

Dartmouth Medical School Rural Health Spring Service Trip

Reservations of the Minnesota Ojibwe Tribes
March 13 – March 19, 2011



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Introduction

Twelve medical students from Dartmouth Medical School organized a community service trip to three Ojibwe Reservations in northern Minnesota from March 13-19, 2011. This trip was coordinated through the Rural Health Scholars program and the Office of Multicultural Affairs, and supported by Office of Multicultural Affairs, Student Government, Student Affairs, Ohiyesa, and the Byrne Foundation.

The first trip to the Ojibwe Reservations took place last year and was a great success. We followed a similar model this year, although the trip was still quite unique and special in its own right. We split into groups of four and traveled to three different reservations, and predominantly had two kinds of experiences: clinical and service.

For the clinical component, we shadowed primary care physicians at different Indian Health Service clinics and tribal health facilities. We gained an understanding of the chronic diseases afflicting Native American people and the difficulty of successfully delivering rural healthcare in a complicated economic, social, and cultural environment.

For the service component, we visited tribal primary and secondary schools to educate Indian students about various health issues pertinent to their communities and options for careers in healthcare. We engaged the young students with hands-on activities using physical exam equipment. The Fond du Lac team also hosted diabetes screenings and administered surveys throughout the week.

We strove to build and expand on the relationships that the previous Dartmouth medical students had forged and also hope to pave the way for future Dartmouth medical students. All twelve medical students came into the trip having a strong interest in practicing medicine in rural settings and have concluded the trip with continual or increased interest in, and awareness of, rural healthcare on the reservations.

Listed below are the goals that our group hoped to undertake during our visits to the reservations.

Trip Goals

- To build on the relationships with three Ojibwe communities initiated by last year's group of Dartmouth medical students
- 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 Dartmouth

Background

The following background information is taken from last year's trip report, which we feel 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 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.¹ 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.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 services to approximately 1.9 million Native Americans across the United States.

Locations

All twelve students first visited Fond du Lac reservation, where we had a tour and spoke with a panel of providers at Min-no-aya-win Health Services. We then volunteered at Fond du Lac Ojibwe School, and spoke with classes of elementary through high school students. Later that afternoon, two teams departed for White Earth and Cass Lake (Leech Lake) while one team remained on Fond du Lac. On Friday morning, all teams reunited in Minneapolis and visited two health clinics and Little Earth, an urban residential community for Native Indians.

The locations of the reservations are indicated with arrows on the map on the following page:

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

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



nationalatlas.gov, accessed March 29, 2011

Team and Leadership Roles

Stone Cha and Jo Ling Goh were the leaders for the trip and were the primary contacts for the locations. With help from Mr. O’Leary, they organized the schedule for the week, including shadowing and service opportunities. Ryan Fredericks handled the budget. Reid Bennett and June Choe coordinated fundraising activities. Libby Barton and Margaret Chowanec organized the air and ground transportation. Tessa Winter, while working with Stone and Jo Ling, organized scheduling. Kirsten Orloff, Mike Piccioli, and Yamile Blain developed curricula for our visits to schools. Libby Barton and Yamile Blain were responsible for the final production of the trip report, and Quynh Chu coordinated the presentation to the Dartmouth community following our return.

Brief Timeline

Date	Teams		
	Fond du Lac	White Earth	Cass Lake
Sunday, 3/13	Meet with Thea Woon in Minneapolis; Dinner at Dr. Joycelyn Dorscher’s house with native healer Herb Sam in Duluth.		
Monday, 3/14	Min-no-aya-win Health Services tour; Present at schools; Travel day		
Tuesday, 3/15	Clinical shadowing; School visit; Traditional speaker	HIV Presentation at public and tribal schools	Clinical shadowing in hospital and diabetes center
Wednesday, 3/16	Clinical shadowing; Elder exercise and screening program; Traditional healer; Diabetes survey	Home health nurse shadowing	Clinical shadowing; Home health visits
Thursday, 3/17	Clinical shadowing; Diabetes survey; School visit	Tribal health clinical shadowing	School visit; Clinical shadowing
Friday, 3/18	Travel day back to Minneapolis; Tour of urban health clinics and Little Earth		
Saturday, 3/19	Travel day back to NH		

Orientation and Cultural Activities
Sunday

As soon as we arrived in Minneapolis and got our rental cars, we headed to the home of Tommy and Thea Woon. Tommy is currently the Dean of Multicultural Life at Macalester College in St. Paul. He worked at Dartmouth College from 2003 through 2006 as Associate Dean for Pluralism and Leadership. Unfortunately, Tommy was unable to be home when we visited. Thea Woon is a somatic therapist. Thea greeted us with an amazing spread of food and drinks and gave us a place to rest our legs and relax. She then shared with us her work in somatic therapy and how we, as medical students, undergo stress levels throughout our medical training that could very well be described as “traumatic”. She told us to be aware of our biological responses to stress and how, if we are consciously aware of our responses, this can help us to come down from high levels of stress to release all the sympathetic output. We had a discussion about how final exams really were over, and we all realized that her descriptions of our training as traumatic were very accurate.



Toward the end of our long day of travel, we were welcomed into the home of Joycelyn Dorscher, MD. We were greeted by much of Dr. Dorscher's family and Herb Sam, a traditional healer, along with his wife and granddaughter. This family-oriented setting was very fitting given what we would learn from Herb. As a traditional healer, Herb uses techniques that the Ojibwe people worked out over generations; these techniques rely heavily on nature. While Herb made it a point not to get into the details of specific techniques—which he referred to as his “trade secrets”—he did share a great deal of his philosophy of healing. One major point was that healing was often a family affair. It is common for Herb to visit his patients with their entire families present. That said, one can see how our conversations over dinner, in a room filled with the sounds of a large family, were all part of learning about Herb's healing style.



Herb spoke to us about many aspects of medicine that he considered critical to the care of a patient. These were aspects he thought would be important to us as well. He emphasized the importance of getting to know the patient—not just finding out what complaint has brought him or her in and his or her past medical history, but really sitting down

and learning about the patient's life. Herb told us that when he met a patient for the first time, he might spend a whole day with him and that when he left the patient, he was almost part of the family. Along the same lines as getting to know a patient, Herb emphasized treating the whole patient. He was of the opinion that doctors will often treat a disease and not a person.

In addition to his philosophy on medicine, Herb shared many stories of people he had healed. We can honestly say that his stories were quite literally unbelievable. We simply could not believe how quickly and completely Herb was able to cure some of his patients, but we did not think that he was lying or exaggerating. His style of medicine may be very different from our own, but we believe that it is also very powerful. Meeting with Herb served as an important reminder that there is more than one way to maintain good health; as physicians, we should be open to integrating other types of health practices with our own.

