Announcer:

In this episode of Tim Talk, Tim continues our series on healthcare in native American communities, with a discussion about Makwi and initiative to improve access and treatment for opioid use disorder in the tribal communities of Maine.

Tim Dentry:

Thank you for joining us for its Tim Talk. I'm Tim Dentry, president and CEO of Northern Light Health. Through this podcast, we hope to break down barriers, embrace diversity and focus on issues of racial, social and medical justice. We want to listen and learn by tapping into the many voices of diversity that we have across our healthcare system and our state. This podcast provides a forum for our listeners to share an experience of growth toward a culture that cares for one another. Our goal is to create a shared understanding of the issues that exist and find a better path forward. We are very fortunate today to have two guests, two colleagues on our podcast today to discuss working together with the native American communities of Maine, including a great new initiative to address opioid use disorder among the tribes. With me today is Dr. Benjamin Huerth, a family medicine provider at the Penobscot Nations Indian Island Health Center, where he has been since 2010.

Tim Dentry:

In addition to family medicine, he has a specialty in medication assisted treatment for opioid use disorder. Dr. Huerth is part of the Northern Light Family Residency program. He has lived in Maine for most of the last 25 years, but grew up in Minnesota and is a member of the Winnebago tribe. He is one of the driving forces behind Makwi. Dr. Huerth, welcome.

Dr. Huerth:

Thank you, Tim.

Tim Dentry:

Also joining me is Dr. Lewis Mehl-Madrona, who practices both family medicine and psychiatry, and is a nationally recognized expert on narrative medicine. And has co-authored papers on the role of culture in treating patients of Inuit and First Nation populations in Canada. He is also of native American descent as his mother is Cherokee and his father is of the Lakota tribe. We are fortunate to have him at Northern Light Family Medicine Residency as well. Dr. Meh-Madrona, welcome.

Dr. Meh-Madrona:

Thank you.

Tim Dentry:

May I continue as we get started here, my good colleagues, may I continue to call you as we did in our earlier call by your first names?

Dr. Meh-Madrona:

Definitely.

Dr. Huerth:

Please do.

Tim Dentry:

Okay. Thank you, Ben and Lewis and please call me Tim. Opioid use disorder, to get this started, is a public health crisis only worsened by the global pandemic. And so I'd like to learn more about the Makwi initiative you are both a part of. And as you do that, could you perhaps share where your passion for this issue comes from, and how does it fit into the work we are talking about on this podcast about providing healthcare that is medically just? And maybe start with you.

Dr. Huerth:

Thank you, Tim. I'm actually reminded of when I was a young boy growing up and going to the tribal clinic back in South Dakota. And I'm reminded of that because I remember how nice it was to have our own community clinic with people we knew and which seemed to support us. And in retrospect, I'm remembering how likely there weren't as many services available to us that probably other clinics had. And in thinking about that, it's almost reminiscent that we were thankful to have that community clinic, the tribal clinic, and yet we didn't know what we didn't have. I'm really glad you brought up this idea of medical justice because it sheds light on some of the inequalities that we don't even know exist, actually. So, Makwi was really born out of a moment of need.

Dr. Huerth:

Early on I was working with Eric Brown as a resident in the residency program, and really the center for family medicine was about the only practice that took care of our pregnant women who had opioid use disorder. And it was a combined practice doing both in the same clinic. At that point, it was a unique thing. In the dilemma that presented itself, Eric had said we have some women who come from the tribes that we've taken care of during their pregnancy. And after their child is born, they didn't have a place to go back to for some of the opioid use disorder, for the MAT specifically. And so he wondered at that point and we wondered together, is this something that be possible? And so that's where it was born out of was this idea of trying to bridge that gap.

Dr. Huerth:

We had tried multiple times to put something together. Initially had a model of actually providing the service from a distance. And with the changes that happened over that time, we actually were able to, instead of providing the service, we were more in a consultative trying to partner with the tribes into finding a way for MAT program to be either on site or to partner with somebody to have an answer to the question of, do we have this service available here? And so the quest to sort of make a partnership among the tribes combined with Northern Light or Eastern Maine Medical Center at that point, it started at that point. Mark, we actually did an assessment basically of all of the different tribal clinics. There's the Penobscot Nation, that's where I work.

