

**MINNESOTA INDIAN HEALTH SERVICE TRIP**  
**Personal Reflections 2019**

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**TEAM BOIS FORTE**

**Sage Hellerstedt - MPH Student**

Having this experience on the Bois Forte Reservation was very meaningful for me, especially since I grew up in the Twin Cities with strong family ties to the Iron Range of Minnesota. That was one thing that really stood out to me about interacting with people from the Bois Forte community, was how receptive they were to the fact that I had a personal connection to the area. Frankly, I wasn't sure how that reception would be given the history and relationship of White settlers and Native people that we further discussed in our elective prior to the trip. I was very grateful for the opportunity to experience and learn from the people of Bois Forte, especially their willingness to share with us— both their stories and their time.

As a public health student, I found that the social determinants of health really stood out in this health care experience and community. There is a lack of fresh food available on the Reservation, which has only been made worse by the fact that the closest grocery store (45 miles) recently burned down. Diabetes is a huge problem in this community, which was made even more apparent when we met with the Nett Lake Elementary school kids and all of them raised their hands when we asked how many of them knew someone with diabetes. The lack of economic opportunity greatly impacts the Iron Range as a whole, and Bois Forte is no exception. The socioeconomic issues impact mental health and substance abuse— issues that were apparent in the clinic visits I attended as well as the home visit I went on. One of the most powerful experiences of our week was meeting with the groups that work to improve mental health and substance abuse treatments in the community. These groups also work to address the stigmas associated with mental health and substance abuse, which is especially challenging in a small community where everyone knows everyone and social media spreads information like wildfire.

I also found it very informative to see how primary care visits work on the clinics at Bois Forte. I thought it was really interesting to shadow both Native and non-Native providers and see the different ways they approach their patients. I appreciated that the visits are scheduled longer than the more typical 15-minute appointment (these are 45-minute appointments). We often discuss physician reimbursement and volume in several of our public health courses, and I found the extended visit time a refreshing way to approach a more patient-centered way of care. One thing that was difficult to see was how recruitment of physicians impacts the clinics at Bois Forte. One of the few MDs is trying to retire, but the clinic is having trouble finding a permanent physician to replace him. The Bois Forte clinics do have one Native provider, but that does not sound to be a common occurrence on the reservations. We also came to Minnesota after the long government shutdown, which had an impact on funding and employment in the health care sector at Bois Forte. Several of the people I spoke with during my time there discussed the tension between the Native health workers and the non-Native

workers and how the layoffs affected the populations differently which brought a strong response from the greater community.

Overall, I'm very happy that I participated in this trip. I was able to learn a lot about communities that have always been tangential to my life growing up in Minnesota. I'm incredibly grateful that I got to learn more about the Native health care experience directly.

### **Briana Krewson - MPH Student**

Geisel Medical School's Indian Health Service Trip is no average spring break; travelling to MN from NH in March means we actually went to a colder, snowier place to "rest" for "spring".

I know that I will use the knowledge and skills I gained on this trip in my future as a medical doctor and public health advocate. Going to Bois Forte Reservation was an impactful and meaningful experience. Just riding around the reservation and observing the land and the people was incredibly eye-opening. The trip taught me a lot about historical trauma, privilege, social determinants of health, and governmental-tribal relations.

There are many native traditions that I wish my culture practiced today. For example, the Native Americans have four main medicines, which are both ceremonial and healing. The medicines are cedar, sweetgrass, sage, and asema (traditional tobacco). I've always been a bit of a naturopath; I am an intense summer gardener and love raising house plants. I love the idea that nature is healing, both in what it provides us to eat, and in the ways that it provides natural medicines. While in Minneapolis, I even picked up a book about native plants and medicine while in Birchbark Books & Native Arts, a bookstore featuring native-focused texts, owned and operated by a fellow Dartmouth graduate and author Louise Erdrich. Another example is their respect for elders. The elders are respected as wise beings who have ultimate authority, even if their bodies are deteriorating. I wish my society had this same respect for the elderly.

I cried every day while at Bois Forte. Each day, there was something different to tear up about; home visits were tough, hearing stories about drug abuse from recovered addicts is never easy and learning about all the missing women and sexually assaulted women triggered my emotions. The moment I remember very distinctly, however, was meeting the Bois Forte tribal council. We sat at a long conference table and one leader started to speak of his respect for doctors practicing Western medicine because his wife was dying of liver cancer and they were able to extend her life for a few more years before she passed. Having lost my significant other recently, the story was incredibly touching, and I ended up sobbing rather loudly, as much as I attempted to contain the noise. The tribal member ran out of the room to get me tissues, but he then gifted me with two very sacred gifts. The first was a handmade beaded amulet, something he told me will surround me with good spirits. Although I am not a particularly spiritual person, it hangs in my car and is a daily reminder of my time at Bois Forte, and it reassures me that I am surrounded by the loving spirits of those who have passed. I later learned that death is handled differently at Bois Forte than it is by the average US resident; when a tribal member passes, no one is permitted to go outside, for fear of the spirit of death

coming to retrieve the spirit of the deceased. Children are not even permitted to go outside for recess!

