Native Health Advocacy
Case Study 2026-2027

Created by Minnesota HOSA in Partnership with Tribal Health LLC

This document contains the fictional historical, cultural, governmental, geographic, and healthcare information competitors will use during **Round Two** of the Native Health Advocacy event.

Competitors should review this case study before competition and be prepared to apply its information to a secret Native health scenario. **Competitors should be given access to a printed case study during the entirety of Round 2.**

Fictional Case Study

This document is a fictional adaptation and is intended for educational purposes only. While it draws on historical events and practices related to Indigenous treaties, healthcare, and governance, specific names, dates, and events within the Treaty of Pine River are fabricated. Any resemblance to actual persons, places, or events is purely coincidental. For accurate historical information, please refer to reputable sources on Indigenous history and treaty law.

Treaty of Pine River, 1854 **4**
Preamble 4
Article I: Cession of Lands 4
Article II: Establishment of the Pine River Reservation 4
Article III: Hunting, Fishing, and Harvesting Rights 4
Article IV: Annuities and Payments 4
Article V: Educational and Medical Facilities 4
Article VI: Tribal Governance and Sovereignty 5
Article VII: Encroachment and Military Protection 5
Article VIII: Trade and Travel Rights 5
Article IX: Amendments and Modifications 5
Article X: Ratification and Implementation 5
Historic and Cultural Overview of the Pine River Tribe **7**
Establishment and Development of the Pine River Reservation 7
Spiritual Practices of the Ahwa'siwi People 7
Sacred Ceremonies and Rituals 7
The Role of Elders and Storytelling 7
Vision Quests and Healing Practices 7
Respect for Nature and Community Life 8
Cultural and Linguistic Heritage **8**
Original Homelands and Relationship with Nature **8**
Adaptation to Challenges and Modern Developments 9
Location **9**
Food Availability and Community Infrastructure 9
Access to Transportation and Roads 9
Local Government of Pine River Reservation **10**
Key Roles and Responsibilities 10
Collaboration with Outside Entities 10
Community Engagement and Decision-Making 10
Pine River Tribal Council Annual Budget **11**
Local Hospital Information **11**
Administration 12
Leadership Positions 12
Specialties Available 12
Demographics of Staff 14
Traditional Healers at Pine River Tribal Hospital 14
Origins and Role of Traditional Healers 14
Specific Plant-Based Medicines and Remedies 15
Specialized Healing Practices for Mental Health 15
Cultural Competency Training at Pine River Tribal Hospital 15
Core Components of the Training 15
Program Implementation and Evaluation 16
Employment Statuses and Staffing Agency (Tribal Health) 16
Staffing Shortages at Pine River Tribal Hospital 16

Fictional Case Study

This document is a fictional adaptation and is intended for educational purposes only. While it draws on historical events and practices related to Indigenous treaties, healthcare, and governance, specific names, dates, and events within the Treaty of Pine River are fabricated. Any resemblance to actual persons, places, or events is purely coincidental. For accurate historical information, please refer to reputable sources on Indigenous history and treaty law.

Location Related to Community 16
Proximity to Towns and Cities 16
Loan Repayment and Incentive Programs **17**
Recruitment and Retention Initiatives 17
Diagnostic Breakdown **17**
Infant Mortality Rate 18
Substance Use Surveillance Summary (Previous 12 Months) 18
Patient Transport, Location Challenges, and Cost Considerations **19**
Limited EMS Capacity and Availability 19
Transfer Requirements and COVID-19 Impact 19
Patient Referred Care (PRC) 19
Monetary Data **20**
Tribal 638 21
Public Health Nurses 22
Patient Charts **22**

Fictional Case Study

This document is a fictional adaptation and is intended for educational purposes only. While it draws on historical events and practices related to Indigenous treaties, healthcare, and governance, specific names, dates, and events within the Treaty of Pine River are fabricated. Any resemblance to actual persons, places, or events is purely coincidental. For accurate historical information, please refer to reputable sources on Indigenous history and treaty law.

Treaty of Pine River, 1854

A Treaty between the United States of America and the Ahwa'siwi People (Pine River Tribe), signed at Fort Jenkins, Territory of Minnesota, on September 12, 1854.

Preamble

This treaty establishes a formal agreement between the United States of America and the Ahwa'siwi people to promote peaceful relations, provide for the welfare of the tribe, and facilitate the development of new settlements. In recognition of the land ceded and the hardships endured by the Ahwa'siwi people, the U.S. government guarantees certain protections, payments, and rights within the newly designated Pine River Reservation.

Article I: Cession of Lands

The Ahwa'siwi people hereby cede, convey, and relinquish all rights, titles, and interests in and to the lands along the Mississippi River and the Great Lakes to the United States. These lands shall now be placed under the jurisdiction and ownership of the federal government for the purposes of settlement and development.

Article II: Establishment of the Pine River Reservation

The Pine River Reservation will cover 120,000 acres in northern Minnesota.

Boundaries:

- Southern Boundary: The confluence of the Pine River and the Mississippi River, near the settlement of Ironton.
- Western Boundary: Extending to the shores of Big Rice Lake.
- Northern Boundary: Meeting the waters of Leech Lake.
- Eastern Boundary: Reaching Lake Winnibigoshish.
- Returning South: Following the Mississippi River back to the starting point at the Pine River's confluence.

The U.S. guarantees exclusive control of the reservation to the Ahwa'siwi people, with federal protections against settler encroachment.

Article III: Hunting, Fishing, and Harvesting Rights

The Ahwa'siwi people retain permanent hunting, fishing, and wild rice harvesting rights on the reservation and throughout traditional territories. The tribe may continue ceremonial harvesting practices to ensure environmental sustainability.

Article IV: Annuities and Payments

- One-Time Payment: $5,000 for housing, a school, and a healthcare outpost.
- Annual Payments: $1,000 in goods and cash for ten years, subject to federal oversight and deductions for administrative costs.

Article V: Educational and Medical Facilities

- Education: A bilingual school will be built, though instruction will favor English over the Ahwa'siwi language.
- Healthcare Facility: A basic healthcare outpost will be established.

Fictional Case Study

This document is a fictional adaptation and is intended for educational purposes only. While it draws on historical events and practices related to Indigenous treaties, healthcare, and governance, specific names, dates, and events within the Treaty of Pine River are fabricated. Any resemblance to actual persons, places, or events is purely coincidental. For accurate historical information, please refer to reputable sources on Indigenous history and treaty law.

Article VI: Tribal Governance and Sovereignty

The Ahwa'siwi Tribal Council shall retain authority over internal governance, including the administration of justice, resource management, and cultural preservation. However, all laws and regulations of the United States shall apply within the reservation, and federal law shall take precedence over conflicting tribal laws.

Article VII: Encroachment and Military Protection

A military outpost will be established along the southern boundary of the reservation to protect against illegal settlement, though historical precedents suggest that federal enforcement may favor settlers over tribal interests.

Article VIII: Trade and Travel Rights

The Ahwa'siwi people shall retain the right to travel freely for trade and cultural exchange, and no tolls, taxes, or restrictions shall be imposed on goods transported by tribal members. However, restrictions may be imposed by the United States if deemed necessary for national interests.

Article IX: Amendments and Modifications

Amendments to this treaty may only occur with the mutual consent of both the U.S. government and the Ahwa'siwi Tribal Council.

Article X: Ratification and Implementation

This treaty shall take effect upon ratification by the U.S. Senate and acceptance by the Ahwa'siwi Tribal Council. The terms herein are binding upon both parties and their successors.

