

**Geisel School of Medicine**  
**Rural Health Spring Service Trip**  
Reservations of Five Minnesota Ojibwe Communities  
March 11 – March 17, 2012



**Bois Forte**

Sara Kibrom  
Mildred Lopez  
Mai Nitta  
Tony Pang

**Cass Lake**

Ben Dropkin  
Jidi Gao  
Margaret Morelli  
Ayo Olufadeji

**Red Lake**

Ben Blais  
Rachel Martin  
Ashley Pinchinat  
Jessica Weyer

**White Earth**

Devin Harbin  
Shirley Lui  
Francis Martinson  
Emma Tang

**Faculty Advisors**

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

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## **Introduction**

Sixteen medical students from the Geisel Medical School organized a community service trip to five Ojibwe Reservations in northern Minnesota from March 11-17, 2012. This trip was coordinated through the Rural Health Scholars program and the Office of Multicultural Affairs, and supported by the Office of Multicultural Affairs, Student Government, Ohiyesa, and the Byrne Foundation.

The first trip to the Ojibwa Reservations took place in 2010 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 four 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.

We strove to build and expand on the relationships that the previous Geisel medical students had forged and also hope to pave the way for future Geisel medical students. All sixteen medical students came on 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 five Ojibwe communities initiated by past groups of Geisel 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 Geisel Medical School.

## **Background**

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

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

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

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

## **Reservation Communities**

All sixteen medical students first visited the Fond du Lac reservation, where we had a tour and spoke with a panel of providers at the Min-no-aya-win Health Services Center. We then volunteered at Fond du Lac Ojibwe School, and spoke with classes of elementary through high school students. Later that afternoon, teams departed for White Earth, Cass Lake (Leech Lake), Red Lake and Bois Forte. On Friday morning, all teams reunited in Minneapolis and visited the Indian Health Board, an urban Indian clinic, and Little Earth, an urban residential community.

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

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

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



nationalatlas.gov, accessed March 29, 2011

**Sunday, March 11 2012**

Our flight to Minneapolis was a lot more eventful than it should have been. We left Hanover at midnight to Boston in 4 cars for a flight leaving at 5:30am. Since the drive plus parking should have taken us three hours, we had plenty of time. However, one of the cars accidentally took highway 91 instead of 89 from Hanover, and realized this two hours into the trip. By the time they called around 3 am they were somewhere near Amherst, MA, which is a 2.5 hour drive away from Logan airport. Needless to say, we were all very anxious waiting for the last group to arrive. They finally arrived at Logan airport at 5:25 am and raced through security and to the plane just as the gate were closing.

After a stopover at Milwaukee, we arrived in Minneapolis at 10 am. Our first stop that day was to meet with Thea Woon. She welcomed us to her house with a wonderful spread of food, and a comfortable atmosphere. Since we travelled to Minneapolis after final exams ended, this was a much-needed break for us. Thea taught us about somatic therapy and had us think about images that made us feel happy. The theory behind somatic theory is that we need a balance between our parasympathetic and sympathetic systems. It is when we are functioning on one or the other too much that we get sick. For example, after using the sympathetic system on overdrive during exams, students often get sick because their



parasympathetic takes over. As we pursue the high-stress profession of medicine, Thea encouraged us to be a support network for each other so that we do not burn out from always functioning on maximum sympathetic output.

Our next stop in Minneapolis was at Dr. Angie Erdrich (DMS '94) and her husband, Dr. Sandeep Patel's home. As we arrived at their house, we were greeted with a wonderful colorful handmade "Welcome Dartmouth Medical School" poster that their kids made. Sandeep had made us an incredible feast of both Indian "street food" and a wild rice salad that we devoured as we talked. The couple both works for the Indian health service and have experience working in both rural and urban settings. They invited nurses, a student, and an Ojibwe healer to talk to us about Indian health care. All of them had advice to give us as we were beginning our journey to the

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Indian reservation communities. Before we left Dr. Erdrich's home, she had a Native healer lead a prayer in the Ojibwe language. An eagle feather and a bowl of burning sage were passed around the room. Students were encouraged to rub the feather and to smudge with the smoke from the burning sage. The healer wished us a safe passage through our journey.

We had to leave Angie's house early because we still had a two and a half hour drive to Duluth in front of us. We packed into four cars and drove to the Black Bear Hotel where we spent the night. Since this was a service trip, we still had work to do at the end of the night. Once we checked in at the hotel, many of us immediately started working to finalize our power point



presentations that we were presenting at the Fond du Lac Ojibwe School the next morning. At the end of the night, all sixteen students crowded into one room as every group presented to each other in order to give one another feedback and advice about the presentations. After going non-stop from midnight on Saturday, we all slept early, and very well that night.

On Monday, we checked out of our hotel and visited the tribal school on the Fond du Lac reservation.

Student guides who gave us a tour of their beautiful, turtle shaped school greeted us. They taught us in one of their traditional stories that the symbol of the turtle is very important because the turtle saved the entire world from a flood by carrying it on its back. On our tour we heard all about the success of their basketball teams and the traditional drums they made in their art class.