The second gift was a bag full of hand-collected, hand-parched *manomin* or wild rice. This is the reservation's most sacred food, it is the "food that grows on water" and it is the reason their tribe settled where they did in the USA. Being handed wild rice directly from the hands of the people who harvest it is such a warm feeling; these people do back-breaking, laborious hours of work to harvest their rice, so you can understand how meaningful this gift was.

This trip was a hands-on and in-depth way to learn about population-specific care and to engage with a community that would not normally trust me or invite me in so openly. I am beyond grateful for their warmth and welcoming attitude, and for showing me utmost respect. I hope that one day, I can give back to these people in a meaningful way.

In the future, I recommend that the class portion of the trip be expanded. There should be more team-building activities up front, and more classes added that are solely dedicated to understanding what will happen on the trip (preparation for challenging home visits or patients, how to feel safe in tough situations, respect for cultural differences, expecting sleepless nights due to travel, etc.). Other than that, the trip was exhausting but really fun, engaging, and educational. I really enjoyed meeting the medical students and wish them all the best on their journeys through medicine!

### **Matt Stanton - Medical Student**

I went into this trip unsure of what to expect life would look like for Native populations living on a reservation in rural Minnesota. I imagined it would be economically underdeveloped and isolated, but I don't think I fully grasped the full consequences of what marginalization and racist policies have done to Native communities until I saw it with my own eyes. My week learning from tribal members of the Bois Forte Band of Chippewa painted a bleak history of oppression and trauma at Bois Forte, though I met so many warm, thoughtful and inspiring tribal members who are committed to realizing a bright future for the tribe and Americans Indians across the United States.

My first realization started on our drive up from the Twin Cities: Bois Forte is out there, far away nestled among Minnesota's 10K lakes on the Iron Range. Its location produces a lot of problems. First and foremost, without a significant population there isn't a thriving economy to bring jobs with promotion opportunities. While shadowing in the Nett Lake and Vermillion Clinics, just about every working adult was either presently working or had worked at the Fortune Bay casino. It is the reservation's economic driver, and without it I frankly don't know how a functional society could be maintained up there, both because of its employment pool and its revenue stream. Without abundant work opportunities, people living on the reservation naturally struggle to keep busy. Reflecting on times when I've been idle or feeling aimless, stuck or unsure of how I could go about accomplishing my goals or striving for my ambitions, I've felt forlorn, helpless and depressed.

One week was only sufficient to scratch the surface of some of the deep-seated issues facing Bois Forte today, though I can see how the lack of economic opportunity and growth produces an environment in which substance abuse disorders, mental health issues, anxiety, depression and suicide are pervasive. When I was doing home visits one afternoon around Nett Lake, Bessie, the community health worker I was shadowing shared her stories with me. The trauma and heartbreak she had faced over the course of her life was staggering and tragic. Multiple family members - immediate and extended - had taken their own lives using firearms, she had lost two of her five children to drug overdose, one of her grandchildren had died in a fire, and alcohol abuse and physical abuse were rampant. As she shared these stories, she didn't flinch; her affect was measured, composed and matter-of-fact - at times even lighthearted. I couldn't imagine experiencing this much trauma in a lifetime, and here she made it seem so commonplace and worse, almost an inevitability.

Describing these horrible issues as "almost an inevitability" is tragic - that captures why I found this trip to be so informative and powerful for me. I fundamentally believe that every human should be given the opportunity to live out the life they want for themselves. And here, I saw a community of people who had very little agency to build and shape their future, to envision progress, and instill hope in their next generation. I believe the US government is responsible for correcting these issues. These are miniscule populations - surely funds could be allotted to correct some of the ills they experience. For instance, building modest grocery stores within the reservations would vastly improve food quality and access. Improving housing would ensure folks have safe, nurturing homes to raise families in. Creating opportunities and funding streams for education beyond high school would 1) ultimately catalyze the economy, and 2) likely have a secondary effect of reducing addiction problems ravaging the community. All this doom and gloom aside, I think there is plenty to be hopeful about moving forward. First, there are inspired tribal members working to ensure a bright future for Bois Forte band members. There are programs to counter alcohol and drug abuse, there is a burgeoning mental health counseling program for folks to get help and prevent crises, and the Nett Lake and Vermillion clinicians provide excellent and thorough healthcare to a population that historically had their health neglected. Dr. Shanna Vidor is a particular bright spot among their clinical staff, an example of a Bois Forte band member who left the reservation for school but decided to return to practice medicine and raise her family. I also had the privilege of meeting some of the children at the Nett Lake School, and they were absolutely delightful - smart, clever and full of joy. I'm excited to stay attuned to the Bois Forte Band of Chippewa over the years and hopefully visit or contribute to their clinical care team in the future. Miigwetch!

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## **TEAM CASS LAKE**

### **Katherine Amano – Medical Student**

Experiences that surprised, awed, and challenged me comprised the IHST 2019 trip for me. This was my second visit to Minnesota and my first visit to rural Minnesota. The isolation of the Leech Lake Reservation during a frigid, snowy winter and the congruous challenges to the health of the Leech Lake Band of Ojibwe struck me repeatedly throughout the week.

