**Carson Garder**

**Narrator**

**Amy Sullivan**

**Sue Purchase**

**Interviewers**

**January 11th, 2019**

**Tribal Health Department Building**

**White Earth Nation, Minnesota**

Carson Gardner -CG

Amy Sullivan -AS

Sue Purchase -SP

**CG:** Well the PhD behind your name means you have learned how to learn! [Sullivan laughing].

**AS:** I've learned how to learn

**CG:** And that's what it means. It means a lot of other things I'm sure, but I know it means that.

**AS:** That's right.

[Pause]

**AS:** First, before we got officially started I wanted to see if you had any questions. I have a release form that I'm needing you to read and take a look at before we get started.

**CG:** Sure. I hope that... My only question is not a question. It's a request. I hope that you will communicate with me and let me know when your book comes out and I will buy it.

**AS:** Oh yes, of course I will. Everyone who I'm interviewing is gonna know about that. Mostly this is a typical release form that just says that I can use what is said and spoken here in my other work and venues. The actual interview itself will belong to you.

[Long pause. Papers shuffling.]

**AS:** And Sue, I would say that if you have a question or you wanna participate I'm gonna introduce you as part of the conversation because you're in the room.

**SP:** Cool.

**AS:** It's what I should do.

**SP:** Okay.

**CG:** I'm gonna initial the review the content thing, not because I'm paranoid but I'm an old family doctor.

**AS:** I put that thing in on my own after another doctor asked me.

**CG:** Yes it's not, it's not that I distrust you.

**AS:** Yeah, yeah.

**CG:** One of the reasons is we have a big push right now here on White Earth land to try to develop some ethical forewarning for people who come in here to do acts of artistic expression. You may have heard of or seen, *The Seventh Fire* video? It's a video that a couple of citizens here linked up with an LA producer/director. And, they made a video and they kind of let people know they were here, but there was no supervision and no ethical contact. And, it turned out that the choice of the director and producer were to present things out of context in a very hurtful way. That really hurt the community of Pine Point [unclear].

**AS:** Oh... I think I did hear about this...

**CG:** ...and our citizens. And so, I don't recommend that you watch it. Except, that yes in a way I do. It talks about issues you're concerned about

**AS:** What was it called—the seven fires?

**CG:** It's called *The Seventh Fire.* And yes, you should watch it. But, when you watch it you need to understand that's what should *not* be done, because it hurt a lot of people here. And, the tribal council was upset and the community council at Pine Point was upset, and they tried to contact the producer and director, and they sort of blew it all off. And said, "We can do whatever the 'eff' we want." So, there's been a groundswell movement here to try to develop some ethical way to instruct interviewers, writers, filmographers... about the ethics of presenting a contextually respectful story about White Earth when it's done. And, that doesn't mean we don't want you to tell the truth. The basic ideas in that video about drug abuse issues and generational trauma and adverse childhood experiences certainly are grounded in fact. They do happen, but the whole video presented things out of context in a quite hurtful way. And the two individuals, neither of whom live here anymore and didn’t at the time that was made, are felt to have opportunistically taken advantage of their having lived here to make that video. So, that isn't why you're here, and it may not have anything directly to do, but I have to tell you that if you haven't seen T*he Seventh Fire* video you should look at it, because it deals with issues that you are going to deal with in your own way, and your creative product. But, just know that the way that whole thing was done was exactly not what the tribal council of the community council and our communities wanted. So, that's why I mention it, and that's why I'm signing initialing this.

**AS:** Right. No, I appreciate that so much.

**SP:** I think the actors... didn't, you are Clinton tell me before? Was Natalie Portman that was in that movie. I haven't looked for it yet, I had it written down.

**CG:** She was a producer, and of course her work is wonderful. And so, nobody's gonna condemn her for her dramatic work and everything. But the way the video was made was not acceptable and no one here was given any chance to ethically offer any standards or to review it or anything. So, no. Natalie Portman no one's gonna say anything but good about her work as a dramatic professional. So... but she put the money up and produced it and it wasn't as it should have been done. In our opinion. That's our opinion but it's a solid opinion.

**AS:** Your address would be perfect since we had such a hard time finding you! [Sullivan laughing].

**SP:** Clinton says he's supposed to be done by twelve thirty. I was told two interviews, but they had way more come for the interviews.

**CG:** Yeah.

**AS:** Okay.

[Long Pause]

**CG:** There, as you can see I'm a storyteller. It's hard for me to get anything done without telling a story.

**AS:** Thank you.

**CG:** I'm just not as dramatic about it as some.

**AS:** That's okay. So, do you have any questions for me before we get started? Like, who I am or what I'm doing. Want me to tell you a little bit about how I got...?

**CG:** You know what, I would love to hear a little more about that. You know what your time schedule is. I'll leave it up to you, but yeah I like to hear people's stories.

**AS:** So I, have a...worked on my Masters and my PhD while I was also raising my two daughters. My PhD is from the University of Illinois Chicago. My oldest daughter struggled with addiction issues that no one would call addiction 'cuz she was a teenager. And, when she was... and, I was also pursuing one of my areas of interests is history of medicine. And then, history of childhood. And then, women's history. So those are kind of my areas in U.S. history. I also have background in Native American history, particularly twentieth century. And I grew up in Tulsa, Oklahoma. And so, I've been in my life very much, my life's been very enriched by my association and being surrounded by Native culture.

**CG:** Other than obvious need to connect with Native communities, do you have other connections other than professional connections with Native communities?

**AS:** No, just you know personal things in my life. Cherokee nation.

**CG:** Do you have published work on the history of medicine and Native American history?

**AS:** No, not yet. No.

**CG:** 'Cuz I'd like to know about those articles if you have them I would read them.

**AS:** Sure, sure. Well I wrote my dissertation about the Girl Scouts in Oklahoma who experienced a very intense tragedy in 1977 when three girls were assaulted and murdered at camp, outside of Tulsa near Tahlequah, Oklahoma. Yeah, so I wrote about that. So my...

**CG:** Our community understands such things.

**AS:** Yeah, so where I'm coming.... where my work has come from has been looking at trauma, and PTSD, and how communities heal from crisis.

**CG:** We have a lot of efforts going on in many of our divisions, and departments, and our community councils, and private individuals who are faith connected or traditional spiritual healers and teachers. So a lot of healing work going on all the time here.

**AS:** Yeah. So a lot of the women that were at the camp at that time were never diagnosed, and never had a chance to heal from that trauma. And, I was a child at the camp at the time. I was ten. And so, my insider status to that very—what became a very closed and tight-knit community because of the fear of that tragedy, you know, forever staining Girl Scouting in Oklahoma. It was very... it was my personal experience that allowed people to trust me thirty years later to talk about what happened. So, parallel to that is my work with the opioid epidemic because my oldest daughter ended up overdosing on heroin in our home before I, when I had never known she was ever possibly using any such thing. To me, as a child of the seventies that's not anything people would use. [Laughs]. Right? So, her overdose, near death experience, coma, surgeries, and recovery. In all ways—physical, spiritual, everything—really intrigued me.

**CG:** How is she doing now?

**AS:** She is great. She has a three and a half year old daughter, she's married, and she's about to start back at the University of Minnesota.

**CG:** Give her a hug for me. You don't have to tell her that it comes from me, but give her a hug from me.

**AS:** [Laughs] I will do that. She's very, very much an inspiration.

**CG:** Good.

**AS:** But, what shocked me, as a very attentive, educated, mother, was that this could've happened in my house. And so I started, seeking out, just from my own personal knowledge. How did this happen? What happened? And then someone said to me, who was working at a methadone clinic, he said, "You know you should really write about this. You should really talk to people." 'Cuz he said, "Things are changing, and in how we're treating... the opioid epidemic is changing treatment. It would be great, because you do oral history, if you could collect these stories."

**CG:** Yes, it's a perfect match.

**AS:** So, that's what I've done. I've done about *seventy* interviews in the last two years. And in all, in all... many different venues, all kinds of different people. What I have been particularly sensitive about, I came to the harm reduction, the summit two years ago. Not last year. I met Sue two years ago.

**CG:** Meeting Sue will change your life [All laugh].

**AS:** Apparently! Yeah, apparently.

**SP:** Thank you!

**AS:** So we, I interviewed her. And then, have been able to bring her on to do interviews as well.

**CG:** Good. I don't know Sue personally, but I know Clinton personally. And, Clinton speaks superlatively highly of Sue as a pioneer in harm reduction life saving in Minnesota.

**AS:** Yeah, he called her the elder birch bark.

**SP:** Yeah, he called me an elder birch tree of harm reduction! [Sullivan Purchase laughing].

**AS:** So, I'm gonna make you a little patch that says that. So anyway, that's just kind of how this got started. And, yeah. I'm really honored to be here. I also want to say that the chapter that I'm gonna work on around tribal nations and the opioid epidemic, I come to that with extreme awareness and sensitivity about portrayals and I'm very versed in my own history, where my people come from. How I enter the story, my vantage point. So, I just want you to know, that I'm so honored to be able to be here doing this. I will treat this with the most sacred kind of intellect that I can bring forward.

**CG:** Good, well you'll sell more books if you make us look twisted and evil. [Sullivan laughs]. But, you will help more lives if you make us look human.

**AS:** Well that's exactly what I'm doing

**CG:** And, you can ask Sue, but I suspect Sue and certainly Clinton will tell you that some of the harm reduction we're doing here is pioneering work on Native lands, if not everywhere in Minnesota.

**AS:** I know that.

**CG:** So, we're praying and working like hell to help save lives here, and to help offer people *real* healing of the underlying problems.

**AS:** Yeah, and well that's exactly why I wanna devote a chapter to it. Because I got a sense from the harm reduction summit, that things were happening in ways that were transformative and that there were lessons and things being learned here that could be applied.

**CG:** Your problem is, you really need to interview about 350 people here, and you're not gonna get to do it. You and Sue.

**AS:** I know, that is my problem!

**CG:** You're gonna end up being selective, and by being selective you won't go crazy, but you'll also miss some powerful stories.

**AS:** Right, but, if anyone you know of is willing, anyone else is willing to be interviewed we are open to it. We have cars.

**CG:** I think the best shot is Clinton and his team. Helping you Sue, to make connection with those who will want to speak their stories. So, that's gonna be your best shot. But, you know if, if you were an artificial intelligence and gonna be around for a thousand years you could interview almost everybody on the res here, cuz almost everybody would have a story of some kind. To connect to the pain and wounds and to the reach for healing.

