

Geisel School of Medicine

Indian Health Service Spring Trip

Ojibwe Nations, Minneapolis, & Duluth, MN

March 12 – March 19, 2016



Bois Forte

Katie Kozacka
Alex Tarabochia
Georgia Griffin
Emily Georges

Red Lake

Dora Huang
Veenna Minnal
Jessica Charles
Margot LeNeveu

Cass Lake

Thomas Kuczmariski
Angela Lee
Jacob Wasag
Maggie Grinnell

Fond Du Lac

Tommy Flynn
Simrun Bal
Meghan Wendland
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Introduction

This was the seventh year in a row that we were able to offer this exciting experiential cultural learning opportunity to the Dartmouth community. This year fifteen medical students and two masters of public health students participated in the trip.

New this year we were able to incorporate the trip into an elective that included pre-trip curriculum along with mid-trip and post-trip reflection. Students were divided into four groups and each went to a different reservation. Each of these reservation groups took on a curriculum topic, researched it, and lead the group in a pre-trip session on the topic. This year the group chose to focus on four topics: History, Culture, Indian Health Care System, and Health Disparities affecting Indians.

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.

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

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

Reservation Communities

This year the entire group began in Minneapolis where we were able to visit the Little Earth Urban Indian community. Our group of 17 students split up into four groups Sunday afternoon and head out to four different reservations to stay for the week. Groups visited Bois Forte, Red Lake, Leech Lake, and Fond du Lac reservations.



Trip Activities

Saturday, March 12

The first weekend was spent as a group in the home of two physicians, Dr. Angela Erdrich and Dr. Sandeep Patel. Dr. Erdrich is a native physician who spent many years practicing on her Ojibwe reservation in North Dakota and who currently works with the Little Earth native community in Minneapolis. Her husband Dr. Patel currently is a pediatrician who splits his time practicing in Minneapolis and on his wife's reservation in North Dakota. Saturday afternoon, Tommy Woon met us at Dr. Erdrich and Patel's home, where he led us in a somatic experience. Not only did this experience help students decompress from the week long finals we had just finished the previous day, but it also prepared us for potential racial and cultural tensions we might face as outsiders traveling to our respective reservations. Following the somatic experience, we walked to Birchbark Books, a local bookstore owned by Dr. Erdrich's sister and renowned author, Louise Erdrich. At the bookstore, we heard a book reading from a Leech Lake Band of Ojibwe elder and author, Donald Richard Wright. As part of his book reading, Donald Richard Wright discussed the role alcohol and alcohol abuse play in the lives of native people and also the roles medicine and tradition play in the healing process. We then headed back to the house for dinner and smaller conversations. We ended our day with a very moving presentation by Dr. Laiel Baker-DeKrey, who spoke to the group about historical trauma and the impact it has on native communities and lives.

Sunday, March 13

Sunday morning we headed over to Little Earth of United Tribes. Little Earth is a HUD-subsidized housing complex for native people living in Minneapolis and is a center for native culture within the city. We were introduced to a midwife, who spoke to us about Ojibwe culture, traditional practices, and the role of a midwife in the birthing ceremony. She not only gave us additional insights into the community we were about to be working with but she offered new ways to think about medicine and the health profession. We also heard from the midwife's two nephews, who are both doing advocacy work to improve the lives of natives. They highlighted the importance of working with youth in order to effect change in the future. At the end of their presentation, the group divided and people departed for the different reservations to prepare for the next day.

Red Lake (Margot, Jessica, Dora and Veenna)

Monday (March 14th): We arrived at the Red Lake IHS hospital at 8 A.M. Monday morning and received a warm welcome from Linda Bedeau, Jo Dudley, Dr. Michael Borromeo, and Dr. Paul Ditmanson, the hospital's clinical director. Following brief introductions, we learned about the history of Red Lake Nation from the Community Nurse Manager, Mary Ann Cook. We had a chance to ask questions and hear about the connection between Tribal Health and the IHS. Following this meeting, we were graciously given a tour of the Red Lake reservation. On our tour, we had a chance to visit Red Lake's four districts, view the ice fishing huts on the frozen Red Lake, and had three bald eagle sightings. Upon returning to the hospital, we enjoyed a quick lunch followed by home visits with Laurel Lussier, a community health nurse, and shadowing in the outpatient clinic with Dr. Borromeo. At the end of our first day we drove down to Bemidji for a leadership dinner at The Green Mill Restaurant with Tribal Health leaders, members of the National Health Service Corps, and the team visiting Cass Lake.



