Geisel School of Medicine

Indian Health Service Spring Trip
Ojibwe Nations, Minneapolis, & Duluth, MN
March 15 – March 22, 2014

White Earth
Sappho Gilbert
Heidi Johnson
Paula Piedrahita

Cass Lake
William Guerin
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Red Lake
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Introduction

This was the fifth year in a row that we were able to offer this exciting experiential cultural learning opportunity to our medical community. We have a few changes to report. One noticeable change is that we invited students studying for their Master’s of Public Health to participate with our medical students. This provided a new and added dimension to the group learning process. We had one student take advantage of this opportunity and we expect more students from different disciplines to engage in future trips.

Our group left a day earlier than the previous four trips. We flew out on a Saturday, which provided us an opportunity to get settled before spending a full day on Sunday in Minnesota. This allowed the group to volunteer at the Cherish or Children Pow Wow. It also allowed for further student decompression from final exams before heading north into the communities.

We were able to administer a pre and post trip survey to the students.

Trip Goals

- To build on the relationships with the 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.¹ Students were often renamed before being dressed in western clothing and forbidden from speaking their native languages. While most schools had closed by 1950, they have had an indelible mark on the psyche of the Native American people.²

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

Reservation Communities

All ten 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:

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

Saturday, March 15

Just two days after one of the biggest New England snowstorms of the season, we awoke in the early morning hours and drove down to Boston Logan for our travels to Minneapolis. During our layover in Milwaukee, we discussed the previous week of finals as we noshed on delicious pizza and salad. It would be the first of many bonding opportunities.

Upon arrival in Minneapolis, we hurried over to the car rental, where we met Shawn and picked up our three group vehicles for the next week (and roughly 1100 miles per car). After settling into the hotel near the Mall of America, a handful of us walked over for dinner before returning for a full night’s rest.

Sunday, March 16

We began our morning with a somatic experiencing session at the home of the impossibly warm and hospitable Tommy and Thea Woon. Tommy is an Associate Dean of Education Resources and Director of First Generation and Diversity Programs at Stanford University, and was previously an Associate Dean for Pluralism and Leadership at Dartmouth. Thea is a somatic therapist and yoga instructor who specializes in trauma.

Recognizing our raw stress and psychological exhaustion following exams, Tommy and Thea guided us through exercises that enabled us to release these pressures and center our focus on the present moment. It was very powerful to be so in touch with multiple aspects of us at once. Importantly, we were reminded how the mind, body, and spirit are closely connected through our experiences in life. The health of these personal elements can manifest in many ways, too. We discussed the experiences and struggles of many Native American populations, and how historical trauma continues to exist as a cumulative result of both their collective history and personal obstacles.

Next, we had the privilege of attending and volunteering at the 16th Annual Cherish the Children Pow Wow at St. Paul Central High School. Some worked in the kitchen, helping to prepare everything from fry bread to hot dogs, while others assisted with check-in and ticket sales. The experience energized our senses through music, dance, food, and beautiful sights – from gorgeous traditional attire to jewelry and more!
For dinner, we were welcomed to the home of Angela Erdrich, MD (a double Dartmouth alumna and Geisel Class of ’96) and her husband, Sandeep Patel, MD MPH. Both Dr. Erdrich and Dr. Patel serve large Native American populations through medicine and their own community outreach. Before the meal, community members, including a number of elders, led a prayer and some insightful discussions about Native culture in the Midwest and Northwest parts of the US.

At the end of the evening, we drove to the Black Bear Casino Resort in Carlton (toward Duluth), where we spent the night.

**Monday, March 17**

We began our morning with a tour and introduction to Min No Aya Win Human Services Center, a tribally owned and operated clinic in Cloquet (on the Fond du Lac reservation). Our host, Bunny, was incredibly knowledgeable about the history of both the clinic and the community, and she provided us with key facts about the more unique aspects of their health care system, including medical, dental, and behavioral health as well as their ongoing research. For instance, they approach the high prevalence of diabetes and chemical dependency from multiple angles, coordinating “teams” of providers that closely monitor the holistic progress of each patient; the program has been studied for both its efficacy and cost-effectiveness.