My first interactions with the community were through home visits with a nurse employed by Tribal Health. We drove to three homes scattered across one edge of the reservation. Each home that we entered revealed pieces of the stories of its occupants. One woman showed us six fawns grazing in her backyard and a video of one eating out of her hand. A man to whom we were delivering a weekly medication box told us that his task for the day was to sweep his kitchen so that his wife would be happy when she returned home from running errands. Another man's living room walls were covered with photographs of his family—many of whom had fanned out across the state, including his wife who was receiving treatment in Minneapolis.

The nurse with whom I worked had an easy rapport with his patients knowing how and when to tease them and what would bring a smile or laughter to their lips at the start and end of each visit. As we drove from home to home, he told me that many of his patients became like family to him. He celebrated the joys in their lives with them and deeply mourned when they passed away. In talking with him and watching him work, I saw a healthcare provider-patient relationship stronger than any I had ever seen prior. I learned that he had lived and worked in the community for nearly a decade, and I could feel how much he cared about each of his patients as people. I feel an incredible sense of gratitude that he shared his experiences with me and that all of his patients welcomed me into their homes and lives.

Throughout the rest of the week, we met with a physician who worked at the Cass Lake Indian Health Services (IHS) Hospital; we visited Leech Lake Tribal College; and we worked with students at the Bug-o-nay-ge-shig School. As we traveled around the reservation and met with people in the community, I witnessed many of the challenges of rural health including transportation, employment, and food security. Tribal Health had a service to provide rides to healthcare appointments for their patients many of whom did not own cars or could not drive due to health concerns. The President of Leech Lake Tribal College spoke to us about the difficulties of graduates and community members more broadly finding jobs in the vicinity—particularly without reliable transportation or Internet connections in some cases. During some home visits we witnessed the poverty that accompanied the realities of unemployment for some tribal members. We also saw the challenge of accessing healthy and affordable food in the area. The only grocery store nearby did not have very much fresh produce available, and it was expensive.

All of the above pushed me to think about what social determinants of health mean for this particular community. A big driving factor in my decision to change careers from teaching to healthcare was seeing students struggle with health issues and wanting to try to make an impact further upstream; however, there are still so many societal disparities that need to be addressed upstream of healthcare. This trip left me with a lot to process, including feelings of empathy and hope that have served as a gentle reminder of why I chose to enter this profession.

**Lisa M Francomacaro – Medical Student**

Working with the people of the Cass Lake Reservation was an incredible glimpse into the struggle of a community for justice in healthcare, education, and food security. We met countless people dedicating immense amounts of time and effort to helping their community thrive - from home care nurses driving upwards of 60 miles to care for a single patient to native schools with bus routes over 2 hours long to provide transportation to children throughout the reservation. We were invited in, to learn about the history and culture of the people of Cass Lake reservation - seeing firsthand how many promises had been broken over the generations. The resilience and community-focus on the reservation was steadfast. It was a powerful reminder of how much good a physician can do, by putting down roots in an underserved community, gaining trust, and delivering care worthy of that trust.

**Steffany Humala – Public Health Student**

Being part of the IHST trip was a fascinating and humbling experience that allowed me to learn about the effects of social determinants of health within a Native American community. Being able to see first-hand the results of oppression, stigma and health care barriers within a marginalized population has certainly outweighed the impact of any book or statistic I have ever read. The patients and providers were open about the struggles they faced in their positions and a recurring theme affecting continuity of care was mistrust due to Native American facing a history of oppression, a history that is all but recent. The importance of having healthcare providers who acknowledge and immerse themselves within a culture has been made clear to me on this trip. Providers who addressed their patient's culture, community and health had rapport with their patients unlike any I have witnessed in the past.

The nurse I shadowed would give me a summary of every patient, one that not only included the health status but information about their patient's family, pet names, hobbies, favorite doctor and even interesting facts on retired patient's careers. Upon arrival at these homes they were treated like family and made me feel welcome albeit a bit cautious. When scheduling appointments, the refusal to see "outsider" doctors would come up, patients planned to wait whatever time it took to see their trusted doctor which affected their continuity of care for their chronic diseases. Providers have a duty to invest time in the community which they serve, and this trip has shown me clearly the impact of this existing relationship or lack thereof in-patient outcomes.

**Sofia Rodriguez – Medical Student**

This trip with IHST was such a special experience. It was incredibly humbling to be welcomed by members of this unique community. Though people faced many challenges on the Leech Lake Reservation, there were a few experiences that stood out to me as beautiful.

While shadowing at a well-child home visit with Maternal Health, I met a young mother, whose grandparents helped care for her one-year-old baby. The grandmother had lost a leg to diabetes, a condition prevalent on the reservation. A "food desert" in any rural area can place residents at serious risks for chronic health conditions. Take away the land and food sovereignty of Native peoples, add in government subsidized junk food, and the residents in

this area are left with a frustrating situation. One recurring theme was weariness with low “patient compliance.” We can blame low compliance on many things, such as socioeconomic factors; however, I saw that it is further complicated by the frustration of the people trying to provide care with limited resources and of the people who, I believe, are entitled to basic health care. Many of the nurses who seemed most fulfilled by were those that allowed themselves a genuine and personal connection to their patients. This philosophy is not strongly endorsed by medicine in many other communities in this country. Still, this experience for me highlighted the importance of gaining the mutual trust of the people I will work with.

