

Dartmouth Medical School Rural Health Spring Service Trip

Reservations of the Minnesota Ojibwe Tribes
March 14 – March 20, 2010



Students

Meaghan Kennedy
Carrie Burns
Kelly Corbett
Karl Dietrich
Carolyn Johnson
Lannah Lua
Kyle Packer
Monica Rose
Rebecca Scully

Faculty Advisors

Shawn O'Leary, Office of Multicultural Affairs
Susie Linsey, Rural Health Scholars

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Introduction

We came together as a group in early December to organize a spring service trip. After considering several potential sites, we decided that the Ojibwe reservations of northern Minnesota offered a unique experience. Initial contacts for the group were made by Shawn O’Leary.

Our goals for the trip were as follows:

- To listen, observe, and begin to understand the health care and social issues facing Native communities through direct personal interactions.
- To provide meaningful community service, developed in collaboration with community leaders.
- To share what we learn by raising awareness of these issues among our colleagues and peers at Dartmouth.

We hoped to learn more about Ojibwe culture, Native health issues, and the Indian Health Service, while also providing direct service to the communities we visited.

Background

Several events in the history of the Minnesota Ojibwe were referenced repeatedly during our trip and help set the stage for better understanding the relationship between healthcare providers, the US government, and Native Americans in Minnesota.

Chippewa 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 US and Canada. Following approximately 200 years of migration, in the mid-1700s the Ojibwe resettled in central 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 25 non-reservation boarding schools run by the Bureau of Indian Affairs. The schools taught a primarily vocational curriculum.¹ Students were often renamed before being dressed in western clothing and forbidden from speaking their languages. While most had closed by 1950, they have had an indelible mark on the psyche of the Native American people.²

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 service for approximately 1.9 million Native Americans across the US.

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

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

Locations

Three students went directly to Red Lake while the 6 others went first to Fond du Lac and Bois Forte before splitting into two groups of three and proceeding to White Earth and Cass Lake.



Nationalatlas.gov, accessed June 8, 2010

Team and Leadership Roles

Meaghan Kennedy headed up the team and was the primary contact for the locations. With the help of Mr. O'Leary, she took the lead in organizing locations and potential shadowing and service experiences. Karl Dietrich handled budgetary matters. Carolyn Johnson coordinated publicity and Monica Rose coordinated fundraising activities. Kelly Corbett headed up logistical issues with ground transportation, Carrie Burns headed up flights, and Lannah Lua handled overall scheduling. Rebecca Scully headed up the trip report and Kyle Packer coordinated the presentation to the Dartmouth community following our return.

Brief Timeline

Date	Team		
	<i>Red Lake</i>	<i>White Earth</i>	<i>Cass Lake</i>
Sunday 3/14	Monica, Carolyn, Kelly	Carrie, Karl, Becca	Kyle, Lannah, Meaghan
Monday 3/15	Meet with Tommy Woon in Minneapolis, Travel Day		
Tuesday 3/16	Clinical Shadowing	Min-No-Aya-Win Human Services Center Tour, Schools	
Wednesday 3/17	Clinical Shadowing	Bois Forte Clinic Tour	Bois Forte, Diabetes Bingo
Thursday 3/18	Present at schools	Clinical Shadowing	Infant Mortality Conference
Friday 3/19	Present at schools	HIV screening/Shadow	Clinical Shadowing
	Home Health Visits	Home Health Visits	Shadowing, Public Health Services
Saturday 3/20	Travel Day		

Orientation and Cultural Activities

We met repeatedly prior to leaving not only to work out logistical issues, but also to discuss our goals for the trip and our understanding of the issues faced by the communities that we planned to visit. Shawn gave a presentation on the history of his band and the experiences of his family, which was an invaluable introduction to the issues facing Native Americans in Minnesota and across the US. Upon reaching Minnesota, we met with Tommy Woon, Dean of Multicultural Life at Macalester College. He spoke with our group about mindfulness and being present. It was good to have a distinct transition from finishing finals to beginning this trip. It helped us to fully engage with the events at hand.



Six of us also had the opportunity to meet with Arnie Vainio, MD, a Native American physician who works with Ojibwe communities in Minnesota, as well as Joy Dorscher, MD, a faculty member at the University of Minnesota – Duluth School of Medicine. They were two of the few Native American physicians we met and it was an amazing opportunity to speak with them about their experiences growing up and later on

as physicians. We were also able to watch a portion of Dr. Vainio's documentary, "Walking into the Unknown," which aims to encourage Native American men to seek preventive health services.

Other cultural and orientation experiences included visiting Ojibwe heritage centers (Fond du Lac and Bois Forte), dinners with local physicians (Red Lake), attending a healing ceremony (Cass Lake), and learning about wild rice harvesting (Bois Forte). In general, the discussions we had with community members were incredibly helpful in giving us insight into the history and current social and health issues the reservations were facing.

Clinical experiences

Red Lake (Carolyn, Kelly, Monica)

Kelly, Monica, and Carolyn had the opportunity to shadow practitioners at the Red Lake Indian Health Service Hospital several times throughout their time in Minnesota.