**AS:** Right. So, that said. [Coughs]. Excuse me. We should get started [coughing]. My sinus, I'm not sick. My sinuses had a, took a beating last night at the hotel.

…

*[Official Start Time: 15:40]*

**AS:** So, this is Amy Sullivan. I'm here with Sue Purchase, and Dr. Carson Gardner. And we are at the White Earth Nation public health...?

**CG:** Tribal health department building.

**AS:** Tribal health department building. In White Earth, Minnesota. It's January 11th, 2019. Carson just to get started, I wanted to ask you to just state your name and say that you give permission for this interview to take place.

**CG:** My name is Carson Gardner, and I am an employee here of the White Earth tribal health department. And, I give my permission for the interview to take place. And, I have obtained the agreement and support from the White Earth Nation research review board to allow me to do this interview. The only stipulation is, I will not be able to give specific identifying information on White Earth citizens.

**AS:** Thank you. So, one of the things that we like to start off with in oral history, as I talked to you about is... get your, to look at, to get the *whole* story of a person as much as is possible in this short time we have. But, if you could start with your childhood, where you were born, your birth date if you're willing to share it, and just talk a little bit about your childhood.

**CG:** Sure. I was born on July 1st, 1952 in Saint Paul, Minnesota. My mother was forty years old when I was born, my father was fifty-six when I was born. It was my father's second marriage. They had been married for thirteen years, unable to have a child. And, I came along and it was a great joy for them, for one year. And, when I was a year old my father fell off a sixteen foot ladder, and he was terminally injured. It took him two years to die. My mother was heartbroken. Never really recovered from the grief of my father's death. My mother developed cancer when I was seven and died when I was nine. I was a food stamp kid. We had not enough money. My mother got a job working as a secretary in a bank so she could get health insurance. And she worked for a year with a breast lump until she could get health insurance, and got health insurance, went to the doctor, and it was too late. She died a year later with brain metastases and lung metastases. And we had no money and the insurance ran out. And so, they put my mother in an open state mental hospital cuz it was the only hospital that would take her. And when she died the duty nurse called our home, and my grandmother answered the phone and fainted dead away. I picked up the phone and heard the nurse saying, "Mrs. Gardner is dead. What do you want us to do with her body?" So yeah, adverse childhood experiences. My grandmother took over my care when I was nine and she was nearly 80, and she lived to be almost 98. We lived in the projects in East Minneapolis —across the river near the University of Minnesota. I can remember calling cops because there was a stabbing in front of our house. You know, kinda rough, but a lot of good too. My grandmother decided she wanted to show me that she was serious about my staying in school and getting an education. So, with her eighth grade education she enrolled in some extension courses at the University of Minnesota. She completed a year of college, you know she didn't graduate, but everybody in the neighborhood thought that was pretty cool that Jenny Carson completed a year of college in her nineties. So, that's kind of the context of my story.

**AS:** Were you named after her?

**CG:** My mother named me her maiden name as my first name. My name is Carson Timothy Gardner. And, I don't know if you wanna know this stuff, but...

**AS:** I do.

**CG:** My mother prayed to her spirit helper, named Timothy for thirteen years begging to have a child. And so, my middle name is Timothy. And she quit praying to the spirit helper, specifically after my birth. So, I've always found that to be somewhat interesting. Many other spin-off stories. But, you know darn, nobody's ever asked me to tell my story. So you're gonna get some stuff like this that may not be pertinent, but it will help you understand who I am.

**AS:** It's beautiful. That's right. Would Timothy be a Saint Timothy? Do you know?

**CG:** I don't think so. I think Timothy would be more like a minomoni [unclear] duke—a traditional spiritual helper, even though my mother was not avowedly or publicly involved in any traditional Anishinaabe spirituality. The other thing that I suppose I'm gonna tell you is important to me, because it gives me at least some connection here to the Anishinaabe community. My grandfather, Joseph Evan Carson, was the first white child born in Bemidji. His father and Uncle ran Carson Brothers Trading Post. And there's a whole story there that should be told.

**AS:** Okay.

**CG:** But, when my grandfather was a preschool aged child, Shaynowishkung, if you know Bemidji you know about the statue in Bemidji of Shaynowishkung, Chief Bemidji. You know that story?

**AS:** No.

**SP:** He's across from Paul Bunyan! I didn't know his name or that there's a story, but I know exactly..

**CG:** Shaynowishkung. There's a new statue, a beautiful bronze statue, done by a Montana, actually I think he's from Washington… but, he lives in Montana. Sculptor, that was commissioned by the city of Bemidji, after much argument and debate and years of planning. So, if you wanna know the story of the Anishinaabe in Northern Minnesota you should drive by the Shaynowishkung statue some time. But, Shaynowishkung was an Anishinaabe man who lost his wife and some of his children and moved to the wilderness around what became Bemidji. And, he lived there and tried to put his life together after grieving the death of his Anishinaabe wife, and white people began moving to the area and he began helping them. Even though ultimately it resulted in him losing his own land and home and being displaced and everything. He just kept helping white settlers. And he was well loved for hat. That's why there's' a statue of him there in Bemidji, because he helped, he helped white people and they remember that. So, he came into Carson Brothers Trading Post often for routine supplies. And, one day he came in, and as usual set his musket up against the wall. And, my grandfather walked over and grabbed the musket and of course those guns were loaded. And, Shaynowishkung came over and just read my grandpa the Riot Act [confirm, unclear what “Act” Gardner is referencing], and my grandpa cried. And, Shaynowishkung probably knelt down, I don't know, but he comforted my grandfather and that began a friendship. And, what happened eventually is, not my great-grandfather but his brother, my great uncle, married one of Shaynowishkung's daughters—Mary. And so, we married into the Shaynowishkung family. And, Evan Carson, my grandfather, stayed good friends with Shaynowishkung through his life. He was obviously much older than my grandfather. But, when Shaynowishkung died he had a Western will. And in his will he willed that musket to my grandfather.

**SP:** [Sullivan laughing] Oh, that's beautiful!

**CG:** So, and it was on display in Bemidji for many years—lent by my uncle. He died, and my oldest cousin, Nule Carson [confirm name], decided he wanted it back. So, my cousin has it now. But, I am connected to Leech Lake, and really to White Earth by that story. And so, you wanted me to tell you about my past and so I'm telling you about my past. That story is known to a few people in the Beltrami County Historical Society and to my own family. And a couple, two and a half months ago, my wife Gale and I, and my cousin Nule and his wife Barb—who drove on short notice all the way from Kalispell, Montana— got to meet Donny Hedbird[confirm name], the great great grandson of Shaynowishkung. And, got to meet a couple from Texas who are from Mary and **Elle** Carson [confirm name], heritage—descendents of Shaynowishkung. So, we all got together and had supper in Bemidji. Met them for the first time. So there ya go! That's history and that's oral stories. So, it isn't directly related to your book but now you know more about who I am.

**AS:** Exactly, thank you. So, what was your path to becoming a medical doctor then?

**CG:** I don't ever remember a time when I didn't talk about wanting to be a doctor and a minister. That's what I said as a little kid, and it used to amuse my mother. My grandmother took it seriously. And, that's just how it was. But, I'm quite sure that it had to do with my parents and their health problems. I don't remember my father. The only thing that I remember about my father is the smell of his pipe tobacco, he was a pipe smoker. Not, a traditional Anishinaabe pipe smoker, a Western pipe smoker. So, I remember only the smell of his pipe tobacco and I don't remember anything about his health problems. But, my aunt Grace was a legal secretary in Saint Paul, and she got pro bono help from her employer to try to get us some benefits since my father was millwright. Fell off the ladder at work when he was working, in a situation that called into question responsibility of his employer. Anyway, it didn't work out. But when I got older I got to read that. My family got no benefits. And I'm sure, I probably as a kid heard my mother and grandmother talk in distress about how they were gonna survive. And, my mother's breast cancer metastasis was a horrible thing. I do remember as an eight and a half year old kid, standing by my mother's wheelchair in our little rented home in Eden Valley, Minnesota and watching her have a seizure. And, she would come out of the seizure, look at me, and *cry*. She couldn't talk, but she would just *cry*. And I remember being very angry at her doctor. Not specifically, not knowing him, not anything. But, just angry at the doctor for letting my mother die, and I'm sure that there was some anger in me. And, I'm sure I decided that I was gonna grow up and become a doctor and fix everything and cure cancer and make the world better. I grew up and became a doctor and spent, I've spent over forty years now, and I realize that you can't fix everything and that bad stuff does happen. And that, that doctor probably did everything he could to help my mother at a time when there was no Affordable Care Act and there was very little support system. And that, my mother was lucky to have anywhere to go like the Anoka State Hospital. No one ignored her and no one did anything wrong. But, I'm sure that my experience as a child, and knowing about my parents' fates, probably gave me an exceptionally strong motivation to not give up and to succeed. I went through a church school system, the seventh adventist system. My grandmother became an adventist when I was eleven, and I joined the adventist church along with her. I am no longer a seventh adventist because of my own personal experience of noting administrators in that church, promulgate subtly the idea that if people didn't believe like adventists they would not go to heaven. And, you know, there are a lot of wonderful adventist people, I'm not telling you the story to condemn that, but I left that particular church's politics and ideology for that reason. But, they have a very strong commitment to health care based on compassion, based on Christian values, based on the beatitudes, based on the teachings of Jesus Christ. And so, I went to boarding school. I went to adventist boarding school right on through college and medical school because I got accepted at the seventh adventist medical school Loma Linda University in Southern California, and I did my training there. And then, I came back and did my residency in family practice at Hennepin County medical center in Minneapolis. And then, my wife Gail and I achieved my dream of becoming a family doctor in rural Northern Minnesota. We moved to Park Rapids. We spent eighteen years there, but due to a number of things, I reached the point where I wanted to connect with my Anishinaabe history. And, I discovered that I have actually a few drops of Anishinaabe blood. The old joke about nose bleed Indians, I mean no disrespect, I have to tell it on myself. I try to avoid fist fights 'cuz if I get punched in the nose I'm gonna lose my Anishinaabe blood in the first thirty seconds. But I do have some blood, it's from Bowantan [unclear] from the Salto[unclear] Anishinaabe —the Sioux band, the Sioux Saint Marie band. And so, I wanted to connect with my Anishinaabe heritage, and the stories about marrying into Shaynowishkung's family. And so, on relatively short notice I made the decision and Gale supported me, and we left our job in Park Rapids and came here. And we've been here for twenty years, and every day has been a joy. Because I can joke with people, and then talk with them about spiritual things, and then talk with them about tribal health business, all in the same conversation as perfectly fine. So, I've found a lot of what I was looking for. Learned a lot about Anishinaabe spirituality and also been able to help. And so, that's my medical background in being here.