Dr. Huerth:

There's the two Passamaquoddy tribes in Indian Township and in Pleasant Point, and then the Mi'kmaq up in Presque Isle, and then the Maliseet in Houlton. One thing I noticed after each visit that we did, I noticed that there was sweet grass present every time we sat together. And that's where the idea of braiding all of these initiatives, all these efforts together into one braid really came from. There's another segment we could talk about sweet grass and so on, but I think the idea is that we were all on the same team and we were all trying to a place that we could find what role that might be at each of

the clinics. Whether it's actually providing care or whether it's really just kind of being around present. But that we're all really aiming for the same thing. And that's to have the service that was not there at that time available. So, that's Makwi.

Tim Dentry:

That's wonderful. And thank you for putting it in such personal terms that all of our listeners, I know just like as I listen to you, can really visualize what you're talking about. And you speak to universal truths in my book. Quest to make partnership and braiding together isn't what we're all trying to do? And that's our unique opportunity in our society, but specifically what we can influence our health system, Northern Light Health to braid together. That's precisely what I'm trying to do as a CEO, and you just really put that in very vivid terms. Thank you. Lewis, what has been your experience in providing medically just healthcare? As I mentioned earlier, you have researched the role of culture and providing treatment to native populations in Canada. Could you share a little more about what you learned? And I'm so intrigued with the way we also, when I introduce you on narrative medicines. I think our listeners would benefit from from listening to your narrative.

Dr. Meh-Madrona:

So indigenous North American cultures are cultures of stories, and the wisdom is both stored and shared in the form of stories. So, one of my favorite authors, Leslie Marmon Silko, said that stories are everything. They're what gives us our life. If you don't have the stories, you don't have anything. I mean, what I've learned is that when one comes into a community, one sits down and listens to all the stories. In Canada and in the United States, the tendency is for health systems or in Canada, it was the government of Canada to sort of drop in and tell people what to do. And that didn't work very well. And what worked was to gather people together, often in talking circles where people sit in circle and no one interrupts anyone, and everyone has a chance to share. And people talk about how it is that they're suffering, and what it is that they feel that they need to suffer less to be healthier. And what are the obstacles that come up?

Dr. Meh-Madrona:

And so what I've often found myself in the position is, at least in my work in Canada was negotiating between what health Canada wanted to give and what the tribe wanted to receive, which were often quite different. And the more we could create a middle ground, the better the outcome. And I think it gets that culture is medicine, which is a phrase that circulates an Indian country. And so healthcare that incorporates culture is more effective and more accepted than healthcare that ignores culture. So, having sweet grass in the room in many contexts, smudging is a part of healthcare. Having elders involved is a part of healthcare incorporating language. I consult to the Wabanaki Health and Wellness MAT program. And one of the most popular groups for their MAT patients is beading group, because everyone wants to bead. And it's amazing what people talk about while they're doing things with their hands. So, that's just a small example of bringing culture into medicine. So, I think that's what makes it just is when it's not divorced from the people, but it grows out of the people.

Tim Dentry:

Grows out of the people. That's really terrific. Stories are everything. You're absolutely right. That's why I appreciate both of you being here so much and putting it in such storied terms for sure. And when we talked the other day, some of the things that I wrote down and I've reread several times, and I wanna try to build it into the way I think, and operate and deal with individuals, and work with my colleagues is,

you said things like we need to be mindful to not impose. And I think that's one thing that you were talking about in Canada, what is like the difference between what the government wants to give and what the communities need to receive, or would like to receive. And sometimes large organizations, whether it's a government or a health system, or what have you, talk past each other on those things, right?

Tim Dentry:

And so what I hear you both say is how you make that in line and really braid that together to use Ben's term. Understanding how it is that people suffer are the words that you just share that really struck home with me also. So, I just really appreciate both of your thoughts that you've shared with us so far. I think you put it on a deep, personal level, which is what healthcare should be all about and connect to those that we serve in many, many ways. So, as I listened to you, and in our earlier time together, I mentioned and I think of social determinants of health. Unfortunately, it's a buzzword in a lot of ways and we are trying to breathe a life into what that means, social determinants of health.

Tim Dentry:

What does that mean? What are we going to do about that? The term is sometimes compartmentalized in health systems, but we need to make it a major driver of what we do in Northern Light, for it is at the heart of living up to being known as a community treasure for those we serve. That's our vision. In your minds, what are the social determinants of health that you see in those that you care for as you listen to what people are suffering from? And if you would like to reply in the form of patient's stories, that would be even better. Ben, back to you.

