

March 28, 2007

To Whom it may concern,

My name is Patricia Farrugia and I would like to be considered for additional funding for educational purposes by the Indigenous Physicians Association of Canada. Here is my biography.

I was born in Burlington Ontario and grew up in the Hamilton and Stoney Creek Ontario. My mother was of British decent and my father was a status Indian of Cape Croker, Chippewas of Nawash. My father and mother never married, and I lived with my mother. During my childhood years, I had regular contact with my father, and he was passionate about sharing the teaching of the elders in our tribe with me. Going home to the reserve was filled with positive and negative experiences. I remember how much I enjoyed being first exposed to the cultural and linking with Mother Earth. On the other hand, I was distressed by all the illness in my family and how they refused treatment in the local city by health care professionals. Whenever I asked why, I was told (the city dwellers) "they didn't understand us".

As I grew older, I continued to develop a relationship about my culture, but I wasn't supported by many members of my home community. My mother's relatives didn't understand why I should learn and attend educational opportunities at the nearest reservation, Six Nations. But, I didn't let that deter me, I continued to learn about who I was and where I came from. Along the way, I discovered the history of abuse, mistreatment and cultural ignorance of my people and it caused me to have a new passion, healthcare. Of all the struggles my people had experienced, I thought about how I could change it, and one solution was evident to me. I could make a difference in the healthcare setting by incorporating cultural importance into health not only for aboriginal people, but for all my patients.

I applied for secondary education at the University of Windsor after graduating from high school. I decided to become a nurse, and excelled at the Bachelor of Nursing Program. I took advantage of several opportunities to work within health care setting as a personal support worker, and health care aid. Through these different experiences, I discovered there were issues at each level of health care in relation to cultural integration of the patient.

After graduation, I began my career in Nursing in the Mental Health Field. This was a very challenging and enjoyable experience. Working at the Canadian Mental Health Association and for St. Joseph Healthcare as a member of an outpatient psychiatric facility, I met many aboriginals who were struggling with the meaning of their disorder and its place in their culture. Many felt that mental health issues were a curse and part of the struggle of cultural differences between the outside and inside world of their reservations. Working together with other members of the health care team, I was able to support these individuals in achieving a balance between the new treatment modalities of the "white man's world" and their own spiritual and cultural wellness treatments. It was an extremely rewardable experience.

Leaving Windsor after seven years of working and going to school there was difficult. I decided to return home and work in the clinical setting as a nurse at a local hospital. Working as a member of the Nursing Resource Team, I floated to many different units and inpatients settings. At this particular hospital, there was an Aboriginal Health Services Team. I was always keen to discuss this service with my patients and fellow staff. I tried to promote this

service to all staff members as much as possible.

In addition to working part-time in the clinical setting, I took a full time position at the Brant County Health Unit. As a public health nurse, I requested areas of public health promotion campaigns in which I could promote and support cultural sensitivity and particularly aboriginal health issues. Over the next three years, I worked in many programs such as tobacco use prevention, reproductive health, and fetal alcohol spectrum disorder. Many resources related to these topics were created with an emphasis on cultural appropriateness and the specific needs of the aboriginal population.

After being employed as a nurse for seven years, marrying my childhood sweetheart and having twin girls, I still longed for another role in which I could continue my quest of cultural integration into health care. I decided to apply to medical school. I chose McMaster University because of the self-directed learning aspect and lifelong learning atmosphere. One of my biggest inspirations was a role model, Karen Hill, who was an aboriginal medical student, whose story I witnessed on a show called "Med Students". I contacted another aboriginal medical student via e-mail to allow her to share her challenges and experiences not only about medical school but about the interview process as well.

In the application process, I attempted to integrate as much of my cultural experiences into the application questions. I also declared myself as an aboriginal applicant. This was a ethical dilemma for me because I did not want to get an interview just because I was an aboriginal student, but at the same time, I appreciated the special identification of an aboriginal student because it would help support many of my culturally sensitive application question answers.

I received an interview and prepared for 6 weeks for this process. I read a book called "Doing Right" which presented many ethical situations and how to deal with them. I also researched the Canadian Health Care system and the principles of medicare. My interview went extremely well, but it was a very nerve racking process because many of the individuals that I met on interview day were well qualified to attend medical school.

Words could not express how elated I was with the offer of admission to the Michael G. DeGroot School of Medicine. I accepted the offer and applied to my band's educational office for financial support. It was a very difficult time for my husband and I, and we worked together to develop a financial plan for me to quit my job and attend medical school. My main concern was my children and their lifestyle. I did not want them to suffer at my educational expense, so I began working extra shifts at the hospital over the summer to financially prepare for the following September. I applied for many bursaries and awards and well as OSAP.

I attend my first day of medical school in August 2006 with much anticipation. I would have to say the biggest surprises so far has been time management. My children are and always will be my first priority. I have been fortunate so far to have only minor financial concerns due to planning and personal sacrifices. This is a concept I would stress to any medical student, to plan wisely with their finances and to take opportunity of any bursaries or financial assistance available. Medical school can be very academically challenging, but taking time out on a regular basis to pay attention to your spirit can help achieve the balance for success.

Many of the other students in my class have been naive about being a parents and even more naive about First Nations people and their culture. I have taken advantage of many opportunities to attempt to correct this factor, such as becoming part of the e-learning Aboriginal Health Model, attending and encouraging other students to attend Aboriginal and First Nation educational opportunities. I am not able to socialize on a personal level as much as I would like,

but I have other priorities in my life compared to my fellow students.

My biggest success so far has been elected President of the Class of 2009. By taking on this role, I have been able to identify the challenges and needs of many aboriginal students and my class as a whole. I attempt to meet with my fellow aboriginal students on a regular basis as well as partner and support with experienced individuals in order to improve the medical school and its First Nations support.

I would encourage any First Nation individual to attend medical school if they have the opportunity and the desire. The need for change was my drive, and it continues to push me. Taking anger and frustration and channeling into something better can make a difference. It has been a long struggle for me, not without its challenges. What keeps me going is my children. I don't want them to experience the frustration and identity confusion as a First Nation individual. I want them to recognize their heritage and continue my lifelong journey for equitable health care for First Nations Individuals of Canada.