Tuesday (March 15th): We started bright and early at the hospital on Tuesday, shadowing both inpatient and outpatient providers. It was a great way to see the day-to-day practice of physicians and nurse practitioners in this area, given the resources available to the hospital and its standing in the community. We were able to work with patients ranging from <1 y.o to the elderly, and begin to appreciate the range of integrative care needed in the clinic. Later that evening, we met with Dr. Borromeo for dinner, one full of laughter, conversation, and delicious buffalo gnocchi. Overall, it was a great way to experience, first-hand, the typical practice of providers in Red Lake -- and the open, collaborative, and extremely

heartwarming community they have created.

Wednesday (March 16th): Another bright and early start to the day at the Red Lake IHS hospital shadowing clinicians in the outpatient clinics! We then made our way over to the Red Lake High School where we conducted a 3 ½ hour seminar with 4-5 high school sophomores and juniors. After introductions, we had lunch with the students and then proceeded to guide them through several career-building workshops designed to help them hone skills for higher education and later careers. The first workshop, the Gumdrop Challenge, centered around teamwork and helped the students determine what kind of role they would prefer to play in a team setting based on their strengths (i.e.visual vs. hands-on).





The second workshop consisted of logic puzzles to encourage the students to think critically about problem solving and to think creatively. This type of exercise was meant to help the students practice the kind of thinking that would be employed in professions like Medicine or Engineering. The next workshop included three stations demonstrating varying levels of timed dexterity challenges to encourage the students to consider professions that require excellent fine motor skills like Surgery, Tailor/Seamstress work, or Art. The last workshop entailed reading SAT passages and correcting the grammar and punctuation. This was immediately applicable to the students as they would soon be taking the SATs and ACTs and also helped the students consider careers in linguistics, writing, editing, or in education.

We then asked the students to make a list of 5 goals for their future with at least one that could be attempted this year, 3 obstacles that they would need to overcome, and 2 resources that they have now to help them overcome these challenges. Our last exercise with the students involved asking them to write letters to their future selves, which would be delivered to them at graduation. The students had a great time and we hope that they found this seminar useful as they contemplate their future careers.

Thursday (March 17th): We checked out of the hotel on Thursday morning before heading to the clinic. We then had an informative discussion on behavioral health with Dr. Casey McDougall. We learned about their services, which include patient education, psychotherapy, and mental health evaluation. Dr. McDougall also talked about how the department integrates cultural traditions with western medicine practices. After our meeting, we had lunch in the cafeteria, which included delicious frybread, and said our good-byes to Red Lake Hospital. We then stopped by the local fishery in Redby before heading to Duluth.



Bois Forte (Katie, Georgia, Alex, Emily)

Sunday March 13th 2016: We arrived at the Fortune Bay Casino Hotel in Vermillion, Minnesota. We prepared ourselves for an early morning the next day.

Monday March 14th 2016

Nett Lake Clinic: When arrived at the Nett Lake clinic, serving the Bois Forte band of Chippewa, we were greeted by front desk staff and directed to clinical director Sue Larson who had planned our clinical activities for the week. She gave us a tour of the health and dental clinics and introduced us to staff and healthcare providers. After general introductions, we split up and shadowed the providers. These included Dr. Halleloid who offered very thorough primary care services and did not miss a beat with the patients, Raymond Hawk, a PA who we quickly learned was not only an outstanding provider, but a class act; Dr. Shana Landgren, a

primary care physician returning home to serve the community; and Sigrid Casey, a young, vibrant PA also serving the patients. After lunch, we met with the diabetic coordinator Doris Isham, who explained her role



educating community members about diabetes and educating those with the disease. Later that afternoon, we continued shadowing the providers until all of the patients were seen. The clinical shadowing at the Nett Lake clinic gave us great glimpse into Indian healthcare and more generally, the practice of primary care in a rural area. It also gave us a glimpse into healthcare with longer appointment times where the providers have ample time to listen and be comprehensive with patients.

