Reckoning with the Truth, Working Together for a Better Future

The UBC Faculty of Medicine Response to the Truth and Reconciliation Commission of Canada Calls to Action

THE UNIVERSITY OF BRITISH COLUMBIA
Faculty of Medicine

Acknowledgement of the Land

With gratitude, we acknowledge that the University of British Columbia Faculty of Medicine and its distributed medical programs, which includes four university academic campuses, are located on traditional, ancestral and unceded territories of Indigenous peoples around the province.

- We respectfully acknowledge that the UBC Vancouver-Point Grey academic campus is located on the traditional, ancestral, unceded territory of the xʷməθkʷəy̓əm (Musqueam), and UBC operations in Vancouver more generally are also on the territories of the Skwxwú7mesh (Squamish) and səlil̓ilw̓ətaʔɬ (Tsliel-Waututh).
- We respectfully acknowledge that the UBC Okanagan academic campus is situated on the traditional, ancestral, unceded territory of the Syilx Okanagan Nation.
- We respectfully acknowledge that the University of Northern BC Prince George campus is located on the traditional territory of the Lheidli T'enneh, who are part of the Dakelh (Carrier) First Nations.
- We acknowledge and respect the lək̓ʷəŋən peoples on whose traditional territories the University of Victoria is located and the Songhees, Esquimalt and *W̱SÁNEĆ* peoples whose historical relationships with the land continue to this day.

Cover note: The title Reckoning with the Truth, Working Together for a Better Future is adapted from *Honouring the Truth, Reconciling for the Future: Summary of the Final Report of the Truth and Reconciliation Commission of Canada* (Winnipeg: National Centre for Truth and Reconciliation, 2015), http://www.trc.ca/assets/pdf/Executive_Summary_English_Web.pdf.

Statement of Apology

To seek and learn the truth is an imperative for all members and units of an academic institution. Certain truths learned, especially those about ourselves in relation to Canada's colonial history, can be very difficult to accept. But their acknowledgment is an essential step in responding to the Calls to Action of the Truth and Reconciliation Commission of Canada[1] and working towards a better future.

The University of British Columbia's Faculty of Medicine acknowledges that the Canadian Indian Residential School system was imposed by the Government of Canada as one of many policies of forced assimilation intended to effectively commit cultural genocide. This system, which lasted for more than 100 years, brought great suffering and has had enduring direct and indirect detrimental impacts on individuals, families, communities and the generations that followed. The horrific truth of Indian Residential Schools was painfully and undeniably revealed for all to see so recently. The Faculty also acknowledges the detrimental impact of the Indian Hospital system and the cruel devastating welfare policies imposed on Indigenous peoples in Canada.

It is not enough to accept these truths. As the University has done before us, we formally apologize to all those affected for the role the UBC Faculty of Medicine played in causing and perpetuating these systems and the resulting and persistent damages done by them. This includes the Faculty's role in educating and training, or being institutionally affiliated with, anyone who may have been involved directly or indirectly in the formulation or implementation of colonial policies, or participation in other related unethical practices. By having also remained silent and failing to speak out during that time we, as a Faculty, were complicit in the policies, practices and structures designed to oppress Indigenous peoples and eradicate Indigenous cultures in this country.

We regret that education and research institutions have played a significant role in the oppression of Indigenous peoples. This includes dismissal of Indigenous worldviews and approaches to knowledge, exclusion from admissions and hiring, and participation in extractive research that has shown little regard for values, customs, cultures, protocols and priorities of Indigenous peoples or was performed without appropriate consent. We acknowledge the deep distrust these actions have caused. The Faculty apologizes for its contribution and stresses its commitment to seeking, learning and sharing the truth about all

---

[1] National Centre for Truth and Reconciliation, *Honouring the Truth, Reconciling for the Future: Summary of the Final Report of the Truth and Reconciliation Commission of Canada* (Winnipeg: National Centre for Truth and Reconciliation, 2015), http://www.trc.ca/assets/pdf/Executive_Summary_English_Web.pdf.

aspects of our role in perpetuating these and other associated injustices including the formulation, implementation and sustainment of colonial policies, practises and structures.

It is undeniable that the health care system provided subpar to non-existent medical care to Indigenous peoples during the time of residential schools and Indian hospitals, and effectively failed them. Today, Indigenous peoples continue to experience health inequities with devastating, often tragic, negative impacts on Indigenous health and wellness. The UBC Faculty of Medicine recognizes that the consequences of Canadian colonialism continue to this day and must be addressed.

Our colonial history has also led to the entrenchment of racist attitudes toward Indigenous people that persist and are pervasive in our society. Revelations in 2020 about this unacceptable situation in British Columbia led to an independent review conducted by former judge Dr. Mary Ellen Turpel-Lafond that found systemic and widespread prejudice, racism and lack of cultural safety within the health care system that results in a "range of negative impacts, harms, and even death."[2] The Faculty unequivocally acknowledges the importance and significance of Dr. Turpel-Lafond's *In Plain Sight* report that not only describes historical and persisting present-day wrongs, but also represents a unique opportunity to bring about change. Indigenous-specific racism and discrimination exist within the UBC Faculty of Medicine and the Faculty apologizes for the persistence of these negative and harmful attitudes and behaviours.

If we are to rectify the effects of this colonial legacy, it is important to look to the future and seek change through action. We commit to taking the steps needed to bring about change that has meaningful and beneficial impact—whatever challenges may arise or however long it takes. This includes doing our part to help develop educational and health care systems that are accessible, equitable, effective, culturally safe and free of Indigenous-specific racism and discrimination. All actions will be guided by the principles outlined in the *United Nations Declaration on the Rights of Indigenous Peoples*[3]. We know that righting persistent wrongs cannot be done alone and look forward to establishing and further developing mutually respectful relationships with Indigenous peoples to successfully realize the pledges we make

---

[2] Mary Ellen Turpel-Lafond, *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care* (Victoria: Mary Ellen Turpel-Lafond, 2020). https://engage.gov.bc.ca/addressingracism/turpel-lafond-launches-independent-investigation-into-indigenous-specific-racism-in-b-c-health-care/.

[3] UN General Assembly, United Nations Declaration on the Rights of Indigenous Peoples: adopted by the General Assembly, 2 October 2007, A/RES/61/295, available from https://www.un.org/development/desa/indigenouspeoples/declaration-on-the-rights-of-indigenous-peoples.html.

in the words that follow. In doing so, we intend to collectively forge a new path that takes us beyond this past and present, while never, ever forgetting it.

Message from the Dean, UBC Faculty of Medicine

On behalf of the UBC Faculty of Medicine, it is an honour to share our Response (the Response) to the Truth and Reconciliation Commission of Canada's Calls to Action. It is my deepest hope that this report and its findings will help heal some of the pain caused by the Indian Residential School System and begin to restore the trust lost so long ago.

The Response, entitled *Reckoning with the Past, Working Together for a Better Future*, unequivocally and explicitly confirms our dedication to Truth and Reconciliation with Indigenous peoples. Acknowledging the truth about our failings as an educational and research institution in the past and today serves as a continuous reminder and impetus as to why the work ahead must be prioritized throughout the Faculty of Medicine. This Response lays out our deep commitment to fostering a more inclusive, respectful, culturally safe learning and work environment, and to working together with Indigenous peoples, Nations, communities and organizations to set the record straight through the actions we will take.

Universities play an important societal role in being seekers and portals of truth including truth about ourselves, which is a necessary first step to begin the process of reconciliation. This Response, which follows the recent finalization of the UBC Indigenous Strategic Plan[4], is a dynamic living document that will evolve over time to capture new insights and opportunities along the way.

As a Faculty, we are committed to taking the actions necessary to eliminate racism and discrimination within our institutions and to creating a more equitable, just and respectful space for the exercise of Indigenous peoples' human rights. We want Indigenous students, staff and faculty to feel safe, included and valued.

In the spirit of cultural humility, we commit to sharing knowledge of Indigenous history and the enduring detrimental impact of Canadian colonialism with students, trainees, faculty and staff. As well, we will support Indigenous peoples and communities in co-developing and advancing Indigenous health research that will lead to improved health outcomes. Further, we will seek to ensure our academic community recognizes past injustices and is equipped with cultural safety awareness and training required to change the future of health care, to change society. Especially with students and learners who are the greatest asset as they represent a better, more just future.

---

[4] University of British Columbia, *UBC Indigenous Strategic Plan 2020* (Vancouver: University of British Columbia, 2020), https://aboriginal-2018.sites.olt.ubc.ca/files/2020/08/UBC_ISP_ds.pdf.

We have taken a considered approach to the preparation of this Response and we thank you for your patience. By doing so, we have been able to solicit and reflect upon broad perspectives from Indigenous faculty, staff, learners and alumni including colleagues at the Centre for Excellence in Indigenous Health and from Indigenous voices around British Columbia, the BC First Nations Health Authority and Métis Nation BC to name a few. We are eternally grateful to those that contributed input and for courageously sharing their history and lived experiences.

There is more work to be done in collaboration with Indigenous peoples and community partners, including health authorities, professional colleges and associations, and other universities. We look forward to continuing this dialogue.

Sincerely,

Dermot Kelleher
Dean, Faculty of Medicine and Vice-President, Health

Preamble

The Truth and Reconciliation Commission of Canada (TRC) was launched in 2008 with the aim of learning the truth regarding the Indian Residential School System and its consequences, with the ultimate intention of laying the foundation for and facilitating the critically important issue of reconciliation. The Indian Residential School System represents but one part of Canada's colonial settler history and the Government of Canada's efforts to assimilate Indigenous[5] peoples and destroy their cultures, effectively intending to commit cultural genocide. The shameful truth about Indian Residential Schools was clearly demonstrated with the revelation in May 2021 of 215 children buried in an unmarked site at the former Kamloops Indian Residential School[6]. The resultant deleterious effects on self-governance, self-determination and identity[7] have contributed to present-day inequities in housing, employment opportunities, and income, and access to social services, education and health care, as well as the overrepresentation in rates of incarceration and child apprehension.

This history has also led to the entrenchment of persistent negative stereotypes and racist attitudes and actions that marginalize and discriminate against Indigenous people, and the UBC Faculty of Medicine is regrettably not immune to this. Racial bias continues to drive the unfair treatment of Indigenous people in Canada in ways that diminish and fundamentally threaten their health and wellness. The *In Plain Sight* report produced by Dr. Mary Ellen Turpel-Lafond confirms this, describing a systemic problem of widespread prejudice, racism and lack of cultural safety within the B.C. health care system that leads to significant harms to Indigenous people[8]. The Faculty is a part of Canada's colonial history, the impact of which continues to the present day. We commit to taking responsibility for this truth and enacting the steps needed to make things right, however challenging this might be.

---

[5] In this document, the term "Indigenous" is used to encompass First Nations, Métis, and Inuit people. However, we understand that not every individual or Nation might identify with this descriptor.

[6] Santa J. Ono and Lesley Cormack, "Statement on the Missing Children of the Kamloops Indian Residential School," The Office of the President of the University of British Columbia, published May 31, 2021, https://president.ubc.ca/blog/2021/05/31/statement-to-the-community/?utm_campaign&utm_content=1622471529&utm_medium=sprout&utm_source=twitter?login.

[7] First Nations Health Authority and BC Cancer, *Cancer and First Nations Peoples in BC: A Community Resource* (Vancouver: First Nations Health Authority, 2017), https://www.fnha.ca/WellnessSite/WellnessDocuments/Cancer-and-First-Nations-Peoples-in-BC.PDF.

[8] Mary Ellen Turpel-Lafond, *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care* (Victoria: Mary Ellen Turpel-Lafond, 2020). https://engage.gov.bc.ca/addressingracism/turpel-lafond-launches-independent-investigation-into-indigenous-specific-racism-in-b-c-health-care/.

In 2015, the TRC released its findings together with 94 Calls to Action, a number of which are linked to academic institutions. Calls to Action 18 through 24 relate specifically to Indigenous health and therefore have the most direct relevance to this Faculty. Calls to Action 22, 23 and 24 in particular, which advocate for the value of traditional Indigenous health systems to be recognized; for increasing the recruitment and retention of Indigenous health care practitioners; and for providing cultural sensitivity and humility training for all current and future health care professionals, provide guidance in developing actionable items and long-term objectives where the Faculty has the greatest opportunity to bring about change.

This formal response from the Faculty has taken significantly longer than we hoped. While it has taken us much time to get here, we believe the result, informed and enriched by consultation and considered revision in response to feedback received, is better for it. In 2019, the Association of the Faculties of Medicine of Canada (AFMC) issued a position paper, *Joint Commitment to Action on Indigenous Health*[9], which listed 10 separate possible actions that Canadian medical schools could undertake to advance Reconciliation efforts, each accompanied by potential indicators to assess performance in these areas. The Faculty fully endorses the AFMC paper and we have used it as a guide to build upon our earlier work that began in 2017. In doing so, our response has expanded and evolved substantially. We view this response as alive and fully expect it to change further as additional insights and contributions are gained that expand our understandings.

Reconciliation is the act of making amends. In developing this document, we have been heavily influenced by this statement from the TRC: **"for [reconciliation] to happen, there has to be awareness of the past [and present], acknowledgment of the harm that has been inflicted [and continues], atonement for the causes, and action to change behaviour [and be accountable for it]."**[10]. The title of our response was purposely adapted from the title of the executive summary of the TRC final report to reflect this intent: to reckon with a past that continues to exert its influence over our society and the Faculty, and to find a way forward, working collaboratively with Indigenous peoples for a better future. Knowing that truth is a necessary prerequisite and that many who read this document may not be fully aware of Canada's colonial history and its impact on Indigenous peoples, we have briefly summarized relevant aspects of that history in the introductory sections. We also recognize and acknowledge the foundational significance of the *United Nations Declaration on the Rights of*

[9] Marcia Anderson et al., *Joint Commitment to Action on Indigenous Health* (Ottawa: The Association of Faculties of Medicine of Canada, 2019), https://afmc.ca/sites/default/files/pdf/AFMC_Position_Paper_JCAIH_EN.pdf.

[10] National Centre for Truth and Reconciliation, *Honouring the Truth, Reconciling for the Future: Summary of the Final Report of the Truth and Reconciliation Commission of Canada* (Winnipeg: National Centre for Truth and Reconciliation, 2015), http://www.trc.ca/assets/pdf/Executive_Summary_English_Web.pdf.

Indigenous Peoples[11], which B.C. has now adopted as law and the TRC recognizes as the framework for Reconciliation. We have tried our best to ensure that our response comports with the word and spirit of the Declaration.

As with the AFMC position paper, our response is divided into several major thematic areas. These include, but are not limited to: building meaningful mutually respectful relationships with Indigenous peoples, communities and organizations based on the spirit of reciprocity; creating learning and work environments that are free of racism and discrimination where every learner, staff and faculty member can feel safe, respected, included and valued[12]; redressing the demographic imbalances in the learning and work environments in the Faculty by enhancing our recruitment and admissions processes to more effectively attract Indigenous students, faculty and staff; decolonizing curricula for medical and health professional students and developing foundational educational content that enables our students to provide culturally safe and appropriate care as future practitioners; expanding upon that foundation for learners in our graduate, post-graduate and professional medical education programs, and for all faculty and staff working in all health-related disciplines. We have included an additional thematic area related to Indigenous health research where we discuss notable research projects that have been established to advance Indigenous health and wellness. We also reflect upon the reasons why many Indigenous people regard research, particularly that arising outside their communities, with continuing mistrust or apprehension.

Each thematic area is accompanied by a number of Action Statements, the majority of which are aligned with the AFMC position paper. The Action Statements are purposely written broadly as we felt that all actions require consultation with those whose lives they would affect the most. Specific goals, implementation steps and performance indicators required for these Action Statements will thus be developed in partnership with Indigenous peoples, communities and organizations in the days ahead building on the AFMC framework.

Creation of the response has been assisted and informed by input and feedback from Indigenous students, alumni, faculty, staff and leaders at UBC, from Indigenous peoples and organizations external to UBC, and from other Faculty of Medicine leaders, staff and faculty. Individuals who have contributed to this project are listed in Appendix A. We are extraordinarily grateful for the time and effort they devoted to providing enlightening, insightful, thought-provoking and challenging suggestions and critiques.

---

[11] UN General Assembly, United Nations Declaration on the Rights of Indigenous Peoples: adopted by the General Assembly, 2 October 2007, A/RES/61/295, available from https://www.un.org/development/desa/indigenouspeoples/declaration-on-the-rights-of-indigenous-peoples.html.

[12] ibid.

The Faculty and its distributed medical and health professional programs are located on the traditional, ancestral and unceded territories of many First Nations in British Columbia, which are also home to Métis and Métis Chartered Communities. In recognizing and acknowledging this, it's clear we must broadly engage and have dialogue with Indigenous Nations, peoples and communities across the province in the days to come. This will allow a diversity of perspectives to be heard that will enhance and sustain our response.

What is written here is not the endpoint. Rather, it represents the beginning of a journey to be taken together and whose course is not yet fully known. We present this response as a dynamic, living, ever-changing document that will evolve and adapt, alongside the Faculty's programs and initiatives in response to Indigenous input at all levels. It is an unequivocal affirmation of the Faculty's dedication to Truth and Reconciliation and serves as a starting point for deeper conversations on how to move forward and deliver on the pledges we have made here. This is a process that will take time and we know that, "**Achieving reconciliation is like climbing a mountain—we must proceed a step at a time. It will not always be easy. There will be storms, there will be obstacles, but we cannot allow ourselves to be daunted by the task because our goal is Just and it also necessary.**"[13] We are committed to putting in the effort to see that it happens and we expect to be held accountable as we make our way forward to a better future together.

Respectfully submitted on behalf of the UBC Faculty of Medicine on June 25, 2021,

Michael Allard
Vice Dean, Health Engagement

Daniel Tham
Writer and Grant Team Facilitator

---

[13] Justice Murray Sinclair, Chief Commissioner of the Truth and Reconciliation Commission of Canada. In Truth and Reconciliation, one step at a time. Laura Payton, Maclean's, December 15, 2015. https://www.macleans.ca/news/canada/truth-and-reconciliation-one-step-at-a-time/#:~:text=%E2%80%9CAchieving%20reconciliation%20is%20like%20climbing,also%20necessary%20for%20our%20children.%E2%80%9D.

Laying the Foundation[14]

> **“for [reconciliation] to happen, there has to be awareness of the past, acknowledgement of the harm that has been inflicted, atonement for the causes, and action to change behaviour”.**[16]

The Canadian Indian Residential School system was a central component in the Government of Canada’s plan to eliminate Indigenous peoples as distinct legal, social, cultural, religious and racial entities[15]. It was, effectively, a program of cultural genocide. Under it, Indigenous children were forcibly removed from their families and placed in boarding schools and day schools funded by government and/or religious orders all over the country as a means of weakening—or breaking—their ties to their culture in order to assimilate or indoctrinate them into the Eurocentric Christian culture of Canada. These schools existed for more than 100 years and housed more than 150,000 Indigenous children from successive generations of families across a multitude of communities. These children were maltreated and abused, suffering enormously, and thousands died as a result. The reality and horror of the Indian Residential School system, and all it represents, was painfully revealed in May 2021 with the announcement that the remains of 215 children were found buried in an unmarked site at the former Kamloops Indian Residential School[17]. There were 18 Residential Schools in BC alone (these are listed in Appendix B of this document)[18], with the longest-running of these, St. Mary’s Mission Indian Residential School in Mission, opening in 1861, and closing in 1984[19]. However, the final Residential school in Canada, the Gordon Residential School in Saskatchewan, remained open until 1996[20]. There were also a total of 112 known federal

---

[14] National Centre for Truth and Reconciliation, *Honouring the Truth, Reconciling for the Future: Summary of the Final Report of the Truth and Reconciliation Commission of Canada* (Winnipeg: National Centre for Truth and Reconciliation, 2015), http://www.trc.ca/assets/pdf/Executive_Summary_English_Web.pdf.

[15] Ibid.

[16] Ibid.

[17] Santa J. Ono and Lesley Cormack, “Statement on the Missing Children of the Kamloops Indian Residential School,” The Office of the President of the University of British Columbia, published May 31, 2021, https://president.ubc.ca/blog/2021/05/31/statement-to-the-community/?utm_campaign&utm_content=1622471529&utm_medium=sprout&utm_source=twitter?login.

[18] “Residential School Locations,” Truth and Reconciliation Commission of Canada, accessed October 19, 2020, http://www.trc.ca/about-us/residential-school.html.

[19] “List of Indian residential schools in Canada,” Wikipedia, accessed October 19, 2020, https://en.wikipedia.org/wiki/List_of_Indian_residential_schools_in_Canada.

[20] “Residential Schools in Canada,” The Canadian Encyclopedia, published October 10, 2012; last revised September 2, 2020, https://www.thecanadianencyclopedia.ca/en/article/residential-schools.