**AS:** That's fantastic. Did you always wanna be a family doctor?

**CG:** I went through some struggles my last year of medical school. I thought about becoming a pathologist, but I'm red green color blind so that pretty much checks off looking at microscope slides. I thought about becoming a psychiatrist. Forty years, I've learned that basically family doctors are unlicensed psychiatrists in much of what we do. So, I also thought about being a pediatrician, but in family practice you get to take care of kids and families. So, ultimately I decided for family practice. But those other thoughts certainly went through my mind in the intense last year of medical school trying to make some decision and to find some match.

**AS:** Did you ever have interest, or I mean did you ever have experience with addiction or a personal connection? I wanted to kinda transition to... did you have experiences in your life that have later influenced you?

**CG:** Not during my childhood. My grandmother... certainly as a historian you must know about Carrie Nation?

**AS:** Mhm, yes! [Laughing] I teach about it!

**CG:** When I was in third grade I watched my grandmother who weighed a hundred bounds soaking wet, bodily throw a drunken 200 pound man out of our apartment who had wandered into the apartment. So, my grandmother was abused by her step-father when she was a teenager back in the late 1800s. And, my grandmother made it clear to me when she said that at age 13 if she had been strong enough and tall enough to get her step-father's gun off its mount on the mantle, she would've killed him. So, that's a pretty harsh thing to say. My grandmother wasn't a violent person. She was a devout Christian, and believed in forgiveness and everything. But she also told me that story. So, he was an alcoholic. And, people in the throws of active alcoholism like other drug abuse, can do things they would never do if they were in their right mind and with good judgment and impulse control and everything. So, that's my family connection, but not in my immediate family. As I said, we ended up living in the projects from the time I was middle school aged until the time I went away to college, and I still lived there came home from college. So, we saw the effects of chemical abuse in the families that were our neighbors and friends in the projects. So, we saw that, but my grandmother was a very gentle woman who was iron fisted when it came to anything related to alcohol abuse, or any other drug abuse. And, white[unclear] people didn't mess with my grandma. And didn't try to argue with her about that. So, on anything else she was very tolerant, understanding, and even often very progressive in many of her views. But, do not talk with her about any kind of drug abuse being okay. Don't even try! So, that's my background. And I began to of course in high school learn about kids who got kicked out of boarding school for going out and getting drunk. And then, in college learned about kids who got into all kinds of trouble. I was always involved in the seventh adventist church school system and they also had no tolerance whatsoever. And didn't often, you know, in the sixties and seventies didn't often offer much harm-reduction focused sympathy on young people who were abusing drugs. They just got booted. So that was, you know, kind of a harsh and fairly one-sided view, but that was my growing up view. And then when I got to medical school all of a sudden, my relatively protected childhood was ended as I got involved in clinical work, taking care of patients, and studying the science of substance abuse, and the damages it could do.

**AS:** Do you have children?

**CG:** No, my wife and I were never able to have children. And it was a spiritual and emotional ethical debate for us. But what we ended up deciding to do was number one, to throw our lives into our professions. My wife's a dietician, and she did dietetic consulting in all the years in Park Rapids. And then, did dietetic consulting here. And as a historian, you should know this little fact that is not trivial. My wife, Gail Gardner, developed the diabetes Bingo game. which is now very popular, both in places like Oklahoma and other places where there are reservations, and also places where there aren't reservations. She and her assistant Paulie Nyson [confirm name] developed a game based on bingo that teaches good diabetes self-care. It was developed right here about sixteen seventeen years ago. And, a printing company out of Fargo Moorhead area, printed up the games. And, a number of them have sold. My wife hasn't made any money on it, it belongs to the tribe since she developed it as an employee, but she helped to develop diabetes bingo. So, we threw our lives into our work, and also we decided we would rescue big dogs. I always wanted a *big* dog. When I was in medical school, one of my classmates and his wife went away for holidays. Gail and I couldn't afford to do that. And they asked us to take care of their Saint Bernard Golden Retriever mix—Ginger. A wonderful gentle dog. And we weren't going anywhere, so we took care of Ginger. And I took her for walks in the neighborhood when I hadn't been out in the neighborhood very often cuz I was busy studying. And, one of the first walks we were taking, out from an unfenced yard that was about a foot and a half higher than the sidewalk, came a full sized Great Dane running right up. And, I, you know my life passed before my eyes. And then I thought, my god Fred will kill me. This dog is gonna kill me and then kill Ginger, and if I wasn't dead already Fred'll kill me when he got back. And the dog came up to me and...Pardon me, I respect your space, but this is [acting out the scene]... I'm a storyteller! The dog came up to me just like that and went [licking sound]. [All laughing]. And as I was laughing, and wiping my face off, I said to myself, "Damn I'm gonna have a Great Dane someday." So, after we moved to Park Rapids, in 1981, a few years later we adopted our first Great Dane, Chuckie. Who was a mis-breed of the breeder. He had a slightly short jaw, and the breeder couldn't sell him for big money, and so we adopted him for less than big money. And he died at three and half of osteosarcoma. Great Danes get spinal cancer. He died of osteosarcoma Christmas week, when he was three years old. And Gail and I, amidst oceans of tears and anger against fate, said we'd never adopt another dog. And one month later we got a call from a couple in Osage: "We heard your Great Dane died. We have a Great Dane named Sarah. And, she's been running the neighbor's cattle. We're farmers too. We're not willing to fence her. Our neighbor came over and just said, 'You know folks, I love you guys, you're wonderful neighbors. But next time Sarah runs my cattle I'm getting out my deer rifle.' And so, would you take Sarah?" And Gail and I looked at each other. We had said never again will we have a dog, we're not gonna go through that kind of grief again. So, we took Sarah, and we've kept it up through the years. So we've had eight or nine Great Danes and other breeds. And we also had cats for a while. But, Sarah was our general. Sarah had a higher IQ than me, I'm sure. Not that mine's that high, but hers was well-higher. And she, if we had let her run free, she would've organized all the dogs in the neighborhood into an army. And she was the general. Our neighbor was the Becker County canine officer deputy, and he kept his canine at home. And when the dog wasn't working, it got to run free. And the day I brought Sarah home, she was indignant about being on a leash, and she and I were trying to work that out. And the neighbor's dog came running over to introduce himself, and Sarah yanked the leash out of my hand, turned around, and my god.... Sigourney Weaver would have been less terrified of Alien than the snarl that Sarah offered that dog! And she chased the police dog back into his yard. And then she turned to me and looked at me like, "Well let's get this over with." So, I picked up the leash and started walking down the road, and that dog came back out again. You know, head down, tail down, crouched, and tried to walk up to Sarah and make amends. And she turned around snarled and chased him back into his yard, and he damn well never into our yard again! So that was, Sarah, our second Great Dane. And she was wonderful. She lived almost thirteen years, which is exceptionally long for a Great Dane. And she enriched our life with laughter and tears and wonder at her brilliance and her organization, and that's how we became dog rescuers. And we specialized in Great Danes for years. But, our last great dane a few year ago, Reggie, had congenital hypothyroidism. And by the time I convinced the vet to do a thyroid profile on him, "Listen Gardner. You're not a vet! You're a family doctor. Your problem is you feed him too much." He weighed 279 pounds. And when, the vet finally said, "Well, bleep! I guess you were right and put him on thyroid medicine." He got down to a svelte 212 pounds. But, when he developed serious heart failure at five years of age, Gail and I couldn't lift him anymore. so we, decided we better rescue smaller dogs. So, we now have a couple of Australian Shepherd Great Pyrenees mix dogs, that weigh about 60 pounds each. And they have double merle syndrome, which renders them partially blind and deaf. And we got them from a shelter in Southern Minnesota, who got a call from a shelter in Oklahoma that was a kill shelter, that said: [Feigning a Southern accent] "Would y'all send someone down and get these dogs, we don't wanna kill 'em they're such nice dogs." And so, Gail and I always tease people up here and say, you know our dogs bark with an Oklahoma accent. But they came to a Minnesota non-kill shelter. We found out about them on the internet and went down and got em. I'm sorry, but you're a historian, and you like hearing stories and I'm a story teller, so! [All laughing]

**AS:** I do so... Okay, so we should move on.

**CG:** Yeah, those are our children. But we should move on.

**AS:** That's great, that's fantastic. So, why don't we talk about at what point... well why don't you tell me what your job here is exactly. And, if it's changed. Like, what did you start here, and what are you now?

**CG:** My job now is, I am the medical director of the tribal health department. That is not the top position. My boss is Pat Butler, RN-BSN-PHN. She was the long time director of public health nursing here. And when the predecessor director of health services left, she took over that job. So, she's my boss. But, I'm the medical director. And I'm the medical director of the White Earth ambulance service, a rural ambulance service that does 700-900 runs a year. Far, rural, long-run times. Difficult, low-budget, lot of challenges, and a lot of overdose calls. And, a couple of years ago I became the chair of the White Earth research review board. The White Earth tribal council, now called the reservation business committee, decided in the wake of Havasupai Incident, do you know about that?

**AS:** No.

**CG:** You should read about that. It isn't about drug abuse, but it's about abuse of power. A researcher from Arizona State University got the agreement of the Havasupai Nation, that live in the Grand Canyon, to allow blood to be drawn to do genetic research on diabetes. And, it was all fine and good, and the consents were signed. But, several years after the study was done the lead researcher allowed frozen blood samples to be used by other researchers who were doing anthropologic, sociologic research. And ultimately, that was used to put forth the theory that the Havasupai people came across on the land bridge from Asia. And the Havasupai people were pissed as hell! That's against traditional, spiritual, historical viewpoint of how we originated on Turtle Island. And, they didn't even tell the Havasupai anything about that. But, a research review board member of the Navajo research review board, was reading and discovered this article and said, "How did they get any Indian people to agree to that?" And followed through, and found out what had happened. She told the Havasupai tribal council, and they took Arizona State University to court and won the case. Got a substantial monetary damage from Arizona State, and it was very embarrassing. Arizona State administration felt terrible. That's not what they set out to do, or how they wanted to do it. But, it all just happened by the taking the easiest route. And so, in the wake of that, our tribal council decided we better have a research review board and institutional review board. And so, it was established two years ago. And, I became a member, and I got voted in as the chair. And so, we're dong that work here now too. So that will inform you about my extra caution. So that's what I do now. But I came here in 1999, my first act as an employee after being hired by the IHS clinic, was to call in sick [laughs]. You should laugh at that!