Tuesday March 15th 2016

Vermillion Clinic: We were excited to spend the morning at the new Tribal Clinic in Vermillion. This clinic was similar to the Nett Lake clinic in its set up but was much newer and was not yet fully staffed nor stocked for the pharmacy. Many of the providers who work at the Nett Lake clinic will also work at the Vermillion clinic. We met Sue once again and two of us shadowed providers in the clinic while the other two were able to go on home visits.

Home health visits: meeting people where they're at: Going on home visits with Jill, a community health nurse (CHN), was eye-opening in many ways. It illuminated some of the health challenges faced by individuals in Lake Vermillion and Nett Lake areas (the majority of whom are Bois Forte Band members). It revealed the unbelievably high unemployment rates (38%), the inaccessibility of healthy food and healthcare services, the pervasiveness of opioid and alcohol addiction, the widespread problem of child abuse and lack of parenting skills that are direct results of forcing Native American children to attend boarding schools away from their families in the 1800s and 1900s, and the cold reality of generations of historical trauma. More importantly, it put human faces to these health disparities.

It was a crisp 40° day in the parking lot looking out over Lake Vermillion. I was bundled in a coat and mittens, while Jill donned capris, Chacos, her stethoscope, and a good natured smile. Unfortunately, some of the pills for two of Jill's patients had not arrived from the pharmacy at Nett Lake Clinic, 75 minutes away from Vermillion Clinic. Such delays are common, Jill explained. She would have to visit those patients again tomorrow. We loaded her minivan and set out to deliver pillboxes to six patients.

Jill is in charge of the pill box distribution program to help elderly patients keep track of their pill regimens and avoid difficult trips to the clinic to fulfill prescriptions. She also follows up with patients at home, checks their vital signs, provides transportation to the clinic when necessary, explains doctors' instructions, and plays the essential role of linking the care provided by the clinic with the care received by patients. Jill's passion is maternal health. She coordinates the WIC supplemental nutrition program for mothers with children under five years old, and monitors the growth and development of the children she works with. Jill supports and educates mothers about breast feeding, child nutrition, and parenting skills.

As we drove around delivering pill boxes, Jill told me stories about the people whose homes we passed. She smiled and said, "that's what I love about this work, everybody has their stories." The first patient we visited does not usually let Jill inside, which she suspects is because the family does a lot of drugs, so she had me wait in the van while she knocked. That day she was invited in for the first time. I was inspired by Jill's unconditional compassion, her patience, and her process-oriented approach. While progress was slow, she noted that breast feeding rates have increased in the community since she began doing home visits as a CHN

over 5 years ago. Jill is remarkably unjaded by her job, the challenges of helping people even when it does not feel appreciated, and the frustrations of witnessing injustices that she cannot fix. Jill reflected that she just “meet[s] people where they are at.”

Our second patient was an elderly man with complex chronic health needs, who is not a Bois Forte Band member, but has lived in the community for a long time, and has an impish sense of humor. Jill has been helping him monitor his blood pressure for years. He got a kick out of teasing me that I was not as good at taking his blood pressure as she is. His personality percolated through the visit. It was a privilege to get to chat with him about life and his health in the comforts of his home.

Meeting patients as guests in their homes changes the dynamic between patient and provider. I was impressed by how home visits enables more effective education about health-related issues and how much perspective we gain by meeting people where they are. In fact, I think that incorporating home visitation programs into mainstream U.S. healthcare would improve coordination of care, and help prevent some of the burden of chronic disease we see in our society.



Nett Lake School: We were fortunate to spend the afternoon with 5th and 6th graders at the school on the reservation. We focused our visit on careers in medicine. We made three stations through which students would rotate. One station taught them how to use a stethoscope and we spoke about a number of careers that used stethoscopes including doctor, nurse, EMT, etc. The kids put on our white coats and learned to take a blood pressure as well. The second station focused on water filtration and the importance of water conservation. The students made filters to clean water and learned about public health and environmental engineering. The final station involved creating a working hand from paper, string, and straws. The students learned about biomedical engineering in this station, as they were taught about prosthetic hands while they made their own. Overall, we had a great time with the students and the

teachers and hope that they learned something new about careers in medicine. The teachers were well liked by the students, and seemed to care a lot about their education.