I shadowed at a Tribal Health clinic, and that day the diabetes care team was starting a pilot program giving patients continuous glucose monitors. This was an interesting example of the potential for technology to change patient care, and the patients and staff were excited for this opportunity. Hopefully in the long term, programs like this will show the medical community the importance of innovation and compassion in providing care.

In preparing for this trip, my spirits began to fall as I learned about the many hardships of Native people. However, it was easy to see beauty at Leech Lake, from a grandfather making his granddaughter laugh, to a nurse giving members of his tribe new medical technology, to an old man who gave me a pack of peanuts. I gained so much on this trip - I learned so much about Ojibwe culture, rural medicine, IHS, and winter Minnesota life. I hope one day soon, I can use what I’ve learned to give to my fellow humans.

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## **TEAM FOND DU LAC**

### **Jonathan Busam – Medical Student**

As I look back on my week in Minnesota as part of the Indian Health Service Trip at the Geisel, I am at a loss for how to describe it. Throughout my time interacting with local communities, I felt everything from heartbreak to eternal hope. What resonated with me most, however, was the overwhelming resilience in the face of adversity, through trauma both past and present, so many Native individuals and communities displayed.

Our first day in Duluth, in fact, began on this more positive note as Dr. Owen, the Director of the Center of American Indian and Minority Health at the University of Minnesota, opened her talk discussing the vibrant nature of the new generation of Native Americans. Focusing on youth empowerment through organizations from the National Congress of American Indians to the Duluth American Indian Community Housing Organization, she highlighted the strength within the Native American community. Through doing so, I developed a more in-depth awareness of Indian issues.

Prior to the trip, my understanding of Native American communities was very limited. I learned a little bit about them in grade school through discussions surrounding Columbus and Andrew Jackson and then through various newsbytes such as those surrounding the Dakota Access Pipeline. Fortunately, our elective helped to better elucidate the history and issues

facing Native American communities. And the events throughout the week in Minnesota further improved this learning process.

Some highlights of this process are as follows: While shadowing at the Min-no-ya-win clinic in Cloquet, I saw the difficulties of combining western and traditional medicine and the impact of diabetes on members of the Fond du Lac tribe. Through the *We Are Water* exhibit and *SEED: The Untold Story* documentary, I saw how environmental changes and encroachment of western industry has spoiled the lands that nurtured the local tribes. And through talking with various tribal members at Powwow Grounds Café and the Fond du Lac Community Center, I saw how rich in spirit and generosity people can be. I was shocked at the stories I heard that have been left out of “mass media,” and I was left with a longing of wanting to learn and do more for the people who so generously educated us about their culture.

In short, this trip was an incredible, eye-opening experience that deepened my understanding and appreciation of the events within and effecting Native American communities. Moving forward, I will forever treasure this experience that I believe will better equip me to help continue to build relationships with and to better serve marginalized communities as I move forward in my career.

#### **Karin Pivaral – MPH Student**

Throughout my lifetime I have had the opportunity to experience many adventures, cultures, meet new people, and eat different foods. What I have learned is that everything has history tied to it. It is up to us, those in the moment, to learn, appreciate, and grow from them. The IHST was no different. At first, I was not sure if I wanted to participate, after all I had little experience with Native American history and culture, so I did not know how I would be able to contribute. However, I quickly realized that many people in the trip were in the same position I was in and we were all excited to learn and grow from this experience.

A quick run through of my experience with IHST. At the beginning of the Spring term, we were required to attend small presentations every Wednesday. Team members would give a brief presentation on relevant topics and issues involving Native Americans. This was eye opening for me because I was not aware of the major injustices still going on with the Native American communities. Additionally, I was not aware of incredible advocates for the Native American population who genuinely want policies to reflect more equity for the community. Our Wednesday nights presentation culminated with a potluck which I really enjoyed. Some of the smartest and kind people were part of this trip. For example, I got to know Lisa, one of our trip leaders, who not only is disciplined, a hard worker, and unselfish of her time to make this trip successful but she is really fun to talk to. I think it's important to write about my peers in this trip because I learned about their genuine desire to contribute to medicine and improve access to healthcare for marginalized communities. After these few weeks (and getting to know each other) we headed to Minnesota.

When we broke up into our groups, Sadhana, Nathan, and I headed to Duluth and Fond Du Lac. There are two specific activities that we participated in that made me think a little longer of



which I would like to provide reflection on. One with our interaction with Nikki and the other was my interaction with Shawna and Starr from the high school in the reservation.

Nikki - Nikki C., facilitated the “we are water” exhibit in the Lake Superior Aquarium in Duluth. At first, Nikki was guarded and seemed to go straight to the point on why we were there. When she asked us about our interest, she began to open up by asking questions. We soon found out that she was having a bad day because her physician reminded her that she was overweight. She reminded us that what her doctor failed to understand is that she had trauma in her past that contributed to her situation. This was a great reminder for us all that all though we mean well, people are not data...they are people. Nikki continued with stories of her past, her love for botany, and her desire to go back to school for an MPH. We bonded with Nikki as she continued to educate us on policies aiming to improve clean water for Minnesota residents and Fond Du Lac. Why this experience stuck out to me? It reminded me that everyone has a story and things that drive us, especially in the social justice sphere, usually are influenced by injustices we have seen in the past. I know I learned more from Nikki than she learned from me.

