Geisel School of Medicine
Indian Health Service Spring Trip
Minnesota Ojibwe Nations and Minneapolis, MN
March 10- March 16, 2013

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Cass Lake
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Red Lake
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Introduction

In 2010, Geisel medical students organized the first trip to the Ojibwe Native American Reservations of Minnesota. This first trip was quite successful, and established a relationship and communication between the Ojibwe Nation and the Geisel community. Each year since this initial trip, a group of first year medical students have traveled to these Native communities during their spring break.

This year, fifteen medical students organized a community service trip to five Ojibwe Reservations in northern Minnesota from March 10-16, 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.

We followed a similar model this year as has been done in previous years, with some slight differences to make our trip unique. We split into four groups and traveled to four different reservations. The main deviation from prior years was splitting the large group of students up earlier in the trip, so that two groups could travel to their reservations a day earlier while the other two groups spent a day at a fifth reservation before continuing on to their reservations. A student leader led each small group. These students were responsible for communicating with the tribal leaders and medical personnel at their respective reservations prior to the trip and played a primary role in planning the week’s itinerary. While each group’s experience was slightly different based on these communications, each had predominantly 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 delivery 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 fifteen medical students came on the trip having a strong interest in serving underserved populations and an eagerness to learn about the healthcare on reservations and have concluded the trip with either a continued or increased interested in addition to an increased awareness.

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 last year's group 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 Dartmouth.

Background

The following background information is taken from the 2010 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

¹ http://brownvboard.org/brownqurt/04-3/04-3a.htm
² http://www.lib.utexas.edu/taro/ttusw/00081/tsw-00081.html
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**

Seven of the fifteen 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 and Human Services Center. We then volunteered at Fond du Lac Ojibwe School, and spoke with classes of elementary through high school students. Later that afternoon, the group split to travel to Boise Forte and White Earth. The other eight students traveled to Red Lake and Cass Lake (Leech Lake) a day early to spend four rather than three days at these sites. On Friday morning, all teams reunited in Minneapolis and visited the Indian Health Board, an urban Native American clinic, and Little Earth, an urban residential community.

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

![Map of Native American Reservations](nationalatlas.gov, accessed March 29, 2011)
Team and Leadership Roles

Amy Chabitnoy and Jisoo Kim 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 Sunday, Monday at Fond du Lac, and Friday in Minneapolis. Chris Rees, Emily Twaalfhoven, Luca Valle, and Rebecca Wang were the group leaders for the White Earth, Cass Lake, Red Lake and Bois Forte groups, respectively. They organized the schedule for the days spent at these sites, including shadowing and service opportunities. Yun Li handled the budget.

Leadership Team

In addition to the group of students traveling to Minnesota over spring break, a leadership team consisting of Dr. Wiley ‘Chip’ Souba, M.D., Vice President for Health Affairs and Dean of the Geisel School of Medicine; Gary Snyder, Associate Vice President for Health Affairs Communications and Marketing and Assistant Dean for Advancement at Geisel School of Medicine; Shawn O’Leary, Director for Office for Diversity and Community Engagement; Kalina Newmark, Senior Presidential Fellow and Coordinator of IHS Partnership in Global Health; Dr. Robert Gougelet, M.D., Assistant Professor in the Department of Medicine at Geisel School of Medicine and Senior Medical Staff at Dartmouth-Hitchcock Medical Center; Gordon “Dino” Koff, Assistant Dean of Student Affairs and Director of Financial Aid; and Jennifer Murray, Global Health Program Officer at the Dartmouth Center for Health Care Delivery Science. On November 12, 2012 Dartmouth and the Indian Health Service signed an MOU to establish and further promote a relationship between these two parties working towards the improvement of health care in the American Indian/Alaskan Native communities. With this recent agreement in mind, the leadership team was formed and traveled to many of the same Ojibwe reservations to meet with the tribal and health leaders of the community and open the lines of communication for future endeavors.

Minnesota Geisel School of Medicine Alumni Event and Dinner
Saturday, March 9

Another deviation this year from prior year’s trips was the opportunity for a couple students to travel to Minnesota a day earlier than the rest of the group in order to attend a Geisel School of Medicine Alumni dinner. Amy Chabitnoy, Bridget Curley, Laurie Delatour and Christopher Rees packed their bags and departed right after the last final of second term in order to attend the dinner. The Alumni event was organized to take advantage of the visit of the Leadership team to Minnesota to bring together the large number of Dartmouth alumni in the Minneapolis area. The evening’s event was held at one of Minneapolis’ most romantic and scenic Mississippi riverfront restaurants, the Nicollet Island Inn. The event included alumni of Dartmouth College and Medical School, which provided a rich mix of individuals of different professions to engage in conversation and listen to a brief presentation given by Dean Souba regarding the recent Geisel-IHS agreement.
Orientation and Cultural Activities
Sunday, March 10

Our day started early with us all piling into a van taking us to Boston Logan International Airport at midnight. As we had all just finished taking our last final of winter term that Friday, we gladly welcomed the morning of travel ahead of us to catch up on sleep. Upon arriving in Minneapolis, we were met by Shawn O’Leary and headed to pick up the rental cars. Our first stop Sunday was at the home of Tommy and Thea Woon, where we met up with the rest of our group that had arrived in Minneapolis a day earlier, as well as Dean Chip Souba. Tommy is currently the Associate Dean of Education Resources and Director of First Generation and Diversity Programs at Stanford University. He worked at Dartmouth College from 2003 through 2006 as Associate Dean for Pluralism and Leadership. Thea is a somatic therapist. They both welcomed us into their home with a wonderful spread of delicious food and a warm, comfortable atmosphere. After breakfast, Tommy led us through a meditation in order to prepare our hearts and minds for the coming week. He had us go around the room and say what the moment was when we realized our finals were over and then led us through an exercise to take in our current surrounding and put the stresses and worries of finals behind us.

Once our minds and bellies were full we headed to the home of Dr. Angie Erdrich (DMS ’94) and her husband, Dr. Sandeep Patel. We were greeted with a colorful handmade poster their kids had made in the porch window reading “Welcome
Dartmouth Medical Students”. Their house was filled with laughter, the aroma of good food and lots of people. In addition to their family, Angie and Sandeep had invited Angie’s two sisters, Louise and Heid, the entire Leadership Team and a couple of kids from the neighborhood. Lucky for us, Heid was in the middle of preparing a cookbook and we provided the perfect scenario for a taste testing of some of her recipes, mainly Native dishes, which of course included wild rice. In addition, Sandeep had prepared some delicious Indian “street food”. Before we ate our meal, Louise led a prayer in the Ojibwe language, using an eagle feather and a bowl of burning sage for the blessing.