Community Dinner: We met up with Shawn, Grampie, and Mike to have dinner. We spoke with Grampie about the wild rice harvesting on Nett Lake. Nett Lake is the largest producer of wild rice in the country. It is extremely nutritious and was a way of life for the native community here. Recently, it seemed that fewer folks have been interested in harvesting. Where there used to be 200 canoes on the lake, now there are only three during the harvest. Now, there is a committee that controls when harvesting is allowed to occur. Grampie still harvests wild rice because it is a part of who he is, and he and Shawn harvest together every fall.

Wednesday March 16th 2016

Snow Day: Meeting with the Casino CEO: Unfortunately, we had some unexpected snow that closed both clinics and the school today; however, we were able to spend the afternoon speaking with the Norm Adams, the CEO of the casino. We were interested in how the money helps the tribe. Some of that money does indeed go back to fund the clinic and school, however the casino also brings with it problems on its own, including gambling and other forms of addiction for both natives and non-natives. It was interesting to hear his



perspective on the casino as he had worked there for a number of years.

Afternoon with community elders -- Jose, Rita, and Karen: The four of us plus Shawn and Grampy braved the storm and drove onto the reservation to visit Rita and Jose for coffee in their home. Karen Drift--a captivating story-teller and one of the few Ojibwe Indians who is fluent in the language--joined as well. After offering tobacco, Karen began to tell stories about her childhood, natural medicines, the history of Turtle Island, and the Ojibwe way of life. We discussed the preservation of the Ojibwe language. Karen is working within the school trying to establish language as a component of their cultural education. Indeed, it did seem like when we were at the school the day before that the students were happily using Ojibwe language when they knew the word. Karen expressed frustration that not as many people are as passionate as her at learning and sharing the language. The youth are less interested in traditional ways of life such as wild rice harvesting, hunting, and fishing. They held a "take your kids wild ricing" day at which they had a lower attendance than hoped. She would like to bring back things like blueberry camp for the youth to get them engaged with their environment. As the evening set in, we decided to continue the conversation over dinner at The Dam Restaurant.

The discussion turned to medicinal healing. Karen was well versed in natural medicines. She described many that helped with cancers, skin rashes, and there were even stories of love medicine. When the information was told to us, it was usually in the form of a story. Modern problems like diabetes and heart disease do not have a natural cure. They need the modern medicine to fix it.

Thursday March 17th 2016

Our last morning in Bois Forte. We were sad to leave our friends at the clinic, especially Sue who helped us tremendously while we were there.



Tribal Council: We met with the tribal council and toured their facility. It looked fairly new and had a lot of native artwork lining the walls. We offered them tobacco and they spoke with us about a number of topics. There were four council members who met with us, three men and one woman. They all seemed middle aged and active in the community. A couple of the men were wearing basketball jerseys. They spoke about the challenges in recruiting physicians to the area, but also said that they were able to pay the doctors well who worked at Bois Forte. We brought up the wild rice harvest and the concerns that it was not being harvested in the same way as it used to, and they stated that people still did harvest the rice at very high rates. It would be almost impossible to harvest it all, and it was good for some of the rice to fall into the water. There were efforts from the tribal council to bring back those traditions.

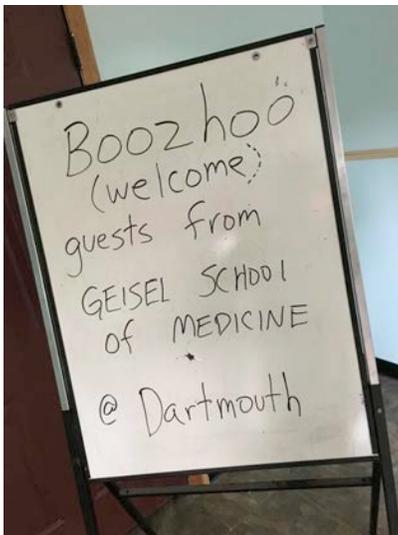
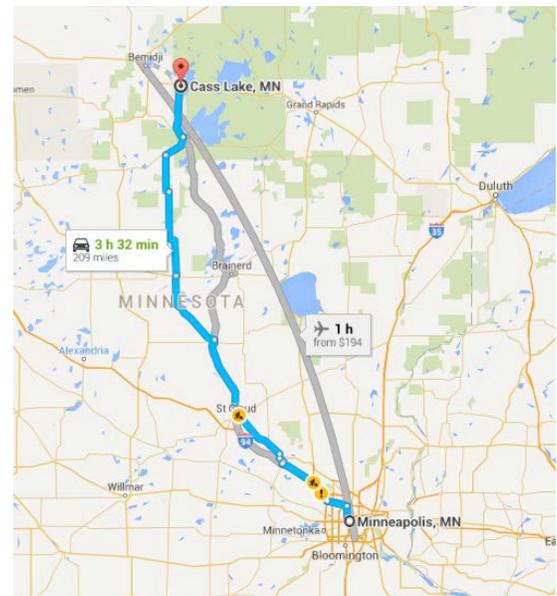
It seemed that they were all engaged in the community by being coaches and upholding their native culture. One council member, Brandon Benner, showed us his office where he had a collection of gifts he had collected throughout the years. He had many eagle feathers that were given to him. When a tribe member graduates from college or has a great accomplishment, he gives them special gifts. He dances with all the gifts he receives and one of his most prized gifts is a headpiece made from porcupine needles. The woman who gave it to him hand sewed each needle into the headpiece individually.

