



“Doctor Can You Hear My Spirit?” Collision or Collaboration as Two Worlds Meet in Clinic

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Good morning! Flexibility is what they teach us first of all right. I have to get calmed down here now. So good morning everybody, I would like to welcome you in our language, that's [Non-English] and I also want to say [Non-English], and that's thank you. Great Spirit and I do want to thank you all for being here today. You have chosen to be here at this time to participate in this wonderful, wonderful conference where everybody come together and really shares everything that they have to offer.

I also want to thank you for working in the Indian Health System, whether it be an IHS setting, or tribal, or urban setting. If I were able to make my baskets, like my relatives, I would have made you one and that's -- there it is.

But since I spend my wakeful hours as a diabetes consultant, you have to settle for a photo of one. This is a feather basket made by a visit of other basket made by Pomo people with Abalone shells and Clam shells hanging from it. Here are objectives for today.

These are pretty familiar objectives and many talks have talked about these kinds of things but I hope to shed a personal light on this subject as being a native woman working for my native community as a medical provider with experience in traditional healing as well.

You all worked to promote the successful realization of the IHS mission, to raise a physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level. Awareness of the spiritual part of this statement has been grossly overlooked in our professional arena for many years. It is impossible to help another heal, a spiritual pain without being in tune to your own spirit.

I know this is not common practice in Western medicine but I believe it can be appreciated, and I like how Eduardo Duran defines this in his book "*Healing the Soul Wound*." These are terms that he translated. Psychology is study of soul and psychotherapists are soul healers and the task this profession pursues via soul healing is eradication of psychopathology which means and translates to soul suffering.

Dr. Duran goes on to say, we have been split off from our world-soul. It follows that if the healer is split from her soul, she will not be able to facilitate the integration of soul in her patients. That's pretty common sense.

Dr. Duran is on the agenda this week, so check him out, he is here Wednesday and Thursday. So I'm excited to see him and you will be able to hear through my talk that I'm a big fan of his.

Thorough this presentation, you'll also see how your work collaborates with the agency's priorities, especially number three, to improve the quality of an access to care. There is a

national spread of effort to improve the quality of the care we are providing through Indian Health Service. It's called Improving Patient Care or IPC.

You may have heard of it already. If not, keep your ears and eyes open, it will be coming to a clinic near you. I'm going to talk about a paradigm shift in the way you may view patient care. I'm going to ask you to be vulnerable during my time with you, and in order to do this you will have to be able to trust me, and to trust me, you need to know who I am or am I just a stranger standing up here talking to you.

So I will be asking you to step out of your professional comfort zone and accompany me on this challenging journey we will take during the next hour. This journey has an expected outcome of reflective thinking that may result in new methods that will strengthen your personal relationships with the people you serve and your coworkers.

I propose that making this paradigm shift, you'll improve the partnerships with your patients which will help to improve their health outcomes as well, and it will give you increased job satisfaction. As Dr. Duran suggests, it is imperative to delve into the psychology of the healer. Usually, discussions focus on the pathology or suffering of the patient, under the pretense that the patient's suffering exists in a vacuum. We need to be aware of our own repressed shadow. In other words, our blind spots get in the way.

This is an introduction to a change, we may approach in the Indian Health System in the future. Does that sound okay to you? The reason I'm talking about this as well is that -- everywhere we go and we go on site visits to clinics and I do talk about health literacy and cultural humility for the providers. The staff usually come up, or CHRs will come up and whisper to me and say, thank you. Thank you for saying this.

But they seem that they have to whisper. So it is culturally appropriate to tell you who I am. I'm a daughter of Shirley James and Curtis Cisna. I am the granddaughter of Cecilia Santos and Arnold James. Cecilia is Coast Miwok and Pomo. She is also Chamorro from Guam. Her father was a full-blooded Pacific Islander and Arnold James is a full-blooded Kashaya Pomo. So I have Coastal Pomo, Miwok and Pacific Islander and I am a member of the Lytton Band of Pomo Indians.