Kelly shadowed a Nurse Practitioner one day who treated patients from a rehab/court-ordered half-way house and saw a patients displaying drug-seeking behavior with chronic pain complaints, and a few sniffles/coughs. She also shadowed a pediatrician for a half-day: saw a baby for an earache, and two teenagers for pre-diabetes counseling. On the last day, she shadowed a community nursing aide, who delivered meds to housebound patients and who changed the dressing on an ulcerated wound in a handicapped elder.

Monica spent a day and a half shadowing doctors at the Red Lake Hospital. The first half-day was spent with a family medicine doctor. She saw a middle-aged female patient for a check-up who agreed to have a pap smear done. The second day was spent shadowing a pediatrician. She saw a child with an ear infection and a fifteen year old girl who came in for diabetes follow-up. She was suspended from school and presently attending the juvenile delinquent program at the local jail. She had some problems with being overweight, and clearly there were a myriad of problems at home and at school. There seemed to be a lot of physical violence at the high school. She also saw some lung infections and reviewed a couple of chest x-rays of kids. There was concern of H1N1 being spread at the reservation.



Fond-du-Lac (Becca, Carrie, Karl, Kyle, Lannah, Meaghan)
<http://www.fdlrez.com/HumanServices/main.htm>

On Monday, all save the Red Lake Team had the opportunity to tour the Min-No-Aya-Win Human Services Center and meet with Phil Norrgard, the clinic director. Dental services, mental health care, pharmacy, nutrition, public health services, and physical therapy are all located within the same building.

The clinic has a great set up with the pharmacy. They have a machine that fills prescriptions allowing the pharmacists to interact with the patients and focus on medication management to help maximize pharmacologic interventions. They meet in a room with each patient to discuss their medications and the timing and dosage as well as any potential interactions. The integration of the mental health and clinic are also impressive and allow physicians to focus on more physical intervention and assessment while the social workers and mental health professionals handle more of the education and desire to change component. The clinic also has a chiropractor on staff.

Mr. Norrgard also gave us a presentation on the history of the clinic, the patient population, and the funding. We then had a chance to talk with a public health nurse who talked a great deal about the programs available and the links between the community and the clinic.

A panel of community members spoke with us including two members of the clinic staff, the environmental manager for the reservation, and a female elder. They said that they sought care at the primarily at the clinic. They liked the sense of community at the clinic though were frustrated with the wait times to get an appointment and with the lack of services in some areas, particularly dialysis.



In response to whether they would choose to see a native physician over a nonnative physician, the male community member said that he would prefer a native physician, but the women said that they would prefer a female of either group. They also explained that they are very likely to utilize traditional methods and alternative medicine and that it is important to allow for that in your treatment plan.

Things that seem to have helped the clinic succeed are the emphasis on not relying completely on IHS money and on accurate billing as well as flexibility to invest in new concepts that they believed would succeed like the pharmacy machine and the dental clinic.

Bois Forte (Becca, Carrie, Karl, Kyle, Lannah, Meaghan)

After spending a day in Fond du Lac, the group of six headed north to the small Bois Forte Reservation. We were very fortunate to observe a group diabetes clinic at the Bois Forte Clinic during our visit, which consisted of a small group of men rotating through visits with different providers (e.g. physical exam, EKG) and coming together at the end for a healthy breakfast and presentation on carbohydrates. We were

able to shadow Raymond Hawk, PA, and several nurses during the provider visits, and also observed and spoke with Michone Jergesen, RN, who gave the group presentation. Diabetes is a major health concern on all of the reservations we visited, and it was interesting to observe this innovative way of approaching diabetes care in a community. Michone also gave us a tour of the reservation's new gym and told us about some of the exercise incentive programs the community has in place.

White Earth (Becca, Carrie, Karl)

During our time at the White Earth reservation in western Minnesota we were graciously hosted at the Shooting Star Casino in Mahnomen, MN, just 15 minutes north of White Earth. We arrived late on the night of Tuesday, March 16th, but were fortunate to have the following morning free to explore Mahnomen and the reservation. One of our biggest surprises was the size of the White Earth reservation. The reservation is a little over 1000 square miles and has almost 10,000 residents, making it the largest reservation in the state of Minnesota. However, because of sales and land seizures in the past, much of the reservation is now privately owned. Wednesday morning we were able to take a driving tour of the main part of the town of White Earth, before arriving at the White Earth Health Center for the afternoon. Carrie, Becca and Karl were met by the administrative staff at the clinic and brought to meet with the practitioners and nurses. We spent the afternoon seeing patients, learning about the reservation, and developing a better understanding of the Indian Health Service. That night we returned to the casino hotel and experienced our first Mahnomen St. Patrick's Day.

While in White Earth, we had the opportunity at the White Earth Indian Health Service Clinic to shadow family practice physicians, a nurse practitioner, and a nurse who did follow-up work for an orthopedic surgeon. We each saw a variety of patients ranging from annual exams and routine primary care health visits to a processing plant working with severe carpal tunnel syndrome and asthma and a prison inmate seeking a referral for back pain. The providers were eager to teach and the nursing staff and clinic administrators were extremely welcoming. While shadowing a family medicine physician, Carrie saw a patient with diabetes, one with a bowel obstruction, and a woman upset by care that she had received elsewhere. While with a FRN, she saw a two-year-old with an ear infection and a man with developmental delays and a respiratory infection who was not allowed narcotics because of previous issues.