**AS:** I am.

**CG:** Gail and I moved directly from Park Rapids to here, no time off. We did our furniture moving and everything evenings and weekends. And, two days before I was to finish work there and start work here, I ruptured two disks in my back. My left leg went paralyzed and I ended up with an emergency neuro surgery. So, I called in sick. But, and I was here to work in a week cuz I was scared I'd lose my job. And now, I have to tell you another story. You can just slap me up when you're ready [Sullivan laughs] But, some historian should know this story. Poozy Hags [Confirm name], Clifford Hags. You know about tribal nicknames?

**AS:** Mhm, mhm.

**CG:** Clifford was the director of evening housekeeping services at the clinic. And the week I started, my leg was still paralyzed! Took months for it to get better after the surgery. And I was dragging my shoe, and I had the kind of shoe that would make marks on the floor. And Poozy did the evening floor cleaning. And so, like the third day of work at the IHS clinic, I was sitting in my office doing insurance forms and paperwork, like family doctors do in the evening. And, in came this very Indian man. And he said, "You must be Gardner." And I stood up with my cane and limp, and said, "Yes. I'm Carson Gardner. Nice to meet you!" And he didn't even put his hand out. He looked at me and he said, "You're making marks on my floor. You come out here and I'll show 'em to you. We'll get along just fine if you quit making marks on my floor." And I had no idea that Poozy is one of the biggest jokers on the res, and the biggest story-tellers. And you know, if I'd have known him, I would've laughed and said, "Ah c'mon Pooz." But, he took me out, showed me the marks, and said, "You go buy another pair of shoes!" And so, I told Gail when I got home, and you know, I took it very seriously. I'm an OCD kind of a guy, and so I was very worreid about it. So we went to Fargo, went to Penny's, I bought a pair of shoes, and I insisted to the sales person that I put them on, get up, and find the nearest linoleum on the store and rub my shoes. And my wife Gail tells me that while I was doing that, the salesman turned to her and said, "Does he do stuff like this often?" And Gail said "Yeah, all them time." So, I bought the shoes, I came back, I showed Poozy, and then he got a big grin, and said, "Ah, we're gonna get along great!" And Poozy became my secret agent here. He was the evening housekeeping lead who did the floors. But he would come in, and we would trade stories during his break. And I'm sitting there anyway, not being paid for doing paperwork. So, he would come in and tell me a story. But then, he'd say, "By the way Gardner, one of these days ‘so-and-so's’ gonna come in for some little thing, and you need to know that they're having trouble with a heroin habit. And you should see if you can figure out a way, don't tell 'em I told you, but see if you can figure out a way to get 'em to talk about it, ‘cuz they need help." So all the years I worked at IHS, Pooz was my secret agent in the community. He was as much a healer as any of the rest of us, snd maybe more so. ‘Cuz he could get away with that, and to hell with HIPAA and all that. Don't every tell anybody I said that. You may have to erase that. There may need to be a small blank on the...

**AS:** You just mean it… you mean it, in a kind of philosophical way.

**CG:** So, that's what I did first. That's what I did first, from '99 until 2011, and then I retired. And my retirement lasted three months and I got hired here, and I've been working here ever since. And I will probably keep on working for any number of reasons. Probably the most important one is a statement that I only heard verbalized recently, but I realize rapidly became my own personal unstated prayer: "Creator help me to live in a way today that will make my ancestors proud." I just heard that recently, but actually a lot of the stuff we all do here, is based on that. My boss, Pat Butler, in department head meetings, again and again says to us, "Just remember people, we have to do things twice as well here as anybody else to be considered equal." And so, if you look at the Western administrative records, you'll see that White Earth has developed many best practices pilot programs. And it's because of people like my boss Pat Butler, who believe that, yes we do have to do things twice as well as everybody else to be considered equal, so let's damn well get busy and do it that way!

**AS:** That's great. So, you mentioned you, that you know that Poozy told you about someone with a heroin habit. Was that the first time you had heard about it here? And then, when did it start kind of becoming part of what people were talking about?

**CG:** When I interviewed here, which was just a couple of weeks before I was hired, I called Howard Hayes, the medical director of the IHS clinic. When I decided ethically and spiritually it was time for me to investigate working on an Indian reservation, I called him, he answered. And I said, "Hi Dr. Hayes, my name's Carson Gardner. I'm a family doctor in Park Rapids, not too far from you. And I was wondering if you had any job. And he said, "When do you wanna start?'" So, I went for an interview, and he took me around—nice man. But he said, when we did the interview, he took me into the Pine Point, little Pine Point clinic, he took me to NATUA, and in the car he said, "You know Carson. The Anishinaabe cure will test you. Just the first day someone will come in and want narcotic pain medicines, and you need to know what your own personal ethics and values are on that issue because we do have problems with that here. And, I'm not telling you you shouldn't prescribe pain medicine, but you need to know that you will be tested. People will always come to the new doctor here. People are struggling with substance abuse and will always look for the easiest source. Howard said, "I'm not criticizing our citizens, I love them, I'm here too. But, you will need to develop your own ethics and your own values and your own decision making process on that because some people will push you very hard to get narcotics." And so, I guess, in my interview a few weeks before I started here that's what I learned. And then I came and started seeing patients and saw that it was true. And, I was probably one of the most conservative prescribers of narcotic pain medicine. But, after a few years we all realized we needed to take a more aggressive step in standardizing our approach. So, we developed a chronic pain management program at White Earth in the early twenty-first century, where we all sat on a committee, all of us medical prescribers at the clinic. And, we developed a pain contract. And, we developed policy and procedure. And, we developed random drug testing policies. And, we developed policies on what to do if a person tested positive, and policies on what would be the criteria for second chances, and what would be criteria for release from the chronic pain management program and everything. So, we did that here, and we certainly used resources. You know, other places, we looked at their policies and prodcueres as templates. But we did that in the early twenty-first century here, because we, like many other IHS clinics, had to use locums doctors to fill in. And the locums doctor from elsewhere might have a whole different view on prescribing...

**AS:** What's a locums doctor?

**CG:** Locum tenans doctors. That's I guess latin, and I haven't looked it up, but it's a doctor who specializes in doing fill-in work. All they ever do is fill in for other clinics. They go and work two months at White Earth, and then they have two months off to go sailing, and then they go and work two months at Pine Ridge, and then they go work two months in Oklahoma, and...

**AS:** Is it mostly through IHS?

**CG:** No, no.

**AS:** Oh, okay, but it can be anywhere, but?

**CG:** Yeah, it could be anywhere...

**AS:** But once you're in that network.

**CG:** I'm just using Native American examples. But there are locums doctors that that's their own choice. They want to work very hard for a few months, and then have several months off to not do medical stuff. And, you know, a busy family doctor finds that attractive sometimes. But, locum doctors have no context, and they have their own set of rules. They can come into an IHS clinic, and if there is no policy on it, they will do whatever they think is right. And, it isn't always necessarily conducive to managing responsible opioid prescribing. And so, the chronic pain management program helped to better standardize the policies and procedures for locums physicians. And of course, while we were doing that Clinton and his team were being formed. And I won't tell Clinton's story, but he started consulting here from a harm reduction program in the Moorhead area. This is Clinton's home, but he was working there in harm reduction, came here to help out, and he will tell you the story about how there was a Hepatitis C cluster here in our community that sort of was the eye opener that helped community leaders to realize we needed a harm reduction program. And, he'll tell you the story on that, but harm reduction was being started on that basis at the same time we were starting a chronic pain management program policy and procedure at the clinic.

**AS:** And this is around 2011?

**CG:** No.

**AS:** This is before?

**CG:** Clinton will tell you, it was, I don't remember what year. But probably, in the early 2000s. Sue, do you remember? It had to be...

**SP:** Maybe around 2006, 2007? Somewhere in there.

**CG:** Yep. And so, it was probably about that same time. 2006, 2007. Maybe even 2005... when we started developing our chronic pain management program. I retired in 2011, but the chronic pain management program had been going for a number of years there prior to that.

**AS:** So, you retired for a few months and then...

**CG:** I retired in 2011.

**AS:** And then you came back?

**CG:** And, I got hired here by Monty Fox who was the director of health services at that time. So, that's why I joke about my retirement lasting three months.

**AS:** Right. So it was still like, 2011?

**CG:** But I became a desk jockey. I hung up my stethoscope in 2011, and that was painful. I still see old patients here, who say, "Damnit Gardner, why don't you come back and take care of patients at the clinic?" And I always smile, and acknowledge the joys of clinical practice, but I have been a desk jockey here and administrative physician since 2011.

**AS:** So, besides the chronic pain management plan, how's the public health and the medical system here approached the opioid epidemic? Could you describe how it first started, and what it became?

**CG:** A couple of things happened to raise my consciousness, and I regret that I didn't get to meet Sue at that time. But Sue, undoubtably was working with Clinton at that time. Clinton and his harm reduction team, Minus Bala, Karen, Keller, and not Rachel Lawfranir. [confirm names] She's on the team now, but she wasn't on the team then. But, the harm reduction core team brought Sarah Gordon here. Do you know Sarah Gordon?

**AS:** Yeah.

**CG:** Yeah, I hope so. If you haven't interviewed her, you pardon my french, damn well better!

**AS:** I'm going to [laughs], I'm going to.

**CG:** You better, you better!

**AS:** She's on my list.

**CG:** Because, she came up here to talk about harm reduction, and specifically to talk to medical providers. And I was one of the few who attended that talk, but she showed the video produced by anypositivechange.org, you should know about them they're out of Chicago. Do you know them?