And as they answered, I was a CHR licensed vocational nurse and physician assistant. But my proudest achievements are my two daughters. This is a picture of my two daughters and in 1979, I escaped a violent domestic situation, when my girls were preschool-age. They were two and three years old. He went to prison after I faced him in court and he gave me freedom. I worked as a peer counselor until 1981 when I went for behavior health job at the Indian Health Clinic as CHR.

I was later transferred in the Medical side of the outreach department. But quickly learned, I could use my advocacy skills working in home care duties and as a single mother with two small daughters, I needed to make some more money to survive. Just wasn't making it out there my own as a CHR. Then I asked my supervisor what the next employment step was. She said, well becoming an LVN but you could never do that. She was a family nurse practitioner and I had really looked up to her until then.

I became very angry and determined and I told her, I will become an LVN, and when I -- after becoming LVN then I will become an FNP and come back and take your job. And I was such a

hotheaded young woman. I went to the community college to find out the steps to get into the LVN program and I took those steps and graduated that program. My supervisor was so proud then. She told everyone in our community that I was her success story. That's when I realized that she wasn't being racist after all, but she was giving me a good kick in the rear to get me going.

I owe my professional life to her, Carol Lightfoot, family nurse practitioner. As a young person, I was always searching for Spirit in everything I did. I don't know why, that's just the way I was. I used to ask friends, can I go to church with you? They would take me to all different churches, so I went to all the different churches, Catholic, Baptist, Lutheran.

When given an opportunity to work with our spirit leader of our tribe, I jumped at the chance to strengthen my connection and increase my awareness of my role in this life of spiritual connectedness. I worked with him for 10 years with healings, blessings, and spiritual battles for our own people. All of these experiences bring me to who I am today and again, these are my proudest achievements, my two daughters.

Me and my two daughters, Sherry on left and Anastasia on the right. Thankfully neither one of my daughters have abusive spouses, and I see my grandchildren benefiting from the conscious changes we have made as a family. This photo really shows our relationship. We adore each other and we love to laugh.

The photographer with a friend of Anastasias and he was telling us to come, walk down this hill with a dry grass. It was about 105° in July. It was in the evening, and I had sandals on. So one of them said, come on little lady, let me help you down the hill and I said, who is the lady, and I kind of slipped right then. And they grabbed me and we just started laughing, we just busted up, we couldn't stop. So we couldn't walk any more so we were just laughing the whole way.

This is my mom. She is on the left and her younger sister Nadine on the right. And my mother is one of seven children of Arnold James and Cecilia Santos and she had — they have — she has six other siblings were orphaned, when my mom was about three years old. Her mother died of tuberculosis at the age of 33, and their father died in a logging campfire, the next year. They experienced many cruelties and hardships being shuffled from house to house until the oldest aunts and uncles were sent to Chemawa Indian Boarding School.

My mom and aunt, Nadine were then taken in by their loving elderly, maternal grandmother until her death. Then they experienced more hardships and continued to show effects today of the impact of their experiences which of course was passed onto me through my mom.

So I lived through severe domestic violence. I made poor decisions in my young life, and it made things more difficult. But I kind of finally figured it out as I went along and I had to strengthen my spiritual awareness, and found answers to my never ending question. Why me? I would be speaking from a place grounded in my California native heritage, although, many people are aware of the history of our state is true, they are California Indians.

Currently there are 80,000 active users in the Indian Health Service in California with 103 federally recognized tribes. I want to show you some disturbing facts to establish a foundation of understanding, of what our people have endured and talk about why our native people die at such a young age. I want to illustrate the need for deeper understanding of native people while working for IHS.

There is a story about a tribal public health nurse and she told me that this native community that they worked for had reached out to the Medical Director and his staff to invite them to a ceremony. The Medical Director works in the clinic setting, seeing patients and works closely with his native LVN which he adores and she adores him. As he was speaking to the public health nurse, the LVN was standing behind him and he asked the Public Health nurse, tell me why I should go to this community ceremony, and pay for time for my medical providers to go as well? She said, well because they want you to know them and she said they want you to see them.