Shawna and Starr - Team Fond Du Lac and White Earth went to the Ojibway school in the Fond Du Lac Reservation for a talk with some of the students. This stood out to me for two main reasons: 1. the students were proud of their heritage and language and 2. There is a vast disparity of hope among the students. As soon as we walked into the classroom with Ms. Ari, it was apparent that those students have an astonishing talent for drawing and painting. Shawna and Starr had incredible art displayed. I actually offered to buy one of the drawings because it was beautiful. It was a Native American girl looking at a large sun set on a red canvas. It was absolutely stunning. The art in the room was really good and I was really impressed by the talent the students possess. My second point is a little harder to describe because I know what is like to be surrounded by people who stop hoping for something better. I did not grow up with a wealthy family, I am first generation college graduate and postgraduate. There is an unspoken burden to make my parents proud because they worked so hard to get me to where I am. When Sarah B, Sadhana, and I were speaking to Shawna (the older sister and senior in high school), she stated that she did not know what she was going to do after graduating. I asked her if she wanted to pursue art and she said she did not really know other than helping her family take care of her nephews. In contrast, a senior boy in her class who was in attendance for our talk was already taking college courses because he wants to go to medical school. As a woman of color, this breaks my heart. I wanted Shawna to know that she can achieve whatever she desires in life and that there is so much more than taking care of her nephews in her future. As we were leaving, I couldn't help but give her a side hug and remind her that she is talented, and I was rooting for her.

Thank you for this opportunity to participate in the IHST 2019 trip. I learned so much more than I thought I ever would and know that this experience will remain with me for the rest of life and future endeavors in improving healthcare access.

### **Sadhana Puri – Medical Student**

This trip was a wonderful growing experience for me and helped me to become more aware of the ways by which I can improve my delivery of care to patients. Some highlights of this experience were my visit to the Min-no-ya-win clinic in Cloquet, the Mash-ka-wisen treatment center on the Fond du Lac reservation, and the Memory Keepers.

I loved my experience shadowing Dr. Levar at the Min-no-ya-win clinic. I am very interested in women's health and got the opportunity to learn about the issues that female patients both young and old are facing while at the clinic. While I observed Dr. Levar's interaction with each patient, I noticed how down to earth and understanding she was of each patient's circumstance even though they come from backgrounds that are different from her's. She was acutely aware of the issues facing the community and made sure to speak with her patients in a manner that was sensitive to this. As a future physician, it will be essential for me to have a deep understanding of the social context that I am working in and to communicate this awareness clearly to my patients.

The Mash-ka-wisen treatment center opened my eyes to a new method of treatment for chemical dependence. I had always viewed the most effective method to be medication-assisted treatment (MAT), but this treatment center did not employ any MATs or addictive substance in the treatment process. Instead, they run a center that creates treatment plans based on each individual patient's specific beliefs, values and goals. For example, if a patient believes in the power of traditional native medicines, the center supplies these to the patients. By celebrating and embracing native cultural practices, this center has been able to successfully reduce chemical dependency on the reservation and surrounding area.

Visiting The Memory Keepers was another eye-opening experience for me, as it made me aware of alternative beliefs about dementia. Through this visit, I learned that many native communities are more accepting of dementia as a natural progression along the course of life rather than something that must be defeated. They had a fascinating visual aid that depicted this natural course. My grandmother had dementia and gaining awareness of this alternative way of looking at dementia made me feel less upset about what happened to her and instead made it easier for me to accept it as an outcome that nature intended.

Overall, this was a fantastic trip and I am so glad that I chose to go on it. I gained a deep appreciation for native cultures and I learned ways that I can practice cultural sensitivity as a future physician who hopes to serve underserved populations.

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## **TEAM RED LAKE NATION**

### **Anaël Kengne – MPH Student**

Growing as a minority, I always knew that I lived in a community that was marginalized. I knew about other minority groups being marginalized as well. These marginalized communities will mostly live in the ghettos and will rely on the government for financial help. From an early age, I knew what it meant to not have enough, to struggle, and depend on the government. I knew about white privileges and the benefit of being white in today society. I have seen many minority communities struggle in similar way in America. However, when it came to the American Indian communities, I thought it was the same struggle as the Blacks and Latinos. But, I was wrong. Living on the Red Lake Reservation for a week shed light into a different kind of struggle American Indians have to face in America. The challenges I witnessed within this specific minority community was nothing I expected or came across to before. I am beyond honored to have gotten the opportunity to go on the trip. To be to do home visits and shadow physicians and observe the community from my own lenses.

### **Cindy Li - Medical Student**

I'm very grateful for this 8-day trip to Minnesota this spring break. I grew up in an urban setting, with accessible hospitals. I remember when I was kid, I could easily get the medical attention that I needed with a very short waiting time. I was confident in health care system, with the confidence rooted in my personal experience. I was also ignorant, with the ignorance coming from my lack of understanding of others' situations.

Before going on this trip, I learned a lot about the Native culture and the challenges they face. Two of the challenges was diabetes and education. However, learning from some slides and seeing with my own eyes were so different. I saw people who were so thin and fragile, with their body weight dropped for 30 percent in two years, due to diabetes. I talked with kids who never planned to go to college, not because they had other plans for their lives, but because they did not know it could be possible. One thing I learned from this trip was how vulnerable individuals were in face of structural and systemic disadvantages.