Signed on behalf of the United States of America:
Major General Robert Williamson
Commissioner of Indian Affairs

Signed on behalf of the Ahwa'siwi People:
Chief Makade-Mitig (Black Tree) | Elder Ahkweya (Running Water) | Councilman Migizi (Eagle)

Ratified by the Senate of the United States on October 10, 1854.

Certified by:
James Buchanan, Secretary of the Senate

Fictional Case Study

This document is a fictional adaptation and is intended for educational purposes only. While it draws on historical events and practices related to Indigenous treaties, healthcare, and governance, specific names, dates, and events within the Treaty of Pine River are fabricated. Any resemblance to actual persons, places, or events is purely coincidental. For accurate historical information, please refer to reputable sources on Indigenous history and treaty law.

Treaty of Pine River in Historical Context

The Treaty of Pine River, 1854, reflects challenges similar to those experienced by Indigenous communities during many 19th-century treaty negotiations. Limited or poor translation services were common, leaving tribal leaders unable to grasp the long-term consequences of what they were signing. Legal jargon and deliberately vague language further complicated the process, often resulting in massive land cessions and unjust terms. The Treaty of Traverse des Sioux, 1851, exemplifies this issue: Dakota leaders were misled into signing additional "traders' papers" under the impression they were part of the treaty, diverting much of the promised payments to traders rather than to the tribe itself. Many tribes unknowingly surrendered extensive lands under such conditions, contributing to widespread distrust of government actions (MNopedia, Nicollet County Historical Society)

Treaties, including the Trail of Tears and the Traverse des Sioux Treaty, often led to forced relocations, resulting in significant suffering. Thousands of Cherokee, Creek, and other Indigenous peoples perished from exposure, disease, and starvation during these forced marches. Similarly, tribes feared that signing such treaties could bring similar outcomes, fostering deep mistrust of U.S. promises and government policies (Treaties Matter)

Promises of education were often twisted into programs of assimilation and cultural erasure. Boarding schools, initially framed as opportunities for advancement, instead became centers of abuse, with Indigenous children banned from speaking their languages and practicing their traditions. These efforts resulted in irreparable cultural losses and intergenerational trauma, further exacerbating the distrust between tribes and government authorities (Carleton College, History 116)

Although treaties like the imitation made for Pine River included commitments to healthcare and infrastructure, these promises were rarely fulfilled. Healthcare services on reservations, managed through the Indian Health Service (IHS), have remained chronically underfunded, contributing to higher rates of chronic disease, addiction, and mental illness in Indigenous communities. This neglect extends to essential infrastructure such as housing and clean water access, leaving many reservations in dire conditions (MNopedia)

The history of broken promises, coercion, and exploitation has led many Indigenous communities to view government institutions with deep skepticism. Even today, participation in government-run healthcare or social programs is hindered by this legacy of negligence and betrayal. Many Indigenous people fear further marginalization, believing that government initiatives may serve other interests rather than their communities' welfare (Nicollet County Historical Society)

This document is a fictional adaptation and is intended for educational purposes only. While it draws on historical events and practices related to Indigenous treaties, healthcare, and governance, specific names, dates, and events within the Treaty of Pine River are fabricated. Any resemblance to actual persons, places, or events is purely coincidental. For accurate historical information, please refer to reputable sources on Indigenous history and treaty law.

Historic and Cultural Overview of the Pine River Tribe

Establishment and Development of the Pine River Reservation

The Pine River Reservation, established in 1854, emerged from a treaty between the U.S. government and the Pine River Tribe. This agreement, initially promising tribal sovereignty over a vast expanse of northern Minnesota, reflected the government's broader strategy of land negotiations with Indigenous communities during the mid-19th century. However, over the decades, the tribe experienced significant land loss through cessions and encroachments, leaving them with 120,000 acres, just a fraction of their original territory. Despite these reductions, the reservation remains a stronghold of cultural and environmental significance, nestled in dense northern forests rich with lakes and rivers. These resources have supported the tribe's traditional practices of fishing, hunting, and wild rice harvesting, which continue to play a central role in both their subsistence and cultural identity.

Spiritual Practices of the Ahwa'siwi People

The Ahwa'siwi people, like many Native communities, integrate spirituality into every aspect of life, emphasizing the interconnectedness of all things, people, animals, plants, and the natural world. Their spiritual practices are deeply rooted in respect for the land and the wisdom of elders, who act as spiritual guides and keepers of ancient knowledge.

Sacred Ceremonies and Rituals

Among the most significant ceremonies practiced by the Ahwa'siwi are sweat lodges, talking circles, and smudging rituals. The sweat lodge is used for physical and spiritual purification, symbolizing a return to the womb and a process of rebirth. Participants gather inside a small, heated tent, where water is poured over hot stones to create steam, purifying the body and mind through intense heat and prayer. It is a space for renewal, guided by a tribal elder or medicine person who helps individuals release emotional burdens and seek clarity.

The Role of Elders and Storytelling

Elders are revered within the tribe as guardians of spiritual wisdom and the connection to ancestors. Their stories, passed down through generations, contain teachings about harmony, respect for nature, and guidance for navigating life's challenges. An elder named Sky Elk is remembered for teaching young members about the significance of wild rice, saying: "The water and the rice are one spirit, harvest with care, and they will always provide." His words illustrate the importance of sustainable practices and gratitude.

Elders also lead talking circles, where community members come together to share their thoughts and emotions. In these circles, a ceremonial object, such as a feather or a carved staff, is passed around, granting each participant the opportunity to speak. These gatherings foster connection, healing, and mutual respect.

Vision Quests and Healing Practices

Young members of the Ahwa'siwi often undertake vision quests as a rite of passage, guided by elders. These solitary journeys into the wilderness are a way to seek personal insight, connect with the spirit world, and discover one's purpose. The quest typically involves fasting, prayer, and meditation, with the expectation of receiving a vision that offers guidance not only for the individual but also for the tribe.

This document is a fictional adaptation and is intended for educational purposes only. While it draws on historical events and practices related to Indigenous treaties, healthcare, and governance, specific names, dates, and events within the Treaty of Pine River are fabricated. Any resemblance to actual persons, places, or events is purely coincidental. For accurate historical information, please refer to reputable sources on Indigenous history and treaty law.

The tribe's medicine people also practice traditional healing, blending herbal remedies with spiritual ceremonies. For example, during times of emotional distress, individuals might receive treatment involving smudging with sage or sweetgrass, believed to cleanse negative energy and restore spiritual balance. This holistic approach reflects the tribe's belief that physical health is inseparable from emotional and spiritual well-being.

Respect for Nature and Community Life

At the heart of Ahwa'siwi spirituality is a profound respect for nature. Every element of the natural world, rivers, trees, animals, is seen as imbued with spirit and deserving of reverence. This worldview shapes not only the tribe's religious practices but also their everyday lives, from sustainable harvesting of wild rice to seasonal festivals that celebrate the changing of seasons.

These traditions are more than spiritual exercises; they are a way of living that ensures the continuity of the tribe's values across generations, fostering resilience and unity even amid changing circumstances. The Ahwa'siwi people continue to honor these practices today, preserving their cultural heritage and spiritual identity through community participation and reverence for their elders and ancestors.

