E1 Marwa Suraj

Speaker1: I am a small city girl from a rural community in Ghana with a population of about 1000 to 2000. Became a physician at 22, worked in small community hospitals as a family practitioner for about two years, and the muddiness was really getting to me. I knew I needed to learn more, come back and support on a bigger scale. So in search of a career adventure, I take a leap of faith and moved to Canada in the summer of 2018, I believe. Moved to one of the most chaotic cities in the country. Toronto. Big city girl, Small city girl. So you live in a big city life. It was very interesting. On the personal front, change, occasionally you see people that looked like you, but you thought differently because of the culture here. But I was a girl with a mission and nothing was going to stop me. So I knew there were a couple of hurdles I needed to jump and some bridges to cross. Being a physician from a different country. So I came with all my savings, took examinations, was working to obtain my license in two years, which is the minimum time you can actually achieve it. I had big dreams. I was ready for the setbacks. Maybe a minor flood of setbacks. I wasn't expecting a hurricane of them, so I took my exams, passed my exams. By 2019, I was ready for what the world had to offer. But in that state, I had to wait for the licensing process to be complete.

Speaker1: So I took the first exciting job with an organization that deals with blood primary blood pressure prevention amongst Canadians, the elderly population amongst Canadians. So I thought it was really close to what I was looking to do. It was health promotion in cardiology, and I thought it will boost my portfolio to for when I was ready to become a cardiologist here. So I took that job. It was funded by the government. We we'll do a lot of travel into community to educate and to provide blood pressure machines. It was super exciting. I was finding a sense of normalcy and balance like. Then COVID hits. The world stops, my world stops. A project, a very promising project that was almost gaining funding to become a nationwide program, loses all of its funding because everyone is focusing on COVID right now. But at that point, that was the least of my problems. The borders were shut down with lockdowns. My parents were miles away in a different continent. They're elderly with comorbid conditions. My paranoia sets in. And what does a physician do when they're paranoid or don't have enough information? They go searching for information right. My research was getting pretty overwhelming and I get to a point where the information I was gathering was causing me more stress and oblivion wasn't even an option. Or did I even have a choice? So I

quickly realize what's within my sphere of control and influence, and I decide to learn about as little information as I can digest it, and then share with my parents to the best of my ability, be there for them.

Speaker1: Despite the distance, I felt the least I could do right now was be a sounding board, someone that could just listen to them when they had questions and provide them with information if I had any. And keep my head up because this was not a good time to be panicking. And I talked myself out of it on an almost daily basis. But I knew this was not sustainable. I needed a healthy distraction. So what do I decide to do? I decide to throw in an application and volunteer for a role. Do something I care about, something that will distract me from my distractions. I decide, You know what? There are outbreaks in marginalized communities. One of the things I really wanted to do as a physician in this country was to work. Was I dreaming? Is it even possible? Could he be a scam? But I follow through and four interviews later I was employed as a public health specialist with the same organization and went through the trainings and on boarding was deemed fit to deploy and I was ready to go now. While they had multiple volunteers and very competent public health specialists and advisers paired up with infection prevention and control officers, so many people would deploy in teams of 11 to 20. But my team was a team of about five, including myself, who deployed to Manitoba in the winter.

Speaker1: I didn't understand why and I wasn't even ready to put on my Sherlock Holmes hat and delve into a thorough investigation. Then I fly out of Toronto about four degrees Celsius on a pretty cool day, arrive in Winnipeg at the James Armstrong International Airport. Step out. And it's about -25 degrees with wind chills like okay. That explains everything. That explains why we have the smallest team. But that wasn't enough to deter me. We transit in Winnipeg for a few days and we are almost too ready to deploy into our first. I arrive in my first indigenous indigenous community in Canada. And it's different yet familiar. It's different because it feels detached from other parts of Canada that have been to for the most part. I lived in Toronto, then travel a bit to other provinces, but never been on a reserve where indigenous communities dominate. And so I was on the reserve this time. It felt disconnected from the rest of Canada. It felt almost impoverished. So for a small city here that was very familiar, but then again familiar in a Third World Country. So, it was a bit confusing for me to see a small community in Canada, didn't even have potable water. So there were a lot of questions.

It was new to me, but then I was savouring all the positive things because I was super excited to come help this community ramp up their vaccination rates from 30 to maybe 70, where the rest of Canadians were right. That wasn't the case, although a mass immunization clinic set up in a hockey arena. Vaccines were available, but they'll get expired. The clinics were well-resourced, considering there were resource restraints in other parts of the country. Indigenous communities were prioritized when it came to the COVID 19 vaccines. And so, there were vaccines available, but they'll actually get expired and people would barely walk past the clinic. And if people even entered, they were just going to ask someone they knew a question and just go away day in, day out. We'll see a similar trend. But the questions that were being asked were if you did a thematic analysis, you'd see that there were a lot of interconnectedness in what people were thinking. And so it means people were actually looking for the information, but there was a lot of bad information mixed with good information and a lot of misinterpretation of both the bad and the good. So we devised a new strategy during one of our debriefing sessions. We decided to turn things around, flip the script, not focus too much on getting vaccines into arms, focus on why are people not interested in getting the vaccines in the first place. So this hockey arena, which became an immunization clinic, quickly became your one stop shop for information. You actually come there and a lot of health education was happening. There were times where we'd have to say, We don't know. Multiple times people will ask me very legitimate questions about the vaccines or what will happen and the adverse reactions, and I will tell them all I know.

Speaker1: But then there were other times I didn't have the answers and I would be very upfront and say it's new. We are learning as we go the science is evolving and this is what we know so far. And so people were actually very happy to start coming to the clinic to get their questions answered, but not necessarily get the vaccine. We were in our maybe fifth week where when we noticed one very lovely woman comes in and says she's never gotten a vaccine in her life, but she's interested in knowing more. Is it true that when you get the COVID 19 vaccine is going to alter with your DNA? And she had it can wipe out her DNA and actually affect her reproductive prowess. And and we had a very interesting dialogue. We tried to understand where she was coming from. I had a one on one with her and she finally decided to take the shot. About 10 seconds into her shot, she goes into anaphylaxis. Everyone is petrified. We are like, what? The first person that willingly comes together shot in a very long time on a very long shift goes

into anaphylaxis. This must be a bad sign. But who knows? She. We have a whole lot of professionals from community deployed with my team as well. We're able to give her the care she needed.

Speaker1: Crisis averted. We do a debrief at the end of the day and we tell ourselves, This is it. We're going to be demobilized ASAP. Nobody wants us in this community. And now we almost killed someone. No one is going to want the shot. Days passed by this woman actually comes in with three people she had identified as her family members, who also came with five people who were family of her family. And they wanted the shot and the we were wondering why. And they told us that the transparency with which we handled the whole situation made them feel we had their best interests at heart. They were confident in their decision and they really wanted the shot. And eight people, like I said. So this is a community where everyone feels like family. And even if they were a family, they were actually family by extension. So eight people quickly became 100 people and 100 became 1000. We stayed in the community for about six weeks. People will now troop into the immunization clinic, come for the shot and actually remember us by our first names. This was more than enough progress to make us feel like superheroes. And the longer we stayed, the more connected I felt with the community. I had never felt this amount of warmth since I came to Canada and the sense of belonging I was so looking forward to experiencing. Who would have thought, I will get that in one of the coolest communities in northern Manitoba?