Indian Day Schools operating in B.C. at various times and in various forms between 1877 and 1994[21].

The tragic experiences of these children were not widely known to the general public until their stories of neglect and abuse were told through thousands of court cases filed by the Survivors of the Indian Residential School system. These cases ultimately resulted in the Indian Residential School Settlement Agreement[22], which was signed on May 8, 2006 by the Government of Canada, churches, and First Nations and Inuit representatives. Notably, Métis representatives were not signatories on the Agreement. Representing the largest class-action settlement in Canadian history, the agreement was implemented by the government beginning in 2007. A key element of this settlement was the formation of the Truth and Reconciliation Commission (TRC) of Canada, whose mandate is outlined in Schedule N of the Agreement. A separate settlement agreement regarding Day Schools was approved on August 19, 2019, providing compensation for those attending these schools in the period following January 1, 1920[23].

The TRC was launched with the aim of learning the truth regarding the effects and consequences of the Indian Residential School System, with the ultimate intention of laying the foundation for and facilitating the critically important issue of reconciliation. After hearing from more than 6,000 witnesses over a period of six years, the majority of whom were Survivors of the Indian Residential School system, the final six-volume report of the Commission was released in December 2015[24]. It contains 94 "Calls to Action," a number of which have direct or indirect linkage to academic institutions. Heeding these Calls is an imperative for the UBC Faculty of Medicine, and this document—whose creation was guided by the idea that "for [reconciliation] to happen, there has to be awareness of the past [and present], acknowledgement of the harm that has been inflicted [and continues], atonement

---

[21] "Schedule K – List of Federal Indian Day Schools," Federal Indian Day School Class Action, accessed October 19, 2020, https://indiandayschools.com/en/wp-content/uploads/schedule-k.pdf.

[22] "Settlement Agreement," Residential Schools Settlement Official Court Notice, Official Court website for the settlement of the Residential Schools Class Action Litigation, accessed November 14, 2019, http://www.residentialschoolsettlement.ca/settlement.html.

[23] "Federal Court approves Federal Indian Day Schools Settlement," Crown-Indigenous Relations and Northern Affairs Canada, Government of Canada, last revised August 19, 2019, https://www.canada.ca/en/crown-indigenous-relations-northern-affairs/news/2019/08/federal-court-approves-federal-indian-day-schools-settlement.html.

[24] "Reports," National Centre for Truth and Reconciliation, accessed November 14, 2019, http://nctr.ca/reports.php.

for the causes, and action to change behaviour [and be accountable for it],"[25]—represents our response.

[25] National Centre for Truth and Reconciliation, *Honouring the Truth, Reconciling for the Future: Summary of the Final Report of the Truth and Reconciliation Commission of Canada* (Winnipeg: National Centre for Truth and Reconciliation, 2015), http://www.trc.ca/assets/pdf/Executive_Summary_English_Web.pdf.

Truth: A Necessary Prerequisite[26]

> **"Without truth, justice is not served, healing cannot happen, and there can be no genuine reconciliation."[27]**

Reconciliation is the act of making amends. Learning and accepting truths about the past and their impacts are necessary prerequisites for this process to begin. The UBC Faculty of Medicine (Faculty) acknowledges that colonial policies and legislation, as embodied within the Indian Act of Canada[28], were intended to commit cultural genocide by disempowering and assimilating Indigenous peoples with resultant loss of self-governance, self-determination and identity[29]. Colonialism leads to disconnection from culture; loss of ceremony, language, knowledge and traditions; disruption in relationships with family and community; and dispossession of Indigenous peoples from their lands. The imposed colonial policy of the Canadian Indian Residential School system brought much suffering, and has had an enduring impact on the individuals, families and communities touched by it. We recognize that the health inequities suffered by Indigenous people today are but one consequence of this egregious history and its continuing legacy.

The Faculty likewise acknowledges the detrimental impact of Canada's Indian Hospital system[30]. These hospitals, which first opened in the late 1800's and early 1900's, were built with modest federal funds provided to Christian missionaries to support establishment of limited Missionary Hospitals that were often affiliated with Indian Residential Schools. A substantial expansion of the system took place following the Second World War and by 1960, the government operated 22 hospitals accounting for more than 2,200 beds. These institutions were originally justified as a means to contain outbreaks of tuberculosis among Indigenous populations. In actuality, they functioned as racially-segregated general hospitals designed to support the goals of assimilation and to supplant traditional healing systems with western-style medicine. Not only were Indigenous medicines, midwives or holistic notions of health and wellness disregarded, the patients—who were often far from home—were left alone for long periods of time, suffered mistreatment and abuse, and received poor substandard care. These hospitals were overcrowded and under-equipped with improperly trained, overworked and underpaid staff who understood little of their needs, cultures and

---

[26] Ibid.

[27] Ibid.

[28] Indian Act, Statutes of Canada 1985, c.1-5. https://laws-lois.justice.gc.ca/PDF/I-5.pdf.

[29] First Nations Health Authority and BC Cancer, *Cancer and First Nations Peoples in BC: A Community Resource* (Vancouver: First Nations Health Authority, 2017), https://www.fnha.ca/WellnessSite/WellnessDocuments/Cancer-and-First-Nations-Peoples-in-BC.PDF.

[30] "Indian Hospitals in Canada," The Canadian Encyclopedia, accessed July 30, 2020, https://www.thecanadianencyclopedia.ca/en/article/indian-hospitals-in-canada#.

languages. B.C. had three such hospitals: Miller Bay Indian Hospital in Prince Rupert, Coqualeetza Indian Hospital in Sardis and the Nanaimo Indian Hospital[31].

The Faculty recognizes that the effects of Canadian colonial history and structure, of which the Faculty is a part, continue to persist and are responsible for devastating impacts on Indigenous health and wellness. The effects in large part responsible for present-day inequities in housing, employment opportunities, income and access to social services, education and health care, and the significant overrepresentation of Indigenous persons in the prison and child welfare systems. The Indian Act, in itself, may therefore be considered an Indigenous-specific determinant of health and wellness.

The "Sixties Scoop,"[32] which refers to the large-scale removal of Indigenous children from their homes, birth families and communities in the 1960s extending to 1991, is a shocking illustration of apprehension of Indigenous children by the welfare system. Countless Indigenous children were taken from their homes and communities and placed with mainly non-Indigenous families across North America without consent of their parents or communities. The Sixties Scoop was part of the Canadian government's ongoing efforts to assimilate Indigenous peoples and the policies that so negatively impacted them. Canada's child welfare system simply continued the assimilation that the residential school system started[33]. Interrupting connection of Indigenous children to family and community by removal from their homes during the Sixties Scoop effectively stopped the sharing and transfer of values, beliefs and practises including parenting practises, and has had lasting detrimental intergenerational effects[34]. A number of provinces have formally apologized for their roles in the Sixties Scoop (Manitoba in 2015, Alberta in 2018, Saskatchewan in 2019) and the federal government announced a settlement with survivors in 2017. Particularly noteworthy is the lack of recognition in the settlement for Métis children, who were also apprehended and suffered similar experiences[35].

---

[31] "Indian Hospitals in Canada," Indian Residential School History and Dialogue Centre, The University of British Columbia, accessed October 19, 2020, https://irshdc.ubc.ca/learn/indian-residential-schools/indian-hospitals-in-canada/#:~:text=At%20least%20three%20major%20Indian,the%20largest%20of%20these%20hospitals.

[32] "Sixties Scoop," The Canadian Encyclopedia, published June 22, 2016; last revised November 13, 2020, https://www.thecanadianencyclopedia.ca/en/article/sixties-scoop.

[33] National Centre for Truth and Reconciliation, *Honouring the Truth, Reconciling for the Future: Summary of the Final Report of the Truth and Reconciliation Commission of Canada* (Winnipeg: National Centre for Truth and Reconciliation, 2015), http://www.trc.ca/assets/pdf/Executive_Summary_English_Web.pdf.

[34] Billie Allan and Janet Smylie, *First Peoples, second class treatment: The role of racism in the health and well-being of Indigenous peoples in Canada* (Toronto, the Wellesley Institute, 2015), https://www.sac-oac.ca/sites/default/files/resources/Report-First-Peoples-Second-Class-Treatment.pdf.

[35] Allyson Stevenson, "Selling the Sixties Scoop: Saskatchewan's Adopt Indian and Métis Project," Active

Education and research institutions have regrettably played a significant role in the oppression of Indigenous peoples. This includes dismissal of Indigenous worldviews and approaches to knowledge, the exclusion from admissions and hiring, and extractive research practices that showed little regard for values, customs, cultures, protocols and priorities of Indigenous peoples, or were performed without appropriate consent. These actions have understandably caused a deep distrust and apprehension of academic institutions by Indigenous people. We remorsefully acknowledge our contribution to this situation.

Canada's colonial history has also led to the entrenchment of racist attitudes, sentiments and actions toward Indigenous people that are pervasive in our society today. The Faculty is sadly not free from this. Indigenous-specific racism is systemic, which means discriminatory and prejudicial social, political or institutional policies and practises that disproportionally disadvantage Indigenous people, have become normalized across society. It is perpetuated by racism at individual and interpersonal levels.

Racial bias continues to drive the unfair treatment of Indigenous people in Canada in ways that have diminished and continue to fundamentally threaten their health and wellness. It occurs, perhaps most egregiously, through programs ostensibly designed to safeguard their well-being, including the child welfare system, which is grossly overrepresented by Indigenous children and youth in care [36]. The prevalence of violence against First Nations, Inuit and Métis women, girls and Two-Spirited, lesbian, gay, bisexual, transgender, queer, questioning, intersex and asexual (2SLGBTQQIA) people are similarly a result of social conditions created by a combination of colonial history and present-day racism[37].

Indigenous-specific racism is a significant barrier to access to the health care system that serves to further widen the health and wellness gap between Indigenous and non-Indigenous

History, last modified October 19, 2017, https://activehistory.ca/2017/10/selling-the-sixties-scoop-saskatchewans-adopt-indian-and-metis-project/.

[36] "Interrupted childhoods: Over-representation of Indigenous and Black children in Ontario child welfare." Ontario Human Rights Commission, accessed March 30, 2020, http://www.ohrc.on.ca/en/interrupted-childhoods#7.2.Racial%20disproportionality%20in%20admissions.

[37] National Inquiry into Missing and Murdered Indigenous Women and Girls, *Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls, Volume 1a*, (Quebec: National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019), https://www.mmiwg-ffada.ca/wp-content/uploads/2019/06/Final_Report_Vol_1a-1.pdf.

people[38]. Revelations in 2020 clearly demonstrate the dire need to address this unacceptable situation. Allegations of Indigenous-specific racist activities in hospital emergency departments in B.C. led the provincial government to launch an independent investigation in June 2020[39]. Dr. Mary Ellen Turpel-Lafond led the review and issued her report entitled *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in BC Health Care* on November 30, 2020[40]. The report made 24 recommendations to address a systemic problem of widespread prejudice, racism and lack of cultural safety within the B.C. health care system that results in a "range of negative impacts, harms, and even death." [41] The Faculty unequivocally acknowledges the importance and significance of Dr. Turpel-Lafond's *In Plain Sight* report that not only describes historical and persisting present-day harms, but also represents a unique opportunity to bring about change. That same year, the horrific treatment of Ms. Joyce Echaquan, an Indigenous woman from the Atikamekw Nation of Manawan, in a Quebec hospital, underscores just how far-reaching these problems are[42].

It is for these reasons and more that the Faculty has implemented or will implement the actions described in this document. The Faculty deeply respects the important work of the Truth and Reconciliation Commission of Canada and recognizes the potential transformational power the Calls to Action hold. We stand ready to play our part in responding to these Calls, especially those which pertain to Indigenous health and wellness.

> **Call to Action 18.** We call upon the federal, provincial, territorial and Aboriginal governments to acknowledge that the current state of Aboriginal health in Canada is a direct result of previous Canadian government policies, including residential schools, and to recognize and implement the health care rights of Aboriginal people as identified in international law, constitutional law and under the Treaties.

---

[38] The College of Family Physicians of Canada Indigenous Health Working Group, *Health and Health Care Implications of Systemic Racism on Indigenous Peoples in Canada* (Canada: The College of Family Physicians of Canada), https://portal.cfpc.ca/ResourcesDocs/uploadedFiles/Resources/_PDFs/SystemicRacism_ENG.pdf.

[39] "Turpel-Lafond Launches Independent Investigation into Indigenous-specific Racism in B.C. Health Care," The Government of British Columbia, last modified July 9, 2020, https://engage.gov.bc.ca/addressingracism/turpel-lafond-launches-independent-investigation-into-indigenous-specific-racism-in-b-c-health-care/.

[40] Mary Ellen Turpel-Lafond, *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care* (Victoria: Mary Ellen Turpel-Lafond, 2020). https://engage.gov.bc.ca/addressingracism/turpel-lafond-launches-independent-investigation-into-indigenous-specific-racism-in-b-c-health-care/.

[41] Ibid.

[42] Annabelle Olivier, "Treatment of dying Indigenous woman in Quebec hospital sparks outrage," Global News, last modified September 29, 2020, https://globalnews.ca/news/7366576/racism-indigenous-woman-quebec-hospital/.

Call to Action 19. We call upon the federal government, in consultation with Aboriginal peoples, to establish measurable goals to identify and close the gaps in health outcomes between Aboriginal and non-Aboriginal communities, and to publish annual progress reports and assess long-term trends. Such efforts would focus on indicators such as: infant mortality, maternal health, suicide, mental health, addictions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury incidence and the availability of appropriate health services.

Call to Action 20. In order to address the jurisdictional disputes concerning Aboriginal people who do not reside on reserves, we call upon the federal government to recognize, respect and address the distinct health needs of the Métis, Inuit and off-reserve Aboriginal peoples.

Call to Action 21. We call upon the federal government to provide sustainable funding for existing and new Aboriginal healing centres to address the physical, mental, emotional and spiritual harms caused by residential schools, and to ensure that the funding of healing centres in Nunavut and the Northwest Territories is a priority.

Call to Action 22. We call upon those who can effect change within the Canadian health care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients.

Call to Action 23. We call upon all levels of government to:
i. Increase the number of Aboriginal professionals working in the health care field.
ii. Ensure the retention of Aboriginal health care providers in Aboriginal communities.
iii. Provide cultural competency training for all health care professionals.

Call to Action 24. We call upon medical and nursing schools in Canada to require all students to take a course dealing with Aboriginal health issues, including the history and legacy of residential schools, the *United Nations Declaration on the Rights of Indigenous Peoples*, Treaties and Aboriginal rights, and Indigenous teachings and practices. This will require skills-based training in intercultural competency, conflict resolution, human rights and anti-racism.

Our future activities will be guided by these and other relevant[43] Calls to Action, particularly **Calls to Action 22, 23 and 24** where the Faculty has the greatest opportunity to bring about change. We will do our utmost to address them, in conjunction with Indigenous peoples, to

[43] Other relevant Calls to Action include but are not limited to 3, 12, and 33, for example.

the fullest extent possible in our work. As well, we are committed to actively working with Indigenous peoples and other partners to help resolve the issues identified in the *In Plain Sight* report and will do our part to help develop academic and health care systems that are accessible, equitable, inclusive, effective, culturally safe and free of Indigenous-specific racism and discrimination. The Faculty also commits to work with all relevant partners to find ways to overcome and address the factors responsible for the significant health disparities that exist between Indigenous and non-Indigenous people. These efforts will be supported by making Indigenous cultures and knowledge, developed with Indigenous faculty, leaders, Elders and Knowledge Holders/Healers, a key part of our programming, and also by ensuring that Indigenous perspectives and narratives are fairly represented.

In alignment with the UBC Indigenous Strategic Plan[44], we are committed to seeking, learning, and sharing the truth about our role in the oppression of Indigenous peoples, including our role in educating and training, or being institutionally affiliated with, anyone who may have been involved directly or indirectly in the implementation, formulation or sustainment of colonial policies, practices and structures. All our actions will be guided by the principles outlined in the *United Nations Declaration on the Rights of Indigenous Peoples*, in concordance with **Call to Action 43** which stipulates the Declaration's use as the framework for reconciliation.

We recognize the central importance of the universal human right to self-determination[45], particularly as a determinant of health[46]. The Faculty's clinical, educational, research and administrative practices will be guided by this principle moving forward. As such, we commit to concrete actions that lead to real institutional change and that will have meaningful societal impact. Accountability processes will also be co-developed with Indigenous partners (as described in the sections that follow) to ensure we fulfil those commitments.

---

[44] University of British Columbia, *UBC Indigenous Strategic Plan 2020* (Vancouver: University of British Columbia, 2020), https://aboriginal-2018.sites.olt.ubc.ca/files/2020/08/UBC_ISP_ds.pdf.

[45] UN General Assembly, United Nations Declaration on the Rights of Indigenous Peoples: adopted by the General Assembly, 2 October 2007, A/RES/61/295, available from https://www.un.org/development/desa/indigenouspeoples/declaration-on-the-rights-of-indigenous-peoples.html.

[46] First Nations Health Council, *Vancouver Coastal Region Report on the Social Determinants of Health* (Vancouver: First Nations Health Council, 2017), http://fnhc.ca/wp-content/uploads/FNHC-Social-Determinants-of-Health-Discussion-Guide.pdf.

Building a Path to Reconciliation[47]

> **"Together, Canadians must do more than just *talk* about reconciliation, we must learn how to *practise* reconciliation in our everyday lives…"[48]**

The UBC Faculty of Medicine is dedicated to developing a comprehensive and meaningful response to the Truth and Reconciliation Commission of Canada's Calls to Action and commits to co-developing accountability processes and indicators of performance with Indigenous peoples, Nations, communities and organizations to ensure the Faculty delivers on its commitments to action. We fully endorse the 2019 Association of the Faculties of Medicine of Canada (AFMC) position paper, *Joint Commitment to Action on Indigenous Hea*lth[49], and have used it as a guide to develop our formal response to the Calls to Action.

Our response is divided into **six sections**:

- Indigenous Relationships
- Learning and Work Environment
- Admissions
- Curriculum
- Graduate, Post-Graduate and Professional Medical Education
- Indigenous Health Research

Each section is accompanied by a number of **Action Statements**, the majority of which are adapted from those in the AFMC position paper. The Action Statements are purposely written at a broad conceptual level that are meant to clearly convey our intentions and commitments. The specific goals and implementations steps required to achieve them are to be developed in partnership with Indigenous peoples, communities, and organizations. Notably, the Faculty's response to the TRC is best viewed as fluid and alive that will iteratively adapt as needed to support our efforts along the path to reconciliation.

---

[47] National Centre for Truth and Reconciliation, *Honouring the Truth, Reconciling for the Future: Summary of the Final Report of the Truth and Reconciliation Commission of Canada* (Winnipeg: National Centre for Truth and Reconciliation, 2015), http://www.trc.ca/assets/pdf/Executive_Summary_English_Web.pdf.

[48] Ibid.

[49] Marcia Anderson et al., *Joint Commitment to Action on Indigenous Health* (Ottawa: The Association of Faculties of Medicine of Canada, 2019), https://afmc.ca/sites/default/files/pdf/AFMC_Position_Paper_JCAIH_EN.pdf.

Additionally, the **ten guiding principles** delineated in the TRC Report[50], summarized in Appendix C, will further inform and influence our actions in moving forward on our path to truth and reconciliation. This work will also be aligned with the University's Strategic Plan[51], TRC Action Plan[52], and new Indigenous Strategic Plan[53]. We also acknowledge the foundational significance of the *United Nations Declaration on the Rights of Indigenous Peoples*[54], which the TRC recognizes as the framework for reconciliation and B.C. has now adopted as law, and will do our best to ensure that our programs comport with the spirit and contents of the Declaration, as detailed in Appendix D of this document.

Potential indicators of performance, also adapted from the AFMC position paper, that can form part of a future accountability framework that we will co-develop with Indigenous peoples, communities and organizations are summarized in Appendix E.

---

[50] National Centre for Truth and Reconciliation, *Canada's Residential Schools: Reconciliation. The Final Report of the Truth and Reconciliation of Canada.* Volume 6 2015 (Manitoba: National Centre for Truth and Reconciliation, 2015), http://www.trc.ca/assets/pdf/Volume_6_Reconciliation_English_Web.pdf.

[51] University of British Columbia, *Shaping UBC's Next Century: Strategic Plan 2018-2028* (Vancouver: University of British Columbia, 2018), https://strategicplan.ubc.ca/wp-content/uploads/2019/09/2018_UBC_Strategic_Plan_Full-20180425.pdf.

[52] "Province mandates UBC develop action plan in response to Truth and Reconciliation Commission," The Ubyssey, last modified November 1, 2018, accessed March 30, 2020, https://www.ubyssey.ca/news/ubc-comprehensive-action-plan-in-response-to-trc-undrip/.