Cultural and Linguistic Heritage

The Pine River Tribe, known for their endurance and deep-rooted traditions, originally thrived in the Great Lakes region. Before relocation, the tribe flourished along the Mississippi and Pine Rivers, utilizing the rich waterways for fishing and transportation. Forced to relocate in the 19th century, they carried with them their language, Ahwa'siwi (ah-hwah-see-wee), an essential part of their identity. This language is more than a means of communication, it embodies the tribe's worldview, conveying knowledge of the natural world, traditional wisdom, and moral teachings through oral storytelling. Ahwa'siwi also reflects a profound respect for nature, using metaphors rooted in the rhythms of the seasons, wildlife, and water.

Today, although the language has seen a decline, tribal elders and educators lead efforts to pass it on to younger generations through cultural preservation programs. Classes and immersion activities on the reservation ensure that Ahwa'siwi remains a living language, helping to bridge generations and preserve the tribe's identity. Storytelling sessions led by elders, held during seasonal festivals or around sacred fires, further emphasize the importance of oral traditions in transmitting the community's history, ethics, and customs.

Original Homelands and Relationship with Nature

Before their forced relocation, the Pine River Tribe thrived along the Great Lakes and Mississippi River regions. The waterways provided ample fish, game, and wild rice, resources they harvested with a sustainable approach rooted in deep respect for the natural world. Seasonal activities followed cycles of abundance, with fishing, hunting, and gathering rituals marking the changing of the seasons.

One of the most significant traditional practices was the harvesting of wild rice, a sacred food central to the tribe's culture. The harvesting process was highly ceremonial, reflecting gratitude for the earth's bounty. Families worked in pairs from canoes, gently bending the rice stalks over the canoe and striking them with wooden sticks, known as knockers, to release the grains. This method ensured that only mature rice fell into the canoe while some seeds dropped back into the

This document is a fictional adaptation and is intended for educational purposes only. While it draws on historical events and practices related to Indigenous treaties, healthcare, and governance, specific names, dates, and events within the Treaty of Pine River are fabricated. Any resemblance to actual persons, places, or events is purely coincidental. For accurate historical information, please refer to reputable sources on Indigenous history and treaty law.

water, naturally reseeding the plants for future harvests. The harvested rice was later dried, parched over open fires, and threshed by foot to remove the husks. The final step involved winnowing the grains by tossing them in baskets to separate the chaff from the rice.

Even today, the tribe continues this tradition during the wild rice season, with families and community members gathering on lakes to harvest the crop. Wild rice remains not only a staple food but also a symbol of spiritual nourishment, featured in ceremonial feasts and shared as an offering during important community events.

Adaptation to Challenges and Modern Developments

The transition from their ancestral homelands to the Pine River Reservation was difficult, with the tribe facing new environmental challenges and restricted access to resources. However, they adapted by integrating their traditional practices into the new landscape, continuing to fish, hunt, and harvest wild rice in ways that honored their ancestors. Today, the tribe balances tradition with modern developments, employing sustainable practices such as fish hatcheries and conservation initiatives to maintain local biodiversity.

The Pine River Tribe, now a vibrant community of 20,000 members, actively engages in cultural and economic revitalization. Healthcare services on the reservation blend modern medicine with traditional healing practices, while education programs ensure that the younger generation remains connected to the tribe's language and customs. Through seasonal festivals, storytelling sessions, and harvest ceremonies, the tribe continues to celebrate its heritage while shaping a future that reflects both cultural pride and self-determination.

Location

Pine River Reservation is located in northern Minnesota on 120,000 acres of land. The sovereign nation borders are ellipsoidal in nature with the Tribal Administration Offices in the center of the territory. Housing is dispersed throughout the nation but concentrated along the southeastern and southwestern borders with an estimated 15,000 residents. The remaining 5,000 tribal members reside throughout the nation. There are three public health clinics, one in the southeast, one in the southwest, and one in the northeast.

Food Availability and Community Infrastructure

The remote setting affects not only patient care but also access to food and everyday amenities.

- Limited Grocery Options: Local residents primarily rely on convenience stores and small markets for food, which limits access to fresh produce and diverse food options. For larger grocery trips, community members must travel to the nearest town or city, which is at least 25 miles away.
- Food Insecurity: The combination of limited transportation options and scarce food outlets contributes to higher rates of food insecurity and diet-related health issues, such as diabetes and hypertension

Access to Transportation and Roads

- Seasonal Travel Challenges: During the harsh winter months, icy roads and snowstorms frequently delay travel, affecting both patient transport and staff commutes. The rural road network can make it difficult for ambulances and helicopters to operate efficiently in bad weather, further compounding emergency response challenges

This document is a fictional adaptation and is intended for educational purposes only. While it draws on historical events and practices related to Indigenous treaties, healthcare, and governance, specific names, dates, and events within the Treaty of Pine River are fabricated. Any resemblance to actual persons, places, or events is purely coincidental. For accurate historical information, please refer to reputable sources on Indigenous history and treaty law.

- Public Transportation: The hospital and surrounding communities have limited public transportation options, with many residents relying on personal vehicles or rideshares, which complicates access to care for those without reliable transportation.

Local Government of Pine River Reservation

The Pine River Tribal Council is the central governing body responsible for overseeing all aspects of community life on the reservation, including healthcare, education, infrastructure, and social programs. The council ensures that resources are managed effectively and that services align with the needs of the tribal community.

Key Roles and Responsibilities

- Healthcare Management:
    - The council works closely with the health department and Pine River Tribal Hospital to monitor healthcare outcomes and allocate funds effectively.
    - The hospital operates under a 638 Contract
    - It ensures that federal funds, such as IHS allocations, are used to address staffing shortages and expand healthcare access.
- Education and Social Services:
    - The council oversees tribal schools, focusing on bilingual education in both English and the Ahwa'siwi language. It manages scholarship programs and ensures that children and young adults have access to educational and extracurricular opportunities.
    - Social programs, including housing assistance and food security initiatives, are prioritized to combat poverty and enhance well-being within the community.
- Public Health and Infrastructure Development:
    - Through public health programs, the council addresses chronic diseases, mental health, and substance use issues, aligning with the hospital's efforts to improve health outcomes.
    - Infrastructure projects, such as road maintenance, utilities, and housing construction, are managed to improve the quality of life on the reservation.

Collaboration with Outside Entities

- Federal and State Partnerships:
    - The council coordinates with federal agencies, including the Bureau of Indian Affairs (BIA) and Indian Health Service (IHS), to secure funding and technical support.
    - It also partners with state and local governments to facilitate infrastructure projects and improve access to regional healthcare facilities.
- Non-Profit and Private Sector Involvement:
    - The council works with non-profit organizations to implement educational and health programs and secures grants to address specific challenges, such as food insecurity and addiction treatment.
    - Private sector partnerships, including collaborations with staffing agencies like Tribal Health, LLC, help manage workforce shortages at Pine River Tribal Hospital.

Community Engagement and Decision-Making

The council emphasizes community involvement, hosting regular town hall meetings and engaging with elders and youth groups to gather input on key decisions. Cultural preservation is a core value, and many decisions incorporate the guidance of tribal elders to ensure that traditional practices are respected

Fictional Case Study

This document is a fictional adaptation and is intended for educational purposes only. While it draws on historical events and practices related to Indigenous treaties, healthcare, and governance, specific names, dates, and events within the Treaty of Pine River are fabricated. Any resemblance to actual persons, places, or events is purely coincidental. For accurate historical information, please refer to reputable sources on Indigenous history and treaty law.