We left Angie’s house in the early afternoon as we all had considerable drives to our next destinations in the journey. At this time the Cass Lake and Red Lake groups traveled to their sites, while the Bois Forte and White Earth groups traveled to Fond du Lac, where we stayed in the Black Bear Hotel. Once settled, it was back to work as we prepared our presentations for the next day’s service activity at the Fond du Lac Ojibwe School.

Fond du Lac
Monday, March 11

First thing Monday morning, the group headed to the Min-no-aya-win Health Services Center to meet Bunny Jaakola, the Coordinator of the Behavioral Health Department. Bunny led us on a tour of the health center, taking us through the primary care office, dental office, pharmacy, behavioral health department, the brain wave optimization facility, and addiction/counseling services. Throughout the tour we made frequent stops to admire the many pieces of beautiful paintings, photographs, and Native crafts that adorned the hallway walls and offices. Each piece was created by a member of the Fond du Lac tribal native community and illustrated various scenes of their culture. These artworks provided a rich cultural experience for the group and seemed to illuminate the entire facility in a warm and welcoming glow. After our tour we had the opportunity to sit down with a panel comprised of health care providers and staff of the center. Through this conversation we discussed the most prominent health concerns of the Fond du Lac, and overall Native American, population. The dialogue was very educational and we all walked away from the day with a better informed notion on the state of health care on reservations and the cultural and socioeconomic factors that perpetuate the current state of affairs.
After a driving tour through the reservation to find the nearest restaurant for lunch, the group arrived at the Fond du Lac Tribal School where we were greeted by the school nurse and principal of the school. Before we headed to the various classrooms to give our presentations, we were taken on a tour of the school. The school building was constructed to resemble a turtle, which holds a special place in the Ojibwe culture. According to tradition the turtle saved the entire world from a flood by carrying it on its back.

The remainder of the afternoon was spent in the classrooms interacting with many of the students. Two students gave a presentation to 4-6th grade about hearing and vision, using several pieces of equipment from the physical examination tool set. Three students gave a presentation to 7-8th grade about cells and set up several microscopes to show the students various histology slides taken from the Geisel School of Medicine Department of Anatomy. And finally, two students gave a presentation to high school students in grades 9-12 regarding the most prevalent sexually transmitted infections in the Native American community. After the presentations, many students had lots of questions for the medical students regarding medical school, where they're from and places they've traveled. The presentations were well received by the faculty and students and provided a great opportunity for the medical students to engage the students in a fun and interactive manner.

We finished our day in Fond du Lac with a visit to the Cultural Center and Museum, just across the street from the school. At the museum we saw many photographs of generations of Ojibwe people and their history as well as beautiful hand made crafts, beadwork and birch canoes. After an amazing second day of the trip and first experience on a reservation, we said our goodbyes and packed in the cars to travel further north to the Bois Forte and White Earth reservations.

**Group Experiences**

**Bois Forte (Amy, Bharat, and Rebecca)**

*Tuesday*
We drove an hour from the Fortune Bay Casino in Vermillion to Nett Lake to have lunch at the Elderly Services Food Distribution Center. We ate a delicious meal of wild rice soup and fried bread that was made by two talented cooks. We also had a
chance to speak with elders from the tribe who eat lunch at the center five days a week. After lunch, we dropped off one elder, Kay Davis, in her assisted living home and had a chance to see the facility. In the afternoon, we took a tour of the newly built tribal council office and had a chance to speak to some council members. One tribal council member, David, showed us his collections of veteran memorabilia while another, Brandon, showed us some of his traditional dancing regalia. In the evening, we enjoyed a meal of fried walleye and buffalo burgers.

Wednesday
We woke up bright and early and drove back to Nett Lake to spend the day at the clinic. Amy, Bharat, and I split up and rotated between the clinic, the dentist’s office, and the pharmacy. Over the course of the day, we had a variety of enriching experiences — we learned about diabetes treatments in the pharmacy, watched tooth extractions and root canals at the dentist's office, and saw patients with a variety of symptoms ranging from elbow pain to cardiac failure in the clinic. During it all, we got a sense of how the Native American healthcare system works and how it differs from the healthcare system that we are used to. In addition, we had a great time speaking to the healthcare workers during some off time and to hear them share their experiences and their stories. In the evening, we ate dinner at The Dam Restaurant with Shawn O'Leary, his father, Kay Davis, and some other elders from tribe. Over dinner, Kay shared many interesting stories with us about her research on Native American genealogy, her travels around the world, and her opinions on current issues with the tribe.

Thursday
We went to the Nett Lake elementary school and gave talks to the children on staying healthy by staying active and eating well-balanced meals. We taught the kids about how exercise keeps the heart healthy by increasing its rate, and we let the kids listen to their hearts before and after doing jumping jacks using our stethoscopes. This activity was a big hit with! After we were finished at the school, Shawn and his father took us on a tour of the Bois Forte Reservation. We were able to see Nett Lake and Spirit Island up close, and Shawn’s father told us about his experiences gathering rice every summer on the reservation. Then, we drove to a more rural area on the reservation where Shawn’s father grew up, and he told us stories about his childhood. In the afternoon, we returned to the clinic and finished our rotations there. We then drove down to Duluth to join the rest of our group.
Cass Lake (Dietrich, Emily, Ilana, and Yun)

**Sunday:** Greetings from Cass Lake! Our group includes Dietrich, Ilana, Yun, and Emily. We drove up here Sunday night after a beautiful dinner at Dr Erdrich’s home. The drive was smooth, across flat open roads, through snowy fields lined by clusters of trees. It took about four hours to drive from Minneapolis to Cass Lake. Our group remarked at how late the sky stayed light, thanks to the time change, bright snow, and flat terrain. We arrived Sunday night at the Palace Hotel and Casino in Cass Lake, where we stayed for four nights. It is a comfortable hotel, with all of us in one room :) The facility is alcohol and drug (though not smoke) free, and quite busy compared to the surrounding quiet area.

