskatchewan** in Canada, and a member of the Thunderchild First Nation. In this conversation, she talks about her motivations for developing the CPR RACISM guide to help healthcare professionals intervene when they witness racism. Holly also shares her own personal experiences of racism in healthcare and discusses how her spirituality guides her work.

Break the podcast down:

01:00: Hello Holly, welcome to the Futurum Careers podcast. Thank you for being with us today.

Well, thank you very much for the opportunity.

It's great to have you with us. So, I normally start these podcasts just to warm us up a little bit with three quickfire questions, just so that we can get to know you a little bit better as a person. So, the first question is, what's your favourite thing to cook?

Ah, there's so many things! I like to cook from traditional foods. For traditional food, chokecherries. I love picking the berries and then grinding them and then cooking chokecherries in our traditional way. And I would say as a dish, I love turkey.

Nice. And the next question is, after a long week at work, what do you do to unwind?

Well, there's several things. I like to go for a bike ride. I have a little Bichon Frisé and he rides in a little carrier behind me. Or we go for a walk. Generally, it's something in nature, something outside.

Nice. And the last question is, if you could be any animal, what animal would you be and why?

That's a great question, and I think about that. I love the wolf. I just think that the wolf is so stoic and courageous and has such a history. And dogs come, you know, when we look at our most favourite companions and how amazing dogs are and all the things they can do from sniffing bombs to sniffing cancer to sicknesses to just generally loving us. I'd have to say the wolf.

Yeah, that's a good answer.

02:20: So, you've created the CPR RACISM guide, which helps healthcare professionals address racism in their workplaces. Could you briefly just tell our listeners just a little bit about what that guide is and how it works?

Sure. I wrote the guide because we know that racism is a form of violence. And particularly when we're looking at healthcare, we know that this actually has been a cause of death in Canada. So, I wrote the guide with hopes that it would be a great and easier tool for people to actually intervene when they witness racism and also to teach in nursing schools. So, that was the idea behind it. It's something concrete, practical, visual, that is basically written in our competencies – things that we have to do as nurses and healthcare providers. Most of our competencies are very similar about advocacy, patient safety, evidence-based practice,

and those concepts that are critical. So, we can provide the best care for people who come into our care.

03:23: You mentioned there that there's been times in Canada where racism has led, unfortunately, to death. One of the things that in the Futurum brochure you mentioned had an effect on you was the death of Joyce Echaquan. In case our listeners aren't aware of Joyce's story, could you tell us what happened to her and how that situation affected you and your thinking?

Yeah, that situation happened in Quebec and happened during COVID. And unfortunately, this First Nation woman had been admitted and was treated inappropriately and ended up dying as a result of it. But not only did she die, she experienced racist remarks being thrown at her. And I just can't imagine dying, your last few minutes being exposed to that type of violence. And when you're so afraid. I mean, her medical condition, she was literally suffocating. And I just thought nobody should leave this Earth and transition to Spirit world under those conditions.

And she actually livestreamed it on Facebook. So, it was actually available for all her family and relatives and actually for the world to witness her care. So, when I became aware of that, I thought, what can I do as one nurse? You know, like I'm but one nurse. And of course, I prayed about it and I laid tobacco. I do what I normally do when I connect with Creator.

And so, it didn't come to me immediately. But then I was also watching Grey's Anatomy and everyone who comes to the emergency, little Meredith, this tiny doctor, she's jumping on everybody and doing CPR. And I thought, 'That's what I need to do. I need to write CPR RACISM to draw and underscore the urgency that people are dying as a result of racism.' And it's not just in healthcare. When we talk about healthcare, people dying, people are being hurt every day just by interpersonal relationships of racism. But I wrote this guide for the extreme, to prevent death.

05:15: And in the brochure, you also say that the guide embodies the Seven Sacred Teachings. Could you tell us a bit about those teachings and how they've influenced or informed the guide?

Well, with my research, I have looked at, of course, you have to have guiding principles and frameworks in all research that you do. And I've looked to my traditional ways – I'm Cree and Scottish – and look at the teachings.

Now, the Seven Sacred Teachings that are shared worldwide are



Anishinaabe. And our Cree, we have our own Seven Sacred Teachings are very similar. I believe that to make this world a better place, it's about 'How do I live in peace and harmony in my own body first?' And then that'll extend out.

So, it's fundamental concepts and principles that when we actually live them, it creates harmony. So, it's love, respect, honesty, courage and bravery go together, truth, wisdom and humility. So, I've based most my research on that. And it's about development of character and who we want to be to become the best version of ourselves. So, I just think that every human being needs to have some sort of values that they live by, that they value, and those are mine.

My mother taught them all the time. She was an elder in the Catholic school, and she shared these with all the students and she herself attended residential school. And so, it's something that she embraced wholeheartedly. And I have as well.

06:41: You say in the brochure as well, that the development of your spirituality, something that's been central to that has been participating in Sundances. Could you tell us what a Sundance is, and the influence that they've had on you and your spirituality and the way you think about the world?

