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Narrator

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The Bakken Museum
Interviewer

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Minneapolis, Minnesota

Ihotu Ali -IA
Amy Sullivan -AS

AS: 00:00:07 This is Amy Sullivan. I'm conducting an oral history interview on November 17th, 2023, and I'm here with Ihotu Ali. I'd like you to please say your name and tell us where we are today.

IA: 00:00:23 Absolutely. My name is Ihotu Ahi and I use she/her pronouns. My name means love in my dad's language. It's also my language, Idoma. We're from small village in central Nigeria. I'm mixed race, so my mom is from Southern Minnesota. Both my parents were born on a farm. We are at the Oshun Center for Intercultural Healing. This is a community-based clinic that is inside of the integrative health wing of Family Tree Clinic. We're in Minneapolis, close to downtown. We opened here in Family Tree Clinic about a year ago. We offer holistic therapies and integrative healthcare from a number of different practitioners of color, who offer cultural care therapies, manual therapies, spiritual and energetic therapies for people who have reproductive health issues, chronic pain, and emotional or spiritual pain. We try to look at how medicine might have evolved if all our people were a part of creating it. We try to bring into this space what our midwives, our traditional healers, our bone setters, our homeopaths, and our herbalists might have created had they all been in conversation with medical doctors.

AS: 00:01:58 That is lovely. Before we get into those things and that history, would you describe childhood, where you grew up, and your education? You started to talk about your parents.

IA:	00:02:16	I grew up in Minnesota, for the most part. I grew up in Bloomington, and my memories from that time are going down by the Nine Mile Creek, being out in nature with my mom, and meeting up with friends. I have more faded memories of being a child in Nigeria where my dad, my mom, and I lived there for a few years when I was a baby. There, actually, water comes up again. There was this beautiful lagoon that was down the way. When we'd carry water, we'd walk down to the lagoon. You did everything in there. Now as a public health person, I have a bit of hesitation about [Both laugh]. You wash your clothes, go to the bathroom, shower, and do everything there. There's this picture that I use to jog my memory of those times of my mom and me. She's right in the middle of this beautiful lagoon with a blue swimsuit on and holding me as a baby.
	00:03:33	I was the white baby. The very light skinned baby, Ihotu, who everyone knew running around. Everyone wanted to pick me up, play with me, and toss me around. I still am very close with my family on that side of the world. My grandfather was the chief of our village, Papa Ali. We called him Ada Enone. He was very, very respected and very calm. It wasn't tough love, but he was that quiet firm presence. He was loved by all the children and adults too. So, he's somebody, especially on my dad's side, that I feel like I carry a lot of his energy. I always have a picture of him in my home, and he passed away a few years ago. I am bringing him into the space here [at the Oshun Center] as well because he was a medicine man in his own right. There's this beautiful story that I only learned a couple years ago.
	00:04:43	My mom told me that one day, someone was swinging me around and dislocated my shoulder as a child. I'm crying and my mom is frantic because we're in the village. I don't think there was a health center there at that time, that must have come more recently. Everyone said, "Take her to Papa." So, she found Papa. He's like, "Okay, okay. Have her come sit in my lap." As my mom tells me the story, she's acting it out, saying "I set you on his lap. You were crying and he was comforting you, saying, 'It's okay. It's okay.' He grabbed your shoulder that was out and did a little bit of movement and then [Snaps fingers] popped it back in. You were fine." I didn't know my grandfather was a bone setter [Both laugh]. That is, until I'm in chiropractic school and learning very similar things. There's just a lot of

		ancestral pull in the ways that life has pulled me away from where I thought I would end up, which was international relations and political science. That's what I studied in college. And I ended up here in the world of what we call ancestral medicines, which are medicines that have been around for a really, really long time. Research is supporting more and more why they are so important in our communities.
AS:	00:06:10	Can you talk a little bit about what your education was like in Bloomington in high school, or then where you went to college for political science and international studies?
IA:	00:06:26	Absolutely. Well, I went to Macalester College. I majored in International Studies in Political Science there. From there, I knew I wanted to try out working in politics, but I was always interested in this intersection between globalization and global studies and politics—not just running for office type of politics, more like analyzing inequities in power.
AS:	00:06:53	Like policy kinds of studies?
IA:	00:06:58	Yes, and social justice. That took me to work for the Obama campaign, which is right around that time.
AS:	00:07:07	And was this right after you graduated from Macalester College then? Because you said 2007.
IA:	00:07:13	Yes, in 2007. Then he ran in 2008. I campaigned for him a bit here in Minnesota. I had a friend who was a field organizer for him in Las Vegas, and my dad lives in Phoenix. I was like, "Oh, that's only a four-hour drive away." I did the Phoenix-Vegas drive for a while and worked with her down there doing field organizing. Then he won, which blew our minds.
AS:	00:07:42	It did. It was our moment of such incredible joy.
IA:	00:07:47	As far as telling the story, I remember that of course we wanted him to win, but we didn't know that that was even possible. We were just doing everything we could and hoping. And then when he won, I remember this scream emerged from me. I was screaming, and then suddenly, I realized I was crying. Then I was both screaming and