**AS:** Mhm.

**CG:** Have you seen their video?

**AS:** No.

**CG:** You should watch it, it's on their website. I can tell you exactly what happened. I had been very conflicted. Not about ethics, and responsibility, and compassionate care, but about how far I should participate in harm reduction. But in that video that's still available on their website—I checked it a year ago—they're still showing it. They use primarily people suffering from active substance abuse, and not actors in that video. And, one of the scenes in the video, a young woman is sitting—calm, well-dressed, alert—and saying "I got clean and sober, but my man is still doing heroin. And, I want him to quit, but you can't quit for anybody else. And so, I carry a naloxone kit, because if he's dead he can't recover, can he?" And the video goes [mimics "swooshing" sound effect], to black. And I couldn't sleep that night. And I thought really hard about that. And I thought, okay, I have been a compassionate family doctor, and I support good care, but I haven't been active in harm reduction. And, it's probably time I get active in harm reduction. And so, it was Sarah Gordon, and Clinton, and Mina, and Karen, and that video—which you should watch—that was the turning point for me. That's when I got involved saying to Clinton, what can I do to help? And shortly after that, one of our child welfare workers gave a talk at a community forum meeting, and said, "I just want you guys to know that last year we had twenty babies from White Earth that had narcotic withdrawal syndrome, and we damn well need to do something about it." And, it was a shock in the community, and we had more meetings and said you know we need a treatment program specialized to helping our pregnant moms who are struggling with substance abuse, but can we do that? And so, medical minded people like me sat down and thought about it, and did our OCD thing, and wrote out timelines and flowsheets and said, at a meeting in 2013, late 2013, "Well I think we can put this together. We can do it, but it'll take us about a year, maybe a year and a half to have it together." And, Tara Mason, our tribal secretary treasurer, was at that meeting. And she stood up, and said, "Okay, it's December now. I want this program open and taking clients in June." And then she walked out of the room. And then we looked at each other and said, "Well hell! Nobody told us we couldn't do it!" So we were open by June taking clients. And the mom's program is still open, and it's won Minnesota state awards, and it's won some national awards. And so, that was the other thing, they asked me to put together a debate position on the negative side 'cuz no one would do that. They had some nurse practitioners come up from the Twin Cities and present the positive position: This is why we should have subaxone treatment program for pregnant women on the White Earth reservation. Well, we need someone to argue the other option so Gardner why don't you put it together. That's your job. And I, put together a lot of information, decided I really couldn't argue the negative position, 'cuz it needed to be done. So, that was the first active role. And then in 2014, my boss Pat Butler said to me, "You know we have a lot of overdoses. You know that because you're the ambulance medical director. We need to start teaching nalaxone rescue." "Well, I uhm, uh, uhm..." "Put together a program! I want to get going here in the next few months." So, in early 2014, and I guess the motivation was I had told her that the Minnesota legislature was reviewing what became Steve's Law and about to pass it. And that's when she said, "We need to be teaching nalaxone rescue. We don't have to have state support, we're a sovereign nation, but it'll be good to have state support, so why don't you put it together?" So, the ambulance manager Devon Green and I, put together a teaching program. And I went back to Pat, and to the tribal council and said, "You know, we're having overdoses. And you know, we're attending funerals here. And so, we need to do this." And that was at the time the Minnesota legislature, I think they passed it as of July 1st, but they weren't gonna implement it until late August or early September. And I, I said to Pat, "You know it's silly, I've got the program ready. We could start teaching. No experience, but we could start teaching. The sooner we do it the better, but according to Minnesota legislature we can't start." And Pat said, "Let me talk to the tribal council." And, like three days later they passed a resolution saying that we should start teaching and giving out nalaxone immediately, which for me, I'm not licensed by the tribe I'm licensed by the state of Minnesota. And I thought, holy hell. If I do this, and some legislator gets pissed at me, they could yank my license, or have the Minnesota health department sanction me. And I, talked to Pat about it. We looked at each other, and we said, well they wouldn't dare! The tribal council would raise such a racism argument that they would get backed against the wall. So, we went ahead. We started teaching nalaxone rescue here a month before the actual implementation of Steve's Law. Of course, it worked out fine. And we met, Clinton, Matt, and I, eventually Matt Luxey Read Holtum [unclear] and you know, made that connection and all the wonderful good that has been able to happen here. So, I haven't compiled the statistics for the last month, but as of a couple of months ago, and believe me there is no spiritual implication for this, so don't even think about spinning that. But, as of a couple months ago, we had trained 666 "nalaxoners." [Sullivan laughing]. And better than that, and that's ambulance service training, but about a year and half ago the ambulance service and harm reduction said, we really should get together and do team teaching. The ambulance service has done classes for groups of employees, and for behavioral health therapy group members. And harm reduction has done individual one-on-one counseling, so ten to fifteen minute individual training. Gardner's class and hour and a half with all the science and "Oh god... Garner's gonna talk again." But, actually people like it. They become the ambassadors to correct misconceptions about, "Oh overdose? Give em, shoot up milk!" Or, "Throw 'em in the snowbank!" Or, "Put 'em in the shower!" Or, you know, our students from our group classes get to help correct misconceptions, and say, "No, no. This is what you do. You have to see if they don't respond to pain. You have to breath for 'em, cuz nalaxone won't work if they aren't breathing. And then you have to give 'em the nalaxone, and then you have to keep breathing for 'em 'til they wake up. And this is how long it'll take, and this is what you can expect." So, the ambulance service and our tribal first responders, who are the security officers at the casino, have a 120 nalaxone saves since the summer of 2014, 120! And twenty of them are the first responders at the casino. They're basic emergency medical responders, not EMTs, not paramedics. But, they came to me in the fall of 2014 and said, "Doc, we'd like to get in on this too. We see overdoses at the casino." So, I'm gonna guess that with twenty saves, that first responder group is probably one of the premier first responder groups in Minnesota for nalaxone rescue. But they came to me, to us! To Devon Green and me and said, "Will you train us? We wanna get started." So, but then you'll talk to Clinton and he'll explain to you, that Clinton and I, and Mina, and Karen, and Rachel Lawfrenir, estimate that for every one save, the ambulance has, citizen harm reduction trained rescuers have done three of four, maybe five. So, we're pretty solid on estimating our 120, is probably 480. So, we probably have pretty close to 500 saves, and with all the individual trainings that harm reduction has done we have probably trained, we have *certainly* trained over 2500 nalaxone rescuers on White Earth reservation. And, "Isn't that enough Doc?" "No!" We will not stop, I like the quote from the director of the Baltimore Maryland health department who said, "My goal is to have everyone over twelve years of age who lives in the city of Baltimore trained as a nalaxone rescuer." So, our goal is, we'll stop training when we have a year of no overdoses at all. We'll consider stopping training, we might not even stop then, but we ain't stopping training until we have a whole calendar year of not one single overdose on White Earth land. And you know what, the truth of the matter is, as we struggle with the peaking of this opioid abuse epidemic, and the sinister introduction of fentanyl, and fentanyl cutting of heroin, that isn't gonna just happen like that [snaps]. So, we're gonna be doing nalaxone training and rescuing for a long time yet, and we will continue to do it as long as is needed.

**AS:** Would you, do you know, if it was pain *pills* that introduced heroin here? Is it the same narrative that we're hearing in most of the U.S. about the upsurge of heroin was because of pain pill addiction? That pain pill addiction started...

**CG:** I'm certainly sure that that's a factor. I'm not convinced that that's the primary origin of opioid abuse here. I don't have statistics for you, but I know the street level view point of the matter. We had a serious crack-cocaine problem here twenty years ago, and we've cycled through the various changes in drugs, substance abuse of choice, and everything. I believe that there was a small heroin problem here prior to the twenty-first century, but I have no doubt that pain management and prescription opioid use fueled a serious worsening here. So, I have no doubt about that. I don't have statistics on it. What I can tell you is, a year of two ago, the Minnesota health department put out statistics from 2000 to 2015 on county drug overdose deaths. Including the counties that shared with reservation land here- Becker, Mahnomen, Clearwater. And they estimated forty-five drug overdose deaths during those years- 2000 to 2015. And everybody I've talked to from tribal council to Poozy Hags, to everybody else says, "Phew. That's a gross underestimate. We've had a lot more deaths than that." Which has brought up the issue of busy old family doctors who are tired and have a desk stacked with insurance forms and death certificates and which one's gonna get more attention? And, what gets put on the death certificate? And, does the coroner take the time to say, "Well you know, cardiac arrest. Yes, of course, but...

**AS:** This person was twenty-five...

**CG:** "...This person was nineteen-years-old, or twenty-five years old, so, I'm gonna call old Gardner and say, 'You know Gardner I hate to be a pest, but you said this twenty-five year old died of cardiac arrest. Well, of course, that's the final mechanism but was there anything else that was a contributing factor or?'" "Well yeah, they were a heroin user." "Well, wouldn't you wanna put that on the death certificate Gardner?" You know, that's hypothetical, but you get the idea.

**AS:** But, how things get lost.

**CG:** I'll insult myself and not somebody else. So, there has been a problem with struggling with substance abuse disorder here for quite some time. And it did include street heroin and other street opioids, but I'm certain that the 1990s concept of pain as the fifth vital sign, and articles from LA or New York about doctors being sued for providing inadequate pain control, and big pharma's advertising "Oxycontin! No problem! You wont' have any problem..." [sarcastic tone].

**AS:** Nobody gets addicted. Right.

**CG:** [Continues] "Yeah, come have dinner. We'll buy you dinner, and wouldn't you like to prescribe Oxycontin?" I'm sure that that had a lot to do with it. I came in 1999… yeah I'm sorry I talk too much.

**AS:** I'm just keeping track. No, you keep going!

**CG:** I came in '99 here, and as I told you, Dr. Howard Hayes warned me. There was a problem with prescription drug seeking, certainly was here. But I think, my opinion, working at IHS was, that we weren't necessarily the center of the problem. There were other physicians practicing, not associated with IHS, in fact, do you know the Lee clinic story?

**AS:** No.

**CG:** Dr. Lee, god rest his soul…

**AS:** Was he here, around here?

**CG:** Graduated from a residency program in Fargo, and opened up several urgent care clinics that people could walk into any time, and prescribed *tons* of narcotics. You know, relatively speaking. And, ended up being charged with malfeasance and losing his license, and later committed suicide. So, very very sad story. Don't remember his first name, but…

**AS:** Fargo. In Fargo did you say? Moorhead?

**CG:** Yeah, Dr. Lee. And the clinic I think is called the Seven Day Clinic. It's in Detroit Lakes, and it's near Menards. Sue, if you know Detroit Lakes. That was originally a Dr. Lee Clinic, and it got bought out by someone else after his untimely and sad death. And, ultimately.... Essentia bought it up because they believe in mitigating competition when they can, but they don't run it that way. They run it as a responsible urgent care clinic, but there were several clinics like that. And, Clinton will know about Dr. Lee. And I, you know, I didn't see any court records or any board of medical examiners' records. But, that was going on in the 1990s. And, I think that, very likely that situation helped to fuel a, you know, a serious habituation to opioids in this whole region. And you would have to look into that. I can't give you any authoritative history, but I, but I was here when that happened and we heard the stories about people saying, "Oh I can go down to Lee's clinic, I can get as much 'oxy' as I want to. I can get as much 'vic' as I want to. What the hell's wrong with you IHS doctors?" So, we heard that. And, apparently so did the North Dakota board of Medical Examiners. And so did the North Dakota judicial system. So, you may wanna look into that. It goes across the border. But, many of his urgent care clinics were through this area, rural Minnesota. In the 1990s. And, they were handing out 'oxys' and 'vics' like candy.