Still, there is hope. I got to know the doctors who stayed in the tribe for over 20 years to serve the community. I followed a community health technician who took care of diabetic patients by doing regular home visits and delivering insulin. I sat down with a midwife who was passionate about reviving home delivery tradition. From my interactions with them and the other people I met during the trip, I know things are getting better.

I came on the trip with a hope to learn more about Native American culture and health care system, but I came back with much more than a deeper understanding of the community and knowledge of clinical cases. From people I met and stories I heard, I saw perseverance, trust and devotion. Just like the famous Romain Rolland quote says — there is only one heroism in the world: to see the world as it is, and to love it.

### **Eric Lu – Medical Student**

One of my main reasons for wanting to go on this trip was because I wanted to learn more about Native American culture, beliefs and traditions so that in my future career, I could provide more culturally competent care if I ever had a Native American patient. The trip definitely exceeded all of my expectations. I really appreciated the pre-trip sessions. I enjoyed doing the in-depth research for my presentation as well as getting to learn about various topics through the other presentations. During the trip, I especially enjoyed sessions that focused on culture such as kinnikinnick making, the talk by the mid-wife and the pow-wow. One of the aspects of Native American culture I really loved was the connection to nature. Whether it is picking wild rice, ice-fishing, pre-meal blessings, or honoring nature in pow-wow regalia, the community has a deep and powerful connection to nature and an appreciation of where things come from. I was also surprised by how welcoming everybody was. Everybody we met from the doctors at the HIS hospital and the hospital staff to the patients we saw during home visits and the community members we interacted with were all so genuinely kind and really made us feel at home despite being from outside the community.

I also really enjoyed learning about the different health issues facing the community. While shadowing, I had the opportunity to have extended conversations with many of the doctors at the hospital. During these conversations, many common themes kept popping up. One was obesity and diabetes. During our pre-trip sessions, we learned about the high prevalence of both conditions in native populations but seeing it first hand was much more powerful and really eye-opening. Another common theme was addiction and mental health. The Red Lake hospital does not have a psychiatrist and so psychiatric cases are usually referred to hospitals further away, which is a large inconvenience. However, despite all of the challenges the hospital and the community faced, it was so refreshing and heartwarming to see a group of people – the doctors, nurses, community health workers, community organizers, administrators- so dedicated to making positive change.

### **Jennie Murillo – MPH Student**

I really enjoyed this trip to Minnesota. I have family in Red Lake, but I did not grow up there and don't get the chance to visit the area often. Seeing how the IHS and tribal health services work together on the reservation was a good experience. The services are more extensive there than on my home reservation in Idaho. I was able to shadow physicians as well as public health nurses for home visits. I am familiar with working with underserved populations, but I still learned a lot from this specific community. Observing patient interactions and seeing some of the common struggles on the reservation was eye opening.

One of the biggest things that will stay with me after this trip was learning about some of the struggles that youth go through in Red Lake. There is a lot of substance abuse on the reservation, which is at the root of a lot of family problems. The mental health nurse talked with me about a pre-teen age girl that came in to the hospital because of suicidal thoughts. The situation broke my heart. The nurse explained to me how children and teens are brought in often for suicidal ideation. It's an even more difficult situation because there's not a lot of services to help these patients. They have to be extreme cases to be eligible to be sent out to a

mental health facility in town and there are no psychiatrists employed by the Red Lake hospital. Going to the boys and girls club also gave me a lot of insight. My cousin works there with the kids and has told me that the after-school program is the main support system for a lot of the kids. Poverty is common and for some, the club may be the only consistent place they have the opportunity to eat and wash up.

I also observed a lot of chronic diseases in the patients seen in the community, especially diabetes. The podiatrist at the hospital also gave us a presentation on the care he provides. This was extremely informative and great to see how much of an impact a specialist can have in a small community with a clear health disparity. The providers I got to interact with were amazing. They are always understaffed at the hospital and clinic, but the providers that they do have care a lot about the community. Many of them have been working there for years. One provider shared with us how he went to go work at the hospital in town but came back because he missed working in Red Lake. The providers were upfront with us about the struggles and limitations that they face working there, but also expressed how fulfilling working in a rural community is.

Spending time in Minneapolis was also great. I loved hearing from all the speakers at the different organizations we visited. I enjoyed helping out at the church and also spending time with some community members at the foot care session. I got to paint nails and talk with a teenage girl who was there with her grandma. She shared with me that she didn't feel like she would be able to get into college. It made me sad that she felt this way as just a freshman, but I was happy that I was able to reassure her some as we talked. Going to the mini pow wow was also a fun time. Some of the other students were nervous when the head dancers honored our group with a song (shaking hands with everyone and stepping into the circle.) It was sweet, and I was happy that the rest of the group were able to see some dancing and community activities. A couple of the students even participated in the potato dance.

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## **TEAM WHITE EARTH**

### **Sarah Baranes - Medical Student**

For better or for worse, I tend to approach most big experiences in my life without too many expectations; for example, when I started medical school, I didn't spend much time thinking about it in the months leading up; I just showed up. But if I had had anticipations or expectations for this trip, my experience would have exceeded them.