[53] "Indigenous Strategic Plan," University of British Columbia Indigenous Portal, last modified February 25, 2020, accessed March 30, 2020, https://indigenous.ubc.ca/indigenous-engagement/indigenous-strategic-plan/.

[54] UN General Assembly, United Nations Declaration on the Rights of Indigenous Peoples: adopted by the General Assembly, 2 October 2007, A/RES/61/295, available from https://www.un.org/development/desa/indigenouspeoples/declaration-on-the-rights-of-indigenous-peoples.html.

Driven by our Contract with Society[55]

> **"…transforming health for everyone is deeply connected to our contract with society—and it starts with ensuring everyone in B.C. has equitable access to the health care they need."[56]**

The UBC Faculty of Medicine is committed to helping reduce the significant geographic, socio-economic and cultural disparities that exist in the province, especially those relating to access to education and health care, as part of our contract with society.

Our distributed medical education program was established with the specific intention of alleviating the geographic maldistribution of health care practitioners that had led to chronic shortfalls in rural, remote and Indigenous communities, and to address inequities in health care access that arose as a consequence. Notably, 13 per cent of individuals in rural and remote areas of B.C. identify as Indigenous, First Nations or Registered/Treaty Indians[57], as compared to 3 per cent in metropolitan areas[58]. Of the former, approximately 30 per cent are Métis. The distributed program also sought to attract students from rural, remote, and Indigenous communities seeking careers in medicine and other health professions, while allowing successful applicants to complete their training in these historically-underserved communities, which, as research has suggested, "can make a positive contribution to addressing gaps in rural family practice"[59]. Importantly, it can help address gaps in other disciplines that are in short supply in these areas of B.C. as well. The distributed model has also allowed for us to connect more directly with Indigenous communities, a key component in our efforts to establish and maintain mutually respectful relationships.

The UBC MD Program is comprised of four programs, each representing distinct geographic areas: the Island Medical Program (IMP), the Northern Medical Program (NMP), the Vancouver Fraser Medical Program (VFMP) and the Southern Medical Program (SMP). There are now 288 openings for incoming students in every year: 32 each in the IMP, NMP and SMP,

---

[55] "Pathways Issue 3--Homegrown Health," UBC Faculty of Medicine, accessed November 15, 2019, https://pathways.med.ubc.ca/.

[56] Ibid.

[57] Personal Communication, First Nations Health Authority, February 18, 2020.

[58] Based on Canada 2016 Census data for British Columbia census metropolitan areas (Lower Mainland, Victoria, Kelowna and Abbotsford).

[59] Chris Y. Lovato et al. "The regional medical campus model and rural family medicine practice in British Columbia: a retrospective longitudinal cohort study." CMAJ OPEN 7, no. 2 (2019):E415-E420, doi: 10.9778/cmajo.20180205

and 192 in the VFMP[60]. The Faculty of Medicine, in collaboration with UBC Vancouver and Okanagan, our academic partners the University of Victoria and the University of Northern British Columbia, the health authorities in the province, including the First Nations Health Authority, and the B.C. government, has more than doubled enrolment since the start of the distributed medical education program in 2004. The diversity of learning environments and teacher/educators enriches the program that is supported in part by a robust information technology system that allows instructors and students in many disparate locations to interact in real time, taking learning beyond classrooms and into clinics and hospitals in both urban and rural settings.[61]

Our range of health professional and health sciences programs also grants us the opportunity to respond to the maldistribution of health disciplines beyond the field of medicine, encompassing undergraduate, graduate, and post-graduate health sciences in the following fields:

- Audiology & Speech Sciences
- Biomedical Engineering
- Biomedical Sciences
- Genetic Counselling
- Medical Laboratory Sciences
- Midwifery
- Occupational Therapy
- Physical Therapy
- Population and Public Health

In 2020, the Master of Physical Therapy (MPT) program expanded to include 20 seats as a distributed program in the North at UNBC (MPT-North), while the Master of Occupational Therapy (MOT) program now offers a Northern Rural Cohort for clinical placements. In 2022, the Occupational Therapy program will shift from a Northern Rural Cohort to a fully distributed program, with an additional 16 seats, also at UNBC (MOT-North).

---

[60] "Program Sites," MD Undergraduate Program, UBC Faculty of Medicine, accessed November 15, 2019, https://mdprogram.med.ubc.ca/about/distributed-program-sites/.

[61] Ibid.

Indigenous Relationships[62]

> **"Reconciliation is an ongoing process of establishing and maintaining a mutually respectful relationship…"[63]**

The UBC Faculty of Medicine has made it a priority to develop meaningful ties with Indigenous peoples, communities and organizations. We intend to develop these relationships based on the spirit of reciprocity where we work together in a collaborative manner to achieve common goals. Such relationships are critically important not only because of our contract with society, but also because they will reflect the interconnected and interdependent reality within which we interact. The formalized structures and initiatives that the Faculty of Medicine and the University have put in place, or will put in place, to facilitate the development of meaningful, respectful relationships with Indigenous peoples, communities and organizations are summarized below.

First Nations Health Authority

The *First Nations Health Authority* (FNHA) was established as part of a Tripartite agreement among B.C. First Nations, the B.C. government and the Government of Canada with recognition that the significant health disparities affecting the First Nations peoples in B.C. were not acceptable and would no longer be tolerated[64]. The FNHA, which became operational in 2013, is unique as the first province-wide health authority of its kind, serving as the health and wellness partner to more than 200 First Nations communities in the province. The FNHA is now responsible for the planning, management, delivery, and funding of health services and programs previously provided by Health Canada's First Nations and Inuit Health Branch-Pacific Region. In doing so, it works to identify and address gaps in service delivery and health programs that impact health outcomes in First Nations communities in B.C. Importantly, the FNHA plays a key role in promoting and embedding cultural safety and humility within the entire health system.

The FNHA is an integral part of a provincial First Nations health governance structure that works in partnership with First Nations of B.C. and which is guided by *7 Directives* developed through a broad-based community engagement process[65]. This governance structure also

---

[62] National Centre for Truth and Reconciliation, *Canada's Residential Schools: Reconciliation. The Final Report of the Truth and Reconciliation of Canada.* Volume 6 2015 (Manitoba: National Centre for Truth and Reconciliation, 2015), http://www.trc.ca/assets/pdf/Volume_6_Reconciliation_English_Web.pdf.

[63] Ibid.

[64] "FNHA Overview," First Nations Health Authority, accessed May 11, 2020, https://www.fnha.ca/about/fnha-overview

[65] "Directives," First Nations Health Authority, accessed August 23, 2020, https://www.fnha.ca/about/fnha-overview/directives

includes the *First Nations Health Council* (FNHC) that provides political leadership for implementation of Tripartite commitments and supports health priorities for B.C. First Nations, the *First Nations Health Directors Association* that acts as a technical advisory body to the FNHC and the FNHA on research, policy, program planning and design, and the implementation of health plans, and the *Tripartite Committee on First Nations Health*, which is the forum for coordinating and aligning programming and planning efforts between FNHA, B.C. Regional and Provincial Health Authorities, the B.C. Ministry of Health and Health Canada. The purpose of the Tripartite Committee serves to highlight the fact that the FNHA works with partners to collaboratively build, coordinate, and integrate health related programs and services that ultimately lead to better health and wellness for the First Nations peoples in B.C.

The importance of our partnership with the FNHA is clearly evident within the Faculty of Medicine. As outlined in the sections that follow, many Faculty programs and initiatives, including the Centre for Excellence in Indigenous Health, have been developed and established either through collaboration with the FNHA or depend on FNHA for their success by way of funding or in other ways. Building upon and strengthening our existing relationship with FNHA is central to successfully realizing the Actions to which the UBC Faculty of Medicine has committed.

Métis Nation British Columbia

Approximately one-third of the Indigenous population in B.C. identifies as Métis[66]. As such, it is critically important that we develop meaningful and respectful relationships with the Métis Nation and its Métis Chartered Communities. *Métis Nation British Columbia* (MNBC) is the federally and provincially recognized body representing the political, legal, social, and economic interests of almost 90,000 self-identified Métis persons in B.C.[67] to all levels of government, as well as funding bodies and other organizations. MNBC advocates, coordinates and works to develop policy on behalf of Métis persons on matters related to federal and provincial programs and services. Moreover, MNBC is committed to the protection and promotion of Métis culture and heritage, language, and improving the wellness of Métis people. As well, MNBC is dedicated to the security and well-being of Métis children and families and the advancement of Métis Rights, as outlined in Section 35 of the Constitution Act (1982). The Faculty therefore considers MNBC to be a valuable partner, and we shall work together to achieve mutually agreed-upon objectives and help the Faculty realize its

---

[66] "Focus on Geography Series, 2016 Census—Province of British Columbia," accessed November 15, 2019, https://www12.statcan.gc.ca/census-recensement/2016/as-sa/fogs-spg/Facts-PR-Eng.cfm?TOPIC=9&LANG=Eng&GK=PR&GC=59.

[67] "MNBC Leadership," Métis Nation British Columbia, accessed August 23, 2020, https://www.mnbc.ca/mnbc-leadership/.

commitments to action with the ultimate goal of improving the health and wellness of the Métis and other Indigenous peoples in B.C.

Advisory Councils in the Faculty of Medicine

The **Joint Advisory Council with the First Nations Health Authority** (FNHA), which was created for the exchange of ideas relating to issues of mutual interest including health care, health professional education, research and community service, is a key element in facilitating and formulating our collaborative efforts. This partnership between the FNHA and the UBC Faculty of Medicine aims to bring transformative change to the health care system through a health and wellness ecosystem approach that focuses on our mutual commitments to excellence in research, health professional training and development, and the quality and sustainability of programs and services for First Nations persons. This relationship, which is currently being finalized, will be guided by the following principles:

- Reciprocal accountability
- Mutually respectful collaboration
- Cultural safety and humility
- Innovation
- Continuous shared learning
- Support for inclusive, holistic interdisciplinary team-based (collaborative) models of health education, research and services
- Respect for First Nations health governance

Joint Advisory Councils have similarly also been established with the other Health Authorities in B.C. These venues provide an opportunity for the Faculty to work with health system partners on mutual objectives with respect to Indigenous health and wellness in different regions of the province.

The **Indigenous Health Advisory Council** is a community-based resource that was established to represent the health care interests, concerns, and needs of broader Indigenous communities. Formed as a result of consultations carried out with communities residing on Vancouver Island, and in the Lower Mainland, Northern British Columbia, and Interior British Columbia, the Council is intended to be an open, practical forum for discussing the strategic initiatives and goals of the Faculty of Medicine as they relate to Indigenous communities in rural and urban settings in B.C., and provides guidance to the Dean, and subsequently to the Faculty.

The **Dean's Advisory Council on Rural and Remote Health** seeks to engage a broad range of stakeholders, including Indigenous communities, in providing strategic direction to the Dean on issues relevant to British Columbians living in rural and remote settings, such as access to

care, the recruitment and retention of physicians, the training of general practitioners, enhanced skills training, health care human resource planning, health systems and policy research, and others. The Advisory Council's overall aims and objectives are aligned with those of the Doctors of BC's Joint Standing Committee on Rural Issues and the B.C. Ministry of Health. The Council also provides advice to the Rural Doctors' UBC Chair on Rural Health, whose overall goal is to work with relevant parties to apply new and existing knowledge in the creation of practical solutions to challenges faced by rural health professionals and the patients and communities that they serve.

University-Wide Initiatives

The Faculty of Medicine operates within the context of the broader university. The University of British Columbia has long sought to advance Indigenous rights and interests as a central part of its responsibilities as an institution of learning. Beginning in the 1970's, the University has taken a series of steps intended to facilitate this process and ensure that the strength, breadth and depth of Indigenous knowledge and culture is reflected and celebrated on its campuses to the fullest extent possible. These include the establishment of the Indigenous Teacher Education Program for elementary education in 1974 (later expanded in 2004 to include secondary education), the Indigenous Legal Studies Program in 1975, the First Nations Longhouse and the First Nations House of Learning in 1987, the First Nations and Indigenous Studies Program in 2001, the signing of the Musqueam Memorandum of Affiliation and the UBC-Okanagan Nation Alliance Memorandum of Understanding in 2006 and 2015, respectively, the installation of nsyilxcən and hən̓q̓əmin̓əm̓ road signs at the Okanagan and Vancouver campuses in 2010 and 2018, and the permanent raising of the Musqueam and Okanagan flags at these respective locations in 2019 and 2018, among the many other initiatives mentioned within this document and elsewhere.

The creation of the Aboriginal Strategic Plan, now renamed the **Indigenous Strategic Plan** stands as a critically important act among these. Created in 2009, and most recently, revised and released in 2020 after extended periods of consultation including B.C.'s Indigenous leaders and communities. The Plan represents UBC's long-term commitment to the process of Reconciliation and provides a foundation that ensures that all actions taken by the University, as well as every Faculty and School within it, will be consistent with the objective of furthering the principles embedded within the Calls to Action of the TRC and the *United Nation Declaration on the Rights of Indigenous Peoples*. The intention is to bring about real and enduring change in our relationships with Indigenous students, faculty, staff and partners, and the Indigenous communities at large. Its most current iteration establishes the foundation upon which the University and all its units will be guided in moving forward.

A clear understanding of how we arrived at where we are today is a critically important component to establishing the relationships that will be central to the reconciliation process

and a common foundation from which to move forward together. Here, we focus on two relatively recent inter-related University-wide initiatives that seek to illuminate the shared history of Indigenous and non-Indigenous Canadians and facilitate further dialogue between them.

The first is the **Indian Residential School History and Dialogue Centre**[68,69]. Officially opened on April 9, 2018, the IRSHDC was built in order to provide a place for former students and Survivors, as well as their families and communities to access the records of the Truth and Reconciliation Commission (housed at the National Centre for Truth and Reconciliation Archives), and to provide information resources from partner institutions in support of education, public information, research, and dialogue on the Indian Residential School System and its legacies. Centre staff are on hand to assist with this process, and the Elders Lounge is available for viewing records in private, for cultural and health support or to spend time with family and friends.

The Centre continues to gather and integrate stories, records, information, and conversations about the residential school system into its collections, which include digital copies as well as original records donated to the Centre. The IRSHDC brings together community-based experts, researchers, and educators to discuss the ongoing impact of the schools and their ties to issues such as economic development and the health and sustainability of Indigenous communities. As part of this, the Centre strives to provide collaborators with platforms designed to support the formation of partnerships intended to improve understanding and facilitate meaningful dialogue.

The Centre also provides a place to develop advanced curricular materials for classes at UBC and other post-secondary and K-12 institutions, using interactive technology that can be replicated in many other places throughout Canada and elsewhere. Another purpose of the Centre is to provide public information for students from UBC and other universities and schools, and guests, who have the option of visiting the Centre either in person or online. It is hoped that learning more about Indigenous peoples and the history of the interactions that have shaped our country will help place them in a much better position to reflect on the past and begin the work of addressing the contemporary issues surrounding Indigenous health, community resiliency, economic development and many other concerns

[68] "Indian Residential School History and Dialogue Centre," Aboriginal Portal UBC Vancouver, UBC, last modified August 16, 2018, https://aboriginal.ubc.ca/indian-residential-school-centre/.

[69] "Indian Residential School History and Dialogue Centre," The University of British Columbia, accessed August 27, 2020, https://irshdc.ubc.ca/.

The other is the **Reconciliation Pole**[70], raised in partnership with the Audain Foundation at our Vancouver campus, situated on the ancestral and unceded territory of the xʷməθkʷəy̓əm (Musqueam), on April 1, 2017. Created over a period of two years by Haida master carver and Hereditary Chief 7idansuu (Edenshaw) James Hart, with the assistance of a number of carvers and painters, the Pole recounts the story of the Canadian Indian Residential School system and is a reflection of UBC's desire to raise awareness on this issue.

The Pole is comprised of three sections; one illustrating the profound connection between Indigenous peoples and the natural world prior to the institution of the Indian Residential School System, a second, showing the disruption of that order the System brought, and a third, demonstrating the reunion of the Indigenous families and the revitalization of Indigenous cultures following its dismantling. The middle (second) section holds a depiction of a residential schoolhouse into which Survivors of the System and their families have driven thousands of copper nails, each of which commemorates and honours a child who perished in the many residential schools across the country.

The installation ceremony was attended by more than 3,000 people, some of whom lent their strength to the Pole's raising, pulling together on the ropes that moved it into its current position in an inspiring symbol of unity. Among the distinguished attendees were the chiefs of the Haida and Musqueam Nations who spoke powerfully on the impact of the Indian Residential School System and their hopes for Reconciliation.

Looking to the Future

Moving forward, the Faculty of Medicine intends to build upon what has been or is being established to further the development of meaningful, mutually respectful relationships with Indigenous peoples, communities and organizations, find new ways to work together, and to act in accordance with our social accountability mandate with them. We commit to the following actions.

ACTION STATEMENTS SUPPORTING INDIGENOUS RELATIONSHIPS:

1. The UBC Faculty of Medicine will focus on the development of meaningful relationships with the Indigenous Nations, peoples, communities, and organizations being guided by the principle of reciprocity in the co-creation of the terms of the relationship. This includes a commitment to co-develop performance indicators and

[70] "Reconciliation Pole Raising: Honouring a Time Before, During and After Canada's Indian Residential Schools," Morris and Helen Belkin Art Gallery, accessed November 15, 2019, https://belkin.ubc.ca/events/reconciliation-pole-raising-honouring-a-time-before-during-and-after-canadas-indian-residential-schools/.

accountability mechanisms. Potential indicators are listed in Appendix E.

2. The UBC Faculty of Medicine will work with Indigenous Nations, peoples, communities, and organizations to provide opportunities and resources needed to participate in all relevant activities, including the admissions processes, teaching, hosting learners, research and scholarship, and faculty development, among others. The Faculty will adequately compensate Indigenous Elders, knowledge keepers and other consulted experts for their knowledge, wisdom and time in supporting this shared mandate.

3. The UBC Faculty of Medicine is committed to its social accountability mandate with respect to Indigenous peoples and will work collaboratively with them and their Nations, communities and organizations to develop specific and achievable Indigenous health, education and research goals and to co-establish regular reporting mechanisms on progress.

Learning and Work Environments[71]

> **“[Indigenous peoples] have a right to access a health [or educational] system that is free of racism and discrimination and should feel safe when receiving health care [or education].”[72]**

The Faculty is committed to creating learning and work environments that are free of racism and discrimination, where every learner, staff and faculty member can feel safe (both physically and culturally), respected and valued[73] with a sense of belonging[74], and are equipped to behave with respect towards each other, our various partners and the public, exemplifying the highest levels of professional conduct.

Students

The Faculty of Medicine continues to implement culturally appropriate and relevant services and activities that are intended to help meet the needs and expand opportunities of Indigenous medical students across a broad spectrum of domains throughout their studies. The Faculty’s **Indigenous Student Initiatives Manager**, Mr. James Andrew, a member of the Lil’Wat Nation, plays a critically important role in this regard for the Undergraduate Medical Education Program. Mr. Andrew has been leading the development and management of Indigenous medical student support programs, in addition to working with medical students and residents who have an interest in Indigenous health and advising Indigenous medical student representatives. Of note, Mr. Andrew travels to each of the distributed program sites several times a year to ensure that the academic and community needs of Indigenous students in the MD program are being met. He is also a member of the Indigenous Student Engagement and Pathways Working Group (described in the Admissions section below). Staffing in the Indigenous MD Admissions Program has been increased to allow him to more fully focus on assisting Indigenous medical students.

A summary of activities, services, and events established by the Faculty to support Indigenous medical students follows below.

---

[71] First Nations Health Authority, *#itstartswithme--FNHA’s Policy on Cultural Safety and Humility* (West Vancouver: First Nations Health Authority, accessed November 15, 2019), https://www.fnha.ca/documents/fnha-policy-statement-cultural-safety-and-humility.pdf.

[72] Ibid.

[73] UN General Assembly, United Nations Declaration on the Rights of Indigenous Peoples: adopted by the General Assembly, 2 October 2007, A/RES/61/295, available from https://www.un.org/development/desa/indigenouspeoples/declaration-on-the-rights-of-indigenous-peoples.html.

[74] University of British Columbia, *Building Inclusive UBC: An Inclusion Action Plan* (Vancouver: University of British Columbia, 2018), https://equity3.sites.olt.ubc.ca/files/2020/01/UBC-IAP-Web-Jan2020.pdf.

During the first week of class at UBC's Vancouver campus, Indigenous health professions students can elect to participate in the **Indigenous MD Student Orientation** program at the First Nations Longhouse that includes a drum-making workshop led an Elder. A traditional feast occurs at the end of the day where Indigenous students will have the opportunity to connect with Indigenous faculty members and senior students from their respective programs. Indigenous and non-Indigenous students may also choose to attend the **Annual Sweat Lodge Ceremony**, which gives them a further opportunity to open their educational experience at UBC in a safe ceremonial space.