Well, as First Nation people, we acknowledge the Creator and the connection through Spirit. And so, we see that as very real. And many of our ceremonies are ways that we connect to the Creator. They've basically been designed to transcend these worlds. But what it's done is it's allowed me to develop that connection with the Creator, and to centre my thoughts and my prayers and my intentions purposefully.

Because you do spend four days camping together, and you're fasting, and you're dancing, like in the Sundance, and you're going without food. And you're in deep thought, like you're praying. And as you're fasting and sacrificing, there's just increased awareness of what I am responsible for in my life, and what I can do, but also praying for my relatives and my loved ones. So, it actually taught me that we do have to focus on what we want, and we have to change our behaviour.

It's not just a matter of praying, like, 'Please let this change in my life.' It's about what can I do? I love one of the sayings, 'Dreams only work if you do.' We can all have all the dreams, right? But unless we're willing to do something and change, it's not likely our circumstance will change. So, it taught me discipline. It taught me respect. It taught me about family, community, connection, support. And I felt very supported in that environment with the Elders, and the teachings, and the language, exposure to the language.

My mother was a fluent Cree speaker. However, I didn't learn Cree – I understand basic conversation – because she didn't want me to have an accent, because she saw the harm when she was in residential school. So, for me, it was a way to hear more of the language, and to understand some of the beauty. The language is so beautiful, and it's filled with instruction. It's filled with our roles, responsibilities, and teachings of how to conduct ourselves, you know, our relationships. So, the Sundance was fundamental in understanding that there's more than me. There's a connection that goes beyond me, and that I'm not alone.

09:08: And did that influence your decision to become a nurse, that mindset?

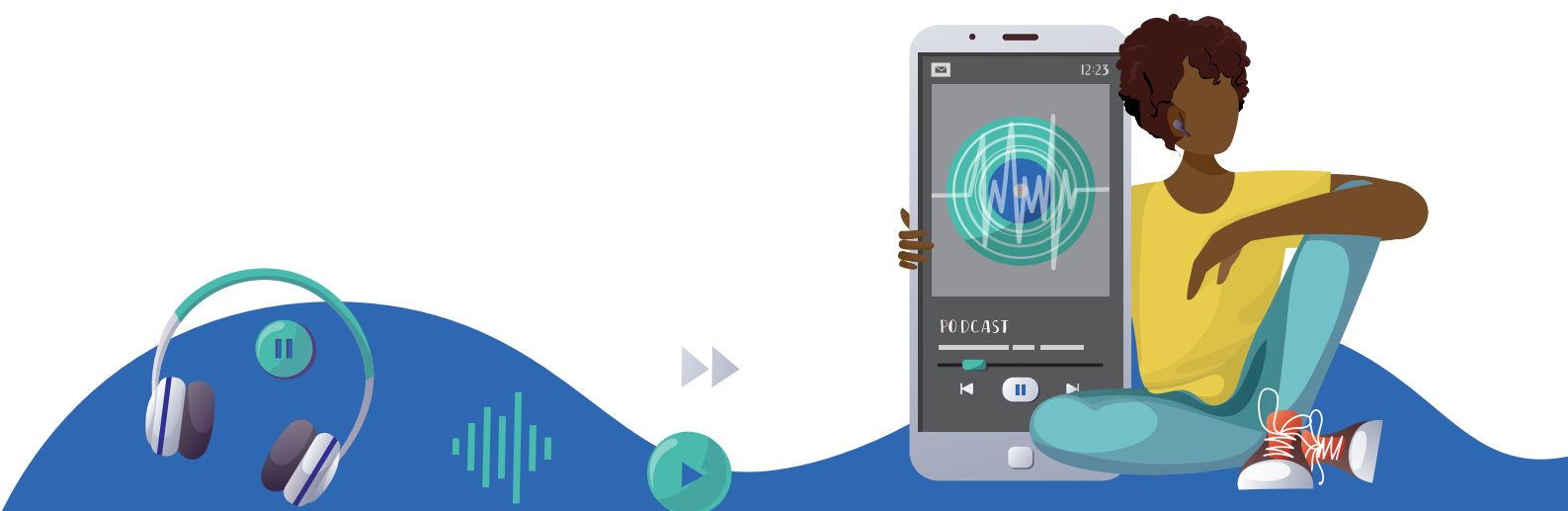
Actually, it was my mother's dream for me to be a nurse. Her dream was to have one of her daughters be a registered nurse. And so, she wanted that. I actually used to faint when I got needles! I was the person who was fainting, and like, 'No, I don't want a needle!'

And so, I actually wanted to be a police officer, and I wanted to go into law. But I was too young when I graduated from Grade 12 to go into Depot [The Depot Division, Royal Canadian Mounted Police]. You had to be at least 19, and I was only 17. So, my mom said, 'Why don't you go take a two-year nursing diploma?' And I thought, 'I'll make my mother happy. I'll go in, and I'll fail out at Christmas because I will not be able to give a needle. And then, at least I can say I tried.'