In the afternoon, we split up into three groups and volunteered in different classrooms with middle and high school students at the Fond du Lac Ojibwe School. We presented cool facts and examples of an area of medicine (e.g. vital signs, radiography, and neuroscience) – while Sappho led a discussion of public health – in the hopes of inspiring the students to consider a profession in health care. A few
students were excited by the field and asked excellent questions about the qualifications and day-to-day of different jobs in the world of health.

The Fond du Lac Cultural Center and Museum next to the school houses a number of historical art and other pieces from the reservation in addition to a “woodshop” space that is used to keep youth occupied with traditional woodworking and away from “trouble.” The tribe’s veterans have a special corner in the museum that proudly displays their pictures and honors.

We drove west for dinner to Bemidji, where we enjoyed a community dinner with site supporter Admiral Dawn Wyllie, MD (a medical officer in the U.S. Public Health Service [USPHS] assigned to the Bemidji Area Office of the IHS). Dr. Wyllie kindly provided us with packets of information about medical and public health programs, including residency and employment opportunities with the IHS.

After dinner, we separated into our three reservation groups and drove to our respective sites.

**Tuesday, March 18 through Thursday, March 20**

*Cass Lake*

In our time with the Leech Lake Band of Ojibwe, we were extremely grateful to have been able to both observe the health care system and experience the culture of the tribe. On Tuesday, our first full day at the reservation, we were given a comprehensive tour of the Cass Lake IHS Hospital in the morning before shadowing a range of providers in rotation for the rest of the day: from midwives to physicians to physician assistants (PA’s) in a variety of specialties. This opportunity armed us with a window of insight into the daily lives of these providers as well as the health care needs and realities of the local residents.
Wednesday was spent experiencing the community health resources available through the Leech Lake Tribal Health Center; this clinic is a vital provider of home visits and is the central pharmacy for the reservation and four (rural and underserved) counties. At the Tribal Health Center, we were fortunate to be able to go on a few home visits and observe in-home care received by many elders, diabetics, and handicapped individuals in the community.

We enjoyed our final day on the reservation with students at the Bug-O-Nay-Ge-Shig School. It was very fun to present and perform a skit on careers in health care to a large group of excited middle and high school students. Over lunch with the middle schoolers and the Niigaane Immersion Students, we discussed a spectrum of topics, from local life to education and beyond. We also were given a tour of their school grounds and partook in fish smoking (see picture at right)!

Red Lake

On Tuesday morning, we arrived at the Red Lake IHS Hospital (pictured left) and were met by Clinical Director Paul Ditmanson, MD and Jo Dudley. They provided us with a tour of the facility as well as the reservation, and presented to us on the history of the Red Lake Nation. Next, we split into two groups and shadowed in-house providers at the hospital’s outpatient clinic, reported to the inpatient ward for observation, or ventured off on home visits with Community Health Nurses (CHN’s, a staple of IHS care, particularly in rural areas) for the rest of the afternoon. We then returned to the Red Lake Seven Clans Casino Hotel.

The following morning, we switched shadowing roles from the previous afternoon, before heading to Red Lake High School for lunch and an afternoon-long visit with excited college-bound students. Our gracious host was Principal Ramona Victor.

Our final shadowing rotation (inpatient ward, CHN, or outpatient clinic) was completed on Thursday morning. Later that day, we held a free blood pressure screening at the Casino where we stayed; the experience was awesome and allowed us to connect on a personal and local level with community members.
We began our first day, Tuesday, on the reservation with an orientation at the White Earth Health Center led by USPHS pharmacist Melissa Opsahl. She took us to each of the departments and wings of the Health Center, which was newly renovated and quite expansive; the pharmacy seemed very large for a clinic, and we soon learned that the pharmacists play a large role in the clinic’s care delivery system. Rather than simply acting as dispensaries, pharmacists are co-providers alongside physicians, PA’s, and NP’s and have a say in the prescription and refill of patients’ medications. This was a very interesting and novel model of care to us.

