

Geisel School of Medicine  
**Indian Health Service Spring Trip**  
Ojibwe Nations, MN, Ho-Chunk Nation, WI, Minneapolis & Duluth, MN  
March 10 – March 18, 2017



**Bois Forte:** Sruthi Buddai, Ishara Lareef, Meredith Ryan, Patrick Tolosky

**Cass Lake:** David Brown, Bailey Hilty, Sree Rajendran, Stefana Voicu

**Fond Du Lac:** Anna Bouck, Kelsey Harper, Jen LaPier, DH Lee, Alex Wong

**Ho-Chunk:** Bill Law, Elsa Lindgren, Julia McDonald, Heidi Robbins

**Red Lake:** Tianrae Chu, Kira Gressman, Lindsay Holdcroft, McKenna Kelly, Morgan Mackey, Sarah Moore

**White Earth:** Maya DeGroot, Andy Habib, Meera Nagarajan, Tala Radejko, Kali Smolen

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### *Context*

#### **Introduction**

This was the ninth year in a row that we were able to offer this exciting experiential cultural learning opportunity to the Dartmouth community. This year twenty-three medical students and five masters of public health students participated in the trip.

We incorporated the trip into an elective including pre-trip curriculum along with structured mid-trip and post-trip reflection. Students were divided into six groups and each went to a different reservation. Each of these reservation groups took on a curriculum topic, researched it, and lead the group in a pre-trip session on the topic with Shawn O’Leary leading the introductory discussion.

This year the groups chose to research and present on Addiction, Food Insecurity, Manoomin (wild rice) and Reservation Land Rights, Violence, Indigenous Health, and Ho-Chunk History, Traditions & Culture.

#### **Trip Goals**

- To build on the relationships with the Ojibwe communities initiated by past groups of Geisel medical students and create new relationships with the Ho-Chunk community
- To listen, observe, and begin to understand the healthcare and social issues facing Ojibwe communities through direct, personal interactions.
- To provide meaningful community service, developed in collaboration with community leaders.
- To share what we learned by raising awareness among our colleagues and peers at Geisel Medical School.

#### **Background**

The following background information is taken from the 2010 trip report, which did an excellent job concisely describing the historical and cultural background relevant to a better understanding of the relationship between healthcare providers, the US government, and Native Americans in Minnesota.

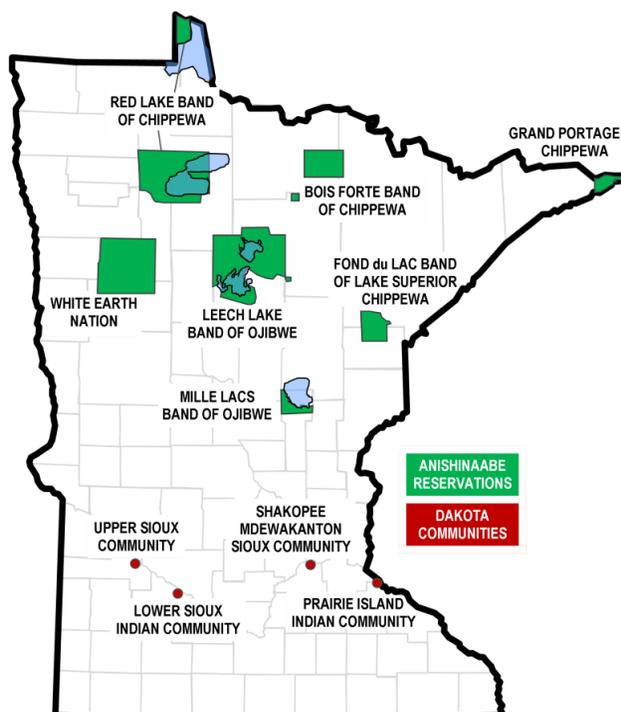
Ojibwe Indians are part of the Algonquian family of aboriginal North Americans. “Anishinabe”, or first man, is the Ojibwe term for “the people.” Oral history suggests that the Ojibwe first lived further east, on the Atlantic coast of the northern United States and Canada. Following approximately 200 years of migration, in the mid-1700s the Ojibwe resettled in central and northern Minnesota where they supported themselves primarily by the collection of wild rice native to the area’s lakes, supplemented with hunting and cultivating various plants.

In the 1880s, the United States government adopted a policy of assimilation in their actions regarding Native American peoples. Boarding schools, both private and government-run, were established and children were systematically taken from their homes in an effort to increase acculturation. At their height in 1902, there were twenty-five non-reservation boarding schools run by the Bureau of Indian Affairs. The schools taught primarily a vocational curriculum.<sup>1</sup> Students were often renamed before being dressed in western clothing and forbidden from speaking their native languages. While most schools had closed by 1950, they have had an indelible mark on the psyche of the Native American people.<sup>2</sup>

The Indian Health Service was established in 1955 to replace the Bureau of Indian Affairs as the provider of health care to Native Americans, a responsibility of the US government established in 1978 with Article I, Section 8 of the US Constitution. The IHS is a division of the Department of Health and Human Services and today provides comprehensive health services to approximately 1.9 million Native Americans across the United States.

## Reservation Communities

This year the entire group embarked on Sunday in Minneapolis where we began our trip at the home of Angie Erdrich, a pediatrician and Dartmouth Medical School alumna who has been a friend and supporter of the trip for several years. Our group of 28 students split up into six groups on Sunday afternoon and headed out to six different reservations to stay for the week. Groups visited Bois Forte, Red Lake, Leech Lake, White Earth, and Fond du Lac reservations in MN and Ho-Chunk reservation in WI.



## Ho-Chunk or Winnebago

1 <http://brownvboard.org/brwnqurt/04-3/04-3a.htm>

2 <http://www.lib.utexas.edu/taro/ttusw/00081/tsw-00081.html>

## *Trip Activities*

### **Saturday March 10**

The group landed in Minneapolis at 11pm on Saturday night and were warmly greeted by Shawn at the Enterprise counter. Exhausted from finals and travels, we were all grateful to spend the night at a hotel near the airport.

### **Sunday, March 11**

At 11am, we gathered in Angie Erdrich and Sandeep Patel's living room with Tommy Lee Woon and he talked with us about somatic experiencing, including how to physically and emotionally process pain and suffering. It was a powerful talk that included interactive exercises in which we were challenged to think about the importance of touch and to reflect on historical trauma and the importance of working to decolonize the US. Richard Wright, an Ojibwe elder, blessed our meal and taught us about the traditional use of Indian tobacco. We sat down to a delicious feast of Indian food and talked with community members who joined us for lunch.

After lunch Michael Norcross, an Ojibwe psychology graduate student at the Indian Health Board, drummed and sang traditional healing songs for us. Tommy then led a writing reflection in which we were prompted to write a "6 Word Story" in our journals. Alana Dickinson taught us about beading and showed us how to bead an umbilical amulet. We spent some time beading colorful umbilical amulets shaped like turtles. Then the group gathered on Angie's steps for a group photo before heading out to 6 different reservations and nations.

### **Bois Forte (Sruthi, Ishara, Meredith, Patrick)**

### **Monday, March 12**

The day began with a meeting with Sue Larson, clinic manager for both the Vermilion and Nett Lake clinics on the Bois Forte reservation, who graciously organized our entire trip to the reservation's health service. We sat with her and talked about how the clinic is set up: there are two MDs split between the two locations, several NPs, medical technicians, a pharmacist and a pharmacy technician. There are also community nurses who do home visits, medication management and outreach for patients who have trouble making it into the clinics for whatever reason. We spent the morning with one of the community nurses and heard about the issues facing the community—drug abuse by the majority of the youth on the reservation and, not unrelated, general trauma—as well as the importance of basketball, which she noted was a major factor in keeping kids away from parties where drugs were abused, elder services, and the type of community she was serving.

We then attended a Narcan training provided by representatives from the Minnesota Department of Health, who were up-front and honest about the sorts of situations we as health providers would find ourselves in when dealing with opioid overdose. The fundamental takeaway was that

regardless of how we felt about drug abuse, Narcan literally saved lives and we might struggle to get it, but we should advocate for increasing its availability and usage.

In the afternoon we spoke with one of the MDs who had worked at the clinic for decades and shared thoughts about the health issues facing the rural community he worked in versus our own community in New England. Obesity and diabetes management seemed to be the most pressing issues, compounded by lack of access to fresh, nutritious food and lack of exercise. An issue at the clinic was the percentage of no-shows—for whatever reason, it appeared that most of the day's patients didn't show up. The staff told us that many community members have issues keeping appointments due to various issues, but accessing transportation is a big factor.

After the clinic closed, we spent a lovely evening swimming in the casino/resort pool and enjoying dinner together in our hotel room!

### **Tuesday, March 13**

Today, we visited the Nett Lake Clinic Site as well as the Nett Lake Elementary School.

9-11AM: We prepared an introductory neuroscience-themed program for 3rd-6th grade students. After introducing ourselves, we presented an informational video and played a game on the functions of the brain with ~30 students. We were pleasantly surprised by their enthusiasm and eagerness! After the activity, the students asked us questions on topics we had recently covered at Geisel: Hepatitis C, Ebola, DNA replication, Zika virus, among several others. We were grateful we had some recently acquired knowledge to share with the students!

11-12 noon: We joined a mini-pow-wow hosted by four drummers and the pre-kindergarten classes. It was such a delight to watch parents, teachers, staff, and young children gather for a traditional dance ceremony in the middle of the school.



1-3 PM: We spent the rest of the afternoon shadowing providers in the clinic, speaking with them about their careers, their training, and their experiences serving as providers on the reservation. It was always an insightful experience to hear their perspectives and words of wisdom.

4-5PM: We took part in a meeting with our clinic coordinator, Sue as well as Dr. Duncan and Shawn, discussing topics such as our experiences at Bois Forte thus far and potential future opportunities for Geisel students in serving the needs of the community.

6:30 - 9PM: An incredible dinner and time with Shawn, Dr. Duncan, and local community members from the reservation. We all had a chance to taste the local special: Walleye! It was an evening of good laughter and stories.