Friday was our last day in White Earth, and we spent it with the White Earth Home Health Center, a visiting nurses program for people living on the reservation. It is a unique program in that they will see anyone who lives on the reservation, regardless of whether or not they are native, and they will see any patient regardless of insurance status and financial situation. We each matched up with a different nurse, and spent the morning with them as they visited elderly patients at their homes. We each saw a number of patients, primarily for wound dressing



changes. Carrie also visited an elder home for a blood pressure screening clinic. It was a unique opportunity to work with young people who have an intimate knowledge of the health problems of the area, and to see patients in their homes where they are often more comfortable. The visiting nurses were used to having students with them and made the experience incredibly valuable. We finished up in the early afternoon and then made the long trip back to Minneapolis where we met up with our classmates.

Cass Lake (Kyle, Lannah, Meaghan)

All day Thursday as well as Friday morning were spent at the Cass Lake Indian Hospital seeing patients with practitioners and learning more about IHS programs. The small IHS hospital offers 13 beds (typically with 1-2 inpatients at a given time), emergency/urgent care, internal and family medicine, radiology, dentistry, a diabetes clinic, and a pharmacy. The hospital does not deliver babies or provide blood transfusions, and many patients are transferred to other regional hospitals for additional services. We shadowed family physicians, internists, and nurse practitioners in primary care and urgent care settings. We really enjoyed this opportunity to learn more about the specific health/social issues on the reservation, see patients, and speak with practitioners about their experiences working with the IHS and in a very rural community.

We spent our last few hours visiting the various tribally-run health programs with a dietician from the IHS diabetes program, Roxanne Johnson. Roxanne had previously worked with the Leech Lake tribal diabetes program, so she was able to help us better understand the relationship between the IHS and tribal health services. We first visited the Leech Lake Diabetes Care Enhancement Program, where we met with staff and learned more about their services, which include both public health and clinical services. We also met a wonderful nurse practitioner who took us into an exam room with an ill colleague and taught us how to do a thorough ear exam! We then went to the Tribal Health and Public Health Nursing offices in town. There, we met some of the individuals who coordinated the Infant Mortality Conference and learned about the vast array of services they offer, such as home health nursing and tribally-run clinics in the small villages on the reservation. Next, we visited "The Nest," which houses all of the tribe's maternal and child health programs, including WIC, child and women's health care, family planning, prenatal care, a car seat program, and home visiting. We met some wonderful staff members there, one of whom gave us insight into both the challenges and rewards of working in an underserved community like Cass Lake.

While in Cass Lake, Lannah shadowed an internist and saw patients with depression, acute injuries, chronic pain, diabetes, and obesity. She also shadowed a family medicine physician and saw a number of pediatric patients in addition to adults with depression and GI complaints.

On Thursday, Meaghan shadowed a family physician in family medicine clinic. She found

that the physician knew his patients and their families well and worked to understand their lives outside



the clinic. He was very friendly and willing to teach. She saw both children and adults with a variety of health problems: diabetes, gall bladder issues, potential scabies, well-child visits, and depression. On Friday morning, she also shadowed an advanced practice nurse in the urgent care clinic. The nurse was very engaging and talked a great deal about her work with the IHS and why she decided to switch to that career path. Urgent care was busy with a variety of patients: cold/laryngitis, large splinter, UTI, and an older gentleman with a skin infection. There was also a young female teenager dealing with drug use, potential sexual abuse, and mental health issues. The psychosocial issues affecting the community were particularly apparent in the urgent care clinic.

Working with a physician, Kyle saw patients dealing with diabetes, depression, migraine headaches, and in need of post-operative follow-up. He also had the opportunity to experience the flow of patients through the hospital from intake to imaging and into clinic for a cardiac case.

Service projects

Red Lake (Carolyn, Kelly, Monica)

Four days before the five-year anniversary of a shooting that occurred at Red Lake High School, our group talked to a freshman and senior class about career options in healthcare. The students had questions prepared, such as "Do you get to do brain surgery?" and "How much school do you need to become a doctor?" We quizzed them on the different types of jobs that are available in healthcare, and described positions such as x-ray tech, phlebotomist, and physician's assistant. We also tried to emphasize the fact that there are many scholarship opportunities and programs to help them further their education, particularly as Natives. For the most part, the high school students were interested and responsive. They were coming from a community where having a few students from the class go on to the local college was a big achievement, and where unemployment was frequently the norm rather than the exception. We were coming from the highly educated white world where the struggle was not to finish high school, but rather to get into the most supportive and competitive college possible. While it was new to me to have to go through a metal detector to get into the school, we were all impressed by how nice of a facility it was.