After lunch, we drove with the Health Center’s nutritionist Gail Gardner and her assistant Paulie Neison to the elder center of Pine Point, a small community on the reservation. Gail developed Diabetes Bingo over 10 years ago as a community-centered solution to the dearth in diabetes education among many of her Native American patients. The game brings people together and motivates education through repetition; bingo winners have their pick of awesome donated prizes!

On Wednesday morning, we headed over to the Tribal Health Building a short distance down the road from the Health Center. There, we each met with a home health nurse and spent the day shadowing them as they provided in-home care to the elderly, the disabled, new mothers and their infants, and many more.

We returned to the White Earth Health Center on Thursday morning to shadow four providers: a pediatrician, an internist, a podiatrist, and an optometrist. The experience gave us exposure to both rural and IHS medicine, and how that differs from urban and other types of care. Specifically, we were able to see the
teamwork involved on the provider end of medicine at White Earth (especially as it relates to the unfortunate incidences of diabetes and chemical dependence).

**Friday, March 21**

After meeting in Duluth on Thursday evening for dinner with University of Minnesota-Duluth and Fond du Lac Tribal and Community College faculty and students, our entire troupe of 10 regrouped and spent the night at Shawn’s father’s house in the area.

On Friday morning, we drove back down to Minneapolis and caught up with Dr. Erdrich at Pow Wow Grounds Café in the Phillips neighborhood of the city. As we learned from a presentation at the American Indian Corridor Museum next door, the neighborhood is home to many urban Indian populations who live in the community alongside a variety of other ethnic and immigrant groups.

We next drove to Little Earth, an urban sub-community that is home to many Native Americans; there, we met with Susan Fagrelius and Nathan Ratner and discussed their Health Initiative and Little Earth Strong Projects that aim to improve the public health, educational achievement, and public safety in their part of the city. Nathan passionately spoke about his grassroots (and often personally dangerous) efforts to thwart street crime and the local drug trade. It was positively inspiring.

Dr. Erdrich took us to the Indian Health Board (IHB) clinic and offices (see picture at left). Over lunch and the early afternoon with IHB Medical Director Pat Rock, MD, we learned about the urban American Indian health care and prevention services available, in addition to the community health activities in place (e.g. urban gardening, cooking and nutrition classes, dance, and much more).

**Saturday, March 22**

Having spent an overnight stay at Dr. Erdrich and Dr. Patel’s warm home, we visited her sister’s beautiful bookstore, Birch Bark Books, a short walk away. Finally, with our minds and spirits empowered with new and irreplaceable experiences in rural and Native health care, we headed to the airport for car rental return and to board our flights back to school.
Student Reflections

Di Deng

Native American culture has always been a mystery to me. Besides the movie and documentation we watched during the term, my understanding of Indian culture remained at the pop culture level before the trip. So 8AM on the Saturday post final, I packed up an open mind and a bit physically burned out body boarded the plane to Minneapolis. It wasn’t till when we were experiencing somatic practice at Tommy & Thea Woon’s house that both my mind and body were freed from the stress carried over from exams. That “self” was brought back to us. We were gently reminded of the importance of knowing how to relax. More importantly, the sense of “awareness and respect” for the people we will meet, the stories we will listen to, the views we will see, even the food we will taste in the next few days.

There are moments during the trip that I caught myself fumble with words or struggle with expression or the “proper words.” When we were volunteering at the Powwow in the school in Minneapolis, children’s and adults were all dressed in their cultural clothes. As I was selling a ticket to a child who dressed up in her traditional clothes, almost naturally I said, “Your costume is really pretty!” Yet when I heard those words myself, I caught myself immediately corrected it by saying “I meant your outfit.” It was the tiniest moment, and the girl probably wasn’t even paying attention to what I was saying, but I realized how little I know about their culture and how ignorant anyone can be. A fraction of a second that’s all it takes to create a misunderstanding.

“There are struggling and cruel realities in the world, yet without discovering and those remain unseen, all that’s left was oblivions people and those who are in deep struggle.” This trip showed a different yet special part of the world to me. It will always serve as a reminder to myself: there are many more changes need to happen, many more things to be done.