		crying [Both laugh]. It was Vegas. So, we went to the strip, and we just went crazy.
AS:	00:08:16	That's a fantastic story there so much energy that you were in Vegas of all places [Both laugh].
IA:	00:08:22	When in Vegas.
AS:	00:08:24	That's a great story.
IA:	00:08:26	From there, I had some connections through a scholarship program that I had been in through high school and college. They were based in Charlottesville, Virginia.
AS:	00:08:40	Do you remember the name of that?
IA:	00:08:41	The Ron Brown Scholar Program. They had some connections with a Virginia Congressman [Tom Perriello] who had recently won as well. He was a progressive democrat, and he won an area that had typically been all Republican because of this "blue wave," we talked about with Obama. I ended up getting a job as a staff assistant in his office in DC [the District of Columbia] right after Obama was elected. I was there for the inauguration and saw the first year of his work. It was exciting. We were talking about the Affordable Care Act, and we were floating the idea of single-payer healthcare—there were so many, many exciting ideas that eventually got taken out [Both laugh].
AS:	00:09:27	It was nice at the time to think about it.
IA:	00:09:34	It was exciting. I worked there in DC, in the capital building, giving capital tours and meeting people from Virginia. I felt the tension between this new democratic congressman who was elected and all these constituents who were unhappy. I was the one taking the phones, so I heard an earful of things. People weren't happy. There was a lot of change in the air and tension. From there, I decided to go to grad school to do my master's in public health to go further [my education] in health policy.
AS:	00:10:16	Oh, you found your niche in health? Where did you go?
IA:	00:10:22	I went to Columbia in New York City. My dream was to work with the United Nations, so I did get a job after

school with the United Nations [UN]. I did my internship with the UN too, and then looped into work afterward with the United Nations Population Fund, UNFPA. We worked mostly in the Democratic Republic of Congo. We were doing surveys looking at grave violations against human rights and against children. It was heart breaking work.

AS: 00:11:04 Did you go there?

IA: 00:11:06 Yes, and that switched into some maternal health work. I can say more about that too, but it is a whole conversation that is a bit tender for me right now because the state of the United Nations is currently in global affairs.

AS: 00:11:26 Yes, right. It is tough. But you did start with some maternal health interests, so I can see where the story goes.

IA: Yeah, it's a long story.

AS: No, it's a lovely one. This is the beauty of oral history. How long did you work there? And then what happened after?

IA: 00:11:51 I was with the UN in some capacity for three years, including the internship when I was in school as well. My big takeaway from working with the UN is that it was my dream job. I felt like there was nowhere else to go from there. I've arrived, I'm done [Laughs].

AS: And you're not even thirty then.

IA: I was twenty-four [Both laugh].

AS: Yeah, I was going to say.

IA: I felt incredibly let down. In my maternal health work, we were doing surveys across many different countries. We worked in around ten to twenty countries. I was based in New York, but I would fly out to many different places to work with our team. We had teams of doctors, epidemiologists, obstetricians, and midwives that we worked with on the ground. We also worked with healthcare workers. And we would get basically $1 million to create a survey, to administer the survey, to hire people on the ground to ask people from village-to-village questions—how many moms had died in the past year and

how many babies had died in the past year. We documented tragedy, put it into a glossy report, and moved on to the next country. Five years later, we would get a million more dollars to look at the data again.

	00:13:34	And we usually found out that every year it was getting worse. I wanted to be a part of the solution, not tracking the problem. My family was aghast when I said I was leaving the United Nations [Laughs]. I felt like I didn't know what else to do from there because I loved traveling with my family. I loved being out of the United States. I had studied in Morocco in college, and I just found so much life, energy, community, culture, and beautiful things every time I traveled. But when I traveled with the UN, it was death, money, elitism, and armored cars. You can't talk to anybody. Nobody's a real friend because they're looking at you like you are a dollar sign. It really changed the kind of work I thought that I was meant to do. It made me just take a step back and say, "Look, I can always come back to policy. I can always come back to research. I can always come back to healthcare. But I don't think this is where I need to be right now." I was a little bit too radical to be at the UN [Laughs]. So, I became a doula.
AS:	00:14:54	Wow. Where did you do that?
IA:	00:14:58	That was in New York City. I stayed in New York for about ten years and became a doula. This was the change when my ancestors really started tapping me on the shoulder, saying, "You've got all that experience, but we want you to take all that and do this with it, not do just what your job is telling you." I worked with so many amazing families across New York City, so many immigrant families. I spoke French fluently from my work with the UN. I was slated to work with all of the Congolese or Senegalese women. I'd get invited to baby naming ceremonies and invited over for food. And it was lovely. It was also hard to see some of the things that they were going through, but in a way that was so much of a coming-of-age time for me.
	00:15:53	I was in my twenties, so I could have been pregnant myself, but I was standing by the side of so many other pregnant teens and young women. I was helping twins in the NICU [neonatal intensive care unit], seeing people's living situations, and making friends and sisters. I was learning