### **Wednesday, March 14**

The morning started out with a beautiful drive up to Nett Lake from Fortune Bay. We arrived at the Nett Lake Clinic and were introduced to Doris Isham, the clinic's Diabetic Educator. Doris spoke with us for a few hours about her work and the increased rate of diabetes among Native Americans in general and among the members of the Bois Forte band specifically. She told us of the sociological factors that contribute to the epidemic on the reservation. This includes not only the lack of nearby grocery store and the increased presence of fast food restaurants, but also lifestyle changes. These lifestyle changes are linked to the changes the logging industry underwent from depending on physical labor to depending on machines. As the logging industry has historically been a major employer of the people of Bois Forte, this economic change has had physical impact on the health of the population. Additionally, in the past, people on the reservation tended to grow their own vegetables on their own land, but according to Doris, this

practice is now rare and may have to do with the ease of access to fast food. She also told us of a greenhouse that the reservation had built but was underutilized. Doris seemed apprehensive that the cohort of individuals who have diabetes and are over the age of twenty would change their lifestyles, but sees the potential to impact younger generations. She explained that the clinic is working with the Nett Lake School to teach the children about healthy eating and lifestyles that can prevent diabetes.

Following our productive meeting with Doris, we had lunch, and then traveled back to Lake Vermillion. We went to the Chemical Dependency clinic, where we met with its director, Pam Hughes. Pam spoke to us about the opioid epidemic the reservation is facing, and its links to the trauma faced in the past by the generations that were in boarding schools, and the current traumas linked to that historical trauma and to modern issues like human trafficking. Pam was incredibly open and we learned so much about the social issues that are linked to chemical dependency.

We then left with the hope that we could visit the Heritage Museum. However, there was an electrical fire at Fortune Bay, and the road to both the resort and the museum was closed. Our team then went to Ely for dinner. When we returned back to Fortune Bay, we were told that we had to evacuate. We quickly packed our bags and traveled to a hotel in Orr, where we rested until our meetings the next morning.



Patrick and Ishara rejoicing about the beautiful sunny day full of learning and friendship.

### **Thursday, March 15**

On Thursday morning we had our last drive down the beautiful and sunlit Nett Lake road toward our meeting at the government building of Bois Forte. We met Sue Larson, the clinical coordinator, and she introduced us to three members of the tribal council; Corey Strong and Brandon Benner, and Travis Morrison. We all sat around a large table on the top floor of the building, with plenty of natural light setting a warming mood for our meeting. We were shortly thereafter joined by Gene Goodsky, the spiritual leader of Bois Forte. Gene initiated the meeting with a prayer said in Anishnabeg, and he explained the prayer to us afterward with some reflections on the importance of gratitude and honoring the beings around us. He asked us if we had any questions for him, and we asked questions about his military service, his healing skills, his thoughts on the medical system, and stories of his youth. The stories spanned from the jovial encounter of his grandfather with a newborn black bear cub (who was adopted into the family for four years before being returned to the wild) to his encounters with many different kinds of ailments of the human body in his patients. Gene spent many years studying plants in many different ways from learning with elders in the community to studying the science of botany at college, and it was beyond valuable to hear his reflections on what he believes is integral to health and healing.

Travis, Corey, and Brendon shared their own stories about what they had learned from being in the positions they held and what their thoughts were on the strengths of the community and where there was a potential to improve. Athletics has been a key component to getting students to college and performing well academically, especially amidst the opioid crisis which is affecting the reservation just like our own community in the Upper Valley in NH. As in many other meetings we had this week, the idea of historical trauma came into our conversation regarding the difficulties faced by the community. It is important to remember how although there is a vast history implicated in the current situations of families and community members, historical trauma does not imply that the harm of structural violence is in the past. Conversely, historical trauma weaves its way into the everyday of community members, and can be difficult to see when it manifests in the form of diabetes, mental health challenges, substance use, unemployment, or other factors that can wrongfully be regarded as a flaw in the individual, rather than the social and economic infrastructure in which they exist. We explored these topics together, and how important it is to work in teams where members have various skill sets to contribute; such as clinical skills, grant writing, community leadership, accounting, policy, and lobbying. No one person can be an expert in every field necessary to engage in on the path to social change and empowerment, but effective teams can cover so much even when only few in number.

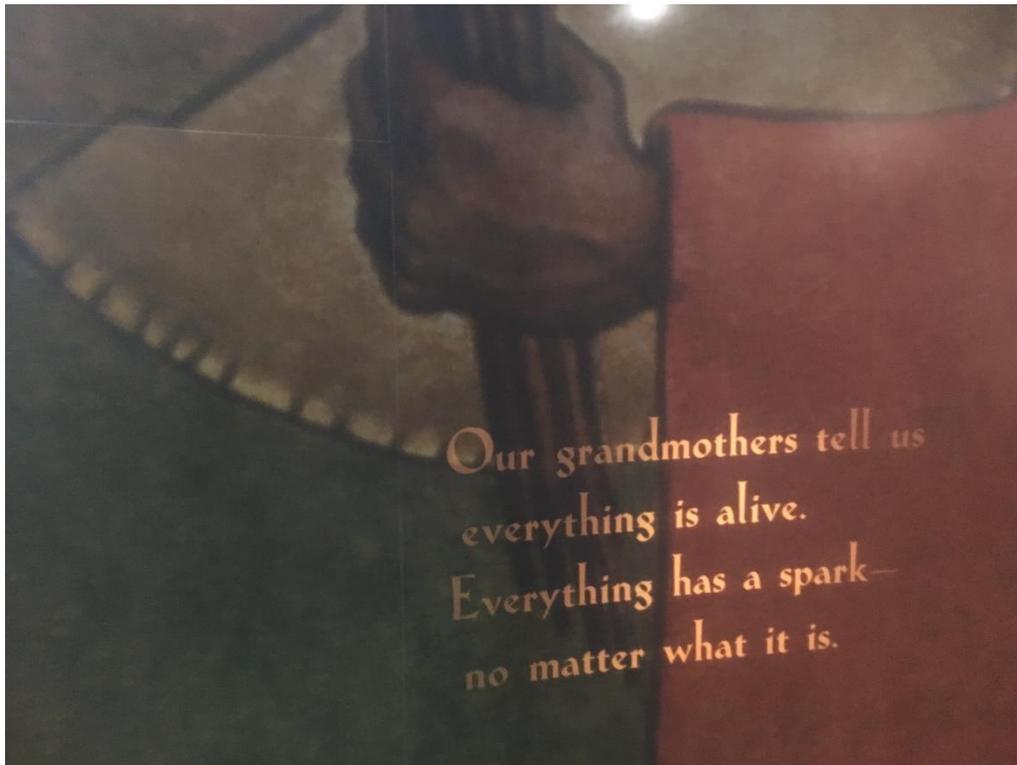
The tribal council was so generous with their time, and spent a total of four hours with us. It was an incredibly informative meeting, and was yet another example of how open the community members had been with us during our stay in Bois Forte.

In the afternoon, we traveled back to Vermilion to see the Heritage Center at Fortune Bay, which was a remarkable location that highlighted the collective story of the Anishnabeg from their collective 500 year migration in the 14th to 19th century, and had a vast collection of stories and artifacts about their traditional way of life along with more contemporary documentation of the happenings in Bois Forte in the 19th and 20th centuries. It was an

incredibly well-done heritage center and we spent a long time reading and contemplating while there. I would highly recommend going if ever in the area!

In the late afternoon, we drove to Duluth to spend the evening with the Fon Du Lac group and they had already ordered pizza when we arrived! We ate, shared stories and relaxed together before bed with the coming Friday of activities in Minneapolis.

(Below are pictures from the Heritage Center)



Spirituality is central  
to everyday life.  
It cannot be separated  
or laid aside.

Joe Geshick, Bois Forte  
The Healer  
Feeding the Spirit  
The Hand Game

Everything  
I do is a Prayer.

Praying, offering tobacco  
and burning sage  
are some ways we  
and gratitude show reverence  
to the Creator.

## Cass Lake (David, Bailey, Sree, Stefana)

Monday, March 12



On Monday, we had the pleasure of meeting the nurses at tribal health: Vince Rock, Brandy, Matt, Jen, Rhonda, Rachel, and Allie. After introductions and a brief tour, we broke off and teamed up to go on home visits with different nurses. We spent the afternoon shadowing our nurses and meeting patients (many of who have limited access to transportation and medical services) in their homes. Stefana visited helped with a home wound care clinic where she assisted with the care of patients suffering from diabetes. Sree and Bailey also visited the Leech Lake Diabetes Clinic and spent time learning about how the clinic runs and seeing patients with Martha, an NP at the clinic. That evening, we met with the student group from Red Lake and we all shared a community dinner. We were joined by Dr. Matthew Duncan and Sean O'Leary as well as

local community leaders. Our time in Leech Lake was off to a great start!



Tuesday, March 13



On Tuesday morning, we again met with Vince Rock and the other nurses at Tribal Health. We split up and went to visit different clinics. Sree and David visited the Ball Club Clinic with Caroline, a wonderful nurse who works as the intake nurse/phlebotomist/lab tech for the small clinic. At Ball Club, they shadowed Dr. Bonstrom, a PA Rachel, and a chiropractor Scott. Throughout the day, they saw a number of patients, most of whom had diabetes and were struggling with

multiple comorbidities. Bailey spent the day at Inger Clinic, another small satellite clinic in a remote part of the reservation, with Allie, an RN who has lived in Cass Lake for the last 20 years, and Roxanne, an NP from Red Lake. Stefana went on home visits with Rachel doing wound care for various members in the community. That night, the whole group met with Dr. Micah Treuer, an ED physician at Sanford Health, for a pizza dinner at Dave's Pizza in Bemidji. Dr. Treuer shared his story with us and answered many of our questions concerning growing up on the reservation as well as the challenges of practicing medicine in and around the reservation.

### Wednesday, March 14



Wednesday was our last day shadowing with Tribal Health Services. We again dispersed on various home visits with the nurses in the community for the morning. Sree attended community health meetings at the IHS (Indian Health Services) Hospital with Vince Rock, where they discussed interventions for suicide prevention and promoting awareness of Adverse Childhood Experiences (ACEs) within the community. We spoke about the importance of an interdisciplinary approach, including the involvement of various societal systems, to work towards producing change. We very much appreciated getting an opportunity to shadow

with Tribal Health Services; our engagement with the passionate staff brought to light the many health care obstacles present in the community.