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Adam Gardner

Thank you for giving me the opportunity to have such a rewarding experience in Minnesota. Prior to the trip I knew virtually nothing about our Native American population and the health issues they face. My time spent in a tribal clinic and doing home-visits with a nurse was very intimate and eye opening. I was able to see how ingrained certain health problems are, and how difficult they must be to overcome.
My time spent in tribal schools was also very enlightening. I have some background as an educator and I was very pleased with some of the innovations the schools were using. Although the schools face many issues common to all impoverished areas, they also have the difficult task of balancing the teaching of their own culture with preparation for the world outside of it. I found that dichotomy to be fascinating.

Sappho Gilbert

I realized the ubiquity of public health in the IHS on our first day at the White Earth reservation clinic. When on a tour of the facility, our kind hosting administrator (a pharmacist by training) described each of the departments and their roles in the clinic and the community. For example, there is an office dedicated exclusively to contract health – a service for referring out and finding financial support for patients with IHS insurance. Additionally, we learned about the pharmacy’s highly integrated approach to the prescriptions they fill; in fact, pharmacists in the clinic reserve the right to go so far as change a physician-ordered dosage based the patient’s comprehensive electronic information or other factors. This practice is both reactive and preventive given that many in the Native American community chronically struggle with chemical dependence.

A significant part of Native history in the United States involves deep emotional, physical, mental, and spiritual pain; this sustained, cumulative wounding is called “historical trauma” and can last for generations, presenting in a spectrum of ways: depression, suicidal thoughts, anger, poor self-esteem, and physical stress. We heard from a number of medical, public health, and community leaders who emphasized the impact of this phenomenon on Native health and society. Tribal activist Bob Shimek described his work with the local populations and how he (as an Ojibwe man and leader) tailored his approach to mental health in a way that was approachable and culturally appropriate to the people. After the Red Lake shootings just north of White Earth, for example, he lived in a tent in a nearby public space, making himself available around-the-clock to anyone ready to talk about and release his or her emotions in a safe environment.

We were also lucky to join the nutritionist and her wonderful assistant at a frequent community event they host: Diabetes Bingo. The particular Bingo event we helped with was in a “food desert,” or a region with little to no access to fresh produce or healthy food choices; it was eye opening to experience the limited options (a single convenience store at a gas station), albeit for just that moment in time. In these experiences, I had countless flashbacks to my TDI education – from health care management to integration of care to food deserts and beyond. As a result, I maintain that MPH and MS students would benefit greatly from taking part
in this unique opportunity to engage our learning at Dartmouth in a real world setting alongside medical students and staff.

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**William (Liam) Guerin**

Before the weeklong, immersive IHS trip, my picture of reservation life was based on a couple road trips the sped through Indian country, some undergraduate lectures about settler colonialism, and a jumble of statistics about alcoholism, suicide, and domestic violence. The Minnesota trip filled in that bare outline with the depth of urgent challenges and the vibrancy of community responses. I learned more statistics, focused on health issues: meth abuse, uncontrolled diabetes, nutritional defecits, etc. And I saw examples of the people affected; they showed up in the IHS hospital where we shadowed for a day and I visited their homes with the tribal health visiting nurses another day. The challenges are grave. There's no way around that fact. Thea Woon, whom we visited on our first full day in Minnesota, offered a paradigm for thinking about the current American Indian health challenges: they are the collective and literal embodiment of centuries of trauma and genocide, both physical and cultural. It's a heavy explanation that meets the gravity of the challenges. Thea Woon also urged us non-natives to be mindful of our own presence, as well intentioned as it may be, for our presence on stolen land can be a visible reminder of that painful history, whether or not we are descended from those original settlers/colonists. Given this sensitive framework, I still felt welcomed by nearly every person I met on the reservations and at various schools and clinics. We had the opportunity to listen to community organizers seeking informed allies, health professionals seeking future colleagues, and patients seeking understanding and compassion. I addition to hearing people's stories and learning a handful of their traditions (e.g. smudging with sage, smoking maple syrup-soaked fish, and harvesting wild rice), I heard an internal call to action. As a non-native American, I recognize a certain responsibility to these communities whose near-complete destruction has been the price of my country's geopolitical expansion and domination. However indirectly or unwittingly, my existence has profited from this oppressive history and there is accountability to that reality that cannot be denied. In learning about some of the challenges facing American Indians, on and off reservations, in Minnesota, I hope to be able to amplify their voice in calling for awareness and change. While it is still years away, I also see an opportunity to serve in and work with those communities on the health care side of their struggle. I am very fortunate to have been given this opportunity and I don't expect to let my learning go to waste.