Mentorship is a central component of our efforts to create a sense of community for Indigenous students. Through the Faculty's **Medicine Cousins** program (which also provides help for prospective recruits at the preadmission stage, as described in the following section), junior students are paired with senior students, who are in turn paired with practicing physicians with the intention of providing Indigenous learners with a reliable source of guidance in navigating their careers while at UBC. This is initiated by the annual Medicine Cousins Mentorship Luncheon. The annual **Indigenous Medical Education Gathering** seeks to provide an additional venue where relationships between students and practicing physicians can be formed. A wide gamut of topics is discussed at these seminars, ranging from traditional healing methods to career development.

The **Indigenous MD Graduation Celebration** that takes place at the First Nations Longhouse on campus each spring marks the completion of the undergraduate careers of Indigenous students in the MD program and represents a commemoration of the graduating class' achievements over their time at UBC. Graduates enter the Longhouse through a ceremonial door in procession, guided again by an Elder, in a ceremony symbolising the start of their journeys as future practitioners.

The Faculty is also working to expand support for Indigenous students in its health professional programs. This may include dedicated personnel in the form of Student Support Advisors and Indigenous Program Coordinators. We are also in the process of streamlining online support, so that all resources relevant to Indigenous students are available in one easily accessible and clearly presented webpage.

Faculty and Staff

The Faculty of Medicine is committed to ensuring diversity amongst our faculty and staff, and we are exploring how our programs and approaches can better attract and retain Indigenous faculty and staff, including recognizing the value of the lived experiences of Indigenous applicants. As illustrated in the adjacent table[75], much work remains to be done, including attracting and retaining more Indigenous faculty and staff in leadership and senior positions across the Faculty.

Roles in the UBC Faculty of Medicine	% of Respondents Self-Identifying as Indigenous
University Faculty	0.5
Senior Managers	0.0
Middle and Other Managers	2.9
Professionals	2.9
Semi-Professionals + Technicians	2.1
Supervisors	0.0
Admin. + Senior Clerical	1.1
Clerical Personnel	6.7
Intermediate Sales + Service	0.0
TOTAL	[illegible]

The role and impact of faculty in the learning and work environments and the effect they have on Indigenous health care is a major focus for us with continuing professional and faculty development as key priorities (see the section on Graduate, Post-Graduate and Professional Medical Education below). We intend, in conjunction with partners and being mindful of FNHA's Cultural Safety and Humility framework and MNBC's Cultural Wellness model, to make certain that all our educational activities (see Curriculum section below) provide consistent instruction with respect to cultural safety and humility. We will also work to ensure that their education is not undermined by a "hidden curriculum" that reinforces individual and systemic racism, and which serves to perpetuate health care inequities.

A number of initiatives aimed at supporting the development of optimal learning and work environments are being undertaken within the Faculty.

Initiatives

In order to fulfill the Faculty of Medicine's vision of "transforming health for everyone," work is underway to transform our learning and work environments by eradicating racism and

[75] Courtesy of The Office of Planning and Institutional Research, University of British Columbia; Includes data up to October 31, 2019; Respondents means Faculty and Staff at UBC who have returned the UBC Employment Equity Survey; University Faculty means clinical faculty; tenure stream, research and teaching; tenure stream, teaching; term, part-time or other faculty appointments.

discrimination in all its forms[76]. The Faculty recognizes that there remains a need for significant improvement and have taken and plans to take steps to raise awareness of racism within the Faculty and to promote Anti-Racism actions through a Faculty wide education and skills training program that will align with similar initiatives across the University. We are also reviewing our reporting and response processes for incidents of racism, discrimination, harassment and unprofessional behaviour.

The **Dean's Task Force on Respectful Environments**[77] played a key part in developing a proactive approach to dealing with these issues more broadly. This Task Force was charged with identifying problems and recommending solutions that will help ensure creation and maintenance of respectful work and learning environments for everyone in the Faculty. These recommendations, along with recommendations and commitments in other UBC and Faculty framework documents such as the UBC Inclusion Action Plan, the Indigenous Strategic Plan, and the Faculty's response to the TRC Calls to Action collectively provide a roadmap for developing and implementing the specific systemic and interpersonal actions changes that will support the Transforming Culture Initiative's goal to create and sustain respectful and inclusive working and learning environments that are free of racism and bias.

The Faculty has also been developing and refining **processes and online tools** that provide mechanisms to report and address complaints or concerns regarding occurrences of mistreatment including disrespectful or discriminatory behaviour, harassment, bullying, assault, lapses in professionalism and deficiencies in the learning environment. We have developed a website for use by all learners enrolled in the Faculty of Medicine's various programs that provides them with information regarding mistreatment in the learning environment, and identifies various ways, including an online reporting tool through which they can report their experiences either confidentially or anonymously. These reports are assessed and triaged by a Learning Environment Advisor in the Office of Respectful Environments, Equity, Diversity & Inclusion to the appropriate persons responsible for addressing such concerns. A similar website and reporting system will be implemented for faculty and staff.

Of great relevance to optimizing the working and learning environments and addressing Indigenous-specific racism, discrimination and bias is the recent establishment of the **Office of Respectful Environments, Equity, Diversity & Inclusion (REDI)**, which brings together in

---

[76] Dermot Kelleher, "Community Update from Dean Dermot Kelleher," Mednet, UBC Faculty of Medicine, published June 12, 2020, https://mednet.med.ubc.ca/office-of-the-dean/monthly-updates/Pages/Community-Update-from-Dean-Dermot-Kelleher-June12.aspx.

[77] "Task Force on Respectful Environments," UBC Faculty of Medicine, accessed May 11, 2020, https://mednet.med.ubc.ca/office-of-the-dean/Pages/Deans-Task-Force-on-Respectful-Environments.aspx

one office the expertise and leadership in issues affecting the work and learning environment. The Assistant Dean Equity, Diversity & Inclusion and three advisors: Learning Environment, Anti-Racism, and Indigenous Initiatives, provide Faculty-wide leadership and support in areas critical to realizing our goal to change our working and learning environments. The Office is leading the Faculty's Transforming Culture Initiative, coordinating the development and implementation of action plans related to the adopted recommendations, including those from the Dean's Task Force on Respectful Environments. This coordinated approach will ensure that processes and tools are aligned with our values and responsibilities and are operational, relevant and meet the needs of our students, faculty, and staff. REDI will provide guidance and support for the development of respectful, culturally safe, anti-racist and discrimination-free work and learning environments across the Faculty.

The Faculty will be culturally sensitive when responding to reports made by Indigenous students of racism, learner mistreatment, or unprofessional conduct that adversely affect the learning or work environment. In the process of addressing concerns or complaints REDI is committed, whenever appropriate, to engage relevant Elders, or other culturally consonant supports identified by Indigenous learners who use the reporting system. REDI is also reviewing the reporting system to identify ways in which reporting concerns can be adapted to meet the needs of Indigenous learners. We will take a respectful and educative approach designed to raise awareness, provide tools to change behaviour, and we will evaluate our efforts to ensure change in behaviour occurs and that individuals are accountable for their actions.

The Faculty of Medicine is also committed to ensuring diversity among faculty and staff. Many of the recommendations of the Transforming Culture Initiative will build upon and strengthen our systems and processes to improve recruitment and retention of Indigenous faculty and staff members. Use of an online course on equity, diversity and inclusion, developed by the UBC Equity and Inclusion Office, will be of great assistance in achieving this. The online course is mandatory for all members of search committees for faculty and academic leaders.

Looking to the Future

The Faculty of Medicine is dedicated to attracting and retaining more Indigenous faculty and staff. We are committed to eradicating racism and discrimination in all its forms and to implementing changes accompanied by sufficient supportive services that will have the greatest positive impact on the learning and work environment for Indigenous persons in the Faculty. The Faculty commits to the following actions as we work towards this goal.

ACTION STATEMENTS ON LEARNING AND WORK ENVIRONMENTS:

4. The UBC Faculty of Medicine commits to attracting and retaining more Indigenous faculty and staff, including those in leadership positions, with the appropriate supportive infrastructure, and ensure that Indigenous perspectives are embedded within all of our work. This will include but not be limited to key aspects of Indigenous education in the Faculty such as admissions, student recruitment and retention, curriculum development and implementation, and meaningful presence on key decision-making committees.

5. The Faculty of Medicine commits to enact robust policies and processes for identifying and addressing anti-Indigenous racism/sentiment experienced by Indigenous students/learners, staff and faculty in classroom, clinical and university environments. We will implement strong benchmarks and measures to ensure changes occur and that we can hold ourselves and our colleagues accountable. This includes co-development of relevant outcome measures that are regularly reported on to the Faculty and to the Indigenous peoples, communities and organizations.

6. The Faculty of Medicine commits to developing safe work and learning environments for Indigenous students/learners, faculty and staff by supporting leadership and faculty change through focused and strategic professional development activities based in anti-racism, cultural safety and decolonization. This will include a specific focus on clinical preceptors across all clinical learning sites and will be done in conjunction with health system partners.

7. The Faculty of Medicine commits to dedicating sufficient resources to enable full implementation of these Actions. The resource needs will be defined in conjunction with Indigenous peoples, communities, and organizations, faculty, staff and students and will support action in all three domains of research, education and service.

Admissions[78]

> **"…initiatives must address the deeply rooted social and economic challenges faced by [Indigenous] people and communities that act as barriers to student learning and educational attainment."[79]**

Socio-economic challenges, stemming from the enduring effects of colonialism and the Indian Residential School System, continue to negatively affect the health, wellness, and quality of life of many Indigenous people in Canada[80]. While education may present a means by which some of these challenges could be addressed[81], Indigenous peoples have had a painful history with Canadian educational systems. When socio-economic marginalization, poverty, racism, discrimination, and inequities in access to educational, health and social services are considered alongside this, it is not surprising that educational attainment remains significantly lower for Indigenous people compared to non-Indigenous people[82]. The UBC Faculty of Medicine is committed to playing its part in reversing this by developing the ways and means to train more Indigenous physicians and other health professionals in B.C. The Faculty will also participate in efforts to attract Indigenous students and trainees into our undergraduate, graduate and post-doctoral programs. We have enacted or are in the process of enacting plans across all programs to help achieve this goal and in the years ahead will continue working to find ways to address and overcome the barriers to educational attainment currently faced by Indigenous people.

MD Undergraduate Program

The Faculty of Medicine has had its current **Indigenous MD Admissions Program** since 2002. It was established after a year-long consultation period with medical schools in the United States that had instituted similar programs, as well as other UBC faculties, the Medical Students Alumni Association, Indigenous medical students, and local First Nations and Métis community members and Elders, with the objective of improving educational opportunities and health care access for Indigenous communities. As part of this program, the Faculty has a goal to admit a minimum of 5 per cent of the class each year as qualified self-identified

---

[78] National Collaborating Centre for Aboriginal Health, *Social Determinants of Health—Education as a Social Determinant of First Nations, Inuit And Métis Health* (Prince George: National Collaborating Centre for Aboriginal Health, 2017), https://www.ccnsa-nccah.ca/docs/determinants/FS-Education-SDOH-2017-EN.pdf.

[79] Ibid.

[80] Ibid.

[81] Ibid.

[82] Ibid.

Canadian Indigenous applicants, approximating the proportion of B.C.'s Indigenous population[83].

The admissions process for Indigenous applicants is similar to the general stream but has several additional elements. For instance, applicants are invited to demonstrate their Indigenous Ancestry (proof of ancestry must be submitted within one week of the application deadline), and submit an essay discussing connections to their communities and culture. Their applications are reviewed by the *Indigenous MD Admissions Subcommittee*, whose terms of reference mandates that it draws the majority of its membership from the First Nations and Métis communities, and includes an Indigenous Elder. The Subcommittee recommends appropriate candidates for the Indigenous Panel Interview, which usually lasts 30-45 minutes. Upon completion of the interview process, the Indigenous MD Admissions Subcommittee performs a holistic evaluation of each candidate, taking into account the value of their worldviews and lived experiences, and forwards their recommendations to the *MD Admissions Selection Subcommittee*, who will then consider applicants under both the Indigenous and general admissions streams. Successful Indigenous candidates are given the opportunity to choose which of the four sites they wish to attend.

The Faculty has implemented a number of **recruitment and pre-med support initiatives** over the years to stimulate interest and enhance awareness of our programs among Indigenous youth, and to assist them through the application process. The Faculty's *Indigenous Student Initiatives Manager,* along with the *Indigenous Initiatives and Admissions Coordinator*, carry out a number of **outreach activities** each year around the province. They attend numerous career fairs and community events and travel to colleges and post-secondary institutions to connect with potential Indigenous students and provide them with information on the MD Admissions process.

Young people who are interested in a career in medicine are encouraged to take part in the Faculty's **Medicine Cousins** program. This is a mentorship program that pairs them with volunteer junior students who will help walk them through the admissions process and provide any other related assistance when needed.

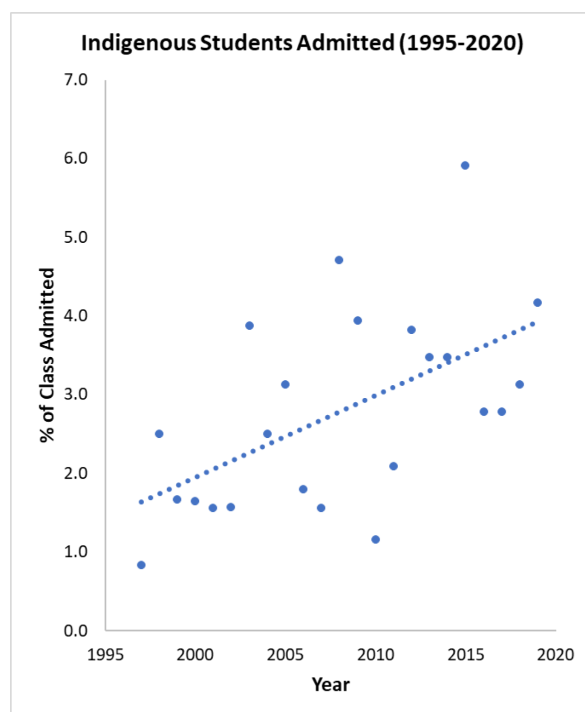
The **Indigenous MD Admissions Workshop** has been held every summer since 2004, with the location rotating between each of the four MD program sites in Vancouver-Fraser, Southern, Island and Northern Medical Programs. The workshop is meant to encourage and support prospective Indigenous students, who are usually of university age and several years away

[83] "Focus on Geography Series, 2016 Census—Province of British Columbia," accessed November 15, 2019, https://www12.statcan.gc.ca/census-recensement/2016/as-sa/fogs-spg/Facts-PR-Eng.cfm?TOPIC=9&LANG=Eng&GK=PR&GC=59.

from submitting their applications. It is intended to provide them with an introduction to medicine and medical school as well as information on navigating the admissions and selection process. To reduce barriers in accessing the workshop, costs of accommodations and meals are reimbursed with limited travel funds provided for those visiting from farther locations.

Indigenous applicants also receive **admission process support** directly from the Indigenous Student Initiatives Manager and Coordinator who meet with, call, or email them to answer any of their questions. Prospective Indigenous students who have applied to the program are also invited to a special applicant's luncheon where they can socialize with their peers and provide each other support through the admissions process. Recently, the MD Admissions Office has begun offering all Indigenous applicants who have been invited for interviews further support in the form of the **Multiple Mini Interview (MMI) Preparation Course**. This two-day course, which takes place each January, three weeks ahead of the actual interview, is intended help reduce a key barrier to success of qualified Indigenous applicants represented by the MMI and to help address specific cultural and social challenges uniquely experienced by Indigenous applicants. In addition to reviewing and practicing the MMI process, those attending also receive cultural support through an Elder who is present throughout the duration of the course and anxiety management training from an Indigenous counsellor. The course is complementary to the MD Admissions Office's ongoing efforts to ensure that the content and delivery of the MMI is culturally appropriate and fair. Accommodations, meals, and partial travel support are provided to attendees.

These measures have been successful in attracting more Indigenous students to the MD Undergraduate Program, as illustrated in the adjacent figure. Notably, the Faculty was able to exceed its original goal of graduating 50 Indigenous students by 2020 and is now on course to have more than double that. These numbers, however, fall short of the unmet need of Indigenous physicians and are below the goal of having at least 5 per cent of admission spots being filled by qualified, self-identified Canadian Indigenous applicants. Of all successful Indigenous applicants beginning in 2012, when the Faculty first started collecting distinctions-based information on a consistent basis, 56 per cent have self-identified as Métis and 44 per cent as First Nations, as compared with the most recent census data showing that of the Indigenous BC residents who reported a single



identity, 64 per cent were First Nations, 33 per cent were Métis and 1 per cent were Inuit[84]. It will be important to understand the reasons for the relative under-representation of First Nations people in order to take steps to address it.

Health Professional Programs

Health Professional Programs have undertaken work on admission of Indigenous students alongside that done by the MD Undergraduate Program. In conjunction with the Faculty, admissions processes are being reviewed and any deficiencies are being addressed. Participation in the Faculty of Medicine's Indigenous Student Engagement and Pathways initiative is also planned in order to enhance and support applicant development among Indigenous students in order to attract more Indigenous applicants into Health Professional Programs. These actions will be implemented across all Health Professional Programs, recognizing that current state and unique characteristics of each of the health professional programs may result in a different timeframe for their implementation across programs. The following provides a brief summary of the individual Health Professional Programs.

The **Midwifery Program** interviews all Indigenous students who meet the interview criteria and holds two of 20 (or 10 per cent) of its seats specifically for Indigenous applicants in addition to any Indigenous applicants who rank in the top 20. The Program employs an Indigenous midwife who serves as a part-time Indigenous Midwifery Student Coordinator. The Midwifery Student Coordinator participates in interviews, holds Indigenous student orientations and cultural events, works with students on Indigenous issues, and assists the Midwifery faculty in providing a curriculum that is culturally safe for Indigenous students. The 2020 National Aboriginal Council of Midwives competencies for Indigenous midwives, used across Canada, will be threaded through the Midwifery undergraduate curriculum during a summer 2021 update. The number of Indigenous applicants has been low and has not exceeded admissions capacity in past years. Spring 2020 saw the highest number of Indigenous applicants since the program opened, with seven Indigenous applicants, five of whom began their studies in fall 2020. From 2015 to 2021, 14 learners self-identified as Indigenous, reflecting that the program has exceeded its goal of admitting two Indigenous learners per year. The proportion of Indigenous learners admitted during this period is 14 per cent.

The **School of Audiology and Speech Sciences** gives special consideration to Indigenous applicants by waiving BC residency considerations in reviewing their applications, and providing them with pre-admissions advising and financial support through entrance scholarships as well as other supports where Indigenous applicants may be missing certain pre-requisites due to geographical or other conditions. For several years, the School has hired

[84] Ibid.

an Aboriginal Student Community Learning Coordinator who provides tools for intercultural dialogues and engagement and is responsible for advising and counseling aboriginal students enrolled in the Speech and Language Pathology and Audiology programs. The Coordinator participates in the orientation, recruitment, and retention of Indigenous students, and provides expertise and support for School-based Indigenous programming initiatives focused on improving classroom climate, environments conducive for student learning, creating dialogue on Indigenous cultures and societies, ensuring Indigenous student success, and expanding program access. Between 2010 and 2020, 2.4 per cent of graduates from the Audiology program and 1.8 per cent of graduates form the Speech Language Pathology Program in the School have self-identified as Indigenous. The School is aligned with goal of admitting Indigenous students to a minimum of 5 per cent of seats, and acknowledges that the applicant pool will need to develop further to support this goal. The School is currently implementing a review of Admissions practices from an equity, diversity, and inclusion perspective, which they anticipate will yield strategies for increasing recruitment of Indigenous applicants. In addition, the School will work with the Faculty's Indigenous Student Engagement & Pathways initiative to broaden the applicant pool.

The **Master in Genetic Counselling Program**'s Strategic Plan for 2018-2022 includes recruiting and enrolling Indigenous students. A one-time diversity scholarship was available in the 2020 admissions cycle, prioritized for a Canadian Indigenous applicant, followed by any Indigenous applicant. Due to the lack of eligible Indigenous applicants, it was ultimately awarded to an individual from a population that is under-represented in the genetic counselling profession. The program will continue to commit one of two entrance scholarships towards supporting diverse matriculants. The program participated in an online recruitment fair for underserved and under-represented populations in the fall of 2020, and plans to participate in future fairs. Working with the Faculty of Medicine's Office of Respectful Environments, Equity, Diversity and Inclusion team and the Faculty of Graduate and Post-doctoral Studies, the program will review current admissions processes, and the curriculum from a justice and equity, diversity, and inclusion perspective, and will work with the Faculty of Medicine's Indigenous Student Engagement and Pathways initiative to support applicant development among Indigenous undergraduate students. All students are required to complete all four quartiles of the UBC Indigenous Cultural Safety 23 24 curriculum.