He said I know who they are. My staff knows who they are, the public health nurse while she was talking to him could look beyond his shoulder and could see the LVN and the LVN was going. He doesn't know us. But yet she wasn't empowered to say that. She was standing behind him shaking her head and didn't feel that she could even explain that to him. I don't know if he has yet planned to attend a ceremony but this as an example of the unseen gap that exists between medical providers, staff and the native community.

It's usually unseen by non-natives but it is definitely seen, felt, and anticipated by the native community. If you're invited by the community you work with, I highly recommend you take up their invitation. It's an honor to attend the ceremony. Usually, when I talk to providers it's one on one and it's -- as they have used the terms like noncompliant patients, or pharmacist told me once; if they just take their medicine they would be better. Why don't they do what they're told?

So in trying to understand why some of our patients do what they do. I would like to briefly give you an overview of some California history.

The grisly statistics of population reduction have overwhelmed most students of California Indian History. When Hispanic settlement began in 1769 there were about 300,000 native people that lived within the current boundaries of California.

At the end of Spanish sovereignty in 1821, perhaps 200,000 remained and that number dropped to about 150,000 by the time gold was discovered in 1848 at Sutter's Mill. During the 1850s after California became a state, the native population fell to about 30,000. The abrupt traffic decrease with a consequence of the Gold Rush.

Disease like smallpox, influenza, and venereal disease, starvation, bows and arrows were taken away so that there cannot be any retaliation mounted against the oppressors. Fences were placed around oak trees so they couldn't gather their acorns, food staple of our people. And homicide, it with not only legal but promoted to kill native men, women, and children as they wished. Many families were captured and used as indentured servants from 1850 to 1865.

Under a California law, they would define somebody is being a Vagrant Indian at whoever's discretion. A declining birthrate for native people took a heavy toll. If you want to read more details of these items, I am not going to go through all the details but there are books available, and I have some of them listed at the end in the bibliography.

So can you see why trust is an issue? We lived by oral histories and stories were passed down about the dangers and then we became silent. These statistics demonstrate the gruesome

crisis California natives endured but it doesn't tell a whole story. It's sickening to read the actual accounts of military personnel, Indian agents or newspaper stories from the years 1848 to 1865, and I did read them and they are pretty awful.

Native families and communities were seen as being in the way and subhuman, making it allowable to murder, rape and kidnap them. There was in fact a complete breakdown of all legal and moral constraints on American immigrants, civic and criminal behavior.

For example, California's first governor Peter Burnett bluntly allocated Indian genocide by declaring this on his inaugural speech. A war of extermination will continue to be waged between the races until the Indian race becomes extinct. It wasn't a war, it was a massacre and Peter Burnett's legacy is largely mixed or regarded as one of the fathers of modern California in the state's early days.

Burnett's openly racist attitudes towards Blacks, Chinese, and Native Americans have blackened his name today. Burnett's period in Oregon provisional legislature helped facilitate the exclusion of Blacks from the state until 1926. Also his open hostility to foreign laborers influenced a number of federal in State California legislators to push future xenophobic legislation such as the Chinese exclusion Act 30 years after his departure from the governorship.

Burnett was also an open advocate of exterminating local Indian tribes. A policy that continued with successive state governmental administration for several decades after he left. Several decades, so it's pretty throughout the whole state, and the state offered 25 to 50 US dollars for evidence of dead natives.

It should be evident in these few citations that California native people went through horrendous conditions but that was not exclusive to the area. Although, there are differences between tribes, throughout the nation there are many similarities. Unfortunately, one of the similarities is the suffering through European immigration and subsequent US policy including the reservation system and boarding schools. Forced relocation, family disruption, and cultural assimilation added to the plight of all native peoples of the Americas.