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Heidi Johnson

If I were to choose one word to describe our trip to Minnesota, it would be: hope. I have worked in Native Health before. And I was amazed with how resilient and determined the people I met were to change the status quo. I found the same on our trip in Minnesota. There are so many challenges to overcome, however I am humbled by the strength of those who have dedicated their lives to create community, one step at a time. The interactions that made the most impression on me was working with the Home Health nurses from White Earth. They are given the very difficult task to visit those who need extra help medically. Their job is more than just placing medications into pillboxes or taking vitals. I saw women who had individual relationships with their patients; they were the mainline of defense in the medical field. Not only did they encourage and educate their clients to maintain their health, but they also try to assess the whole person and see if they have any other non-medical needs. These women often have to interact with very ill patients, or patients who are noncompliant. Instead of becoming disillusioned or frustrated, they work as a team to try to find solutions. Because my career goals will lead me to working in Indian Country, I hope that I can use these women an example when I treat patients. Their tenacity and patience, in the face of great challenges give them the ability to go above and beyond in their occupation. I hope that someday I will be able to do the same.

Megan Laporte

I was never sure what to say when people asked me why I was in Minnesota. “I’m on a service trip” felt pretentious, and overestimated my usefulness. “I’m here for a cultural immersion experience” was a little more truthful, but also unwieldy and maybe even otherizing. Perhaps I should have stuck with, “I’m hoping to rectify my ignorance about Native American reservations in the U.S.” Or, “I think I have an obligation as an American to understand the things that the U.S. government did, and continues to do, to Native people?” Still pretentious, though. And still unwieldy.

On the reservation, I was struck by how static things seemed. People were lovely; everything seemed to be going at its own pace, by its own rules. This was especially apparent at the Bug School, a tribal school on the Cass Lake Reservation. In the cafeteria, posters about fruits and vegetables and food pyramids plastered the
walls, while cafeteria workers dished hamburger patties, tater tots, still-frozen strawberries, and lumpy green Jell-O onto blue plastic trays. The kids I sat with didn’t seem to appreciate the irony, but did enjoy mixing chocolate milk and catsup into their untouched Jell-O.

There were also posters on the wall at the Cass Lake Clinic: addiction, Type II Diabetes, signing up for Obamacare, that sort of thing. Indeed, these were the main issues that I encountered during our daylong shadowing session. But there was so much more than that: a grandmother taking her grandson for care, a young woman wanting to start a family, a man’s first visit to a doctor in many years. We do people a disservice when we identify them by their problems rather than their humanity. (Also, any care provider who tends to start his sentences with the phrase “these people” should probably not have the privilege of working with Native folks. Just saying.)

So, now that I’ve gone, why did I go? To connect with people whom I would not have otherwise had the opportunity to meet. To breathe someone else’s air for a while. To humble myself, just a little. To take the first steps on the path of understanding.

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Chengetai Mahomva

An annual program at the Geisel School of Medicine at Dartmouth is a service-learning trip in the spring to the Minnesota Ojibwe Nations. The goal is to learn about life on the Minnesota reservations especially current healthcare challenges. During part of this week long trip, the group of us ten students split up and visited different reservations over three days. My group traveled to the Leech Lake Band of Ojibwa Reservation where we spent one day each at Cass Lake Hospital, a federally operated Indian Health Service (IHS) hospital, and the tribally administered Tribal Health Clinic.