Then, we all headed to the Bug-O-Nay-Ge-Shig School to meet with Jay Malchow, who is the school guidance counselor, and have lunch with the high school students. We had an opportunity to learn about the course curricula with an emphasis on traditional, cultural education, and many extracurricular activities and cultural community events hosted by the school. We then got an opportunity to speak with the students and share some stories of our educational paths. Many of the students expressed their interest in team sports and shared thoughts on their future education. Jay took us on a tour around the school. It was incredible to see how important it was for the school's staff and students to make Ojibwe culture an integral part of education at the Bug School. Walking through the hallways decorated with student arts and crafts was a beautiful cultural experience of its own! This picture was made by students in preparation for Sugar Bushing, collecting maple syrup, this month.



After our visit to the Bug-O-Nay-Ge-Shig school, we went to the Minnesota Chippewa Tribe Adult Day Services center where we met with Alyssa and Fran, two women who run the center. They spoke with us about the goals of the center, to provide care and a space for elders in the community



with various community engagement projects. Alyssa and Fran also spoke with us about their concerns regarding opioids and other substance use in the community and the efforts they are taking, such as hosting classes to educate elders regarding the signs of substance use and narcotic trainings, to combat this issue. We were very grateful to be able to engage in conversation about the community!



### **Thursday, March 15**

Thursday morning we met up with the group from Red Lake at Sanford Health, the large hospital system in Bemidji, MN where many people from Cass Lake receive specialty care. Here we met Joe Beaudreau, the Indian Health Advocate for the hospital, who talked about his role in the hospital and gave us a tour of the facilities. Mr. Beaudreau highlighted some of the challenges faced by native populations in accessing healthcare as well as some of the initiatives put forth by Sanford to start to address these barriers to care.

We then went as a group to the American Indian Resource Center at Bemidji State University in Bemidji, MN, where we met with the director, William Blackwell. He talked to us about the history of American Indian populations and the University, the development of the resource center, the vast support offered to native students by the center, and various initiatives that the University is taking on to enroll and graduate more native students. We then had tour of the beautiful center and witnessed the intention behind each of the design of the building. Lastly, we finished with a visit to IHS headquarters in Bemidji where we learned more about working for IHS.



### **Fond Du Lac (Anna, Kelsey, Jen, DH, Alex)**

### **Monday, March 12**

We were invited to participate in a class at the University of Minnesota School of Medicine in Duluth. We were welcomed to the campus by Dr. Mary Owen, who took time to talk to us about our medical education and share details about her personal life as a Native. We then had the

opportunity to attend a seminar relating to Native Americans and Alaskan Natives. The topic of the lecture was racism and provided a fascinating perspective on Institutional Racism in medicine, including the role of implicit bias by physicians. It was enlightening to reflect on the system of healthcare and modern-day racism within that system. After class, several first year sat with us a while to talk. We compared experiences and shared stories about our schools and classmates. It was very kind of them to take time to meet with us as they were in the middle of taking exams that week! We were so glad to meet such kind and thoughtful peers.

## **Tuesday, March 13**

Our morning began with visiting the Mash-ka-wisen Treatment Center near the Fond du Lac reservation. A panel of individuals including an admissions director, head psychologist, nurse manager, and two cultural advisors had an insightful discussion with us. They answered our questions about cultural awareness, chemical dependence treatment, combining traditional healing practices with Western Medicine practices, and many more topics. We learned that the population served by the treatment center is over 99% Native individuals from all over the country. They demonstrated great pride in their treatment model, which highlights Native traditions. One fact that stood out to us is that over 20% of employees are former patients who are in recovery from substance abuse, and one member of the panel shared his personal story with us, which was very humbling. We could not believe how many people with leadership positions we were able to meet with all at once, and they stayed to talk with us for well over an hour. We are so grateful to them for their time and impressive insight about treating Native individuals.

In the afternoon, we met with public health nurses at Min-no-aya-win, the reservations main human services and healthcare center. They described their work with pregnant woman and new mothers and fathers. They emphasized programs relating to breastfeeding support, monitoring children for developmental milestones, and providing home safety checks for new families. Their dedication to supporting the newest members of the tribe was wonderful. We also had the opportunity to talk to Bonnie, who was been influential the Reclaiming Sacred Tobacco harm reduction campaign. This work is very meaningful to her because Native women have some of the highest lung cancer rates in the country. Her work includes encouraging Natives to use red willow rather than commercial tobacco, and she has successfully worked with the Fond Du Luth casino to have smoking banned from the first floor of the casino. It was very inspiring to see how a small group of passionate individuals is able to have such a large impact on the health of the tribe.

We then had the opportunity to tour the Assisted Living facility on the reservation dedicated to caring for elders and the disabled. The center was smaller than what most of us were used to seeing, admitting only a maximum of 10 residents. The whole building was light and bright, with large windows opening into rooms that displayed Native art and artwork done by the residents. There was a fitness room, a common kitchen, a sunroom/greenhouse, and a great room with a lovely fireplace. We were also very impressed by the quality of the meals: all are healthy and homemade, with a special emphasis on Native foods like frybread. The whole facility was absolutely beautiful and lovingly maintained by a core group of 15 staff. As we told our tour guide, it was the kind of place we would want our loved ones to live in their later years.

## **Wednesday, March 14**

We had many shadowing opportunities on this day, with three students shadowing at the Center for American Indian Resources (CAIR) and two students at the Min-no-aya-win clinic. We were able to observe many provider-patient interactions with family physicians. The patients and care team were very welcoming to our involvement. The providers showed such empathy and compassion in their work with people of all ages.

We were very impressed by the beautiful and new facilities at CAIR. The clinic included multiple specialized exams rooms (eg a foot care room and an OB-GYN room), on-site X-ray, a physical therapy clinic, and a full service pharmacy. At CAIR, two of our students shadowed Dr. Turner, who specializes in nutrition and food as medicine. It was touching to see the personalized care that Dr. Turner, and Farrah (her medical assistant) gave to each and every patient who came through the clinic. One patient was recovering from spinal surgery, and was unable to write, so Dr. Turner sat down with the patient for 10 minutes to help him fill out his disability paperwork. She inquired about every aspect of his recovery, from his nutrition and living situation to his physical therapy routine. It was amazing to see such wholistic and compassionate care, combined with excellent patient rapport.

At the Min-no-aya-win clinic, one student shadowed a physician assistant and another student shadowed Dr. Kendall, the medical director of the clinic. It was inspiring being able to see first-hand how Dr. Kendall combined the evidence-based analytic approaches of western medicine in diagnosing patients, but also brought in various social factors affecting the patient's health, such as diet and work schedules, into the clinical decision making process. This helped strengthen the doctor-patient relationship and led to decisions that not only helped patients with tackling their illnesses, but also ensured that their treatments were well integrated in their lifestyle. The many smiles that appeared on the patients' faces as Dr. Kendall came to greet them were a testament to the patient-centered nature of the clinic and how it really strived to provide the best quality of care for the native population that it serves. Min-no-aya-win clinic has a strong diabetes management program to meet the needs of Fond Du Lac community where diabetes is a very common disease. In addition, the physician assistant and her colleagues were developing an obesity treatment program to tackle the prevalence of obesity in the community. Next year's Fond Du Lac group might be able to hear about the obesity program and its impact on the community.

One of the highlights of our trip was our community dinner at Grampie's house. Shawn's mother was kind enough to provide a meal, and our guest of honor was Rick Smith. Rick shared with us many stories - stories of his childhood, of his work with the Fond du Lac band, and of historical trauma and how he had seen its impact on his community. There was a lot of learning, and a lot of laughter that night.

## **Thursday, March 15**

Our day started with a trip to Gooseberry Falls to see the semi-frozen waterfalls and briefly walk the trails. It was a beautiful morning and we enjoyed the serenity of nature to start our day.

After our morning adventure, we had the opportunity to meet high school students from the Ojibwe School at Fond du Lac. Students asked insightful questions about college, medicine, family, and many other topics. We broke into small groups so that the adolescents could speak to us more one-on-one and we could get to know them better. It was wonderful to sit with many curious and kind young people who had a lot to share with us about their life experiences.

We went to the Tribal Center museum after the school, which was filled with artwork, history, and artifacts of the Fond du Lac tribe. The museum director, Jeff Savage, spent time talking with us, showing specific parts of the displays, and answering our questions. One of our favorite pieces were the birch bark canoes that were displayed in the museum. Mr. Savage explained that one of the three canoes was from the 1800's, and that the other two canoes had been built recently by the tribe as a cultural activity to teach the youth about traditional practices. There was such a variety of culture and history in one centralized place and we learned a lot about the historical experiences of the tribe.

### **Friday, March 16**

On our last day in Duluth, we had a wonderful tour of the American Indian Community Organization. The center had community events like an art show for women of color, job training options, and a gift shop designed to support local Indigenous artists. We were impressed by the many services offered, such as supportive housing and fresh-cooked meals for families. We particularly loved seeing the children's playroom and gymnasium for the 40 children living in the housing in addition to community members. We hope that next year's Dartmouth students can enjoy volunteering in some capacity at the community center; we wished we had known all of the service options available!

It was time to drive back to Minneapolis to meet up with the rest of our peers. We were invited to attend a powwow at a large community center in downtown Minneapolis. Some of us helped serve food for about 200 guests at the powwow, which was a great opportunity to interact directly with the local community. After the dinner, we watched the dancing at the powwow. We were invited to join in a dance lead by some of the males and females of the community, which was a new and special experience for all of us. We felt the warmth and joy of the community as they celebrated along with us.

There was one somber note to the powwow. The art exhibit that was displayed at the community center was called "Redress" and it featured red dresses in a variety of styles, each of which represented a Native woman who is considered missing or murdered. The walls of the exhibit were lined with posters that told the stories of some of these missing women, and highlighted the fact that due to jurisdictional issues, a lack of resources, and legal loopholes, these crimes often go unsolved or unprosecuted. The purpose of the exhibit was to raise awareness for this issue, and to increase pressure to prosecute people who commit violence against Native women.

## Redress Exhibit



## Children's Playroom at AICHO



Our Group next to AICHO's mural of a native woman in Duluth!