**Monday:** Monday morning we drove together to Cass Lake IHS, a quick 2-minute drive, where we had a tour and HIPAA training. It is a small hospital clinic, with facilities like an ED, 8-bed inpatient floor, lab, and a few other departments. Some physicians and other healthcare providers will cover several departments, for example family medicine with emergency medicine shifts. Our main supervisor at the IHS for the trip was Amy V Buckanaga, RN MSN, CAPT USPHS, Cass Lake Indian Health Service Unit. She was generous in sharing information about the hospital’s organization. We then split up to shadow four different providers at the hospital for the day. Each of us had very valuable experiences. After our full day at the IHS, we drove to Bemidji for the community dinner at Green Mill with the Dartmouth team, the Red Lake group, and community leaders. We then dropped into bed at the Casino for the night.
**Tuesday:** We headed back to the IHS for another full day of shadowing different providers. We each saw a diverse and meaningful group of patients with a wide variety of lifestyles and states of health. We then drove to dinner in Bemidji at an Irish pub, followed by a quick voyage into the casino to test our luck at the slot machines. We are happy to be here and learning a lot.

**Wednesday:** For most of the day, we were again at the IHS clinic, paired to shadow four new providers. At 2pm, we departed for Bemidji, where we visited Sanford Health Center, a large health center in Bemidji. Sanford Health is an integrated health system headquartered in the Dakotas and now the largest rural, not-for-profit health care system in the nation, with locations in 126 communities in 8 states. Vikki Howard, the center’s Indian Health advocate, spoke to us about her work, and provided us with helpful insight into native health care. For dinner we were at Dr. Hamel’s house, a bed and breakfast, with the Red Lake group. We enjoyed a wonderful, warm dinner, with many laughs.

**Thursday:** We checked out of Cass Lake early in the morning and headed to Bena, MN, to speak at the Bug-O-Nay-Ge-Shig School. Jay Malchow, the school counselor, was our contact there. He explained that many students at the school, which is run by the tribe, have “dropped out” of the local public school, and for most this is their last shot at formal education. Most students excel at Ojibwe language studies, interestingly. The four of us – Yun, Emily,
Dietrich, and Ilana – spoke to 9-12th graders about our road to medical school, and offered some advice on pursuing a career and exploring educational opportunities. Each of us had different experiences, for example Yun spoke about the culture shock coming to a US college after growing up in China, and Dietrich discussed accepting failure in courses and not letting that stop you. We then continued on to drive to Duluth, and spent the afternoon in Duluth, a city on Lake Superior. This gave us a chance to solidify the relationship within our group formed during the week. A dinner in Duluth with the other medical students, and sleepover at Shawn’s father’s cabin, completed the day.

**Friday:** We drove from Duluth to Minneapolis, and split into groups with the rest of the medical students, with activities like touring Little Earth, and various service activities. Thanks once again to Dr. Erdrich for hosting us for our last night. Miigwetch!

**Red Lake (David, Laurie, Luca, and Shadia)**

We began our Red Lake adventure on March 10th, 2013. After a five hour car ride from Minnesota, we arrived at the Red Lake Seven Clans Casino and Hotel in the evening, checked-in, and prepared for our first day on the reservation.

On March 11th, we arrived at the Red Lake Hospital at 8:00am with Dean Souba and the leadership team. We were greeted by Dr. Hamel, a pediatrician at Red Lake who was instrumental in helping us plan our itinerary. She welcomed us to the hospital and introduced us to several health care team members and a Q and A session ensued. We met Rachel, a community health nurse and member of the Red Lake band, who took us on a tour of the hospital as well as the reservation. Our tour of the reservation included a stop at the walleye fish-packing factory. We re-grouped at the hospital without the leadership team for lunch and then shadowed physicians in the outpatient clinic for the remainder of the afternoon. From there, we drove to Bemidji for the leadership dinner at the Green Mill restaurant. Tribal health leaders and Public Health Service Corps officers joined us.
On March 12th, half our group spent the morning shadowing in the outpatient clinic at Red Lake and the other half of the group accompanied community health nurses on home health visits. We met up for lunch at the hospital and then switched in the afternoon. That evening, we spent the evening in the Emergency Department, waiting for ambulance calls to come in so that we could ride along with the EMTs and observe how emergency care was initiated in the rural setting of the reservation. Two of us went on each of the two calls.

On March 13th, we spent the morning at an EMT in-service training and learned about some of the health concerns predicted to reach the reservation in the coming weeks. We then returned to the Seven Clans Casino and set up a blood pressure screening with smoking, alcohol, and drug cessation literature. After that, we had a brief meeting with Oran Beaulieu, the Tribal Health Director at Red Lake. From there, we once again joined the White Earth group for an informal discussion with Vikki Howard, an Indian Health Advocate at Sanford Bemidji Hospital. From there, we all shared dinner at Dr. Hamel's house and then returned to Red Lake later that evening for our final night at the hotel.

Our last day on the reservation was March 14th. We checked out of the hotel and proceeded to the hospital for inpatient rounding with Dr. Borromero. Then, we headed to Red Lake School, where we spoke with middle school students and high school students taking chemistry and anatomy about medicine, our personal trajectories into higher education, and opportunities for study off of the reservation. After lunch at the high school, we returned to Red Lake Hospital one last time for a meeting with Casey McDougall, Director of Behavioral Health. We said our goodbyes, sent out thank-you cards, and then headed south for Duluth.

White Earth (Anne-Laure, Bridget, Christiaan, and Jisoo)

We arrived in Mahnomen, Minnesota on Monday evening after a four-hour drive west from Duluth. On our drive along Route 2, we passed through a portion of the Leech Lake Indian Reservation, as well as the town of Bemidji, which is home
to the branch of the Indian Health Service that oversees reservations throughout Minnesota. The staff of White Earth Tribal Health was exceptionally kind and welcoming throughout our entire visit, and provided us with complementary rooms at the Shooting Star Casino in Mahnomen for our three days spent on the reservation.

On Monday morning, we traveled to the White Earth Health Center in the neighboring town of Ogema. We were given a tour of the facility by one of the staff ophthalmologists and member of the Commissioned Corps. After the tour, we divided ourselves up, and two of us remained at the main clinic while the other two traveled about thirty minutes by car to a satellite facility. We spent the entirety of our day shadowing physicians in the fields of internal medicine and pediatrics. While our individual experiences were unique, we all agree that this day provided us with memorable encounters that will undoubtedly serve to shape us into the physicians that we will one day become.