The term historical grief and trauma describes the generational unresolved grief and psychological traumas, native people of today carry. Dr. Duran says, historical narcissism, the belief that one's own system of thinking must be used to validate other cultural belief systems, continues to be an issue in the relationship between original people and those who hold power in academic infinite life world.

He uses a strong language because the original person is expected to fully understand the world of the colonizer simply because the colonizer says so. When it comes to making any effort, to understand the life world of the original persons, the colonizer becomes very creative in using defenses to preserve his Cartesian life world. I told you earlier, I am a fan of Dr. Duran. He has many good things to say.

This is a slide, I shamelessly stole from envelope. We learned that in IPC to shamelessly steal. From one of her awesome talks in -- it's about the legacy of boarding schools, and it says, 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 institutionalization.

`Patterns of emotional response resulting from the absence of warmth and intimacy in childhood. Carryover of physical and sexual abuse, the loss of indigenous knowledge's, languages, and traditions and the system systematic devaluing of indigenous identity.

That's pretty strong slide. Many stories I've heard from adults with experiences in boarding schools. Some terrifying and others were very sad. The people that have worked to overcome the effects of this experience are truly survivors because they are those that could not live with their experience and have committed suicide. Boarding schools have had an impact on their personal relationships, and how they relate to all other people in their lives. This effect is passed on to the parenting of the next generation.

It is also important to know that children as young as four years old were forcibly removed from their parents and were punished for speaking their language, singing their songs, or dancing their dances.

So imagine being in this strange, cold facility without a loving parent around you to soothe you as you are a child, you don't know what's going on, it just crushes the spirit. This is seen as a successful effort by the school administrators, it's not a very good picture but you can see the difference where they killed the Indian but saved the man was the motto.

In the next three slides you are going to see the names of Indian boarding schools used in the reform of native children. Most of you know Native American children were taken from their homes during 1880 to 1902, and forced to live in Reform boarding schools but did you know the count of the children was between 20,000 and 30,000. That was a lot of children, lot of heartache.

The goal for these schools was to Christianize and tame the children. The term used during this time by the teachers and staff was, Kill the Indian, Save the Man. They wanted to save them to train them in the skills they could use. Some of the schools were closed in the 1940s, some were converted into native schools, and also colleges, including Haskell Indian Nations University in 1927.

This shows the effects of trauma in children exposed to complex trauma. You may recognize some of these problems in your patients; Children, adults, and elders. This trauma may stem from directly from boarding school experience or from their parents or grandparents. Parents and grandparents would have experienced this kind of stuff in a boarding school or other traumas and then there are seven domains of impairment that you may recognize and do you see any of your patients in any of these?

With that attachment there's problems with boundaries, interpersonal difficulties, affect regulations, there is difficulty labeling and expressing feelings. Difficulty communicating wishes and needs and how do you develop a relationship if you can't express to your partner or somebody how you feel or what your wishes are?

And under self concept, there is low self-esteem, shame, those are real common. So to recognize the behaviors and beliefs we have as a result of trauma, you can see that there's distrust of government, institutions, our own leaders, our supervisors, even to our own detriment, and there is a way that are out to get us. We have a sense of never having enough.

Spend, eat, and 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. Indians who get an education are apples, that's red on the outside and white on the inside.

More behaviors and beliefs are describing how many native people see the world and how we relate to others. Our cultural language and way of life are inferior, that's what's been thought of and that's what's been kind of beat in to our people and that learning them is somehow wrong.

Everyone does alcohol and drugs and they make the pain go away for a while. Love is not to be trusted and is often linked with emotional, physical, and sexual abuse and I have no control over my world.

The term racism refers to organized system that categorizes population groups into race and races and uses these rankings to preferentially allocate societal goods and resources to groups regarded as superior. The patterns of racial disparities and health suggest that there are multiple ways by which racism can affect health.

Even if there are not conscious statements by someone or they don't think of themselves as a racist, unconscious discrimination does exist and it has been shown to exist like the study cited here in 2007 on implicit bias among physicians and its prediction as the thrombolysis decisions for Black and White patients and the 2002 research on the provider contribution to race, ethnicity disparities in medical care.

