“Doctor Can You Hear My Spirit?”

Collision or Collaboration as Two Worlds Meet in the Clinic
Helen Maldonado, PA-C, CDE
Welcome
Objectives

• To understand the need to partner with your patient to provide better health care.
• To recognize and appreciate the strength of Native patients regarding cultural history and resilience.
IHS Mission

- To raise the physical, mental, social, and **spiritual** health of American Indians and Alaska Natives to the highest level
Agency’s Priorities

1. To renew and strengthen our partnership with tribes
2. To reform the IHS
3. **To improve the quality of and access to care**
4. To make all our work accountable, transparent, fair and inclusive
Introduction

• Culturally appropriate to tell you who I am
• Daughter of Shirley James and Curtis Cissna
• Granddaughter of Cecelia Santos and Arnold James
• Coastal Pomo and Coastal Miwok, enrolled member of Lytton Band of Pomo Indians
• CHR, Licensed Vocational Nurse, Physician Assistant
• Proudest achievement; my daughters
Acorns

A Native food staple
California Native History

• 1769 - Hispanic settlement began - Native population estimated at 300,000 within California boundaries
• 1821 – End of Spanish sovereignty – approximately 200,000 remained
• 1848 – Gold discovered – Native population estimated at 150,000
• 1850’s – California became a state – Native population dropped to 30,000

War Waged

- 1848 – 1860 Gold Rush Era
- 1850 – California became a state
- California’s first governor: Peter Burnett in his inaugural speech declared: “A war of extermination will continue to be waged between the races until the Indian race becomes extinct”

Historical Grief and Trauma

- European emigration – England, Spain, Russia, Italy, Germany
- Reservation System introduced to “reduce conflicts between settlers and Indians”
- Boarding Schools
California Pomo Woman
Legacy of Boarding Schools

“...many generations of Indigenous children were sent to residential schools. This experience resulted in collective trauma, consisting of ...the structural effects of disrupting families and communities; the loss of parenting skills as a result of institutionalisation; patterns of emotional response resulting from the absence of warmth and intimacy in childhood; the carryover of physical and sexual abuse; the loss of Indigenous knowledges, languages, and traditions; and the systemic devaluing of Indigenous identity.”

*Lancet* 2009;374:76-85 (p. 78)
In 1889 the U.S. commissioner of Indian Affairs declared, "We must either fight Indians, feed them, or else educate them. To fight them is cruel, to feed them is wasteful, while to educate them is humane, economic and Christian." He suggested using boarding schools to prepare Indian children to live in American society. At boarding schools, Indian children would be introduced to English, vocational skills and Christianity.
Boarding School Transformation
“Kill the Indian, Save the Man”

- Chemawa Indian School – Salem, OR
- Fort Bidwell, CA
- Greenville, CA (burnt in early 1900’s)
- Stewart Indian School 1890 – 1980 Carson, NV
- Sherman Indian School – Riverside, CA
- Fort Shaw 1891 – 1910 – Ft. Shaw, MT
- Grand Junction, CO 1886 – 1911
- Fort Lewis, CO 1891 – 1911
- Fort Mojave, AZ
- Santa Fe, NM 1890 – 2008
- Phoenix, AZ 1891 – 1935
- Albuquerque, NM 1885 – 1982
Boarding Schools, cont.

- Rapid City, SD  1898 – 1933
- Pierre, SD  1891 – Today
- St. Joseph’s Chamberlain, SD  1927 – Today
- Flandreau School (Riggs Institute) Flandreau, SD 1892 – Today
- Genoa, NE  1884 – 1934
- Chilocco, OK  1883 – 1979
- Morris, MN closed 1909, now University of Minnesota
Boarding Schools, cont.

