



**Podcast:** Voices from the Field Episode 28 - A medical student's journey – Part 3: Immersive learning in Lower Post, BC

**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 to 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:**

This episode was created to share some perspectives gained from taking part in an immersive learning experience aimed at improving medical student's cultural safety and humility skills. The learning experience was provided through the First Nations Community Education Program under the supervision of Dr. Sarah de Leeuw, a professor at the Northern Medical Program and Canada Research Chair. Kara and three other medical students spent five days in the community of Lower Post, hosted by the Daylu Dena First Nation, and some of the experiences she had in relation to health care are discussed in this episode.

**Transcript:**

**Kara Ruff:**

Hello everyone and welcome to this episode of *A Medical Student's Journey to 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 Sylix Okanagan peoples in Kelowna, so I would like to thank them for allowing me to live, work, and play on their lands every day. Today I'm going to be discussing my experience living for a week in a remote Indigenous community called Lower Post in British Columbia. For those of you who haven't listened to my first episode, I'm a first-year medical student in the Southern Medical Program at the University of British Columbia. I

was given this opportunity through my First Year Flex Project, coordinated by Dr. Sarah de Leeuw, a professor of the Northern Medical Program and Canada Research Chair. The aim of this project is to provide opportunities for students to improve their cultural competency through an immersive learning experience focusing on the health and wellness of these communities. I signed up for this project as I believe it is extremely important to broaden students' understanding of First Nations culture, values, health, and wellness, to work towards improving Indigenous peoples' experiences and outcomes with the healthcare system. Data from this project will add to the evidence demonstrating how effective immersive learning experiences are in improving cultural humility and safety in medical students who will be future care providers. This project has been going on for a few years, made possible through partnerships between the First Nations Health Authority, the Northern Medical Program, the Health Arts Research Centre, and the Northern Health Authority. Before discussing my experience, I would like to offer my thanks to everyone involved in making this project possible and to especially thank the Daylu Dena First Nation for allowing me to visit, partake in their community activities, and hosting me in their community for this project.

In this episode, I will be highlighting some of my notable experiences and perspectives that I think are worth sharing surrounding health and wellness for northern and rural Indigenous groups. The aim of this episode is to share my experiences to broaden the understanding of my classmates with regards to this topic, but I hope that even if you aren't a medical student, you find some of the things that I discuss thought-provoking. So, let's begin!

For those listening who have no clue where Lower Post is, it is the last village in British Columbia along Highway 97 before entering the Yukon and hitting the next town over, Watson Lake. It is an Indigenous community with around 172 people living there from different First Nations groups, but predominantly Kaska Nation as it is their traditional territory. Historically, it served as a meeting place for many First Nations groups because it is situated at the intersection of two rivers. Because of this, there is a diverse makeup of Indigenous peoples there to this day. My classmates and I had no idea what to expect before arriving in Lower Post, and we went into it with minimal previous knowledge of where we would be staying or what we would be doing.

I didn't want to go into the community with no knowledge about the people and the history. What I quickly learned once getting there is that most of what came up in Google searches surrounding population numbers and services offered is inaccurate, as websites are not keeping up with the level of growth of the community. Websites may also not be keeping up with the regression of northern communities as there appeared to be a lot of turnover in other small settlements we passed along the highway. If visiting or working in a remote Indigenous community, I suggest that at a minimum you try your best to familiarize yourself with some of the information on the people there, whose land you will be on, and the history of the area. The BC Assembly of First Nations created an interactive map to find out about the geographical area, treaties, local language spoken, chief and councillors, and will direct you to other relevant resources. Later, I will have a full episode on other steps you can take to be more culturally aware and safe before spending time in any Indigenous community.

On day one of staying in Lower Post, I found it interesting how people just come and go. There is absolutely no cell service so landlines and dropping in are the best forms of communication. Some people were really friendly and others seemed hesitant as to why we were in their community, and rightly so. I think it would be unrealistic to expect people to welcome you with open arms into their community after all of the harm caused by colonial systems, and hesitancy towards medical students was expected. Nonetheless, we had a nice discussion with one woman over coffee and she said,

“what we really need is to get to know the doctors like this, personally, and not while one of us is sitting in the chair”. Her saying this really impacted me and caused me to reflect. It appears we were able to have such a good conversation after we’d all introduced ourselves, situating ourselves authentically, where we come from, and why we were there.