After our tour, we got to introduce ourselves to the entire high school before delivering two presentations. First, three of us presented information on synthetic marijuana, also known as Spice, K2, and JWH-018. We were informed by the teachers at the school before our arrival that this is a commonly used recreational drug in the area and they were worried that students were unaware of the harmful side effects associated with its use. Our presentation provided the students with information about the negative side effects of this drug, along with data on the number of emergency room visits associated with its use. The students were very attentive and asked a lot of great questions. After our drug discussion, two other Geisel medical students gave a presentation about college. They told the high school students all about their paths to Geisel and what they could expect on a college campus in the future. While about half of us gave these presentations, the other medical students were interviewed by the school's radio station. The students interviewed were asked all about how they ended up in medical school and what advice they would give to students thinking about that path.

After the presentations with the older students, we got to teach a lesson plan about cells to the younger students in grades five through eight. The students were all very excited to hear about the inner workings of cells, especially when they got to watch the short computer animated video "The Secret Life of a Cell" from Harvard Medical School at the end. Teaching these lessons to the students at the school was such a rewarding part of the trip. They were all really interested in what we had to say and were very engaged. We also got to learn so much from them about their lives growing up on the reservation and the stories and traditions from their culture. At the end of our day at the school they were kind enough to give us thank you presents that consisted of locally grown wild rice and coffee mugs from the school.

After visiting the school we were fortunate to visit the Fond du Lac Reservation Cultural Center and Museum. We saw beautiful hand built birch canoes, traditional floral beading, and photos of Ojibwe people through the ages. We also got to hear about historical documents they had just acquired from the museum curator. It was an amazing educational experience!

Finally, we had to say goodbye to the Fond du Lac Reservation and get in our cars to head to our four respective reservations farther north. Monday was a great day. We learned so much about the Ojibwe people and their traditions, while getting to tell them a little bit about our lives and encouraging them to learn more about science and to consider attending college.

## Red Lake (Ashley, Ben, Jess, Rachel)



When we arrived at the Red Lake Hospital on Tuesday morning we were greeted by Dr. Michael Borromeo, an internal medicine doctor. We also met with Dr. Ditmanson, the clinical director. During our morning meetings, the Director of Community Health Nursing spoke with us about the different problems that they see at Red Lake Hospital as well as the programs that the community health nurses have set up. Rachele Duncan, one of the community health nurses, told us about the history of the reservation, gave us a tour of the hospital and the reservation. On the reservation, we visited Red Lake Fisheries – the enterprise that Red Lake is most well known for and also a place that provides many jobs for the people. We also saw Red Lake, the actual lake, which was frozen over and had an eagle flying over it at that very moment. Tuesday afternoon, we joined the Cass Lake group for a meeting in Bemidji with Vikki Howard. She is an Indian Health Advocate and spoke to us about Native American culture and how it affects their health care.

On Wednesday, our group split into two. Rachel and Ashley shadowed family medicine doctors Dr. Anderson and Dr. Lotsu, respectively. Ben and Jess went on home visits with Rachele, the same community health nurse that gave us the tour of Red Lake. The home visits were mostly wound care for bedridden diabetes patients in Ponemah. In the afternoon, we switched – Ben and Jess shadowed pediatricians Dr. Romie Tinsay and Dr. Federico Tinsay while Rachel and Ashley worked with the community health nurses. Rachel saw more wound care visits with Rachele while Ashley saw an infant CPR class that was done for the 15-year-old mother of a newborn.

On Thursday morning, Jess and Rachel shadowed Dr. Jane Killgore. She is an Ob/Gyn from Bemidji that comes to Red Lake every 2 weeks to work with the high-risk Ob/Gyn patients. Dr. Killgore talked throughout the patient visits, explaining why they were high risk, and what were the concerns and options for each patient. Ben and Rachel worked with Dr. Mark Claussen, a surgeon. He quizzed the two students on surgical and medical principles, and then had them trade off taking histories and seeing procedures. In the afternoon, we had the opportunity to speak with Casey McDougall and other providers in the Behavioral Health Department. They were all very welcoming and agreed to sit and talk with us about practicing mental health on the reservation.

## **Bois Forte Team (Mildred, Sara, Mai and Tony)**

### *Day #1*

When we arrived at the clinic, we were separated into two groups. Two of us got to shadow a doctor, a physician assistant and the diabetic educator at the Health Clinic. The clinic facilities are located in a new building. They are actually attached to the head start and elementary school, making it easier and convenient for children to make it to their regular checkups and appointments. We had the opportunity to meet several patients and get good insight about what rural health is all about. The other two of us went to the human services portion of the clinic to talk to the public health nurse and see the WIC program. One of us also had the opportunity to be with a Community Health Representative and do elder home visits and deliver medications. In the afternoon, one of the native clinic nurses gave us a tour of the head start program at the school. The school houses grades K-8, with about 12 students for every grade. All the students start learning the Ojibwe language from a young age so they are fluent when they grow up. After our school tour, we went with a tribal council member who we met during lunch for a tour of the Bois Forte Government Center. He presented to us the regalia used during Native American dances and described some of the historical and sociocultural context. Then, we took a walk around the lake and listened to stories from Shawn O'Leary's father. We were lucky to visit during the winter while the lake was still frozen because the Bois Forte code is that stories can only be told when the lake is frozen. In the evening, we had an opportunity to have dinner with two elders, Marybelle and Loretta. Both of them were born on Bois Forte, moved away for some time, and have come back. They gave us insight on reservation life, cultural education, and the contrast in access to primary care, water and electricity.



From left to right: Tony, Mai, Marybelle, Loretta, Mildred, Sara and Shawn at the dinner meeting.