Mural at AICHO painted by our tourguide Moira Vaillard



A van with a Natives Against Heroin Sticker at the FDL reservation



Baskets made from Red Willow



Beadwork by a FBL band member

Artwork at the Tribal Museum



A Tribal Drum!!



Our group at Gooseberry (frozen) Falls



We found a cave on our hike at Gooseberry



We made a puzzle during our stay at Grampies house



We had a wonderful time staying at Grampies! It's a beautiful home

## Ho-Chunk (Bill, Elsa, Julia, Heidi)

- **Ho Chunk History**

- The Ho Chunk Nation is not on a reservation and is spread across the state of Wisconsin. This is because historically the tribe was forced by the US government to migrate to a number of reservations in Minnesota, Iowa, Nebraska, and more, but the Ho-Chunk people continued to return to their home in Wisconsin against the government's wishes. They were not given a reservation in Wisconsin and this sense of home and lack of federal support is an important part of their identity.
  - Also, there are some people from the original Ho Chunk tribe in Nebraska. These people are known as the Winnebago although this can be a derogatory term used to refer to the Ho Chunk people.
- The Ho Chunk people are a family focused tribe. While many people in the United States and around the world refer to their family members a certain way, the Ho Chunk people have a different system of referring to others in the tribe. This system seems to bring the people closer together. For instance, a woman will call all of her mother's brothers and their sons *teega* or uncle and all her father's brothers and their sons *jaaji* or father. Conversely, her mother's sisters will be called *naani* or mother, and her father's sisters *chunwi* or aunt.
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- **Monday, March 12-**

- On the first day we woke up and journeyed to the Ho Chunk clinic in Black River Falls. This was about a 40 minute drive from Joan's house in Tomah, Wisconsin. When we arrived at the clinic Shawn and Dr. Duncan also arrived to tag along for the morning activities. Joan met us at the front of the clinic and brought us to the conference room. She went over the population that the clinic serves (this includes Ho Chunk enrolled members, all other enrolled Indian tribal members of recognized tribes in the United States, and now the families of tribal members/Ho Chunk employees). The Ho Chunk Health Care Services are unique because of the wide geographic range of locations that the tribal members reside in. This means that having clinics in Baraboo and Black River Falls allows better access to services.
- Joan then showed us around the clinic where we saw the dentistry area, the optometry area, the clinic, the classrooms, the conference rooms, the administrative offices, and the other facilities. We were surprised by the variety of services that the clinic provides and by the beautiful facilities that they have. Joan explained that across the parking lot is a small building that used to be the clinic and now houses the behavioral health services. She also explained that the clinic buildings were mainly constructed using grant funding. We had the chance to meet Ona (Executive Director of the Department of Health) and other people that work in finance, quality improvement, and other areas of the clinic. Most of the employees that we met in the clinic worked directly for Ho Chunk Health Care; however, there was one commissioned corps officer who worked in the pharmacy.
- During the afternoon Joan took us on a tour of the community. We all piled into a tribal van and drove past the pow wow grounds, the 'mission' (original housing area), Lake Wazee (means 'pines' - one of the deepest lakes), the casino, the recently constructed recreation center, the Tribal Aging Unit facility, veterans housing program, and more. Joan shared with us stories of her past, Ho Chunk history, and more throughout our tour. We were constantly struck by her strength and how much she has accomplished throughout her life.
- Ona Garvin, Executive Director
- Joan Greendeer-Lee, Medical Services Director
- Cultural training
  - Respectful not to make direct eye contact.
  - A firm handshake is not always appropriate.
  - Do not plan for death (many will not complete advanced directives or save for retirement).
  - Processing death (another family plans the 4 day service, empties the apartment of the deceased).

- Do not say “goodbye”, instead “see you later”

- **Tuesday, March 13 -**

- We arrived to the clinic to attend the weekly provider meeting. During the meeting, the providers have time to bring up any concerns or questions that have arisen over the previous week. There are usually 6 providers at Ho-Chunk Health: two family medicine physicians, Dr. Cox and Dr. Wakeman, a part-time pediatrician, Dr. Gilmartin, and three family nurse practitioners, Sue, Chris, and Bethany. We learned that the clinic had recently gained all three physicians within the last year. Before that there was a period when the clinic had not had any physicians and relied solely on the nurse practitioners, two of which had worked at the clinic for nearly 20 years. During this time they lost a number of patients which included patients who wanted to see a male provider to pregnant women who wanted a provider to deliver their babies.
- We then divided ourselves up to shadow the three nurse practitioners and Dr. Wakeman, as Dr. Cox was at the hospital delivering a baby, and Dr. Gilmartin was on vacation. We had the opportunity to observe a range of visits from diabetes follow-up appointments, depression medication checks, vivitrol injections, pre-op surgical clearance, and a number of acute visits for pain. The providers were fantastic teachers. They were all very agreeable to having students and allowed us to use some of our newly-learned physical exam skills.
- In between patient visits, we were able to share lunch with the providers and the medical director Dr. Amy DeLong, who visited from the Baraboo clinic. We felt incredibly welcomed by the group.
- At the end of patient visits, we changed into hiking clothes and Joan brought us to New Lisbon, WI to see a Native American mounds site which is thousands of years old. On the way there, we drove past a number of bluffs, rocky outcroppings formed by glaciers. After spending time at the mounds, we hiked to the top of Mill Bluff and enjoyed a panoramic view.
- When we arrived back to Joan’s house, we were greeted by her husband Toby as well as her daughter Josie, Josie’s husband Brandon, and their two young daughters, Penelope and Marion, who had come over for a cookout. Josie and Brandon are both very involved in the Ho-Chunk community. Josie has a degree in museology and is working to build a museum of Ho-Chunk history and culture. Brandon worked for the tribal police until he took a position managing the veteran housing program (see day 3).
- Another member of the Ho-Chunk Nation, and Dartmouth College graduate, Chittel, arrived with her three sons. Chittel has taught herself the Ho-Chunk language and speaks Ho-Chunk to her children. She works for Ho-Chunk Nation doing land management.

- We all enjoyed a meal together of venison, fry bread, and hominy stew. Later in the evening, Joan shared some of her collection of Native American books with us.
- **Wednesday, March 14 -**
  - We observed an Interactive Care meeting between members of the mental health team of psychiatrists, counselors, individuals who work with tribal court, and the primary care team. Plans were discussed for individuals who were in transition of receiving treatment and who were not currently within stable treatment. Decisions were made regarding who would try to contact the tribal member in order to encourage them to continue or start receiving mental health treatment.
  - We also met with Dr. Katie Cannon, MD who is trained as a psychiatrist. She is an Anishinaabe of White Earth Nation and spoke to us about some of the difficulties in transitioning from a reservation to college and then from college to medical school. She tries to encourage other tribal members to attend college and professional schools. As a psychiatrist, she spends 4 days in clinic and then one day is spent counseling patients via Skype. She said that vivitrol has been a helpful treatment for individuals experiencing cravings and noted some of the negative aspects in using suboxone in treatment - the ability to abuse it, long-term prescriptions, and general cost of the treatment.
  - We observed a prenatal care meeting between the primary care team, the maternal medicine/lactation consulting nurse, and the 2 representatives from the local hospital. Some of the challenges mentioned in the meeting were that patients do not always come in for prenatal visits and separately that patients may have baby at a different hospital and this makes it hard to provide follow up. The maternal medicine nurse completes home visits with maternal education, lactation consulting, and help with providing car seats.
  - Jessika Greendeer met with us to discuss food sovereignty. She is working to reclaim ancient Native American seeds-mostly Native corn-from the US agriculture department. She has a plot of land where she happily teaches about gardening and the native corn. Some of the difficulties she's experienced with her garden is the prevention of cross pollination and concern over GMO infiltration from neighboring farms. She hopes that if the Ho-Chunk people can return to farming their native corn and other vegetables, they will become healthier because 1) the native corn has greater nutrients beyond canned corn and 2) farming is a good form of exercise. She hopes to receive tribal money to train an intern and spread her knowledge to other members of the tribe.
  - We had lunch at the Tribal Aging Unit (TAU) where the elders can receive free meals. Some of the meals are sent to the elders homes if they are not able to transport themselves to the center. TAU also serves as a coordinated site for the

elder's resources including some gym equipment and elders financial and resource office.

- Brandon (Joan's son-in-law) manages the veteran housing program and showed us the facilities for tribal veterans. The tribal veteran housing is a dry housing facility that is free to low-income veterans. Most of the tribal veterans have struggled with substance abuse and use this housing program as they recover and look for future housing. However, the tribal veterans are permitted to stay in these housing apartments for as long they want. There are weekly AA meetings at the veteran housing program where both residents and community members attend. Brandon's advice to us as future doctor's is to understand the culture of the military is to minimize pain, discomfort and psychological distress. As we begin to treat veterans, we may need to ask them a couple of times to explain the reason for their visit and may expect the severity of their condition to be stronger than what they are reporting.
- An open house for the Ho-Chunk Healthcare team occurred during the afternoon so that the tribal community could meet some of the new physicians on staff. For a few years, there was an unmet need for physicians and many of the tribal members had to wait weeks to months for a doctor's appointment. The tribal president and tribal chief came to the open house and made introductory remarks. Both the tribal president and chief shared stories of their ancestors that came before them and showed their thanks to all they had done. We contributed to the open house by making appetizers. Although there were only a few community members who attended the open house, we think it was helpful that the leaders of the community were present and could then share what they had learned at the open house.
- **Thursday, March 15 -**
  - We attended the morning meeting of the Community Health Nursing (CHN) program. Attendees included two community health nurses and about 5 certified nurse assistants (CNAs). The nurses and CNAs determined their home visits for the day and touched base about the various patients in the community. We were told that, generally, the CHN program served Ho-Chunk tribal members that were not more than 30 minutes from the Ho-Chunk Health Care Center. Each CHN has a panel of patients that she regularly checks on, but the CNAs provide more frequent home-visits, sometimes multiple times a week. In addition to obtaining vitals, providing skin care, and checking medications, CNAs were also expected to help with any light apartment cleaning or organization, confirm that the meal-deliveries from the Tribal Aging Union were occurring as scheduled, and assist with any transportation for basic needs.
  - We split into pairs for the morning home visits. Bill and Julia went with Gale White, a native Ho-Chunk CNA, on a home visit and then joined a CHN on a

second home visit. Elsa and Heidi followed Rhonda Dunkerly and Megan McCormick on one home visit and then joined a CHN for an additional home visit. Conversations and experiences were very meaningful during these visits and exposed us to the complex realities facing many Ho-Chunk members in the community.