what it is to support—the pieces of healthcare that are about culture, connection, and family, which I had never learned in my years of policy and public health research. It wasn't about numbers; it was about people. My parents split up when I was twelve. So, from that point on, I was raised by my mom and cut off from my dad's side of the family in a lot of ways. I felt like so much of my life has been kind of piecing together the experience of being raised by a single mom, having to be strong for everyone, and reconnecting with my dad's side. Family was a big part of my story.

AS: 00:17:04 The reconnected part happened when you were a doula later in your life?

IA: Yeah.

AS: Who did you work for as a doula? Were you self-employed or were you part of a clinic?

IA: 00:17:16 I started out as part of a nonprofit organization in Harlem. Back then, we were paid $225 for a birth. I'm so happy that now it's gone way up from there.

AS: As a midwife?

IA: No, as a doula.

AS: Oh, as a doula.

IA: That would be really bad [as a midwife].

AS: In New York City, that's pretty cheap.

IA: 00:17:40 But for me, it was a big deal back then [Both laugh]. I had help with rent from my partner at the time, so I had some privilege in being able to even accept that wage. I worked with the community organization and then I did some teaching with them on wellness and what we called "preconception" health back then in order to reduce health disparities. Things like, "If you eat kale, you won't have preeclampsia." Now we know that is not even an issue. If we can get rid of racism, you might not have racism. But back then we were talking about kale and yoga. The world has changed.

AS:	00:18:25	Yeah, it has. That's in a short time, actually.
IA:	00:18:29	It has been very cool to be a doula in the early years and see what the last ten years has done for our profession. It has just exploded. And particularly for communities of color, which is awesome.
AS:	00:18:45	Can you say more about that?
IA:	00:18:47	Back then, when I first became a doula, people didn't know what it was. They were like "What… a hula?" Or they were like, "Oh! I've heard of this thing called a doula. What is it?" I'd be cornered at partner at parties, and people would just start downloading their birth story to me. Or they'd be like, "Have you been to birth? What is it like being in a birth?" I thought it was just the coolest thing. I was always drawn to intense experiences. I went to go work in the Democratic Republic of Congo when I was twenty-three. I have a little bit of fear and I love intensity. Going to births was a rush that didn't mean anyone was at war or anything. I used to do some sexual violence calls at hospitals. Yes, you're impactful, but it's so draining on your spirit to be in those trauma situations. Birth was hard and intense, but there was a real light in it that I loved. At the end it's like, "You did this! You did it! You dug deep." I forgot the question.
AS:	00:20:10	I do too [Both laugh]. What was it like to be a doula in that time versus now with this increase in knowledge? Whether it's public knowledge, or what we were talking about earlier with racism versus kale.
IA:	00:20:28	Well, that was one big realization that came out [of that experience]. I have to give so much gratitude to researchers who started to really identify why Black women were dying in childbirth and why Black communities were suffering with these outcomes. Back then the research was like, "We're not as healthy as white pregnant people." But we didn't know why." I remember being at Macalester in a political disparities class, and they were like, "Black people have all the problems and white people are doing fine." And I was like, "This information is not empowering to me, and I don't want it." But it is empowering once the researchers started to identify that it's racism that's causing these disparities. When we talk about wanting to improve racial disparities in healthcare, it's not giving people more

kale or more yoga. It's to stop racism. I still feel like that link is not strongly talked about enough. We're still hesitant to make that [argument]. There's still a lot of people who say, "Oh, there's something about the biology of Black people that makes them more susceptible." No, no, no, no. Chronic stress has been well-documented in terms of how it accelerates aging, shortens telomere lengths, and increases the rate of cellular degeneration.

00:21:57 You cannot be healthy when you are constantly on guard or hypervigilant because you are constantly being watched. There's an element of this that anticipates things that aren't even there. That started somewhere and it still affects your body. So, skipping ahead to 2020, George Floyd was murdered in our neighborhood. I lived down the street. The organization that Oshun Center came out of was the Minnesota Healing Justice Network, which I had co-founded several years prior. We were all on the front lines, and we created a connection with an organization called Evidence Based Birth that puts out research on birth justice issues so that people can use research in ways that are empowering for all kinds of folks. We reached out to Evidence Based Birth, and asked, "Can you put out the research on racism and how it impacts our health?"

