



**Podcast:** Voices from the Field Episode 26 - A medical student's journey – Part 1: Introduction to Kara Ruff

**Bio:**



Kara Ruff is a Métis student, currently studying medicine through the University of British Columbia on the ancestral, traditional and unceded lands of the Sylix Okanagan Peoples at the Southern Medical Program in Kelowna, BC. She is entering her second year of medical school and has an interest in Indigenous and rural health care due to her familial ties and background of growing up in Campbell River on Vancouver Island. At the Southern Medical Program, she is the Indigenous Health Representative for her site and continues to advocate for improvement in culturally safe health care for Indigenous peoples in Canada.

The four-part mini-series, “A Medical Student’s Journey in Learning about Indigenous Health”, was developed with supervision and mentorship from Dr. Sheila Blackstock, a Gitksan scholar and Academic Co-Lead for the NCCIH, and Dr. Viviane Josewski, a Research Associate with the NCCIH and Assistant Professor at the UNBC School of Nursing.

**Episode description and resources:**

This episode was created to introduce myself and why I am passionate about Indigenous health care. Moreover, this episode highlights resources that I found offered a very interesting perspective on the topic of Indigenous health and wellness or Canada’s dark history and ongoing impacts of colonization.

- 1) White Coat Black Art: Road Trip to Meet Dr. Alika Lafontaine  
<https://www.cbc.ca/listen/live-radio/1-75-white-coat-black-art/clip/15931089-road-trip-meet-dr.-alika-lafontaine>
- 2) Dr. Nadine Caron: The other side of “being first” [https://youtu.be/6JEry\\_t0Cfw](https://youtu.be/6JEry_t0Cfw)
- 3) Dr. Evan Adams: wellness, two eyed seeing and system change  
<https://youtu.be/bAjSj9tDq1E>
- 4) White Coat Black Art: Kilala Lelum  
<https://open.spotify.com/episode/3zTzCgiGyyxxMa7gVebawN?si=696770729ded4d92>
- 5) Two eyed Seeing in the Healthcare System  
<https://open.spotify.com/episode/3zTzCgiGyyxxMa7gVebawN?si=696770729ded4d92>
- 6) Métis Nation British Columbia  
<https://open.spotify.com/episode/2RMhbWcqLPCHxRzpLMRA30?si=3a62df0e5100417d>
- 7) Canada’s Dark Secret; Featured Documentaries [https://youtu.be/peLd\\_jtMdrc](https://youtu.be/peLd_jtMdrc)

- 8) Missing and Murdered: Finding Cleo  
<https://open.spotify.com/show/6wHbN5SILS76LPZOIbad5F?si=0af12efe2ff44e27>

## Transcript

### Kara Ruff:

Hello everyone and welcome to the first episode of “A Medical Student’s Journey in Learning about Indigenous Health”, a mini-series within Voices from the Field. My name is Kara Ruff, and I’ll be your host for this episode. I am of Métis descent on my father’s side, and on my mother’s side of mixed European origins. I am a member of Métis Nation BC, and I was born and raised in Campbell River, BC. I’m currently living as a guest on the traditional lands of the Syilx Okanagan peoples in Kelowna, so I would like to thank them for allowing me to live, work, and play on their lands every day. This is the first of four episodes that will discuss topics surrounding cultural safety and humility and Indigenous health and wellness. Indigenous health is viewed from a more holistic perspective incorporating a balance of the physical, mental, emotional, spiritual, and environmental aspects of health. In this introductory episode, you’ll learn a little about me and why I wanted to create this podcast, and at the end of the episode, I’ll also discuss some resources that facilitated my interest in the topic of Indigenous health.

So, who am I? I’m a medical student at the Southern Medical Program in Kelowna, BC. I just completed my first year, and I am the Indigenous Health Representative Junior for my class. I took on this role and wanted to create this podcast because I am passionate about creating change within the healthcare system to improve health outcomes and experiences for Indigenous peoples. I’m Métis on my Father’s side, with roots to the Red River District in Manitoba, and European on my mother’s side. Métis is its own specific culture that is a blend of Western European and First Nations, predominantly Cree. Métis people generally have roots to the Red River Settlement in Manitoba. I am Cree-Scottish Métis with my lineage, the McKay line, being quite influential in the Hudson’s Bay Company since the beginning.