Heritage Center: Before heading out for Duluth, we stopped by the Bois Forte museum to learn more about the reservation and the Ojibwe culture. The museum took us through the first Ojibwe people to live at Nett Lake. The museum moved through history and taught us more about colonization, the fur trade, and the boarding schools in the area. While this part of history becomes tragic, at the end of the museum is a feeling of hope and resilience is clear. Today the community is working hard to build back its culture and language.



Cass Lake (Jacob, Maggie, Angela, Thomas)

After informative sessions in Minneapolis, our crew headed to Cass Lake. Cass Lake is located approximately 200 miles to the northwest of Minneapolis, a four hour drive by rented car. The trip consisted of rolling hills, occasional farms, and a few cows. The first person we met in Bemidji, the urban area near Cass Lake, was an emergency room physician, Dr. Micah Treuer, who was raised in Cass Lake. We were lucky to receive a general overview of the community and of health care from Dr. Treuer over pizzas and salads at Dave's restaurant. Afterwards, we found what would be our home for the next several nights: the Palace Casino.



On our first day in Cass Lake, Maggie and Angela joined nurses from the Leech Lake Tribal Health Clinic for patient home visits. This amazing experience gave Maggie and Angela an inside view to the patients' lives, and gave greater understanding to how the patients lived and what their personal situations were like. Given that many of the patients lived in remote areas, we saw the tremendous impact that these nurses had on the lives of these patients. On the same day, Jacob and Thomas went to a Tribal Health Clinic (outpatient) at Bemidji. At the Clinic, Thomas and Jacob worked with an occupational therapist and a nurse throughout the day. They learned about the financial workings of the Indian Health Service (IHS), as well as challenges that both practitioners and patients face in regards to healthcare reimbursements. Jacob and Thomas also met with Shawn O'Leary and four IHS administrators for lunch, during which more was explained about the different ways that Native Americans receive

funding for health care. As a surprise to both Jacob and Thomas, only about one third of healthcare reimbursement for Indian institutions is derived from IHS federal funding, with the remainder coming from third party billing such as Medicare and Medicaid. That evening, all four of us met up with residents of Leech

Lake, nurses from Indian Health Clinics and Hospitals, as well as classmates that were visiting the nearby Red Lake Reservation and had a community dinner together.



During the morning of the second day, we all shadowed providers at the Cass Lake Indian Health Services hospital. At this facility, which had a brand new addition that doubled its size, we shadowed a pediatrician, a family practice doctor, and two nurse practitioners. We joined the providers in the examination rooms and met numerous patients, gaining unique insight into some of the different health challenges that face much of the

Native population such as uncontrolled diabetes, obesity, cardiovascular disease, and opiate addiction.

That afternoon, we travelled to the Bug-O-Nay-Ge-Shig school and gave a presentation to middle and high school students. At the request of the school administration, we presented material and had discussions on heart health, diabetes, drug use, and safe sex practices. Jay, the guidance counselor at the school, also gave us a tour of the school. The school offers a unique education to Native students by emphasizing the traditions and customs of the Ojibwe people. We learned of the school's curriculum, both classroom and field-trip based, that focused around teaching and reintegrating these customs into the lives of the young students. We were excited to hear that the school was recently awarded a \$12 million grant to refurbish parts of the school! We look forward to seeing how the school continues to create a positive impact on the students and surrounding community.