### *Day #2*

The next day, the group was divided in couples. Mildred and Tony went to the Vermillion Clinic, which is a small clinic about one mile away from the Fortune Bay Hotel and Casino, our hotel. This facility only has two exam rooms, one of them only used for simple surgical procedures. The staff can also draw blood, but they have to take the samples to Nett Lake in order to analyze them. There, we shadowed Dr. Charles Helleloid, and had the opportunity to see some dental procedures. In Vermillion, we were able to interact and learn from Ojibwe patients that belonged to every age group: children, young adults, adults and elders. It was an excellent experience to be able to observe

what a whole day looks like. After visiting the clinic with Dr. Helleloid, we walked a few feet from the clinic toward the Vermillion Fitness Center. The facility, built in 2006, includes a gym, a basketball court, a sauna, zumba dance classes, and a recreational center for youth. The facility is free for all native Band members. In addition, the Vermillion fitness center awards a pair of Nike running shoes specialized for Native Americans for every 52 miles walked.

Meanwhile, Mai and Sara went back to the Bois Forte clinic to shadow Dr. Ray Hawk and the maternal care nurse practitioner. Shadowing Dr. Ray Hawk is an excellent example of how rural health works. He knows every one of his patients at a personal level, and remembers the patients' last visit as if it was yesterday. He also knows their family and occupational history, which allows for a holistic approach to treatment and care. Sara spent the morning shadowing the maternal health nurse practitioner and the medical lab technician. As the only maternal health NP in the reservation, she provides health care to a wide range of patients – from infants to post-menopausal women. One thing we have seen over and over again at the reservation clinic is that people have more than one hat. They try to cover a lot of ground with the limited amount of employees they have. They only have one lab technician that runs all the tests and if she is not in, then the nurses have to extend themselves. Even with the overload of work and responsibility, they try their best to provide the best care to their patients. The doctor-patient relationship here is truly a dynamic one. In the afternoon, Sara and Mai met with Marybelle again to listen to a recording of Gene Goodsky, the band's spiritual leader, telling the story of how the ancestors came to Nett Lake. The group joined back together in the afternoon to visit the heritage museum. The museum showed us the history of the Bois Forte band, the dioramas of wigwams, and the boarding schools that the older generations of Ojibwe were sent to.



From left to right:  
Dennis, Terry, Sara, Ray  
Hawk, Mildred, Tony  
and Mai at the Nett Lake  
Clinic.

### *Day #3*

We started early in the morning at the Nett Lake Clinic. Here, the four of us got to shadow different health care providers, including the physician, physician assistant, the nurses and the diabetes educator. We all saw as a group one native patient whose diabetes was being manifested in peripheral neuropathy and a gangrenous toe. We learned a lot about diabetes management, which is up to 30% in the 500 people population of the tribe, and also about patient-centered care. Later on, the Bois Forte Newspaper interviewed us, and two of us met with the health commissioner. In the afternoon, Ray Hawk agreed to be filmed for an interview, in which he gave a personal

perspective upon Indian health care and medicine in general. We then parted to meet the rest of the groups in Duluth.

### **White Earth (Emma, Francis, Shirley, Devin)**

#### *Clinical Experience—White Earth Tribal Health Center*

We spent our first day at White Earth shadowing clinicians at the White Earth Tribal Health Center. At the center, we met with Deanna, who was our main contact for White Earth. She helped us arrange most of our schedule for the week. The trip could not have been possible without her. Deanna gave us a tour of the facility, and two things (out of many) amazed us all. First, we were enlightened to find that the health center offered such a comprehensive spectrum of care. It 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. Second, the display of aboriginal culture through art, and photos throughout the center makes it not only a state of the art healthcare facility, but also a valuable museum.

We also met Molly from mental health services during the tour. She spoke to us about substance abuse and alcoholism and how those are two of the most significant causes of accidents, deaths and as related to mental health –suicides. The suicide rate at White Earth is estimated to be seven times higher than the rest of the population in the US. Molly wasn't sure what the reason was for such a discrepancy but indicated that a likely cause is the large number of fatal accidents (usually car accidents) that occur in the reservations. Because of the tight community there, deaths have major impacts on families and friends.

For the rest of day, we each shadowed a clinician—two family physicians, a pediatrician and an internist. At the clinic, each clinician had a nurse who took care of the paper work and prepped the patients. Often times the clinicians would ask patients to leave during the visit to obtain a blood work or an x-ray. Patients would come back within 5-10min having completed either and the clinician was then able to see the results of the x-ray to help him/her make a diagnosis. Clinicians also filled prescriptions during the visit, which patients picked up directly from the pharmacy on their way out of the health center. Such efficiency of care is highly admirable.

We were grateful that the providers were so willing to teach us and incorporate us into their daily schedules. 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. One of the nurses from the clinic, Grace, even offered to take us out for dinner and we had a great time with her.

#### *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 96yo elderly woman who owned many cats, dog,

fish, birds and other pets, 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.

The home visits were humbling experiences because we got to witness patients in their own living environments, which helped us visualize their health in the context of other social factors that are influencing their lives.

### *Community Service Experience—Diabetes Bingo*

We spent our last day at White Earth with Gail and Paulie playing Diabetes Bingo. Diabetes Bingo is a game created by Gail and Paulie, which provides education to diabetic patients in a fun environment. Bingo is a popular game in the reservations and Gail does a great job in integrating information on disease prevention/maintenance into the game. Each bingo chip is associated with a picture. The pictures represent different aspects of diabetes - such as eye health, foot care, diet, exercise, lifestyle etc. The bingo boards are correspondingly made with the same pictures. This way, patients not only get to play bingo but they are also educated on how to manage their diseases. The game also helps to reduce the stigma associated with diabetes and encourages patients to be more open about their health. We each led two games of bingo. It was not an easy task running the game and all four of us had to work together to keep the game running (while Gail and Paulie do it all comfortably). We also had lunch together with the elders at the senior center before the game started and had a chance to learn some of the local culture and current news. Diabetes Bingo is now adopted by over 80 places across the US and has become a huge success nationally.