- Tomah, WI  1893 – 1947
- Pipestone, MN  1910- 1953
- Wittenberg, WI  1895
- Mt. Pleasant, MI  1893 – 1933
- Carlisle, PA
- Haskell Indian Industrial School – Lawrence, KS  1884 – 1927 (Now Haskell Indian Nations University)
### Domains of Impairment in Children Exposed to Complex Trauma

<table>
<thead>
<tr>
<th>I. Attachment</th>
<th>IV. Dissociation</th>
<th>VI. Cognition</th>
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<tbody>
<tr>
<td>Problems with boundaries</td>
<td>Distinct alterations in states of consciousness</td>
<td>Difficulties in attention regulation and executive functioning</td>
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<tr>
<td>Distrust and suspiciousness</td>
<td>Amnesia</td>
<td>Lack of sustained curiosity</td>
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<tr>
<td>Social isolation</td>
<td>Depersonalization and derealization</td>
<td>Problems with processing novel information</td>
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<tr>
<td>Interpersonal difficulties</td>
<td>Two or more distinct states of consciousness</td>
<td>Problems focusing on and completing tasks</td>
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<td>Difficulty attuning to other people’s</td>
<td>Impaired memory for state-based events</td>
<td>Problems with object constancy</td>
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<tr>
<td>emotional states</td>
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<td>Difficulty planning and anticipating</td>
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<td>Difficulty with perspective taking</td>
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<td>Problems understanding responsibility</td>
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<td>Learning difficulties</td>
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<td>Problems with language development</td>
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<td>Problems with orientation in time and space</td>
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<td>II. Biology</td>
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<td>Sensorimotor developmental problems</td>
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<td>Analgesia</td>
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<td>Problems with coordination, balance, body tone</td>
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<td>Somatization</td>
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<td>Increased medical problems across a wide span</td>
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<td>(eg, pelvic pain, asthma, skin problems,</td>
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<td>autoimmune disorders, pseudoseizures)</td>
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<tr>
<td>III. Affect regulation</td>
<td>V. Behavioral control</td>
<td>VII. Self-concept</td>
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<tr>
<td>Difficulty with emotional self-regulation</td>
<td>Poor modulation of impulses</td>
<td>Lack of a continuous, predictable sense of self</td>
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<td>Difficulty labeling and expressing feelings</td>
<td>Self-destructive behavior</td>
<td>Poor sense of separateness</td>
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<tr>
<td>Problems knowing and describing internal states</td>
<td>Aggression toward others</td>
<td>Disturbances of body image</td>
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<td>Difficulty communicating wishes and needs</td>
<td>Pathological self-soothing behaviors</td>
<td>Low self-esteem</td>
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<td></td>
<td>Sleep disturbances</td>
<td>Shame and guilt</td>
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<td></td>
<td>Eating disorders</td>
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<td>Substance abuse</td>
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<td>Excessive compliance</td>
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<td></td>
<td>Oppositional behavior</td>
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<td></td>
<td>Difficulty understanding and complying with rules</td>
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<td>Reenactment of trauma in behavior or play (eg, sexual, aggressive)</td>
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Recognize the Behaviors/Beliefs We Have as the Result of Trauma

- Distrust—of the government, institutions, our own leaders, supervisors, etc., even to our own detriment—“they” are out to get us
- Sense of never having “enough”
- Spend/eat/use what you have now as it may be taken from you
- We will not live to be old, so it doesn’t matter what we do now
- Indians who get an education are “apples”

Ann Bullock, MD Childhood Obesity and DM Prevention – Case for Early Life Intervention, 2009
More Behaviors/Beliefs

- Our culture, language and way of life are inferior—and learning them is somehow wrong
- “Everyone” does alcohol and drugs—and they make the pain go away for awhile
- “Love” is not to be trusted and is often linked with emotional/physical/sexual abuse
- I have no control over my world
- I am not worthwhile

Ann Bullock, MD Childhood Obesity and DM Prevention – Case for Early Life Intervention, 2009
Overcoming Perceptions

• Cultural racism has led to pervasive negative racial stereotypes of racial groups regarded as inferior.

Unconscious Change for Improvement

• Some evidence suggests that unconscious discrimination based on these negative stereotypes of minorities is a likely determinant of this pervasive bias in the delivery of care


Subtle vs. Blatant Racial Encounters

- Studies found blacks experienced greater impairment when faced with ambiguous evidence of prejudice than when exposed to blatant prejudice
- Whites had the opposite experience

*Discrimination and racial disparities in health: evidence and needed research*

“I Can See It In Their Eyes”

- Perceived discrimination aspect that may adversely affect health
- Perceived discrimination is only one component of racism
- Varying degrees of perception is based on that person’s life experience and exposure to the stories of others that have experienced discrimination and/or racism

*Discrimination and racial disparities in health: evidence and needed research*

*Williams DR, Mohammed SA. J Behav Med 32:20-47, 2009*
Vigilance and Anticipatory Stress

• Vigilance regarding the threat of discrimination and the anticipation of future occurrences of discrimination could be as predictive of the adverse health impact as the actual effects of past discriminatory experiences.