Pine River Tribal Council Annual Budget

Category	Annual Budget	Percentage of Total
Healthcare Programs	$18,000,000	60%
- Hospital Operations	$9,000,000	
- Public Health Initiatives	$3,000,000	
- Mental Health & Addiction Services	$2,000,000	
- Staffing & Workforce Development	$2,500,000	
- Emergency Transport (Ambulance/Helicopter)	$1,500,000	
Education & Cultural Programs	$4,500,000	15%
- Tribal Schools & Scholarships	$2,500,000	
- Language & Cultural Preservation	$1,000,000	
- Extracurricular & Youth Programs	$1,000,000	
Welfare & Social Services	$3,000,000	10%
- Housing Assistance	$1,500,000	
- Food Security Programs	$1,000,000	
- Elder Care Programs	$500,000	
Infrastructure & Public Works	$3,500,000	12%
- Road Maintenance & Utilities	$1,800,000	
- Housing Construction	$1,200,000	
- Water & Sanitation Projects	$500,000	
Governance & Administrative Costs	$1,000,000	3%
- Staff Salaries & Operations	$600,000	
- Legal & Regulatory Compliance	$200,000	
- Community Outreach & Meetings	$200,000	

Local Hospital Information

Pine River Tribal Hospital

This document is a fictional adaptation and is intended for educational purposes only. While it draws on historical events and practices related to Indigenous treaties, healthcare, and governance, specific names, dates, and events within the Treaty of Pine River are fabricated. Any resemblance to actual persons, places, or events is purely coincidental. For accurate historical information, please refer to reputable sources on Indigenous history and treaty law.

- Location: 2200 Riverbend Rd, Pine River, MN
- Phone: (218) 555-1234
- Cultural Practices: The hospital integrates traditional tribal healing practices, including the use of herbal medicine, spiritual counseling by tribal elders, and access to sacred fires and sweat lodges.
- Annual Visits: 13,000 Emergency Room visits and 10,800 ambulatory visits.

Administration

- Hospital Administrator: Dr. Mary Elk
- Chief Medical Officer: Dr. John Whiteman
- Director of Nursing: Sarah Redfeather

Leadership Positions

- Tribal Chairman: Lewis Strongbow
- Public Health Director: Linda Whitehorse
- Chief Financial Officer: Adam Two Bears
- IHS Liaison: Rebecca Swift Arrow

Specialties Available

The hospital offers the following specialties to address healthcare needs on the reservation:

- Family Medicine
    - Annual Patient Volume**:** Approximately 4,800 visits
    - Staffing:
        - 2 full-time family medicine physicians
        - 1 vacant full-time physician position
        - 2 full-time nurse practitioners or physician assistants
        - 4 full-time registered nurses
        - 2 full-time medical assistants
        - 1 contract family medicine physician from Tribal Health, LLC, working one week each month
    - Services Offered: Preventive care, routine physical examinations, immunizations, reproductive healthcare, medication management, chronic disease management, and follow-up after emergency or hospital visits.
    - Services Not Available: High-risk obstetric care, major surgical procedures, advanced specialty care, and complex diagnostic testing that requires outside specialists.
- Emergency Care
    - Annual Patient Volume: Approximately 13,000 visits
    - Staffing:
        - 2 full-time emergency physicians
        - 2 contract emergency physicians from Tribal Health, LLC, rotating in seven-day coverage blocks
        - 2 full-time advanced practice providers
        - 8 full-time emergency nurses
        - 4 contract emergency nurses from Tribal Health, LLC, working rotating two-week assignments
        - 2 vacant full-time nursing positions
    - Coverage: Open 24 hours a day. Physicians, advanced practice providers, and nurses work rotating 12-hour shifts.

Fictional Case Study

This document is a fictional adaptation and is intended for educational purposes only. While it draws on historical events and practices related to Indigenous treaties, healthcare, and governance, specific names, dates, and events within the Treaty of Pine River are fabricated. Any resemblance to actual persons, places, or events is purely coincidental. For accurate historical information, please refer to reputable sources on Indigenous history and treaty law.

    - Services Offered: Evaluation and stabilization of trauma, heart attacks, strokes, infections, overdoses, respiratory emergencies, psychiatric crises, and unexpected deliveries.
    - Services Not Available: Trauma surgery, cardiac catheterization, intensive care, an operating room, obstetric services, or neonatal intensive care. Patients requiring these services must be transferred.

- Pediatrics
    - Annual Patient Volume: Approximately 2,000 visits
    - Staffing:
        - 1 full-time pediatrician
        - 1 full-time pediatric nurse practitioner
        - 2 full-time pediatric nurses
        - 1 full-time medical assistant
        - 1 vacant nursing position
        - 1 contract pediatrician from Tribal Health, LLC, working four days every other month
    - Services Offered: Well-child visits, immunizations, developmental screenings, school and sports physicals, asthma management, nutrition counseling, and treatment of common childhood illnesses.
    - Services Not Available: Inpatient pediatric care, pediatric surgery, pediatric intensive care, neonatal intensive care, or pediatric subspecialty services.
- Dental
    - Annual Patient Volume: Approximately 2,000 visits
    - Staffing:
        - 1 full-time dentist
        - 1 vacant full-time dentist position
        - 1 full-time dental therapist
        - 1 full-time dental hygienist
        - 1 part-time dental hygienist working two days per week
        - 1 full-time dental assistant
        - 1 part-time dental assistant working three days per week
        - 1 contract dentist from Tribal Health, LLC, working one week each month
    - Services Offered: Dental examinations, cleanings, fluoride treatments, sealants, fillings, simple extractions, dentures, and treatment of uncomplicated dental infections.
    - Services Not Available: Oral surgery, root canal treatment, orthodontics, pediatric sedation, complex restorative procedures, or dental treatment requiring an operating room. Routine appointments may require a wait of several months because of staffing shortages.
- Behavioral Health (outpatient only)
    - Annual Patient Volume: Approximately 1,600 visits
    - Staffing:
        - 1 full-time psychologist
        - 1 full-time licensed counselor
        - 1 full-time substance use counselor
        - 1 part-time therapist working three days per week
        - 1 contract psychiatrist from Tribal Health, LLC, providing telehealth appointments one day per week
        - 1 vacant full-time counselor position

Fictional Case Study

This document is a fictional adaptation and is intended for educational purposes only. While it draws on historical events and practices related to Indigenous treaties, healthcare, and governance, specific names, dates, and events within the Treaty of Pine River are fabricated. Any resemblance to actual persons, places, or events is purely coincidental. For accurate historical information, please refer to reputable sources on Indigenous history and treaty law.

    - Services Offered: Mental health assessments, individual and family counseling, substance use treatment, medication management, suicide prevention, and trauma-informed outpatient care.
    - Services Not Available: Inpatient psychiatric treatment, residential substance use treatment, medical detoxification, or continuous psychiatric crisis coverage. Patients needing a higher level of care must be transferred.
- Orthopedics (visiting specialists twice a month)
    - Annual Patient Volume: Approximately 400 visits
    - Staffing:
        - 1 contract orthopedic specialist from Tribal Health, LLC, working two days twice each month
        - 1 full-time clinic nurse who divides time between orthopedics and family medicine
        - 1 part-time orthopedic technician working only during visiting clinic days
    - Services Offered: Evaluation of arthritis, joint pain, sports injuries, uncomplicated fractures, and postoperative needs. Basic casting, bracing, joint injections, and follow-up care are available.
    - Services Not Available: Orthopedic surgery, complex fracture management, emergency surgical treatment, or advanced orthopedic imaging.
- Cultural Healing Practices
    - Annual Patient Volume: Approximately 700 encounters.
    - Staffing:
        - These positions are selected and employed directly by the Pine River Nation and are not staffed through Tribal Health, LLC.
            - 1 full-time cultural care coordinator
            - 2 part-time traditional healers, each working two days per week
            - 1 traditional healer available on an on-call basis
    - Services Offered: Spiritual counseling, talking circles, traditional plant-based practices, ceremonies, sacred fire access, sweat lodges, and support during childbirth, chronic illness, grief, and end-of-life care.