The following day, the three of us each taught a fifth grade class at the elementary school about healthy lungs. I found my students to be charming, inquisitive, and clearly behaving better than normal. There were many more students in the elementary school than at the high school because so many drop out along the way. After learning how lungs work, some basic anatomy of the lungs, and what we can do to keep our lungs healthy, the students each had a chance to listen to their own heart and lungs with a stethoscope and to ask questions. Through the questions and personal stories, it became clear that cancer was very prevalent on the reservation. Once again, we emphasized the scholarships and programs that are available to them as Natives, and encouraged them to stick with school and pursue higher education. Nearly all of the healthcare and educational professionals that we met did not live on the reservation and were of white heritage. Clearly, there was a severe shortage of educated role models from the reservation working on the reservation.

Along with hospital staff, the Red Lake group also spent an afternoon running a blood pressure and glucose screening event at the Red Lake Casino. They successfully screened over 100 casino employees and visitors, many of whom had chronic health problems. This was a good opportunity to spend time one-on-one with community members addressing a significant health need in the community.

Fond du Lake (Becca, Carrie, Karl, Kyle, Lannah, Meaghan)

While in Fond du Lake we visited the Ojibwe School located on the reservation. We spoke with the high school students about careers in medicine and with the 6th graders about lung health and tobacco. While it was initially difficult to engage the high school students, we found them to be very interested in our equipment (blood pressure cuffs, stethoscopes, otoscopes, tuning forks, and reflex hammers). We demonstrated changes in pulse rates and blood pressures by having the students take a baseline and then re-measure following jumping around for a minute. The activities provided an opportunity to speak with the high school students about their plans for the future and help introduce them to different health careers, many of which they had not been exposed to before. Overall, they were concerned about the cost of further education and the prospect of going into debt. That said, they were curious about career options and perceived healthcare as a potentially lucrative option. The sixth grade students were also very much intrigued by our equipment. They had already been introduced to a tobacco education program allowing us to focus more on lung anatomy and teach the students how to use the stethoscopes. Speaking with the school nurse following the class, we learned that some 6th grade students had already begun to smoke, so in reinforcing the dangers of cigarette smoke was already topical.

White Earth (Becca, Carrie, Karl)

We had the unique opportunity to participate in an HIV education and screening event at the Shooting Star Casino. The event was a collaboration between the Tribal Health Education Council, The National Native American AIDS Prevention Center, Minnkota (an organization that provides services and support for people living with HIV/AIDS) and Sacred Spirit/Project CEDAR (a women's health organization). The event was open to everyone, but was specifically targeted for casino employees. The morning consisted of two 1-hour informational sessions about HIV (the virus, how it is spread, how the disease manifests, etc.), and the afternoon was open for HIV screening conducted by two representatives from Project CEDAR. Although the turnout was not as high as they hoped, people were still very interested and several people were tested.

Cass Lake (Lannah, Kyle, Meaghan)

Meaghan, Kyle, and Lannah spent several days on the Leech Lake Reservation. Though we were staying in the small town of Cass Lake (population 860), the reservation as a whole has 10,205 residents, making it the largest in the state by population. Much of the reservation is national forest land, and its beautiful forests, lakes, and rivers are popular destinations for outdoor recreation. Like other reservations in MN, Leech Lake has high poverty and unemployment rates in addition to significant public health issues. In recent years, gang violence has also begun to affect the Cass Lake community – just a week prior to our visit, a young man was shot while walking with his 5-year-old daughter.

Our first stop on the Leech Lake Reservation was to help out at a Diabetes Bingo event in the small village of Ball Club on Tuesday evening. When we arrived at the Ball Club community center, we met with a staff member who showed us around the center's small tribal health clinic. She also told us more about the Leech Lake TransformREZ initiative, which consists of education/outreach programs to encourage healthy lifestyles and reduce diabetes on the reservation. When two staff members from the Leech Lake Diabetes Program arrived, we helped them set up their materials and sat down with the community members to help them follow along on their bingo cards. Diabetes bingo is a modified version of

traditional bingo in which the caller reads off diabetes-relevant information that matches images on the bingo cards. All the bingo prizes were chosen to encourage healthy lifestyles (e.g. whole wheat pasta, cooking utensils). This was the third diabetes bingo event on the reservation, but only the first in Ball Club, so unfortunately attendance was low. However, the community members who did attend were very engaged, asked a lot of questions, and seemed to learn quite a bit from the game. It was a great opportunity to learn about a unique public health initiative designed to reduce the high diabetes rates and complications on the reservation. At the end of the night, we drove on to the Palace Hotel-Casino in Cass Lake, which was our home base for the rest of the week.

On Wednesday morning, we drove 30 minutes south to Northern Lights Casino in Walker, MN to attend the Leech Lake Infant Mortality Conference. Over the course of the day, speakers presented results from the Minnesota American Indian Infant Mortality Review Project and discussed a number of issues related to the high infant mortality rates on Minnesota reservations, including SIDS/safe sleep, teen pregnancy, and racism. We were able to speak with many individuals who are working the public health field, including public health nurses from several different reservations, officers in the U.S. Public Health Service, and the Director of Minority and Multicultural Health at the Minnesota Department of Health. We watched several traditional music performances (men's drumming group, women's hand drumming group, and Native flute), and observed a powerful presentation by an Ojibwe medicine man and his wife on the need to understand traditional parenting practices. Later that evening, we attended a traditional healing ceremony in honor of families who have lost babies. We felt very fortunate to be included in the sacred ceremonial circle, and learned so much about the community's pain and ongoing healing process as we participated.