I’m still on my journey with connecting back to my culture as I actually didn’t know that I was Métis until grade 12, and I am very, what is often referred to as “white-passing”. I was concerned about learning to reconnect with my culture as I’ve struggled with the concept of not being “Indigenous enough.” This is why it was so reassuring when one Elder told me that “what we all share as Indigenous people is that colonization took our culture from us, and through the efforts to regain it, is how it will stay alive”. As I’ve asked my family more about it, I found out that my granny and great aunts and uncles were reminded every day by my great-grandfather that they were Indigenous, but due to some problematic family dynamics, they stopped speaking about this aspect of my family history when he passed. I was shocked to hear that it was simply my dad’s generation that lost the culture and knowledge about their history, and even though it skipped a generation I really intend to keep the culture and knowledge alive within my family.

When I gained my membership in the North Island Métis Association, I was sent a 150-page book on my family history going back to 1776. It includes family trees, as well as excerpts from books and journals of the past, and it is probably one of the most interesting things that I have read. My family was very involved within the Hudson’s Bay Company acting as translators between Indigenous groups and those who worked for the company. A fun fact I was excited to learn is that a brother of one of my direct Métis ancestors went to Europe to become educated as a doctor, then returned

home and practiced as the First Indigenous Doctor in the Red River settlement. This small piece of family history especially resonated with me, because I, myself, am the first member of my immediate family to complete university, let alone continue on to medical school. The book made me excited to start to reconnect with my culture and I've been trying to take as many opportunities as I can to speak with Elders for their advice and learn specific skills such as making Bannock and beading. I'm still on my journey, but I am so thankful that I made it into UBC through the Indigenous admission pathway as they have provided so many more opportunities to reconnect with my culture such as creating a sense of community with other Indigenous students, participating in sharing circles facilitated by Elders, and cultural skill-based workshops such as drumming or beading.

Now, why I started this podcast. Along my journey, I have found many interesting resources that opened my eyes to the inequities and health disparities that Indigenous peoples face. At the end of this episode, I will highlight some resources worth listening to for those who are interested in or would like to broaden their understanding of Indigenous health and wellness as well as previous and ongoing effects of colonization on Indigenous people's health and well-being. I have developed a special interest in rural and Indigenous health as I want to help to make sure Indigenous peoples have access to culturally safe health care regardless of where they live. One of the first moments that illustrated the challenges of access to care for people who live in remote communities was when I was a child, and my father and I accompanied a pilot of a float plane on a mail run. We stopped at a river mouth somewhere along the coast, north of Vancouver Island and I saw that people had to travel from their homes to this drop point to receive their mail. Now that I'm an adult, this memory has given me some perspective on what it must be like for them to access other basic needs, like medical care, and I hope to practice in rural communities as I feel that I would have more of an impact.

While I'm in medical school, I want to gain the competencies that would allow me to better serve Indigenous patients and help to improve Indigenous people's experiences with the healthcare system. I think that practicing as a female physician outwardly identifying as Métis would help Indigenous patients feel more comfortable accessing my care, especially women. I know that in order to do this, I need to work towards improving my ability to provide care in a culturally safe manner and try to practice more cultural humility every day. We all have biases based on our lived experiences, shaped and informed by how we are situated in our families, cultures and communities. We are exposed to multiple sources of influence across our lifespan through relationships, media, and education. In the context of medical school, some of these biases are engrained and passed down from previous generations and veiled in the ongoing effects of colonization. It's important that we acknowledge our biases and "unlearn" them through learning about the historical and contemporary impacts of colonialism, addressing our biases, providing culturally safe care, and advocating and leading systemic change. I was keen to start some sort of peer education within first year because I think it's important to remind medical students that we have the responsibility to work towards changing the healthcare system and the way that health care is practiced. Students need to be prepared to critically engage with their conscious and unconscious biases and discriminatory assumptions about Indigeneity, race, culture, and health care.