On Tuesday morning, we returned to the clinic where we met with Gail Gardner, the creator of the game Diabetes Bingo, and Paulie Nelson, who meticulously produced all of the artwork associated with the game. We were given a brief video introduction to the game, and then headed out to the Congregate Housing. After having lunch with some of the community elders, we assisted Gail and Paulie in leading games of bingo throughout the afternoon. The four of us found ourselves surprisingly exhausted after just one afternoon of Diabetes Bingo, and are still in awe of how both Gail and Paulie are able to do this seemingly effortlessly on such a regular basis. Returning to the clinic in the afternoon, we were given a tour of the native artwork on display, as well a brief history of the White Earth community.

On Wednesday, we traveled to the White Earth Home Health Agency, where we were divided up and paired with home health nurses. By traveling into patient homes, we were able to meet a part of the White Earth community that we would otherwise have not had the opportunity to meet working only at the White Earth Health Center. Some of these individuals did not have reliable access to transportation, and many were dealing with chronic medical conditions that would have made it very difficult, if not impossible, to travel to the clinic for regular appointments. Again, while our individual experiences were unique, we all shared the feeling that these patient encounters would remain with us in our memories long after we left the reservation. In the afternoon we returned to the home health agency, where we had the chance to meet some of the administrative staff and learn about the history and current state of the organization.
In the evening, we traveled to the nearby town of Detroit Lakes, where we had the chance to unwind before heading back to Minneapolis the next morning. We arrived in the city mid-morning, and we met up with the three other groups that had headed into town straight from Duluth.

We each had memorable experiences and powerful patient encounters during our visit to White Earth, and we are all sincerely grateful to Deanna Pepper, LaRaye Anderson, Gail Gardner, Paulie Nelson, Jennifer Stevens, and the staff at both the White Earth Home Health Agency and White Earth Health Center for welcoming us into their community and for making this a productive, educational, and enjoyable journey for us all.

**Minneapolis – Little Earth and Indian Health Board**  
**Friday, March 15**

On Friday morning, our last full day in Minnesota, students who slept over at Shawn's father's house in Duluth, four students who drove directly from White Earth, and Dr. Angie Erdrich met in Minneapolis. Although the snowstorm that hit northern Minnesota in the morning had delayed the trip, coffee and delicious Native American treats from Pow-Wow Grounds Café had warmed us up. Right next to the coffee shop was the All My Relations Art Gallery, where we saw artwork that reflected on how the Native American community is depicted in pop culture and media. Then, we walked over to a craft store, Charlie’s Woodland Arts that sold Native American crafts made by Charlie, himself. After taking several group photos around a big circle that was drawn on the floor of the Minneapolis Indian Center, we headed over to Little Earth. We were honored to have Mr. Bill Ziegler, the president of Little Earth, introduce his foundation to us. Many of us were impressed how Little Earth took the initiative to build the first urban housing complex with Native American preference. Afterward, we visited the Indian Health Board of Minneapolis, where Dr. Erdrich has been working as a pediatrician for Native American health. CEO of the Indian Health Board, Dr. Patrick Rock, spared his time for us to give us an idea of what the place is for, and how it is run. After lunch at the hospital, the students separated to do different community services. Five students went to the Running Wolf Fitness Center to give a presentation on fall prevention to the elders. Other students went back to Little Earth where they interacted with the Boys and Girls Club, telling them stories from their college experiences and playing with them.
After a full, exciting day, students gathered back at Dr. Erdrich’s house to relax a little bit before our grand dinner at a nearby Vietnamese place. We exchanged interesting stories, and prepared to wrap up the trip. After dinner, back at Dr. Erdrich’s house, we had a great time hanging out with her family, and went to sleep, feeling extremely lucky to be where we were.

Student Reflections

Amy Chabitnoy

I was not quite sure what to expect in the days leading up to our departure for this spring break trip to Native Ojibwe reservations in Minnesota. After months of planning and preparation for the trip, I felt a mix of emotions as I boarded the plane. The biggest emotion was excitement. I had first learned about the spring break trip during my second look weekend the previous year and had been eagerly looking forward to the opportunity since my first day as a medical student at Geisel. As a Native Alaskan descendent myself, I have always been interested in learning more about and experiencing other Native American cultures throughout the US. This was one of the many reasons I chose to come to Geisel, in order to pursue these experiences. I was also very excited to spend the week sharing this experience with my classmates. The second biggest emotion I felt as I buckled my seat belt and prepared for take off was nervousness. I
wasn’t nervous about the flying, I was nervous about the landing. Landing in a new place, surrounded by a culture and people with which I had no prior experience. What would it be like? Would we really be that different? What is the healthcare situation? How can I help? All these questions kept running through my head as we raced down the runway. Soon the rumble of the jets rocked me to sleep and these racing thoughts ceased as I said good-bye to Boston and prepared to be welcomed by the Twin Cities.

The entire trip and overall experience ended up being much more than I could have expected. Over the course of one week, I visited two Native American reservations; experienced a different system of health care delivery; spoke with elders, physicians, and youths in the communities and met so many inspirational leaders working to better the Native community in both a rural and urban settings. One of the biggest surprises from the trip was the health care system. Prior to our departure, we had learned about the Indian Health Services and how many reservations and Native tribes are wanting for certain aspects of health care. During the week, I was fortunate to visit two health care clinics: the Min-No-Aya-Win Human Services Center at Fond du Lac and the Bois Forte Health Clinic. At both clinics I was impressed mostly with the dedication and compassion of the staff. I was also pleasantly surprised by the number of services offered at the health clinic in Fond du Lac. These services included primary medical and dental care, mental health services, addiction counseling and pharmacy. Perhaps the biggest surprise was when our tour guide, Bunny, showed us their brain wave optimization program, a technique that was new to all of us. The health clinic at Bois Forte also provided primary medical and dental care as well as a pharmacy. The exciting news about this facility was they were in the process of plans to expand a second health clinic on the opposite side of the reservation to include more patient exam rooms and dental chairs. One of the highlights of the trip for me was getting to know and talk with one of the elders of the Bois Forte community, Kay Davis. Kay provided a wealthy source of knowledge and opinions regarding the current state of affairs of the tribe, as well as the history of her tribe and many other Native American tribes.