Student Reflections



Carrie Burns

Air Travel Coordinator

Before going on the service trip to Minnesota, I knew very little about the Indian Health Service (I.H.S.) and the health of Native Americans living on reservations today. While I am by no means an expert now, I feel that going on the trip has really opened my eyes to what life on several reservations is like and how their health care systems work. I spent time on the Fond du Lac, Bois Fort and White Earth reservations, which have both similarities and differences. All three reservations operate under tribal

councils and have casinos that are a major source of income and employment; however their community health clinics are quite different. In Fond du Lac, the clinic is run and funded by the tribe (it gets some contract money from the I.H.S. as well), and the clinic is a beautiful new facility where most of the doctors and employees have been working for a long time. The clinic is very much a part of the community and the people are proud of it and take ownership for it. At the other end of the spectrum is the clinic at White Earth, which is run entirely by the I.H.S., with no funding or input from the tribal council. The difference is striking because most of the doctors and employees are temporary workers and the local people do not have the same amount of ownership in the clinic. While both clinics provide good care for the people that they serve, it is amazing to see what can happen when the tribe and the I.H.S. collaborate to make a clinic that truly is by and for the people. Seeing teamwork like that gives me great hope, both for the future of I.H.S. and native health, and also for the future of American healthcare in general.



Kelly Corbett

Ground Transportation Coordinator

My experience at Red Lake Indian Reservation in Northern Minnesota during the DMS Year 1 Spring Break trip with the Rural Health Scholars could be summed up

in one word: eye-opening. While hearing before we arrived about the poverty, nothing could compare to entering a freezing home of a elderly disabled patient where the windows were only covered in plastic wrap, barely keeping the winter wind at bay. My classmates and I had been warned of the violence in the community, and that the week we visited was the 5-year anniversary of a school shooting that resulted in 11 students and teachers' deaths. But it didn't seem real until I noticed a memorial tattoo on the forearm of a young patient-- and heard that her best friend had been killed that day. While shadowing an NP who focused on maternal and infant health, I heard about the higher rates of fetal alcohol syndrome, of sexual abuse in tiny children, and how young children often fall through the gaping cracks of the foster care system.

It felt overwhelming. Yet, nearly everyone, patients and staff alike, were friendly, conversational, and welcoming. Had I been in their shoes, I wonder if I could show the same strength. How do you keep from burning out? How do you keep from becoming cynical and complacent? But the patients and community-members kept pushing forward for the most part, doing what they could. The staff, both originally from the reservation and outsiders alike, were upbeat and I heard about new programs in the works, like a new "Diabetes Boot Camp." As the NP said, "If I can make a little difference in the life of just one patient, that's something."



Karl Dietrich
Treasurer

Reflecting back upon our week in Minnesota, I now realize how fortunate I was to have attended. As my first year in medical school continues to fly by, it is frightening how easy it is to get lost in the details of course work and the day-to-day schedule, and lose track of the patients and the stories that made me want to become a physician. This trip provided an opportunity to look beyond Dartmouth Medical

School, and in a short period of time, gain a better sense of a different community and how medical care is provided in a different part of the country. We met inspiring practitioners and patients, learned about integrative new methods of delivering care, and saw the true meaning of an underserved population. One of the most meaningful experiences was the chance to spend a morning with a home health nurse on the White Earth reservation, as it gave me greater insight into the personal stories of patients living on the reservation and showed the positive effects that minimal, but continuous, care can have. Beyond the medical component of the trip, I truly appreciated the chance to spend time on several different native reservations. I had many misconceptions about how a reservation operated, but it was great to see examples of bands using their resources to improve the health of their community, while also seeing other examples where the system was not quite figured out yet. Finally, I was very happy that we had the chance to spend a day in the Ojibwe School at the Fond-du-Lac reservation. Despite the fact that we were only there for a day, it is easy to forget the impact we have as medical students, and it was important to provide a service component when the community was providing us with so much. This was a fantastic trip that expanded my interests and allowed me to experience and learn about a very different culture than is seen in New Hampshire. I hope students continue to have these type of opportunities in the future.



Carolyn Johnson
Publicity

I feel so incredibly fortunate to have had the opportunity to spend spring break at the Red Lake Reservation in Northern Minnesota. I now have a much better understanding of the work done by the Indian Health Service, the challenges and rewards of working in a rural underserved area, and the Native American culture.

As someone who hopes someday to work in a rural area and who has entertained the idea of working with the Public Health Service after residency, the trip was amazingly insightful. The physicians, nurses, pharmacists, and support staff whom I met at the Red Lake Hospital were more than happy to talk to me about their experiences working with the Indian Health Service. Each one had taken a dramatically different path to become a member of the hospital staff. There were veteran pharmacists employed by the Indian Health Service, physicians who had come to the Reservation to satisfy their J-1 visa service obligations and never left, Native Americans repaying their education debt, and many Natives hired directly by the tribe, working for one of the only employers on the Red Lake Reservation. Despite the varied backgrounds of the Red Lake staff, all were united by the belief that the work they were doing was making a difference. I came away from the trip convinced that the work these individuals do has more of an impact on the Reservation than it would in the outside world. It seemed to me that they must overcome many more obstacles to provide the same level of care that non-Natives receive. They deal with the inherent distrust of non-native health care providers, extremely high appointment no-show rates, bureaucratic red tape when considering referrals to non-IHS providers, and a lack of diagnostic technology that is standard in many hospitals today. Yet, they do not appear discouraged, but press onward, hoping that their work will improve the quality of life of those they serve.