Several recent studies have noted stronger, more negative effects from subtle or ambiguous racial encounters than from blatant ones. There may also be racial differences in the effects of ambiguity.

A recent study of universities students found that Blacks experienced more impairment and cognitive functioning when faced with ambiguous evidence of prejudice than when exposed to blatant prejudice.

The opposite pattern was evident for Whites. So we kind of grown up and been taunted and there's blatant comments or remarks in, and we grow up, kind of get a thick skin and just go, ahh, who cares what they say, but it's the subtle ones that really get to us.

In this research it says, that maybe that the socialization of Black may enable them to cope better with blatant than subtle prejudice, while the socialization of Whites may lead them to fail to perceive subtle prejudice.

Routinely assessing the extent to which racial attribution is uncertain, appears to be an important priority in future measurements of discrimination, something we need to do in the future to really look at.

And may I submit to you that the socialization of American Indians resembles that of Blacks. We have grown tough skins. The American Indians experience more stress when faced with subtle or ambiguous racial encounters like in the workplace or health-care settings, or retail stores or restaurants. We feel it when people aren't being up front but just kind of subtly showing their attitudes.

Perceived racial or ethnic discrimination is one aspect of racism that is increasingly receiving empirical attention as it is a class of stressors that could have consequences for health and for understanding disparities in health. This is consistent with broader interest in the role of stress as a determinant of social disparities in health.

Stress appears to accelerate cellular aging and chronic stressors triggered by multiple environmental assaults can lead to wear and tear on the body, that can dis-regulate multiple biological systems and lead to premature illness and mortality.

Vigilance and anticipatory stress, vigilance regarding the threat of discrimination and anticipation of future occurrences of discrimination could be as predictive of the adverse health impact as actual effects of past discriminatory experiences. So what that's saying is just, we are always waiting, or vigilant, or waiting for something that's going to happen, and we just know it's going to happen.

We anticipate that. Vigilance regarding the threat of discrimination and the anticipation of future occurrences of discrimination could be as predictive of adverse health impact as actual effects, I already said that.

To lighten it up a bit, I just want to show photo of various native musicians, that came together and held a concert for foster children, Native American Foster Children for Christmas and to get into this concert, you just brought new toys, and new jackets and pajamas, and they had a great time. These are some of the foster kids dancing.

So we also -- I thought it was interesting to look at Modern Version of the Hippocratic Oath. Do any of you say the Hippocratic Oath when you were graduating from school, or during any schools? Have you did that? Yeah. Oh, that's good. And this is the modern version, I don't know if you did the modern version or the old one but they are both pretty close and it says, 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 over treatment and therapeutic nihilism. That's do no harm.

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 and 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.

So those are just a few points I thought were interesting. I didn't bring the whole oath in on to the slides but you can get an idea of what doctors swear to which is good.

The most decisive way in which racism can affect health is through institutional mechanisms of racism.

The aspect of institutional racism and discrimination most widely studied for its health in the patients has been residential segregation. This body of research indicates that residential segregation can actually shape the social economic, status and thus health by restricting access to education and employment opportunities. Discounting the economic value of a given level of socioeconomic status and creating health damaging conditions in the residential environments.

At some might, you've seen? Does anybody know of residential places like this? It seems to be a continuum of attitude. Historically to pronounce patterns of residential segregation in the US have been the geographic isolation of American Indians on reservations and the residential concentration of African-Americans in poor urban areas.

There is a growing concern about the health consequences of the persisting segregation of Blacks and American Indians and the increasing segregation of Latinos. Although, the majority of poor persons in the US are White, poor White families are not concentrated in the ways that poor Blacks, or Latinos, or Indians are.

There are multiple pathways through which the concentrated poverties created by segregation can adversely affect health. The residential segregation, elevated risk of illness and death. Slide first shows that there's more difficulty to adhere to good health, the practices because of the higher cost, poor quality and lower availability of health foods.