The **Master of Occupational Therapy Program** interviews all Indigenous applicants who meet the admission criteria. The program admits the vast majority of Indigenous applicants. The accreditation standards for the program have well-embedded culturally sensitive practice and broad-based admissions criteria. Work already done in this regard has provided opportunities for Indigenous students and for all students to flourish and become effective, culturally sensitive and humble practitioners. There is a strong emphasis in the curriculum on socially-sensitive and culturally-safe practice. Further work to support rural, remote, and Indigenous

communities is taking place. Beginning in 2020, the Master of Occupational Therapy (MOT) program admitted a Northern Rural Cohort of students who will complete the majority of their clinical placements in northern, rural and remote settings. In 2022, the MOT program will shift from a Northern Rural Cohort to a fully distributed program with an additional 16 seats located at the University of Northern British Columbia (UNBC). As part of this expansion, the program will hire an Indigenous Advisor to support the integration of Indigenous curriculum and community outreach. In addition, the program has advanced plans to hire a Justice, Equity, Diversity and Inclusion (JEDI) adviser to review curriculum, and to sit on the departmental JEDI committee. For the period between 2014-2020, 5.4 per cent of admitted students self-identified as Indigenous.

With the 2020 increase in cohort size to 100 seats, the **Master in Physical Therapy Program** now has six seats set aside for Indigenous students (equivalent to 6 per cent of the cohort). Admissions processes follow the revised Physical Therapy national accreditation which now include alignment with relevant TRC Calls to Action. As part of the admissions process, the program has specific MMI (interview) stations designed to assess Indigenous knowledge and which are evaluated by interviewers with indigenous cultural safety training. The Master in Physical Therapy program includes 20 seats as a distributed program in the north at University of Northern British Columbia. These students focus on practice in rural and remote areas, which includes Indigenous communities. The Program is in the process of strengthening its commitment to Indigenous students and will be hiring an Indigenous program coordinator, as well as having recently hired a Justice, Equity, Diversity and Inclusion adviser who will review and advise on all aspects of department functioning. Approximately 3.2 per cent of graduates from the program between 2013 and 2020 self-identified as Indigenous.

An **Indigenous Health Sciences Pre-Admissions Workshop**[85], administered by the Centre for Excellence in Indigenous Health (CEIH; described further in the Curriculum section below), has also been implemented. Running for three days each summer, the workshop is intended to introduce prospective Indigenous students, aged 18 years or more, to a range of health career options, team-based learning and the admissions processes used by health programs including the MMI used in many health sciences disciplines at UBC. Information related to financing their education is also provided. Additionally, attendees get the chance to familiarize themselves with the UBC campus, and with the various support programs that will be available to them during their education. To reduce barriers in accessing the workshop, costs of accommodations are provided for those attending from outside the Lower Mainland

[85] "Aboriginal Health Sciences Pre-admissions Workshop," University of British Columbia Faculty of Medicine Centre for Excellence in Indigenous Health, accessed March 30, 2020, https://health.aboriginal.ubc.ca/events/2018-aboriginal-health-sciences-pre-admissions-workshop/.

with meals provided for all. Limited travel funds are also available for attendees from other regions of the province.

Health Sciences Programs

While the Indigenous Health Sciences Pre-Admissions Workshop is designed for university-age learners, the Centre for Excellence in Indigenous Health (**CEIH) Summer Sciences Program**[86] is a cultural, health and science program aimed at engaging younger (Grade-9 to -12) Indigenous students. Running for two one-week sessions each year, the Program hopes to promote interest in health and sciences programs among Indigenous youth by providing them with personal experiences at the UBC Vancouver campus. Informing students of health and science career opportunities and providing information on prerequisites, course planning and admissions processes are key goals of the program. A holistic educational experience is offered with cultural practices and knowledge woven into daily activities. During their time in the program, attendees connect with Elders and other role models who work in health care and sciences fields. A program fee ($200) to offset accommodation and meals is required although bursaries covering the cost of this fee are available upon acceptance and request. All other expenses while at UBC are covered. Travel costs to and from Vancouver are not presently covered.

Due to the COVID-19 pandemic, in 2020 the Summer Science Program was offered virtually through **the Virtual Indigenous Science Experience (VISE).** Given the success of this inaugural program, the CEIH is keen on keeping it running even after the on-campus Summer Science Program is reinstated following the pandemic.

The CEIH also maintains a **list of UBC health sciences programs,** identifying those with official or unofficial Indigenous admissions policies[87], to help guide those interested in these programs through the application process.

ICORD (International Collaboration on Repair Discoveries), a spinal cord injury research centre of the Faculty of Medicine and the Vancouver Coastal Health Research Institute, in partnership with the Faculty of Applied Science's School of Biomedical Engineering, also holds a **Summer Research Program for Indigenous Youth**[88]. It is open to Indigenous high school students in Grade 10 or 11 residing in B.C. who are considering careers in biomedical research.

---

[86] "UBC Summer Science Program," University of British Columbia Faculty of Medicine Centre for Excellence in Indigenous Health, accessed March 30, 2020, https://health.aboriginal.ubc.ca/programming/summer-science/.

[87] "Health Programs," University of British Columbia Faculty of Medicine Centre for Excellence in Indigenous Health, accessed March 30, 2020, https://health.aboriginal.ubc.ca/students/health-programs/.

[88] "Indigenous Summer Student program," UBC Faculty of Medicine and VCH Research Institute ICORD, accessed March 30, 2020, https://icord.org/issp/.

Successful applicants will have the opportunity to participate in real-life lab projects under the supervision of leading researchers in the field, and it is hoped that this will encourage more learners to enroll in the science, technology, engineering, and math programs at UBC after graduating from high school. The Program is just one part of the School's larger planned initiative to create a more accessible educational pathway spanning its undergraduate and graduate programs for young people from Indigenous communities.

Other Initiatives

The Faculty of Medicine is committed to playing its part in helping to overcome the multiple barriers currently impeding educational access and attainment for Indigenous people in the health care professions and biomedical sciences, sciences, technology, engineering and math programs. The Faculty will seek to address some of these factors by working with Indigenous partners to build upon the resilience of Indigenous learners and to create more accessible pathways to higher education and by more carefully considering and addressing the financial challenges faced by Indigenous people[89].

With this in mind, the Faculty recently established the **Indigenous Student Engagement and Pathways Working Group.** The Working Group is in the process of studying and making recommendations on approaches that could better attract, and provide subsequent support for, Indigenous students and prospective Indigenous applicants in the various programs of the UBC Faculty of Medicine, based on the principles of equity, diversity, and inclusion. A multi-pronged strategy to embed and expand Indigenous student engagement and pathways in all UBC Faculty of Medicine educational programs, with close alignment with the TRC Calls to Action, the *United Nations Declaration on the Rights of Indigenous Peoples*, and the UBC Indigenous Strategic Plan, is envisioned. Key elements of the approach include an expansion of Indigenous student engagement to raise awareness and stimulate dialogues as early as possible, development of a mentorship program to support Indigenous students from pre-admissions through their education, extension of the scope of existing and new initiatives across all educational programs in the Faculty, and development of a strategy to address financial barriers. The Faculty will collaborate with the First Nations Health Authority, other health authorities, and various Indigenous communities and organizations in implementing the approach. Certain Faculty of Medicine units, such as the Department of Physical Therapy, are also developing their own committees dedicated to improving Indigenous engagement and admissions.

[89] National Collaborating Centre for Aboriginal Health, *Social Determinants of Health—Education as a Social Determinant of First Nations, Inuit And Métis Health* (Prince George: National Collaborating Centre for Aboriginal Health, 2017), https://www.ccnsa-nccah.ca/docs/determinants/FS-Education-SDOH-2017-EN.pdf.

A second group, the **Socioeconomic Status Working Group**, was also established with the mandate is to develop student-centred programs and initiatives based on the principles of equity, diversity and inclusion, and to better attract and provide support for students and prospective students of lower socio-economic status in all Faculty of Medicine educational programs.

Financial challenges are an important factor that limits access of many Indigenous people to higher education. Several steps are being taken to help address this significant issue. The CEIH administers a number of **scholarships and bursaries**[90] meant for prospective Indigenous students who are considering applying to a UBC health science program, or Indigenous learners already enrolled in our various undergraduate and graduate health sciences programs. To date, the CEIH has disbursed a total of nearly $500,000 and almost 200 individual awards have been granted since its establishment. In addition, the Centre's **Indigenous Health Student Engagement Fund**[91] provides sponsorship for student-led projects that focus on Indigenous health, intended to support extra-curricular learning on the subject. The MSc/PhD Program of the School of Population and Public Health has also earmarked **scholarship funds intended for incoming or continuing Indigenous fulltime students** who have demonstrated academic excellence, and distinction in research.

<u>Looking to the Future</u>

The Faculty of Medicine recognizes the need to do more and will continue to seek new ways to improve educational pathways for future Indigenous health care professionals, as well as for students interested in pursuing education in biomedical undergraduate, graduate and post-doctoral programs, including recognizing the intersection of the multiple factors affecting Indigenous applicants. The Faculty commits to the following actions as we work towards this goal.

ACTION STATEMENTS ON ADMISSIONS:

8. The UBC Faculty of Medicine will implement processes to admit a minimum of 5 per cent of the class each year as Indigenous students in all medical and health professional programs by employing distinctions- and intersectional-based approaches and practicing holistic file reviews, all while maintaining academic standards. Robust data collection with appropriate data stewardship agreements will

---

[90] "Student Awards," University of British Columbia Faculty of Medicine Centre for Excellence in Indigenous Health, accessed March 30, 2020, https://health.aboriginal.ubc.ca/students/student-awards/.

[91] "Indigenous Health Student Engagement Fund," University of British Columbia Faculty of Medicine Centre for Excellence in Indigenous Health, accessed April 20, 2020, https://health.aboriginal.ubc.ca/students/indigenous-health-student-engagement-fund/.

be used to allow for review of progress towards these goals at the Faculty, provincial and national levels.

9. The Faculty of Medicine will add assessment of knowledge and understanding of Indigenous history and culture, cultural safety, and anti-racism to consideration for admission for all candidates through pre-requisite courses, creation of new tools or modification of existing tools, such as MMI stations, that are co-developed and co-assessed by Indigenous peoples.

10. The Faculty of Medicine will work with relevant partners, including Indigenous Nations, communities, and organizations to develop a multi-pronged strengths-based approach to expand and implement programs that enhance engagement of and improve educational pathways for Indigenous students to increase their enrolment and optimize their success in all our educational programs.

Curriculum[92]

> **"Schools must teach history in ways that foster mutual respect, empathy, and engagement."[93]**

It is imperative that the province's future health care providers are well-informed on Indigenous history, particularly with regard to the detrimental impact of colonialism, racism and discrimination, the Indian Residential School System, and Indian hospitals on Indigenous health and wellness[94,95]. An understanding on how colonialism has stifled Indigenous ways of knowing and seeing the world and suppressed holistic Indigenous views on health and wellness is vital. The concepts of Indigenous health and wellness are based on the interconnection of mind, heart, body and spirit, and are all supported by a person's relationship to their culture, family and the land[96]. This is critically important for all health care professionals to understand. Learning these aspects of Indigenous history and the ongoing impact of colonialism and an appreciation of medicine's power and privilege, is essential for graduates of any UBC Faculty of Medicine educational program, including those who will be heading towards careers as educators, scholars and researchers.

The inequities in health and wellness between Indigenous and non-Indigenous people reflect the social, economic, environmental, and political realities of Indigenous people and are an ongoing legacy of colonial history in B.C. and Canada[97]. A thorough appreciation of the context within which health and wellness of Indigenous people reside will be required to fully address these inequities[98]. This necessarily also includes recognition and appreciation that Indigenous ways of knowing, seeing and healing will have an important role to play in this process.

---

[92] National Centre for Truth and Reconciliation, *Honouring the Truth, Reconciling for the Future: Summary of the Final Report of the Truth and Reconciliation Commission of Canada* (Winnipeg: National Centre for Truth and Reconciliation, 2015), http://www.trc.ca/assets/pdf/Executive_Summary_English_Web.pdf.

[93] Ibid.

[94] Ibid.

[95] Marcia Anderson et al., *Joint Commitment to Action on Indigenous Health* (Ottawa: The Association of Faculties of Medicine of Canada, 2019), https://afmc.ca/sites/default/files/pdf/AFMC_Position_Paper_JCAIH_EN.pdf.

[96] "First Nations Perspective on Health and Wellness," First Nations Health Authority, accessed April 20, 2020, https://www.fnha.ca/wellness/wellness-and-the-first-nations-health-authority/first-nations-perspective-on-wellness.

[97] Margo Greenwood, Sarah de Leeuw, and Nicole Lindsay, "Challenges in health equity for Indigenous peoples in Canada," *Lancet* 391:1645-1647, 2018.

[98] Debbie H. Martin, "Two-Eyed Seeing: A Framework for Understanding Indigenous and Non-Indigenous Approaches to Indigenous Health Research," *Canadian Journal of Nursing Research* 44(2):20-42, 2012.

Conceptual approaches, such as "*two-eyed seeing,*"[99] that serve to integrate both Indigenous and non-Indigenous ways of knowing, seeing and healing and their appropriate use may be helpful in this regard.

The Faculty has undertaken a number of initiatives that are initial steps in a process that is intended to eventually lead to an effective Indigenous health curriculum that is free of stereotypes and bias across all our programs. The aim of this process is to facilitate development and implementation of a culturally appropriate and safe curriculum with curricular approaches that will result in an understanding of Indigenous histories and their impact, as well as appreciation of Indigenous ways of knowing, seeing and healing. It will also be designed to promote Indigenous health and wellness by supporting a more holistic team-based approach to care that includes health care practitioners and others such as Elders and patient navigators. The curriculum will be intended to instill a sense of cultural humility among graduates that will serve as a key foundation for development of culturally safe practices for and respectful relationships with Indigenous peoples. Central to many of the initiatives is the *UBC Centre for Excellence in Indigenous Health*, whose role and importance will continue to grow because much work remains to be done.

Centre for Excellence in Indigenous Health

As mentioned previously, the *Centre for Excellence in Indigenous Health* (CEIH) is housed in the School of Population and Public Health in the UBC Faculty of Medicine and was established in 2014[100]. The Centre serves as a single coordinating point within the university for support, training and resources for Indigenous health-related matters and initiatives. It is also the primary conduit for Indigenous communities that want to connect with UBC, its programs, and health researchers. Working with Indigenous leadership across B.C. and the country, the CEIH endeavours to improve wellness, health care and outcomes for Indigenous people, and generally advance their health and wellness through innovative thinking, research and education.

The CEIH's key goals are supporting recruitment and education of Indigenous students in the health professions to help address persistent health disparities, to promote self-determination by increasing Indigenous leadership in health and health care, and the provision of the training necessary for all health professionals to work more effectively with Indigenous peoples and organizations. The CEIH provides leadership and participates in

---

[99] "Two-Eyed Seeing," Institute for Integrative Science and Health, accessed April 20, 2020, http://www.integrativescience.ca/Principles/TwoEyedSeeing/.

[100] "New Centre for Excellence in Indigenous Health launched at UBC," University of British Columbia Faculty of Medicine School of Population and Public Health, accessed April 13, 2020, https://www.spph.ubc.ca/new-centre-for-excellence-in-indigenous-health-launched-at-ubc/.

research with Indigenous scholars, communities and organizations to increase access to research opportunities for Indigenous people in Canada. As well, the Centre offers strategic co-ordination and guidance to functions already operating in many UBC locations and provides help in developing initiatives that would otherwise be difficult to develop or maintain across units.

Curriculum Review and Advancement

The CEIH performed an **environmental survey** of all Indigenous health-related content used in UBC's various health sciences programs to identify opportunities for curricular renewal. **New case-based learning modules,** which examine determinants of health in an Indigenous context, have been developed including six that were newly created by the Health Professional Programs. Further, **the MD examination question bank** is being reviewed on an ongoing basis to ensure that test questions do not reinforce negative and racist stereotypes of Indigenous people. There is a plan in place to review all MD undergraduate program curricula (Case-Based Learning, lecture and lab materials) for negative or racist stereotypes. All outdated and/or culturally insensitive material is being replaced with appropriate content. This review and update was led by the Director of Curriculum with the Indigenous Faculty Theme Lead in partnership with the CEIH. A process to establish a set of **best practices for the creation of curricular elements** relating to Indigenous health that will be applied Faculty-wide so consistency across all programs can be achieved. The Undergraduate Medical Education Committee recently formed a **Curriculum Review Working Group** that conducted a formal review of the mission and goals, exit competencies and curriculum of the Undergraduate Medical Education Program. These have now been revised and approved by the Undergraduate Medical Education Committee for implementation in Academic Year 2021-22. One of the lenses used by the Working Group is the First Nations, Inuit, Metis Health Core Competencies; a Curriculum Framework for Undergraduate Medical Education (2009) from the Indigenous Physicians Association of Canada and the AFMC [101]. This opportunity will be used to make significant advances on the road to embedding Indigenous cultural safety competencies as well as those that assist in addressing systemic and structural racism in the MD Undergraduate curriculum and the Indigenous health curriculum described above.

In March 2021, the MD Undergraduate Program appointed Dr. Rebecca Howse, who is Cree-Métis and a member of the Métis Nation of Alberta, as **Undergraduate Medical Education Curriculum Lead on Indigenous Health**. This is a new role and she will work closely with the Undergraduate Medical Education Leadership, Course Directors, Faculty Development and

[101] Barry Lavallee et al., First Nations, Inuit, Metis Health Core Competencies; a Curriculum Framework for Undergraduate Medical Education (Ottawa: Indigenous Physicians Association of Canada and the Association of Faculties of Medicine of Canada, 2009), https://afmc.ca/sites/default/files/pdf/IPAC-AFMC_Core_Competencies_EN.pdf.

the CEIH to improve the quality and effectiveness of the Indigenous curriculum and its delivery and to ensure that Indigenous people and health issues are represented in a culturally appropriate manner across all components of the MD Undergraduate Program curriculum, and that all teaching in the Program occurs in a culturally safe and relevant way.

Courses, Programs, and Community Practice Spaces

A number of courses and programs that facilitate student learning on issues important to Indigenous health and wellness are available, and an initiative to create a culturally safe community practice space has also been enacted, as described below.

UBC 23-24—Indigenous Cultural Safety: This course[102] was co-developed by the CEIH in close collaboration with partners from a diversity of Indigenous communities in response to the Truth and Reconciliation Commission of Canada's Calls to Action 23 and 24. Launched in 2017 and delivered in partnership with UBC Health, the course is required for all first-year students enrolled in UBC's various health professional programs, including Audiology and Speech Language Pathology, Dental Hygiene, Dentistry, Dietetics, Genetic Counselling, Medicine, Midwifery, Nursing, Occupational Therapy, Pharmacy, and Physical Therapy, with only students in Social Work being exempt due to that program's already comprehensive Indigenous cultural safety syllabus. Consisting of four online modules and two in-person workshops conducted in partnership with Indigenous and non-Indigenous facilitators, the course covers a range of topics, including but not limited to: racism and bias, identity and culture formation, the history and present-day impacts of colonization, determinants of Indigenous people's health, reconciliation between Indigenous and non-Indigenous people in health care contexts, and how to demonstrate allyship in health professional environments. During the course, learners are asked to re-examine their own preconceptions and re-evaluate current systems of power and the validity of colonial patterns of thought with the intention of addressing the long-standing and mistaken pathologizing of Indigeneity[103]. UBC 23-24 represents a foundational learning experience meant to instill the concept of cultural humility in learners and equip them with the tools they will need to create safe spaces for care and bring about meaningful change in the health care system as future practitioners. Expansion of UBC 23-24 to provide mandatory cultural safety and humility education to all health professional and health sciences students including graduate students and post-graduate learners (residents), at UBC is required to ensure the next generation of health and

[102] "UBC 23 24 Indigenous Cultural Safety," The University of British Columbia Faculty of Medicine Centre for Excellence in Indigenous Health, accessed April 13, 2020, https://health.aboriginal.ubc.ca/programming/ubc23-24/.

[103] Billie Allan and Janet Smylie, *First Peoples, second class treatment: The role of racism in the health and well-being of Indigenous peoples in Canada* (Toronto, the Wellesley Institute, 2015), https://www.sac-oac.ca/sites/default/files/resources/Report-First-Peoples-Second-Class-Treatment.pdf.

health-related professionals has the necessary foundation to establish culturally appropriate and safe practices and relationships.