As I boarded the plane home and watched Minnesota disappear out the window, I reflected back on the experiences and lessons learned in the previous week. Just as the week earlier, I felt a mix of emotions. This time, the biggest emotion I felt by far was inspiration. Throughout the course of the week, I had met and gotten to know and talk with many different individuals who all shared the same passion: working towards the betterment of the Native American community in Minnesota and all throughout the US. Their motivation and hard work was particularly inspiring for me as I share many of the same aspirations for working in the Native American community. After a rough winter full of studying, waning daylight hours and lots of snow, this trip served as a reminder of what motivated me to come to medical school in the first place. As much as I find the science of medicine fascinating, it is the people that really make the job. It was nice to have an entire week to focus on the humanistic side of medicine. This trip has definitely been one of the biggest highlights of my first year at Geisel and one I will never forget.
Bridget Curley
Before heading to Minnesota I didn’t really know what to expect. I had only really heard about the stereotypes of reservations, especially regarding the medical facilities and the issues around food distribution. This is why I was grateful to have an opportunity like this trip to be able to learn for myself what reservation life is like. This trip was quite an eye opening experience, I was able to visit three separate reservations, two rural and one urban, and two separate health clinics. It was really interesting to see how the two clinics, one tribally run and the other IHS run, tackled relatively similar healthcare needs of their populations. Both diabetes and addictions are serious issues within the native populations. The diabetes rates are about twice that of the regular United States population. I found it very insightful to be immersed in these issues and to learn what the different communities are doing to address these issues. I was very impressed with the nutritionist at White Earth that has created and implemented a successful public health intervention, through the game of BINGO, in educating the people of White Earth.

Having spent my undergraduate studies focused in public health it was especially rewarding to see how the reservations have taken on different community initiatives to address their particular health needs. This trip allowed me to see first hand how reservations run and the health care issues that they face. I have always had a passion for serving the underserved and it was really inspiring to see how both the IHS and tribal councils are collaborating to provide the best care possible. This trip was an incredible experience and something that I will always remember and that will leave a positive impact on my career path.

Anne-Laure Dassier
The trip to Minnesota was an eye opening experience. My group went to White Earth and Fond du Lac reservations. It was very inspiring to meet so many people that were completely devoted to their community. They have a wonderful Native American culture that they are trying to revive. Their art is truly breathtaking; I loved that they displayed it within their hospitals/clinics. Their healthcare system is free for all Native American!! It was great to see it in action as well as shadow the health care providers. My favorite part of the trip was the home visits with the nurses. I thought it gave us a really good insight on how patients manage their illnesses and what their social, economical or cultural barriers are. It was very striking how specific the main health problems were and how they affected the whole community at large: diabetes, diabetes, diabetes and also drug addictions (to heroin and pain management medication). Again, I was truly touched by the generosity of everyone that I met and inspired by their dedication to their community. I learned so much from them and am very thankful I
got to go on this trip! I not only got to see medicine but also witnessed a new culture!

**Laurie Delatour**
Before arriving in Minnesota, I knew very little about Native American health. I have worked with underserved populations in rural communities before, however my experiences in Red Lake were completely different.

I was truly inspired by the dedication of the physicians and nurses at the Red Lake Hospital. Many of the physicians began working at Red Lake with the intention of only staying for a few years, and now 15 years later, they are motivating us to follow in their paths of working with an underserved population. As someone who is interested in pediatrics, I greatly appreciated the opportunity to shadow several of the pediatricians in the outpatient clinic. My On Doc preceptor is a pediatric nurse practitioner in rural Vermont and it was very interesting to compare the common complaints between the pediatric population in Vermont and Red Lake. While I saw cases of common childhood illnesses in both regions, obesity and Type II Diabetes were more prevalent in Red Lake than in Vermont. One of the pediatricians commented that she has diagnosed a child as young as ten years old with Type II Diabetes. While a lack of physical activity does contribute to the problem, she said that poor diet is the biggest concern. Many of the families have to drive about forty-five minutes to Bemidji just to do their food shopping and then limited finances significantly influence what they can afford to purchase. Furthermore, when a child is brought into the clinic by a relative or foster parent who may only have temporary custody, often the nutritional counselling provided by the pediatrician during the visit does not get relayed to the person responsible for the food shopping and cooking.

This trip was an excellent reminder of why I chose to pursue medicine. I signed up for this trip with the idea that I would be spending my spring break helping an underserved population. While I certainly hope that my time spent in Red Lake did have some sort of a positive impact on the community, I believe that I learned more and came away with more from the experience than I could ever give them in return. It was an extremely rewarding experience and has inspired me to continue to pursue opportunities to work with the underserved.

**David Hernandez**
On our first day on the Red Lake reservation we were given a tour of the hospital. What I found most interesting was how the architecture of the hospital was a reflection of the natives long held beliefs. One of the maintenance workers mentioned how some of the recent tile work on the wall was representative of four communities within Red Lake and the shores coming in from the river. The lobby was also filled with artwork arranged...
in a circle. According to our tour guides this was representative of the circle of life. One mural depicted early child life, the next represented young adulthood, and this continued all the way into old age which depicted an older member of the community passing on stories to future generations by a campfire. I also felt very privileged that one of our tour guides, Rachel, was very open about her thoughts. She made it very clear that the dark history carried on throughout the generations, and that Native Americans were still resentful of what the colonizers had done to them and the land. She made powerful statements about how the government seems like their helping, but in reality they could be doing a lot more in terms of helping the Native American community.

On our second day at Red Lake hospital we were fortunate enough to ride along on house visits with some of the nurses. We visited several members of the community who were dealing with diabetes. It was astonishing to see such a large population of people struggling with diabetes and how some of the children were overweight and clearly on the road to diabetes as well. The nurse we made visits with was very delicate when changing the dressings on wounds. The wounds, which were mostly on lower extremities, were mostly due to complications from diabetes. One of the patients had let the complications worsen to such a degree that both legs were amputated. It was overall an incredibly eye opening experience that allowed me to step into the homes of people who seem to be in the greatest need of access to care. It was evident by the end of the day that many of these issues, like diabetes and smoking, needed to be addressed through behavioral changes, but many habits have been so ingrained that it may be difficult to address all of them without adequate educational programs.

Shadia Karim
On Tuesday afternoon, March 12th, Laurie and I accompanied Carol Hofland, R.N. on her home visits. Carol’s work in the community is focused primarily on maternal-child health—in addition to teaching classes about pregnancy care and childbirth to new mothers or mothers-to-be, she conducts home visits up to 2 months after the baby is born to make sure all is well.

The rate of teen pregnancy is high everywhere, of course, but on reservations, it is rampant. Part of Carol’s job as a hospital nurse was to counsel girls as young as 12 and 13 about the importance of using contraceptives. A major consequence of girls getting pregnant before they have fully matured as individuals is that children are often taken away at birth or at a young age and sent to live with grandparents. Moreover, infant mortality rates due to Sudden Infant Death Syndrome (SIDS) are twice as high among the reservations than in the entire state of Minnesota—a statistic that is probably connected to the fact that many native mothers and family members smoke within the household.