- Gale White was very kind to offer to take us on an extensive community tour in and around Black River Falls and the Mission. She managed to find places we hadn't already been with Joan earlier in the week.
- We toured the Youth Services facilities housed in the brand-new community center and learned about the after-school enrichment programs and summer camps provided. The facilities were remarkable, with large classrooms, a teaching kitchen for nutrition lessons, and beautiful gym. The extensive array of programming included weekly sessions on nutrition, health, exercise, and culture. Additionally, there were academic programs and college counseling services for high schoolers. Sadly, we were told that kids no longer could participate in community clean-up days due to the risk of encountering hazardous drug paraphernalia.
- We also saw the tribal police offices and tribal courthouse, which housed the room where the traditional court of elder tribal men also met.
- Evening activities included a wonderful dinner hosted by nurse practitioner, Chris Seguin, with the other providers of the clinic: Dr. Cox (family medicine clinician) and his family, Dr. Lundberg (optometrist), and nurse practitioners, Chris Seguin and Sue Christopherson. This was a nice opportunity to unwind after a long week and enjoy more stories.
- Since Joan had departed that morning for a conference, we split up to stay at Chris Seguin's and Dr. Cox's homes for our last night.



Joan and family's  
farmhouse at  
sunset



New Lisbon  
Native American  
Mounds,



Panther effigy



Hiking at the bluff with Joan

## **Red Lake (Tianrae, Kira, Lindsay, McKenna, Morgan, Sarah)**

### **Monday, March 12**

After spending the day at Angie's house in Minneapolis, we ventured the 4+ hour drive to Red Lake reservation, (in a large black suburban to accommodate the six of us), and settled into our housing for the week at Red Lake Casino. We started out early on Monday morning, meeting at the Red Lake Hospital at 8am with Dr. Tinsay, the Chief Medical Officer for the hospital and our primary contact. We spent the morning getting acquainted with Red Lake's history and hospital safety, and then meet with Oran Beaulieu, the Red Lake Tribal Health Director, who was also full of stories and good humor.

We were then swept away by Deanna Lasky, one of the Community Health Techs, who graciously took us on a tour of the reservation. Red Lake has three communities that have their own small health clinics that feed into the larger Hospital in Red Lake. The area has two lakes; lower Red Lake which is owned by the reservation, and upper Red Lake which is a mix of natives and non-natives. Deanna took us around lower Red Lake (starting at the hospital), and headed north to Ponemah, one of the 3 communities that sits very near "the point," where the lower and upper Lakes join together. We took a tour of the Ponemah clinic that unfortunately was very short-handed, with one nurse on duty throughout the week and a physician visiting just once a week. Patients must travel to the Red Lake hospital if the nurse cannot assist them, which is a 45-minute drive.

Deanna then took us to the Red Lake Junior College for lunch, where we enjoyed local Wild Rice soup. The students were on break, but we were able to speak with an administrator who explained the impact of the college on the local youth and additional opportunities provided through a strong connection with Bemidji State University and other junior colleges in neighboring reservations.

Our last stop brought us to the Red Lake Detention center that neighbors the hospital. Here we were greeted by Wanda, who runs the detention center, who provided us with a brief background on the prison. We were taken through the facility, entering "the block," able to view everything from work out rooms to living quarters for the inmates. Wanda described that they were over capacity with 77 inmates overfilling 47 spots, mostly due to drug charges.



Deanna then took us back to the hospital, where Dr. Tinsay provided us with a tour of the facility in anticipation of our shadowing assignments for the next day. We learned that the hospital services include inpatient, outpatient, behavioral health and an emergency department. The hospital is also physically connected to a

local nursing home that's run as a separate entity. Throughout our tour, we were able to meet some of the providers that we would shadow the next two days. After a full day of orientation and getting acquainted with the



*Day 1. Touring Red Lake with Deana*



*Day 1. Red Lake Junior College*

reservation, we packed into the suburban and drove to Bemidji for an enjoyable dinner of pizza and salad with Shawn, the Cass Lake crew, and our hospital contacts. We returned around 10, exhausted, but excited for Day 2.

### **Tuesday, March 13**

We spent our morning familiarizing ourselves with the Red Lake IHS Hospital facilities and some of the services it provides. We rotated around shadowing providers in different departments of the hospital including ED, inpatient, outpatient, urgent care, and pediatrics. For patients needing more complex tests or emergent procedures, the hospital transfers patients to the larger hospitals, usually to Bemidji but occasionally Fargo or Duluth. The providers, nurses, and pharmacists that we interacted with were all very resourceful and often wore multiple hats to fill hospital needs where they could provide it. At lunch, a few of us had the chance to participate in a chair yoga session led by the clinic dietician. She was excited about the session, which was a part of her initiative to provide health and wellness activities for the hospital staff.

After lunch, we walked across the facilities to a newly opened Suboxone treatment center called MARS and met with the staff and director. Open for just about 4 months now, they have been working hard to grow their services in the community and have already picked up 16 clients. We finished off the afternoon at Red Lake elementary, where we met with several administrators and staff to prepare an activity with second graders for the next day. Excited to get to work with the youth, we spent the rest of the day afternoon back at the casino designing a lesson plan on hygiene and exercise for the elementary school.

### **Wednesday, March 14**

On Wednesday morning, we had an early start with shadowing from 8-12 at the hospital. 2 members of our group shadowed in the ED, 1 with an internal medicine physician, and three of us spent time shadowing family practice/women's health nurse practitioners. I spent the morning with one of the nurse practitioners. We saw her counsel a patient struggling with an increase in her depressive symptoms, implant birth control in a patient's arm, and check up on a young woman who was 20 weeks pregnant. She was a breath of fresh air – it was inspiring to see her work and connect with her patients and to hear how passionate she is about the ways in which she is advocating for her patients and addressing issues in women's health in a direct, yet culturally conscious manner. At noon, we met Oran Beaulieu (Tribal Health Director), Norine Smith (IHS Red Lake CEO), Dr. Tinsay (Clinical Director), and the providers for lunch where we got to experience the famous Red Lake walleye for ourselves.



*Day 2. Red Lake Hospital*



*Day 3. Red Lake Crew with the wellness counselor, Chris Jourdain, at the Red Lake Elementary School*

After lunch, we left for the Red Lake elementary school where we spent the afternoon working with 40 second graders during their P.E. class. We split the kids into two groups and taught them lessons on hand hygiene and heart health. For hand hygiene, we played a game of “germ shake” to demonstrate patterns of germ/infection spread and the importance of hygiene to interrupt that spread. We also had the kids practice handwashing skills while singing along to Frozen songs with them. Our heart health lesson explored how the heart works and why it is important to keep the heart muscle healthy. We taught the kids how to take their pulses and played “germ tag” to show the kids how their heart works harder when they exercise. Once we finished up at the elementary school we took a trip down to Bemidji to explore the town and see Paul Bunyan and Babe. We even met the Leech Lake group for dinner in town!

### **Thursday, March 15**

First thing on Thursday morning we checked out of the casino hotel and left Red Lake to spend the day in Bemidji with the Leech Lake team. Our first stop was Sanford Hospital where we met with Joseph Beaudreau, the Indian Health Advocate. Mr. Beaudreau was very generous with his time and spoke with us about his work at Sanford, answering our questions before taking us on a tour of the hospital.

Next, we met with Bill Blackwell the executive director of the American Indian Resource Center (AIRC) at Bemidji State University. He shared the mission and programing goals of his office and spoke about the meaningful impact that the resource center has on student’s lives. A graduating student, Naomi, came to speak with us about her experience as a student who utilized the resource center. She spoke specifically about the support that the office provided her with. She used babysitting services that allowed her to study or run errands or exercise while her daughter was watched and had exposure to Ojibwe language lessons, crafts, as well as becoming comfortable on the college campus and creating connections with the AIRC.

Our last stop of the day was at the IHS office in Bemidji. There, we met with Dr. Guimaraes, the CMO, Tony Buckanaga, the Health Professions Recruiter, and Captain Buckanaga, a Nursing Supervisor. They spoke about various opportunities to work with American Indian populations around the country through the federal government during 4th year and after residency. They



*Day 3. Visiting Bemidji*



*Day 4. Visiting AIRC at BSU*

gave us their contact information in case any of us were interested in working with IHS in the future. Finally, we began the trip to Minneapolis to meet up with the larger group on Friday!

### **Friday, March 16**

On Friday morning Red Lake, Leech Lake, and the Bois Forte groups went to Pow Wow Grounds Coffee Shop for breakfast. This is a Native owned shop, with an interactive art gallery that highlights the violence that Native Women face.

After breakfast, we headed to Little Earth of United Tribes to meet with Jolene Jones to learn about Little Earth and the community as a whole. We spoke with her about some of the history of Little Earth and the struggles that she and the community have had to face. She also spoke about the different programs and buildings that are used for different members of the community, including the Little Earth Youth and Elder buildings which we would be volunteering at later in the weekend.

We then went to lunch with Angie and other providers at the Indian Health Board. Here we met with Michael Norcross again and he and other drummers and singers sang a series of beautiful songs to us. They spoke about how drumming ties in with their education and their rotations along the way to obtaining their PhD's in psychology.

At this point we split into two groups. One group went to the American Indian Cancer Foundation, and another group went to the Little Earth Youth Diabetes Nutrition/Physical Fitness Program. The American Indian Cancer Foundation staff were so kind and welcoming. Their entire staff came out to do introductions and explained their different roles. We talked about how they integrate traditional healing into western medicine, and the avenues they use to be advocates to patients. After introductions, we helped make 50 binders with different information- such as health insurance logs, answers to frequently asked questions, and a list of healthy foods to eat that help with cancer treatment. These binders will be distributed out to patients who were recently diagnosed with cancer.