00:23:06 It impacts our birthing, our babies, our parents, and our mothers. I ended up working with them for a time and put together this signature article, as we call it, that was looking all at anti-racism, racial justice, racial healing in birth work. I got familiar with all this research, and a lot of that informed what we're building here [at the Oshun Center]. We create spaces that acknowledge the history where our healing comes from and the origins of this work, but also the fact that we have to be protected in order to heal. We have to let our nervous systems rest in order to heal. And that's not currently a part of healthcare.

AS: 00:24:00 It is definitely not part of healthcare [Both laugh]. Right, it's the opposite.

IA: 00:24:06 But it should be a conversation in public health. When we talk about infectious disease and how we impact each other, we understand that the microbes and the germs that are flying around impact all of us. But we're hesitant to have that conversation about how we emotionally impact each other and how that then plays out in our chronic diseases, in

		our ability to hold a baby to term, have a healthy birth, and parent with peace.
AS:	00:24:33	Yeah, absolutely. There's also so much interesting material that's come out in research around the last ten years on how intergenerational trauma and ancestral trauma has an impact on our DNA [Deoxyribonucleic acid]. Which I think is where you're going in some ways. How do we heal in a faster way that doesn't take us another six generations? [Both laugh]. You talked about psychological pain, emotional pain, and spiritual pain. So, I wonder, does your practice involve trauma-informed care practices? How has that become part of this picture?
IA:	00:25:30	It is very baked into all the practitioners who come here. It's something we talk about, but it's also something that our communities talk about all the time. But it's not something we always have to do a lot around. It's more sharing amongst ourselves informally. We attract the right people easily by being public about where we stand.
AS:	00:26:02	In terms of the practitioners?
IA:	00:26:05	Yes, in terms of practitioners, but then the clients as well. Our motto here is: "Whole person. Whole soul. Whole family." I feel like we don't necessarily talk about trauma, but we talk about what we want in terms of the healed version.
AS:	00:26:31	That's what I was hoping you would say.
IA:	00:26:34	We have an amazing group of monthly donors and sponsors of the clinic. We lead somatic-based, body-based training with those sponsors on anti-oppression and topics in white supremacy as it come up in healthcare. A lot of them are healthcare workers, midwives, nurses, therapists, or yoga teachers. They want to be a part of our mission, grow with us, and make what we do possible because this is not a highly revenue generating model here. And with them, we talk about trauma. We also talk about epigenetics and the mainstream language around these topics. But we do that in a way that we start from a place of trauma and get to a place of embodiment, empowerment, and an indigenous-like spirit. We realize that we all came from different ancestral lineages, and many of them went through trauma. What we have to do is not just talk about

		our trauma. We need to get back to what our ancestors did initially before we burned witches at the stake and before medicalization, which turned us only toward a biomedical model.
	00:28:11	Trauma-informed work is in the water here, but it's not always something that we have to do much training on. It's also just such a broad topic. We talk more about embodied consent. We talk about being able to read nonverbal cues. We talk about communicating with clients. Do we call them? Do we email them? We encourage all our practitioners to make a phone call. We want you to hear the voice of your client. We want your client to hear your voice. That's how you connect. It's not just a transactional email. That's when you start to build that connection, because there's a little bit more of sensorial connection with someone. There are lots of trauma-informed things we do without thinking about it. For example, this room is our most disability accessible room. We don't use heavy scents, we have a table that's easily moved, more space, and a table that can handle larger bodied folks. Our other room, we use sage for smudging, and moxa, but those things could be triggering for someone who has sensitivity. We think a lot about neurodivergence, access, and all different things for the non-standard patient that can get rolled over in the healthcare system.
AS:	00:29:49	Yeah, absolutely. That's great. I loved being able to ask you about that. Trauma is one of my fields of study. I like the "what after" and "what next" approach, which I really appreciate. Do you have a mentor that you would be willing to talk about?
IA:		My grandfather.
AS:		Oh, you did mention your grandfather.
IA:	00:30:17	I'm so grateful to so many teachers, especially since I lived in New York for many years and then came back here. I'd say many of the doctors I worked with in the United Nations were mentors. And those who taught me the different modalities that I do—those who taught me my abdominal massage, all the midwives who I worked and did research in New York for many years, and the different

aunties and grandmas from Haiti to Nigeria to other places. But I think my grandfather has been a real guiding light, just energetically. And it's funny because we barely spoke more than five words in each other's language. He and my grandmother only spoke Idoma, and I speak very low Idoma. Him, my grandmother, my mom, and other family members. But it's been interesting here in Minnesota because it's definitely harder to find mentors here.

AS: 00:31:27 In your vision of what you need to sustain yourself with this work, and someone to reach out to?

IA: 00:31:35 Yeah, we don't have as many Black women entrepreneurs in Minnesota. So, I keep in touch with my folks in New York and my folks in other places.