In a later episode, I outline the protocol for introducing oneself in Indigenous communities. With further reflection on the matter, I realized I’ve always known the importance of trust in relationships for those who live in rural communities as I’m from Campbell River and I’ve seen first-hand how people in rural communities tend to rely on one another, perhaps more so than in larger urban centers. It is essential that this trust extends to the relationship between patient and practitioner, but I can see now that it’s even more important to work towards developing that relationship with those who have had that trust broken through the previous and ongoing effects of colonization. For people in this community, it seems of utmost importance that physicians get to know their patients on a more personal level and as a whole person to be able to approach their health through a more holistic lens.

That evening, we learned how to bead. A woman agreed to come over and teach us how to bead daisy bracelets and they were beautiful. She was so patient with our learning and seemed thrilled that we wanted to learn a skill so important to her cultural expression. The next day at the hospital, one of the doctors mentioned that working in a small community such as Watson Lake is what you make it. She insinuated that you could come and just be a doctor or you can come and work to develop relationships with the community that are more meaningful and integrative. She really highlighted the importance of partaking in activities with Indigenous peoples when you come into their community, such as community events and cultural activities, to work towards establishing trust, mutual respect, and reciprocity.

It was so valuable talking to the doctors who are practicing in Watson Lake. There are actually four doctors there, and the hospital was built in 2013 so it is still in excellent condition. They talked about the benefits of the work that they are doing and how they are working with the community to offer health care that is valuable to Indigenous people. Some of the projects include redecorating the hospital with Indigenous art, dedicating rooms for Indigenous healing spaces, one day a week that physicians spend at a long-term care facility caring for Elders, as well as one day of the week that physicians visit schools, as the community requested more focus on the health of the Elders and children. There also was a community support person stationed at the hospital to act as a social worker. A quote from one of the physicians working there that I think is worth sharing is that “the current form of health care is a colonial practice; we took it and monopolized health care and the way that it is delivered. We need to allow this community to provide input on their health care spaces and how they want their health care to be delivered.” I’d never considered how deeply the roots of colonization are in every system in Canada. It uncovered a bias of mine: I knew the healthcare system could be changed to better suit the needs of Indigenous peoples, but I didn’t ever really consider that the whole system could have looked differently had Western culture not monopolized the way health care was delivered.

The importance of physicians going out into the community to provide care became very apparent. It was heart-wrenching to see firsthand the mistrust of the healthcare system by the Elders. One Elder was very sick, and the Health Care Lead suggested they go to the hospital, but the Elder was very adamant to stay home. I think that this really showcased the need for doctors in Indigenous communities to be able to do house calls for individuals that still carry trauma from Indian hospitals

and residential schools. The residential school in Lower Post ran from 1951-1975, impacting thousands of Indigenous families who lived in the area. The community finally had their wishes fulfilled and the building was demolished in 2021, marking a historic moment for all of those impacted.

I was surprised to see how well people in the community were doing and that it was such a time of growth within the community and for members of the community. It caused me to realize that I had a hidden assumption that more people would be struggling, living with the intergenerational trauma caused by the residential school system. Many individuals seem to be partaking in Indigenous-specific counseling offered in Whitehorse called Transformations, and the comments individuals made about it made it seem excellent. Key elements facilitating the effectiveness for those involved seem to be that it is Indigenous-specific, it is community-based group therapy, and more importantly that it is Indigenous-run. To see the resilience of the community, and that they are still here and working to rebuild after all the Canadian government has done in an attempt to destroy their communities and cultures, is truly remarkable.

The community in Lower Post is expanding and everyone is so excited about it. The new chief has made some monumental changes with the funding he has received. The community has a new Elder's Centre to house Elders and have a common space for them to meet, hangout, and cook in. There is a new building called the Eagle's Nest for activities for women and children, and that provides WIFI access and a workspace for individuals partaking in online education. They have a new health centre with spaces for dentists and doctors to come in and practice, a fitness facility for the community, and a multicultural center that is currently being built. They also had their grand opening of their Women's Shelter and Supportive Housing Building while we were there, and it was absolutely beautiful to see. Many representatives from different First Nations came to the opening to celebrate and ask questions as to how they can go about starting initiatives like this in their community. There was an opening drumming prayer song, and the Chief gave a speech on how important women and especially children are to protect and invest in for the health and future of the community.

To sign off, I really want to highlight how awesome this experience was in broadening my perspective on what it was like to live in a remote Indigenous community, and how this experience caused me to reflect on the healthcare system, my biases, and hidden assumptions. Hopefully, some of the information I shared today has broadened your perspective and caused you to reflect as well, and if you haven't yet, I challenge you to reflect on something that you found surprising from hearing me recount this experience. I hope that you were able to consider the ongoing effects of residential schools and of intergenerational trauma to see the importance of change within the healthcare system to better serve indigenous peoples and to see the true strength of this nation on their journey to rebuild and thrive. Thank you so much for listening to this podcast and I suggest you listen to the others!

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.