**AS:** Right, right.

**CG:** And so, isn't it nice for Gardner to blame someone else. There were various narcotic prescribing strategies by IHS doctors, but we had a solid core group from 1999 till about 2005 or 2006, we had no turnover in doctors and nurse practitioners. And, it was amazing 'cuz the whole IHS joke is, well you know, two years pay off your public health pay back, and then you leave. But we have the same group of five medical care providers, primary care, from before '99 until about 2005, 2006. And then it fell apart and people started leaving, and we got in short termers and locum tenens doctors, and it became more an issue with varying philosophies. But, from '99 when I cam until 2005 or 2006, we had dependable reliable team of primary care providers who were concerned about the issue and established policy and procedure to help minimize the risks of doing harm by opioid prescribing. So, I don't think in that time of '99 to early twenty-first century we were the primary cause, but we certainly saw the problem. And, yes we did prescribe. And I had, I had an individual who had pain issues. This is an interesting story. I'll try to leave out any identifying factors. So, here's the story. This was an individual who was a community member who had pain management issues. Who came in to see me, and I did prescribe narcotics for the individual for a period of weeks. And then, I realized that there were red flag signals here of inappropriate requests, and early refills, and suggestion of using in excess of prescribed doses. And so, I had a visit meeting with this individual and laid out the issues and explained to them that I was going to have to stop their narcotic prescription. And, they threatened to bring a gun to my yard! Now, I have to give you the perspective, I've been a family doctor for forty years, I've been threatened four times. Three of them were by white people in Park Rapids. So, don't think this is an "Indian thing." But, but this was an individual who was desperate and said something desperate. And, I reported it to the tribal cops and we looked at each other, and they shrugged and I shrugged. And you, know, no harm was done to me. And so, that happened, but that's not the end of the story because a week and half later I was on emergency call, and this individual came in having a profound severe heart attack. And I got to care for them, and I looked at my nurse and she looked at me, and I said, "Ueah we're gonna care for this individual." And so, we did care for that individual, and it was nip-and-tuck and the ambulance had to rush him to Fargo. And they ended up with fairly extensive sub-specialty management. And on that, that's all I'm gonna say. But here's the thing, I lost track. Ajd a few months later my nurse came to me and said, "'Member 'so-and-so?'" And I said, "Oh yeah, I remember 'so-and-so.'" And she said, "Well 'so-and-so' is here and wants to talk to you.' And I said, "Geez what do you think?" And she was a community member here and she said, "Oh yeah, you wanna talk to 'so-and-so' today." So, so-and-so's put in the room, and I go into the room thinking, "Okay, chapter two of the 'What's the matter with you damn doctors?'" I walked in, the individual had come to me to apologize for threatening to bring a gun to my yard, and to thank me for participating in the team that helped to save their life. So none of the three white persons in Park Rapids ever came back... [Amy and Sue laughing] and said I'm sorry. But, that individual did, so that's the *whole* story. But, that happened here. And I would guess that if you talked to everyone of us who had practiced at that time, each one could tell you some other story.

**AS:** Oh, almost every doctor has told me a story like that, yeah.

CG: So, that's mine and I tried to de-identify it as much as a I could.

**AS:** You did a great job.

**CG:** If you would make that into a big deal, I, you know some people who know, "Well, I know who that is 'cuz I 'member about 'so-and-so's' heart attack and I 'member about this and such." So...

**AS:** No, no, no.

**CG:** But, so those were the kind of things that were happening in the early twenty-first century. But I still maintain that narcotic prescribing at the IHS clinic was not the main problem that fueled the opioid abuse crisis here. I think there were other factors in play. We certainly did prescribe narcotics, and yes some of our patients did misuse them. But in the years that I was here, we proactively tried to be very careful. What we weren't good at was we weren't good at harm reduction. We didn't say, I'm going to have to stop your narcotic prescription, but I would like to have you talk to Clinton Alexander and Minus Bala [confirm names], and let's see if we can get you a substance abuse baseline assessment and some support here. And maybe we can work out some harm reduction help that will help you get through this. And I still wanna be your doctor. And you know, don't wanna have this end on a bad note, let me put together a team that will help you. We didn't do as good a job at that as we should back then. We're doing a much better job on that now. So, we had to grow up and learn about harm reduction. I told you about Sarah Gordon. I told you about the video. *Profound* turning point in my professional life was Sarah Gordon's visit and that video. And she will tell you I give her a hug every time I see her. I give her a hug and she laughs, "You've already thanked me!" But, that was a profound turning point in my professional and my personal life.

**SP:** Government lady! That's what she's known as up here.

**AS:** Government lady?

**SP:** [Laughing]. Government lady!

**AS:** So, what about, can we talk about medicine for opioid maintenance?

**CG:** Sure.

**AS: A**nd, and what have you, when did that, when did subaxone and probably, do you have, you don't have methadone...?

**CG:** No we don't.

**AS:** No, can you talk about how that fits into the story?

**CG:** I was involved in doing basic research for the mom's program. We recognized that although we were determined to create a program that included traditional medicine wheel, spiritual healing, human services support, psychological counseling and support, substance abuse assessment and support....that we were going to need to develop a medically assisted treatment arm of the mom's program. And so back in late 2013, early 2014, I did the research along with others. I wasn't the only one, but I'm the OCD guy who in my next life is gonna be a medical librarian [Sullivan laughing]. So, I did the research, present it, and said, "Look subaxone is what we need. We're not, you know, we have to move heaven and earth to open a methadone clinic here, but we can get a subaxone clinic open. You can find the staff who have some experience, or who can get the experience." And, Julie Williams and Minus Bala who helped Julie Williams start the mom's program here agreed with that. And, Tara Mason, the tribal secretary treasurer, agreed with that. And, all the other members on the work-group agreed with that. And so, we went with a subaxone program. And it was the same thing that I've already told you. No one told us we couldn't do it. So we put the program together! And we didn't think too much about it. Except Tara wanted it by June of 2014, and so it was there by June of 2014- working well not working clumsily and ineffectively. And then, a year or so later people started coming and saying, "How the hell didn't you get this program going out of nothing? Tell us how you did it!" "Well, no one told us we couldn't! We looked at the literature, saw what it would take, got the people, got the training, started it!" So, you know, it would be good for you to talk to some of the mom's program.

**AS:** Yeah, I did meet Julie.

**CG:** I sound like I'm bragging, I'm not! I'm bragging up the White Earth philosophy that we can do this together. We have to be twice as good as everybody else to be considered equal, and we can do that. So that's how the mom's program got started. And, if you've talked to Julie, or do talk to her, or will talk to her, she'll tell you more of the detail. But, it became obvious to me and everyone else on the work-group that subaxone, buprenorphine nalaxone, was what we needed to use. And subutex without the nalaxone I think is an initially what was used. I'm not sure now. I am not a behavioral health employee, and the mom's program is a behavioral health program. Jerry Jaskin is the director of behavioral health. Pat Butler is the director of tribal general health services. So, I was the crossover consultant helper. And so, I know the literature now says there is not any likely harm from nalaxone, and so pregnant women could certainly take subaxone. But the tradition was to use subutex. But we got that started real fast, and made it work, and provided the traditional spiritual support and healing. Provided the human services support. Provided the substance abuse counseling. Provided child support, baby sitting. Provided good parenting training. Provided group therapy. Provided… everything Julie can tell you about. And, our program has worked very well, and we have served a lot of our equawa [unclear] our Anishinabe women who have struggled with substance abuse disorder, and who have been pregnant and needed help. And, many of them are now clean and sober and helping as counselors in our community and other places. So, that was one of the crossover points. I told you about the video. I told you about "fade to black." I told you about "I didn't sleep well that night." One of the big issues for me was medically assisted therapy 'cuz I had been resistant to that. I had supported what is still a very important tenet of the traditional viewpoint, and that is we can provide healing through medicine wheel traditional spiritual methods. And I still believe that, but even our traditional spiritual community are very gaetae [unclear] Anishinabe. Our very conservative, old-line traditional spiritual healing community, has come out in favor of the mom's program and what the MAT [confirm acronym] program is doing. What they have said is, "Now, just so long as you don't do what Western medicine always does, damnit! They always leave us out and think that we're some kind of bizarre, extremist group. And you know, 'blah blah blah blah Western medicine and traditional healing could never work. ' Don't do that to us. We're here. Our medicine wheel healing works. You Western doctors need to understand that you're pretty good at curing stuff, but curing doesn't last. What we do is heal people. When you guys'll wake up and invite us to join the team, and help to *heal*, then your curing will last. And then we'll do some good." And so, that's where we're at. We're working on that. I just got a call from out of the blue from an American Heart Association staff member in Minnesota, who has some American Heart Association regional funding and wanted to put on a conference fro Indian Health Service care providers and happened to call me because they have my name. And, like I always do, and have done for years, I said, "Well you know, there are several things you could do. You know, you do a rapid heart attack response, that' great. You do rapid stroke response, that's great. You teach medical providers how to use a lucus to external compression device. That's great. But how 'bout this? Why don't you sponsor a healing counsel here and get together Western clinicians and traditional healers and have us all talk together as equals about how we can help with heart health on the reservation here?" And that always ends the conversation. "Ah well yeah, that sounds really nice... and well thank's for the call we appreciate it..." [Sarcastic tone]. But this person said, "You know, let me talk to my boss, but that sounds like a good idea." I got an email back and said, "I talked to the Minnesota AHA vice president here who's in charge, and they said we can do that!" So I turned it over to our cultural director, Merlan Deegan [confirm name] who will follow up with it. But, you know I'm not gonna hold my breath. I've been saying this since about the year 2000. But actually, I know that person professionally, not personally, and when they say they're gonna do something, based on American Heart Association promise, they do it. So, we may actually have that after all these years, and that would be a very important advance here for Western medicine to invite traditional medicine with respect and humility, and listen to what traditional medicine says. And, you don't have time for me to continue on with this, but I was asked by Dennis Hisgun, one of the senior substance abuse counselors here, a traditional Anishinabe and Dakota healer and substance abuse counselor, and you should hear his story!