I think in medical school it is easy to lose sight of why we work so hard, study so long. As medical students, we become so focused on the sciences and practice of medicine that we sometimes lose perspective as to what medicine is truly all about. My trip to Red Lake reminded me of why I want to be a physician and left me with a strong desire to practice in an underserved area. Somehow the poverty of the Red Lake Reservation, the scarcity of technology, and the lack of modern healthcare facilities made the medicine practiced by physicians there all the more valuable. It was easy to see that despite the many obstacles they face, doctors at the Red Lake reservation are truly making a difference.



Meaghan Kennedy

Trip Leader

Four years ago, I led a service trip to Gallup, New Mexico for a group of students at Bowdoin College. Prior to that experience, I had learned very little about the history and cultures of Native American communities or the social and health issues they currently face. The trip opened my eyes to these issues, and I left with a desire to educate both myself and my peers about them. For several of my projects in public health school, I investigated health issues among Native Americans and delved into the historical and political factors that influence them. Though I thought I “knew” more before leaving for our DMS trip to northern Minnesota, poring over public health and human rights documents really couldn’t compare to what I learned by spending time on the reservations.

I spent much of the week in Minnesota feeling overwhelmed – by the warmth and generosity of everyone we met, by the pain and trauma from which the communities were recovering, and by the hope and commitment demonstrated by so many people working towards a better future. Throughout the trip, I was struck by the intensity of the social problems on the reservations. Moreover, amidst the poverty, violence, broken families, and health issues we learned of in clinics and through personal stories, there was also a general sense of loss. Though centuries of manipulation and discrimination have contributed to this loss, several community members specifically discussed the role of the early 1900’s Bureau of Indian Affairs boarding schools. Native children were forced from their homes to attend the schools, and as a result, tribes were stripped of their language, culture, and family structure for generations. The lasting impact was emphasized at the Leech Lake Reservation Infant Mortality Conference, where we listened to an Ojibwe medicine man and his wife discuss traditional parenting and call upon community

members to learn about their culture from their elders. Later that day we attended a traditional healing ceremony and the ceremonial leader pleaded with ancestors to help her people keep their culture and heal the community. The week was a striking reminder that health and medicine do not exist in isolation, but rather are embedded within a social, political, cultural, and historical context.

We were very fortunate to spend time working with the schools, clinics, and public health programs that are developing unique programs to tackle these challenges. Though our time at the Fond du Lac Ojibwe School was short, I felt like it was there that we had the biggest impact – just spending a day with children talking about how the lungs work and getting them excited about stethoscopes and blood pressure cuffs helped expose them to new opportunities. Education can truly change communities, and it was wonderful to take part in that process and work with the educators who make it happen every day. I also learned so much from the clinicians and social service workers we met through the IHS clinics and tribal health programs. Several had left jobs in cities and private practices for positions with the IHS to spend more time with patients and truly make a difference through their work. Many had also worked in the community for years, gaining patients’ trust over time and using their knowledge of the community to aid in their practice. Though the health services are run differently between reservations, several have moved towards providing comprehensive services in a multidisciplinary, patient-centered setting – a model that is particularly important for underserved communities, but that can also be used to improve health care delivery in the U.S. as a whole.

Though it was a difficult week for me emotionally, I left Minnesota with a renewed sense of why I want to practice medicine. I was so inspired by the individuals we met and the innovative clinical and public health programs they are implementing to improve the health and well-being of the Ojibwe people. I feel very fortunate to have had these experiences, and I look forward to sharing them with the DMS community as well as forming an ongoing connection between DMS and the schools, hospitals, and clinics we visited.



Lannah Lua
Scheduling

The service trip to Minnesota was an uplifting and eye-opening experience. It changed my perspectives on the practice of medicine and the lasting changes that health professionals are capable of bringing to their communities. Until now, I remain in awe from what I saw and learned about medicine, from the stories shared by the Native community and, most of all, from the altruism of the people working at the reservations. Numerous education and prevention programs have been established over the years and have brought remarkable improvements to the tribal communities. At the Bois Forte Reservation, where diabetes is much more prevalent compared to the general population, the Nett Lake clinic set up a diabetes education program wherein patients are taught how to manage their diet and count their carbohydrate intake. The clinic also opened a free fitness center and has been providing additional incentives to encourage regular exercise. At the Fond du Lac Reservation, the Min No Aya Win Clinic designed a unique system, in which the pharmacist would sit down with the patients to discuss their medications and address their questions or concerns regarding their treatment plan. Finally, at the Leech Lake Reservation, the different tribal clinics have utilized their limited resources to run mobile clinics, provide home visits for postnatal care, and encourage good safety habits within the local community.