Monday

On Monday morning, the twelve of us set off bright and early for the Fond du Lac Human Services Department. The group of four who were staying at Fond du Lac for the week – Yamile, Jo Ling, Tessa, and Ryan – underwent drug testing that was compulsory for all volunteers and interns working on the reservation. While waiting for them, the rest of the group discussed the activities for the day, which included visits to the clinic and school.

Subsequently, the group attended a tour of the Min-No-Aya-Win clinic led by Julia “Bunny” Jaakola, the Coordinator of the Behavioral Health Department and Program development. We were impressed by the comprehensive services provided by the clinic, which included laboratory testing, x-ray imaging, optometry, dental, mental health, pharmacy, diet counseling, and a diabetes center. We were informed that the clinic began as a small one-room building, but has since expanded over the years to accommodate all the departments. Of

additional note was the artwork displayed throughout the clinic. This artwork showcased Native American paintings, posters, and beadwork procured from various sources.

We then attended a panel consisting of four healthcare professionals from the clinic: a dietician, a nurse from the diabetes center, a psychologist, and a public health nurse. Each of them gave an introduction about their various fields of work, and we also had opportunities to ask questions. Their stories about how they ended up working at this clinic were all very interesting. Even in the short amount of time we spent with them, we could tell they all shared a strong commitment towards improving the wellbeing of the Fond du Lac people.

In the afternoon, we headed to the Fond du Lac Ojibwe school, a pre-K through grade 12 school located on the reservation. We were greeted by Jerry Ojibway, the health teacher at the school, and quickly split up into groups to meet with students from different grades. Each group gave interactive presentations about how the musculoskeletal works and a demonstration of blood pressure cuffs, stethoscopes, and other aspects of the physical examination. For students who were in the high school, we also talked about the college admissions process and general information about health-related careers. Margaret, Tessa, and Jo Ling also had the opportunity to sit in on circle with a group of 5th graders, facilitated by Ms. Mary Ann. In circle, the students were given a feather to pass around, and only the holder of the feather was allowed to speak. Ms. Mary Ann explained that this confidential circle was often a way for the students to discipline themselves to listen and also to give them the opportunity to talk openly about their feelings relating to any issues they may have.



Our last activity of the day was a visit to the Fond du Lac Tribal Museum. The museum's curator, Frank Savage, gave us an overview of the history of the Ojibwe tribe and the purpose of the museum before we roamed freely through the exhibits. Frank mentioned that he wants to preserve the Ojibwe culture as much as possible despite the changing times, and he holds courses and craft nights to teach anyone interested in learning Ojibwe arts and crafts. Some of the results from these programs have actually ended up on display in the museum, including multiple birch bark canoes built by Frank and his colleagues. This group of people is one of the last in

the world who still know how to make authentic birch bark canoes. In fact, the canoes they make are on display at multiple national museums. Exhibits also consisted of Native American military memorabilia, traditional tools and weapons, wood burning art on cross-sections of tree trunks, traditional garments, and moccasins. Most of the rest of the artwork on display was donated from local tribal members. After signing the guestbook, the three teams divvied up the gear, said their goodbyes, and parted ways.

Friday



On Friday, all three teams left their respective reservations and converged on Minneapolis. We reunited in the midst of a Native American neighborhood at Pow Wow Grounds Coffee Shop. Angie Erdrich, MD (D'87, DMS'94) welcomed us warmly, instantly taking us under her wing to spend the day with us. We first spent time in *All My Relations Gallery*, conveniently adjacent to the coffee shop, admiring the exhibition of American Indian paintings that were on display. We also received a briefing on the gallery's aim and purpose within the community.

Under the guidance Alicia Wakau, the educational and community programs manager for Little Earth, we took a tour of the Little Earth neighborhood, the first urban housing complex with American Indian preference. We visited the Early Learning Center where we had the opportunity to meet Bill Ziegler, President/CEO of Little Earth. We all were impressed by his charisma and the incredible work he has done in the community to markedly reduce the high school dropout rate and inspire self-esteem and determination in the youth.



We then went to the Native American Community Clinic, a privately-owned center dedicated to provide healthcare services to tribal members. Here, we met with Lydia Caros, DO, a pediatrician, who provided us with information on the clinic's foundation, history, and current organization.

Our next destination in Minneapolis was the Indian Health Board (IHB). Patrick Rock, MD, CEO of IHB, greeted and invited us to have lunch with him. We had a very informative conversation with him about the IHB organization and function. He also opened up the discussion to any questions we had relating to Indian health services in general. After lunch, we were given a tour of the medical and dental offices.

Following a full day in Minneapolis, we gathered again at *Shish*, a Mediterranean grill and cafe, to celebrate our unforgettable week in Minnesota. From there we headed to the residence of Matthew Putnam, MD (D'74, DMS '77) who had graciously hosted us for the night.

Group experiences

Fond du Lac (Yamile, Ryan, Jo Ling, Tessa)

After the three groups divided up, Yamile, Jo Ling, Ryan, and Tessa settled down in Fond du Lac. Throughout the week, they actively integrated into the community's life by visiting schools, shadowing health care providers, helping out with local health screening programs, and meeting with important figures in the community.

Clinical experiences

Beth Viche, Medical Secretary of the Fond du Lac Human Services, arranged for all of us to shadow different doctors and nurse practitioners at the Min-No-Aya-Win clinic. The staff was very welcoming and did well accommodating us.

On Tuesday, Yamile spent the day at the clinic working with Mollie Stapleton, MD. She saw all ages of patients with various complaints—from asthma to complications of diabetes to follow-ups for substance abuse cessation to pregnancy follow-ups. Thanks to the willingness of several patients and the generosity of her preceptor, Yamile had the opportunity to sharpen her physical exams skills as well.

On Wednesday, Jo Ling shadowed Arne Vainio, MD, a family doctor of Native American descent. She saw a variety of cases, from pre-op visit to pediatric psychiatric cases. She also got to witness a simulated 'Code Blue' in the clinic, where the medical personnel respond to a mock emergency situation of a patient who has lost consciousness. This simulation is run every three months with the purpose of keeping the staff up to date with CPR and resuscitation skills.

On Thursday, Tessa began the day shadowing with Dr. Arne Vainio. She saw a variety of very complex pathology, much of it related to poorly controlled diabetes. She also was able to look at and interpret several x-rays, as Dr. Vainio was providing oversight to several nurse practitioners. Tessa spent the afternoon seeing several sick kids with one the clinic's nurse practitioners.

On Thursday afternoon, Ryan shadowed Dr. Vainio. He saw cases focused on uncontrolled diabetes, many of which were exacerbated by alcoholism. When Dr. Vainio was not with his patients, he shared his knowledge about working with Ojibwe patients and what common problems he sees at the clinic.

Service project—Diabetes Screening

In addition to shadowing clinical practitioners, each of us had an opportunity to participate in a diabetes screening program run by the Min-No-Aya-Win clinic diabetes center. The public health nurses running the program taught us how to conduct the screening via two measures and let us administer the tests ourselves.

