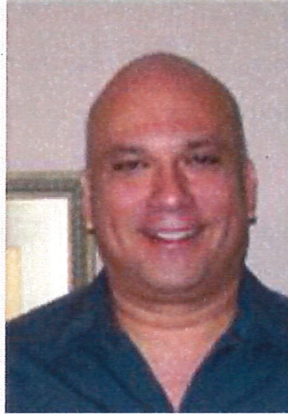


Q-and-A with indigenous health expert Dr. Barry Lavallee

September 4, 2013 by Royal College



Barry Lavallee, MD, CCFP, FCFP, MCISc

Barry Lavallee, MD, CCFP, FCFP, MCISc, is acting director of the University of Manitoba's Centre for Aboriginal Health Education, and president of the Indigenous Physicians Association of Canada. As a leading indigenous health expert, Lavallee is also one of three experts facilitating the *Indigenous health values and principles: Their implications for medical education* workshop, which is being held on the **Saturday of ICRE from 3:15pm to 5:15pm**. ICRE recently caught up with Lavallee to gain greater insight into the value of the *Indigenous health values and principles statement*, as well as the supporting workshop at ICRE.

What is the *Indigenous health values and principles statement*, and why is it important?

The values and principles statement from the Royal College started off as part of the Indigenous group (Indigenous Health Advisory Committee) that Dr. Tom Dignan (Tom) leads. He brought me in to support some of the activities to educate members of Council, and from there things started to evolve. It was very clear from the beginning, and even more so in the work that I do in curriculum in Indigenous health both in Canada and internationally, that the science of medicine is limited around Indigenous health. There was limited opportunity to explore not only Indigenous health views, but also explore some of the hard areas that are a reality to Indigenous people, such as racism, oppression and classism; basically understanding how the positioning of Indigenous Peoples in Canada impacts their health. So in order for future physicians to have a broader thinking capacity, both laterally and critically, we knew we needed to take the bulls by the horns, and that is what prompted the development of the values and principles statement. Person to person racism is a barrier to receiving good health, and structural racism is a barrier to receiving good population health.

How does this statement apply to the next generation of physicians?

Through the statement we introduced the concepts of racism and oppression, and the rationale about why these things are important when describing Indigenous health. We're not just targeting today's physicians, but also the next generation of physicians; we need to influence them so that they can talk about racism as a determinant of health and see how it manifests itself in everyday experiences. We need to broaden the scope to know what it means to be patient centered in practice. We are trying to teach physicians how to see their patients as more than a body, but as a lived experience, and to accept the histories that come along with people.

Why were you approached to be part of the development of this statement?

Tom has been a mentor of mine for many years, and I think he invited me to come to the committee to look at ways to change and enhance the Royal College's role in Indigenous health. By training I am a family physician, and my area of interest is Indigenous health and medical education. I was the fourth or fifth person who identified as Indigenous to graduate from the University of Manitoba's Faculty of Medicine. As member of the Saulteaux and Métis communities, I went into medicine knowing fully who I was, where I was going and what I was going to achieve. I knew all along that I would work with the people in my community. I say that not to make it seem like I know what I am doing, but when I went into medicine, I knew why I was going. Even as a kid, I knew that there was something more to the things going on in my community, and I didn't buy into the fact that alcohol and violence are a normal part of Indigenous life.

What do you hope this statement will achieve/change?

I am hoping that the statement will facilitate broader dialogue, and I want this dialogue to be in written form, looking not only at educational policies and outcomes for health providers, but also to position Indigenous health as the number one health concern for Canada. I also want Indigenous health not to be part of minority health, because it needs to be a standalone issue for Canada. This is not to say that new immigrant health or the health of other communities under threat are not important, but the challenge with Indigenous health is that we have structural systems that perpetuate racism. That is what people have a really hard time understanding, that the future of my great grandchildren will still be impacted by structural racism long after I am dead. After 500 years the health of Indigenous people is even worse than it was in 1492, so there are things going on that need to be unveiled. This document is one way of doing this, and the power of the Royal College is very important in this. I am on this committee because of that power, so we can harness the power to influence change. We need to target specific leaders in medical education, and start supporting them to become agents of change.

What would a physician gain from attending the ICRE workshop?

Attendees will gain insight into the factors that influence Indigenous health, and this is something they won't find in med school or their journals. They have to be prepared to be open and to be comfortable to see what influences

Indigenous health, because it's not pretty. I would invite any of the attendees to come and talk about how oppression manifests itself, and how racism influences the health of people. By spending time with members of the Indigenous community, attendees will be able to understand the similarities they share with Indigenous Peoples, and even more so, explore how the histories and challenges that Indigenous Peoples have faced have deeply shaped their communities. By becoming literate to Indigenous Peoples and their strengths, attendees will learn to listen differently, and as a physician, truly hear their patients' stories.

Article can be found here: <https://icreblog.royalcollege.ca/2013/09/04/q-and-a-with-indigenous-health-expert-dr-barry-lavallee/>

Exhibit: *National Inquiry into Missing and Murdered Indigenous Women and Girls*

Location/Phase: Part 3: Toronto

Witness: Barry Lavallee

Submitted by: Meredith Porter / Commission

Add'l info: P03 P03 K0201

Date: JUN 12 2018

Initials

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