Demographics of Staff

- Tribal Members: 60% of staff
- Non-Tribal Members: 40% of staff
- Gender Breakdown: 67% Female, 28% Male, 5% Two-Spirit and Non-Binary Staff

Traditional Healers at Pine River Tribal Hospital

The incorporation of traditional healers into Pine River Tribal Hospital reflects a deep commitment to culturally appropriate healthcare, ensuring that Indigenous healing practices remain central to patient care. These healers, often referred to as medicine men or medicine women, are respected members of the community, entrusted with knowledge passed down through generations. Their practices are rooted in the belief that healing encompasses not only physical well-being but also emotional, spiritual, and communal health

Origins and Role of Traditional Healers

Medicine people are often selected early in life through signs, dreams, or spiritual experiences that indicate their calling. Their training involves years of mentorship under experienced elders, where they learn the use of local plants, spiritual rituals, and ceremonies. Many of these healers come from within the Ahwa'siwi community, but it is not uncommon for the hospital to invite healers from nearby tribes when

This document is a fictional adaptation and is intended for educational purposes only. While it draws on historical events and practices related to Indigenous treaties, healthcare, and governance, specific names, dates, and events within the Treaty of Pine River are fabricated. Any resemblance to actual persons, places, or events is purely coincidental. For accurate historical information, please refer to reputable sources on Indigenous history and treaty law.

specialized knowledge is required. Healers collaborate closely with medical staff, offering complementary treatments during critical health events, such as chronic illness management, childbirth, and end-of-life care. This partnership ensures that patients benefit from both modern medicine and traditional wisdom, addressing the full spectrum of their needs

Specific Plant-Based Medicines and Remedies

Traditional remedies used by healers include plant-based treatments sourced from the local environment, reflecting the tribe's deep ecological knowledge. Examples of frequently used medicinal plants include:

- Sage (Salvia spp.): Burned during smudging ceremonies to purify spaces and promote mental clarity, sage is also brewed into teas to relieve sore throats and respiratory issues.
- Sweetgrass (Hierochloe odorata): Used in ceremonies for emotional healing, sweetgrass also serves as a calming agent when infused in teas.
- Cedar (Thuja occidentalis): Known for its antiseptic properties, cedar leaves are boiled into decoctions used to treat colds and fevers. Cedar baths are also believed to cleanse negative energy from the body.
- Bearberry (Arctostaphylos uva-ursi): Employed in treating bladder infections, this plant is made into a tea with mild antibacterial properties.
- Yarrow (Achillea millefolium):Applied as a poultice to stop bleeding and reduce inflammation, yarrow also has fever-reducing properties. Healers use yarrow tea to manage colds and digestive issues.
- Wild Mint (Mentha arvensis): Mint tea is used to soothe upset stomachs, reduce nausea, and relieve headaches. It is also used as an aromatic to refresh the spirit during sweat lodge ceremonies.
- Chokecherry (Prunus virginiana): Chokecherry bark is boiled into a decoction to treat coughs and sore throats. It is also used as part of a tonic to improve appetite and digestion.

Specialized Healing Practices for Mental Health

Patients often ask healers to perform sweat lodge ceremonies to help them release trauma and stress. The intense heat and steam of the sweat lodge symbolize purification, promoting introspection and emotional release. Additionally, spiritual counseling is provided through vision quests, where patients seek guidance through isolation and prayer in nature. Healers also encourage the use of medicine bundles, small collections of sacred objects, to provide comfort and focus during recovery

Cultural Competency Training at Pine River Tribal Hospital

Pine River Tribal Hospital mandates annual cultural competency training for all staff, designed to improve healthcare delivery by fostering a deeper understanding of Indigenous values, traditions, and identities. This training reflects the growing recognition that culturally aligned care can significantly improve health outcomes for Native American communities while building trust between providers and patients.

Core Components of the Training

1. Understanding Traditional Healing Practices:
    - Staff are introduced to the role of traditional healers in patient care, including the use of plant-based remedies like sage and cedar. Training emphasizes how to collaborate respectfully with healers and incorporate ceremonies, such as sweat lodges and talking circles, into patient treatment plans.
2. Indigenous Perspectives on Health and Wellness:
    - The training explores holistic views of health, focusing on physical, emotional, and spiritual well-being. Staff learn how Indigenous concepts of health differ from Western medical models and are taught to integrate both approaches effectively into treatment.
3. Gender Inclusivity and Two-Spirit Identities:

This document is a fictional adaptation and is intended for educational purposes only. While it draws on historical events and practices related to Indigenous treaties, healthcare, and governance, specific names, dates, and events within the Treaty of Pine River are fabricated. Any resemblance to actual persons, places, or events is purely coincidental. For accurate historical information, please refer to reputable sources on Indigenous history and treaty law.

    - The training highlights the cultural significance of Two-Spirit identities, ensuring staff are equipped to provide affirming care to LGBTQ+ and non-binary patients. It also teaches the importance of traditional gender roles in Indigenous communities and how these roles influence healthcare interactions.
4. Trauma-Informed Care Approaches:
    - Staff are trained in trauma-informed care, recognizing the impact of historical trauma on Native communities. This component addresses the need for empathetic communication and the avoidance of retraumatizing patients, especially in behavioral health and emergency settings.
5. Addressing Implicit Bias and Systemic Barriers:
    - Workshops and scenario-based exercises challenge staff to recognize and mitigate implicit biases. Staff are taught about systemic healthcare disparities faced by Native Americans, equipping them to advocate for patients and improve access to care despite institutional barriers

Program Implementation and Evaluation

The hospital partners with Tribal Health, LLC and Indigenous organizations to continuously update training content and ensure it reflects current best practices. Training outcomes are measured through patient satisfaction surveys and staff assessments, ensuring that the program evolves to meet both staff development needs and patient expectations

Employment Statuses and Staffing Agency (Tribal Health)

- Full-Time Staff: 66%
- Part-Time/Contract: 34% (Contract positions are largely sourced through Tribal Health, LLC, which focuses on hiring for tribal health clinics and hospitals.)

Staffing Shortages at Pine River Tribal Hospital

Pine River Tribal Hospital experiences persistent staffing shortages across primary care, emergency care, pediatrics, dental services, behavioral health, and public health. The hospital currently has one vacant family medicine physician position, two vacant emergency nursing positions, one vacant pediatric nursing position, one vacant dentist position, one vacant behavioral health counselor position, and two vacant public health nursing positions. These vacancies contribute to longer appointment wait times, reduced outreach capacity, heavier workloads for existing staff, and increased reliance on contract professionals.

To maintain essential services, Pine River uses physicians, nurses, dentists, psychiatrists, pediatricians, and orthopedic specialists contracted through Tribal Health, LLC. Contract staff provide temporary or rotating coverage but do not fully replace permanent employees because they work limited schedules and may not provide continuous follow-up care. The hospital also lacks full-time obstetric, surgical, intensive care, neonatal, inpatient psychiatric, oral surgery, and other advanced specialty staff. Patients requiring these services must be transferred or referred through Purchased/Referred Care, increasing transportation costs, outside-care expenses, and delays in treatment.