We first measured participants' blood glucose levels using the finger prick and glucose meter method, followed by an HbA1C measurement as an indicator of their blood sugars over a three month period. Depending on the results, participants would be counseled or referred to a health practitioner. Furthermore, we also helped administer a questionnaire created by the diabetes center. This survey was aimed at gauging the level of knowledge the Fond du Lac tribal members had regarding diabetes prevention and management. Results from this questionnaire will be used to further refine their educational and outreach programs. We would administer this survey and complete the screening efforts at different sites each day. The sites were the Center of American Indian Health Resources (CAIR) in downtown Duluth,

the lobby of the Min-No-Aya-Win clinic, and preceding a Headstart program at the Fond du Lac tribal school.

The level of participation in these screening and survey efforts varied greatly from location to location. We had the most success in the lobby of the Min-No-Aya-Win clinic, where patients waiting to see a practitioner were willing to do fill out the questionnaire or get their blood glucose tested. It also helped that the diabetes center provided free water bottles, socks, and Subway restaurant coupon incentives to participate in these ongoing efforts.

School Experience—Carlton High School

On Tuesday afternoon, Jo Ling, Ryan, and Tessa gave a presentation about illegal drugs, alcohol, smoking, and illegal use of prescription drugs. Using prescription drugs has been a problem on the reservation and there are many documented cases of people breaking into the homes of elders to steal their medications. The group of teens at the high school was surprised to find out all the drawbacks of taking medication not prescribed for them. Hopefully the teens will share this information with their friends to help alleviate this issue on the reservation. After we finished our presentation, we broke into smaller groups to demonstrate ways that the teens could resist pressure from friends and peers to smoke, drink, or do anything else that they do not want to do. We ended the session talking to the group about their plans for the future and offered them advice on applying to college.

School Experience—Washington Elementary



After the presentation at Carlton High School on Tuesday, Jo Ling, Ryan, and Tessa gave a presentation on pulses and blood pressure to a group of young boys at Washington Elementary. We began the day by teaching the basic anatomy of the arm to point out the radial and ulnar arteries and pulses. We were shocked and excited when we asked the boys the names of the bones in the arm and forearm and they could name all three! The youngsters even knew about their carotid pulse and were asking us about it even before we mentioned it. We demonstrated where to find their radial, ulnar, brachial, and carotid pulses—the looks on their faces when they finally felt their pulses were priceless. The children had the same excited expression when we told them about blood pressures and let them listen to their own hearts and lungs with our stethoscopes. Soon thereafter, we had the students eagerly awaiting to take each other's blood pressures, but they were more astounded by the sound the artery makes as heard by a stethoscope rather than looking at the gauge to take actual blood

pressure readings. We were grateful for their eagerness to learn and how happy they were when they discovered new pulses and cardiovascular sounds.

Shawn O’Leary gave an inspiring speech at the end of the session by encouraging the boys to have dreams and reach for them through hard work and dedication, making note that the boys could be anything that they wanted to be in life.

School Experience—Churchill Elementary

Yamile and Jo Ling visited Churchill Elementary on Thursday afternoon to do a blood pressure demonstration for a small group of elementary school boys. We modeled our approach similar to that of the other sessions. As with before, we were astounded by the knowledge that these elementary school children had regarding the mechanisms of the heart and circulatory system and were touched by their enthusiasm and engagement in the demonstration.

Cultural exposure—Encounter with a traditional speaker

On Tuesday afternoon, the FDL team had the opportunity to take part in a table-talk at the community center. The activity called “Age to Age” reunites members of the community by sharing stories and experiences related to the lives of Native Americans. William Howes, who is a language professor at the local community college, chaired the assembly. He introduced himself in the traditional manner by stating his clan and relatives before his own name, and then he explained the reason and importance of this ritual. Despite his apparent knowledge of the Ojibwe language and culture, he did not consider himself a traditional speaker. Instead, he believed he was fortunate to have lived among elders who taught him all that he knows. After everyone at the table introduced themselves, they began to discuss the Anashinabe culture and history as well as the challenges they face in preserving their identity in a modern society. Howes emphasized the need to pass on the Ojibwe language and traditions and inspire pride in the younger generations regarding their beliefs and traditions. He also shared with the group his thoughts and ongoing work to concretize these ideals.

Cultural exposure—Meeting with Skip Sandman, traditional healer

While Jo Ling was shadowing on Wednesday, Ryan, Yamile, and Tessa had a chance to meet with another traditional healer, Skip Sandman. Meeting with Skip was an incredible learning opportunity for us. He and his wife, Babeth, explained the Ojibwe conceptions of disease and healing, both of which are far more spiritual than their counterparts in mainstream allopathic medicine. They described some of the ceremonies, rituals, and medicines used in the healing process and told many stories to illustrate. Skip spoke about the necessity of active patient participation in the process—indeed, at times, he requires the ill person to go and collect his or her own herbal medicines! He also talked about how he saw traditional and allopathic medicine working together rather than against each other. And finally, Skip concluded our meeting by telling us the legend of the Boy and the North Wind.

Cass Lake (Libby, Reid, June, Quynh)

Libby, Reid, June, and Quynh had many wonderful opportunities in which to partake throughout their time in Cass Lake. In particular, they shadowed in many departments at Cass Lake Indian Hospital and the Leech Lake Diabetes Center, they traveled with Home Health Nurses to be witness to home healthcare, and they visited schools to meet the students. Each opportunity will be highlighted below.

Clinical experience—Cass Lake Indian Hospital

Cass Lake Indian Hospital is a thirteen bed Indian Health Service (IHS) hospital that provides a range of services, including inpatient, internal and family medicine outpatient, 24-7 urgent care, emergency, radiology, dentistry, podiatry, pharmacy, and a diabetes clinic. Almost all of the physicians are IHS-employed as either US Public Health Service Commissioned Corps officers or as Civil Service personnel, with only a few physicians contracted in by the hospital itself. Because of the commitment to serve the Cass Lake community and the supportive environment in which the physicians find themselves, physician turn-over is very low, something on which the members of the healthcare team at Cass Lake Indian Hospital pride themselves.



Each of us got ample time to shadow and assist in medical care throughout the departments of Cass Lake Indian Hospital. Over the course of our three days in Cass Lake, we had shadowed in the following departments: outpatient,

inpatient, family medicine/prenatal, urgent care, radiology, podiatry, and pharmacy. After the week had concluded, we all realized how rich in depth and breadth were our clinical experiences. We formed meaningful relationships with the practitioners, which we hope to maintain into the future. In addition, we all agree that our patients had significant impacts on us. Regardless of their predicaments, they were all so willing and open to include us in their medical care.

