

NINA MOINI: I'm Nina Moini. Thanks for joining us for Minnesota Now. During the surge of federal agents in Minneapolis this month, we've received several reports of Native Americans that were approached by and, in a few cases, detained, by immigration agents. Tribal leaders have not been able to verify those claims, but the situation has created fear in the community.

Our Native news reporter Melissa Olson spoke with Dr. Mary Owen, a physician at the Center for American Indian Resources in Duluth, about the health impacts of this moment in Minnesota for Native Americans. Here's their conversation.

MELISSA OLSON: Dr. Owen are a clinician practicing at the Center of American Indian Resources in Duluth. With respect to privacy, what are you seeing and hearing generally from your patients as it relates to the increased presence of federal law enforcement in Minnesota, including ICE officers and agents?

MARY OWEN: Duluth is about 2 and 1/2 hours north of Minneapolis, so we are not experiencing quite the direct impact that our patients or our community is feeling in Minneapolis. I'd say, in general, the way that I'm noticing it is fewer patient visits. I noticed the last few weeks I have far less numbers of patients coming in.

We have high levels of anxiety in our population as it stands. And I think that we even undercount the amount of the degree of anxiety and mental illness in general in our population. And I suspect that ICE has made it even worse. And we're seeing that by, again, people just not showing up.

People should understand that what we're seeing now is to me akin to what we saw with the impacts of COVID on Native people. Obviously, we don't have the death rates, but it's that same kind of fear that's keeping people isolated when we should be working together.

Some people are staying home because of their fear of ICE on the streets. Some people are not letting their kids go to school. We had tremendous impact on the education of our kids and we already have terrible disparities. We need to get rid of this so we can participate in society again. But this is, again, almost like-- it feels like COVID afterwards, if that makes sense.

MELISSA OLSON: In terms of its impact.

MARY OWEN: Its impact. Yeah. We have had impact after impact on our population. So despite this cultural pulling us through, we continue to have these assaults on us as a community.

MELISSA OLSON: And how does what you're learning in your practice relate to the historical trauma experienced by Native people and communities?

MARY OWEN: I think of historical trauma as the ongoing impact of US policy and actions against Native people, at least in the context of Native American populations. What I mean by that is that each generation continues to carry with them the impact of what their elders, their parents experience.

It's difficult for us to measure the direct impacts, but we can see the indirect impacts by the number of people who are living in poverty, the number of people who still struggle with educational attainment, the numbers of people who have poor health outcomes.

MELISSA OLSON: You mentioned that you're not seeing people come into the clinic as regularly as you might otherwise. I'm wondering how do people's past experiences with structural and physical violence show up in the ways people experience what's happening now in their neighborhoods, their workplaces, and homes?

MARY OWEN: Our rates of mental illness are high. We have a 2023 study that was a quarter of kids in 9 through 12th grade, Native kids, were contemplating suicide. And we have incredibly high rates of suicide, not necessarily from what's going on now, but from that historical trauma and the continued indirect impacts that structural racism that you just mentioned continues to affect our community.

So people don't show up not only for clinic, but they also don't show up for school. Our high school graduation rates in this state. We have a higher representation among the houseless. So there's lots of different ways that this shows up.

MELISSA OLSON: Yeah. I want to talk a little bit more about that. There are studies-- I read one from the Wilder Foundation, a recent study, that demonstrated that a disproportionate number of Native people are unhoused. And that's a reality with roots in federal and state policymaking, whether that's off reservation, boarding school systems, or urban relocation programs, and more recently, child state welfare practices.

How are unhoused people affected by the multiple challenges of being unhoused as thousands of federal law enforcement officers and agents arrive in their communities, do you think?

MARY OWEN: They are the most outwardly vulnerable. They're on the streets. They can't escape to a house or always to an institution for homeless people because those close during the day. So the most, obviously, vulnerable. And we're Brown skinned, so we're vulnerable that way. We're often confused not only just by our skin color, but also oftentimes from our surnames, which might be Indigenous of South America or Spanish-sounding surnames.

MELISSA OLSON: We've certainly heard and I've talked with people who have experienced having been profiled and detained in some instances. So we certainly know that's happening. How do community health systems then begin to address some of what we're seeing now in terms of that anxiety?

MARY OWEN: I think messaging is critical. We have to tell people first what they should do when they're approached so that they aren't in harm's way. And there are plenty of-- there's plenty of information out there, including from the Native American Rights Fund and others. I believe ACLU even has something out there.

And certainly some of our national organizations have put out materials for Native people, like, for instance, when you have to show your ID and always having your tribal ID with you. Certain tribes are increasing the easy access to get your tribal ID. Basic information like that is really critical.

Also, helping people know that we are present as a community and that we have survived many assaults on us, different policies that impacted us. Reminding people of our resilience and reminding people about cultural ways and turning to cultural ways which we know not only help us when things are good, but it also helps us when chaos surrounds us. Turning to our culture.

MELISSA OLSON: Have you seen that in the community there in Duluth or the nearby community that your clinic serves? What are some of the cultural resources that people are leaning into?

MARY OWEN: Fond Du Lac has a cultural center. It's easy to refer our patients to there and remind people of its presence. But not only the cultural center, we have traditional leaders out in the community. So we just oftentimes can connect people with that, or we can tell them, for instance, there's a drum ceremony or a drum practice every Thursday at the American Indian Community Housing Organization.

We can tell them about those events. If there's a sweat going on, if there's a moon ceremony, any events that we know that are going on we can let people know about. And I ask my patients if they're traditional or if they consider practicing. And more and more people are talking about wanting to learn more. So I'll remind them of activities that are going on. And also of what we now about the healing practice or the healing benefits of participating in culture.

MELISSA OLSON: And how do clinicians who are part of the community they serve also take care of themselves in moments like the one we're experiencing now?

MARY OWEN: I think the same way. I think turning to culture. A lot of us didn't grow up-- we grew up in-- we might have grown up in culture, especially if you're older like me it wasn't quite as in as it is I would say now. We're not always-- we don't always have the benefit of being in a community with lots of Native people.

So I would say make connections, in general, because this isn't just affecting Native people, it's affecting all of us. And the stronger we make those connections and those bonds, the better we're going to be able to resist what's happening to all of us collectively.

MELISSA OLSON: You mentioned young people at the start of our conversation. Are there things that you think are important for young people to know?

MARY OWEN: I think it's really important for them to understand that message that we have been here before and that we will get through this like we always have. Despite everything that has happened to Native people, despite genocide, despite the taking of our lands and never paying us back for those lands, despite the failure of the US government to adhere to its promises to provide US health care and education and for our well-being indefinitely.

Despite all of that, we are here and we're here because our culture, people knew to hold on to our culture and to continue to teach it even when it was outlawed. And it's that thread of culture that has maintained us. If you go to events today, like for instance, at the Association of American Indian Physician Conference that I go to every year, we start with ceremony and we end with ceremony. And we're unique that way.

And that, I think, is what's kept us alive. And that's what we need to get to our youth to tell them they are loved, that we are watching out for them, and everything we do is about and for them. They are part of that next seven generations.

MELISSA OLSON: Dr. Owen, I want to thank you so much for taking the time to talk with me.

MARY OWEN: Miigwetch for everything you're doing.

NINA MOINI: That was Dr. Mary Owen, a physician at the Center for American Indian Resources in Duluth, speaking with NPR Native news reporter Melissa Olson.