Across multiple areas of healthcare, members of various care teams at White Earth are doing inspiring work, but their work in harm reduction exceeded any model I had witnessed in my work in needle exchanges and addiction treatment before coming to medical school. Since starting at Dartmouth, I have often wondered what the role of the provider is when treating addiction. Yes, they can prescribe suboxone or methadone for Medication Assisted Treatment for opioid addiction or Wellbutrin for side effects of methamphetamine withdrawal, but what my—albeit limited—experience showed me was that these medications are just a small part of

addiction recovery. The teams of nurses and community health workers from White Earth's Tribal Health care team showed me how it should be done. They had these incredible programs like MOMS, syringe exchanges, and WeCare to address the toll that the national opioid crisis had taken on their community.

While they did more things well than I can rave about in this short reflection, here are a few of my major takeaways: Because spirituality and tradition are cornerstones of the Ojibwe way of life, part of the practice of healing addicts involved teaching people traditional Ojibwe arts like drum making or teaching ceremonies that may have never been taught or were forgotten. By reconnecting people with Ojibwe culture, these programs were helping their clients reconnect with their communities and showing people struggling with addiction or in recovery that there was support if and when they needed it. While visiting MOMS, we were lucky enough to be able to speak with one of the founders of their addiction program. He explained the Ojibwa belief that all people are born with an intrinsically good spirit, but addiction feeds an evil spirit that takes over and makes it impossible for one's good spirit to thrive. He explained how the addiction program for pregnant women addicted to opioids helped mothers and their partners (if needed) to find and nourish their true, good spirits. In our current culture, addiction is erroneously viewed as a flaw in character rather than a disease, and there is a failure to realize that helping people to live with that disease requires putting aside judgement and meeting people wherever they are. White Earth's programs did this and more.

While this experience may have left me feeling like I didn't really need to go to medical school to contribute to people's recovery in the way I want to in the future, I had the most opportune opportunity to shadow a preventative medicine doctor at the Indian Health Services hospital. Before meeting him, I have to admit I didn't know that preventative medicine was a field in itself but talking to him about the way he viewed disease and his work at IHS showed me one and gave me many more ideas about how physicians can contribute meaningfully to a comprehensive care team.

These are only a few highlights of some of the interactions I had with people at White Earth. There were many more conversations with doctors, nurses, patients, clients, social workers, healers, children, teens, teachers, and my fellow peers that will stay with me for a very long time. As far as Spring Breaks go, it could have been more restful, but it could not have been more rejuvenating.

### **Mackenzie Haberman – Medical Student**

I approached this trip with a mixture of excitement and trepidation. Excitement because it is a privilege to be welcomed into these communities that have fought spectatorship, tokenism and the largest genocide in human history. Amidst such a history, we were met with only warmth and generosity during our time with the White Earth Nation and with the Ojibwe people. It was inspiring to see the crusaders on the ground in Tribal Health, harm reduction clinics and recovery programs that have a huge impact correcting a system of errors, one case at a time. Though they are fighting daunting statistics at times, the cheer and good humor we witnessed

in daily patient interactions really permeated my appreciation for the providers and individuals who have chosen to practice in a place history likes to forget.

I was nervous to visit the reservation because it very conflicting to feel both otherness and kinship. My grandmother was Húnkpapńa Lakota from the Rosebud Reservation in South Dakota, born to my great-grandmother after she went to the Carlisle Indian School. These matriarchs mainstreamed and though they still carried many aspects of the culture in song and dance, they represent a very typical example of assimilation. I personally found learning about the Ojibwe communities to be fascinating as I felt echoes within my own family history, which my mother has painstakingly safeguarded.

This first year in medical school has been many wonderful things, but spending time pushing through the didactics of medical education has at times allowed me to lose sight of where this process is going. Spending just a short time amidst these tribal communities has reminded me of where I hope medical school will lead and just how much valuable work is left unfinished. Though I know learning is a luxury, it is easy to forget this when memorizing long medical names that sound more elvish than Latin. Bearing witness to the important work taking place in vulnerable communities was a lesson I will carry forward throughout my schooling and career.

### **Sarah Kovan – Medical Student**

There are so many different aspects that influence how an individual receives health care. Is a provider accessible? Is the appointment or procedure affordable? Is the care culturally mindful? At the same time, there are so many different aspects that influence an individual's health. Are healthy food options available and inexpensive? Does an individual have adequate heat and clean drinking water? Are there opportunities for stable employment? In a rural environment, such as Northern Minnesota, each of these aspects comes to the forefront of addressing an individual's health and the care they receive. During my time at the White Earth Reservation and in Minneapolis, these components were interwoven throughout conversations with both patients and providers. I could not be more appreciative and grateful to those that opened their homes, clinics, and communities in order to help us become more thoughtful and committed future physicians.

As I reflect on my time in Minnesota, there are so many different pieces of the trip that I could write about. Health care is complex – as illustrated above – and it takes an entire community to even begin to address these complexities. Yet, as I came away specifically from the community at White Earth I found myself inspired by the work that is being done across organizations. This was particularly evident regarding substance use on the reservation. From a clinical perspective, both the team at Tribal Health and the Indian Health Service were working directly with patients. A harm reduction program was being run on the reservation by a committed and caring team of health care providers. A nurse was changing health policy to impact legislation regarding NARCAN. A program titled MOMs was helping pregnant and post-partum mothers overcome opioid addictions. These efforts were comprehensive, impressive, and having a direct impact on the reservation. Yet, the epidemic continues and the number of overdoses on the reservation are still too high. And therefore, with these organizations in place, further questions

can continue to be asked: what comes next? Are there ways in which these organizations can more efficiently communicate and interact to address these issues? In what ways can the Ojibwe traditions of healing and spirituality continue to be interwoven into the current efforts? I return to New Hampshire inspired and reinvigorated, grateful for the generosity of those we worked with and humbled by the potential impact of committed health care providers.