Together we worked out a schedule such that we would each be with at least one or two providers a day, rotating through the different services. On Tuesday, after receiving a tour of the facility from Amy Buckanaga, RN, Libby worked with an internist, Victoria Wang, MD and June shadowed a family practitioner, Stephen Rith-Najarian, MD. Reid had the opportunity to accompany Diane Pittman, MD, a family medicine practitioner, on the inpatient service. On Wednesday, Libby shadowed Diane Bohn, CNM, a certified nurse-midwife, seeing three prenatal visits, and Reid followed Barb Clemens, FNP as she took care of patients in the outpatient department. After returning from our Thursday morning at the Bug-0-Nay-Ge-Shig School, June, Quynh, and Libby were able to shadow in many departments. June and Libby rotated through the radiology and pharmacy departments, learning about the services provided at Cass Lake Indian Hospital and enhancing our knowledgebase about these medical

departments. During this time, Quynh worked in the urgent care center with Clark Newhall, MD and Richard Smythe, DO. June then accompanied the podiatrist, Alan Rudnick, DPM, seeing many patients who suffered from diabetes-related foot pathologies. Libby joined Quynh in urgent care, and for the rest of the day, Libby and Quynh saw many patients independently and learned a tremendous amount from Drs. Newhall and Smythe.

Clinical Experience—Leech Lake Diabetes Center

During our stay at Cass Lake, all four team members had a chance to visit and shadow the staff at the Leech Lake Diabetes Center. While the patients we saw differed from day to day, the services provided by the clinic stayed relatively constant throughout our visits, which allowed for a more uniform experience that could be shared among all of us. The center specializes in the chronic management of diabetes, ranging from insulin prescription, diet, and lifestyle changes to foot care clinics and support groups. We were fortunate enough to observe most, if not all, aspects of the care during our visits, reflective of the efficiency with which the clinic is run.

At the helm of the operation was Joe Rubash, NP. A typical day for Joe starts at 8 a.m. every morning at the local gym. This gym, although it is small, is a special place not only for the Cass Lake IHS employees, but also the patients who are cared for by the IHS system. The IHS pays its employees to exercise for 30 minutes every day at this gym and gives special discounts to patients for membership. Joe, not only because he enjoys exercising, but also to serve as a model for his patients, became a frequent user of the gym since he took his position at the diabetes center. Moreover, the gym serves as a place outside the center where he could keep in touch with his patients even if he has not been personally involved in their care for a long time.



At 9 a.m., Joe usually sees his first patient. He spends at least 45 minutes with each, but preferably 60 minutes. The day continues until whenever he is done with his last patient and has finished all his paperwork, which could be anytime between 6 p.m. and 8 p.m. Patients seen at the center range from those who have used the clinic for many years to those who were just referred from the Cass Lake Indian Hospital recently, as well as chronic patients who switched providers. The compliance of patients vary widely as well, from those who are amazingly successful at

managing their illness to others who seem too preoccupied with hardships of life to deal effectively with their affliction. Missing appointments is a huge problem as well, as those who do not show up create a backlog in the schedule. While shadowing Joe, he let us participate in the physical exams on patients and taught us how to interpret EKGs. In addition to practicing our physical exam and interviewing skills, we learned how to prescribe and change insulin prescriptions over time and to encourage them, through motivational interviewing, to lead a healthier life.

The specifics of lifestyle and diet changes are handled by Carole Foresman, NP and Brenda Rubash, a dietitian. They use props, computer programs, lab results, and anything they could get their hands on to motivate their patients to take better care of themselves. Kara Randall, the program director, and Carole jointly run the foot care clinic once a week, as foot infections can become a life-threatening situation for diabetics due to poor circulation. The whole staff is part of a support group called “The Circle Talk”, which is a luncheon hosted once a week by the center in which all patients are welcome to eat healthy food while talking about their illness and how they can improve the quality of their life.

It seemed like the center was stretched beyond its means at times in both staffing and funding. However, the overall quality of care was excellent because the center was run by extremely resourceful people. More than that, the staff members are part of the Cass Lake community, caring for their own neighbors and relatives. With such vested personal interest, the center is able to generate its unique family-like atmosphere, which in turn makes the community members cherish it.

Clinical Experience—Home Health visits with Public Health Nurses

Reid and Quynh had the opportunity to shadow two public health nurses as they visited patients at their homes. Reid followed Matt Ross, and Quynh followed Vince Rock to homes in the Leech Lake area. These public health nurses do a great service for their patients. They delivered medication, changed wound dressings, and generally checked in to see how the patients were doing. But most importantly, it seemed that the best medicine they provided was their time and attention. Vince would spend at least 30 minutes simply talking to the patients, whom he considered as friends. More often than usual, the topic of conversation would include the latest tribal gossip and national politics. Most of the patients were elderly and lived by themselves and therefore seemed very appreciative of the company provided by Matt and Vince. Following Matt and Vince was a great opportunity to see the landscape of the reservation (including its namesake lakes) and the living situations of the tribe members. It certainly offered us a more intimate look into tribal life and to appreciate the value of bringing medical care to patients’ homes.

School Experience—Bug-O-Nay-Ge-Shig School

The four of us went to the Bug-O-Nay-Ge-Shig K-12 school near Cass Lake on Thursday morning. We met with Principal Mark Morrison, and he guided us around the school for the day. The school educates Native American children living on or near the reservation and includes Ojibwe language and arts classes as part of the curriculum. Our first session was with all 40 to 50 members of the high school. With input from the class, we decided to break up into four groups and talk about opportunities available after high school,



including college. Each of us began by explaining the benefits of a college education, the application process, ways to pay for college, and our path to college and medical school. The small group sizes helped the students stay engaged and soon our discussions diverged off into many directions depending on the interests and concerns of the group members. It was wonderful to hear about the wide variety of career plans (a few were interested in healthcare) and learn that most all planned to attend a two- or four-year college. We left the high school class feeling that we had made a positive impact by encouraging these students to pursue their dreams and clarifying concerns about college acceptance, cost, and workload.

Our next stop was with an eighth grade class of about 20 students. We briefly talked about the importance of college and advised them to think about this as they go through high school. We then introduced the musculoskeletal and circulatory systems and were impressed by the class's knowledge on these topics. One of the most enjoyable parts of the visit was seeing the students' excitement as we taught them how to find their pulse, take blood pressure, and listen to their heart and lungs with a stethoscope.

Principal Morrison graciously offered us lunch at the school cafeteria after leaving the eighth grade class. During lunch we had the opportunity to sit with elementary grade students. After showing a couple kids our stethoscopes, it did not take long before we were surrounded by a throng of kids taking turns listening to their hearts and having their patellar reflex tested. Our time at the Bug-O-Nay-Ge-Shig School was over too quickly, but we felt honored to have been part of the students' education.