At UBC, we are required to take a course called UBC 23 24 on Indigenous cultural safety, which is a great step in the right direction. Unfortunately, the delivery of this course is module based, and I noticed a lack of engagement from my peers for this reason. I'm passionate about Indigenous health and I really want my peers to be exposed to resources that trigger that interest in this subject, such that a snowball effect is created where they then search for resources on their own. For a Flex

Project that is part of the UBC curriculum, students are allowed to pursue various interests within curricular time. I wanted to use this time to develop resources for my peers. I was fortunate enough to be connected with Dr. Viviane Josewski, a Research Associate with the National Collaborating Centre for Indigenous Health and Assistant Professor at the UNBC School of Nursing, and Dr. Sheila Blackstock a Gitksan scholar and Academic Co-lead for the NCCIH. They pushed me to go out of my comfort zone and start a podcast with the possibility for myself or other students continuing with episode creation in future years. This podcast was designed to hopefully help trigger interest in Indigenous health for medical students or other people who work in health care, but if you identify as anything else and have stumbled across this, I still hope that it broadens your perspective.

Even within the few years that I've identified as Indigenous, I've noticed society has made a great deal of change, and I really want that to continue. When I first started identifying as Métis, I had a large number of people say comments such as "what are you, 1/16th First Nations?", and other comments clearly lacking an understanding of the unique culture and history that Métis people share. I've made it a point to try and educate people on my culture and what it means, and I've spoken to Indigenous students at the other UBC medical school sites and heard that they felt their peers expected them to educate them with regard to this topic. As Indigenous people, it shouldn't be our responsibility to educate non-Indigenous people about our cultures unless we choose to take that on. I think a key part of cultural humility is recognizing that Indigenous peoples and cultures are hugely diverse. Non-Indigenous people must understand that Indigenous peoples' backgrounds and experiences with their Indigenous identities vary, which means that education about Indigenous peoples, cultures and history can't just come from Indigenous individuals you happen to get to know. Educate yourself on the people whose traditional lands you will be practicing on but be sure to not make assumptions towards your patients and establish an open discussion on aspects they wish to share relating to their culture that will allow you to better provide care to them. Hopefully, this podcast sparks some interest and awareness for people to begin educating themselves on the foundational aspects of cultural safety and humility when it comes to caring for Indigenous patients, and then people can approach care with a patient-centered approach allowing people to tell their story.

For the next portion of this episode, I am going to highlight some stories and resources that really triggered and broadened my understanding and interest in the topic of Indigenous health and resilience and list some places to go if you want to learn more.

The first thing that I want to highlight before continuing is the amazing work of the National Collaborating Centre for Indigenous Health. I would like to thank them for allowing me to create this podcast series and highlight that they are an organization that works to support First Nations, Inuit, and Métis public health renewal and health equity through knowledge translation and exchange. I was surprised that I hadn't come across them with my searches before, and hopefully through this podcast dissemination, more people will visit their website to learn more about all the great work that is going on in this area. All of the resources that I discuss from this point on can be found in the video description section.

I would like to first comment on the amazing strength of all of the Indigenous leaders and allies in this field working to improve health and wellness for Indigenous people. So often, the focus is on the health disparities and the reasons for them, which is so important to discuss, but I am also passionate about highlighting all the accomplishments of leaders in this field and bringing attention

to the resilience of Indigenous peoples. Firstly, I would like to bring everyone's attention to the president of the Canadian Medical Association, Dr. Alika LaFontaine. Dr. LaFontaine is the first Indigenous person to become President of the CMA. He is an anesthesiologist of Métis, Oji-Cree and Pacific Islander ancestry, and I suggest listening to the podcast episode on White Coat Black Art called: Road Trip to Meet Dr. Alika Lafontaine, where Dr. Lafontaine discusses the development of his project called Safespace Network for Anonymous Reporting of Indigenous Racism in the Healthcare System that launched in 2020. Secondly, I would like to highlight UBC's own Dr. Nadine Caron, who was the first female general surgeon of First Nations descent, and the first female First Nations student to graduate from UBC. This occurred in 1997, and I hope you are as shocked as I am to learn that it was that recent that she was the first. She was awarded the Order of BC in 2022, and has an amazing YouTube talk discussing the complexities of being the first called "The other side of 'being first'". She is truly an inspiration to myself and other Indigenous medical students that I know. I would also like to highlight the work of Dr. Evan Adams, Deputy Chief Medical Officer of Public Health for the First Nations Health Authority. He has many great talks on YouTube that discuss the Two-Eyed Seeing approach that needs to be adopted by the Canadian healthcare system, and I've linked one in the resources. Finally, I would like to highlight all of the work done by James Andrew and Meghan McGillivray, whom I met through the Indigenous MD Admissions pathway at UBC. James fought to create the Indigenous MD Admissions Pathway and with the help of Meghan, they have accepted and facilitated the graduation of over 120 Indigenous practitioners from UBC over the last 20 years. Five percent of the Canadian population is Indigenous and less than one percent of physicians identify as Indigenous, highlighting that there is still much work to be done, but their work is contributing greatly to decreasing that gap. There are so many more amazing people working towards improving health care for Indigenous peoples in Canada, and I apologize that I only have the time to discuss a few that sparked my interest.