Dr. Huerth:

Actually, I'm feeling compelled to jump in. Yes, thank you for that question. Hearing Lewis too, I'm reminded of that things tend to go top down as far as our ideas. We tend to look at data. We tend to look at large picture things, and sometimes we don't actually start with the grass level. And I think that's something that I've learned from this project, because I have a belief in that too, but it was really nice to be a part of something that basically it was really important. Even Eric was talking about early on. It's important to go see our people we're wanting to reach out to, and not just a phone call or emails. And by taking that time to really ask like, what are things like here right now? Is there any way that we can be of service?

Dr. Huerth:

I'll give Lisa soccer Sockabasin some credit for that too. She came in early on and really wanted us to be very mindful that by the size of the organization, we can be an imposing force just by being present. And so the important thing is that we're not here to help, we're here to be of service. And it was a great perspective because it shifted how I thought about this too, because it was really more about when we call it an assessment, what does that really mean? Well, actually it means we're sitting in the same circle in their territory and their land, their sovereign nation, and really saying, how can we be of service to you? And these are the things we have to offer.

Dr. Huerth:

And really it allows for each of the tribal clinics, each of the sovereign nations to be able to really help determine what their needs really are. So, it's a negotiation about the end product, which is this training or that training, or the service. Whatever it might be, it really individualize and recognized how each

place has its own needs, and who are we gonna ask to know that best then the people themselves. And so I kind of go back to that same thing that it's in a scenario like this and especially when it's outreach, and disparities in healthcare, it's great to go to the source itself and without any clear path, except to say, we're here to be of service. You tell us what you need and we can see what we can do. And if there's something else we can offer, we'll talk to you about it first, before we decide to do something like that.

Tim Dentry:

Thank you, Ben. Lewis.

Dr. Meh-Madrona:

Yeah, I was thinking maybe more agreeing with Ben and also bringing it down to the individual level. And when we talked earlier, I told you a story about social determinants of health and a woman with diabetes. And I thought that was worth repeating. This is a Passamaquoddy woman with whom I became acquainted through my volunteering with Wabanaki Health and Wellness. And when I came to know her, she was living in a unheated garage without even a blanket, and had tremendous food insecurity. Was eating mostly terrible carbohydrates because they're super cheap. Simple carbs, donuts, things like that. And because she couldn't afford anything else, had no transportation to get to appointments. And so I was privileged to be part of a team with Wabanaki Health and Wellness in which we, in a sense, enveloped her and people went out to get her and I got her into family medicine clinic.

Dr. Meh-Madrona:

We started going over what was happening with her. We found out that she had a hemoglobin A1C of 11.4, which is tremendously awful. I mean, it's not what you wanna have. And she didn't even know she had diabetes. She weighed quite a bit and she had no idea how to eat or how to cook. She had nowhere to cook. She had no way to get to the store to get decent food. She had no money to buy it. One of the first things we did was get her a blanket, and people got mobilized about finding her housing. And we got food in that she could eat. And we got her to the nutritionist. Her Wabanaki psychotherapist started seeing her twice a week in walk and talk, so that they talked while they walked.

Dr. Meh-Madrona:

We got her into the Northern Light nutritionist who was incredibly hopeful to her, and offset her mother's advice that nature's perfect food was French fries, and actually taught her to eat vegetables. And so in three months, we got her hemoglobin A1C down to 7.4, which is amazingly better. And we got her housing and we're approaching some of her other chronic problems. Her obstructive sleep apnea, her weight, it's a whole community working together. And though I've only seen her maybe three times in the office, I hear about her from the Wabanaki team several times a week. I talk to her on the phone several times a week. I talk to her case managers. So, it takes a village to offset these social determinants of health. And I feel so privileged to be able to be a part of Wabanaki Health and Wellness, being a part of that village that can really offset some of these terrible deterrents to being healthy.