White Earth (Stone, Margaret, Kirsten, Mike)

School Experiences: Waubun School and Circle of Life School

On our first full day in White Earth, our team woke up early to leave the Shooting Star Casino and Hotel and drove to the Waubun School. The Waubun School is a local public school where we worked with 9th and 10th grade students from a mix of Native and non-Native backgrounds. Fortunately, our visit to the area coincided with National Native AIDS Awareness Day, and we joined several other educators and speakers in addressing the students. Our team introduced the topic of HIV and AIDS to the students and facilitated a 'HIV: Fact or Myth' game which we had created. After our presentation, Lisa Tiger, a Native American motivational speaker living with HIV and AIDS addressed the class. She shared her life story, a mix of joy and tragedy, sparing no detail. After her touching autobiography, our team assisted in playing a transmission game to further educate the students on the details of HIV transmission and strategies for reducing it.



We ran through all of this with the 10th grade students and then repeated it with a classroom of 9th grade students. After a short lunch break with some of the other presenters, it was off to the Circle of Life School, a K-12 reservation school. Here we worked with one group of Native American students from a range of grade levels giving the same presentation that we had in the morning.

Our volunteer work in the schools was both informative and rewarding. We had the chance to compare a reservation school side-by-side with a public school and observe the pros and cons of the individual school systems. We were incredibly lucky to meet Lisa Tiger and hear her inspirational and unforgettable story several times. And it was very rewarding helping to educate the students and giving back to the community that welcomed us in and hosted us. This was a truly special experience.

Clinical Experience—White Earth Home Health



The four members of the White Earth team spent our second day at the White Earth Home Health Agency. The overall objective of the White Earth Home Health Agency is to provide client-oriented services and education to individuals, families, and the communities of the reservation. The agency offers a variety of home- and community-based services and accepts referrals from families, clinics, physicians, and hospitals.

We started first thing in the morning and each shadowed a different nurse on daily patient visits. Some of the interesting cases included a Korean War veteran blind as a result of diabetes complications, a post-op elderly woman hit by a car and home-bound, and various patients at “The Center,” an alcohol and substance abuse rehabilitation center. Most of the nurses we shadowed drove to clients’ residences in the morning and were done with client visits by lunch, after which they did paperwork, charting, and client calls. We reunited at the Home Health Agency for a traditional wild-rice stew lunch that afternoon. Along with the nurses and other staff at the agency, we had the opportunity to hear Lisa Tiger speak one last time. Since she was talking to adult health-care professionals this time, she was much more open with some details of her life story. It was a very moving and memorable presentation.

Clinical Experience—White Earth Tribal Health

We spent our last day at White Earth shadowing clinicians at the White Earth Tribal Health Center. It is an IHS-funded center that underwent large expansions in the last twenty years. Because the facility serves an enormous and widely scattered population, there are additional sites for Head Start, health stations, and hospitals on and off the reservation as well as in surrounding towns. The White Earth Tribal Health Center we visited includes a pharmacy, a pathology lab, optometry, podiatry, primary care, and mental health services. Since so many

services were offered in one place, we were able to witness immediate consultations and constant cooperation between providers—something less apparent in the large academic medical centers with which we are familiar. One unique administrative aspect was that patients did not schedule appointments; rather, they called same-day to check for openings. This seemed to solve the issue of ‘no-show’ patients, but sometimes made for frustrating hours spent waiting or unnecessary work absences for some.

The four of us were able to shadow clinicians in most of the departments mentioned throughout the day. We saw cases ranging from MRSA-positive otitis media and fetal alcohol syndrome diagnostic evaluations to diabetic retinopathy and smoking cessation counseling. It was an eventful day for us and the clinicians as well. We were grateful that the providers were so willing to teach us and incorporate us into their daily schedules, and the coordinators kindly made sure we rotated through all the various departments. We gained significant clinical experience and also became more knowledgeable about how healthcare is delivered in the expansive rural setting of the White Earth reservation.

Student Reflections



Libby Barton

Before heading to Minnesota, I attended as many lectures and discussions as I could with physicians serving on reservations across the country so that I could better understand places I had never been and provide me with some background of Indian health. I went into this trip expecting nothing in terms of what I specifically wanted to see or do, but rather challenged myself to be open to all the experiences I was to face in Minnesota. I knew that if I were open to participating in whatever came my way, I would find the experience the most meaningful and gratifying. I am still blown away by the welcome we received. Every health care professional we met took time out of his or her day to not only teach us, but also to get to know us. In addition, I was humbled by how open and willing the patients were to have me as part of their medical care. One aspect of the trip that I found very valuable was that I was able to actively participate in the care of many different patients. I saw adult and children with chronic illnesses, pregnant women, and a range of children and adults needing acute care. By the end of the week, Quynh and I had the opportunity to interview and examine patients on our own in the urgent care center at Cass Lake Indian Hospital. This opportunity, and the many others throughout the week, was only possible because of the willingness of the patients.



Reid Bennett

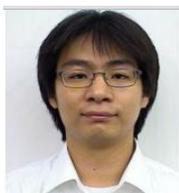
After a week of final exams, I had little energy as we left for Minnesota and questioned whether I would get the necessary rest to prepare me for next term. However, I was completely rejuvenated after spending a busy week meeting many inspirational community leaders, healthcare providers, and students on the Fond du Lac and Leech Lake reservations. From our talk with traditional healer, Herb Sam, and other older members of the tribe there is clearly still a strong sense of loss of the traditional culture. I was saddened to hear from the students and other members of the community about the prevalence of racism towards Native Americans. The difficult economic

conditions on the reservation were made obvious when I shadowed a visiting home health nurse and saw patients in their small, poorly insulated houses. In the midst of these complex social and economic factors are devastating chronic diseases, most notably diabetes. Despite these challenges, the optimism and energy radiating from the healthcare providers was remarkable. While short provider turnover time is a problem at the IHS hospitals, many individuals we worked with had lived in the area for many years and felt a strong connection to the community. They all worked hard to develop trusting relations with their patients and did all they could with the limited resources available nearby. One of the most remarkable stories for me was from Bill Ziegler, the president of Little Earth in Minneapolis, who, by developing a Native American community with good housing, education, and social support, has drastically increased the high school graduation rate and decreased the crime rate in the area. I was continually inspired throughout the trip as I saw the kind of impact a doctor can have on a reservation and many strong efforts to improve the future for Native Americans.



Yamile Blain

The little I knew about Native American history before I went to the reservations has always fascinated me and I decided to take the opportunity of this trip to not only learn more about their culture, but also to get a perspective of health care delivery to a minority population in a rural settings. I was, however, more or less skeptical about what we could realistically bring to the communities we were going to in such a short period of time. Reflecting back on the time we spent there, I came to the conclusion that this was in fact a really satisfying experience. I have been touched by the passion many people expressed in their efforts to empower the community they belong to. The dedication I could see and feel within the clinic's staff to improve the access to care and general well-being of the population was even more inspirational. Moreover, I like to believe that our presence did have some positive impact. The very good response we had from the students and their enthusiasm suggested that we might have somehow inspired them. More than everything else, this single possibility makes me consider the trip worthwhile.