Other Centre for Excellence in Indigenous Health Programs: The Faculty of Medicine offers additional programs designed to support and build health care capacity in Indigenous communities through the CEIH. The first, the **UBC Learning Circle**[104], established in partnership with the First Nations Health Authority, is a community of practice for health care workers and professionals in First Nations communities. Its purpose is to provide a safe space where successful practices and traditional perspectives may be shared, as well as a venue where guest speakers, including researchers and other experts, can discuss their thoughts and findings. Participants attend via videoconferencing and webinars, which not only reduces barriers to access by eliminating travel and accommodation costs, but also serves the additional function of promoting the use of virtual technologies within rural communities. While a majority of these sessions are open to the general public, the primary audience are Indigenous community members, students, and health care providers. This program is supplemented further by the **Indigenous Speakers Series**[105]. Indigenous experts from a variety of backgrounds are invited to give lectures to the UBC community on topics relating to the well-being of Indigenous people, including data governance, Indigenous research methodologies, Indigenous health policy, Indigenous identities and land relationships, as well as others.

The **Certificate in Aboriginal Health and Community Administration**[106], which was developed prior to the existence of the CEIH, is a course intended for Indigenous learners interested in building health care capacity in their communities. Consisting of online assignments and discussions, as well as in-person sessions taking place at UBC over five weekends, this year-long program has been supported and grown by the CEIH in close consultation with Indigenous communities and partners. The course is intended to give students the tools needed to develop and coordinate Indigenous health programs and promote the wellness of Indigenous peoples and is taught by health practitioners with years of professional

[104] "UBC Learning Circle," The University of British Columbia Faculty of Medicine Centre for Excellence in Indigenous Health, accessed April 13, 2020, https://health.aboriginal.ubc.ca/programming/the-ubc-learning-circle/.

[105] "Indigenous Speakers Series," The University of British Columbia Faculty of Medicine Centre for Excellence in Indigenous Health, accessed April 13, 2020, https://health.aboriginal.ubc.ca/events/indigenous-speakers-series-2/.

[106] "AHCAP—Aboriginal Health and Community Administration Program," The University of British Columbia Faculty of Medicine Centre for Excellence in Indigenous Health, accessed April 13, 2020, https://health.aboriginal.ubc.ca/programming/aboriginal-health-and-community-administration-program/.

experience. Based on the success of this program, a new curriculum for the training of Health Directors may be added in partnership with the BC First Nations Health Directors Association.

Graduate Certificate in Indigenous Public Health[107] Housed within the School of Population and Public Health, this program was created and now is administered by the CEIH. It is designed for Indigenous community members, Indigenous and non-Indigenous health professionals, paraprofessionals, researchers, and students from the health sciences and other health-related disciplines with an interest in promoting Indigenous health interests (registration priority is given to Indigenous community members, health professionals, paraprofessionals and researchers who are working or who will be working with Indigenous communities). This 12-credit program, consisting of eight courses taken two at a time over week-long sessions in the summer and winter terms, allows learners to share their expertise in an open classroom environment, and equip them with training in various aspects of public health, including research ethics, behavioural science, biostatistics/epidemiology, environmental health, health administration/policy and health education/promotion as they are applied in Indigenous contexts. An Elder-in-residence plays a central role this learning experience for students and faculty alike, with each week including a session with faculty and Elder(s) on the UBC Farm.

Surgical Care in Canada's Rural and Remote Indigenous Communities with Global Comparisons (SURG 518)[108] In this course, developed in partnership with CEIH leadership, students critique the provision of surgical care services to Indigenous communities in Canada and throughout the world, drawing on Indigenous perspectives to conduct a detailed examination of the specific challenges and opportunities facing clinicians, communities, and the health systems with the aim of enabling the learner to improve access to such services for Indigenous populations globally and at home. The course deals with subjects including the historical reasons influencing the health status indicators for Indigenous peoples and the unique social circumstances that influence their health and wellness. Throughout the course, students will gain a deeper understanding of the various strategies designed to address the disparities in surgical care between remote Indigenous communities and urban communities, and learn how successful systems practised in low-income countries may be applied to high-income countries and vice versa.

---

[107] "Vancouver Academic Calendar 2020/21—Graduate Certificate in Indigenous Public Health," The University of British Columbia, accessed August 23, 2020, http://www.calendar.ubc.ca/vancouver/index.cfm?tree=12,291,1010,0

[108] "Student Service Centre Course Schedule--SURG 518 Surgical Care in Canada's Rural and Remote Indigenous Communities with Global Comparisons," The University of British Columbia, accessed August 23, 2020, https://courses.students.ubc.ca/cs/courseschedule?pname=subjarea&tname=subj-course&dept=SURG&course=518.

Clinical Placements and Experiences

Various placement opportunities in Indigenous communities are available in certain Faculty of Medicine programs to help learners gain real-life experiences in these environments. A visit with local communities is arranged for MD Undergraduate students during the first week of their second term when they first move to **the traditional territories of the sites of their enrolment** in the distributed medical programs. In partnership with Carrier Sekani Family Services, an organization created more than 25 years ago with a mandate to establish a comprehensive infrastructure of social, health and legal programs in accordance with the needs, socioeconomic conditions, values and beliefs of the Carrier and Sekani Nations, medical students have the further option of taking on **northern rural placements within Indigenous communities**, where they can learn first-hand about providing care in an atmosphere of cultural safety and humility. As well, the Department of Physical Therapy's **Northern Rural Cohort** (now the Masters of Physical Therapy-North Program) holds regular rotations in small Indigenous communities in Northern BC, many of which do not yet have on-site physical therapy services.

The School of Population and Public Health offered a course entitled **Topics in Indigenous Health: A Community-Based Experience (SPPH 408)**. Although currently not offered, we intend to restart it in the future. This course is a practice-based Indigenous health elective intended for health sciences students and brings together learners from various health disciplines to live and work together in one of a number of B.C. First Nations communities for a month. This course provides an immersive experience for students that exposes them to a combination of western and Indigenous views on health and wellness, and stimulates reflection on local Indigenous health concerns, values, and culture, with the goal of enabling learners to provide culturally safe care to Indigenous people in an inter-professional collaborative team environment.

Looking to the Future

The Faculty recognizes how critically important it is for our graduates to learn about and appreciate the impact of our colonial history, its legacy and the pervasiveness of its effects in society today, the context from which inequities in health and wellness of Indigenous people arise and the resilience that shines through when students and faculty have the opportunity to learn from Indigenous peoples. We will continue in our efforts to develop an effective Indigenous health curriculum for all programs in the Faculty and will work in partnership with Indigenous peoples, Nations, communities and organizations whose expertise and guidance we will seek, and who we will trust to hold us accountable for the following actions to which we commit.

ACTION STATEMENTS ON CURRICULUM:

11. The UBC Faculty of Medicine commits to the development and implementation of a longitudinal Indigenous health curriculum across its programs, including its faculty and staff, that will lead to an understanding of Canada's colonial history and the enduring impact of this history on health and wellness of Indigenous peoples. Anti-racism and anti-colonialism will serve as core pedagogical principles.

12. The UBC Faculty of Medicine commits to incorporate Indigenous perspectives on holistic health and wellness and embed an appreciation of Indigenous ways of knowing, seeing, and healing in the curriculum of all its programs. The Faculty will develop curricular approaches designed to instill a sense of cultural humility among graduates that will serve as a key foundation for development of culturally safe practices for and respectful relationships with Indigenous peoples.

Graduate, Post-Graduate, and Professional Education[109,110]

> **"[The RCPSC] endorses the need for Indigenous health to be recognized as a mandatory component of postgraduate medical training.[111]**

The UBC Faculty of Medicine recognizes the need to ensure that the emphasis the undergraduate medical curriculum places on Indigenous health and wellness is carried over to all of its programs. This includes not only the later post-graduate phases of clinician training, but also to existing practitioners around the province. In addition, it will be important to extend the learnings to our graduate and post-doctoral training programs to ensure that these future educators, researchers, scholars and possibly administrators also have the necessary knowledge, understanding, and competencies.

Post-Graduate Medical Education

Both the Royal College of Physicians and Surgeons of Canada[112] and the College of Family Physicians of Canada[113], who are responsible for setting the accreditation standards for all postgraduate training programs, share the Faculty's view about education and learning on key aspects of Indigenous health and wellness in the more than 70 post-graduate medical education programs. This includes making certain that learners acquire knowledge of Canada's colonial history; build an appreciation of Indigenous ways of knowing, seeing and healing; develop the skills and competencies in addressing systemic and other forms of racism plus related matters; are prepared to deliver respectful, culturally-safe care during training and in their future practices. It also involves ensuring that all learning and work environments are equitable, diverse, culturally safe and free from racism or discrimination, and all those in these environments feel included and valued. Two faculty leads in anti-racism and equity diversity and inclusion, one of whom is Indigenous, have been hired to support and assist all programs and the central post-graduate medical education office in realizing these goals.

---

[109] "Indigenous Health is a Priority for the Royal College," Royal College of Physicians and Surgeons of Canada, accessed November 15, 2019, http://www.royalcollege.ca/rcsite/health-policy/initiatives/indigenous-health-e.

[110] College of Family Physicians of Canada, *Standards of Accreditation for Residency Programs in Family Medicine* (Mississauga: College of Family Physicians of Canada, 2018), https://www.cfpc.ca/ProjectAssets/Templates/NewsItem.aspx?id=8684&terms=indigenous.

[111] "Indigenous Health is a Priority for the Royal College," Royal College of Physicians and Surgeons of Canada, accessed November 15, 2019, http://www.royalcollege.ca/rcsite/health-policy/initiatives/indigenous-health-e.

[112] "Indigenous Health is a Priority for the Royal College," Royal College of Physicians and Surgeons of Canada, accessed November 15, 2019, http://www.royalcollege.ca/rcsite/health-policy/initiatives/indigenous-health-e.

[113] College of Family Physicians of Canada, *Standards of Accreditation for Residency Programs in Family Medicine* (Mississauga: College of Family Physicians of Canada, 2018), https://www.cfpc.ca/ProjectAssets/Templates/NewsItem.aspx?id=8684&terms=indigenous.

The Faculty's Family Medicine Residency Program has taken steps to ensure important learnings and competencies are incorporated in the curriculum across all sites. The Indigenous Family Medicine Program is one that focuses on providing care for Indigenous populations and communities.

UBC Family Medicine Residency Program[114] UBC has the largest Family Medicine Residency Program of all Canadian medical schools. Encompassing 19 sites in both rural and urban regions of the province, the highly-distributed nature of the Department of Family Practice's postgraduate program allows trainees to engage with a broad spectrum of local communities and develop their understanding of the specific determinants that affect health in diverse populations, under the guidance of preceptors with years of experience serving at those sites.

The real-life experiences in Indigenous health practice that the Family Medicine residents receive may be supplemented by the online Sa̱n'yas: Indigenous Cultural Safety Training Program, developed under the leadership of Cheryl Ward of the Kwakwaka'wakw Nation and Leslie Varley of the Nisga'a Nation, and administered by the Provincial Health Services Authority's Indigenous Health Program. This program has been available to all practicing health care providers in the province for whom the curriculum was created. Expansion of the UBC 23 24 is currently being considered in order to provide a unique yet complementary approach to embedding Indigenous cultural safety and humility in health care in B.C. Such an expansion will not only help address capacity issues with the San'yas course, but will also ensure the curriculum is appropriately tailored to learners and students in clinical and academic learning environments. Furthermore, the UBC 23-24 curriculum provides the additional benefits of being delivered inter-professionally and incorporating an in-person component, which has been shown by experience to be an important element of Indigenous cultural safety education. Notably, extension of mandatory education to all health professional and health sciences faculty and staff at UBC, by further expansion of UBC 23-24, is also being planned. Doing so, will positively impact not only the work and learning environments for Indigenous students, faculty and staff, but also the clinical practice space because our clinical faculty, of which there are thousands, are medical and health professionals as well.

In 2017, the Family Medicine Residency Program sought out the guidance of **Elder Dr. Roberta Price** of the Snuneymuxw and Cowichan First Nations, who has since then served as the Indigenous Co-lead for the Residency Program. Elder Roberta is also Adjunct Professor in the Department of Family Practice and a community advisor and co-principal investigator for Critical Research in Health and Health Care Inequities for the UBC School of Nursing. The

---

[114] "Department of Family Practice Postgraduate Program," The University of British Columbia, accessed August 23, 2020, https://postgrad.familymed.ubc.ca/.

Family Medicine Program and the residents that she mentors, as well as other members of the Department, have all benefitted greatly from Elder Roberta's understanding of social justice since her joining, as well as from her expertise in traditional healing practices and in providing care to marginalised populations. Her counsel on matters relating to Indigenous health and wellness, and beyond, is a highly valued contribution. Notably, Elder Roberta was awarded an Honorary Doctor of Laws from UBC in May 2021 in recognition of her longstanding leadership, wisdom and teaching that she has shared at UBC and beyond to assist both Indigenous and Non-Indigenous community members to achieve improved outcomes in health care. Dr. Zhiish McKenzie, who is Anishnabai from Temagami First Nation, serves as the co-Indigenous faculty lead with Elder Roberta, a position she has held since September 2020.

Indigenous Family Medicine Residency Program[115] Established in 2002, and with Dr. Terri Aldred of the Tl'Azt'En Nation serving as its current Director, the Indigenous Family Medicine Residency Program is the first of its kind in Canada. It provides unique opportunities for Family Medicine Residents with specific interests in Indigenous health care to train in delivering culturally-appropriate holistic care using both modern and traditional healing approaches within Indigenous communities throughout the province. The program focusses in particular on developing respectful, reciprocal relationships with host communities and learning about traditional ways of knowing and how to integrate a two-eyed seeing approach into the care they provide. On an internal review it was found that 78 per cent of the program's graduates work in urban Indigenous clinics as well as do outreach to rural and remote reserves. The program's success has prompted discussions of expanding it to include other health professions as well.

Continuing Professional Development

The Faculty of Medicine's Continuing Professional Development (CPD) Office is dedicated to providing B.C. physicians with the support they need to improve their knowledge and practice. CPD has worked extensively with Indigenous communities to offer a number of resources and services for practitioners to learn more about issues central to the Indigenous health care experience, some of which are summarized below.

Indigenous patient-mediated CPD: This CPD project, co-created and delivered in partnership with Indigenous patients and Elders, is aimed at assisting rural physicians in developing a greater level of cultural sensitivity and humility through experiential community-centred learning opportunities that seek to address systemic racism and cultural bias. It celebrates the

[115] "Indigenous," UBC Family Medicine Residency Program, accessed November 17, 2019, https://carms.familymed.ubc.ca/training-sites/aboriginal-2-2/.

strength of Indigenous ways of knowing and traditional healing practices, so as to enable these physicians to deliver culturally safe and -relevant care to the populations that they serve. It is hoped that this approach of basing training in mutually respectful partnerships between health care providers and Indigenous communities will promote a fundamental change in thinking and practice and create an atmosphere of greater trust.

BC Cancer Primary Care Education: CPD has also worked with the First Nations Health Authority to create online training content to help primary care providers address the cultural sensitivity and humility concerns of Indigenous persons undergoing cancer care. Cultural safety is a central theme of this program, having been woven into the curriculum through case-based learning and post-module testing in ways that prompt physicians to reflect upon the experience of the patient through all stages of their journey, particularly where it involves discussions regarding the patient's goals of care. Detailed resources are also provided to guide further learning on the subject.

International Medical Graduate Licensing Processes: The **BC Physician Integration Program Orientation Conference**, which is meant for international medical graduates who have been provisionally licensed to practise in B.C., contains two mutually reinforcing 90-minute sessions on the subjects of cultural communication and Indigenous health as two of its four components. The material is not meant to be exhaustive but is designed to prime introspection and stimulate additional thinking. The **Practice Ready Assessment-British Columbia** program is likewise intended for those seeking licensure in B.C., and similarly contains a 90-minute session on culture, communication, and feedback, in addition to a two-hour session on Indigenous health, which serves to emphasise the vital importance of creating culturally-safe spaces for patient care.

Conferences: There has been a redoubling in efforts to ensure that Indigenous perspectives and identities are properly recognized as an integral part of the numerous professional development conferences that are held in B.C. The **BC Centre for Substance Use Conference** 2020, *Changing Practice, Changing Policy*, incorporated a number of changes designed to facilitate this, and provides a very good example of these efforts. Care has been taken to solicit opinions of First Nations Health Authority, Indigenous community leaders, researchers, and patients throughout the entire conference planning process to ensure that its content and direction are consistent with the respectful representation of Indigenous peoples and viewpoints and that Indigenous interests are represented in the program. Indigenous input has also been sought in development of programming around culturally safe, trauma informed care for Indigenous people in relation to the opioid crisis, including participation of Indigenous speakers.

Further initiatives: The BC Centre on Substance Use (BCCSU), which is a designated Centre of the UBC Faculty of Medicine, launched an **Indigenous Cultural Safety Framework** in May 2019 as part of its commitment to Reconciliation. The Framework aims to facilitate the embedding of Indigenous cultural safety and the practice of cultural humility into the BCCSU by calling upon individuals to recognize this work as a lifelong developmental process, and to be accountable for shaping their workplace culture. The BCCSU is has also developed an **Indigenous Cultural Safety (ICS) Training Program** to support implementation of the Framework. This program aims to address institutional racism within academia and health care, with the ultimate goal of developing a racism-free environment at the BCCSU. The training program will educate their staff and faculty on the impacts of colonialism (past, current and ongoing), as well as provide an opportunity to celebrate Indigenous resiliency and acts of resistance in parallel to the Canadian narrative. The training program consists of three core modules, Foundational, Intermediate, and Advanced & Lifelong Learning, taken over six to eight months.

CPD has also worked with BCCSU's Indigenous Cultural Safety Coordinator to develop visual updates for the introduction to the Addiction Care and Treatment Online Course, which emphasises cultural safety and trauma-informed practice. The latter aspect is quickly being integrated into other CPD training modules as well, including the Provincial Opioid Addiction Treatment and Support and the Perinatal Substance Use programs. Additionally, all CPD staff are offered training in Indigenous Cultural Safety and determining how their work can advance the Truth and Reconciliation Commission of Canada's Calls to Action. Finally, CPD was responsible for assessing 10 CPD programs on behalf of the Royal College of Physicians and Surgeons of Canada and College of Family Physicians of Canada over the past year, in part to help ensure that these programs meet stringent cultural safety standards.

Graduate and Postdoctoral Education

The Faculty of Medicine's Graduate and Postdoctoral Education Office works closely with UBC's Faculty of Graduate and Postdoctoral Studies in the administration of 28 health-related graduate programs, ranging from those that are research-based to ones that grant degrees in a variety of health professions, including audiology, genetic counselling, health administration, health sciences, occupational and environmental hygiene, occupational therapy, physical therapy, public health and speech-language pathology. Included in these program portfolios are a number of courses specifically designed to address the subject of Indigenous health and wellness.

Courses:

The School of Audiology and Speech Sciences, for instance, offers **Approaches to Audiology and Speech Language Pathology for People of First Nations, Métis, and Inuit Heritage** (**AUDI 540)**. As mentioned previously, the online **Surgical Care in Canada's Rural and Remote**

Indigenous Communities with Global Comparisons (SURG 518) course developed in partnership with CEIH leadership and administered by the Branch for International Surgical Care is designed to critically-examine current and historical shortcomings in the provision of surgical care services to rural and remote Indigenous communities in Canada from a global perspective, with the aim of improving the availability of such services within these communities in the future. **Aboriginal People and Public Health: Ethics, Policy, and Practice** (**SPPH 536)**, run by the School of Population and Public Health, is a seminar course that looks at the enduring effects of colonization, and of policies and systems such as the Indian Act and the residential school and child-welfare systems, on the health outcomes of Indigenous people from the standpoint of ethical public health practice, while seeking to inform students of the value of traditional healing practices.

Indigenous Public Health Training

The pioneering **Indigenous Public Health Training Institutes Program**[116] was created and is now administered by the CEIH. It was created primarily for Indigenous community members interested in pursuing course topics and/or certificate while also being open to current health care practitioners, trainees in a broad range of health disciplines and levels, and individuals with a background or interest in Indigenous health and wellness, regardless of educational credentials held. It may be taken as a non-credit certificate or put towards the completion of a **Graduate Certificate in Indigenous Public Health**. Structured as an intensive week-long, in-person experience with two courses running concurrently covering core disciplines of public health (biostatistics, research ethics, research methods, health policy and environmental health, to name a few) through an Indigenous lens, it is designed to teach students the leadership and research skills they will need to address particular health priorities in Indigenous communities.

Looking to the Future

The Faculty of Medicine will build upon existing work and will take further steps to ensure Indigenous health, wellness and other related issues continue to be a key component of our graduate, post-graduate, and professional educational programs across all units. These programs will be developed in partnership with Indigenous peoples, Nations, communities and organizations. We commit to carry out efforts in accordance with the following action statement.

[116] "Indigenous Public Health Training," The University of British Columbia Faculty of Medicine Centre for Excellence in Indigenous Health, accessed April 13, 2020, https://health.aboriginal.ubc.ca/programming/indigenous-public-health-training-institutes/.