For the group that went to help out the Little Earth Youth: We spent some time helping out on a nutrition activity and an exercise program. We did push ups and planks with the kids and helped them try to beat their own best times from the week before in a fun environment of cheering and camaraderie. Afterward, we made "healthy kebabs" with pineapple, banana, turkey, ham, and cheese. We finished playing a racing game where the kids had to take notecards with types of food and place them into the different food groups to help learn about the various types of food and what the body needs to be working at its best.

At this point, we all met up at the Minneapolis American Indian Center to help volunteer for a Powwow! All of the other groups joined us throughout the night, and it was a fun experience! We helped with registration, serving a wild rice soup, volunteering in the exhibits, caring for elders, and setting up the tables and chairs to prepare for the powwow! During the powwow we were called down a few times and were taught how to dance, and joined the community in dancing. It was a very fun experience and we were welcomed so warmly. At the end of the night, we helped clean up and thanked the leaders, dancers, and drummers, for making our first powwow such a memorable experience.

**White Earth (Maya, Andy, Meera, Tala, Kali)**

**Monday, March 12**

Itinerary:

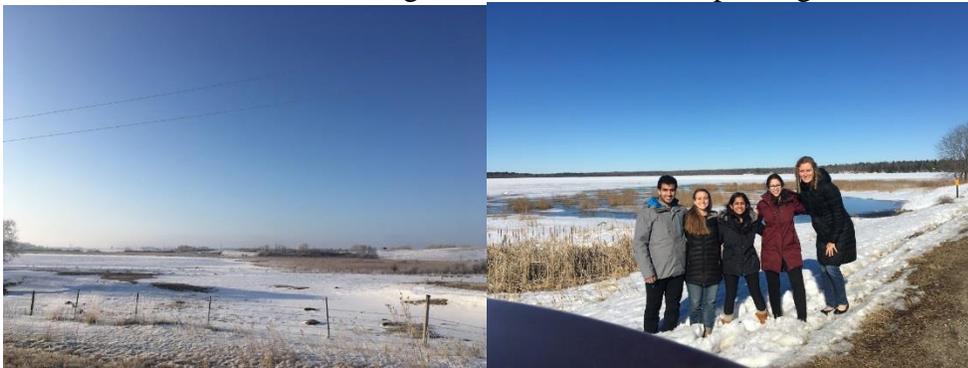
9am: Tour of White Earth Reservation

12pm: Lunch with Presentation about WECARE and Harm Reduction on White Earth  
3pm: Tour of White Earth Indian Health Services (IHS) Building  
5:30pm: Cultural Dinner with Stories by Dr. Carson Gardner



Our day began with a bus tour around the White Earth Reservation. We left the Shooting Star Casino after scraping the ice off of our windshield and enjoyed a beautiful sunrise over miles of snow covered fields. We met Cyndy Rastedt, Kim Turner, and Hannah at the Tribal Health building, learned more about what our week would look like, and were off. Kim and Hannah guided the tour around the reservation.

Our first stop was the Circle of Life Academy (COLA). It is a Bureau of Indian Education Grant school that has been around for about 5 years and has come a long way since it first opened. When we first walked in, the first thing we saw was a place to do a smudge. This is the burning of sage or cedar that we were taught about at Angie's. The halls of the school were covered in Ojibwe posters, including those of the seven grandfather teachings: respect, wisdom, love, bravery, humility, honesty, and truth. We saw the Z-room where kids could go to calm down and get re-centered. The school has made great strides as far as improving test scores and promoting culture.



After seeing the school, we continued driving along the flat, open terrain. We passed through many small communities on the reservation and learned about the challenges faced with regards to transportation here. Kim told us that there is a bus. However, the bus picks you up in the morning and makes another loop later in the day. This makes getting to work, grocery shopping, and making appointments very difficult. The reservation is largely checkerboarded, meaning that land within the reservation is not owned by the tribe. This is something that we came to learn a lot more about later in the week.

Next, we stopped at the White Earth Tribal Community College. The college was expanding. It was cool to see building plans that resembled a turtle from above. Again, there were smudge materials at the front door, complete with a basket of sage, cedar, braided sweetgrass, and tobacco. We drove past the MOMS center (more later), the sports facility in Naytahwaush, areas of subsidized housing, elder homes, schools, and then returned to the Tribal Health building in White Earth. While the name White Earth refers to the white clay that makes up the reservation's ground, the name was particularly appropriate given the miles of rolling snow-covered hills.

We had lunch with Hannah and Kim, who gave us a presentation about WECARE. WECARE stands for White Earth Coordination Assessment Resources and Education. This program helps coordinate patient care and brings together all aspects of health, from housing and education to immunizations and transportation to appointments. A person can meet with WECARE, identify needs, and have them addressed in a cohesive way. For instance, if a person is seeking immunizations for his or her children, healthier food options, and daycare, all of these things can be managed in one meeting and the appropriate resources can be contacted. It is this type of coordinated care that we should strive towards in our future careers.



After lunch, we headed to IHS for a tour of the building. We were greeted by Jessica Anderson, a pharmacist and public health personnel at White Earth Health Center. She talked to us about IHS and then gave us a tour of the building. The IHS building on White Earth was full of history. There were photos all over that showed everything from portraits of ancestors to present day Pow-wows. It was interesting seeing these pictures and looking at White Earth then versus now. For instance, there were images of a government indian school on White Earth that is no longer standing today. Historical images of the White Earth community showed buildings that once stood, images of the June 14 celebration (when the first wave of Ojibwe arrived to White Earth), images of logging, and more. Our tour concluded by meeting with Dr. Thomas Schreiner, the clinical director at White

Earth Health Center. He, like many others, was dressed in a uniform. This was a curiosity to us, but is because many who work with IHS are Commissioned Officers of the Public Health Services. We were excited to work with him in the coming days.

After a day of learning, we headed back to the casino where we would be having a cultural dinner that evening. Dr. Carson Gardner came to speak to us over a delicious dinner of walleye and wild rice. He worked with IHS for many years and is highly regarded by the community, and has been formally adopted into the White Earth nation. He told us a story about how peace was brought to the Ojibwe people in their battles with the Lakota. It highlighted peace, equality, tradition, and forgiveness. It was a fantastic day.

## **Tuesday, March 13**

### Itinerary:

8:15am: Work with Home Health or MOMS

12pm: Lunch

12:30pm: Shadow at IHS

4:30pm: Harm Reduction

### Home Health (Meera and Andy)

- **Meera:** Traveled with Amy to Elbow Lake and Waubun. I met with 3 patients. The first patient was bathed by the nurse. The next two patients had their vitals checked and prescriptions renewed or sent to the pharmacy at IHS.
- **Andy:** Traveled with Sarah to 2 homes in White Earth and Mahnomen. The first visit was to an elderly female patient who lived in a home with her husband and grown son. It was her first time to have a home visit from this specific nurse, but she was very open and excited to form a relationship going forward. We checked her vitals and asked whether she required any additional care or medication. She decided that she could have her home health visits decreased from once every two weeks to once a month. The next patient was an elderly woman who lived in a home alone in Mahnomen. About 10 years prior, she moved back to Mahnomen (where she grew up) to raise her grandchildren in a community (she hoped) with less drug influence. Unfortunately, she said the drug epidemic in her neighborhood has worsened significantly over the past decade. As we pulled up, the house across the street was being boarded up, earlier in the day a drug bust took place at the property, a man was selling meth/heroin from the basement to local residents. The patient shared stories with us about how many nights “drugged up kids” would bang on her doors and windows. She recalled a particularly heartbreaking story when one night, she went out to find a 14 year old boy collapsed in the snow who had passed out. She called the ambulance, and he was okay. However, this home visit was a real eye opener with regards to the serious drug use problem in many communities across White Earth, and the difficulty for parents/grandparents to try to raise kids in those circumstances.

- MOMS is a Medication Assisted Treatment program for mothers and pregnant women who are addicted to opioids. Under one roof, there are group sessions, individual counseling, education classes, and suboxone or buprenorphine dosing.
- We observed Lindsay, a nurse, as she dosed suboxone for three women who were willing to share their stories with us. Lindsay also described the intake process, how the medications worked and were given, and she also shared a bit about her own background. We learned that suboxone is given in strips placed under the tongue, and if the clients are being dosed with buprenorphine the medication is given as a tablet. When clients are first enrolled and are placed on suboxone, they have to come every day to the program to be dosed, and the gradually are granted privileges to take 2 days, 3 days, 4 days, and eventually 6 days worth of medication supplies home. Suboxone contains a combination of naloxone (or Narcan) and buprenorphine, and the naloxone ensures that there is no high. Women who are currently pregnant, however, can only take buprenorphine due to a lack of data on the safety of suboxone in pregnant women, and those clients need to come every day to be dosed. Buprenorphine can result in a high if taken by itself, which is why any client receiving that medication is almost never given supplies to take home.
- We also joined a nutrition and fitness education class that is part of the MOMS cultural programming. The instructor makes the lessons particularly valuable by using foods and products that are included in WIC and “commods” (commodities). With rare exceptions, MOMS clients are receiving food from distribution centers or via WIC, and these classes help make nutritional advice directly applicable to the kinds of foods they have access to.
- Met with Julie Williams who started up the MOMS program almost 3 years ago after working with clients who had opioid use disorders and recognizing a need to help pregnant clients and their children. She said, “It just is common sense to have mental health services and dosing under one roof.” We couldn’t agree more.

### Shadowing at IHS

- **Meera:** Shadowed Courtney (pediatric NP). Saw two twins, one of which for a follow-up of Kawasaki’s disease. I also observed a school-aged child, two new mothers and their infants, and an adolescent girl. Overall, this was an incredible experience where I observed healthcare among a high need population with concerns ranging from birth weight, breastfeeding, childhood obesity and nutrition, and sexual health issues. I also witnessed a circumcision procedure during this time.
- **Maya:** Shadowed Dr. Thomas Scheiner, a pediatrician and learned about pediatric care at IHS. I learned about Dr. Schreiner’s 15+ years working at IHS in Montana and at White Earth.
- **Kali:** Shadowed Hong Yoon, a podiatrist. I observed a toenail removal on a diabetic patient and learned about how Dr. Yoon ended up on White Earth.
- **Tala:** Shadowed Jennifer Simhai, a Family Medicine Nurse Practitioner. Jennifer is actually the only native provider (excluding nurses or other staff members) at White Earth’s IHS, and I got to learn about her work at a previous IHS clinic in North Dakota, her perspective on family medicine and rural health, and her thoughts on IHS more broadly. We talked quite a bit about the need for more family medicine and primary care providers, and also went over the cases she saw that day.