Stone Cha

Since the moment I decided to become a doctor, my goal has been to become a very good doctor who can provide an irreplaceable service in an underserved community, where other doctors do not wish to go. As idealistic as this may seem, I believe that a right amount of idealism is beneficial and perhaps even necessary – the world needs professionals like doctors who truly wish to become the change they wish to see in the world.

My passion for rural health, and in particular, medical services in American Indian reservations stem from this idealism. This trip only served to confirm that idealism as a practical reality, one that I could realistically undertake, as I saw healthcare providers and clinics doing their very best to make a difference in a community that absolutely needed them. I saw what it was like to be a doctor on the reservation. On one hand, their work seemed to be a constant struggle under limited resources (the government funds Indian Health Services clinics a fourth of what they give to the VA) and an endless tide of the diabetes epidemic, among other chronic health issues. On the other hand, I saw how integrated the health system was on the reservation, and the creative

ingenuity and streamlined processes that allowed clinics to do their very best under difficult circumstances. I was particularly struck by how every provider would consult with one another – family physicians, pediatricians, mental health providers – to provide the best healthcare to the patient given limited time and resources. I also learned that primary care is not the only field that can be viable in such a setting. I could foresee that even if I were to go into a subspecialty, with traveling and working in different facilities across a large geographic area, I could still be an invaluable service to rural populations (as opposed to working in one clinic as a primary care physician). I was satisfied to find that my desire to work in underserved communities does not necessarily limit my career choices to primary care. Through this trip, I've come to realize that working on the reservation would not be easy, but it would be immensely gratifying. It is the kind of work, work that may not be so outwardly appreciated by the world, or encouraged in certain elitist institutions, but which is clearly essential for so many communities often swept aside.



June Choe

Before this trip, the prospect of practicing in a rural environment seemed, at best, improbable to me. While I cannot say that this one-week trip completely changed my initial attitude, it definitely left me with enough cognitive dissonance to reconsider my options.

One person, Joe Rubash N.P., sticks out in my mind. Upon seeing me for the first time at the diabetes center, Joe asked me to come to the gym with him. I thought he meant to go to the gym in order to perform physical therapy of some sort. As soon as we got there, Joe jumped on an elliptical machine and asked me to do the same. Dumbfounded, I took off my white coat and awkwardly got onto one of the machines. Although it was not particularly pleasant working out in a pair of dress shoes, what he told me was a pleasant surprise. Joe's reason for coming to the gym every morning at 8 was simple: he cannot tell his diabetic patients to exercise if he doesn't do it himself. Here was a man, educated at Hopkins, who could've had a much higher-paying job if he wanted to, settling down in rural Minnesota and walking the talk. Then it became evident to me that he was not the only one. Almost everyone we shadowed at Cass Lake had a very strong commitment to building trust with their patients and living, rather than preaching, their philosophy. It is true that the clinic's resources are stretched thin and many physicians do only stay for a couple of years for loan repayment. However, the Joes of rural health are beacons of light in an uphill battle against this nation's numerous problems.

One of the community's most visible predicaments, its public health, will not be resolved unless the underlying economic and social problems go away as well. An episode from our school visit illustrates this point. During lunch period, I asked a cadre of kindergarteners what they like to do for fun. A student who seemed particularly attached to me said, "I like giving hugs," and proceeded to give me one. While this experience was memorable in its own right, what he so proudly said next affected my whole perspective of the trip- "My older brother shot a cop." When a six-year-old's role model at home is a criminal, how can one expect his community to be healthy? If most of the population, due to its 70% unemployment rate, relies on food stamp for survival and the cheapest food they can get is junk food, how can one expect not to see diabetes at the clinic? When students are dealing with these issues at home, how can one expect them not to lose confidence in their ability to change their own conditions? Making matters worse, those who do pursue higher education either do not want to come back home or cannot come back due to the

stagnant local economy and sparse job opportunities. Improving the community's health will take effort from all fronts, including the parents and the teachers.

For me, practicing in a rural environment will likely be an all-or-nothing deal. Of course, things can change and they always do. However, to abandon a group of patients after spending several years to gain their trust makes no sense to me. Nevertheless, there are other things to consider. For example, if I cannot find happiness where I live, all good will and intentions will be futile. In this regard, loneliness and geographic isolation will be large factors in determining whether rural medicine is the right direction for me. In addition, education and safety of my future family are very important things to consider as well. Many of the physicians and nurses, some of whom are from large cities, told me that they are happy, in fact happier, in rural Minnesota than they were in the cities. A large part of this comes from being accepted as someone who is vital to the survival of the community. Moreover, their children seemed to have turned out fine, despite the subpar education system and high crime rate in the region. This just goes to show that how people turn out is largely determined by what goes on in the household. While I cannot say I am completely convinced about the prospect of finding happiness in rural living, their testimonials undeniably shifted my view towards the positive.



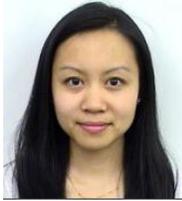
Margaret Chowaniec

Minnesota isn't an exotic spring break destination, but I was very attracted to the idea of witnessing life, healthcare, and community in a completely unfamiliar region of the US. Before the trip, I basically had no background knowledge about most things relating to Native American culture or Minnesota. I went in with an open mind and had no idea what to expect. Looking back, the trip was an exceptional experience all-around. I strengthened friendships with classmates, gained much insight into the Native American culture, and had invaluable clinical experiences.

The "Minnesota 12" was an amazing cast of characters and I really enjoyed spending time with my classmates in a non-school setting. Planning, traveling, problem-solving, and spending so many consecutive days with my classmates gave me the chance to get to know them well. We could confide in each other, have meaningful discussions about our experiences, and we also had so many inside jokes and fun memories together. This was so important to me after a tough winter term because despite busy days on the reservation, I did feel like I had a vacation.

Every teacher, clinician, museum curator, healer, student and administrator I met in Minnesota helped paint a picture of what life is really like on a Native American reservation. There are obvious manifestations of hardship, bitterness, apathy and poverty that have their roots in historical events dating back hundreds of years. But there are also inspirational leaders in the community who are empowering, positive role models. They are starting important preventative health initiatives, bringing back rich cultural traditions, and motivating young students to value education. Nothing compares to seeing and experiencing this dynamic in person.

I saw more clinical variety in a week at White Earth than I have seen in six months in New Hampshire! I interviewed and examined my first pediatric patient, saw my first rheumatoid arthritis patient, and heard complicated social and family histories that I would never see at my preceptor's office. Talking to the doctors who practice in rural Native reservations made me seriously consider IHS sites for my future electives and as a career. These doctors were really making a difference in an area so desperately needing good clinicians.