**AS:** What's his name?

**CG:** Dennis Hisgun Senior. H-i-s-g-u-n [spelling], Dennis. D-E-N-N-I-S [spelling].He's about almost eighty now. I'll have tell, I'll have to do the abbreviated story.

**AS:** Okay.

**CG:** But, Dennis asked me to put together a group of essays he could use to work with teenagers in recover to show them that traditional healing as a stature equal in value to Western medicine. And I thought, I said, "Dennis okay I'll do it." And I thought, "Yeah I'll have a few..." By the time I was done I had fifty-two essays! And I've, I keep a notebook now, and I've collected several other ones since then. I studied for a decade with a traditional healer, Wimba Okan Ogima [confirm name and spelling], he's gone to the star world now. And, when I talk about Western medicine and traditional healing, I always point out to the audience, "Wimab Okan Ogima [confirm name and spelling] came to me at the IHS clinic for Western medicine, and I went to him at his sweat lodge, because we believed it was good to combine the best of traditional medicine and Western medicine. Now, he's gone to the star world and I'm still here so I guess that tells you whose medicine worked best!" [Sullivan and Purchace laughing]. And the audience always falls over laughing.

**AS:** That's great.

**CG:** But, he used to say to me, "You know Gardner, I feel bad for you Western doctors. If you wanna develop a new medicine, you have to spend twenty million dollars to do the research. And then you have to spend forty million dollars to convince the FDA to okay it. All I have to do is ask Creator and the Healing Spirits what to do for my client, and then damn well do it!" And we would laugh about that. But, then he would also say, "You know the other thing that you need to think about Gardner is you Western doctors joke about placebo effect. You call it lying to the patient, but that's Creator teasing you. Because what placebo effect really is, is it's the inherent spiritual healing power that Creator has put into a human being. It's there. You look at your own Western research. Often a placebo effect works a third to a half of the time, and you call it lying. It isn't. It's Creator saying, that there is inherent healing power in a person that can be activated. But Gardner, you Western doctors aren't willing to admit that you have to believe in it for it to work. We believe in it." And there was just a study that came out in the Western medical literature, I just read about it a month ago, and it talks about what's called "open-label placebo studies." And that's a whole new thing in Western medicine. Western researchers get people into the study and they say, "We're going to do a study on this medicine 'triple crown barbecue sauce.' [Sullivan laughing]. We don't know if it works. It might not work at all. We don't know, but we'd like to do a study, would you be willing to try it?" That's what they tell people, it's just sugar water. And people say, "Yeah! I'd love to be in your study. You don't know if it's gonna work, have no idea? Not gonna hurt me?" "Nah it won't hurt you, but we don't have any idea it's gonna work. We don't have any reason to believe it'll work, but it was suggested and we'd just like to find out." So, they give it to people and hell it works! A big percentage of the time! So, Western researchers are now saying, "Maybe we should be doing open-label placebo studies because when people believe that the sugar water's gonna work, they get better, at a much higher rate than they do if they don't believe that they'll get better!" And so, that's actually happening now in the Western medicine literature. So, okay here's Dennis Hisgun's story. Dennis comes from a family, Anishanabe and Dakota. He had a good stable childhood. Two parent family. I think his dad did farming, ranching. But when Dennis was about thirteen, his dad died in a traumatic accident, and it just broke Dennis' heart and he ended up as a teenager on Franklin avenue in Minneapolis and that's where I grew up- pretty near Franklin Avenue. So, I wonder if Dennis and I ever met each other. But, Dennis would overdose on various things—whatever drug he could get ahold of. Certainly alcohol, certainly other drugs. And many people up here and over in South Dakota from his Dakota relatives said, "You know, just leave Dennis alone. you know, he doesn't wanna get better. He's never gonna make anything. He'll end up dying in an alley down there, and just leave him alone." But one day, when Dennis came out of old Hennepin General after yet another overdose, there were a few Anishinabe men standing on the sidewalk: "Hi Dennis, we're here to take you home." "I don't know you guys! Leave me alone!" "No, we're taking you home!" "Let go of me!" "Dennis, we're just like you. We're trying to stay sober and recover. And we're gonna, we rented a house on Franklin Avenue. We're gonna do this together." "Well, I don't wanna go with you! I don't have a job, I can't help!" "That's okay, we'll float you alone Dennis until you're feeling better and can get a job and help us out." So, what're the chances that that would work? What is one human life worth? What is another chance worth? Dennis went with 'em cuz there was no HIPPA, he didn't have a choice. They grabbed 'em and they took him. But it was good. And Dennis got sober. He thought things over. He had the childhood, and the background, and the support that would help someone to get back into sobriety. And, he made that transition and he stayed there for a while—helped at the house. Then he came back up here, took an EMT class, became an EMT here for a number of years. He was an EMT here and helped save lives, and then he realized that Creator wanted him to be a substance abuse counselor, and so he got that training and became a substance abuse counselor here, and in the intervening more than forty years. He's number one, stayed clean and sober one day at a time. And number two, he has helped thousands of people make a start on the red road of sobriety. You can't get sober for anyone else, but you need someone there to help you when you're ready to make a try. And Dennis Hisgun Senior is the one, and so when I'm giving a talk and someone raises that, "Ah c'mon Doc what's one life worth?" I tell 'em Dennis' story—I got Dennis' permission. But you would need to get Dennis' permission to tell his story, but he gave me permission to tell it verbally [Amy laughing]. That's his story. If those guys hadn't grabbed him, he probably would have died in an alley. He will tell you, he had *bad* active addiction at that time to a number of drugs. But it took, and he dedicated his life to helping other people, and he's now almost eighty. He's still working part-time on the res. He helped the mom's program. He's helped our Oshki Manidoo center in Bemidji. He's working right now with behavioral health. We're doing regularly scheduled peer support recovery classes. We have tribal certification authority to certify peer support workers, and we do the training, and he's on the team that does the training. So that's what one life is worth. If there hadn't been someone to say, "Wait a second. We oughta give Dennis another chance. See if we can help him. He might do something good with his life." He did, but if someone hadn't of stepped up with harm reduction help—it was homemade, but it was harm reduction

**SP:** That's right!

**CG:** You know Dennis probably would've died in an alley of liver failure and other overdose. So, you need to hear Dennis Hisgun's story. And, you have just heard it from me, but you really should try to talk to him.

**AS:** Oh definitely, definitely.

**SP:** Dennis was at the conference, the harm reduction conference in San Diego, with the mom's program.

**AS:** Oh really?

**CG:** Yeah, I think so. There's Dennis Jr. his son, who works here. And Dennis Sr. but he's in his late seventies.

**SP:** Jr… how old is... ?

**CG:** He's a young looking man! He doesn't look like he's in his late seventies but he is.

**SP:** So, that that's the same Dennis that I met.

**CG:** Yeah, probably.

**SP:** Yeah.

**CG:** Yeah so, I love and honor him and wish I had met him many year sooner. But, Dennis' story to me is the story of what one life is worth when you step up with harm reduction help and you don't give up on someone and you offer them yet again, help.

**SP:** Harm reduction *is* home-grown.

**CG:** Yes, of course!

**SP:** It's the important piece about it.

**CG:** Of course! You're right! And I, I knew you'd love the story if you hadn't already heard it, but that's a story that should be heard. And Dennis tells it when he tells his own story, but he hasn't made a big deal out of it. It's never been published anywhere, and if I write it in an article I dub him "Mato," M-A-T-O [spelling], which is the Dakota name for "bear." I don't use his name "Dennis." But I talked to him and he gave me permission to tell his story, so if I tell it like this I use his name. But if I write it, I use the name "Mato," M-A-T-O [spelling].

**AS:** Okay, Okay. So, what... I think you've already answered my question about your ideas and philosophies about best practices. If there's anything else you wanted to add about that?

**CG:** Best practices here…

**AS:** Yeah what you've come…

**CG:** … are what we need to do to help our fellow community members to find safer ways of living, and to find hope to heal the underlying generational trauma and adverse childhood experiences so that then they can receive long-term healing of the superficial issue of drug-abuse. Drug-abuse is a superficial issue, but it's a *lethal* one. But, if you don't offer red-road healing, if you don't offer healing of generational trauma and adverse childhood experiences, then the superficial but lethal problem is going to continue. And, no I can't show you any community here where we have zero drug problem, but we are working very hard to offer healing for the underlying problems and trying to bring that to the front. It's always been in the background, but it hasn't been the front. And all of our tribal public health, behavioral health, harm-reduction, judicial organizations—a couple of years ago we started an adult drug court, we've had a juvenile drug court, restorative justice courts...

**AS:** Is that called the Circle Back Center?

**CG:** Circle Back is a, is an outpatient recovery maintenance group, therapy program for teens. But, it's connected with the adult drug court DIY—Dually Involved Youth Program—and the juvenile court program. So, they get referrals from juvenile court from the DIY program, and then Circle back can take kids just at their own request of their parents' request with no organizational referrals.

**AS:** Oh, Okay

**CG:** So, we're doing good stuff like that. But we, have been trying since 2013 when we opened the mom's program, to bring to the front the concept that we need to find ways to offer durable medicine wheel healing—physical, mental, emotional, and spiritual—for the underlying wounds of generational trauma and adverse childhood experiences. And, when we do that, then we'll have a platform for effective long-term sobriety. So, those are the things in general that I think all our divisions and departments are working on, and we have a program that we call the Drug Task Force. Has Clinton told you about that?