Location Related to Community

The Pine River Tribal Hospital is centrally located within the Pine River Reservation in northern Minnesota, providing essential healthcare services to both residents of the reservation and nearby rural areas. The hospital sits at a remote intersection of forested areas and scattered rural communities, which influences both patient care and logistics.

Proximity to Towns and Cities

This document is a fictional adaptation and is intended for educational purposes only. While it draws on historical events and practices related to Indigenous treaties, healthcare, and governance, specific names, dates, and events within the Treaty of Pine River are fabricated. Any resemblance to actual persons, places, or events is purely coincidental. For accurate historical information, please refer to reputable sources on Indigenous history and treaty law.

- Nearest Non-Tribal Town: 25 miles away, offering basic amenities such as groceries, gas stations, and small clinics, but lacking major healthcare facilities.
- Nearest Major City: Concordia Health, the closest fully equipped hospital with specialized care, is 70 miles south, while Mayo Clinic in Rochester, MN, an essential referral center, is 190 miles away.
- Travel Times: It takes 1.5 to 2 hours by ambulance to reach Concordia Health, and 3 to 4 hours to reach Mayo Clinic. The distances involved highlight the importance of helicopter/fixed-wing transport in time-sensitive cases

Loan Repayment and Incentive Programs

Pine River Tribal Hospital offers competitive loan repayment programs to attract and retain healthcare professionals. These programs align with federal initiatives aimed at supporting healthcare workers in underserved communities, particularly those serving Native American populations.

- Indian Health Service Loan Repayment Program (IHS-LRP):
    - Participants receive up to $40,000 in loan repayment in exchange for two years of service at Pine River or other tribal health facilities. Additional years of service can further reduce student debt, making this a valuable incentive for recent graduates entering healthcare professions
- National Health Service Corps (NHSC) Program:
    - Pine River Tribal Hospital qualifies as a designated Health Professional Shortage Area (HPSA), making staff eligible for NHSC loan repayment. This program offers up to $50,000 for two years of service and prioritizes workers in mental health and primary care roles
- State Loan Forgiveness Programs:
    - In collaboration with state agencies, the hospital offers loan forgiveness for nurses and behavioral health professionals who commit to long-term service in the facility. These programs help mitigate turnover, especially in critical departments such as emergency care and pediatrics

Recruitment and Retention Initiatives

In addition to loan repayment programs, Pine River offers:

- Relocation Assistance: Staff moving to the area are provided housing allowances and financial support.
- Professional Development Opportunities: Training programs and educational partnerships with local universities encourage staff retention by providing career growth opportunities

Diagnostic Breakdown

Common diagnoses at Pine River Tribal Hospital include:

1. Diabetes – 22% of patients
2. Hypertension – 18% of patients
3. Asthma and Respiratory Illnesses – 15% of patients
4. Substance Use Disorders – 12% of patients
5. Mental Health Disorders – 10% of patients
6. Obesity-Related Complications – 8% of patients
7. Chronic Pain Disorders – 7% of patients
8. Infectious Diseases – 6% of patients
9. Prenatal and Infant Health Issues – 5% of patients
10. Heart Disease – 12% of patients
11. Chronic Liver Disease and Cirrhosis – 5% of patients
12. Unintentional Injuries and Accidents – 9% of patients

Fictional Case Study

This document is a fictional adaptation and is intended for educational purposes only. While it draws on historical events and practices related to Indigenous treaties, healthcare, and governance, specific names, dates, and events within the Treaty of Pine River are fabricated. Any resemblance to actual persons, places, or events is purely coincidental. For accurate historical information, please refer to reputable sources on Indigenous history and treaty law.

13. Cancer – 6% of patients
14. Suicide and Self-Harm – 3% of patients

Infant Mortality Rate
The infant mortality rate on the Pine River Reservation is 11.7 per 1,000 live births, higher than the state average. Efforts are underway to improve prenatal care and postnatal health services to reduce this number. This has been a major challenge given the facility lacks surgical and obstetric specialty services.

Substance Use Surveillance Summary (Previous 12 Months)
Substance use continues to be a significant public health concern for the Pine River Tribe and contributes to chronic disease, mental health conditions, preventable injuries, and maternal-child health complications. Community surveillance conducted through the Pine River Tribal Hospital, Public Health Department, behavioral health services, EMS encounters, and Tribal Council health reporting indicates that methamphetamine and alcohol remain the most commonly encountered substances, while opioid misuse continues to contribute to emergency medical transports and overdose events. Cannabis use is common but is less frequently associated with emergency department presentations. Although culturally based prevention and recovery programs are available, workforce shortages and transportation barriers continue to limit access to consistent treatment and follow-up care.

Pine River Reservation Substance Use Surveillance (Previous 12 Months)	**Data**
Hospital diagnoses attributed to Substance Use Disorders	12% of all diagnoses
Substance-related Emergency Department visits	182
Patients receiving formal Substance Use Disorder evaluations	241
Most frequently encountered substance	Methamphetamine (41% of SUD cases)
Alcohol-related Substance Use Disorders	32% of SUD cases
Opioid-related Substance Use Disorders	18% of SUD cases
Cannabis-related Substance Use Disorders	9% of SUD cases
Patients with polysubstance use	27% of SUD cases
Naloxone administrations by EMS or Emergency Department	29
Pregnant patients with documented substance exposure	8
Patients referred to residential or specialty addiction treatment	64

Fictional Case Study

This document is a fictional adaptation and is intended for educational purposes only. While it draws on historical events and practices related to Indigenous treaties, healthcare, and governance, specific names, dates, and events within the Treaty of Pine River are fabricated. Any resemblance to actual persons, places, or events is purely coincidental. For accurate historical information, please refer to reputable sources on Indigenous history and treaty law.

Patients unable to begin recommended treatment because of transportation, staffing, or bed availability	18
Individuals participating in culturally based recovery services (talking circles, elder mentorship, traditional healing, or recovery support)	152
Average wait time for non-emergent outpatient behavioral health/substance use services	22 days

Patient Transport, Location Challenges, and Cost Considerations

The Pine River Tribal Hospital serves a vital role in the community, but limited access to specialized care often necessitates emergency patient transfers. The nearest fully staffed hospital, Concordia Health, is located 70 miles south, and Mayo Clinic in Rochester, MN, the closest major referral center, is 190 miles away. The challenges of distance, transport costs, and EMS capacity create significant barriers to timely care for patients.

Limited EMS Capacity and Availability

- EMS Staff Shortages: The hospital and surrounding area face EMS staffing limitations, which are common in rural healthcare settings. This shortage limits the availability of both ambulances and trained personnel
- Ambulance Availability: The hospital operates with two ambulances, but typically only one is in service at any given time due to staffing constraints. When the active ambulance is already in use, additional emergencies must wait for EMS to return or rely on regional ambulance services, causing further delays.

Ambulance Travel Time:

- Concordia Health (70 miles): Ambulance trips take 90 to 120 minutes depending on road conditions and weather.
- Mayo Clinic (190 miles): Travel times range from 3 to 4 hours depending on road conditions and weather.

Transfer Requirements and COVID-19 Impact

Before transport, receiving hospitals must accept patients, which can delay critical care. During COVID-19, regional hospitals were often overwhelmed, forcing some patients to be transferred to facilities in neighboring states. This exacerbated travel costs and disrupted continuity of care for conditions like diabetes and heart disease.