*Discrimination and racial disparities in health: evidence and needed research*

Native Children’s Christmas Benefit
Modern Version of Hippocratic Oath

• “I swear to fulfill, to the best of my ability and judgment, this covenant:

• I will respect the hard-won scientific gains of those physicians in whose steps I walk, and gladly share such knowledge as is mine with those who are to follow.

• I will apply, for the benefit of the sick, all measures that are required, avoiding those twin traps of overtreatment and therapeutic nihilism.
Hippocratic Oath (cont.)

- I will remember that there is art to medicine as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon’s knife or the chemist’s drug.
- I will not be ashamed to say “I know not,” nor will I fail to call in my colleagues when the skills of another are needed for a patient’s recovery.
- I will remember that I do not treat a fever chart, a cancerous growth, but a sick human being, whose illness may affect the person’s family...
Institutional Racism

• **Residential segregation** can shape Socioeconomic Status (SES) and health by restricting access to education and employment opportunities and creating health-damaging conditions in residential environments

*Discrimination and racial disparities in health: evidence and needed research*
Reservations and Inner City

- Two pronounced patterns of residential segregation in the U.S. have been the geographic isolation of American Indians on reservations and the residential concentration of African Americans in poor urban areas

Residential Segregation: Elevated Risk of Illness and Death

1. More difficult to adhere to good health practices. The higher cost, poorer quality, and lower availability of healthy foods (food deserts) can lead to poor nutrition.
   - Targeted for tobacco and alcohol marketing.
   - Lack of recreation facilities and concerns about personal safety discourage leisure time physical exercise

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Concentration of Poverty

2. Concentration of poverty can lead to exposure to elevated levels of economic hardship and other chronic and acute stressors at the individual, household and neighborhood level.
Trust in Neighborhoods

3. Weakened community and neighborhood infrastructure in segregated areas can also adversely affect interpersonal relationships and trust among neighbors.
Environmental Safety

4. The institutional neglect and disinvestment in poor, segregated communities contributes to increased exposure to environmental toxins, poor quality housing and criminal victimization.

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Establish a Trusting Relationship

- Story of a tribal elder woman with panic attacks
Cultural/Group Support

• Pima Pride/Action
  • -DPP pilot study
    • People randomized to “Action” group
      • Structured diet/exercise meetings
    • People randomized to “Pride” control group
      • Unstructured activities emphasizing Pima culture and history

• “Pima Pride” group showed more positive outcomes on every biological parameter measured

Alternative Approaches
How Do Providers Help?

- Use tools available
- Learn techniques well
- Work as a team member with staff, patients and families
Provider Tools

- Health Literacy
- Self-Management Support
- Cultural Humility and Competence
- Motivational Interviewing
- IHS Initiative: Improving Patient Care (IPC)
Connect to Self

- Open heart, open mind
- Humility
- Value the richness of Native culture
Cultural Resilience

Ceremonies continue
Families are strong and pull together in times of hardship
Traditional ways are honored
Elders are respected always
Language is spoken and taught
Traditional healing remains as a compliment to Western medicine
Traditional herbal medicine used
Story telling continues to bring forth the stories from ancestors
Songs are sung in the ceremonial house for community healing and blessings
Traditional foods are gathered, hunted and shared
Partnerships

- Create a safe place for your patients
- Create a medical practice that is your patients’ first choice for care, not one that is the last resort
Our Message of Hope
Thank You

Helen.Maldonado@ihs.gov
Bibliography

- *Discrimination and racial disparities in health: evidence and needed research*

- *Stress Burden and Diabetes in Two American Indian Reservation Communities*

- *The Time Has Come for Physicians to Take Notice: The Impact of Psychosocial Stressors on the Heart*

- *Under-Identified and Under-Treated Depression Among Racially/Ethnically Diverse Patients with Type 2 Diabetes*