### *Free time/Touring –Detroit Lakes*

On our last night at White Earth we drove 30 miles to a larger town, Detroit Lakes, where there was a greater selection of restaurants. The weather was in the mid-seventies and sunny. We walked around the lakeshore, sunk our shoes in the sand, and walked on the ice that still covered the lake. We also played at the playground taking turns going down a spiral slide. A local recommended a restaurant called Lake Side Tavern. We took his advice and had dinner there. It was delicious. After dinner we went to Zorbaz, a famous local bar where most of the local youth have a drink and eat pizza. Zorbaz exceeded our expectations and it was definitely a very lively place. Our little outing to Detroit lakes was a nice, relaxing end to our time at White Earth before heading back to Minneapolis to meet the rest of the crew.

### **Cass Lake (Ayo, Ben, Jidi, Margaret)**

We were at an IHS facility in Cass Lake, which serves the Leech Lake Reservation. Internists, family med docs and pediatricians work in coordinated teams with nurses, pharmacists, and social workers. It also runs a dental clinic and a pharmacy. We were also at Sanford Clinic Bemidji, a private hospital 25 minutes away from Cass Lake. Patients are referred to Sanford from both the Cass Lake and Red Lake IHS facilities.

Some students shadowed Vikki Howard, an Indian Advocate who serves as a social worker for Indians, who make up 25% of the patient population, and a cultural awareness educator. She showed us how cultural beliefs influence the experience of illness. For example, it is believed by many Indian patients, particularly the elderly ones, that we are constantly surrounded by spirits, both good and evil; the good ones, which include deceased family members and friends, must be welcomed, while the evil ones need to be warded off with much effort. Similarly, it is believed that traditional medicine, such as different types of plants, need to be worshipped and communicated with in order for them to be effective; as Vicky said, "We need to build a relationship with the medicine, before it works for us."

We also ran a blood pressure screening at the Palace casino and (covertly) performed motivational interviewing about tobacco cessation. We set up a table in the back for the casino employees, and a table upfront across from the main entrance to catch the patrons as soon as they enter. We worked from 6~8pm, and screened more than 50 people of all ages.

We also presented to middle and high school aged students at the Bug-O-Nay-Gee-Shig school on the reservation. We took the high school students through diabetes, from the cell level to the community level, and talked about the different careers that are important for helping people at all levels of a disease. We played nutrition jeopardy with the middle school, which was a huge success. We were surprised by how much they knew. Many of us felt that the Bug School was the highlight of the trip.

## **Friday**

All of the groups except for the White Earth bunch arrived in Duluth on Thursday night. Shawn's dad was very gracious and allowed the groups to stay at his house. The sleeping arrangements were tight since twelve students had shown up, which added to the student bonding experience. The White Earth group arrived at about 10 am on Friday after a four-hour journey and a few direction debacles.

We started the Friday by meeting at the Native American Community Development Institute and were served free coffee and a light breakfast on the very generous Dr. Erdrich's tab. A local historian, gave us a "little" history on Little Earth and the Ojibwe in general. Afterward, we were able to look around a traveling display that gave a detailed history of the Ojibwe and the struggles that they have had to face over the years. We then went on a mini tour through the Little Earth area by foot or by car, ending up at a great place called the Little Earth Community Center. The main man in charge, Bill Ziegler, was doing some very innovative work to help the people of Little Earth and the community as a whole. He took us around parts of the neighborhood and showed us some of the housing development projects and a community garden/ green house that many of the locals really enjoy. We were able to hear from him about the challenges that face the community in the urban American Indian neighborhoods. We ate lunch at the Indian Health Board and further discussed the urban Indian health challenges.

After lunch, we headed over to the Mill City Museum and learned more about the history of Minneapolis. The Mill had some pretty breathtaking views and a long history that includes the Ojibwe and the Mississippi river the Mill sits on. We then Headed back to Angie's house and got ready to go to the Mall of America. "HUGE" is the only way I can describe that mall. A lot of us ended up riding a few rides in the center of the mall and had our "parasympathetic" completely turned off for the full sympathetic blast we were hoping for. We all met back up for dinner at Native American owned Famous Dave's BBQ and had some delicious wings and a few laughs as we traded stories about our adventures. Afterward we met back at Angie's and were planning to go out for another adventure when we all came down with a case of sleepiness and went to bed to be bright and chipper for our 3 am departure. We truly gained a great amount of knowledge and insight from the wonderful people that we met that day.

## ***Student Reflections***

### **Ben Blais**

My interest in this trip was rooted in an interest in service, and an interest in being better educated about rural/under-served populations. I am currently in the rural scholars program at DMS, and am interested in practicing in a rural area later on in life. I was not sure what to expect about the Native American population either culturally, or in relation to their healthcare system. This trip was successful in providing me with a much better understanding of the challenges faced in the Native American population, and, more broadly, in under-served populations in general.