Next up, I am going to highlight some great resources that have opened my mind on ways of changing the Canadian healthcare system to better serve Indigenous patients. Firstly, there is a podcast episode by White Coat Black Art called Kilala Lelum. It discusses how this centre in Vancouver offers a mobile outreach clinic to meet patients where they are at, as well as offering Indigenous cultural practices and connecting patients with Elders. This clinic offers culturally safe, trauma-informed care delivered by an interdisciplinary team that includes Elders and Knowledge Keepers. The team founded the clinic in 2014 with the understanding that the Western-based model of care was not meeting patients' needs in Vancouver's Downtown Eastside. Another Indigenous concept that really grabbed my interest as a way I hope to practice is the Two-Eyed Seeing approach. The concept, coined by Mikmaq Elder Albert Marshall, suggests combining the best aspects of Western medicine with Indigenous ways of knowing and being to provide an improved health care experience. As noted above, Dr. Evan Adams has some great videos on this and there is a presentation by Dr. Amy Montour called Two-Eyed Seeing in the Healthcare System that is very informative. There is also an excellent podcast episode by the Métis Nation British Columbia called "Words from an Elder" that highlights the benefits of this form of practice. There is a Métis woman who tells her story of how this way of medicine helped her heal. She highlights that it is both the Western medication that was allowing her to heal her physical aspect of self and the Indigenous spiritual healing facilitated by an Elder that helped heal her spiritual aspect of self, and that without both she doesn't know if she'd be where she is today.

Now I'd like to share some resources highlighting the negative aspects that should not be forgotten concerning Canada's dark history and ongoing impacts of colonization on Indigenous peoples. These resources drastically changed my perspective and facilitated my education on the matter.

Growing up, I knew an individual who had attended residential school, but what that meant was never really discussed as it wasn't something to be talked about. There are many documentaries on YouTube about residential schools, and two to note are called Canada's Dark Secret; Featured Documentaries, and Stolen Children; Residential School Survivors Speak Out. An excellent podcast series that addresses both the issue of Missing and Murdered Indigenous Women as well as the Sixties Scoop is the podcast done by the CBC called Missing and Murdered: Finding Cleo. I could sit here all day and list resources, but I am leaving it up to you to hopefully do some searching on your own as there are numerous articles, videos, and books to better educate yourself on the acts of violence committed by the Canadian Government and perpetuated to this day through continuing prejudices and inequalities in the social fabric of Canadian life.

My intention with this podcast is that some of these episodes are helpful in educating and changing the perspective of my peers such that they can work on their cultural safety and humility skills and are better prepared to provide care to Indigenous patients and work in Indigenous communities.

Thank you for tuning into this small podcast series, and I hope that you find it interesting and educational.

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](http://nccih.ca). Music on this podcast is by Blue Dot Sessions. It appears under a Creative Commons license. Learn more at [www.sessions.blue](http://www.sessions.blue).

---

National Collaborating Centre for Indigenous Health (NCCIH)  
3333 University Way  
Prince George, British Columbia  
V2N 4Z9 Canada

Tel: (250) 960-5250  
Email: [nccih@unbc.ca](mailto:nccih@unbc.ca)  
Web: [nccih.ca](http://nccih.ca)

Centre de collaboration nationale de la santé autochtone (CCNSA)  
3333 University Way  
Prince George, Colombie-Britannique  
V2N 4Z9 Canada

Tél : 250 960-5250  
Courriel : [ccnsa@unbc.ca](mailto:ccnsa@unbc.ca)  
Site web : [ccnsa.ca](http://ccnsa.ca)

© 2023 The National Collaborating Centre for Indigenous Health (NCCIH). This publication was funded by the NCCIH and made possible through a financial contribution from the Public Health Agency of Canada (PHAC). The views expressed herein do not necessarily represent the views of PHAC.