ACTION STATEMENT ON GRADUATE, POST-GRADUATE, AND PROFESSIONAL EDUCATION:

13. The UBC Faculty of Medicine commits to the development of curricula and associated tools in Indigenous health and wellness with a core focus on cultural safety, anti-colonialism and anti-racism in all graduate, post-graduate and professional educational programs. These curricular approaches will build on the undergraduate medical curriculum and other activities in Indigenous health and wellness to prepare clinicians, educators, researchers, and scholars for anti-racist, culturally-safe independent practice and work.

The Faculty views all preceding Action Statements (1-12) as being relevant to graduate, post-graduate, and professional education as well, and will endeavour to apply them to these programs to the same degree.

Indigenous Health Research[117]

Working Together to Advance the Health and Wellness of Indigenous Peoples through Discovery and Innovation

> **[Values, beliefs, practices, and customs of communities] are 'factors' to be built into research explicitly, to be thought about reflexively, to be declared openly as part of the research design, to be discussed as part of the final results of a study, and to be disseminated back to the people in culturally appropriate ways and in a language that can be understood.**[118]

Indigenous health research, which can be defined as research in any field or discipline related to health and/or wellness that is conducted by, grounded in, or engaged with Indigenous communities, societies, or individuals and their wisdom, cultures, experiences or knowledge systems[119], was not *specifically* named in the TRC. However, research that leads to discovery, new understandings, and innovations can help address health disparities and drive self-determination in health care by improving approaches to care and practice and ultimately resulting in enhanced health and wellness of Indigenous peoples and communities.

Current Initiatives

The following describes a number of notable projects focusing on Indigenous health and wellness that the Faculty of Medicine is a part of.

The First Nations Health Authority Chair in Cancer and Wellness[120]

Dr. Nadine Caron of the Sagamok Anishinawbek Nation, who is a Professor in UBC's Department of Surgery and founding co-Director of the UBC Centre for Excellence in Indigenous Health, was appointed the First Nations Health Authority Chair in Cancer and Wellness in January 2020. This position, co-created by UBC and the First Nations Health Authority, and based in both the UBC School of Population and Public Health and the FNHA, was established with the intention of improving cancer outcomes, to overcome disparities

---

[117] Linda Tuhiwai-Smith. Decolonizing Methodologies: Research and Indigenous Peoples. 12th Edition; Zed Books London. 2008.

[118] Ibid.

[119] Canadian Institutes of Health Research, *Institute of Indigenous Peoples' Health Strategic Plan 2019-2024* (Ottawa: Her Majesty the Queen in Right of Canada, 2019), https://cihr-irsc.gc.ca/e/documents/cihr_iiph_strat_plan_2019-2024-en.pdf.

[120] "FNHA and UBC create chair to prevent cancer and improve well-being," The University of British Columbia Faculty of Medicine, March 17, 2017, https://www.med.ubc.ca/news/fnha-and-ubc-establish-chair-to-prevent-cancer-and-improve-wellbeing/.

that exist between Indigenous and non-Indigenous people, and to enhance overall wellness among Indigenous communities. Strategies to prevent and manage cancer will be developed using a holistic approach, which acknowledges that current disparities in cancer outcomes were brought about by colonization, racism, marginalization and poverty. In collaboration with the Centre for Excellence in Indigenous Health, the Chair is working to facilitate research in areas pertaining to Indigenous health, foster the recruitment and retention of Indigenous students into health professions, and create Indigenous health-related curricular content. Dr. Caron currently resides in Prince George where she provides surgical oncology care for those living in rural and remote regions in B.C. and is a faculty member within UBC's Northern Medical Program.

The Northern Biobank Initiative[121]

The Northern Biobank Initiative is the first biobank project of its kind in the province. Biobanks are typically located in large research hospitals in metropolitan areas, and as such, they tend to capture population data that differ significantly from those of northern, rural, remote and Indigenous communities. By serving as a repository of blood and tissue samples from these communities, the Northern Biobank will form a key foundation for delineating specific genetic nuances of populations, which have until now been neglected and not understood. An aim is to embed a First Nations biobank within the Northern Biobank to enable Indigenous governance to partner with Western science. These research platforms will also enable Northern B.C. to better contribute to large-scale provincial and national research by allowing scientists to compare the genetic makeups of various populations throughout B.C. and/or be included in the research that pertains to them; it aims to ultimately improve health outcomes for Indigenous populations. An important feature is that processes and procedures in the biobank include cultural protocols that respect and support First Nations cultures and values and reflect the sacredness of samples residing within it[122].

Led by Dr. Nadine Caron, this project is part of Genome British Columbia's User Partner Program, and is jointly funded by Genome British Columbia, the Northern Health Authority, the First Nations Health Authority, the Provincial Health Services Authority and the BC Cancer Foundation. The University of Northern British Columbia serves as the lead academic institution managing the research administration for the project.

[121] "A biobank for northern BC takes shape," The University of British Columbia Faculty of Medicine, April 18, 2016, https://www.med.ubc.ca/news/a-biobank-for-northern-b-c-takes-shape/.

[122] Nadine R. Caron et al. Partnering with Northern British Columbia First Nations in the Spectrum of Biobanking and Genomic Research: Moving Beyond the Disparities. Accepted on May 23, 2019, Published on January 13, 2020. DOI https://doi.org/10.1200/JGO.19.00096

Silent Genomes: Reducing Health Care Disparities and Improving Diagnostic Success for Indigenous Children with Genetic Disease[123]

Silent Genomes—led by Drs. Laura Arbour, Nadine Caron and Wyeth Wasserman, all of whom are faculty members at UBC—is a $10.4 million Large-Scale Applied Research Project funded through Genome Canada and Genome BC in collaboration with the Canadian Institutes of Health Research.

Genomic technologies are advancing health care by allowing medical treatments to be tailored to the specific needs of individual patients. However, the advent of these technologies has also had the unintended consequence of further widening health care disparities between Indigenous and non-Indigenous populations. Silent Genomes hopes to rectify this issue by lowering barriers to accessing tools for genetic disease diagnosis for Indigenous children. A key part of this project will be to obtain more complete background genetic variation data for Indigenous populations in Canada, the lack of which has hampered accurate diagnosis of genetic conditions in Indigenous children thus far. Conducted in partnership with Indigenous communities, organizations and leadership, this project will also establish processes for Indigenous peoples to control and protect their own genomic data and lead to the establishment of guidelines that could be applied at the national and international levels[124]. In doing so, Silent Genomes will lead to improvements in health outcomes in Indigenous communities by enhancing equitable access to diagnosis, treatment and care, and advancing the effectiveness of precision medicine.

Cultural Agility in Northern B.C.'s Health care System: Increasing Indigenous Employment Participation and Responsiveness to Indigenous Well-being

This initiative is led by Sarah de Leeuw, a Professor in the Northern Medical Program and Research Director of the Health Arts Research Centre. The initiative focuses on ways that social sciences and humanities approaches to knowledge production and dissemination might be mobilized to inform or develop policies, models, tools and interventions for strengthening and diversifying the work environment in Northern B.C.'s health care system especially for First Nations peoples, in conjunction with the First Nations Health Authority and northern First Nations. The goal of this initiative is to improve the health-sector employment environment, and the delivery of health care services in Northern B.C. and beyond by researching, implementing and evidencing "culturally agile" health care services, especially

[123] "Genomics Projects led by UBC Researchers get $101M Boost," The University of British Columbia Faculty of Medicine, accessed November 17, 2019, https://research.ubc.ca/genomics-projects-led-ubc-researchers-get-101m-boost.

[124] Hudson, M, Garrison, NA, Sterling R et al. Rights, Interests, and Expectations: Indigenous perspectives on unrestricted access to genomic data. Nat Rev Gen 21, 377-384, 2020. https//doi.org/10.1038/s41576-020-0228-x.

by using community-informed decolonizing critical humanities and social science methods and methodologies. Culturally agile health care services in Northern B.C. would: 1) support people (especially Indigenous people) from northern and rural places to join and remain in health care employment professions and 2) ensure the health care system is safer for all Indigenous people including employees and patients.

The **Indigenous Mentee Program**, which is part of this initiative, recruits mentees to work and learn alongside researchers, stakeholders, students and emerging scholars. The role of the Indigenous Mentee program is reciprocal and multi-directional as incumbents are both a mentor and a learner. The Indigenous Mentee provides invaluable learning experiences for graduate and some undergraduate students, as well as other emerging scholars engaged in this research. Through this program, Indigenous Mentees can also expect to learn more about community consultation, qualitative arts-based research, grant writing, research dissemination, teamwork in a research context and academic writing.

Improving Respiratory Health in Rural and Remote Indigenous Communities

Chronic obstructive pulmonary disease (COPD) is especially common in northern communities, and people with the condition often experience profound breathlessness that impairs various aspects of their lives. Dr. Pat Camp, Associate Professor in the UBC Department of Physical Therapy and physical therapist and clinician-scientist at St. Paul's Hospital, currently leads a comprehensive research program focused on understanding and addressing the unique respiratory health challenges faced by many First Nations people. One important project is ***Bayis Ilh Tus*** **(A Strong Breath)** which will determine the prevalence of COPD in rural and remote First Nations communities in North Central B.C. This project is a partnership between UBC and Carrier Sekani Family Services (CSFS), a First Nations-led organization that provides health and wellness services, including research and development, in First Nations communities in North Central B.C. This study has since led to other important funded projects related to lung health including the development of pulmonary wellness programs delivered in person and via telehealth, as well as a project to monitor and respond to wildfire smoke exposure using direct air quality monitoring and targeted messaging. Key features of all these projects include the community engagement process to determine the research questions, the importance of creating culturally-safe materials including patient education resources, and ensuring that research studies provide immediate benefits to community members such as bringing spirometry testing resources direct to community health centres. The intention of this work is to increase the availability of lung-related health services and support the lung health of residents of First Nations communities in North Central B.C.

Bridging the cancer divide: Leveraging community strengths and optimizing technology use to improve screening for Indigenous women in Northern B.C. through HPV self-collection
This project, led by Sheona Mitchell-Foster, who is an Assistant Professor in the Northern Medical Program and an Obstetrician Gynecologist, explores the acceptability and feasibility of an intervention to improve access to cervical cancer screening in rural Indigenous communities in Northern B.C. among women who do not regularly attend screening. The approach involves self-collected cervical cancer screening using mailed self-sampling kits for human papillomavirus (HPV) testing. Women can choose to self-collect at home and pick up and return kits to their local community health centre or can choose to self-collect in a private room at this centre. Women who test positive for high-risk strains of HPV will be contacted and referred for further testing and care. The findings of this pilot program will be used to inform possible scale-up to other regions and populations. Partners include Carrier Sekani Family Services and Métis Nation BC.

Reflections on Indigenous Health Research

Indigenous health research can have a positive impact on Indigenous health and wellness as a consequence of initiatives such as those described above. However, many Indigenous people regard research, particularly that arising outside their communities, with continuing mistrust or apprehension[125]. This perspective exists for a number of reasons. Non-Indigenous researchers have primarily been responsible for defining and performing Indigenous health research with outcomes of the research generally not being shared or benefiting the Indigenous peoples or communities involved[126]. There is therefore a need for Indigenous peoples to set their own research priorities and lead research to ensure that they are able to addresses issues of their own interests and needs[127]. Furthermore, Indigenous health research performed by non-Indigenous researchers is often "deficit-based" in part due to its failure to frame results in appropriate historical contexts[128]. Current research and funding models are still viewed as reinforcing power imbalances that negatively impact the well-being of Indigenous people[129]. Indigenous worldviews and approaches to knowledge are still often

---

[125] Secratariat on Responsible Conduct of Research, *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans* (Ottawa: Her Majesty the Queen in Right of Canada, 2019), https://ethics.gc.ca/eng/documents/tcps2-2018-en-interactive-final.pdf.

[126] Ibid.

[127] Ibid

[128] Sarah Hyett, Stacey Marjessison and Chelsea Gabel, "Improving health research among Indigenous peoples in Canada," *Canadian Medical Association Journal* 190:E616-621, 2018.

[129] Canadian Institutes of Health Research, the Natural Sciences and Engineering Research Council, and the Social Sciences and Humanities Research Council, *Setting new directions to support Indigenous research and research training in Canada 2019-2022* (Ottawa: Her Majesty the Queen in Right of Canada, 2019),

considered to be "not suitable for research" nowadays because of past efforts to diminish, ignore, or abolish them and because of the epistemological racism that continues to persist today[130]. Moreover, Indigenous peoples have suffered significant harms from research carried out that included, for example, misappropriation of cultural elements, violation of community values regarding the use of human tissues and remains, and dissemination of information that misrepresented or stigmatized Indigenous peoples or communities[131].

Looking to the Future

The Faculty of Medicine recognizes and acknowledges the significant detrimental impact of the manner by which Indigenous health research was performed in the past. Moving forward, the Faculty of Medicine will build upon existing efforts while working to ensure all Indigenous health research performed is respectful, meaningful, patient-oriented and culturally safe,[132,133] and is carried out in accordance with our social accountability mandate for Indigenous peoples and communities. To achieve this, we commit to the following.

ACTION STATEMENT SUPPORTING INDIGENOUS HEALTH RESEARCH:

14. The Faculty of Medicine will work to ensure that any research involving Indigenous peoples is conducted in a manner that is respectful and culturally safe, comes from a perspective of cultural humility, is guided by the principles of reciprocity and the self-determination of Indigenous peoples, meaningfully works with and supports Indigenous peoples to develop questions asked, research outputs, and the approaches and assessment methods used, commits to returning findings, and demonstrates respect for Indigenous worldviews and knowledge systems, and appropriately recognizes values, customs, cultures and protocols including those related to research ethics and governance.

---

https://www.canada.ca/content/dam/crcc-ccrc/documents/strategic-plan-2019-2022/sirc_strategic_plan-eng.pdf.

[130] Sarah Hyett, Stacey Marjessison and Chelsea Gabel, "Improving health research among Indigenous peoples in Canada," *Canadian Medical Association Journal* 190:E616-621, 2018.

[131] Secratariat on Responsible Conduct of Research, *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans* (Ottawa: Her Majesty the Queen in Right of Canada, 2019), https://ethics.gc.ca/eng/documents/tcps2-2018-en-interactive-final.pdf.

[132] Canadian Institutes of Health Research, *Institute of Indigenous Peoples' Health Strategic Plan 2019-2024* (Ottawa: Her Majesty the Queen in Right of Canada, 2019), https://cihr-irsc.gc.ca/e/documents/cihr_iiph_strat_plan_2019-2024-en.pdf.

[133] Secratariat on Responsible Conduct of Research, *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans* (Ottawa: Her Majesty the Queen in Right of Canada, 2019), https://ethics.gc.ca/eng/documents/tcps2-2018-en-interactive-final.pdf.

APPENDIX A: ATTRIBUTIONS

The creation of *Reckoning with the Truth, Working Together for a Better Future*, the UBC Faculty of Medicine's response to the Calls to Action of the Truth and Reconciliation Commission of Canada has evolved over time thanks to the input received from a diverse group of individuals and organizations. Whether in the form of edits, comments, suggestions or critiques, this feedback has been insightful, often thought provoking, and immensely helpful. We gratefully acknowledge the time and effort that went into this. The following is a list of the many people we engaged with in the creation of this document, without whom none of this would have been possible. Only those whose permissions we have received are listed[134]. We sincerely apologize for any errors related to title or Nation affiliation of those listed and to those whose contributions we have failed to recognize.

BC Centre on Substance Use

Cheyenne Johnson, Executive Director, Tootinaowaziibeeng First Nation
Priya Patel, Project Manager

Centre for Excellence in Indigenous Health

Marty Schechter, Co-director
Nadine Caron, Co-director, Sagamok Anishnawbek First Nation
Carrie Anne K'iinuwaas Vanderhoop, Education Coordinator for Curriculum Development, (former), Aquinnah Wampanoag Nation & Haida Nation
Courtney Smith, UBC 23-24 Curriculum Manager
Drew St. Laurent, Senior Operations Manager, Métis Nation
Leah Walker, Associate Director, Education (former), Nlaka'pamux, Danish and English peoples. Kinship ties and responsibilities at Seabird Island

Continuing Professional Development

Brenna Lynn, Associate Dean, Continuing Professional Development

Dean's Advisory Council on Rural and Remote Health

Ray Markham, (Co-Chair) Executive Director, Rural Coordination Centre of BC
Alan Ruddiman, Associate Director, Rural Coordiantion Centre of BC
Anthon Meyer, Co-chair, General Practice Services Committee
Dave Snadden, Rural Doctors' UBC Chair in Rural Health (Former)
Granger Avery, Associate Director, Rural Coordination Centre of BC

[134] Organizations and groups are presented in alphabetical order. Individuals are grouped according to their home organization or group, and also listed alphabetically based on their first names, except for the respective leaders of each organization or group, whose names are shown first.

Robert Woollard, Associate Director, Rural Coordination Centre of BC

Dean's Executive Committee

Dermot Kelleher, (Chair) Dean
Bill Miller, Associate Dean, Health Professions (former)
Chris Lovato, Vice Dean, Academic
Deborah Money, Executive Vice Dean (former)
Grainne McIlroy, Deputy Chief Information Officer
Gurdeep Parhar, Executive Associate Dean, Clinical Partnerships and Professionalism (former)
James Beresford, Director, Office of the Dean and Strategic Initiatives (former)
Jennifer Golinski, Senior Director, Education Programs and Services
Joseph Anthony, Associate Dean, Health Professions
Katie White Executive Director, Office of Creative and Communications
Leanne Denis, Executive Director, Development and Alumni Engagement
Michelle Wong, Senior Director, Research
Paul Winwood, Regional Associate Dean, Northern Medical Program
Roanne Preston, Head, Department of Anesthesiology, Pharmacology, and Therapeutics
Rob McMaster, Vice Dean, Research
Roger Wong, Vice Dean, Education
Roslyn Goldner, Director, Office of Respectful Environments and Equity, Inclusion and Diversity
Samantha Reid, Senior Director, Office of the Dean and Strategic Initiatives (former)
Shanda Jordan-Gaetz, Managing Director

Department Heads and School Directors

Allison Eddy, Head, Department of Pediatrics
Anita Palepu, Head, Department of Medicine
Aslam Anis, Director, School of Population and Public Health (Interim)
Bassam Masri, Head, Department of Orthopaedics (Former)
Bruce Forster, Head, Department of Radiology
Christopher Lyons, Head, Department of Ophthalmology (Interim)
David Maberley, Head, Department of Ophthalmology (Former)
Don Brooks, Head, Department of Pathology and Laboratory Medicine (Interim)
Edwin Moore, Head, Department of Cellular and Physiological Sciences
Gary Redekop, Head, Department of Surgery
Gavin Stuart, Head, Department of Obstetrics and Gynecology (Interim)
Jan Dutz, Head, Department of Dermatology
Jeff Small, Director, School of Audiology and Speech Sciences
Jim Christenson, Head, Department of Emergency Medicine (Former)
John Tallon, Head, Department of Emergency Medicine (Interim)

Kishore Mulpuri, Head, Department of Orthopaedics
Lakshmi Yatham, Head, Department of Psychiatry
Leonard Foster, Head, Department of Biochemistry and Molecular Biology
Martin Gleave, Head, Department of Urologic Sciences
Matthew Lorincz, Head, Department of Medical Genetics (Interim)
Peter Zandstra, Director, School of Biomedical Engineering
Roanne Preston, Head, Department of Anesthesiology, Pharmacology, and Therapeutics
Robert Petrella, Head, Department of Family Practice
Roy Purssell, Head, Department of Emergency Medicine (Interim)
Sue Forwell, Head, Department of Occupational Science and Occupational Therapy
Sue Murphy, Head, Department of Physical Therapy

First Nations Health Authority
Richard Jock, CEO, Mohawk Nation
Alexa Norton, Research Advisor
Anar Dhalla, Data Analyst
Becky Palmer, Chief Nursing Officer
Jason Tockman, Senior Policy Analyst
Jessica Humchitt, Research Analyst, Heiltsuk Nation
Shannon MacDonald, Acting Chief Medical Officer, Métis Nation
Sonia Isaac-Mann, VP Programs and Services, Listuguj Mi'gmaq First Nation

Graduate and Post-doctoral Studies
Michael Hunt, Associate Dean, Graduate and Postdoctoral Education

Health Professional Programs
Joseph Anthony, Associate Dean, Health Professions
Cecilia Jevitt, Director, Midwifery Program
Jeff Small, Director, School of Audiology and Speech Sciences
Jenna Scott, Co-director, Master's Program in Genetic Counselling
Pat Camp, Director, Pulmonary Rehabilitation Research Laboratory
Sue Forwell, Head, Department of Occupational Science and Occupational Therapy
Susan Murphy, Department Head, Department of Physical Therapy

Indigenous Alumni
Michael Dumont, Alumnus, Anishinaabe Nation
Rebekah Eatmon, Alumna, Tsimshian (Lax Kw'alaams) First Nation & Métis Nation

Indigenous Health Advisory Council
Debra Donald, Aboriginal Patient Navigator, Royal Inland Hospital, Simpcw First Nation

Leona M. Sparrow, Musqueam Liason to UBC Vancouver, Musqueam Indian Band
Leslie Bonshor, Vice-President of Indigenous Health, Vancouver Coastal Health, Stó:lō Nation
Lucille Harms, Director of Health, Haisla Nation Council, Haisla First Nation
Nadine Caron, Co-director, Centre for Excellence in Indigenous Health, Sagamok Anishnawbek First Nation
Terri Aldred, Site Director, Indigenous Family Practice Residency Program, Tl'Azt'En Nation

Indigenous Students[135]
Emily Green, Class of 2020, Timiskaming First Nation, Algonquin Territory
Jennifer Brazeau, Class of 2021, Algonquin

Medical Undergraduate Undergraduate Program
Cheryl Holmes, Associate Dean, Undergraduate Medical Education Program
Catherine Macala, Associate Director, MD Admissions
Derek Wilson, Director, Evaluation Studies Unit, Office of Vice Dean Education
James Andrew, Indigenous Student Initiatives Manager, Lil'wat Nation
Meghan MacGillivray, Indigenous Initiatives and Admissions Coordinator, Métis Nation
Seanna Martin, Senior Admissions Coordinator, MD Admissions
Shahin Shirzad, Assistant Dean, Admissions

Métis Nation BC
Ashley Turner, Manager, Provincial Wellness (former), Métis Nation

Office of Respectful Environments, Equity, Diversity and Inclusion (REDI)
Roslyn Goldner, Executive Director
Maria Hubinette, Assistant Dean, Equity, Diversity and Inclusion

Postgraduate Medical Education
Ravi Sidhu, Associate Dean, Postgraduate Medical Education
Mark Mackenzie, Director, UBC Family Practice Residency Program
Sonia Butterworth, Assistant Dean, Postgraduate Medical Education
Terri Aldred, Site Director, Indigenous Family Practice Residency Program, Tl'Azt'En Nation

Regional Associate Deans
Amil Shah, Vancouver Fraser Medical Program
Bruce Wright, Island Medical Program
Dean Jones, Associate Dean, Fraser
Paul Winwood, Northern Medical Program

[135] Two other students provided feedback but preferred not to have their names listed.