I asked Carol if kids ever voluntarily leave the reservation. She shrugged. Even if spite of the lack of employment opportunities—limited to the casino, convenience stores, and the fishery—people rarely venture out. “Here [on the reservation], everyone knows everyone, and everyone gets you…you feel like you’re a part of the community.”
While we had a nice chat about life on the reservation in general, we never actually got to see the patients we’d driven out to see. In Ponemah, there are no street signs. The young woman had told Carol that morning that her house was the first house on the left “up the hill” and had a car out front. Carol knocked on this house; no one answered. We tried the next house. No answer. Carol decided to check the next street (“over the hill”). The first house on this block looked promising because of a bunch of kids' toys tossed out in the front yard, but no dice. She tried the house directly opposite and from our seats in the car, Laurie and I could see a hand lifting the drapes to see who was at the door, but still no one answered.

Although we didn’t get to see patients, I enjoyed talking to Carol. I am proud of the kind of work she does, since the important changes that occur to women during pregnancy and the transition into motherhood is often underplayed or altogether dismissed by our society. Moreover, I was happy to see a Native American woman serving her own people. I could sense Carol’s disappointment in her people due to the way children are brought up on reservations. However, despite some cynicism she’s developed from seeing so much poor parenting, her determination to continue educating mothers and provide them with resources to support their young never wavered…I guess the few surprise success stories she hears from time to time make her job all the more worthwhile.

**Jisoo Kim**

During my childhood in South Korea and four years in a Boston college, I have never met someone who claimed to be a Native American. I may have truly not met any, or I may have not met any who wanted to talk about their ethnicity as Natives. With little background knowledge of Native American culture other than what I learned through books and movies, I had no idea what kind of community I was going into when I signed up for the spring break trip to Minnesota. Nonetheless, I was eager to learn a new culture, especially since it is tied to the root of this country.

What struck me hard during and after the trip is how little Native Americans are represented on the media or how absent their culture is on the streets, at least in the major cities I have visited: Boston, NYC, San Francisco, etc. For example, I have never seen a Native American themed restaurant while there are tons of restaurants run by other diverse ethnic groups. And, I am sure I will try such restaurants when see one, since the food prepared for the students at Dr. Erdrich's house or the food I had at the reservations was very tasty and unique. I have never noticed the quietness of Native American culture in cities other than Minneapolis, until I spent my week in Minnesota where the Native culture shouted out to me. In the shout, I felt anger, sadness, and resentment. I was glad, however, to see how the anger has become a positive energy and a driving power for people who are working to establish healthy Native American communities. Supportive healthcare programs and schools at White Earth and Fond du Lac reservations, Little Earth project, and
the Indian Health Board were working to improve health and strengthen the minds of Native Americans.

This trip to Minnesota has opened my eyes to a whole “new” culture. It is a culture new to me, but it can never be new since it has always been present on this continent. I witnessed and felt the drive of the people who were fighting for healthier lives of Native Americans. I hope to see more Native American culture in bookstores, on streets, in malls, and on TVs.

Yun Li

The Minnesota trip is such a fantastic experience for me to experience the Native American culture from a medical perspective. Before the trip, I was not exactly sure where the trip would lead me in my personal and professional growth curves. There seems to be too many keywords about the trip: Native American culture, service, primary care, and education... Each keyword itself weights significantly to me and in present U.S. society. By the end of the trip, I would say that the trip was such a great symposium of eye-opening experiences that I could have in such a limited amount of time. More than 3/4 patients at the Cass Lake hospital were diabetic/pre-diabetic. During the three-day experience, I got more exposure on consulting alcoholism, smoking, and psychiatric problems than I did in the past 9 months in medical school. Medical care for the people living on the reservation is essentially free. Yet the local population's health status is still below the national average. It is such a classical example that the overall health of the population is not only dependent upon direct financial/medical input but requires the synergism of many other aspects of society, including but not limited to education, employment, and community promotion. It should be a good case to learn for any regions/countries setting up and revising policy on population health and minority group health.

Besides the clinical experience, I truly enjoyed my time with students at Bug-O-Nay-Ge-Shig school, the kids at the Little Earth community center, and the elders at the community fitness center. As a medical student, I brought them health-related information, perspectives about college and medical education, and my experience of being away from home. In exchange, they brought me the joy of being able to care for each other and sharing life stories with each other. It was truly a revelation of the role a physician to the community and the community to the physician.

Bharat Maraj

In the days leading up to our trip I was unsure of what the coming week would offer and what I could offer the people of the Bois Forte reservation. I had many preconceived notions of what the people would be like and the diseases that faced them. Additionally, I had ideas of what the facilities and infrastructure of healthcare looked like on a reservation. After a trip to Fond du Lac I was pleased to see something a
The Bois Forte reservation was white. Everything was covered in inches and inches of snow. The lake was frozen over and Spirit Island looked bare without tree cover. The reservation was relatively desolate. But the people there made the trip worth the long drive from Fortune Bay. Meeting the Elders, especially Kay, was an interesting experience. Those of whom I spoke with were enough like me to get along with and mysterious enough to engage with some hesitation. Yet, despite my trepidation, the people of Bois Forte—the Elders, the members of the tribal council, the providers and staff at the clinic, and the patients and people themselves—were all understanding, giving, and respectful of my life and the world I live in (which is much different than theirs). Without introduction or explanation the people were open and honest with us and this was my true learning experience on the reservation. Although the medical aspects of the trip were instructional, the stories are powerful enough to remember forever.

Having volunteered in a clinic, a public school, and the community at large, I was able to piece together a more comprehensive picture of what problems Native Americans on and off the reservation face. The trip to Little Earth in Minneapolis was inspiring because it gave that picture more resolution and showed a community that was powerful enough and introspective enough to change with minimal help from outsiders. The presentation Bill gave was informative and invigorating. It truly portrayed the strength of a community empowered to make their lives and the lives of future generations better.

In short, this experience is one that I have gained more than I have given. Sharing my experience and attempting to convey the needs of the communities in which I worked is effective. However, perhaps the most meaningful thing I can do is encourage others to go and experience it for themselves. As an aside, I would like to say that I respect Native Americans and their culture. I am proud to see others take pride in their heritage. Yet, what I continue to experience is animosity and a superiority complex between bands and tribes. Although unconditional respect and pride for our own culture is admirable, we must not forget that we (Natives) all fight...
oppression. Banding together and respecting one another must occur to further empower our people.