AS: 00:32:03 I have a couple of questions that you could choose from. One of our questions that we've asked everyone is, "What does it take to be an innovator in health and medicine today?" I wrote the word "innovator," in quotes to you in the email earlier. I think [that question] speaks to what you were just answering, about not necessarily having a mentor right here. What does it take to be an innovator? And on the other side of that, what frustrates you when it comes to your work and your vision? Is there any connection between the things that motivate or frustrate you in terms of thinking about your vision for this place?

IA: 00:32:58 I might meander around the question a little. I have this background in holistic health. There's my grandfather, whose cloth is here with me. And I have this master's degree in public health. But I wanted to be a clinician. In 2020, I made the decision to go back to school to become a chiropractor. It was not something I would've done if that year hadn't gone the way it went. It became clear to me that my immediate community needed someone who could be a strong advocate. The lay of the land in Minnesota, I feel, is that you need a doctorate. You need a high-level education, especially as a Black woman, to get respect. I did not experience that in DC or New York. It was a particular thing I felt here, where all my experience really meant nothing to a lot of people.

00:34:13 I felt like I needed to prove myself, even though I internally didn't feel like I needed to prove myself. But I also wanted to get things done. I thought, "Okay, go get the doctorate."

I can do policy. I can take health insurance. I can employ other practitioners. I love massage. I mean, I was doing so much prenatal massage, fertility and womb care, seeing folks with endometriosis and fibroids, and doing work that is hard to come by. It's hard to find. It's not always considered real medicine. And I was like, "I am seeing the kind of results that everyone deserves access to these things." It is unfair that people who have endometriosis go in year after year and get told it's in their head. They're vomiting and they can't stand up when they're on their period. How is that in your head? Why would you even think someone would make something up like that?

IA: 00:35:20 What kind of ego takes that kind of stance when someone tells you they're hurting? And they don't know about a very simple massage that can change their life. So many people told me, "This changed my life" after one or two sessions. They're like, "If only I found you years ago." I want people to find not just me, but a whole lot of people doing this practice in the beginning, not after five years and after three surgeries that just continue to have to happen because the scar tissue has added up over time.

I think one thing I needed to be an innovator was just being really pissed off, "Come on people. This is ridiculous." I knew that as a massage therapist, I wouldn't be able to have any kind of platform to explain how important this works. I wanted to know the research and the clinical and biomedical mechanisms of why it was working. I don't even understand why it's working. I just know it works over and over and over again. So honestly, it was really my endo [endometriosis] clients who drove me [to innovate]. Plus, I wanted to give my community a place where I could offer care that was covered to the masses, and still be able to have a platform to advocate around these issues.

AS: 00:36:48 That's what took you to chiropractic work?

IA: 00:36:55 Yes. Then the frustrating side is that they treat you like you're twenty-one and starting over from the beginning.

AS: In school?

IA: In my program, yes. I needed to learn all the ABCs of basic science. We started with electrons and protons. I was like,

“I have no science background. I have a lot of policy and a lot of math, but not science.” It has taken years for me to get through that program because of the way you have to bend your brain. I did not realize that doctors get trained to think so differently than I feel like everyone else does, or at least think differently than me. In high school, I did arts. Yes, I did policy in college, but then science was a whole nother world. I was like, “This is nuts.” We’re doing math problems with electrons and biochemistry equations. And I was like, “When do we get to treating patients? I’ve been here for two years.”

AS:	00:37:59	You started in 2020?
IA:	00:38:01	In 2020, yep.
AS:	00:38:03	And do you have an end date, a graduation date, coming? How is it going?
IA:	00:38:10	I don’t because I am taking it at the speed of my mental health. There unfortunately is a deadline that I will approach. If I don’t get done in that time, they will cut me off. They make you finish in a certain amount of time. I’m really pushing against that edge, which has been stressful. It feels like the equivalent of what I would learn in thirty years of apprenticeship shoved into four or five years. It feels like there’s a little bit of confusion between rigor and almost an intentional type of torture.
AS:	00:39:06	I have seen that. I understand that from my science students. It fits well with the medical model, doesn’t it? The Western medical model. Can you speak to that? You’re doing this thing to have authority in this field. Even though chiropractic work is a little on the edge of the western model, it’s acknowledged.
IA:	00:39:41	And Northwestern is particularly science-based. They are overcompensating a bit for being seen as chiropractors.
AS:	00:39:48	Yes. They want, they want to be part of that. And yet I can see why it might be a problem in your own mind because you’re doing this work that has all these other aspects of community, empathy, healing, and intuition. It must be a struggle.