Maternal and Emergency Care Challenges

- Deliveries in the Emergency Department: Due to the absence of obstetricians, many babies are delivered in the ED by emergency staff, placing additional pressure on providers and increasing risks for mothers and infants. Transfers for high-risk pregnancies are attempted when possible, but the long transport times pose significant dangers.
- Surgical Referrals: Patients needing surgery or specialized care must travel to Concordia Health or Mayo Clinic, further complicating care coordination and recovery due to the travel distance

Patient Referred Care (PRC)

This document is a fictional adaptation and is intended for educational purposes only. While it draws on historical events and practices related to Indigenous treaties, healthcare, and governance, specific names, dates, and events within the Treaty of Pine River are fabricated. Any resemblance to actual persons, places, or events is purely coincidental. For accurate historical information, please refer to reputable sources on Indigenous history and treaty law.

Pine River Tribal Hospital administers its own Purchased/Referred Care program through the Pine River Nation's Title V self-governance compact. The program pays outside providers for medically necessary services that are not available at Pine River Tribal Hospital or another accessible IHS or tribal facility, including surgery, high-risk obstetric and neonatal care, cardiac procedures, inpatient psychiatric treatment, residential substance use treatment, and specialty dental care. The PRC budget is limited and does not guarantee payment for every referral. Medicare, Medicaid, private insurance, Veterans Affairs benefits, and other available resources must be used first because PRC is the payer of last resort.

For non-emergency care, the patient's Pine River provider must complete a PRC Referral and Authorization Request that includes the diagnosis, requested service, clinical justification, level of urgency, reason the service cannot be provided locally, proposed outside provider, estimated cost, supporting medical records, and available insurance or alternate resources. PRC staff first confirm eligibility, residency requirements, alternate coverage, and completion of the referral. A Pine River PRC Review Committee, consisting of the PRC manager, medical director or designee, referral nurse, patient benefits coordinator, and finance representative, then reviews non-emergency requests according to medical priority and available funding. Approved patients receive authorization before treatment. Incomplete requests are returned for additional information, lower-priority requests may be deferred until funding becomes available, and requests that do not meet eligibility or program requirements are denied in writing. Patients may submit missing documentation or appeal a denial. Emergency care may be reviewed after treatment begins, but the PRC Office should generally be notified within 72 hours.

Monetary Data

- Annual Tribal Healthcare Budget: $22.5 million
- IHS Funding: $7 million (part of the overall healthcare budget)
- Cost per Patient Visit: $655

Category	Annual Cost	Percentage of Budget
Personnel Costs (salaries, benefits)	$9,000,000	40%
- Clinical Staff (Doctors, Nurses)	$5,400,000	
- Administrative & Support Staff	$2,200,000	
- Contract/Traveling Staff	$1,400,000	
Medical Supplies & Equipment	$2,200,000	10%
Facility Operations (utilities, maintenance)	$1,800,000	8%
- Energy (heating, lighting)	$650,000	
- Building Repairs & Maintenance	$550,000	

This document is a fictional adaptation and is intended for educational purposes only. While it draws on historical events and practices related to Indigenous treaties, healthcare, and governance, specific names, dates, and events within the Treaty of Pine River are fabricated. Any resemblance to actual persons, places, or events is purely coincidental. For accurate historical information, please refer to reputable sources on Indigenous history and treaty law.

Technology & IT Infrastructure (EHR systems, cybersecurity)	$1,500,000	7%
Regulatory Compliance & Licensing (accreditation, inspections)	$500,000	2%
Food Services (patient meals, cafeteria)	$600,000	3%
Patient Transport Costs (ambulance, helicopter)	$2,400,000	11%
- Ambulance Transport (Local)	$1,500,000	
- Helicopter Transport	$900,000	
Public Health & Community Programs (outreach, education)	$1,000,000	4%
Emergency Fund & Contingency	$1,000,000	4%
Purchased/Referred Care	$2,500,000	11%
Total	22,500,000	100%

Healthcare Funding Source	**Annual Amount**	**Percentage**
IHS Compact Funding	$7,000,000	31%
Medicaid, Medicare, and Private Insurance Reimbursements	$8,500,000	38%
Pine River Nation Contribution	$4,000,000	18%
Federal and State Grants	$2,000,000	9%
Other Revenue and Partnerships	$1,000,000	4%
Total	$22,500,000	100%

Tribal 638

The Pine River Tribe operates under a Tribal 638 Compact Title V program, meaning the tribe manages and oversees all healthcare programs and budgets independently from the Indian Health Service (IHS). This autonomy allows the tribe to directly control services such as diabetes prevention, mental health, and maternal-child health programs. By managing their own healthcare system, the tribe works to address healthcare disparities while tailoring services to the specific needs of the community.

This document is a fictional adaptation and is intended for educational purposes only. While it draws on historical events and practices related to Indigenous treaties, healthcare, and governance, specific names, dates, and events within the Treaty of Pine River are fabricated. Any resemblance to actual persons, places, or events is purely coincidental. For accurate historical information, please refer to reputable sources on Indigenous history and treaty law.

Public Health Nurses

The Pine River Public Health Department oversees critical health programs but faces significant staffing shortages. With 4 FTE positions, 50% remain vacant, impacting service delivery.

Key Focus Areas:

- Diabetes Management: Ongoing clinics support patient education and care.
- Cold-Weather Respiratory Illness Prevention: Focus on asthma and related conditions, exacerbated by cold winters.
- Prenatal and Infant Care: Addressing high infant mortality rates.
- Substance Abuse Treatment: Limited but ongoing due to staffing constraints.

Staffing shortages, limited funding, and increasing patient loads continue to challenge public health efforts on the reservation. Despite the challenges, the Pine River Public Health Department remains committed to serving the community and is actively working to fill vacancies and secure additional funding.

Patient Charts

Patient charts are maintained through the Pine River Tribal Hospital's Electronic Health Record (EHR) system, ensuring compliance with federal and tribal privacy laws. These charts track vital statistics, immunization records, chronic disease management, and mental health status.

Patient Medical Charts

Patient chart #1

Patient Name: Michael Whitefeather
DOB: 01/01/1980
MRN: 123456
Date of Service: 10/20/2024
Attending Provider: Dr. Mary Elk

HPI :

The patient is a 44-year-old male with HTN and DM, presenting with 6-hour intermittent chest pain described as pressure-like, radiating to the left arm and jaw, rated 6/10. The pain worsens with exertion and improves slightly with rest. He also reports shortness of breath and sweating. There is no history of recent trauma or illness. Family history includes CAD

ROS:

See HPI.

Vital Signs:

- **BP:** 148/92
- **HR:** 105 bpm
- **RR:** 20 breaths/min
- **Temp:** 98.6°F

This document is a fictional adaptation and is intended for educational purposes only. While it draws on historical events and practices related to Indigenous treaties, healthcare, and governance, specific names, dates, and events within the Treaty of Pine River are fabricated. Any resemblance to actual persons, places, or events is purely coincidental. For accurate historical information, please refer to reputable sources on Indigenous history and treaty law.

Fictional Case Study

- **O2 Sat:** 94% on room air

Physical Exam (PE):

- **General:** Alert and oriented, in mild discomfort.
- **HEENT:** PERRL, no JVD.
- **Cardiac:** Tachycardic, no murmurs or gallops, distant heart sounds.
- **Lungs:** Clear to auscultation bilaterally, no rales or wheezing.
- **Abdomen:** Soft, non-tender, no rebound or guarding.
- **Extremities:** No edema, pulses equal bilaterally.
- **Neuro:** Oriented x3, no focal deficits.