- **Andy:** Spent the day with Kelly, an occupational therapist (OT). Gained a much deeper appreciation for the role of an OT in patient care, and how an OT's contribution differs from a physical therapist's (PT). Kelly stated that an OT focuses on getting patients back to doing whatever it is they want to do. For some, that might mean being able to get out of bed, put on shoes, walk their dog, type at a computer, or feeding themselves. For others, that might mean doing heavy labor: construction work, yard work, etc. To effectively do this, Kelly said OTs are very concerned about many facets of the patient's life, including home situation, eating habits, support system, etc. On the other hand, she said (given, this is from an OT perspective), PTs focus much more on the narrow problem they are presented with and how to increase the patient's abilities (range of motion, flexibility, etc.) with regard to that problem. She said that an OT wants to help a person raise their arm so they can put plates away at home, while a PT wants them to be able to raise their arms further and more easily with each attempt. She also stated that OTs focus more from the waist up, especially the neck, shoulders, and head (headaches included), while PTs focus more on the knees, ankles, and perhaps elbows.
  - While watching Kelly, I got to learn a great deal about a technique called "dry needling" and the amazing effects it had on her patients. The technique involves taking a needle, and repeatedly stabbing it deep into the muscles either that cause the patient pain, or might connect to tissue that is causing the patient discomfort. Unlike acupuncture, the needles are not left in shallowly for an extended period of time, but are simply poked into various places one at a time and then removed quickly.
  - While with Kelly, I saw two patients who presented very different, unique cases. Kelly handled them both with incredible compassion, friendliness, excitement, and a patient centered attitude. It was honestly like seeing everything I learned about Shared Decision Making and Patient Centered Care come true right in front of my eyes.

#### Harm Reduction

- **Kali, Meera & Andy:** Visited the Mahnomen Harm Reduction Clinic. 2 nurses worked with patients and 1 volunteer checked clients in and provided snacks for them as they left. Visits included patient education surrounding safe usage and Narcan was provided if clients wanted it. The topics of safe usage include the risks of using alcohol in conjunction to meth or heroin (today's topic), the importance of getting tested for Hep C or HIV, and why needle sharing is dangerous. Clients return 30 needles in a red container that was initially provided to them if they are returning. New clients will receive 10 needles in a black box. Upon return of all 10 needles, they can receive 30 needles at a time. The clinic is anonymous and clients can visit any clinic on the days they are available. There are harm reduction clinics in Mahnomen, Naytahwaush, and White Earth. On thing that I thought was interesting is when one of the nurses told me: "Using drugs involves so many careful, laboratory like procedures, yet is something so dangerous."

#### **Wednesday, March 14**

##### Itinerary:

8:15am: MOMS or Home Health

12pm: Lunch

12:30pm: Shadow at IHS

3:30pm: Harm Reduction or Boys and Girl's Club

### MOMS Program (Andy and Meera)

- **Andy:**
  - Had the opportunity to speak with a number of individuals enrolled in the MOMS Program. Interestingly, I saw mostly men receive suboxone treatment. One gentleman who spoke to Meera and I recounted how the MOMS program saved his life. Before enrolling, his life was devastated by drug use, his relationship with his child was suffering, and he felt like he had no control over his life. However, after consistently meeting with the nurses at MOMS, he said that he finally began weaning off the constant drug use, and felt in control again, in addition to restoring his relationship with his child. This was a very dear, eye-opening experience that stuck with me. Another gentlemen told us how he collects a type of plant's leaves to make tea, and kindly gave Meera and myself a bag of it to take home.
  - I also had the opportunity to sit in on a MOMS group therapy session with 3 gentlemen and a counselor. This proved to be an incredible time, and gave me insight into the real day-to-day struggles many men on reservations face. The topics discussed ranged widely based on what the men felt they were struggling with that week, from their relationships with their wives, how honest they were with their spouses, how they spent money, and their struggles with gambling money that could have been used for clothing, food, etc.
- **Meera:**
  - Watched patient intake at the MOMS Program with one of the nurses (Lindsay). Lindsay administers suboxone to patients everyday by oral administration. Patients can eventually receive suboxone pills at home after a certain number of months of attending the clinic and being compliant with the program (attending group therapy sessions and having drug screenings regularly). Overall, I was struck with the dedication the providers and everyone who works at MOMS provides for their patients. It was clear there were deep connections between patients and providers. Nurses joked and teased the women who were there and offered support as needed. I also sat in on a group therapy session with the moms, in which the topic of healthy relationships was discussed. There was a sense of camaraderie among the women at MOMS. One patient was concerned about her friend's relationship, something the counselor noted. The stigma of substance use did not exist at MOMS. Rather, everyone seemed supportive of each other and willing to share their experiences.

### Home Health (Kali and Maya)

- **Kali:** Traveled with Ashleigh and Moses to an elder community home in White Earth. I observed two reserts; these are overall physicals that reinsert a patient into the Home Health database. In both cases, we advocated for smoking cessation. It was interesting because the two women taught me about drumming and Pow-wows, respectively. In fact, I was able to listen to a woman sing and drum. The experience was very impactful.
- **Maya:** Traveled with Amy to homes to give injections, refill prescriptions, take vitals, discuss diabetes, and generally check in with how the clients were doing. One elderly

woman was on dialysis and she told me all about how that impacted her life. I was grateful to be allowed into these community member's homes and listen to their stories.

Harm Reduction (Tala): I spent the morning in Naytahwaush, a village about 40 minutes from the White Earth Tribal Health Center and where the MOMS and MAT programs are also located. The Harm Reduction team at Tribal Health operates a needle exchange in different locations during the week, and when they are at Naytahwaush they set up in a small community center in the middle of a neighborhood primarily composed of subsidized housing. I got to learn about the logistics of the needle exchange intake, tracking, and supply distribution from Nicole, Rachel, and Karen, and I also got to sit in on two nurse-client meetings with Sarah, one of the public health nurses. The education topic changes from week to week, and this week's was focused on explaining the danger of mixing alcohol and meth or heroin. I am part of a group of Geisel students working on setting up a needle exchange in New Hampshire, and it was very inspiring to see a needle exchange in action, and it was also a wonderful opportunity for me to learn from individuals that have worked for years in order to make such a program possible.

### Shadowing at IHS

- **Meera:** I shadowed the podiatrist, Dr. Yoon. He served two patients, both for minor foot injuries. Discussed the typical cases Dr. Yoon sees, including foot complications from diabetes, such as foot ulcers.
- **Maya:** I shadowed Dr. Tamara Smith, a family NP.
- **Kali:** I shadowed Courtney, a pediatric nurse practitioner. We saw a 17mo old girl with a UTI, a 5 year old boy with a cold, a 9 year old girl with headaches (in need of glasses), and a 9 year old autistic boy with an object in the right nare. I actually really enjoyed pediatrics.
- **Tala:** I shadowed Kelly in Occupational Therapy, and it was both an eye-opening and inspiring experience. I have only had brief experience with physical therapy, and it was fascinating to hear Kelly explain dry needle, lymphatic work, myofascial release, and what the role of the OT was in helping patients work through different types of muscle pain or movement restriction. We talked a lot about musculoskeletal anatomy and how she knew which muscle she was working on at any given time. In anatomy, we had just finished the upper and lower extremities and it was really fun to see what we had learned about the muscles applied in real time to patient care (it was also a great review!). Kelly was also a fantastic teacher and she had a wonderful way of interacting with her patients, and I aim to take a lot of what I learned from her and apply it to my own patient care. This was one of the shadowing sessions I learned the most from, and I hope to shadow an OT/PT at DHMC.
- **Andy:** I shadowed Dr. Schreiner as he conducted heart coding & resuscitation training for a team of nurses. I learned a great deal about how to effectively and calmly handle a code that is brought into the hospital. First, check for a pulse. If there is no pulse, begin chest compression immediately. Put on a breathing mask, hook up cardiac pulse machine to the patient, try to get IV started and administer meds. Every two minute cycle, check again for a pulse, if there is none and the patient is still in v-fib, then give a shock. Repeat cycle until pulse returns or no response is determined.

Boys and Girls Club (Kali, Tala, Andy, Meera):

We spent 1 hour with kids at the Boys and Girls Club in Mahanomen. We played games with the children outside to promote physical activity. We also met with the program coordinator at the site, Sheila, and learned more about how the program works in the community. We had a wonderful time playing zombies with the kids for the first hour. We would run around and pretend we were the “zombies” and the kids were the “humans,” once we tagged them, they became “zombies” and tried to tag their friends. The kids loved it. We finished our time with them playing good old-fashioned Red Rover. Surprisingly, most of the kids (and Geisel students) had never played the game. It proved to be a wonderful, exercise-filled time, and uplifting experience for both the kids and ourselves.



**Thursday, March 15**

Itinerary:

8am: Shadow at IHS

12pm: Pow-wow at Pine Point School

3pm: Meet with Mike Swan, a spiritual counselor

4pm: Meet with Cyndy about population health

6:30pm: Dinner w/ Bob Shimek, director of White Earth Land Recovery Project

Shadowing at IHS

- **Meera:** I shadowed Steve, the PT at IHS, and Kelly, the OT at IHS. I observed Steve working with 3 patients and learned about some of the techniques he uses, such as myofascial release, and counter stretches. I also shadowed Kelly with one patient as she performed dry needling - a technique, using a long needle to pierce muscles ultimately to relieve tension and alleviate pain. The patient I observed rated her back pain as a 10/10. She had such incredible strength to deal with excruciating pain. In fact, she had to quit her job at IHS because of how severe and debilitating her pain has been. The amount of relief Kelly was able to provide her and the compassion and expertise she exhibited during her care were evident. Her ability to joke and connect with patients were qualities I admire and hope to instill in my future practice.
- **Maya:** I shadowed with various providers in Family Medicine.