The physicians and nurses I shadowed at Red Lake Hospital were excellent educators, and much of what I took away from this trip is from them. I was able to shadow a family physician and pediatrician and get a glimpse of the issues that adults living on the reservation deal with daily. I aspire to be a pediatrician, and was glad to shadow one who was such an excellent role model (Dr. Romie). I also had the opportunity to shadow a nurse during home visits. Through these experiences I was able to see first-hand how the system makes healthcare delivery easier in some ways, and more difficult in others. I learned that prevalent issues such as diabetes, wound care, chronic pain and others currently complicate it. It was also an opportunity to witness the culture and home-life of the people living on the reservation. Unfortunately, the greater story appears to be one of poverty, addiction, chronic medical conditions, and mental health issues that sometimes come with these problems.

Most of my interest in rural and under-served populations stems from the fact that I grew up in a rural area, where most had little access to healthcare, and that these populations tend to be neglected and not well understood. Being immersed in what is arguably one of the most challenging situations for healthcare delivery contributed to the foundation on which I am building my future medical career. Shoshana Zuboff, one of the first tenured women at the Harvard Business School, describes my thought process well, "Awareness requires a rupture with the world we take for granted; then old categories of experience are called into question and revised." Awareness and an understanding of context are so much more powerful than anything I have learned in the classroom. Throughout my training at DMS, I will have this experience to reflect on. I have a great deal of appreciation for those that organized and funded this trip, and I hope future generations of students are able to benefit from this and similar experiences in their medical training.

### **Ben Dropkin**

I knew virtually nothing about Native America culture, the IHS, or the mid-west as prior to this trip. This lack of knowledge was one of the reasons I decided to go. What I observed taught me about the consequences of early American history and the fundamental differences between Native American and American values.

We spent our first four days learning about issues currently facing Native Americans in Minnesota and surrounding states. A partial list includes unemployment rates as high as 90% on some reservations, poverty, lack of higher education, tobacco and alcohol abuse, illicit drug use, and rampant prescription drug abuse. Access to care didn't seem to be an issue, until I heard patients at the Cass Lake clinic say that they couldn't make a follow up appointment because they had no form of reliable transportation. Multiple providers told me about the pregnant, drug-abusing pre-teens they saw in clinic on a regular basis. These were problems I've thankfully never seen in my own community.

We spent the last day of the trip learning about how these problems arose. Minneapolis exists because a waterfall in the Mississippi was exploited for power to run the original mills of Pillsbury and General Mills. The Native Americans who had lived on the land for thousands of years were killed or ultimately forced onto reservations. The U.S. government later removed a generation of Native Americans and placed them in boarding schools. This abducted generation grew up without parents, and when they returned to their reservations after high school they had trouble parenting their children. Such began a cycle of parenting where rules and discipline are largely absent. A pattern that facilitates many of the problems we observed and heard about.

In my mind, this story highlights the fundamental difference between Native American culture and American culture. The reason the early settlers removed the Natives to build their mills is simple- it was an opportunity to generate vast wealth. American culture then and now is structured to reward those who work the hardest and have the foresight to identify opportunity and the ability to execute. Native American culture seems to hold a respect for other human beings above the ability to get rich and accordingly rewards those who contribute most to the community. Ultimately, this difference has cost the Native Americans dearly and allowed generations of Americans to prosper from the vast natural resources present in America. I can't say that one culture's value system is unconditionally "better" than another, only that this was a truly fascinating contrast to observe in such a short amount of time.

### **Jidi Gao**

I think my time in Minnesota during this past spring break can be looked at in two ways. As far as the actual service aspect of the trip, more could have been accomplished, though much of that can be attributed to the lack of time. I do wish we could have visited more schools, gave more informative and fun talks, or stayed longer to answer questions for students and teachers alike. On the other hand, the insights, knowledge, and sentiments that I developed during that week will be unquestionably invaluable to me as a person as well as for my future professional endeavors. It's a rare and fascinating opportunity to observe a culture so vastly different from that of where I've lived in my life, one that is so beautiful yet has been so tragically abused and shattered during the course of the last few centuries. Many patients we saw simply exist in a broken environment (physically, emotionally and spiritually) that the rest of the nation either willfully ignores or is simply ignorant about (admittedly, I certainly was before this trip.) I don't know what the solution is – it's undeniably difficult to fix a problem whose root is intricately and irrevocably tied to the history of the development of this nation, and arguably the prosperity many of us get to enjoy today. And in the midst of this tragic conundrum, there are those who decided to take a stance, to dedicate their life to finding solutions, and to better the lives of those who lack the power to help themselves. It's absolutely inspiring to directly interact with folks who are willing to forgo the allure of higher salaries in order to build safer communities, to see patients who otherwise will not be seen, or to restore and reinforce people's ties to their cultures, their traditions, and their land. These jobs are not easy by any means. Yet there is a joy and pride that these folks feel from their daily work that cannot be replaced by mere financial compensation. I'm tremendously thankful to have met them. I also trust that the inspiration I gained from those seven days on the reservations will help guide me through my own career and life in a position fashion.

### **Devin Harbin**

My trip was breath taking. The first day on White Earth, we went to the Indian Health Services and I was able to shadow a physician in pediatrics, which is where my interest in medicine lies. I shadowed a great physician, Dr. Schreiner, who has a son in medical school. We examined children and interacted with the pharmacist and radiology people who were all in house. After lunch that

day we had a scare with an Amber alert. The staff handled the alert with expert action, and luckily the child was not abducted, she was just lost. We soon saw her little head bobbing by the counter. That same day a patient we had treated had an altercation with his mother while down in the imaging center. The whole ordeal was handled again with expert action and responsibility.