**SP:** I don't think so.

**CG:** What the tribe declared a drug abuse emergency in 2011, or 2012—just around the time that I had my three month retirement and started working here—but shortly after the declaration the tribal council established the Drug Task Force. It is *not* a police group. It's a group where representatives of every division and every department get together and meet once a month, sit down at the table in the administration building—the big table—we all sit there and say, "So what problems are we seeing in our community now related to drug abuse? What are the wounds? What is the healing that's needed? How can our programs work together across department and divisional boundaries to make things work?" And certainly that was one of the motivations for getting the mom's program going, 'cuz it was that table where Tara Mason said, "I want it open by June." And walked out of the meeting. It was a Drug Task Force meeting. So, a number of our other programs in recent years have been based on that, and the cultural division director is the facilitator of that meeting, which is really good—Mike Larak [confirm name and spelling]. The police chief comes, representatives from drug court come—from substance abuse, from behavioral health, from tribal health, from harm reduction—but it's the cultural director of our nation that is the facilitator, Merlon Deegan [confirm name and spelling]. You should talk to him too. D-E-E-G-A-N [spelling], Merlan. He is a former cop, he's a former tribal policeman, who has traditional healing training in both Ojibwe and Dakota traditional healing. He's a nephew of Dennis Hisgun Sr. So there's a story there. And so Merlan is our cultural director, and he chairs that committee to help us all keep on task and focus on the fact that we need to provide medicine wheel healing for the underlying wounds of our people if we want to establish successful long-term sobriety strategies here. So…

**AS:** Do you feel hopeful?

**CG:** Yes. Very much so.

**AS:** About the opioid epidemic? About it…

**CG:** I do, but I don't feel hopeful for any quick-fix solutions. What we need is the work of the Drug Task Force, the work of the mom's program, the work of our MAT program, the work of our traditional cultural division. Merlan has spent a number of years struggling to work with a consultant, Roxanne Delille. She's a PhD level educator and an medaywan [unclear] woman, who works at Fond Du Lac College. And, she has been working with Merlan an a group of us, a work group, to develop a new employee orientation program. And as it stands now it's three four hours segments, that talks about the cultural history, the spiritual history, the history that the conquerers got all wrong, the history of work the White Earth nation has done to help its community members, and to help others, and the last section is being completed. And Merlan's hope with the support of our reservation business committee is that every new employee will get to sit in those sessions, and learn that history of "Gawa ba be banicka" [Speaking in Ojibwe] [Unclear. Confirm words for translation.]— "the land of abundant white clay"—its history, its culture, a little bit about its language, its spiritual traditions. And, how they relate to issues today like drug abuse and like public health work, and human services work, and... Being a transportation bus driver! Being a child care worker! Being a whatever! Everybody's gonna get that. And, a commitment's been made to have all current employees attend that training too. So, that's a big deal for us. And that's work that Merlan has helped to keep on the front burner, and not to be forgotten about. Because that's part of that, you have to deal with the underlying issues. And, you have to acknowledge the hope that Anishinabe people have always had, but has often been distracted from by issues of colonization, issues of internalized oppression, issues of discrimination, etcetera, etcetera, etcetera.. You know those lectures and that's not why you came here, but I will tell you two acknowledge phrases that you don't need to learn but you should know about. One of them is, "Gaween..." [Speaking in Ojibwe] [unclear. Confirm words for translation.] It took me a long time to learn that. I am not a fluent speaker, I've worked very hard to learn that, and here's why. Do you know what that means in English? This is what it means in English: "You cannot destroy one who has dreamed a dream like mine." So, even if you don't ever learn any other Ojibwe, that's what you need to know as our working policy here, and not everybody can say that. I've worked hard to learn how to say that. " Gaween......" [Speaking in Ojibwe] [Unclear. Confirm words for translation.] "You cannot destroy one who has dreamed a dream like mine." And the "you," is not Amy Sullivan or Sue Purchase, the "you" is the life. Okay? "You cannot destroy me life. You cannot destroy one who has dreamed a dream like mine." That is, an ancient Ojibwe saying from [unclear] Memorial. It applies right now to the drug abuse crisis. And, we're working on using that in our work here. The other thing you need to hear is this one. This is from Roxanne Delille, who's helping with the employee orientation program. She taught us this one. I call these two sayings the "Gaweens" [Ojibwe. Confirm spelling of word for translation.] This one starts out with Gaween. "Gaween...." [Speaking in Ojibwe] [unclear. Confirm words for translation.] Also took me a while to learn that! What that means in English is, "It is not without reason that I do this." That is another Anishinabe saying. "Oh geez, oh why did they burn that sage, I always think that smells like weed, you know? Why do they do that? Why do they... 'Joe! Look at putting down tobacco by a tree and there's food in that plane. Why do they do that?' That must be some aberration!" "Gawenn..." [Speaking in Ojibwe] [unclear. Confirm words for translation.] It is not without reason that I do this. Merlan can explain, I can explain a little, Roxanne can explain, his team can explain, many of us who have learned can explain. There's a reason. A healing powerful reason, for each and every ceremonial thing we do here. And, I have to tell you this about smudging, this isn't why you came here, but we smudge a lot. Harm Reduction smudges a lot. You probably know that. Did you know that there are only 400 nerve receptor endings in the human nose for sense of smell? They're on a little piece of mucosa, about the size of a postage stamp in the back of the nose, 400! You've got hundreds of billions of neurons! I mean 400, that can't be very important. But, it is. Those 400 receptors are like a 400 character password. They can recognize more than a trillion different individual inputs, and those sense of smell receptor nerve endings are the *only* nerve endings in the entire human body that go straight into the brain. They don't go to the spinal cord, they go straight into the brain. And do you know where they go? They go right into the limbic system, the amygdala, the hippocampus, the part that's damaged by drug abuse and needs healing. And, do you know that Western researchers have discovered that human beings who can be given a brief meditational routine that helps to center them on healing thoughts will do much better in recovery, but it's very hard because in our text messaging, and phones, and blogs... it's very hard to get people to do that. That's what smudging does. The Anishinabe "Seven Fires" prophecy, more than a thousand years ago, actually warned the Anishinabe that drug abuse was coming, and said that there would be something to help. Smudging is a direct line into the human amygdala, to remind our brain centers of, "Gaween..." [Speaking in Ojibwe] [Unclear. Confirm words for translation] So we smudge here. "Gaween..." [Speaking in Ojibwe] [Unclear. Confirm words for translation] "It is not without reason that we do this." It's part of our hope. So, that's my own eccentric version...

**AS:** No I don't think it's eccentric.

**CG:** ...but I'm pretty sure that people who are not as eccentric as I am, will agree with that. And that's one of my essays, in my group of essays that I gave to Dennis Hisgun, is don't laugh about smudging. Let me tell you about human physiology, neuroanatomy and how it works. Smudging really works!

**AS:** Will you share some of those with me? The essays? Are they ones that you've written?

**CG:** Yes.

**AS:** Oh, oh okay. They're not, you aren't collecting research.

**CG:** Nope! Here's the deal, I got tired of not admitting that I had written them. I gave 'em to Dennis, but I wrote 'em and so...

**AS:** Ah, [laughing] the truth comes out!

**CG:** You can go on to Barnes and Noble, or SmashWords, and you can type in Carson Gardner, and you will see an ebook on a reinterpretation of the Dao De Jing...

**AS:** Oh wow.

**CG:** And you will see an ebook of very eccentric sonnets, and then you will see an ebook of essays. And, I have probably sold ten, so I am not marketing, and I don't give a damn whether you look at 'em or not. But, if you wanna read them you can get access to 'em, 'cuz I got tired of not sharing them. And, I decided well, I'll put em in an ebook and then I'll die. And, after that people will actually look at it. So, I'm hoping to become a famous dead poet and a famous dead essayist! [Sullivan laughing.] So, the fact that they're available is just a way for you to look at 'em, otherwise if you want a totally free copy instead of spending four or five bucks...

**AS:** No I'll buy it.

**CG:** I'll email it to you from home.

**AS:** No, it's okay. I'll buy it and then you can say you've sold eleven!

**CG:** I have no desire in making money but, the whole fifty-two that are in there as eccentric as they are and I, you know, there's nothing off color or intolerable, but it will take you down a path that Western Historians don't often go down. But I'll stand by everything I put in there.

**SP:** You mentioned they're on Amazon, what's the other one?

**CG:** They're not on Amazon they're on Barnes & Noble.

**AS:** Barnes & Noble.

**SP:** Barnes & Noble.

**CG:** Amazon requires that as an ebook author you have to sell 2,000 dollars worth of ebook before they'll even put it on Amazon. Did you know that?

**SP:** Did you say another one like SmashWords?

**CG:** Smashwords.com A couple in California, frustrated writers, a decade and a half ago decided, "You know maybe the best thing we could do is put together a website to help other people get their ebooks out there." And so, the Smashwords.com website has now helped amateur writers like me publish several hundred thousand ebooks. Most people make no money, and SmashWords says, "You know what? We'll do it for you free, and here's the deal. If it sells we want ten percent of your profits." That's pretty reasonable. And so, that couple is making a decent living on that, most of us never sell anything. You know, Grandma buys one, our cousin whose always liked our poems buys one, and nobody else does. But, they do it free, and they still do it free. So, that's how I did it. Costs you nothing except the rigamarole of getting the electronic text right. But they buy their groceries because 5-10% of their authors actually sell a bunch of copies, and so then they get paid.

**AS:** That's great.

**SP:** I'll have to check it out

**CG:** Yeah, yeah, you get on SmashWords, you can get it somewhere else. And, if you really don't want to buy a copy I'll give you the essays free 'cuz I always feel guilty. That's why I need to become dead, so that I can become a famous dead poet and essayist, 'cuz I can't countenance charging anything for 'em. And I certainly gave em to Dennis free. But, in case anybody ever asks, you're the first person that's ever asked, but in case anybody ever asks about a year ago I put em on SmashWords.

**AS:** So, thank you.

**CG:** Thank you for putting up with me.

**AS:** This was really lovely, oh no

**CG:** Clinton and I both have the problem of typically after about 45 minutes in any meeting we're in, someone will say, "Okay! Bring it in for a landing Gardner. Bring it in for a landing Clinton!" So, you can tell Clinton I warned you.

**AS:** Well, thank you very much, it was really...

**CG:** I'm a storyteller.

**AS:** It was really delightful to meeting you

**CG:** I'm a storyteller, and I was one before I came here, but I have people like Poozy Haggs [confirm spelling of name] who really helped me to become a more effective storyteller here. And so, I will always be a story teller, probably long after I'm retired, and his is an opportunity I couldn't pass up so, I snuck in all kind of stories.

**AS:** No, those were beautiful.

**SP:** Can I ask you a question? So what about Hep C up here now? Like, what are the rates like? Cuz I remember like...

**CG:** Clinton will have some pretty good ideas about the rates. The IHS Clinic of course is reticent to just hand us information like that, but they do keep records, and Clinton is working with their new public health doctor. They hired a new public health doctor, that's a physician with a masters in public health. Who has interest in things like PREP for people at risk of HIV and Hepatitis C treatment. You know Clinton in harm reduction has developed a consulting relationship with, I think a Twin cities hepatologist, who is providing low cost Hepatits C care here. So i'm pretty sure Clinton can tell you stats. But I don't know if he has full access to all the IHS statistics. He might though...

[End]