Tim Dentry:

That's great. Thank you for sharing that story. It just reminds me of Maya Angelou's quote that I quote every week, at least, if not more, and that is, "People will not remember what you said or not remember what you did. They will always remember how you made them feel." And so I'm sure if that woman was here with us today, she would exactly describe how she felt through that entire process. And we got

that through the microphone today. So, thank you for that Lewis. As we begin to wrap up this podcast, I would really welcome your thoughts on how Northern Light can be more helpful to the native American communities here in Maine. Why is it important for us to reach out to the tribes? You've touched on that quite a bit today, and I'll just add my little bit of commentary to that question. And that is what you really connected with me when we talked about this was, it's not just a programmatic answer, oh, these programs would be good. It's trust building efforts. So, take that question where you would like. What can we do in a better way?

Dr. Huerth:

There's so many ways to answer that question. Working both within Northern Light, as well as a tribal clinic, I get to sort of see the differences, the similarities and so on. And I'm thinking about it as, let's just say it's even further north, Mi'kmaq or Maliseet way or so on. And you basically have a facility with an abundance of services. Northern Light, it's almost a wealth of health and everywhere from the imaging to reliable labs that are quickly to consultations, to this system that works as a whole with an abundance.

Tim Dentry:

We need a doctor, we go out and get locums. We need nurses, we get travelers. Yeah.

Dr. Huerth:

Right, right. This abundance is a good thing to have. The thing that I always try to be careful of though is, it's not about charity work, right? It's not about sort of saying, well, I feel bad for you, so let's help you out. That's why I was smiling because I don't want to get too controversial on that. But at the same time, I want to recognize that the tribes have healthcare available. They're doing a good job. And so it's not a matter of deficiencies, right? It's a matter of, how can we partner in this? And I think the question of why is it important, I posed that question also. Because I think it's important to ask that. It's not about charity, right?

Dr. Huerth:

It's not about giving something to those in need. To me, it's more like, how do we help our partners within the state? Northern Light's covering at least a third of the state. How do we rise our partners that are not within the walls of this organization? To me, the tribes are perfect because you have these functioning clinics that maybe need a few things here and there that they could use in a partnership. It's not that they need it and they need the charity, it's more like they would need a partner to really bring that together. I think the important part is not so much that Northern Light has these services that we can offer. That's part of it, but the conversation is probably the most important part.

Dr. Huerth:

So, how do we engage the tribes in such a way that it's a productive conversation, where the size and the services doesn't feel intimidating? We're gonna come in here and do something for you, but more like a grassroots totally unassuming assessment. And you can call it that. And basically it's just sitting down and talking with the right people. And not that the solution will be figured out after one conversation. In fact, probably it won't be the first conversation. It'd be more like the ongoing conversation. That would be a reflection of a partnership rather than sort of a donation or a charity type of one time deposits. So, to me, I think that would be really huge. By rising up our partners in the

communities that are not within the system, it's nurturing a partnership that you start and then just continue on.

Tim Dentry:

Thank you, Ben. Lewis, any thoughts?

Dr. Meh-Madrona:

Yeah. I think it's about out sitting with the people providing the services and asking them, how can we serve you? And a couple examples of that. So, Sharon Jordan and I probably talked for three years about the need for crisis services. And somehow that sparked the grant writers to write the grant and now there's crisis services. And so now I'm their volunteer psychiatrist for Wabanaki Crisis Services. And they have a dedicated psychotherapist, and they will go out at 2:00 AM when it's needed to provide crisis services on the island, or once the psychotherapist went to rescued someone from a gas station between Ellsworth and somewhere. And she took her dog to protect her. And that came out of a conversation that began three years ago. And there's another conversation that we've started to have, which is as Makwi is starting to come toward its end, I sat down with the case managers and the staff of the MAT program at Wabanaki.

Dr. Meh-Madrona:

And I had all these ideas of what we should do next, and I was smart enough not to say any of them. And I said, so what should we do? And they're like, lifestyle. We have to work on lifestyle. Lifestyle for recovery, exercise, good food, diet. How are we gonna do that? What are the obstacles? And to my surprise, it turned out that one of the tribal members had written a master's thesis on barriers to exercise on the Passamaquoddy reservation. So, now people are starting to brainstorm about how to get money to do that. So, I think that starting conversations in a supportive way without forcing our ideas on people, because I'm as guilty as anyone, I suppose, of thinking my ideas are the best ideas. They're probably not. The best ideas are the one that come from the people who need to implement them. And so the more Northern Light can help with that, I think the more it will be seen as a trusted partner. A place where people wanna come as opposed to dread coming.