Through both of these instances I was able to see just how well organized the health care givers are at the IHS. The following day we were with the home health nurses who start early and go out to patients homes who are remote and or don't have transportation. I met some amazing elders and was able to help council a patient on medications. One lady thought I was just wonderful and gave me a hug and a kiss for being there and visiting with her and her husband. The next day, we helped out with Diabetes Bingo, which is a fantastic way to educate diabetic patients and their families on the disease and how to handle self-care. I was lucky and saw one of the elders I had seen the previous day. He came up and playfully startled me as I was setting up the display for bingo. We all sat down and ate with the elders while listening to their stories and where they were from. While I was able to provide services, I was also being serviced culturally and emotionally through out the entire trip, with my fearless leader Emma Tang and the ever so gracious master of ceremonies and coordinator Ayo.

### **Sara Kibrom**

"You are here for the patients, the patients are not here for you," golden advice Raymond Hawk told our group on our last day at the Bois Forte reservation. If I didn't have a chance to pick up anything about Indian Health Services during my week, this sentence was all the insight I could ever need. From the moment we walked into Nett Lake Clinic at Bois Forte, I noticed that this was so much different than the big hospitals I have seen before. Every health care provider at the clinic had multiple roles. There was a time when the physician worked at the pharmacy and the nurse in the laboratory. They all had each other's backs. This was the true manifestation of teamwork.

As I was preparing for the trip, I didn't know what to expect. My limited knowledge of Native American culture and history was from movies and as we all know, they are not exactly the best sources. I went in with an open mind, and was accepted with open minds, arms and souls. People were willing to teach and share with me their cultures and stories. I am deeply humbled and thankful to have had such a great opportunity to learn more about health care delivery and how it varies greatly even in a country that has such great advances in the field. It was also nice to see that medicine hasn't lost its humanity.

### **Mildred Lopez**

One of the reasons I was appealed to come to Dartmouth (from the far away and tropical PR) was the vast array of opportunities offered to students. So, I came here with my mind set on the experiences that most captured my attention. The MN Indian Health Trip was definitely one of them, and not only that, but I truly wanted to take part in organizing the event. Hence, when the time came I did, and I am glad. This experience had an overall impact on my perspective upon diversity: diversity in healthcare, culture and life. It was a contrast from what I am used to seeing. Healthcare in these rural areas is truly dependent on the patient-doctor relationship. Providers know their patients not only as patients, but also as long-time friends and family, providing an excellent environment for communication and trust. The history behind the socio-economical context of the reservation was eye opening, as well. These people have fought to preserve their land and culture, up to the point where they now have autonomy over many issues concerning the population. It is amazing to listen to their stories, and learn from their teachings and anecdotes. The meaning of life in the tribes also has a different connotation. I am aware that life is a complex

philosophical term with many different denotations, but I got the feeling that they had figured out what life is all about. For they value not only humans, but also nature...not only the individual, but also most importantly the community. Hence, I left MN with a sense of serenity, honoring the great Ojibwe values of honesty, kindness, sharing and strength.

### **Shirley Lui**

One of the things that struck me most about this trip was the kindness of the people we met. From Dr. Erdrich and Dr. Patel's incredible feasts and hospitality to a nurse named Grace from White Earth health clinic who took our team out to dinner, I was continuously moved by the generosity that these people exhibited. It was also extremely inspiring to witness the passion that people had for serving Native American populations. Dr. Patel drives for 7 hours to spend 10 days every month to offer pediatric services to reservations in South Dakota. Many of the reservations are understaffed such that a specialist would visit and take care of all, for instance, podiatry cases in a few days, leading to a type of episodic availability that I'm not used to seeing, having spent most of my life in large metropolitan cities. Two of the leaders we met at Little Earth both noted that they could have chosen a different career and made a lot more money, but they chose instead to work to create affordable housing for urban Native Americans or help them achieve higher education. This kind of dedication to the underserved is something I hope to emulate in my own life.

Our time in Minnesota was such a fantastic opportunity for cultural exposure and education in the complexities of health and health care systems for Native communities. While planning for the trip, I envisioned a service element in which we would be able to contribute something to the reservations, but in hindsight, this trip has given me in the forms of knowledge and interest much more than anything I could have ever offered in a short week.

### **Rachel Martin**

In junior year of undergrad, I took an Anthropology course titled, "Contemporary Issues in Native North America". I'd just come back from my semester abroad in Madagascar, and was starting to realize that I had very little idea of what life was like for native peoples—particularly those in my own backyard. This class, I thought, would be an opportunity to learn more about some of the problems facing American Indians today.

I wasn't wrong—it was an opportunity, and learn I did. I didn't, however, go into the class with any sort of knowledge as to the *extent* of problems. And I quickly discovered that problems are rampant. The professor, a young Native American cultural scholar, was so frustrated by the magnitude and complexity of American Indians' troubles that each class ended with sad silence. Once we reached that point—cowed by the hopelessness of the Native Americans—he would dismiss us, saying we looked so distressed that he couldn't bear to keep talking about it.

Obviously, I went to Minnesota with some trepidation.