The third day began with some excitement: one of our group members unfortunately came down with a nasty sickness and had to go to the emergency room to get treated! Thus, first-hand experience into the healthcare system of the Cass Lake and Bemidji area was acquired by the group. This group member thankfully made a steady recovery throughout the rest of the trip. For the remainder of that day, Thomas and Jacob were lucky to participate on home visits with nurses from the Leech Lake Tribal Health Clinic (as Maggie and Angela had on the first day), and one of us returned to the IHS clinic in Cass Lake to shadow the family practice doctor, Dr. Ankney. We saw a lot of patients throughout the day and continued to learn a lot about the health challenges that Native populations face, and how the community confronts these challenges.



On our last day, we visited the Leech Lake Tribal College. Amarin Chanthorn, the Director of Institutional Advancement, graciously gave us a tour of the school. The school has beautiful modern facilities and is continually expanding their campus. The college has a focus on connecting Native culture with many of the studies and has a particular emphasis on science, technology, engineering and math education.

For our final afternoon in Leech Lake, we participated in a community health fair that was occurring in the town of Onigum (located close to Walker in the map above). Vince Rock and the Leech Lake Tribal Health Clinic had organized the community event and it served as an opportunity for the public to receive free health care examinations, particularly for pediatric patients, and educational materials on healthy living. The four of us decided to take the opportunity to set up a blood pressure check table. We checked everyone at the event's blood pressure and offered tips on how to reduce their blood pressure if it was found to be elevated.

That evening we reunited with our classmates in Duluth, MN, sharing stories -- and lessons learned -- from each of our respective days in different reservations.

In summary, the four of us -- Angela, Maggie, Thomas, and Jacob -- had an amazing time exploring and learning about various aspects of the Ojibwe culture in Cass Lake and Leech Lake. We learned a tremendous amount about the health challenges facing the Ojibwe tribe and the reservation communities. It was an experience that we will never forget, and an experience that we are so grateful to have been offered by the Ojibwe community. We believe that we each learned something that will serve us well over our careers as physicians, regardless of whether it is in a Native community or not.

Gigawabamen!

Fond du Lac (Nayan, Josh, Tommy, Meghan, Simrun)

ozhiitaa - "prepare, get ready"

In trying to follow the correct protocol for approaching *Anishinaabe* healers, we prepared a traditional Ojibwe "tobacco" from the dried inner bark of *Miskwaabiimizh*, Red Osier Dogwood a.k.a. Red Willow (*Cornus sericea*). It is customary for those wishing to consult a healer to present the healer with Red Willow. It was our hope that bringing Red Willow that we had harvested in New Hampshire in a good way (by offering the plants tobacco and asking their permission) and scraped and prepared ourselves would communicate a level of respect for, familiarity with, and admiration of the culture.



Other plant materials used for offerings or for smoking in a ritual, ceremonial, or sacred context include:

- *Asemaa* or wild tobacco (*Nicotiana rustica*), not to be confused with cultivated or commercial tobacco (*Nicotiana tabacum*). Can contain up to 9 times as much nicotine as *N. tabacum*. Some healers prefer commercial pipe tobacco, like the Prince Albert brand, to true *Asemaa*.
- *Apaakozigan*, a mixture of *Asemaa* and dried inner bark of *Miskwaabiimizh*.
- *Kinnikinnick*, or "mixture", a blend containing *Makwa-miskomin* or Bearberry (*Arctostaphylos uva-ursi*) (the term *Kinnikinnick* can be used to refer to this plant alone), *Nookomis-gizhik* or Cedar (*Thuja occidentalis*), and any number of aromatic plants according to the occasion or personal preference.

Therefore, culturally-competent tobacco prevention and cessation efforts like the "Keep Tobacco Sacred" event we attended find themselves in the interesting paradox of trying to stigmatize the use of commercial tobacco products made from *Nicotiana tabacum* while not demonizing (and actually, encouraging) the traditional use of *Nicotiana rustica*, *Cornus sericea*, and the act of ritual smoking.

endaad - “home, house”

Our beautiful accommodations! *Miigwetch* to Shawn O’Leary’s father, William “Grampies” O’Leary for generously allowing us to stay in his home!



odish - “visit, reach, come up to where people are”

Simrun: “I had the opportunity to participate in home visits around the Fond du Lac reservation with a nurse, M., who has been working at Fond du Lac for several years after making a career transition from banking. She loves her work as a home health nurse because it involves deeply reconnecting with her community - seeing many of the adults that she knew as a child and making a difference in their lives.