IA:	00:40:12	Oh yeah [Both laugh]. I have a code name for myself of who I have to be in that world. I have to change back into Ihotu at the end of the day to be in this world. The person who I have to be at school, I call her Jada. These are the kind of things I've had to do just to mentally get through the program. Jada has to be mean and cutthroat just to survive. She can't be here [at the Oshun Center], so I have to be careful not to mix them up. The person I am here can't go over there because she'll just cry.
	00:41:07	And we talked about that with our Sweetwater Alliance. Like I said, we have monthly calls on different topics. We go through and consult on ways we can make a difference, how we can change internally, and talk with others to make changes in our own individual practices. We had a call about training the next generation of healers and discussed what we would do differently. How do we acknowledge that the training we went through doesn't need to continue? If it was traumatic for us, that's not the reason to now do it to other people. But sometimes we get into that mindset of, "Oh, but it made me strong." You find yourself thinking this way, "Why survive that so everyone else should do something similar." I support rigor. But sometimes I'll use the word torture in my mind, and then I'm thinking it's too strong of a word to use.
	00:42:05	But in my heart, that's what it has felt like. The level of competitiveness is constant. It's week after week with grades, exams, and so much information dumped on you. There are three, four, or five hours of lecture per class. Ten classes in a term, with a high-pressure exam in every class each week. And then the way that the students start turning on each other—the jokes about grades—you just feel like a number. And the only real pleasure you get is from getting an "A." And then you wonder, who am I anymore? You just turn a little numb. Then I see a version of that from my partner, who is a Family Medicine Resident at a hospital here in Minneapolis. I see the hours he works and the patients he sees. It's like we're grooming people to just run like rats. There's no way you can be a human in between that. There's no way you can stop and get lunch. There's no way you can go to the bathroom. There's no way you can breathe. There's no way you can realize that you even feel anything about all that has happened.

At the end of a partnered exam, a teacher said, "Tell me what [your exam partner] did wrong?" Then that student replied, "Do I get bonus points if I'm correct about the things that she got wrong?" Are these my friends? You can't even take the moment to feel how you feel about that exam. How do we even get to the point of calling that a type of trauma? Then how do we approach a patient who comes in crying and needing more than seven minutes to tell their story?

AS: 00:44:32 It's so true. And you think about insurance squeezing that time down and making healthcare decisions that oppress even the potential for that connection to be made. It's hard to even think about as health "care" system.

IA: It's about sick care.

AS: It's about sick care in some ways. That was a great answer to that question. Really intense. Thank you for sharing that.

IA: Thanks for listening.

AS: But I do think there is something about our entire education system that causes this to happen. I had the same when I was a mother of two going through a divorce and trying to get a PhD in History. All you looked for were maybe an "A" or a nice comment, but those didn't come very often and nobody else cared what was happening in my life [Both laugh]. How do we create those kinds of healing spaces in places that need them the most, which is education and healthcare?

IA: 00:45:53 I think it is possible. I think it's important we talk about what's hard, especially when it's something we brush over. Saying, "Oh yeah, medical school was intense" or "I had a long day." Okay. Sometimes it's good to piece that apart to really feel it and grieve. And also, I'm a solutions-based, action-oriented, and forward-thinking person. I feel like it's so important that we not only feel what's wrong, but we lean into what's right. Not just looking at trauma, but also looking at what the healed side looks like. I think there are so many things that practitioners can do exploring other sources of funding to supplement whether you take insurance, or you choose not to take insurance. You can implement a sliding scale fee. I have some issues with cash-based practices, but sliding scale, when it's done correctly, can be actually revenue generating in my

experience, which is very rare. We're always trying to talk more in our community about there is a way to do sliding scale that you actually might make more money because you bring in high paying individuals who want to support that work. There are people like that out there.

AS: 00:47:07 Is that what you're doing here [at Oshun]? You talk about that. I saw that on your website, but I couldn't see the whole graphic.

IA: 00:47:15 Oh, the green bottles.

AS: Yes, the green jars. Can you describe that?

IA: 00:47:23 An herbalist, Alexis Cunningfolk, made the green bottles image that gives you examples of what does it feel like to have no money, a medium amount money, or more money. Do you get coffee on a regular basis? If so, you're not in the low category. We all have these different ideas of "I don't have a lot of money." We live in a scarce society. No one has money, but some people are getting coffee, and some are not paying their rent. And that's the difference that we use for you to slot yourself in the right bottle. It uses everyday language of— "What did you buy this week?" or "When was the last time you bought new shoes?"

AS: 00:48:10 The scale is based on what you can really afford to pay versus what you think you can afford to pay?