It was a pleasant surprise, therefore, to find that things in Red Lake were, while certainly not peachy, not nearly so despairing as I had come to believe. (In all honesty, they were significantly *less* despairing than the winter-term finals week I'd undergone before I left.) There was the expected violence, obesity, drug use, poverty, lack of education, and isolation, yes, but there were also so many *truly good* people trying to enact change that it was hard to feel like the only option was giving up. Rachele Donnelle, a community health nurse and our Red Lake tour leader, was

among the most diligent of these tireless people. I was honored to merit any of her time, as she worked three jobs to support both her family and her community.

I could talk on and on about my time in Red Lake reservation (in retrospect, I probably learned more those three days than any other given week this whole year, and I think my group members would say the same), but no words can do it justice. I think Red Lake, like so many other places in this world, is a place—a community, a lifestyle—you have to experience in order to grasp its many dimensions. I am honored to have gotten the chance—if even a short one—to experience it, and I hope that others will do and feel the same."

### **Francis Martinson**

Over the course of a week, sixteen Dartmouth medical students set out on a community service trip to northern Minnesota to visit four Ojibwe Reservations. Our aim was to learn and understand the healthcare and social issues faced by Ojibwe communities, and to share that information with our colleagues and peers back at Dartmouth. We also hoped to strengthen the relationships formed with these communities that were initiated from the previous group of Dartmouth students.

Our main event on Monday was a visit to the Fond du Lac Ojibwe School in Cloquet, MN. Here we were given a tour of the turtle shaped school, which serves grades K-12. Following the tour, presentations on synthetic cannabis and college life were given to the higher grades, while the lower grades were introduced to the wonders of the inner cell (which they loved). We concluded our day by visiting a local museum to soak in a little history before heading out to our respective sites.

For my group, this was to White Earth. Our first day there was spent at the White Earth Health Clinic, a surprisingly modern and high tech facility for such a rural area. There we shadowed the doctors and learned a bit about the patient population they serve. Some of the major issues faced by the clinic are the rising rates of diabetes, drug use and suicides amongst the locals. During our tour of the facility, we were recounted the tale of how a grandmother, mother, and granddaughter had all been infected with hepatitis C through the use of unclean needles. A whole family line was devastated in an instant through recklessness. Another tale involved the deaths of a mother and child and the rippling effects it had throughout the community. "She was my cousin; she was my aunt; I use to stay with her when I was younger." In such a tight knit community, where everyone is seemingly connected to one another, sudden losses can have wide spread ramifications.

During our second day, we accompanied home visit nurses on their trips. For some people, the home visit nurses provided a critical junction for the continuation of care outside the clinic. This was particularly true for the elderly, who for example might need weekly IV infusions but were too frail to regularly make the visit to the clinic. For others, it served as a convenience, enabling them to get treatment they would otherwise not receive for life long diseases such as diabetes.

Our last day at White Earth was spent teaching the locals about diabetes through a game called "Diabetes Bingo", which was developed by one of the nutritionist working at the White Earth Health Clinic. It proved to be a successful and entertaining method of instilling knowledge to the locals.

We finally returned to Minneapolis on our last day in Minnesota. There we learned of an urban renewal project, aimed at creating a self-sustaining, promising new community for Native Americans. It was quite an inspiring project, and I can only hope that it succeeds in all its goals.

### **Margaret Morelli**

A week on an Ojibwe reservation was not a relaxing spring break, but it was very informative. There is a big difference between reading about disparities in Indian health care and listening to a personal narrative of the struggles and success of life on a reservation, and the role IHS plays in reservation life. I knew that alcoholism was big problem among Native Americans, but I had not thought about the consequences alcohol abuse could have on public health, like the high rates of traumatic injuries and accidental deaths. Abuse of other substances was also widespread. The IHS clinic struggled to treat patients without introducing more narcotics into a thriving black market. Spots at treatment centers were few and far between. One provider told me about a study she had done, where 90% of women living on the reservation reported having been hit, pushed, or kicked by a relative or significant other. Even when its reported, domestic violence often goes unpunished.

As aspiring doctors, we like to think that we will be able to help our patients, so it was difficult to see patients who were struggling with so many serious problems that we could not fix. I sensed this same frustration from some of the providers I worked with. I feel that I now have a much deeper understanding of the huge health and social challenges faced by Native Americans, and the people who are trying to help.

### **Mai Nitta**

I was pessimistic about this trip as we were leaving Hanover. I kept asking myself, “what are we doing there?,” “is our visit going to be helpful to them?” and “will we be welcome there?” To prepare for the trip, I watched a documentary, and did some reading about Indian health. With preparation, all I knew was that Native Americans do not walk around the reservation with tomahawks and live in teepees, and that their greatest health concern was diabetes and substance abuse. As a first year medical student, I did not feel like I had anything to contribute to the problems at the reservations.

I was nervous about going to Bois Forte in our small group, since I was not sure if we would be welcome there. In hindsight, I’m not sure why I was so anxious. The employees at the health center were kind, the elders of the reservation were more than willing to share stories with us, and even the tribal council approached us at the gas station to invite us to the tribal building to learn more about the Ojibwe culture. Everyone we interacted with wanted to teach us about his or her culture, and tell us about his or her experience living in the reservation. I realized that I had the wrong mind set about this trip in the beginning. This trip is about learning about Indian Health, not us trying to “teach,” “help,” or “make a difference.” The natives wanted to show us their lives, and be understood. Once I realized this, I was humbled, and was able to open my ears, and listen.