I've heard RDs call them food deserts which can lead to poor nutrition. They are targeted for tobacco and alcohol marketing like, they have the liquor stores in the poor urban areas. We now have smoke shops on Indian reservations.

Lack of recreation facilities and concerns about personal safety discourage leisure time, physical exercise. Thank goodness a lot of our tribes are our creating wellness centers now for their members to participate in.

Many of our native people continued to live on commodities or commods we call it. Some of my relatives say, they have a commod bod, and the term for that is for US government commodity surplus food.

I can remember as a 16-year-old girl, first experience of free cheese that was handed out to natives in the new center and this was in response to the request by the Symbionese Liberation Army(SLA). Does anybody remember them? When they kidnapped Patty Hearst.

So after kidnapping Penny Hearst, the SLA demanded a ransom and that was in the form of a food distribution program. Although, free food was distributed, the operation initially came to a halt when violence erupted at one of the four distribution sites. This happened because the crowds were much greater than expected and people were injured because the panic workers were just throwing boxes of canned foods off from the moving trucks and hitting people. But you know, we were really happy with this cheese. We were very poor and free cheese we made all kinds of goodies with that.

Commodities are still distributed and people depend on them to live. Canned fruits, vegetables, and meats, and of course, the cheese. Weakened community and neighborhood infrastructure in segregated areas can also adversely affect interpersonal relationships and trust among your

neighbors. Tribal communities were the center of our traditional way of life in the past and that was devastated.

The institutional neglect and disinvestment in the poor segregated communities contributes to increased exposure to environmental toxins. Poor quality housing and criminal victimization. Remember reservations are located on lands nobody wants and mostly are thought of as uninhabitable.

This is Kelly; she is my best friend and my companion. My husband claims her for his best friend and companion too but she teaches us how to be present in the moment and she is so skilled, she can feel the tennis ball as well as any professional baseball player. She catches pop flies, grounders, line drives. She is great.

So we really want to establish a trusting relationship with our patients, and I was working in a Walk-in Clinic one day, and saw patient that was a 68-year-old woman. And you know how Walk-in is, we have to see patients like every 15 minutes, very quickly, and she came in and she said, well you know, Helen, I really wanted to get a different medication. I am tired of these panic attacks and I've tried almost every one of these medicines that my doctor gave me and I looked through her chart and sure enough, she had multiple anti-anxiety and anti-panic pills, she called them and she said, they don't work and what's worse is that I'm waiting for the next one to happen and waiting is worse than the panic attack itself.

So I thought well, I better stop a minute, and just spend some time with her and so we were talking and she started to talk to me about her family and what she was doing and I knew of her but I didn't know her well, I knew her daughter and I asked her, I said, do you know of anything in your life that could have caused you deep emotional pain or have you ever experienced any trauma? And she's said, well, no, I really can't think of anything and I said, well these panic attacks can stem from that kind of experience in your life as a young person, or child, or young woman and it's pretty common sometimes.

We are domestic violence victims and have you ever experienced that and she said, oh, yeah early on, but I got rid of him quick, and so as we talked and we sat there and thought and she said, but you know my mother experienced that really bad. And I said, oh, yeah, tell me more about that. And as she was talking, she said, well, I was already gone. I had grown up and got married and left home but my little brother was still at home and one day as my stepfather always would do, would come home and beat my mother and as he was beating her this one day, he took out a tool out of his toolbox and beat her with it until she was dead, and her little brother experienced that and witnessed it.

She started crying and I said, that's huge and all we could do, all I could do with her was sit there and cry with her, hold her hand and then later, I said, would you like some prayer? And we prayed together.

And then it probably took about 45-50 minutes in there, so I was way over my time limit but I didn't care at that time. And I followed up with her, I asked her, if I could refer her to behavioral health because talking about this would really help. She could not believe, she was crying, she said I'd never cried about this. I never told anybody about this and I said, well this is the first step, this is really good.