Quynh Chu

Many medical students, myself included, decided upon this profession to challenge ourselves to make a difference not only in the lives of the individual, but we also dream of working for the betterment of entire communities. But truth be told, my idealism is often met with how enormously overwhelming such challenges can be once they become reality before our eyes and not merely abstract ideas in our minds. I must admit to feeling this way the moment I arrived in the Cass Lake reservation where the major healthcare challenges included diabetes, obesity, drug addiction, alcoholism and mental health issues compounded by the social struggles of poverty and gang violence. But within this place that redefined the meaning of “the middle of nowhere” for me, I was grateful to have met an amazing group of people who showed a truly admirable level of dedication, energy, pride and patience in the work that they do to bring healthcare to the marginalized. Our experience in Cass Lake was made even more enjoyable by the welcome that we received from everyone, from the hospital and clinic staff to the patients to the students at the Bug-O-Shay-Ne-Gig school. They showed a genuine desire to help us learn through the generosity of their time, their candidness and their trust in us. The same can be said for the people that we met in the city. By the time we left Minnesota, I still felt overwhelmed by all the challenges that I had witnessed, but I did leave with more optimism that change for the better can be made possible because of the people I had met who were living proof of it – Joe Rubash and the staff at the Leech Lake Diabetes Clinic, Dr. Angie Erdrich, Amy Buckanaga, Vince Rock and countless others including patients that I had encountered. After seeing how engaged the students at the Bug School were with our presentations, I also felt inspired by the thought that perhaps we had a positive impact on them as well.

I honestly did not know what to expect on this trip, but I had been looking forward to adventure and to be inspired and rejuvenated after a tough conclusion to the winter term. I am glad to say that the trip met all of these expectations and more. It was a truly unique experience that I cannot say I would have gotten elsewhere. It exposed me to a landscape and culture that I had not seen before. It was also a great opportunity to bond with my classmates. The trip provided us with many great stories and memories. Finally, it gave us perspective and taught us valuable lessons that will hopefully guide us in our current work as medical students and our future goals as physicians.



Ryan Fredericks

The history books that we used during our primary education were not written by Native Americans, nor did the authors ask the natives about their history before the textbooks were published. An Ojibwe tribal member made this point to our group before proceeding to tell us the true history of his peoples. This was only the beginning of my enlightenment during this trip.

Despite the general feeling that they have been and still are wronged by the U.S. government, the Ojibwe peoples are still wonderfully united and are trying to preserve as much as their culture as possible. From the regular Ojibwe language classes to the crafts nights held at the tribal museum, members of the Fond du Lac community are dedicated to passing down their culture and their history to the future generations of tribal members. Similarly, this level of dedication was embodied by the health care professionals in the community who strive to combat the plague of diabetes that has swept the reservation. There is a multifaceted diabetes program at the Min-No-

Aya-Win Clinic that promoted education about the condition, held regular diabetes screening programs at multiple sites around the community, ran a diet and exercise program for those diagnosed, and had an eye care center where diabetics could go to evaluate their optic health. More importantly, the staff that ran the diabetes program was charismatic and cunning in their ways to encourage people to use the program and to promote a healthier lifestyle to prevent uncontrolled diabetes. The commitment and creativity of the health professionals in the diabetes program at Min-No-Aya-Win Clinic will serve as models for who I want to become as a health care provider.

Working with the children in the schools around the reservation was also eye-opening for me. Having come from a good schooling program, I was surprised to learn that in the past decade less than twenty percent of students at the Fond du Lac Ojibwe School went on to post-secondary education. Thanks to the enthusiastic staff at the school that number is somewhere near seventy-five percent this past year, but the instructors identified that many students do not feel like they can get into college or reach the careers of their dreams. When Shawn ended our visit to Washington Elementary, he told the class to reach for their dreams and that they could achieve anything they wanted to in life. This reminded me about the importance of education and how crucial it is to motivate people early in their lives to set goals and work towards them. As an aspiring pediatrician, I will always keep this in mind during my practice and encourage my patients to dream big and to do well in school so that they do not feel limited in what they can accomplish during their lives.

Visiting the Fond du Lac reservation has helped shape who I want to become both as a physician and as the member of a community. I appreciate all the people who made this trip come to life and who took the time to share their stories, knowledge, and culture; they are truly inspiring, and I will not forget them or their words, strength, and perseverance.



Jo Ling Goh

I started this trip knowing next to nothing about the culture and history of the Indian nations beyond a pre-trip presentation given by Shawn. This spring break trip has opened my eyes to the complexity of economic, social, political and health issues faced by reservation members (and to a lesser extent urban Native Americans). Nevertheless, I know that I have only viewed the tip of the iceberg.

This informative experience would not have been possible without the generosity of all the people we met on this trip. From school children to teachers, patients to practitioners, the individuals I came in contact were willing to share their thoughts, experiences and struggles candidly. Many of them spoke of the positive changes that the Fond du Lac reservation had experienced in the past 15 years, and they were all hopeful for that improvement to continue.

In particular, I was impressed by the dedication that the clinic staff showed in truly serving their patient population. These were people who not only talked the talk, but also walked the walk. A majority, if not all of the staff at the Min-No-Aya-Win clinic used their lunch hour to exercise in any way possible. This was in line with their philosophy of promoting healthy living amongst the tribal members, a majority of whom suffer from metabolic syndromes like diabetes, hypertension, and coronary heart disease.

Our visits to the school allowed us a glimpse into the next generation of tribal members. The schoolchildren we met were engaging, charming and enthusiastic during

our demonstrations. Through our interactions with the students and teachers, we learned that many of the children face a variety of domestic and social issues that impact their lives greatly, yet almost all of them showed a resilience of spirit that was inspirational.

I am thankful for the opportunity to visit this community and for all the lessons they taught me. This week gave me a taste of how it was like to practice medicine in a truly community-based setting, and I hope the lessons I learned will stay with me throughout my career.



Kirsten Orloff

One of my favorite aspects of the trip was spending time with classmates outside of the classroom—what an awesome crew! So much of our education comes from the relationships we make with other people, and medical school is no exception. I remember being really excited to head to Minnesota, though I had absolutely no idea what exactly to be excited for or what to expect. I left the trip really feeling lucky to have had the chance to hear about my classmates’ lives, build on friendships, and share an eye-opening experience with new people.

Feeling close to my ‘teammates’ while at White Earth was not only added fun, but also an unexpected source of support during the more emotional parts of the trip. Hearing Lisa Tiger’s story for the first time—her tragedy-laden childhood, struggle with disease, and recent loss of a child—was by far the most powerful part of the entire week for me. Being able to share that morning with friends and talk about it with them afterwards was fundamental to our experience. Hearing her story early on in the trip helped us connect with one another and really gave us a sense of the obstacles life on a reservation can put forth and the burden native people may carry. I think we were all astounded by the immense burden that a single individual could not just withstand but utterly overcome; I remember thinking that anything I ever complained about in my own life suddenly seemed completely inconsequential.