IA: 00:48:18 That said, there are some people who have a lot of money coming in but have four kids and have a lot of expenses. I also believe people make their own decisions around money. As open as we are here about our politics and who we're for, we intentionally center BIPOC [Black, Indigenous, and people of color] voices and LGBTQ [lesbian, gay, bisexual, transgender, queer or questioning] voices. We also bring in white and ally voices, but we want you to stay at the back. We want you to be a part of us, but we know that we're asking you to be in a role that's supportive, which is often financial for us. We're really clear about that, and I think that it helps us weed out people who aren't with us for our mission and might be trying to get a discount. We don't have a lot of people who have any questions about that they aren't paying their means. They're paying for whatever they say they can pay; I trust

		them a hundred percent. I know if they weren't with us on our politics, they wouldn't walk in the door.us on our politics, they wouldn't walk in the door.
	00:49:26	I think some people struggle with sliding scale when it's a half-business model, half-justice model, and they're kind of towing in between. In our capitalist society, everyone's trying to look for a discount.
AS:	00:49:40	That makes me wonder, are you a nonprofit?
IA:	00:49:43	We're actually not.
AS:	00:49:44	You're not? I didn't even think to ask you that question. So, you are taking a business model?
IA:	00:49:50	Yes, it's a socially responsible business model. We are a business. We do need to keep the lights on. Not all programs are equally revenue generating. We do have support from the Sweetwater Alliance that helps us do what we do.
AS:	00:50:12	Can you explain what the Sweetwater Alliance is? I think you spoke about it earlier, and wanted to make sure that we get into that. What is the Sweetwater Alliance and how did it start?
IA:	00:50:24	Sweetwater Alliance started when [the Oshun Center] was just a tiny group of people. They were white allies who wanted to support us, make sure we can achieve, and ensure things didn't fall to the wayside when we get burnt out, which happens with a lot of programs. There was one person who came to me and said, "I want to do something so that you all have support, and one way I can help is trying to get ongoing donations from a group of folks." She was business savvy enough [to do that]. I believe in the merging of the two. We still live within capitalism.
AS:		We do. We definitely do. No pretending! [Both laugh].
IA:		When you're going to be as daring to have a sliding scale, you have to be even more business savvy than before because you still have to keep your lights on while also doing other things.
AS:	00:51:19	That's a great point.

IA: She was savvy enough to say, "Let's keep the monthly amount relatively low so it's not a burden for everyone. People could join this, and we could give them something too. Let's do some training." I was like, "Oh yeah, let's talk about white supremacy and anti-racism issues as it comes up in healthcare, and then try to draw in healthcare workers and wellness advocates into the group." We do these monthly Zoom calls to talk about different topics. We talk about the perfectionism that shows up in white culture. We really want to break down white culture out of its shell of capitalism and find out what's beneath that. Who are we outside of trying to be successful or having a house with two kids and a fence? Who are you, really, beneath that? What does it take [to dismantle that]?

00:52:21 We've learned over a few years of working with white allies that unlearning whiteness has to happen for liberation to come. Even for white people. This has to happen in a way that supports the clinic and keeps the clinic a safe space for people of color. There are demarcations and everyone comes together only at certain times. We had these Oshun care nights for the community. We had one a few days ago where there's free community acupuncture in partnership with the YMCA [Young Men's Christian Association]and the George Wellbeing Foundation. We offered body work, herbalism, education classes, snacks, and childcare. That's when everyone comes together, the Sweetwater Alliance folks and our Oshun Center clinic team. But apart from that, anyone is welcome to come in here for sessions. We especially invite bodies of culture to be here. When we have month-to-month meetings [with the Sweetwater Alliance] about a topic like perfectionism, and then the Sweetwater Alliance asks questions. "What if I don't have all the right things? How do I feel?" We talked about what a trauma-informed workplace would look like for you. We talked about their childhood stories and the training that they received around how to deal with conflict.

00:53:45 We do a lot of this internal work that then also feeds into some very specific coalition building we do around reform, education, and birth justice. In the fall, there's an annual curriculum that feeds into deeper cultural work. We talk about epigenetics and ancestral pain, and what that looks like in white communities. I pull a lot from my mom's side in those spaces. And then how does that all apply to actionable things they can bring into their practices? Are

		you asking for feedback from everyone? Are you able to hear it? What happens when conflict comes up? Do you know mediators in the community that you can reach out to? How do we not be defensive? How do we talk about time? How have we all become tied to a clock and shut down our own needs for time? That's obviously in healthcare, so we're talking about the seven minutes.
	00:54:45	What would it look like if time could be more expansive for your practice, for your patients, but also for you as an individual too. What if you had a day that was a walk-in model? These are open conversations. We do journaling, quiet journaling, a somatic practice, and then we talk. One idea came up was from a midwife who's with us every month. She's actually from another part of the United States and she was like, "I just have a really blunt conversation whenever I get a new home birth patient. I ask them, 'How are you with time? Do you often come late? Are you early? Just so I know.' So then when we're setting up our meeting, I'm just allowing if they say I'm always ten minutes late, I just assume they're always going to be ten minutes late."
	00:55:43	And now we've eliminated the stress of being late and that midwife can accommodate that they have ten more minutes to do something else. Just opening that conversation, it opened up all of our lives and gave us permission to find out who we are, listen to who we are, acknowledge who we are, and through that, being able to acknowledge and truly see and be with who our patients are. And then adapted her practice to where that wasn't a problem.
AS:	00:56:24	Well, when you have to repeatedly meet with the same person over a period of a year, it would be nice to know if they're going to always be a half an hour later or a half an hour early.
IA:	00:56:34	And to not shame them! All of us, after coming out of the journaling that day, were like, "Okay, we're holding a lot of tension around time that we were always late, rushing, or anxious." Goodness gracious, it was really healing for all of us to be in that conversation.
AS:	00:56:55	That's great. What a lovely thing. The Sweet Water Alliance sounds wonderful.