So she kept coming back to me on follow up, to check on her diabetes and she had not used her pills since then. She said, she never used her anti-panic pills ever since she had talked to me and she did not go to behavioral health but I kept talking with her and checking with her and for at least a year, before I left she still hadn't used it.

So that's how I learned that really listening and taking those extra few minutes at sometime, when you really can tell in your heart that they need to be heard or need to be held that it's more important than the time limit.

And I just wanted to throw this in her face. She lets us do anything to her for about a minute. I should have pictures of my husband in there, it's like I don't like him. I just thought of that.

So whenever I'm in my own cultural ceremonial house and singing starts and copper sticks beating time and dancers start dancing around the fire, I immediately feel whole and renewed. I envision my DNA vibrating and coming back to life. It was too much Western medicine training there but I believe our cultural practices will help us to heal and this is another slide of Ann. Thank Ann.

This cultural group support is about the Pima Pride study. The Diabetes Prevention Program, you guys all heard of that. There was the pilot study and then people randomized to action groups, with structured diet, exercise, meetings and then people randomized to Pride Control Group.

Unstructured activities were emphasizing Pima culture and history. The Pima Pride group showed more positive outcomes on every biological parameter measured. I think that just so tells through scientific research and study that how important it is for our culture to be part of our healing in our lives.

And then think of alternative approaches as well; I know we're going to have some talks about alternative approaches. There is another story of an elder woman that had kept coming into the clinic and seeing her doctor, she was diabetic but she was in pretty good control. And the doctor said, Helen, I don't know what to do with this person. She was about 86 years old, she said she keeps coming back, but there is nothing more I could do. She is okay on paper, but there's something going on and I don't know what it is; she was severely hurt of hearing. And so she asked me to see her and I said, yeah, I'll see her. I knew her as a singer in our roundhouse, she had a beautiful voice, beautiful strong, strong voice when she was young and she would sing and just fill up the whole house.

And so I took her into a room and every time I talked to her, I was yelling, hello, everybody could hear all over through the clinic, so that was kind of disturbing to me. But we got to talking and she just smiled, she was so cute, she just smiled and she looked at me and she looked in my eyes and she said, you know, don't you? And I said yeah, I know. And so I asked her if she ever sang anymore, and she said well, sometimes. And I said well, I bet you need to sing your songs, you need to bring your songs out and share them with everybody because that's your gift. And so she just took out her hands, held out her hands to hold mine, and she started singing this wonderful beautiful song. I never heard it, it must have been ancient. And as she was singing, I closed my eyes and I could hear her song just filling the room and probably filling the whole clinic out there.

First, I heard, then I said, well, I don't care, and she said, and I had this beautiful vision as I had my eyes closed, I could see all these people walking towards us. And out of this light and they're walking and they're all different sizes and all different shapes, but there was such a loving feeling and I just didn't want to leave there.

And after she got done, I sat there, of course, she was pulling down my face, and she said, did you see something? I said, yeah. I saw all her relatives waiting for her. She said I'm halfway there; I want to be there. And so I understood she was so lonely, she was sad and lonely because everybody she had known was gone already. And she lived with her two grown-up sons, but one worked during the day, one worked during the night, so they are either gone or at work or sleeping.

So she was pretty lonely. So I kind of started doing home-visits with her and we talked and got her set up with some homecare, and that helped her a lot. There was a woman, I set her up with would come and keep her company, so that helped her.

So I'd also like providers to be able to use tools that are available to you, and learn some techniques very well. Work as a team member with your staff, patients, and families. Empower your patients and their families and staff by helping them to know you see them as a valuable healthcare team member.

If you pretend, they will be able to see right through that, and they won't respect you for that. Word travels quickly throughout Indian communities, both good and bad. There have been many times that my relatives knew about something that occurred at the clinic before I even got home.

So if you offend someone or make them angry, you can, that many will know, whenever you have the opportunity to learn about these vital tools, please take advantage of it. They are the most important first-steps in finding a good place to start, to create the partnerships and relationships with your patients.