### **Tony Pang**

Countless stars shine down upon us as we drive towards a seemingly infinite horizon in the land of 10,000 lakes. Left and right, there seemed to be nothing but trees. It felt like a different time and place. A place where eagles glide in the clear clean skies and deer run through wild green grass. A place that was not defined by borders. A place where man and nature lived in harmony and mutual respect. Such was a place called Bois Forte, a tiny village of approximately 500 Ojibwe, more than eager to greet us and show us around.

Being at Bois Forte gave me a great appreciation of how tough it could be to both live in such a secluded area and provide healthcare. One interviewee mentioned that in the wintertime, when Lake Vermillion was frozen, he would drive 6 miles on the lake to get his mail; otherwise he would have to circle 20 miles around.

There were 2 small clinics in the area, about an hour apart, and with one physician managing and providing healthcare to both clinics. But luckily, his trusty physician assistant, his nurses, and other

health care providers support him. Because of the lack of staff, healthcare providers there are able to perform a myriad of procedures and cover for each other. If the lab technician was unable to come to work, the nurse could perform the lab test.

In addition, I've never seen such a close doctor/patient relationship. The patients are more open about their problems and less intimidated by doctors. This is attributed to that fact that doctors there are not displayed as being superior or above others. In fact, doctors like to see themselves as being below, serving the people. Patients never have to feel as if they were being judged. All in all, the Minnesota trip was one of the best experiences I have ever had. I learned a great deal about rural health, Native American culture, and met some of the nicest, most caring people.

### **Ashley Pinchinat**

Going to Red Lake was an invaluable experience that I will never forget. On Tuesday, we got a brief history of Red Lake and were introduced to the culture and the area. Rachele had explained the Four Corners to us, and how each corner represents a different stage in the circle of life. In the lobby of the hospital, there was a painting by the sunroof that showed all the different stages from birth to being an elder. We also had a chance to go to the high school, which was affected by a shooting in March 2005. The school itself was beautiful, but there was a wall that was devoted to paintings, poems, and other things in honor of those that died. Next to it, there was a case that showed some of the traditional garments that the people in Red Lake wore to powwow. We also had the chance to see the Tribal College and the floor plans for the new Tribal College that they hope to start building soon. Along the walls in the college, there were pictures honoring those that served in the military. Rachele said that there was such a strong showing because of the value placed on being a warrior.

This trip, and especially the time spent at Red Lake, made me think about the problems on Red Lake and on Native American reservations throughout the country. Diabetes is a huge problem on the reservation along with high cholesterol. One of the doctors told us that there were kids as young as 8 years old on statins. Attendance in school was also a huge problem on the reservation as was marijuana and teen pregnancy. Visiting the different hospitals and clinics made me glad to see that there are community health workers visiting these young mothers and that there are excellent programs set up to motivate people be in control of their diabetes. While working with Dr. Borromeo, I saw the passion that he and the other physicians at Red Lake Hospital had for the population they serve and I really up to him for it. He started with the intention of leaving at some point but has stayed at Red Lake for over 10 years. Overall, the trip was very inspirational and I remember leaving Red Lake thrilled to have had an eye opening and rejuvenating experience. By the end, I felt like I could see myself working at some of these clinics and working in the Native American population. This trip helped remind me why I went in to medicine and helped reignite the fire that I had when medical school first started.

### **Emma Tang**

The trip was the best thing I could have done with my spring break and it was not nearly as close to a "service" trip as a truly humbling experience having received so much generosity and teaching from everyone that we have met throughout the trip.

The first thing that I noticed while visiting the various facilities was that everywhere, we saw Ojibwe artwork and every piece of art had a history. It was very interesting to learn about the Ojibwe culture and it was wonderful to see that the Ojibwe peoples are working hard to restore their unity and culture.

In addition, I was enlightened to see such high efficiency at the health centers. The creativity of the staff in establishing various health programs to adapt to local needs is incredible. In thinking about healthcare delivery and my role as a future physician, I have much to learn from the people working at the reservations who seem to be able to do so much with little resources.

Furthermore I am simply grateful for the opportunity to meet and work with the people we met during the trip. Everyone from each place that we visited shared his or her stories and experiences. Their openness and kindness really made our experiences worthwhile.

Finally, it was such a great opportunity to be closer to my classmates, and future colleagues. We began to find our quirks and our likes and dislikes which also helped us find ways to overcome our differences and function cohesively as a team. We all have become closer friends because of what we shared during the trip.

### **Jessica Weyer**

As a medical student who wants to serve in an underserved community, I was very excited to visit the Ojibwe reservations in Minnesota. This trip was a great opportunity for me to explore a new community and to learn about a new cultural group. My experiences were fascinating, and eye opening. At the Red Lake reservation, I got to see patients at the hospital, make home visits with the community health nurses, meet the behavioral health department, watch a council meeting, visit the school, and explore both the tribal college and the local walleye fishery. Though the town was very small and remote, it was obviously a very tight knit community.

Even though it was a rural community, I was amazed by the facilities available. The hospital had five full chairs for dialysis! The doctors I met who worked at the hospitals were incredibly warm and welcoming, and were all amazing physicians. Even though none of them were Ojibwe themselves, they all had a great deal of knowledge about and respect for the culture. The community health nurses I met were both Ojibwe who had been born and raised on the reservation. They were amazingly impressive ladies who knew everyone in the community and taught us so much about everyone.

My experience was amazing, and invaluable to my medical education. It was great to see a different community and to learn how programs like Indian Health Services work in the United States, while getting to shadow great doctors and complete community service by teaching students lessons. I would not have wanted to spend my spring break in any other way.