“There are only two doctors on duty today,” the nurse told me on the morning that we arrived at the Cass Lake Hospital. Instantly I naively assumed that this lack of doctors would mean that the hospital would be crowded with long waiting lines and disgruntled patients all wanting to be seen by the doctor and no one else. Instead, I entered a soothingly quiet hospital with the Internal & Family Medicine Division divided into teams. I worked with the blue team headed by a Physician Assistant assisted by two Registered Nurses. At 8 a.m. I watched as they pulled up the schedule for the day, decided who would man the phones while the other RN and PA would see patients, they planned every detail of their day together. “What tests do you think we’ll need to perform on Mr. X so I can plan to be available?”, “What time should we have lunch, do we need to have lunch at the same time?”, “Do we need to call Mrs. X to make sure she brings in her empty pill bottles?” I was amazed at how in just 30-40 minutes everyone on the blue team knew the
priorities for the day and felt confident in their mutually derived plan of action. This level of integrated care carried over into the patient visits and I watched as one of the patient’s beamed when the PA asked about the patient’s granddaughter’s wedding having been reminded earlier in the morning by one of the RNs.

An important theme in our Healthcare Delivery Science class has been the importance of teamwork and acknowledging the strength that allied health professionals bring to the care team. In the Cass Lake Hospital, having the PAs and RNs handle routine follow-up care allowed the two physicians on duty to see only acute and complicated chronic condition patients. This strategy allocated staff appropriately, saved costs and seemed to improve patient satisfaction as the Blue Team did not seem to rush their appointments.

Two days later I made home visits with Vince Rock, a RN employed by the Tribal Health Clinic to make house calls to ensure that patients adhered to medication, provide care to diabetic ulcers and most importantly for his older patients, show that someone cared that they were still alive. On the morning that we arrived at the Clinic Vince was reviewing doctor’s notes to help him prioritize the order in which to visit patients, we then disbursed pills into individual pill boxes for patients and stopped by the hospital to collect prescription medication for our patients. Traveling around in the back of Vince’s car, I realized that this one highly motivated and caring individual was the solution to a variety of socioeconomic and healthcare systems level problems. Vince’s home visits combat the barriers to patient care compounded by many factors. For example, lack of public transport prevented people from collecting medication and visiting the clinic to have a dressing on an ulcer changed. Low literacy levels prevented people from taking medications at the correct dose and for older patients whose memories often failed them, Vince reminded them of future appointments and dietary changes that they too often forgot. Again teamwork was an important theme and that the Tribal Health Clinic had access to the IHS medical records made patient care streamlined and efficient. I realized how important it is for patients to receive a consistent message from their healthcare team. It built trust and confidence in the care and allowed the patient to better understand and participate in their healthcare.

While driving around visiting patients, Vince had told me that although approximately 70% of Native Americans live in urban areas yet the vast majority of IHS funds are awarded to reservation level healthcare organization. Vince explained that this created a barrier to care because he believed that many urban Native Americans could not afford the cost or inconvenience of having to travel to reservations to receive routine healthcare. Furthermore, that patients are not seen by the IHS, an organization that also performs and supports epidemiological studies on Native Americans, meant that Native Americans living in urban areas would be excluded from studies focused on their unique health issues. Upon returning to Dartmouth I was pleasantly surprised to find out about the Urban Indian Health Institute (UIHI) whose mission it is to “support the health and well-being of urban Indian communities through information, scientific inquiry and technology”. Their website supports and provides easy to understand results about scientific studies about the health of Native Americans with the aim of providing better personalized care to this community.
I am very grateful to the community members, healthcare workers and leaders of civic organizations that I meet on this trip. At Geisel we are continually reminded about how the patient and their unique context should always come first and for the first time, I saw firsthand with such clarity why this tenant is true. Many of the patients that I meet I remember by name and they are more than just “20 minute appointments”. I hope I can continue to interact with my feature patients in the same way, always looking for the holistically story and not just the diagnosis.

Paula Piedrahita

While I was unsure of what to expect on our trip to Minnesota, I looked forward to the opportunity to understand the unique challenges faced on Native American reservations. The trip to MN was eye-opening to say the least. One, the low level of resources, such as food, health care, employment and educational opportunities seemed like daunting barriers. Second, the incredible, optimistic, hard working individuals that we met along the way that are confronting these almost insurmountable issues by inventing ways and tools with which to deal with long ingrained social injustice.