IA:	00:57:02	Yeah, it's wonderful.
AS:	00:57:04	Well, we've talked for more than an hour. It's gone really fast, but I want to be mindful of your time… I'm also wondering if you can share your vision for what you see on this other side of our medical model. You seem to have a vision and an idea and are working hard to get there. What's your dream, for this place or for medicine in general?
IA:	00:57:50	My dream for this place is that it inspires more clinics, small or large, to see how it is possible to do this work that is not revenue generating largely. I want people to see how to be financially savvy enough to really show how important it is and what a necessary part of healthcare it is. The other piece of that vision overall, that's forming now with chiropractic school, is that manual therapies and nutrition are some of the oldest types of medicine. There's more research coming out showing the benefits, but there is still a lack of research. I'm hoping to continue in the path of doing more research in that area, particularly around manual and holistic therapies for reproductive health. There are so many techniques and skills, and wisdom and knowledge, that come from midwives, herbalists, bone setters, and massage therapists that are not getting elevated. This work is not getting paid. If all of that [work] got paid, maybe this would be a revenue generating model. That's the long-term policy for work for me, to say our reproductive health matters—our hips, our lower back pain, our healing around intergenerational things. Everyone has a naval where we were attached by an umbilical cord, and we also have an epidemic of irritable bowel syndrome and endometriosis. There's so much that's stored in this part of our body. And by and large, a lot of people are afraid to work here or afraid to touch here. But if you look at eastern and indigenous healing techniques, they always start here.
IA:	01:00:08	Now we're learning about the gut brain and the microbiome. I think research is going to continue to show us that this is a very important part of our bodies, and this is a very spiritually and emotionally connected part of our bodies. As bodyworkers, we always talk about our ancestral pain in our hips. Resmaa Menakem, a local, talks about the psoas as the soul muscle. The kind of transformation I see when I work on hips, bellies, and lower backs is wild. And our healthcare system, I also understand MDs [medical

		doctors] have limited tools. They've got muscle relaxers, corticosteroids, and opioid pain medications. Meanwhile, we have pain medication addiction issues. They also, I think, would love to have non-pharmacological options for people's pain. I think we're really partners that just need to talk to each other better. I think research and more advocacy and education around all this is part of my contribution to that work.
	01:01:26	I love what we do here. I plan on teaching as soon as I can catch my breath, putting more things online, and holding more training. We'll see how it shakes out, but we're considering creating a research and innovation branch at the Oshun Center. We are going for some big grants nationally and are working with different research fellows who are PTs [physical therapists], who are chiropractors, who are massage therapists, and who are midwives. They can help us pull together what research we do have. Much like Evidence Based Birth is putting out the research and putting it in the hands of people for advocacy purposes. We want to talk about that in terms of manual therapies. These things need to come back. They need to be funded. The practitioners need to be respected as their own type of doctor. There are many types of doctors and there's many types of medicine. And I'd love to do what I can to make sure that there's another generation that has affordable access to these medicines that are all our birth right. These are people's medicines. Herbs are growing on the ground all around us. Why don't we know what they are and know how to use them safely? So, that's the small goal [Both laugh].
AS:	01:03:00	I'm going to put a down circle back to research now. I'll come in with a new grant from the Bakken to find out what you all are doing. It's really lovely work. We're honored and lucky to have you in Minneapolis, Minnesota. Thank you for doing everything you're doing. It's meaningful to me and many other people.
IA:	01:03:27	No, I'm sure no one would blame you if you left [Both laugh]. But I just want you to know it has a huge impact even if you get frustrated. So, thank you. And thanks for interviewing for the Bakken too.
IA:	01:03:48	Absolutely.

AS:	01:03:49	It's been a pleasure. You're a great person to end this whole project on. You've seen em all. A vision like the one you just described is exactly what we wanted to get out of this, or I did secretly, wanted to get out of this project, so thank you.
IA:	01:04:09	Well, you're welcome. Thank you for being a calm presence, asking great questions, and letting me ramble.
AS:	01:04:14	No, you were beautiful. You were the oral historian's dream.