### **Anirudh Udutha – Medical Student**

I feel very grateful for all the time and effort put into making this trip happen for so many of us by each community and person we visited as well as our Dartmouth leaders. I was struck by how willing many providers and community members were willing to share some of their personal journeys and their work with us whether during Home Health Visits with the White Earth Tribal Health Nurses or the MOMS (opioid addiction treatment for Moms) program. The home health visits were striking in how they were often critical to extending access to healthcare in a rural population with insufficient telephone coverage and occasionally difficult road conditions. Even then, though the nurse I shadowed provided compassionate and thoughtful care and created space to check in with patients emotionally and interact simply as a fellow community member, the nurse herself revealed continuing difficulty for some patients to get transportation to appointments or deal with the emotional toll of a chronic condition developing into an acute crisis. I felt there was a similar theme among the MOMS providers we worked with that embraced patients and treated them compassionately and in a culturally meaningful manner, while also recognizing some of the difficult structural forces (disruption of cultural continuity and community, compounding medical and emotional/spiritual hurts, difficulty in finding the best homes for some children who may need to enter foster care) that result in continuing loss and relapses despite best efforts from many involved. White Earth certainly seems to be in a position to provide some sorely needed services like a growing syringe exchange program and MAT on and off the reservation thanks to very committed and creative providers at tribal health as well as the right combination of allies and finances elsewhere. I know there is so much more to be learned about how they were able to do what they're doing, but most of all, the pride and commitment of many community members in their work for the community is what will stick with me. At the same time that I appreciate the learning opportunities we had, I also felt at times we did little in return aside from listening and taking up space. I think it's important to continue to learn about some of the urban and rural Native communities we visited and will come across in future positions to be a better ally and advocate. Lastly, this trip has also reminded me to continue to learn from the remarkable people I get to begin my medical education with and the wonders of being a part of such a well-functioning team as the other students on this trip.

### **Kyla Rodgers – Medical Student**

The MNIHST was one of the most interesting and formative experiences of my career thus far. I have previously learned about some of the health issues that Native Americans face, particularly in the context of historical trauma; however, this was the first time that I have had the opportunity to bear witness to these concepts.



Everyone that I met, both at White Earth Reservation and in Minneapolis, was incredibly open and generous with their time and their personal stories, sharing the most intimate details of their lives without hesitation. One of the big themes that we kept returning to was that of substance abuse and how to address it. During our time at White Earth we got the opportunity to visit MOMS (Maternal Outreach and Mitigation Services), which started out specifically for pregnant women who struggled with substance abuse but has expanded out to include partners as well. We also visited a harm reduction clinic/needle exchange program, which was much different than I imagined it to be. I have never had an answer for people who argue that needle exchanges only encourage drug use, but now that I have seen for myself how the program works, I feel much more comfortable explaining why they are a valuable piece of the puzzle when trying to address substance use. Additionally, we also attended a cultural event to make medicine bags and learn about tobacco with WECARE, a care coordination system; many of the women we saw at MOMS also came to the WECARE event. Finally, we received education on opiates and overdose along with Narcan training when we returned to Minneapolis on Friday.

While substance use cuts across all socioeconomic circles, religions, and ethnicities, it was interesting to see how Native communities have handled it. While America at large prides itself in being an individualistic society, Native communities are much more collectivist. I think that this sort of culture lends itself to successful substance abuse treatment, because it includes the patients' most important social supports in the healing process. I strongly believe that the rest of the US should learn from and implement the model used by MOMS and other programs at White Earth.

Another very formative part of the trip was the afternoon that I spent at the IHS clinic. From the conversations that I had with the Home Health nurse I shadowed on Tuesday morning, I gathered that Tribal Health, which is run by the Tribal Council, and IHS, which is run by the US Government, operate independently with little communication between the providers at each organization. However, the nurses at Home Health spoke highly of Dr. Kleinschmidt, saying that he took time to write notes to them about their shared patients, and that the patients enjoyed working with him as well. I was the only one lucky enough to shadow Dr. Kleinschmidt during our stay, but it was easy to see why he had already gained the respect of the community, despite only having been there for about 8 months. He was one of the best listeners that I have encountered in a clinical setting, and he was kind, compassionate, empathetic, and reasonable in his approach to each patient's situation.

I am so very grateful to have had the opportunity to go on the Indian Health Service Trip to Minnesota this year. Having come from a rural area of NH, I am interested in working with underserved populations in my career; however, because I am from a low-income family, I have never had the chance to experience healthcare systems in other parts of the country or world. This trip has been my first real-world exposure to the concept of global health, and I am

extremely grateful to the people who have made this trip a possibility, especially for those of us who would not have the financial means to take part otherwise. Miigwetch!