- **Kali:** I shadowed Dr. Tamara Smith, a family medicine doctor at IHS. We saw a diabetic patient with a high HbA1c, a woman with warts on her fingers and canker sores, and a heavy-set lady with a torn medial meniscus.
- **Tala:** I was able to shadow Dr. Pepper, a women's health NP and an officer in the public health corps. She is the only provider who specialises in women's health at IHS, and she sees female patients from adolescence (or whenever they have their period) through old age, and is more accurately a primary care provider who takes care of females rather than an OB/GYN NP. We saw a middle-aged woman in for labs and diabetes check, a 70 year old in for a follow-up about concerns with her kidney function, an elderly lady in for her regular visit and lab check, and another middle-aged lady with a large number of complex complaints (diabetes, skin rash, leg pain, and headaches). She had been at IHS for over 18 years, and we spent a lot of time discussing changes that have happened at White Earth over that time, what kinds of conditions she sees, challenges of being a primary provider in a rural area, and what she liked about working with her patient population. I really liked the way she interacted with patients, and she also spent a lot of time patiently and thoroughly answering all of my questions.
- **Andy:** I shadowed Courtney, a pediatric nurse practitioner. She was extraordinary with the families and children she saw. We saw one smiling, radiant boy whose mother had used drug/alcohol during pregnancy. He was brought into the clinic by a foster parent who cared very deeply for him. You could tell that she treated him just like her own flesh and blood, and was heartbroken about the developmental challenges he faced because of his mother's drug and alcohol use. Courtney educated me about the tell-tale signs that a baby/child has fetal alcohol syndrome, including a lower bridge of the nose between the eyes, a shallow lip palate, and difficulty concentrating for long periods of time.

#### Pow-wow at Pine Point School:

The Pow-wow took place at Pine Point School in the Pine Point community, about an hour drive from Mahanomen. According to people at Tribal Health, Pine Point is a community that is replete with poverty and drug use. The drive there was beautiful. We passed through heavily forested areas that were more hilly. When we arrived, we followed the sounds of drums and smell of fry bread to the school gym. In the center of the gym, there was a circle of men and boys around a drum. They were playing and singing as dancers in normal attire and in regalia danced in a circle around them. A man named Darryl invited us to sit down with him on the bleachers. He told us about what we were seeing: elders sat in the back, veterans with eagle staffs sat beside the elders, an announcer indicated which dance would be next. The regalia worn by some of the dancers was colorful and often included feathers or animal imagery. There was a girl in a purple dress with a pink butterfly on it. Many dresses were adorned with metal tassels that jingled as they danced. Some boys were wearing feathery attire with bells around their ankles. A couple of the dancers also held hoops and used them to mimic butterflies, eagles, and more. While these young girl's held five hoops, Darryl

told us that the older girls can dance with up to twenty-eight. We even watched Winona LaDuke



dance with the children.

It was an interesting mix of culture and history. The juxtaposition of the American flag and traditional Ojibwe attire was curious. The sounds of the drums and dancers filled the school. It was definitely a trip highlight. Yet even in a vibrant environment like this, drug use was still on the minds of many. For instance, Darryl was taking care of his grandkids because his children were addicts. This was not a rare circumstance.

As the Pow-wow was coming to a close, we watched a girl in an orange dress be crowned the Pow-wow princess and Darryl's grandson become Pow-wow Brave. This is a newer tradition to promote culture in the younger children. Her family gave gifts to members in the audience. All of us were gifted something, so we had to dance in the next song as a form of gratitude. Turns out that none of us are as light on our feet as the little dancers.

At the Pow-wow, we also got to eat delicious Indian tacos, which included venison, tomatoes, and lettuce over fry bread. The people at the Pow-wow were so kind to teach us, feed us, and include us in the festivities. It was truly a special experience that all of us felt fortunate to be a part of.

#### Meeting with Mike Swan:

- Mike Swan is a local spiritual counselor and he also helps a lot in the school. He was gifted a pipe a number of years ago, underwent a journey to understand the gift, and has since helped others with spiritual guidance.

#### Meeting with Cyndy about Population Health:

- Cyndy told us about equality versus equity. Equality is giving everyone the same amount of help, but she explained that certain individuals need more help than others. For instance,

a child in Pine Point needs more help than we do. Equity is giving different amounts of aid to people to bring them to the same playing field. This is the goal as we go forward.

- Cyndy also showed us the Pine Point Community Center so that we could understand what real poverty looked like. The building had a beautiful ceiling, but roof water damage was significant. The bathrooms lacked working toilets and sink handles. The group therapy room was a small room with lots of storage materials and a small circle of chairs. The classrooms were poorly lit and lacked seating. There was a hole in the kitchen floor that opened up to pipes below and was a real hazard for children. This was very eye-opening.

#### Dinner with Bob Shimek:

- Bob Shimek is the executive director of the White Earth Land Recovery Project. He is a fantastic historian and told us that historians are what the reservation is lacking most. He spoke very intentionally and told us about Ojibwe traditions, the treaties that came to establish White Earth, the events and acts that led to illegal land distribution on the reservation, and how White Earth Land Recovery Project aims to reclaim non-tribally owned lands within White Earth's boundaries.



**Friday, March 16**

#### Itinerary:

- 8am: Say goodbye to Tribal Health
- 8:30am: Shadow at IHS
- 12pm: Lunch Pre-Departure
- 1pm: Head to the head of the Mississippi River
- 2pm: Drive Back to Minneapolis

#### Shadowing at IHS

- **Meera:** Shadowed Dr. Rostad in family medicine. I observed Dr. Rostad working with two patients, one patient was due for her first pelvic exam, and the second patient was establishing care for the first time at IHS.
- **Kali & Maya:** We toured the radiology and lab portion of IHS initially. We also shadowed Kelly and Steve, the OT and PT at IHS. We watched Kelly do dry-needling on a patient to help with recovery from accident and major hand surgery. We also observed Steve do myofascial release techniques on three patients who were recovering from neck, shoulder, and lower back surgeries.
- **Tala:** I shadowed Courtney in pediatrics for the morning and we saw two patients. One was a 7 year old boy in for an ADHD assessment, and the other was a 13 month old girl in for her 1 year wellness appointment. The morning was fairly slow, but it meant we had a lot of time between appointments to go over what the children were in for and talk more generally about what kinds of cases Courtney saw. I didn't know anything about how ADHD is assessed or diagnoses, and it was really fascinating to learn about the Vanderbilt forms, the steps required for diagnosing, and how the behavioral/mental health providers (run by Tribal Health) are involved in treatment.
- **Andy:** I had the opportunity to shadow a number of family medicine nurses. I was struck by one visit that

Lake Itasca and the Head of the Mississippi:



On our way back to Minneapolis, based on Cyndy's recommendation, we stopped at the Headwaters of the Mississippi. This is where the Mississippi River begins and it ultimately ends in Louisiana. It was such a special experience to see a part of this country that we all may never have visited had it not been for the opportunities Shawn and Geisel provided us. There were not that many people and it was incredibly peaceful to observe the water, sunlight, and nature surrounding us. This was also a great activity that helped our group bond. After spending about a half hour there, we made the journey back to Minneapolis.



## **Back Together Again: Second Weekend**

### **Saturday, March 17**

Our crew of 28 woke up at Angie's home (yes she let all of us stay with her and her family!) in the morning and each group made plans for breakfast. Some remained at the house, others headed back to Indian Corridor to visit Powwow Grounds Coffee Shop and still others grabbed coffee and breakfast at various shops around Uptown. The entire group convened at 10 am at Section 7 in Little Earth to set up a foot care clinic for the elders in the community. We brought pumice stones, nail clippers, files and lotion and the elder programming director, Rose, supplied foot baths. The morning started with just a few elders trickling in but pretty soon almost every student was paired up with an elder. Taking a moment to step back and observe the room, we saw something pretty remarkable. Two to three students sat on the floor at the foot of each elder, caring for their feet but more importantly listening to their stories, asking questions and connecting with them and their experiences. Rose commented that this was the most elders she'd seen out of their homes and together in a long time. The Little Earth community members worked hard to advertise and encourage elders to attend this event, and we were so grateful for the opportunity to participate.



FOR ELDER'S 55 & UP  
**FREE PEDICURES**  
BYOT BRING YOUR OWN TOWEL!!

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DATE: MARCH 17, 2018 SATURDAY  
TIME: 10AM TO 1PM

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LOCATION: ELDERS ROOM  
2501 CEDAR AVE. SO. MPLS, MN. 55404

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**COME AND GET PAMPERD!!!! HAPPY,  
HEALTHY FEET!!**

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FOR MORE INFORMATION CONTACT: ROSE  
ROBERTS  
ROSIETHINGS800@GMAIL.COM  
PHONE 6122421393, 6124552826

Next door at Little Earth, a Narcan training coordinated by and for community members was taking place and they graciously invited all of us to get trained with them. As we finished the

foot care clinic around 1 pm, we walked over in shifts to spend a few minutes learning when and how to administer Narcan, the problems their community is facing and the solutions dedicated members are working towards. It was an eye-opening and important experience for all who attended.

Following the training, the groups spent a few hours exploring Minneapolis on a beautiful, sunny day before meeting back at Angie's for a wonderful takeout dinner from Pimento Jamaican Kitchen, picked up by Maya and the White Earth group. We spent the evening eating on the floor and reflecting on our experiences throughout the week. After a heavy but impactful week in the rural communities of Minnesota, the large group was able to walk together to Uptown Minneapolis and explore the area.



### **Sunday, March 18**

Our last day in Minnesota began with a leisurely morning at Angie's, as some made breakfast there or walked to local coffee shops. Many spent the morning exploring Birchbark Books & Native Arts, Angie's sister's bookshop right around the corner from her home. It was a relaxing end to a busy, incredible trip, as students rested and read at Angie's and talked with her and her daughters. Some explored downtown Minneapolis while others experienced their first trip to the Mall of America, taking advantage of the shopping and indoor roller coasters. The groups reconvened at the airport and settled in for the first of two flights home beginning at 8 pm, arriving back in Manchester, NH at 1:30 am and finishing the final drive back to Hanover. Though exhausted from traveling and the weight of many moments on the trip, there was a collective sense that what we had experienced together was profoundly meaningful and would shape the way we viewed and practiced medicine in the future.



