

# Learning the truth first-hand about reconciliation

Community-based research and  
First Nations health in rural Manitoba

Story by Sarah de Leeuw

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**D**r Alan Katz is forthcoming about his prejudices. Perhaps it's that he grew up in South Africa and knows first-hand how prejudices can become normalized if they are not carefully reflected upon, if not brought out into the light.

"I did have an opinion about rural practice when I moved to Canada. I came from Cape Town, a large city. I didn't understand how physicians could work in small towns. I didn't understand that rural life could be enthralling, could be challenging. I had culture shock the first time I experienced rural Saskatchewan. I didn't expect to stay."

Then again, perhaps it's that Dr Katz was willing to listen to voices Canadian family physicians are sometimes not even exposed to, let alone willing to listen carefully to, to learn from.

"I would say, 10 years ago, like many physicians, if you'd asked me about doing research with First Nations, I'd have said I was worried, that I felt it was a difficult environment. I might have even rolled my eyes about ideas like 'ongoing colonialism.' Then I met Kathi Avery Kinew. She is one of the wisest people I have ever met."

Kathi Avery Kinew, who earned her doctorate from the University of Manitoba and works with the First Nations Health and Social Secretariat of Manitoba, brought Dr Katz around to understanding that, fundamentally, addressing health inequalities experienced by Indigenous peoples in Canada can only occur if underlying and systemic prejudices against them are addressed.

Eventually, Dr Katz drew parallels between divisions he witnessed in South Africa and those he saw in his practice and daily life in Canada. "One of the reasons I left South Africa was that I had a basic misconception. I thought the problems faced by black people could only be solved by them; that as a white person I had no role in bringing about the necessary change there. In retrospect that was a misconception."

In many ways, Dr Katz's early misconceptions have



PHOTOS (Top) Alan Katz and team members (middle) Wanda Phillips-Beck and (bottom) Stephanie Sinclair.

BACKGROUND PHOTO: Getty Images

## COVER STORY

informed his orientation to pressing questions in today's Canada. "Reconciliation requires the active engagement of many parties. It is the duty in Canada of both First Nations and non-Indigenous peoples. First Nations will have to do a lot of the heavy lifting—it is not up to non-Indigenous peoples to tell First Nations how to be better off because they already have skills and lessons to lift themselves up—but we have to change our attitudes (and laws) to support the work they're already doing."

He's the first to admit it wasn't an easy journey, coming around to this way of seeing the world. "It took over 18 months for Kathi and her team to trust me. I'm still learning on a weekly basis. I think I'm always shedding little bits of myself, my white colonial perspectives. Kathi says I'm still a 'work in progress!'"

"It was a journey, trying to understand the challenges of working with Indigenous peoples. Of doing so in a respectful way. It's not simple. But ultimately I am being transformed. I realize this is research I want to do. I want to understand the impact of colonization. I have always wanted to do research and practise in a meaningful way."


Dr Alan Katz is actualizing his dream of doing meaningful work in a very concrete way: he is leading Canadian Institutes of Health Research-funded community-based participatory action research, guided

by his mentor Kathi Avery Kinew and in partnership with Dr Josée Lavoie, entitled "Innovation in community based primary healthcare supporting transformation in the health of First Nations and rural/remote Manitoba communities."

"We are really asking 'What does primary care look like in First Nations communities? What are your needs? What models are out there that would work for you?'"

Dr Katz believes that most research about primary care in Canada ignores community care in First Nations communities. Remembering his own attitudes to rural practice when he first arrived in Canada, he also believes that rural care, especially for Indigenous peoples, is underresearched and poorly understood. So Dr Katz has returned to a rural setting not unlike the one he some time ago expected not to linger long in. He is working in communities like Cross Lake in Manitoba. His team's qualitative work includes documenting stories from Elders, health directors, and citizens at large about the changes they envision would make their communities and their families healthy and whole again.

Still, he is cautious about his role, echoing the lessons most certainly imparted to him by First Nations experts like Kathi Avery Kinew: "You still hear people saying they are committed to 'fixing' the First Nations'



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‘problem.’ It not up to us to ‘fix’ anything except our own attitudes. Nothing will ultimately be solved by a white researcher. We have to have so much humility. I might be able to facilitate something. I think if you’re attuned to being attentive, you’re not going to go wrong. You have to learn from the expertise of the community.”

One of the things that Katz has heard loudly and clearly from the community is that more research needs to focus on mental health, that primary care has to somehow account more fulsomely, and in a more culturally safe way, for the mental health needs of youth in First Nations communities in particular.

“When I was told that, it made me go away and reconsider how to address mental health in primary care. One of the communities we are working with took the initiative, partly based on our work, to train 15 people in mental health first aid. It’s not a huge number of people, but it will make a difference. It will change the conversation.”

Small changes that contribute to changing larger conversations are at the root of much that Dr Alan Katz does. He doesn’t mind that change is slow. He’s a patient man, having left his home country long ago with an idea that he didn’t have a role to play in the change that was needed there. It’s almost like he’s been given a second chance by the First Peoples of Canada. It’s a chance he’s cherishing.

“This is such a human story. Reconciliation is about relationships. We have to come to it with an open mind, an open heart, a commitment. We have so far to go. But we have started. There is a complexity. I had to open up to a new way of learning, to thinking about research. But ultimately I went into family medicine because of a desire to have a relationship with my patients. My most profound experiences are not diagnosing some rare disease, but having a patient crochet a blanket for my daughter. We need to all be people invested in uplifting society.” 🍁

**Dr Katz** is Director of the Manitoba Centre for Health Policy, Professor in the Department of Family Medicine and the Department of Community Health Sciences at the University of Manitoba in Winnipeg, and lead for the “Innovation in community based primary healthcare supporting transformation in the health of First Nations and rural/remote Manitoba communities” team (iPHIT).

**The Cover Project** The Faces of Family Medicine project has evolved from individual faces of family medicine in Canada to portraits of physicians and communities across the country grappling with some of the inequities and challenges pervading society. It is our hope that over time this collection of covers and stories will help us to enhance our relationships with our patients in our own communities.

**PHOTOS LEFT** Working meeting of some of the core investigators and postdoctoral fellows working on iPHIT: (left to right) Naser Ibrahim, Josée Lavoie, Alan Katz, and Grace Kyoon Achan. Many hours are spent exploring results and discussing how to present them to community members. **PHOTOS RIGHT** Members of the iPHIT: (top, left to right) Matt Dahl, Kathi Avery Kinew, Grace Kyoon Achan, Naser Ibrahim, Josée Lavoie, and Alan Katz; (bottom left) Josée Lavoie; and (bottom right) Naser Ibrahim.

**PHOTOGRAPHER** Robert Lowdon, Winnipeg, Man