Despite the improvements that have been made, the reservations continue to face many issues, such as obtaining funding from the federal government, gang violence, drug addiction, domestic violence, depression and suicide. Furthermore, at the infant mortality conference, I learned about some prevalent

health and social issues within the Native American communities, including sudden infant death syndrome (SIDS), teen pregnancy, and racism. Much work has yet to be done to resolve these issues and will require the continued support of the healthcare professionals and social workers at the reservations, whose efforts have clearly been motivated by a genuine desire to make a difference in their communities. I still vividly recall the story shared by one of the physicians whom I shadowed: Dissatisfied with her practice in San Francisco, where it seemed more of an impersonal "assembly-line" approach to medicine, she moved to Minnesota to work at the IHS hospital in Cass Lake. Although her salary was significantly lower, she found her skills to be more needed, her impact on the health of the community more significant, and her job infinitely more rewarding than in her former practice. This level of dedication and connection to their patients has allowed the doctors and nurses to know their patients on a more personal level and to develop a good understanding of the needs of the local community. Her personal experience made me realize that it is not only a matter of choosing a specialty that would best suit my interests, but also of choosing a specialty and a setting where I can make the greatest impact to my community. Her work and those of the other people I met at the reservations have inspired me to serve as an advocate for the healthcare needs of my own community, both as a medical student and a future physician.



Kyle Packer

Wrap-up Presentation

While we were briefed on many of the medical issues facing the native population: obesity, diabetes, drug and alcohol abuse, depression, suicide; I was shocked to discover the racism and cultural discrimination the native communities face in northern Minnesota. The social gaps are wide and there is much work to be done in redefining individual and Tribal identities in the context of a bitter history and present struggles. I think one of the most powerful experiences I had was at the Infant Mortality Conference at Cass Lake, when I truly came to appreciate the uses of "traditional medicine". These practices are often frowned upon or brushed off by our Western approaches, we laugh to hear of teas used to treat tumors. But what I began to understand through a session with traditional healers and attendance at a healing ceremony was that it's less the tea than the act of finding the herbs and brewing the tea, the acknowledgement of the disease and the process of accepting it and moving through the journey of the spirit. Creating a relationship with your disease can be an extremely effective way of managing its outcome, and with the support of a community the strength to deal with its hardships is much easier to come by.



Monica Rose

Fundraising

The Rural Health Scholars 2010 Spring Trip to Minnesota was an incredibly enriching, rejuvenating, and frustrating experience for me. The core of the experience consisted of five days at the Red Lake Reservation with two of my classmates. Red Lake is one of two closed reservations in the U.S. As a result, the entire reservation is communally owned by the tribe and only members of the tribe are allowed to live, hunt, or fish on the reservation. There are about ten thousand inhabitants, and the reservation is roughly the size of Rhode Island. While still in the United States, I was clearly an outsider. The community in Red Lake is rampant with poverty, depression, and violence. On March 21, five years ago, a teenager drove his car into the high school and proceeded to shoot at his classmates and teachers

before killing himself.

As a female from the White World, I bear a certain amount of cultural and historical responsibility for the present situation of Native American communities in the U.S. However, even if I was determined to, it is not in my power to solve the problems plaguing the community at Red Lake, hence the frustration.

Though there were no clear solutions, the people that we met, whether they were doctors, nurses, patients, or other locals, welcomed us with a warmth and openness that was beyond what we could have hoped for. Some stories that were shared were inspiring, while others were just traumatizing. Certain doctors allowed themselves a greater emotional connection to their patients, while others maintained stronger boundaries, probably for their own self-preservation. On the last day, we ran a health screening for the employees and visitors of the local casino. That experience, more than any other, took away many of the barriers that I had felt with the natives on the reservation. In the process of taking blood pressures, pulses, and glucose levels, I was able to connect with locals as people doing the best they could under difficult circumstances, one day at a time.



Rebecca Scully

Trip Report

Getting off of the plane in Minneapolis fresh out of finals, I still did not know what to expect from this trip. I was nervous that we would be seen as voyeurs invading in a place we did not belong. I also worried that with little medical experience and almost none in rural health, I would have nothing to contribute to the group or to the communities we were to visit. It was not until we reached Fond du Lac and the Min-No-Aya-Win Clinic on Monday that I realized how genuinely people there, both healthcare providers and community members, wanted us to learn. I also realized that there is an inherent value in having these experiences and sharing them with our classmates. The burden of disease facing Native American populations, including diabetes, smoking, overweight and obesity, alcohol and drug addiction, is astonishing and was made very real for me on this trip, as were the compounding effects of poverty and homelessness. Fortunately, we were also able to explore the programs in place to help address these issues. We learned a great deal about what worked and what did not. Our week in Minnesota has already had a profound impact on my understanding of and approach to medicine. I feel very lucky to have had the chance to spend a week in Minnesota and I look forward to sharing what I learned with my classmates and building on these experience as I move forward in my medical career.