During my visit, we started our day by meeting with a patient at the Assisted Living Residence. Although the visit was for an uncomplicated medication management concern, it was interesting to observe the very streamlined interprofessional communication. Upon taking the patient’s INR, the nurse immediately phoned the pharmacy, where she and the patient both spoke (via speakerphone) with the pharmacist directly about the results of the visit and next steps for medication. A great example of teamwork with the patient as a care team member! We then drove around the reservation in snowy Minnesota weather, visiting different community members

and ultimately visiting the Elder Complex. What I enjoyed most about the home visits was having the opportunity to see how healthcare is delivered outside a clinic, in the very places (homes) where most of people’s actual day-to-day health decisions are made. It was interesting to see some of the barriers experienced as well as the creative ways solutions are cultivated with an understanding of the community. For instance, many patients on the reservation do not have phone service, which makes it difficult to establish communication with the clinic; however, by creating a schedule with the provider, visiting nurses are able to surmount this obstacle. I also had a wonderful time seeing how nurses provide education to patients and family members. It was fascinating to explore how home health nurses are incredibly committed to creating/maintaining the relationship between patients and the medical establishment. This relationship then is crucial for providers to assist patients in making medical decisions and understanding their health needs and values.”

**nanda-gikendan -
“seek to know it, seek to learn it”**

Josh: I really enjoyed the spring break trip to Minnesota offered through the Dartmouth Geisel School of Medicine. Throughout most of my 25 years as a United States citizen, I was only exposed to one narrative (the colonization narrative) regarding the interactions between European settlers in America and the Native people

who were already living here. During our Indian Health Service and Outreach elective this past term, and especially during our trip, I was able to hear the other side of the story -- the story of the indigenous communities whose lives were forever changed after Leif Ericson and, later, Christopher Columbus "discovered" a land that had been inhabited by people for thousands of years.

In addition to the rich history of the Ojibwe, it was enlightening to witness the patient interactions (clinical medicine) and the community's approach (population health) to meeting the health care needs of those enrolled with the Fond du Lac reservation. I was very impressed by the pre-diabetes program offered by the clinic, including the multi-disciplinary workshop we were able to join on the link between diabetes and depression that was given to patients with elevated blood glucose levels. Furthermore, the nursing home built on the reservation for the community's elders was perhaps the nicest eldercare facility I had ever seen.



Lastly, my group and I were exposed to many of the traditional Native healing practices, and it was a privilege to be able to speak with multiple tribal healers (or "medicine men"), a profession with an unfortunately dwindling supply of capable providers. After being exposed to the cost- and productivity-driven model of healthcare in the US throughout our first few months of medical school, it was refreshing to meet with these healers who viewed their calling as simply to serve their community. They treated the sick who came to see them and expected almost nothing in return; as a result, those who could afford to pay gave money or food while those who could not were still given the care that they needed.

Thursday March 17th

Thursday night we rejoined as a large group and had dinner, where we debriefed with each other about the past week. This time allowed us to share what we had learned and reflect on what we had experienced.

Friday March 18th

Friday morning, we met Dr. Erdrich at Pow Wow Grounds Coffee Shop in Minneapolis. There was an art gallery attached to the coffee shop, which we got a tour of. As part of the tour, we learned about the Indian Corridor and a number of programs that were in existence geared at upholding traditional native practices in the urban environment. We then accompanied Dr. Erdrich to her office at the Indian Health Board. She had set-up lunch for us with Donald Richard Wright, a midwife and two nurses. During lunch, we had informal conversations and also heard about work the midwife was doing to address the large opioid epidemic that she say working with pregnant women. Next, we got a tour of the Community Center and heard about initiatives that were being taken there to get people active and living healthier lives. They also talked to us about different ways that the native culture was kept vibrant even in the urban setting. We ended our day at the Women's Resource Center, where we heard about different obstacles that homeless native individuals face. We also learned about programs that the Women's Resource Center had in place to address the social disparities that the native population faced, ranging from sex trafficking to opioid addiction. We also broke into small groups and did small service projects at the resource center.

Saturday March 19th We left in the morning for our flights back to Boston.