Ilana Prior

I’m not sure exactly what I was expecting to get out of this trip – a chance to see a different part of the country, to interact with people from different backgrounds than myself, and to spend time with classmates who I don’t always see that often. I definitely got those things, plus some, out of our time in Minnesota. What most struck me throughout our week there was how everyone we met – from our hosts in Minneapolis to the providers in clinic to the folks at Little Earth – was doing incredible work, yet amazingly humble. That kind of genuine ‘goodness’ is hard to come by.

In clinic, we saw a lot of very sick patients: I spent one day shadowing an internist at the Cass Lake Hospital – we did not see a single person with an A1C below 11. For many of the patients we saw, there was no immediately obvious reason why their blood sugars were so out of control. Two men in particular stuck out to me: both were intelligent and well educated and appeared to be in generally good health, yet had dangerously out of control blood sugar levels. They knew the risks of diabetes and had seen family members or close friends either die from or suffer serious complications of the disease; they knew what they should have been doing to manage their disease; they had access to medications, diabetes educators, and health care providers through the IHS. I still can’t quite figure out what was preventing them from getting the care that they needed. None of the reasons that we usually rely on to explain disparities in health outcomes (access, money, education, etc) could explain their situations. However, that may just be one of the struggles of providing healthcare, especially in an underserved area.

The idea of historical trauma is a fascinating one that I had not heard of before this trip, but so perfectly explains the current situation of many Native American communities. In clinic, we saw very real manifestations of this historical trauma playing out time and time again within families: grandmothers taking care of kids with suspected Fetal Alcohol Syndrome and severe behavioral problems; alcoholic and drug addicted moms; absent fathers. The current generation of kids who are growing up in the care of their grandparents and may have lingering mental or social problems from their moms’ drug/alcohol use during pregnancy will probably not be equipped to break the cycle. The cyclical nature of negative behaviors was reinforced when we visited Little Earth. Although the organization is doing wonderful things and has a strict no-drug policy, we overheard kids who were no older than 15 talking about going to see the drug dealer down the street and elementary school aged children talking about gun-related violence that they had witnessed.
Despite the difficulties facing the community, it seems that there are many incredibly dedicated individuals and organizations working to break that cycle and to help repair the wounds of generations of trauma. I have so much respect for everyone that we met and the work that they do on a daily basis. It's easy to lose sight of the big picture while in medical school – to forget why I decided to become a doctor in the first place – and instead focus on the next quiz, the next step, the next thing to accomplish. This trip helped bring the big picture back into focus.

Christiaan Rees
My motivation to be involved with the Minnesota Alternative Spring Break trip was due in part to an interest in rural medicine, and in part because of a close friend during college who was a member of the Ojibwe people of Ontario. Going into the trip, I knew very little about the functions of the IHS and could only imagine what life on a reservation might be like. Coming out of this experience, I feel as though I have a much greater appreciation for the incredible work that the Indian Health Service does, as well as a greater sense of how life within the boundaries of the White Earth Reservation differs from life in other small towns just beyond its borders.

In the IHS, I observed a healthcare system that seems to exist completely outside of the system that most Americans experience. Without a concern for whether or not a patient can pay for the services that are available, the physician who I followed seemed much more focused on the actual doctor-patient interaction that is the most fundamental component of medicine. What amazed me the most about this system was what seemed to be a complete absence of over-medication or abuse on the part of either the patient or doctor. I cannot recall a single patient who was prescribed something that they did not need, nor sent for a test that would have been considered unnecessary in our system of healthcare.

In reflecting on my encounters on this trip, I was taken aback how incredibly welcoming and kind-hearted most of the people in this community were. As a stranger entering a community that is relatively small (in both size and population) and closely connected, I was not anticipating the kind of welcome that we received. There was not a single patient in the clinic that refused to let me be a part of their visit. For our home visits, we were treated as though we were invited guests. I am sincerely grateful that I was able to have this experience. While I cannot articulate exactly in words the effect that it has had on me, I am prepared to bet that it will be a very long time before a day passes when I don’t think about the people who were encountered or the experiences that were had.
My experience at the Cass Lake Reservation was a bit different from what I had expected. Going in, I was subconsciously expecting to encounter a people who wore moccasins and coonskin hats, ate buffalo meat, danced around fires in vibrant Pow Wow ceremonies, and lived in cabins in the woods. However, in my experiences at the Casino Hotel where we stayed, at the Indian Health Service clinic and in Duluth and other cities and towns near the reservation, I interacted with Indians who wore jeans, hoodie sweaters and sneakers, and ate hot pockets and walked around texting on the latest iPhones instead. You might call me naïve, but I did not expect to see such assimilation with mainstream American culture as I saw. During the trip, I learned that these changes in the Ojibwe culture were brought about by the forced enrollment by the US government of Indian children in boarding schools many years before, where the Indian children had been exposed to non-Native culture such that when they went back to the reservations, they had been disconnected from the old Ojibwe way of life. Even though parts of the Ojibwe traditions remain, such as the language, traditional healing and other things, it hasn’t been the same since.

At the Indian Health Service clinic where I saw patients with physicians for three days, many recurring health problems kept presenting themselves, ones that have their roots in the change in the old Ojibwe lifestyle. Diabetes, obesity, alcoholism and drugs are the major ones. Indian youth returning home from the boarding schools came not knowing how to farm as their fathers had done, and lacked knowledge of how to be self-sufficient. Instead of farming and fending for themselves as the Ojibwe had always done, the new Indian generation came to depend on the US government for food and adopted a more sedentary lifestyle. These problems truly do have an impact on the Ojibwe people’s lives. I met with one patient, for example, who had poorly controlled type 2 diabetes. It was poorly controlled to the point where the physician I was working with recommended that she not drive, something that was problematic because her occupation is a truck driver. It was an emotional conversation that underscored how important it is to work to find solutions to the obesity epidemic especially prevalent in the Indian population. Some of the children at a day care center in White Earth told me about how they walked home even through areas where there were crack heads dealing drugs, a revelation that made it clear that more work needs to be done to rid Indian communities of drugs (even though much progress has been made in this area).

Speaking at a local high school was an interesting experience. We were there one morning to talk to some local Ojibwe high schoolers about the possibilities of going to college and not limiting themselves in terms of their career goals. Many of them looked down at the floor while we were talking, and it wasn’t clear whether they were not paying attention to us because we were outsiders or were just nervous. We were told that the fact they didn’t get up and leave meant that we had their attention, so that was a comforting thought. The majority of these children, we were told, were
students who had been rejected from other schools because of behavioral or academic issues. I just talked to them about trying to explore their interests through experiential learning, doing projects and investigating subjects that made them curious, rather than getting frustrated when homework got boring or classes got tough. Hopefully they took these things to heart.