The first thing that struck me on our trip was how much had been left out of my U.S. history classes growing up in the southeast. There had always been this implied perception of total assimilation and that Native American culture had gone the way of the buffalo. Instead what I saw was a people with a rich history and deep wounds. A community leader we spoke with us at White Earth put things in perspective for me when he said that all non-Native Americans in this country, no matter their nationality or how long they have been here, are still benefiting from the continued subversion of Native Americans. The wrongs that have been done have left many long lasting scars. This was best articulated by the theory of historical trauma, which was a common thread throughout the trip. It seems imperative that we as medical professionals have a grasp on what this means and how to approach the subject in order to adequately serve the communities we visited. While life seems to be a struggle for many living on the reservations there is also a sense of hope and optimism.

Talking about and sharing in the many great works that our hosts allowed us to participate in was inspiring. The fact that the obstacles for improving quality of life via health and educational initiatives are real and very complicated has not stopped many from undertaking these tasks. They have approached these barriers with no historical precedent for how to solve these problems and created new skill sets from scratch. From somatic meditation, art, music, to the many times we broke bread with our hosts, there was a sense of inclusiveness and healing. Everyone we met, including medical professionals, community leaders, and community members,
have broadened my dedication to serve the under served, but mostly to believe things can always get better.

Cassandra Rendon

I am an Ojibwe woman myself and I spent my childhood in rural areas of North Dakota on and off the reservation. I have been a recipient of health care from Indian Health Service facilities and I attended tribal schools. Despite my background providing me with previous knowledge and experience of Native American communities, both rural and urban, the reservation school system, and Indian Health Service, I learned so much by experiencing all of those from a different point of view - the outsider, the health care provider, the educator - when I had always been on the other side of those relationships.

We started the trip off in the right way according to Native American traditions - which is with food. Tommy and Thea Woon hosted an amazing breakfast and did some exercises with us to help us move out of the bubble that is final exams at Geisel and forward into the experience of this trip. Afterwards we volunteered at a powwow and had a dinner with community members affiliated with Dartmouth and Geisel. Then we moved from the Twin Cities into rural Minnesota and so began my exploration into Native American education and health care from a new point of view.

Our trip included opportunities to interact with Native American youth at middle and high schools. Having attended two different reservation schools, I was aware of the challenges educators can face, yet I had never been the person in the front of a classroom full of uninterested, unengaged, and unchallenged youth expecting them to learn from me. It was a humbling experience. I realized and appreciated the extent of the passion educators must have to work with Native youth in tough communities.

In addition to visiting schools, we also got to visit health care facilities. The facilities were either run by Indian Health Service, tribal health services, or a combination. I had never been in a heath care facility that was tribally run and it made for a different experience. I spent time with providers who spoke about the joy they get from working in a community that needs them as well as the struggle they face with such a challenging patient population that is underserved because of various issues, among the most pressing being budget problems. I also spent time with a patient who took time to share what she saw were the advantages and disadvantages of the IHS facility she was an inpatient.

After my experiences on this trip, I promised myself to be more dedicated to working as a health care provider for Native Americans. I hope to serve Native peoples at an IHS or tribal facility some day and this trip helped me understand how much these communities need people like the doctors Geisel will produce.
Jihan Ryu

Half-awake from a nap, I glanced to my left to catch a glimpse of Minnesota from 10,000 feet above. I was about to land in Minneapolis to embark on the Indian Health Service Trip, an annual program offered during spring break for first-year Geisel medical students to learn about Native American health issues and serve as volunteers on reservations. In many ways, my decision to spend a week in Minnesota came at an opportune time, despite the other ways I could have spent a much awaited respite from a long winter in Hanover.