Budget:

Minnesota March 2010: Projected Budget

Sunday 3/14 - Saturday

3/20

9 Students

Projected	<i>Per Person</i>	<i>Total (9 people)</i>	Actuals	
Flight	\$203.80	\$1,834.20	Flights	\$1,834.20
Cars		\$618.00	Cars	\$645.06
Gas		\$300.00	Gas	\$264.50
Housing		\$0.00	Housing	\$-
Food		\$400.00	Food	\$229.48
Gifts		\$200.00	Gifts	\$198.73
Total		\$3,352.20	Misc.	\$44.01
			Total	\$3,215.98

Current/Potential Funding Sources

Multicultural Office	\$1,000.00
Ohiyesa	\$500.00
Individual Contributions	\$900.00
Rural Health Scholars	\$400.00
Student Government	\$500.00
Total	\$3,300.00

Thoughts on future trips

Across the board, the participants found this trip to be a great success. We all hope to see this trip be both repeated and expanded upon, with the goal of perhaps one day becoming a clinical site for a fourth year elective. Each group expressed their support for the site they visited.

Working with projects that were already occurring on the reservations (diabetes clinic/education group, diabetes bingo, HIV education, and Infant Mortality Conference) went well. Bringing in completely new projects before knowing the communities can be challenging and potentially ineffective. We had a good balance of creating feasible new projects (working in schools and health screening) and working with existing programs. We also had the opportunity to learn about the history of the Ojibwe in Minnesota, which several people enjoyed a great deal. Seeing multiple clinics on different reservations was also very informative as each clinic and its challenges and successes were unique.

Communication with sites was difficult – both in getting sites to respond to calls and emails, and in fully expressing the trip goals to them. For example, we would have liked to do additional service projects, but the Bemidji sites seemed more geared towards having us work with clinicians. Now that connections to sites are established, future trips should work on tailoring the time spent at each site to meet their goals.

The experiences that we found to be most valuable were our home health visits and our activities in the schools. The home health visits were an opportunity to see patients in their homes and to better understand the true impact of disease on their day-to-day life. The trips were also a chance to speak with a health care professional, in most cases nurses, who were around our age and lived locally and to pick their brains about practicing in a rural setting and managing what were often very complicated patients. Organizing health education curriculums in the schools were the largest service component of the trip and something that we as a group very much enjoyed and found to be very educational for both us and our students. Being in the schools was also an opportunity to speak with the staff and teachers and get their insight into the challenges their students faced including functioning in a climate of high drop out rate, substance abuse, violence, and depression.

In the short term, our goal is to have a trip return in March, 2011 and to have the main focus of the trip be strengthening lines of communication with the reservations and providing service to the communities visited. We will engage the members of the class of 2014 early in their first year to allow for more fundraising and event planning. For next year's trip, we would like to see an increase in the amount of time spent in the schools and the variety of curricula taught and an increase in the amount of time spent with the home visit nurses. The home visits might also be an opportunity to integrate a health education component. The spring trip could also serve as a launching pad for a return trip the following summer to allow interested students to establish longer-term projects. Potential ideas include a community health clinic and a health/science oriented summer program. A diabetes-oriented program for children was one idea that seemed particularly exciting. We would also like to work to establish contact with North Country Regional Hospital in Bemidji to increase clinical exposure.

In the longer term, while we feel that the logistics of establishing the clinical sites that we visited as a clinical clerkship would be prohibitive, we do feel that with the unique setting and patient population, the sites we visited could certainly support an elective, particularly in the fourth year. There are a number of directions this elective could take. Focus could be on health education, integration of traditional and Western health care, diabetes prevention and management, substance abuse, mental health, or policy and government-based health systems (IHS). Programs, particularly those focused on health education, exist

here at DMS and, given the enthusiasm of several of the groups with whom we worked, could be rapidly adapted to sites in Minnesota.

An area we would like to explore further would be traditional medicine and its integration into the clinical setting. Every April the Association of American Indian Physicians puts on a workshop in Santa Fe, NM focused cross-cultural practice. It also happens to be the same weekend as the all nation Powwow in Albuquerque. Integrating these events into an elective could be a very exciting opportunity for DMS students.

With the variety of systems adopted by the various clinics we visited and the unique issues faced by the Indian Health Service, a health care delivery and policy curriculum could also be a very interesting avenue to pursue.

In the short term, a return during Spring Break with a focus on providing service and increasing ties is a must. Longer term, this program could take a number of directions but at this moment, the opportunities for electives are extensive but we do not believe that these sites we visited could support a clinical clerkship.

Conclusion

We have many, many people and organizations to thank for the success of this project. With collaboration between our student group, DMS faculty and staff, and countless individuals in Minnesota, we were able to organize and implement a trip that provided both an incredibly enriching student experience and a contribution towards meeting the health needs of underserved communities. All nine of us returned to Hanover as changed individuals, having learned and experienced so much over the course of our week in on the reservations. As a group, we were inspired and motivated by the strength with which these communities work against the challenges of poverty, violence, and illness, all of which are deeply rooted in historical trauma. We were fortunate to work alongside the health care providers and educators who serve these communities each day, and left armed with new skills and knowledge to apply in our futures as physicians. Thank you to all who supported us, and we look forward to working together to cultivate this trip into a sustainable service program.