But it's much easier to give than receive, is what I found with needles! I didn't have any trouble giving a needle, and so I stayed in it. And now I'm very happy that I listened to her because health is wealth. And when you become a nurse or a healthcare provider, you learn the principles of how to have a healthy body, which is important for to have a healthy mind and a healthy spirit.

10:19: So now, thinking about other people who are maybe considering a career in nursing, do you have any advice for young Indigenous trainee nurses on how they can navigate these early stages of their career?

I would say there's going to be challenges in every career. So, it doesn't matter what career we choose, we're going to face challenges as First Nation peoples, just because of the history of colonisation and the power differentials and some of the biases and stereotypes. But what I would say is, we can't change the system until we're a part of it. And I remind myself of that. I mean, it's rewarding working with patients and clients. I have loved that. I've been a registered nurse for decades. But our systems are not perfect, and I think that extends beyond healthcare. And so, we just have to be realistic and know that if we want change, we have to become a part of the system.



11:09: Something else I wanted to ask you about was your personal experience of racism within the healthcare system and how that affected your life and whether that had any impact on your research?

Well, that's really interesting that you ask about that. So, I used to do martial arts. I have a second-degree black belt in karate, and I was competitive, you know, provincial, nationally and internationally.

And I developed knee pain. And when I went to see my physician, he just said, 'It's from arthritis, Holly. There's no need to x-ray it. We know what's going on.' And this kept on for many years. And finally, there was an unfortunate incident where my husband and I were almost mugged because I was having one of my episodes with my knee. And he's a firefighter, and so, he's half carrying me because I couldn't walk, my knee would lock.

So, I went in the next morning, and I said, 'I really want to see a specialist. And if he tells me this is normal, I'll live with it.' So, of course, the specialist x-rayed it. And I had a rare condition – synovial osteochondromatosis. And it's a rare condition that can happen in the knees and in the elbows where extra bones start growing. And when I went back to my physician, he, of course, was apologetic and very kind and, you know, 'I'm sorry.'

But what that meant is, I had to quit doing karate and I had to quit running. And personally, I mean, I gained 20 pounds. My main coping stress mechanism of running, in addition to all the other things I did, was gone. Like, what I loved. The two things I loved the most was running and doing martial arts. But I made the decision that I would do what's best for my body, for my mobility, which meant I had to give that up. As painful as it was, you know, it's a huge sense of loss, like it's grief and loss, right?

But what concerned me was I was a registered nurse prepared with a PhD that I couldn't get an x-ray. And physicians and healthcare providers, they need to know that people who've attended residential schools and their children, which I am a first generation, we have higher rates of these rare conditions, of autoimmune conditions. And I'm not sure that that's being taught consistently in medical schools. So, when we complain with kind of weird symptoms, it really should be taken seriously and investigated appropriately.

13:27: Thank you for sharing your experience with us. Earlier, we were talking about your spirituality and the lessons that you've learnt from your community's spiritual practices. Do you draw on those lessons in these times of difficulty?

I do. I do. I mean, nowhere have we been guaranteed that life is going to be easy for anybody, right? And I believe that we're here to become the best person possible, to evolve our spirit, our soul, whatever you want to call it. And that life has challenges. And because I believe in connection with Creator and that life doesn't end here, it gives purpose to this life of, 'How can I still become the best person, you know, despite the challenges?'

Because everybody's going to have challenges. It doesn't matter how poor or how rich you are, how educated, uneducated. Life is just like that, right? How do we continue to love ourselves? How do we continue to be kind to others, even when we're hurting inside? So that's how I look at that. And that does come from Sundance, because all the teachings in there, it's always about love and harmony. It's never about hurting others. It's always about how do we stop hurting one another?

I was fortunate that I started dancing when I was nine years old. My mother took me to Sundances, and that's where I was given my Cree

name, okimāwahtik-iskwēw. And that name means to bring peace and happiness to those around. So, also having my Cree name has really centred and guided my journey, because that's my Cree name. That's what I'm supposed to do, right? And so, I think it's having a Cree name for me has centred my purpose and has really fostered that connection, you know, to have with myself and how I relate to others.

15:12: The last thing I wanted to ask you about was something that you said in your brochure. You said that nursing is both a science and an art. Could you elaborate on that a little bit more, thinking about how nursing students can take that idea and use it to help them within their career?

Sure, it's an art and a science. So, the science is the easy part. That's learning about the biology, chemistry, pharmacology, you know, all those things that we have to learn, anatomy, physiology.

The art to me is how we apply that knowledge. And so, the art is really where personality and values and ethics and how we interact, the communication, verbal, non-verbal, that's the art. Because if you cannot connect with people in a way that's meaningful, where they feel respected, all the science you have, all the knowledge you have actually doesn't get shared. And we become nurses because we want to help people. We want people to have the best outcomes in life, right? So, if we don't refine our art of how we communicate with people, all the training we've taken and all that knowledge we have, it doesn't have the same impact.

16:22 Is there any final thoughts that you want to share with our listeners?

No, I just thank you for the opportunity to participate and to share a little bit about my work. And I'm happy to have had this opportunity to have this chat with you.

Thank you very much, Holly. Thanks for joining me.