Sarah Brears, Southern Medical Program

UBC Health

Victoria Wood, Assistant Director, Strategic Initiatives

University

Chelsea Thompson, UBC Legal Counsel, Office of the University Counsel
Linc Kesler, Senior Advisor to the President on Indigenous Affairs (former), Oglala Lakota
Sheryl Lightfoot, Senior Advisor to the President on Indigenous Affairs, Anishinaabe, Keweenaw Bay Community, Lake Superior Band of Ojibwe

APPENDIX B: BC RESIDENTIAL SCHOOLS

Name (Alternative Names)[136,137,138]	Location[139]	Opened[140]	Closed[141]	Denomination[142]
Ahousat Indian Residential School	Ahousaht	1904	1940	PB, UC
Alberni Indian Residential School (Alberni Girls Home)	Port Alberni	1900	1973	PB, UC
Anahim Lake Dormitory	Anahim Lake	1968	1977	RC
Cariboo School (Williams Lake Indian Residential School, Williams Lake Industrial School)	Williams Lake	1891	1981	RC
Christie Indian Residental School (Clayquot Indian Residential School, Kakawis Indian Residential School)	Tofino	1900	1973	RC
Coqualeetza Home (Coqualeetza Industrial Institute)	Chilliwack/Sardis	1889	1940	MD, UC
Kamloops Indian Residential School	Kamloops	1890	1978	RC
Kitimaat Indian Residential School (Elizabeth Long Memorial School for Girls)	Kitimaat	1908	1941	MD, UC
Kootenay Indian Residential School (St. Eugene's Indian Residential School, St. Mary's Indian Residential School)	Cranbrook	1890	1970	RC
Kuper Island Indian Residential School	Kuper Island	1890	1975	RC
Lejac Indian Residential School (Fraser Lake School)	Fraser Lake	1917	1976	RC
Lower Post Indian Residential School	Lower Post	1951	1975	RC

PB=Presbyterian Church; UC=United Church of Canada; RC=Roman Catholic Church; MD=Methodist Church; AN=Anglican Church

---

[136] "Search the Collection," Indian Residential School History and Dialogue Centre, accessed October 19, 2020, https://collections.irshdc.ubc.ca/.

[137] "List of Indian residential schools in Canada," Wikipedia, accessed October 19, 2020, https://en.wikipedia.org/wiki/List_of_Indian_residential_schools_in_Canada.

[138] "Residential School Locations," Truth and Reconciliation Commission of Canada, accessed October 19, 2020, http://www.trc.ca/about-us/residential-school.html.

[139] Ibid.

[140] "Search the Collection," Indian Residential School History and Dialogue Centre, accessed October 19, 2020, https://collections.irshdc.ubc.ca/.

[141] Ibid.

[142] Ibid.

APPENDIX B: BC RESIDENTIAL SCHOOLS

Name (Alternative Names)[143,144,145]	Location[146]	Opened[147]	Closed[148]	Denomination[149]
Thomas Crosby Indian Residential School (Thomas Crosby Girl's Home Indian Residential School, Thomas Crosby Boy's Home Indian Residential School)	Port Simpson	1879	1950	MD, UC
St. George's Indian Residential School (Lytton Indian Residential School)	Lytton	1901	1979	AN
St. Mary's Mission Indian Residential School	Mission	1867	1984	RC
St. Michael's Indian Residential School (Alert Bay Indian Residential School, Alert Bay Girl's Home, Alert Bay Boy's Home)	Alert Bay	1993	1974	AN
St. Paul's Indian Residential School (Squamish School)	North Vancouver	1899	1959	RC
Sechelt Indian Residential School	Sechelt	1904	1975	RC

PB=Presbyterian Church; UC=United Church of Canada; RC=Roman Catholic Church; MD=Methodist Church; AN=Anglican Church

143 "Search the Collection," Indian Residential School History and Dialogue Centre, accessed October 19, 2020, https://collections.irshdc.ubc.ca/.

144 "List of Indian residential schools in Canada," Wikipedia, accessed October 19, 2020, https://en.wikipedia.org/wiki/List_of_Indian_residential_schools_in_Canada.

145 "Residential School Locations," Truth and Reconciliation Commission of Canada, accessed October 19, 2020, http://www.trc.ca/about-us/residential-school.html.

146 Ibid.

147 "Search the Collection," Indian Residential School History and Dialogue Centre, accessed October 19, 2020, https://collections.irshdc.ubc.ca/.

148 Ibid.

149 Ibid.

APPENDIX C: TEN GUIDING PRINCIPLES FROM THE TRC[150]

A reconciliation framework is one in which Canada's political and legal systems, educational and religious institutions, corporate sector and civil society function in ways that are consistent with the *United Nations Declaration on the Rights of Indigenous Peoples*, which Canada has endorsed. The Commission believes that the following guiding principles of truth and reconciliation will assist Canadians moving forward:

1. The *United Nations Declaration on the Rights of Indigenous Peoples* is the framework for reconciliation at all levels and across all sectors of Canadian society.
2. First Nations, Inuit, and Métis peoples, as the original peoples of this country and as self-determining peoples, have Treaty, constitutional, and human rights that must be recognized and respected.
3. Reconciliation is a process of healing relationships that requires public truth sharing, apology, and commemoration that acknowledge and redress past harms.
4. Reconciliation requires constructive action on addressing the ongoing legacies of colonialism that have had destructive impacts on Aboriginal peoples' education, cultures and languages, health, child welfare, administration of justice, and economic opportunities and prosperity.
5. Reconciliation must create a more equitable and inclusive society by closing the gaps in social, health and economic outcomes that exist between Aboriginal and non-Aboriginal Canadians.
6. All Canadians, as Treaty peoples, share responsibility for establishing and maintaining mutually respectful relationships.
7. The perspectives and understandings of Aboriginal Elders and Traditional Knowledge Keepers of the ethics, concepts, and practices of reconciliation are vital to long-term reconciliation.
8. Supporting Aboriginal peoples' cultural revitalization and integrating Indigenous knowledge systems, oral histories, laws, protocols and connections to the land into the reconciliation process are essential.
9. Reconciliation requires political will, joint leadership, trust building, accountability, and transparency, as well as a substantial investment of resources.
10. Reconciliation requires sustained public education and dialogue, including youth engagement, about the history and legacy of residential schools, Treaties and Aboriginal rights, as well as the historical and contemporary contributions of Aboriginal peoples to Canadian society.

[150] National Centre for Truth and Reconciliation, *Canada's Residential Schools: Reconciliation. The Final Report of the Truth and Reconciliation of Canada.* Volume 6 2015 (Manitoba: National Centre for Truth and Reconciliation, 2015), http://www.trc.ca/assets/pdf/Volume_6_Reconciliation_English_Web.pdf.

APPENDIX D: THE UNITED NATIONS DECLARATION ON THE RIGHTS OF INDIGENOUS PEOPLES

The *United Nations Declaration on the Rights of Indigenous Peoples* was adopted as a non-binding resolution by the General Assembly in 2007[151]. As a document and by way of its 46 Articles, it defines the rights of all Indigenous peoples to live in dignity, to access education and health services, to maintain and strengthen their own institutions, cultures, and traditions, and to self-determination. With the federal government's retraction of Canada's long-standing objection in 2016, the Declaration has now been endorsed by 150 Nations, and the Truth and Reconciliation Commission of Canada has validated the Declaration's role as "the framework for reconciliation at all levels and across all sectors of Canadian society."[152] British Columbia, working with the First Nations Leadership Council, passed the *Declaration on the Rights of Indigenous Peoples Act* in 2019, beginning the process of incorporating elements of the Declaration into the Province's laws and the work of refocussing the provincial government's priorities to better serve Indigenous communities.

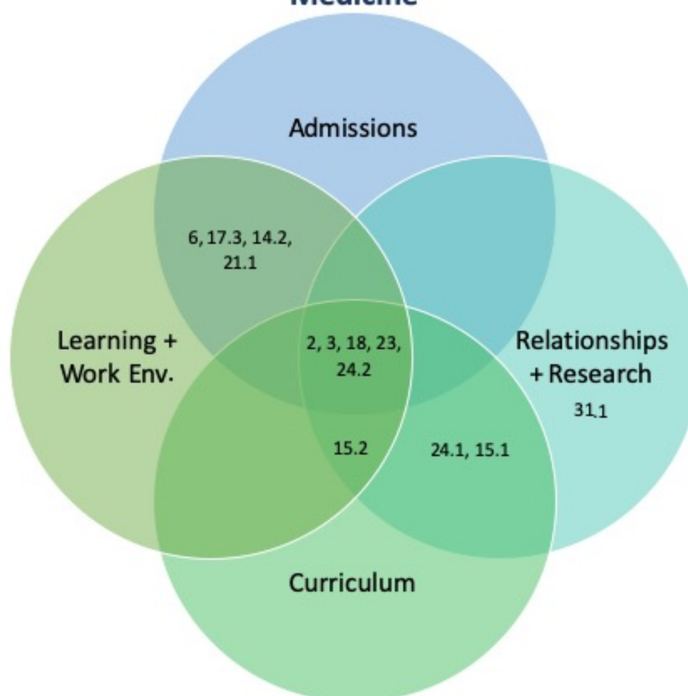
The UBC Faculty of Medicine recognises the foundational significance of the Declaration and commits to ensuring that all programs and activities align with the intentions and spirit embedded within it, in accordance with TRC Call to Action 43. While it is beyond the Faculty's power or reach to realise every aspect of each of the 46 Articles, we have identified a number of cases where there is significant alignment between the ideals informing the creation of some of these Articles and the various programs and activities that we have implemented in the past, or that we will put into action in the near future. These Articles cross all thematic areas of focus within the Faculty (detailed earlier in this document) including our admissions policies and processes ("Admissions"), the learning and working environment within the Faculty ("Learning + Work Env.) the design of our undergraduate, graduate, postgraduate, and professional medical and health curricula and educational activities ("Curriculum"), and our relationships with Indigenous peoples, that also includes relationships and actions relevant to our Indigenous health research efforts ("Relationships + Research").

The diagram that follows, which is designed to show the specific Articles of the Declaration and the thematic areas of focus with which they overlap, serves to illustrate the implications

[151] UN General Assembly, United Nations Declaration on the Rights of Indigenous Peoples: adopted by the General Assembly, 2 October 2007, A/RES/61/295, available from https://www.un.org/development/desa/indigenouspeoples/declaration-on-the-rights-of-indigenous-peoples.html.

[152] National Centre for Truth and Reconciliation, *Honouring the Truth, Reconciling for the Future: Summary of the Final Report of the Truth and Reconciliation Commission of Canada* (Winnipeg: National Centre for Truth and Reconciliation, 2015), http://www.trc.ca/assets/pdf/Executive_Summary_English_Web.pdf.

of the Articles on the planning and design of the Faculty's programs and activities. The Articles contained within the diagram are shown in full below.



Article 2. Indigenous peoples and individuals are free and equal to all other peoples and individuals and have the right to be free from any kind of discrimination, in the exercise of their rights, in particular that based on their Indigenous origin or identity.

Article 3. Indigenous peoples have the right to self-determination. By virtue of that right they freely determine their political status and freely pursue their economic, social and cultural development.

Article 6. Every Indigenous individual has the right to a nationality.

Article 14.2. Indigenous individuals, particularly children, have the right to all levels and forms of education of the State without discrimination.

Article 15.1. Indigenous peoples have the right to the dignity and diversity of their cultures, traditions, histories and aspirations which shall be appropriately reflected in education and public information.

Article 15.2. States shall take effective measures, in consultation and cooperation with the indigenous peoples concerned, to combat prejudice and eliminate discrimination and to

promote tolerance, understanding and good relations among Indigenous peoples and all other segments of society.

Article 17.3. Indigenous individuals have the right not to be subjected to any discriminatory conditions of labour and, inter alia, employment or salary.

Article 18. Indigenous peoples have the right to participate in decision-making in matters which would affect their rights, through representatives chosen by themselves in accordance with their own procedures, as well as to maintain and develop their own indigenous decision-making institutions.

Article 21.1. Indigenous peoples have the right, without discrimination, to the improvement of their economic and social conditions, including, inter alia, in the areas of education, employment, vocational training and retraining, housing, sanitation, health and social security.

Article 23. Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, Indigenous peoples have the right to be actively involved in developing and determining health, housing and other economic and social programmes affecting them and, as far as possible, to administer such programmes through their own institutions.

Article 24.1. Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals. Indigenous individuals also have the right to access, without any discrimination, to all social and health services.

Article 24.2. Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realization of this right.

Article 31.1. Indigenous peoples have the right to maintain, control, protect and develop their cultural heritage, traditional knowledge and traditional cultural expressions, as well as the manifestations of their sciences, technologies and cultures, including human and genetic resources, seeds, medicines, knowledge of the properties of fauna and flora, oral traditions, literatures, designs, sports and traditional games and visual and performing arts. They also have the right to maintain, control, protect and develop their intellectual property over such cultural heritage, traditional knowledge and traditional cultural expressions.

APPENDIX E: POTENTIAL PERFORMANCE INDICATORS

The 2019 Association of the Faculties of Medicine of Canada (AFMC) position paper *Joint Commitment to Action on Indigenous Health*[153] contains a list of possible indicators by which medical schools may be assessed on their efforts in the following areas:

- Building relationships with local Indigenous communities.
- Adjusting their admissions process to give fairer consideration to Indigenous applicants.
- Improving the learning and work environment to ensure Indigenous learners do not suffer mistreatment and are adequately supported in their educational endeavours.
- Incorporating the teaching of issues important to Indigenous health and wellness, including anti-racism/anti-colonial content, into their curricula.
- Ensuring that post-graduate trainees receive similar training in the above.

Some of these indicators are directives or recommendations for change, while others are accountability factors, and these indicators apply to health professions programs outside of Medicine as well. The UBC Faculty of Medicine is committed to co-developing an accountability framework in conjunction with the Indigenous communities that we serve to ensure that we deliver on our promises. The AFMC's indicators, which we have reproduced below, will be used as a starting point as part of our conversations with these communities.

Indigenous Relationships

- The Faculty of Medicine will issue a narrative report/description of the Indigenous communities that they serve.
- The Faculty will report on the number of meetings and events held with Indigenous communities.
- The Faculty will report on the number of signed partnership agreements with Indigenous communities the medical school serves.
- The Faculty will publish an annual report based on Indigenous community feedback on progress towards shared goals and quality of relationship using existing tool (for example, Ladder of Citizenship Participation) or a newly developed tool.

---

[153] Marcia Anderson et al., *Joint Commitment to Action on Indigenous Health* (Ottawa: The Association of Faculties of Medicine of Canada, 2019), https://afmc.ca/sites/default/files/pdf/AFMC_Position_Paper_JCAIH_EN.pdf.

Learning and Work Environment

- The Faculty will develop an Indigenous workforce development plan.
- The Faculty will report annually on numbers of Indigenous Faculty and staff using a distinctions-based approach and including representation on decision-making committees and in senior leadership positions.
- The Faculty will develop an Anti-Racism policy and accompanying process for reporting that includes transparent feedback loops. This will include partnership with relevant authorities to respond to complaints in the clinical learning environment.
- The Faculty will report annually on the number of complaints related to Anti-Indigenous Racism, and the number and type of different type of resolutions to complaints (e.g. disciplinary letters, mediation, professional development, removal from teaching duties, dismissal).
- The Faculty will report annually on the number and type of professional development activities in anti-racism, cultural safety and decolonization.
- The Faculty will set a target and report annually on progress towards reaching it for the percentage of faculty and staff who participate in professional development activities including distribution across departments and clinical teaching sites.
- The Faculty will refine our learner evaluations, annual performance reviews or other similar tools to include assessment of cultural safety and anti-racism.

Admissions

- The Faculty will work with Indigenous community partners to determine what the minimum number of First Nations, Métis and Inuit students admitted will be each year.
- The Faculty will develop and implement a process in collaboration with Indigenous community partners to practice holistic files reviews for Indigenous applicants.
- The Faculty will provide the opportunity for applicants to self-identify as First Nations, Métis or Inuit during the admissions process.
- The Faculty will report annually on the number of First Nations, Métis and Inuit students who apply, are interviewed, and are admitted to medical schools.
- The Faculty will debrief each admissions cycle with their Indigenous community partners with a focus on strengths and lessons learned, and report these annually.

- The Faculty will add and maintain a prerequisite for consideration of admission for all candidates in Indigenous studies, cultural safety, anti-racism or related discipline.

Curriculum

- The Faculty will report annually on the number of hours for various teaching modalities including lectures, case-based learning, small group sessions, clinical sessions by year of learning.
- The Faculty will report on the development and implementation of various student assessment tools including written, oral, standardized patient and OSCE type exams.
- The Faculty will report annually on student performance on assessments of Indigenous health learning.
- The Faculty will report annually on the number of curriculum developers, facilitators, Indigenous and non-Indigenous, participating in the Indigenous health longitudinal course.
- The Faculty will report annually on the experience of facilitators teaching the Indigenous health longitudinal course using an established or newly developed survey tool.

Graduate, Post-Graduate and Professional Education

- The Faculty will assess current Indigenous health education at the PGME level.
- The Faculty will develop and institute core elements of a common PGME curriculum as well as program-specific curriculum.
- The Faculty will report annually on the number of hours of Indigenous health teaching at the PGME level, including number of programs and learners participating.
- The Faculty will implement assessment and evaluation of resident learning in Indigenous health, including assessment on rotation ITERS.
- The Faculty will report annually on performance of residents on Indigenous health assessments such as on ITERs, comprehensive clinical exams, or other assessments that may be developed.

Indigenous Health Research

- The Faculty will develop and implement a compulsory cultural safety and humility training and assessment program for all faculty, staff and students involved in research.

- The Faculty will develop a training/assessment program focusing on Indigenous Ways of Knowing and Indigenous Knowledge for all researchers who are or who will be performing studies on subjects of Indigenous interest and/or who are performing studies in collaboration with Indigenous peoples or organizations.
- The Faculty will develop standardized evaluation tools to assess the experiences of Indigenous persons participating the Faculty's research programs and the Faculty will report annually on the experiences of Indigenous persons taking part in research with regards to cultural safety and appropriate recognition of values, customs, cultures and protocols.
- The Faculty will report annually on research projects involving Indigenous researchers, subjects of Indigenous interest, that are being conducted in conjunction with Indigenous peoples or organizations, or that are being led by Indigenous persons or communities.
- The Faculty will develop and implement a training program on Indigenous research ethics and governance, including data principles—e.g. Ownership, Control, Access, and Possession (OCAP®) Principles and Ownership, Control, Access and Stewardship (OCAS).