In college, I took a Native American literature course and read about the systemic violence pervasive in Indian communities and how it exhumes historical trauma and manifests in different forms, one being disparities in health. Stories of addiction, depression, and violence told in Native American writers’ voices gave me a conceptual framework to think about the conditions of reservation life but left me wanting an experiential understanding of health issues in Native communities. Dartmouth as an institution has strong historical and educational ties with the Native American community and is well-known for its growing partnership with the Indian Health Service, which provides Geisel medical students with numerous options for their clinical training. So when one of my peers suggested taking part in the Minnesota alternative spring break, I could not pass up the opportunity.

The Indian Health Service Trip team, led by Shawn O’Leary, the director of Multicultural Affairs at Geisel, kicked off the week by participating in community enrichment activities in the Twin Cities. After a warm reception by Geisel alumni and locals in Minneapolis, the 10 students on the trip split into three groups and parted ways to spend time in hospitals and clinics on three different reservations—Red Lake, Cass Lake, and White Earth—in northern Minnesota. I went to Red Lake Hospital, which has a unique administrative structure in the way it serves the reservation population. Funded and run jointly by the tribe of Red Lake Nation and the Indian Health Service, the hospital combines resources of the tribal community and federal health services to address health needs of the reservation in a collaborative and strategic manner.

One impressive feature of the hospital, for instance, was the active deployment of tribal community members as health-care providers. A nurse I shadowed one afternoon during a home visit at a patient’s house located 10 miles north of the hospital also happened to be an unofficial local historian with a deep connection to the reservation both in her knowledge and in her relationships with neighbors. Interaction with the patient was more authentic and efficient as a result. Trust built over longitudinal care and personal relationships sustained a surprisingly delightful and even humorous conversation throughout our home visit, despite the heavy topics we were discussing for this palliative care referral. In fact, a
sense of humor, according to a clinical psychologist I met in the hospital, was a theme in many Native Americans’ lives. By giving needed relaxation to mind and body, laughter certainly seemed to play a therapeutic role in alleviating some of their pain.

I learned, however, that having a light-hearted attitude alone isn’t enough. A morning that I spent shadowing the head of the behavioral health program at the Red Lake Hospital showed me the limitations of his department. There was an apparent lack of providers in mental health in the reservation—only one psychiatrist was in charge of all visits and consults in the Bemidji area, to which Red Lake belonged; various initiatives in social work program were underfunded; education programs such as prevention of suicide, a rising public health issue that has pressed the community of the reservation in recent years, were largely underdeveloped. Dr. Paul Ditmanson, a family medicine physician for over 15 years in the reservation and clinical director of Red Lake Hospital, also told me that heroine is making a comeback, afflicting lives of many in the tribe, and that the epidemic is due in part to systemic poverty and a sense of hopelessness arising from it. Indeed, psychiatric cases I saw in the clinic had a clear association with patients’ social environment, whether it was an abusive relationship with a partner, day-to-day struggles with poverty, or grieving for the loss of a dear friend. My conversations with doctors, psychologists, and nurses were a reminder of the alarming lack of resources in behavioral health and social work. It is a phenomenon that faces the country as a whole but that is especially remarkable among minorities and at-risk populations living with historical and emotional traumas.

The last day of the service trip was spent walking around the neighborhood of South Minneapolis, home to a large Native population. While taking in the diverse sights of Native Americans waiting in the outpatient clinic, sipping coffee in the cafe, or simply strolling on the street, I thought about cultural competency and its value in medical education—a topic that is being increasingly talked about in the Geisel community and beyond. In what manner can it be best taught to future physicians entering the field that is seeing a wider range of not only patient demographics but also cultural values and practices than ever before? For me, this alternative spring break was cultural immersion as much as it was shadowing of a health-care system. And I could not have asked for a better way to learn about Native American cultures and communities and about the unique challenges the population faces in health care. Visiting the homes of local Native Americans and interacting with physicians who have worked in the reservation for a long time, I received a vivid education on the practice of primary care in the reservation, the psychosocial context present to patients, and the room for improvement in minority health. It was the kind of cultural awareness that I could not have gathered prior by reading public health journal articles or Sherman Alexie’s books. Perhaps to my highest gratification, I left Minnesota feeling like I could actually talk to a Native American patient without feeling like an outsider anymore. That sense of inclusivity was slowly, but assuredly, growing in my heart.