Emily Twaalfhoven
My growth from this experience started the very first day, Sunday, when we participated in a somatic meditation. I learned some strategies for signaling to myself when events, such as trauma, are over. I’m not sure about how tangible the chemical effect in the nervous system is, but that skill of letting things go when they are over, is something I will remember in dealing with trauma victims and with myself (though I cannot give the same weight to both). We were also reminded of the power of touch from various providers on our trip, and I must remember to hug friends and perform a physical exam as much as possible.

Monday I shadowed Dr. Diane Pittman, family practice and acupuncture MD. She shared a study where physicians who were more empathetic to patients with a “cold” actually had better outcomes, all else being equal. I experienced an acupuncture session for the first time, with a patient with PTSD and several addictions. Dr Pittman inserted metal pieces into his ears, and he found it helpful. Dr. Pittman emphasized the physical exam and power of touch. Some memorable patients include a woman with advanced diabetes who had lost 10 lbs, unintentionally, because she lived with 35 cats in a trailer, without enough money to have prevented her original cats from reproducing; this patient lost weight because she couldn’t eat at home with all the cats. I felt frustrated because I didn’t know what this patient’s solution could be. A nurse at lunch remarked that the IHS clinic in Cass Lake needs a psych crisis team. Other common conditions I observed on my four days at the IHS in Cass Lake include diabetes, addiction, and depression. Pharmacists carefully track pain medications.

Tuesday I worked with Dr. Matei Teodorescue, a pediatrician MD. I don’t think I’ll every forget a young boy, aged 6, brought in by a case manager seeking a Fetal Alcohol Syndrome diagnosis. The boy had lived with his mother, who was addicted to heroine and cocaine, until age four, and now lived with his grandmother. Dr. T hesitated to label the boy with FAS because he felt this would limit the boy’s education to simply social skills, and the boy seemed somewhat intelligent, and because he could have a variety of other things leading to behavioral issues, like PTSD. The boy did have ADHD and was very restless the entire visit, ripping gloves out of the wall holder and pulling the otoscopes. The conflict is that a specific FAS diagnosis would allow the boy to get certain services that he didn’t have now. I will never forget this patient.
Wednesday I worked with Roleen Walgenbach, FNP. I recall a patient who had traveled a long way for his checkup, only to be told that he’d have to come back to get his shingles vaccine, for the sole reason that the total sum of the bill for this single visit would be too high. This sort of administrative barrier is very frustrating. Finally, Thursday, at the “bug o Nay ge shig” school, I was forced to consider whether I had to overcome any cultural obstacles to get to medical school. In the end, my advice to the high school students was to stay physically healthy, to give yourself the best chance, and to take care of each other and yourself. Also, to not worry if you can’t see how what you enjoy doing fits into the bigger picture or ultimate career.

I am grateful for this experience in Minnesota. I was happy to travel with and get to know my classmates, and to share this trip together. Minnesota has a beautiful terrain, too. While there were many cultural and other differences, some parallels that seem to transcend healthcare became apparent on this trip. These include administrative and billing inconsistencies; lack of individual attention in education systems leading to, for example, all people with learning and developmental disabilities to be clumped inappropriately in one category; and lack of psych resources. Historical trauma was a key feature of many interactions.

I am not sure what my role with the IHS will be in the future, but it would undoubtedly make me a better provider to spend more time on the reservation. At its core, this trip taught me to meet people where they’re from; I must keep in mind the philosopher Heidegger’s emphasis on Called Thinking. There are certain Native traditions, but more importantly, each individual has his or her own culture, and the best way to approach patients is without preconceived notions, and to ask and listen.

Luca Valle
This trip was very powerful for me. It solidified things I had already known to be true, such as the importance of abandoning preconceived ideas of what contributes to disease when healing in a culture that is not my own. But it also allowed me to reflect on new truths I came to understand from the perspective of a first year medical student, such as the overwhelming importance of preventative and mental health services in effective care management. Reactionary care, which I observed a great deal of on the reservation, is also of critical importance, but it is not the best way to go about making any profound changes in the deleterious cycle of poverty, mistrust, and suffering that I witnessed repeatedly on the reservation.

In spite of witnessing the very real struggles that still plague Red Lake Indians, this trip was also full of inspirational moments. I was inspired by the attention and skill with which the local Ojibwe EMTs went out into their communities to take care of their fellow clans people suffering from acute distress. They were virtually an extension of the emergency room and served far more than an ancillary role, reminding me that regardless of where we are, there is always more we can do. I
Rebecca Wang
Before this trip to the Minnesota Ojibwe tribes, I had only previously been to one reservation – the Hopi Reservation in northern Arizona. Because I know that Native American tribes are very different in culture and values across the country, I tried to go into with an open mind and not rely on pre-formed notions that I developed during my time on the Hopi Reservation.

Going into the trip, I was worried that some of the Native Americans would be suspicious of our intentions and unwilling to open up to us, but the opposite turned out to be true. Because of this, I was able to learn a lot about the Bois Forte tribe and about the Native American healthcare system within the short span of one week. My talks with the tribal council members showed me the stark contrasts present in the everyday lives of the tribe members. One council member, Brandon, coached basketball at the local high school but also collected eagle feathers and performed in traditional dances. Another council member, David, talked about his pride in Native Americans serving in the United States military but also spoke of the bitterness of the tribe in having their land taken away from them. During my time in Minnesota, I was also able to learn a lot the differences between the Native American healthcare system works and the system that I am used to. I was surprised to see that a lot of healthcare facilities offered a multitude of services – including dentistry, pharmacy, and optometry. In addition, it was eye opening to see how the reduced cost of services impacted the way many patients viewed their healthcare visits. For example, I noticed at the Nett Lake clinic that a lot of patients cancelled their appointments last minute, and I wondered if these patients would have the same lackadaisical attitude if they had to pay out of pocket for last minute cancellations.

The only regret that I have about the trip was not being able to spend more time on the reservation. I could sense the disappointment in the voices of everyone I met when I told them that I would only be in Minnesota for six days. I could tell that the health providers wanted to push us toward consider working in an underserved area. If I had another chance, I would love to go back for a more extended period of time to learn more and give more back to the community.