Meeting astonishing individuals was a regular occurrence that week. After bidding our goodbyes to Lisa Tiger and White Earth, we headed back to Minneapolis. Reunited with the larger group, we met with Dr. Angela Erdich, whose path in life I’d love to someday attempt to parallel. I was floored by her dedication to underserved children’s health through her work with IHS, and impressed by her ability to integrate her love for art into her passion for public health and pediatrics. I would love to be able to combine music and medical practice, and hearing about her success was inspirational. Her advocacy for the IHS was also very persuasive; after going on this trip and speaking with Dr. Erdich, I’m truly interested in learning more about opportunities to work in that public service and in seeking out such a third-year clerkship to gain more experience in Native health.



Mike Piccioli

Through my years of education I have taken several classes that examined Native American cultures as they were hundreds of years ago, but going into this trip I did not know what I would find. While in Minnesota I saw that the reservation represented both mistreatments of the past and a cultural identity today. I was touched to see that the reservation is now a point of pride and the basis of community for many of its inhabitants. Additionally, I found that native beliefs and traditions are being used to promote family values and togetherness. But just when I found

myself reflecting on all of the positive aspects of the Ojibwe culture, I was shocked to discover the hardships that these people face as well. I am aware that racism is alive and damages lives all over even if I do not have to deal with it, myself, on a regular basis. But to find that these people face racial discrimination and mistreatment right on the reservation and in the surrounding area was difficult to face. And even harder was hearing it from the mouths of children. The native population is also facing many health problems such as diabetes, obesity, alcohol and drug abuse and addiction, and depression. I now realize how dire the need is for understanding health professionals on the reservation. I hope to pass along what I have learned and inspire more physicians in training to consider working with native populations to help break the cycles of compromised physical, mental, and social health.



Tessa Winter

Prior to going on the service trip to Minnesota, I did not know anything about health or healthcare, indeed, life on Native American Reservations. I had a vague understanding of their history of displacement and disenfranchisement, but had never seen the modern day effects. Upon arrival in Fond du Lac, we were educated briefly about the history of the Anishinabe people, and also about the poverty, drug and alcohol abuse, racism, depression and medical problems that currently plague the reservation and its inhabitants. Yet, despite the history, the myriad of current problems, I saw such a vibrance, a respect for life and positive culture. Many of the people we met during our time in Fond du Lac were investing in their history—learning from their elders, teaching their historical crafts, speaking their language and participating in their cultural rituals. They were embracing the good in their history, and learning to grow past and forgive the bad. I was particularly struck with this while listening to a young professor from the Fond du Lac Community College speak about the Anishinabe language and the traditional greeting. His respect for tradition and his ability to blend it with modern life were inspiring and empowering.

Budget Report:

Items	Budgeted (\$)	Actual (\$)	Funding Source	Funding (\$)
Flight (12 students and 2 checked bags)	4500	4905.60	Byrne Foundation	2000
Rental cars (2 compact cars, 1 SUV, insurance, and first tank of gas)	678	2078.50	OHIYESA	1500
Gas	300	162.99	Multicultural Affairs Office	1000
Housing (provided by communities)	0	0	Student Affairs	1000
Food (individual groups out of own pocket)	0	14.85 (for Dr. Dorscher's house)	Student Government	700
Gifts for tribal members	300	293.80	Individual Contribution	840
Airport parking (1 car for 7 days)	70	70		
TOTALS	5848.00	7532.94		7040.00
Budget Gap:				492.94

Thoughts on future trips

We had many amazing experiences of which we hope future trips will be able to take advantage. First off, a main difference between this year's trip and last year's was the schedule and thus the length of time spent at each reservation site. Our team's goal was to develop relationships with our contacts at the clinics and schools, and to do this well, we thought it best that each group spend most of its time at one location, rather than opting to visit each reservation. We all felt we succeeded in establishing relationships that will help to turn this trip into a sustainable yearly service trip.

We hope that future trips can also continue to build on the relationships with the urban Indian health clinics that we visited. One particularly meaningful aspect of these visits was that all twelve of us were together so that we could share a common experience, like we did on the first day at the Fond du Lac school. Being witness to the healthcare resources available in the urban environment provided a comparison to the healthcare on the reservations.

Many of us commented that our most meaningful experiences involved working in the schools, which was a facet of some of last year's trip, but not as much as it was for us this year. We felt such gratification at the schools because working with the students was something we could do as first year medical students that did not require advanced physical exam skills or medical knowledge. Because high school really was not that long ago for us, we could help relate to how the students were feeling about goals for the future. We strongly encourage next year's group to continue the visits to the schools.

One aspect of last year's trip that was not a main component of our trip this year was the health screening events held on the reservations, such as measuring blood pressure and blood sugar. As was spelled out in our goals of the trip, we all wanted to provide meaningful community service, which we found we did with the schools, but only to a smaller extent with health screenings. Reflecting back on this, we realized that it is more difficult to organize these health screenings because the health services on the reservations do a great job with their own preexisting events, events that may or may not be occurring during the week that we visit. As such, if next year's group wants to reinstate the health screening events, we recommend that the group reaches out early to obtain information from the reservations about the types of screening events that will be most beneficial for the reservation.

In the short term, we hope that Dartmouth medical students will be able to return to Minnesota next year to further build on the relationships with the reservations. The dozen of us from this year's trip look forward to presenting our experience to next year's first year class. We also offer any assistance to interested students to ensure another successful trip for next year.

In the long term, should the school find interest from students for this trip every year, we believe it would benefit the students to have an established fund for the trip. For these past two trips, we have been extremely grateful for the donations we have received from many funding sources. Having an established fund will provide the trip with more sustainability so that opportunities available on the trip are not restricted simply because of money. There is also hope that we can make many of these sites available not only to first year students on service trips, but also for third and fourth year rotations and electives and for the Dartmouth undergraduate community. As can be seen from our reflections on the trip, there are many ways to further develop the opportunities available in Minnesota, and we are excited to see the progress.

Conclusion

This trip truly would not have been possible without many factors contributing to its success. First and foremost, the current second year students who established this trip last year laid the foundation not only for our trip, but hopefully for many more trips to come. In addition, countless individuals in the DMS community and in Minnesota provided the means by which we could carry out our goals outlined prior to our arrival in Minnesota. One of the great aspects of this trip is that we all shared many similar experiences, and came home with many stories to share, but each of us also had individual experiences that shaped us in ways only we can know. The excitement we feel sharing our story will hopefully leave a legacy inspiring future students to carry out similar service trips. Thank you again to all of you who demonstrated tremendous support and commitment to our service trip.



Dartmouth students with Patrick Rock, MD and Angie Erdrich, MD (D'87, DMS'94)