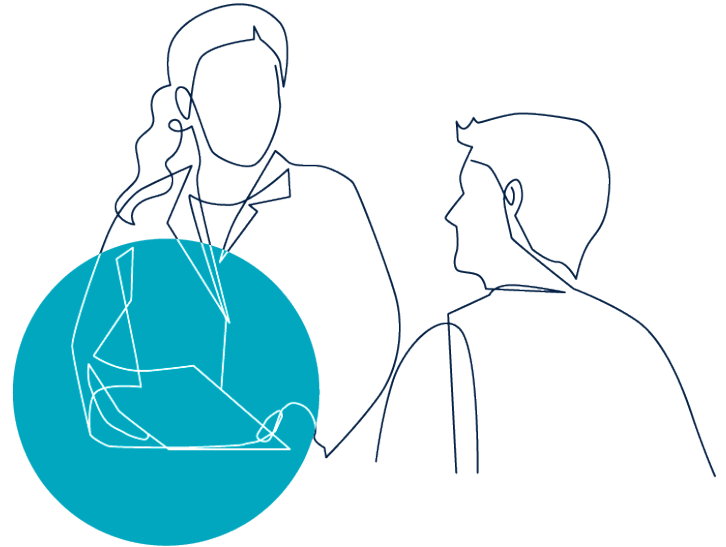


ALLYSHIP AND UPSTANDING: INTERRUPTING INDIGENOUS-SPECIFIC RACISM IN HEALTH CARE

May 14, 2025 | 6:00-7:30pm PT



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THE UNIVERSITY OF BRITISH COLUMBIA

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TERRITORIAL ACKNOWLEDGMENT

We acknowledge that we work on the traditional, ancestral and unceded territory of the Skwxwú7mesh (Squamish), xʷməθkwəy̓əm (Musqueam), and Səlílwətaʔ/Selilwitulh (Tsleil-Waututh) Nations.



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LEARNING OBJECTIVES

1. Describe the impact of Indigenous-specific racism in healthcare and the role of healthcare professionals in addressing these systemic issues.
2. Identify actionable steps for interrupting racism and fostering respectful, inclusive interactions with Indigenous patients.
3. Reflect on personal positionality and develop a deeper commitment to allyship, incorporating lessons from the panel into practice.



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DISCLOSURES

Panelists & Moderator

- Dr. Daisy Dulay: Nothing to disclose
- Dr. Dana Huber: Nothing to disclose
- Gracie Kelly: Nothing to disclose
- Dr. John Pawlovich: Nothing to disclose
- Dr. Marilyn Thorpe: Nothing to disclose
- Dr. Todd Alec: Nothing to Disclose

Planning Team

- Sarah Tajani (UBC CPD): Nothing to disclose
- Caldon Saunders (UBC CPD): Nothing to disclose



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ALLYSHIP & UPSTANDING

“An active, consistent, and arduous practice of unlearning and re-evaluating, in which a person in a position of privilege and power seeks to operate in solidarity with a marginalized group”

– The Anti-Oppression Network

Allyship is **NOT**

- **Identity.** It is a **lifelong process of building relationships based on trust, consistency, and accountability** with marginalized individuals and/or groups of people
- **Self-defined.** Our work and our efforts must be **recognized by the people we seek to ally ourselves with**

ALLYSHIP & UPSTANDING

It is important to be intentional in how we **frame** the work we do

Examples:

- We are showing support for...
- We are showing our commitment to ending [a system of oppression] by...
- We are using our privilege to help by...



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RESPONSIBILITIES

- Actively acknowledge and openly discuss our privilege and power
- Listen more and speak less
- Work with integrity and direct communication
- Do not expect to be educated by others
- Build own capacity to receive criticism
- Embrace the emotions that come out of the process of allyship
- Recognize that our needs are secondary to the people we seek to work with
- Do not expect awards or special recognition



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ROLES IN ALLYSHIP & UPSTANDING

- Act out of a **genuine interest** in challenging larger oppressive power structures
- Support and **make use of our privilege and power** for the people we seek to work with
- Turn the spotlight we are given away from ourselves and **towards the voices of those who are continuously marginalized, silenced, and ignored**; we give credit where credit is due
- Engage people with whom we share identity and privilege in **conversations about oppression** experienced by those we seek to work with



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PRACTICING ALLYSHIP

- How much space are we taking up in conversations? In rooms? In organizing?
- How do we actively improve access to our meetings? Our actions?
- How are our identities taking up space? Physically? Verbally?
- How much do we know about the people we seek to work with?
- What are our assumptions and from where did they originate?
- Who are we leaving behind?



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CALL TO ACTION

A colleague and Physician Ally would say, “**we are the system,**” therefore there will be no change unless we do Individual change.



We invite you all to reflect on your personal commitment to your journey towards allyship.

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THANK YOU!



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