Labs:

Test	Result	Reference Range
Troponin	637 ng/L	<14 ng/L
BNP	55 pg/mL	<100 pg/mL
WBC	8.2 x10^9/L	4.5-11 x10^9/L
Hemoglobin	14.3 g/dL	13.5-17.5 g/dL
Platelets	250 x10^9/L	150-400 x10^9/L
Sodium	138 mEq/L	135-145 mEq/L
Potassium	4.1 mEq/L	3.5-5.0 mEq/L
Glucose	176 mg/dL	70-100 mg/dL fasting

Imaging:
Chest X-ray (Time 2:20 PM):

No acute findings. Heart size normal. No infiltrates or effusions noted.

EKGs:
Time: 2:05 PM

Ventricular Rate: 105 BPM

Sinus Tachycardia

ST depressions in leads V4-V6

I independently reviewed the results of this ECG.

ED Course:

- **1:34 PM:** Met with patient for initial exam and history.
- **1:45 PM:** Administered aspirin 325 mg PO; started oxygen 2L/min via nasal cannula.
- **2:05 PM:** EKG completed (see above). Nitroglycerin 0.4 mg SL given with partial relief.

This document is a fictional adaptation and is intended for educational purposes only. While it draws on historical events and practices related to Indigenous treaties, healthcare, and governance, specific names, dates, and events within the Treaty of Pine River are fabricated. Any resemblance to actual persons, places, or events is purely coincidental. For accurate historical information, please refer to reputable sources on Indigenous history and treaty law.

- **2:20 PM:** Chest X-ray ordered and completed.
- **2:45 PM:** Troponin drawn (see labs). Telehealth cardiology consultation initiated.
- **3:00 PM:** Informed patient of suspected unstable angina vs. NSTEMI. Decision made for transfer to Concordia Health for cardiac catheterization.
- **3:15 PM:** EMS activated for transfer. Heparin IV initiated.

Impression and Plan:
The patient is experiencing acute coronary syndrome (likely NSTEMI). Given the family history of heart disease, diabetes, and hypertension, shared decision-making was used to involve the patient in the plan. Transfer to Concordia Health was agreed upon for advanced cardiac care, including potential catheterization. The patient will continue on aspirin and heparin IV during transfer.

MDM:
1. Supplemental Historian: None.
2. Chronic Illness Contribution: Yes, the patient's hypertension and diabetes contributed to today's presentation.
3. Chart Reviews: Reviewed previous EKG and noted no significant changes.
4. Consults: Telehealth cardiology consultation completed, recommending transfer.
5. Social Impacts: No evidence of drug or alcohol abuse, homelessness, or other social factors affecting care.
6. Interpretation of Imaging: I independently reviewed the current and previous EKG.
7. Disposition: Transfer to Concordia Health via EMS for further management.

Patient chart #2
Patient Name: Amber Littlefeather
DOB: 12/12/2007
MRN: 789123
Date of Service: 10/20/2024
Attending Provider: Dr. John Whiteman

HPI:

Per EMS, Amber Littlefeather, a 16-year-old female with limited access to perinatal care, presented to the ED in active labor. On arrival, the patient is anxious and uncomfortable. EMS provided oxygen en route, but her condition remained stable. Fetal heart rate at the time of arrival was 170 bpm.

ROS:
See HPI.

Vital Signs:
- **BP:** 78/50
- **HR:** 130 bpm
- **RR:** 10 breaths/min
- **Temp:** 101.2°F
- **O2 Sat:** 89% on room air

Physical Exam (PE):
- **General:** anxious, diaphoretic, uncomfortable..
- **HEENT:** Pupils 4 mm, reactive. No JVD.

Fictional Case Study

This document is a fictional adaptation and is intended for educational purposes only. While it draws on historical events and practices related to Indigenous treaties, healthcare, and governance, specific names, dates, and events within the Treaty of Pine River are fabricated. Any resemblance to actual persons, places, or events is purely coincidental. For accurate historical information, please refer to reputable sources on Indigenous history and treaty law.

- **Cardiac:** Tachycardic,regular rhythm, no harsh murmurs.
- **Lungs:** Breathing through contractions, no rales.
- **Abdomen:** Gravid uterus, contractions every 2 minutes.
- **Pelvic Exam:** Crowning with fetal head visible. No active bleeding.
- **Extremities:** Cool, peripheral pulses 1+.
- **Neuro:** DTRs negative, alert

Labs:

Test	Result	Reference Range
WBC	20.1 x10^9/L	4.5-11 x10^9/L
Hemoglobin	6.4 g/dL	13.5-17.5 g/dL
Platelets	58 x10^9/L	150-400 x10^9/L
Sodium	134 mEq/L	135-145 mEq/L
Potassium	5.1 mEq/L	3.5-5.0 mEq/L
Glucose	124 mg/dL	70-100 mg/dL fasting
Creatinine	1.9 mg/dL	0.6-1.2 mg/dL
Lactate	3.2 mmol/L	0.5-2.2 mmol/L
Methamphetamine	Positive	Negative

Imaging:

POCUS Ultrasound:
Confirmed fetal heart rate 180 bpm, cephalic presentation. Minimal amniotic fluid noted.

ECGs:
Time: 1505

Ventricular Rate: 130 bpm

Sinus Tachycardia with Prolonged QT

Nonspecific ST-T changes

I independently reviewed this EKG.

ED Course:

- **3:15 PM:** Patient presented anxious, crowning on arrival.
- **3:18 PM:** Initiated oxygen by NC at 2L, NS by IV, fetal monitoring by FSE
- **3:25 PM:** Called outside facility, no ambulances available due to severe weather for one to two hours..
- **3:35 PM:** Performed emergency vaginal delivery; infant delivered with Apgar scores of 3 at 1 min and 7 at 5 min.

This document is a fictional adaptation and is intended for educational purposes only. While it draws on historical events and practices related to Indigenous treaties, healthcare, and governance, specific names, dates, and events within the Treaty of Pine River are fabricated. Any resemblance to actual persons, places, or events is purely coincidental. For accurate historical information, please refer to reputable sources on Indigenous history and treaty law.

- **3:40 PM:** Placenta delivered, followed by moderate postpartum hemorrhage treated with fundal massage, IV pitocin
- **4:45 PM:** + UTOX, Suspected methamphetamine abuse
- **4:45 PM:** infant and mother transferred to outside facility, accepting staff alerted to precipitous delivery and tox screen, etc

Impression and Plan:
The patient, Amber Littlefeather, presented with active labor and methamphetamine overdose. Despite successful delivery of the infant, the patient developed postpartum hemorrhage. This was successfully treated with the standard treatments.

The mother and baby were transferred to the outside facility in stable condition for further observation.

MDM (Medical Decision Making):

1. Supplemental Historian: Information provided by EMS.
2. Chronic Illness Contribution: Chronic substance use and lack of prenatal care played significant roles.
3. Chart Reviews: No prior prenatal or health records available.
4. Consults: NICU team consulted for neonatal care.
5. Social Impacts: Patient's substance abuse impacted her care and outcome.
6. Interpretation of Imaging: I reviewed ultrasound findings
7. Patient and infant transferred to the accepting facility.

Fictional Case Study

This document is a fictional adaptation and is intended for educational purposes only. While it draws on historical events and practices related to Indigenous treaties, healthcare, and governance, specific names, dates, and events within the Treaty of Pine River are fabricated. Any resemblance to actual persons, places, or events is purely coincidental. For accurate historical information, please refer to reputable sources on Indigenous history and treaty law.