Help literacy, self-management support, cultural humility and competence, motivational interviewing, and IHS initiative improving patient care; all of these are wonderful tools that you will ever hear about this being taught somewhere. Take advantage of it and connect yourself open heart, open mind, humility. Value the richness of native culture, the historical trauma and the resilience of the people that are still here today. We still have cultural resilience, we have ceremonies that continue, I know, they continue all over the country. Our families are strong and we pull together in times of hardship.

Our traditional ways are honored amongst us. Elders are always respected. Language is spoken and taught. Traditional healing remains as a compliment to Western medicine. Traditional herbal medicine is also used. Story-telling continues to bring forth histories from our ancestors. Songs were sung in the ceremony house for community healing and blessings and traditional foods are gathered, hunted, and shared to this day.

So create a safe place for your patients. Create a medical practice that is your patient's first choice for care, not that one of last resort.

Now I want to show you a brief digital story. I have requested permission for a digital story from a tribal member, but didn't receive the permission in time for this presentation. So you'll have to

suffer through what I put together while learning the concept from a Health Promotion Disease Prevention Coordinator in California area, Beverly Calderon.

Bev has been busy taking this wonderful training to different tribal and urban groups in California, and our community members are finding a new venue to tell their stories, some of them are so rich. So this is kind of an example of what a digital story is, and she suggested I use my movie for this presentation as it fit into the overall message. She's so smart. I had not looked at it since I made it last year, so I didn't even connect it, but she helped me connect that. Sorry, there's no popcorn.

Okay, ready for the movie? Sound; no sound? Oh technology!

I should have had my script from there, I could've read it. What do you think Jason, is it going to work?

Video:

Biological impact of the violent past --

I started out as a new physician assistant hired to be a Diabetes Program Coordinator with little guidance about what that meant. My job was working for American Indians including my own tribe, friends, and relatives. I looked for answers to my questions. Who gets diabetes, and why? Can diabetes be stopped?

As I listened to my patient stories, I began to understand the depth of fear, helplessness, and anger that actually lived in me as well. There are stories of struggle struck at chord deep within my soul. It was like listening to my own story.

Looking for answers, I learned about the impact of trauma and stress on our lives as American Indians, the intergenerational trauma caused by boarding schools and genocide attempts. No wonder our people only try to get through the day without making plans for life. There are no guarantees tomorrow will come.

Learning about the biological impact of the violent past, our people endured has helped me understand how we are primed for diabetes. Compounded with daily stressors of poverty, fatherless homes, and continuous sadness, it is understandable our bodies have responded negatively.

Most of us have comfort foods that are only seen at poverty level; fried macaroni with tomato sauce, potatoes and gravy, fried bread. Understanding we did not create this disease by doing something wrong is the first step. Forgiveness toward ourselves and others is the second.

As a medical provider, this knowledge helps to give our patients the message of hope. Let's all work together for healing and wellness. Let's look for the historical beauty of our people [Non English]

Helen Maldonado:

Thank you, you're too kind. I know you can bring hope to all the patients you serve. And I have faith you all do what you do because your willingness to help others and overall goodness. I

hope you have wonderful and fulfilling careers in the Indian Health Service. And if any patient asks, doctor, can you hear my spirit, you can say, yes, [Non English] Thank you.

Female Speaker:

Could have been in the first place, but Dr. Murawski is here, so you will get to hear about all of her fascinating things; we'll just ever switch and it should be our third speaker right, the one right after the break.

But as I said, the next talk goes so well with Helen's beautiful talk, and thank you for sharing so much of your spirits with us, Helen. It is a privilege to work with our American Indian and Alaska Native people, and when we do open up ourselves, our hearts, and our lives to ourselves as well as to our patients in a good way, it can just deepen the relationship.

I know for myself I went through it, through breast cancer treatment a couple of years ago, and the most profound support that I got was from some of the people, my patients, people we call patients, that's just another form of relationship and the community. What you give will be given back to you tenfold.