Tim Dentry:

Yeah. Very well stated both of you. Thank you, Louis. Thank you, Ben. Just a couple of reflections. How can we be of service or specifically the words you just used, how can we serve you and then start with that. I'm reminded of a prior podcast of we had. We had [inaudible 00:27:04], and I don't know if you listened to that. And listening audience, go back and listen to that one if you'd like. He's a transplant surgeon. And in so doing, he realized that obviously the supply of organs was very low. The demand was very high. And so the scientists had a hard time figuring that out. So, he went to the populations in the specific case of the black populations and said, "Here's our issue? What can we do?" And he said the best ideas came as you just said, Louis, and as you said as well, Ben, from those that we were asking.

Tim Dentry:

Because his tenor was, how can we serve you? How can we do this together? How can we work together? And absolutely it's not about charity work. My real hope, almost a desperate hope, I'll put it that way, is that no one ever looks at any care that we provide as being charity work. Whether you believe in a higher power, a higher cause, what have you, it's what we're absolutely here for. To me, that's why we're on this earth is to care for one another. And so that's not the definition of charity, it's a

definition of being human and what we should do. So, thank you both so much. Are there any other thoughts that you would like our listeners to take away from this excellent, excellent conversation?

Dr. Meh-Madrona:

Well, I think historical education is important, because many people in Maine don't know the history of European contact with the tribes. And aren't aware that it was a progressive eradication and elimination, and shrinkage of land to what small patches exist now. Or that the first reservation in Houlton was built on the town dump, or that native children were five times more likely to be removed from their families than non-native children in the past, and the whole residential school quest problem. So, there's a lot to overcome and there's this notion of intergenerational trauma, which we now know to be epigenetic transmission of the experiences of trauma that it gets passed through the generations. And so we have a lot of work to do to overcome the past. And I think it's important for all the people of Maine to be aware of that and to understand some of the historical origins of the difficulties that exist today.

Tim Dentry:

Thank you, Louis. Ben.

Dr. Huerth:

Can I explain epigenetics real quick?

Tim Dentry:

Please. Sure.

Dr. Huerth:

I'm just thinking about the listeners more because I'm sure we're all aware here.

Tim Dentry:

Thank you.

Dr. Huerth:

Because I think it's fascinating. Actually, I heard about this concept probably a good eight years ago now, where we always think of things being passed by generations through DNA. But epigenetics is actually at the level above that. And basically the short of it is that it may not be like directly genetic, but it's passed on by generation to generation to generation. They did a study on pregnant women, actually, and they looked at sort of the epigenetics of a mother who had the support, had the community, really was surrounded by good care, not only just the medical, but like in communities and home life, and they looked at the epigenetics of the kiddos.

Dr. Huerth:

And then a mom who is experiencing trauma through pregnancy. And you can see the difference. And the second part of that understanding is that it takes about seven generations, which is a significant number. If you're within native people, you'll hear the significant sevens, a very significant number. So, it takes about seven generations for that trauma to be eliminated. So, we're talking about great, great, great grandchildren. And that's basically us. We're in that generation and we're in that spectrum of the

seven generations. I love the explanation of the epigenetics, because it gives a scientific reason for knowledge that's old. It's telling that if we can nurture our generation right now and the next one, if we can nurture, surround them with not just the medical, but the community and family support, not just through pregnancy, but also through life, that actually we will make a difference in the generations to come. And that's why I think it's fascinating that, and I wanted to explain that for people who didn't understand what epigenetics are, because I think it's a really key concept actually. Explains a lot and I think gives us hope too.

Tim Dentry:

Thank you both for that. That's really great. What a great note to end on that very deep topic, but your last words, it also means hope and hopefulness. If we do it right and surround individuals, embrace individuals, I would say, that it's the community and it's the family, and as part of what we do as caregivers, let's put it that way. As caregivers that's what we should be all about. Dr. Ben Huerth, Dr. Lewis Mel-Madrona, thank you for honoring us today in this conversation. And thank you our podcast listeners. Until next time, Tim Dentry, encouraging you to listen and act to promote our culture of caring, diversity, equity, inclusion, which as you just heard, starts with caring for one another. Thank you.

Announcer:

Thank you for listening to this episode of Tim Talk. If you enjoyed this podcast, we invite you to join us on April 29th for a discussion with Northern Light employees of Asian heritage.