

Mentorship, Leadership, and Being an Indigenous Woman

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Introduction

“Trauma level one by air to room six in five minutes,” the overhead speaker blares. Trauma level one is someone who requires the highest level of surgical care. In other words, there is a very sick patient who is dying. The upper-level resident grabs me: “Dr. Chaco, head of the bed.” I panic. This is my very first shift as an emergency medicine (EM) physician. He quickly shows me: “Here is the intubation cart; here is your suction.” He leaves me by myself to take care of other sick patients. My knees and hands are shaking with adrenaline and fear. I feel hot in my N95 mask and face shield. The patient rolls in; his body is bloody and mangled. I cannot hear what the EMS provider is saying. I stand there, shocked by the situation.

Everyone looks at me for direction and leadership. The surgery resident looks at me. I panic. My brain is slow to react. My attending, the supervising doctor, is in the back. He yells, “ABCs!” The EM physician at the head of the bed is in charge of determining adequate airway and breathing. It is a crucial step in resuscitating a sick patient. Fortunately, the patient is already intubated. I hesitate again and cannot form words. The surgery resident glares at me and shouts, “Airway! Intubated!” The attending shouts, “Breathing!” I quickly take off my stethoscope and listen to his chest. The room is overwhelmingly loud with the monitor alarms and nurses talking. I do not hear breath sounds on the left side of his chest, and I only hear breath sounds on the right, which means that he has a pneumothorax on the left side. I doubt myself and sheepishly shout, “No breath sounds on the left.” The surgery resident looks at me, takes her stethoscope, and listens. She disagrees with my assessment and shouts, “Breath sounds on BOTH sides!” We stabilize the patient. The

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CT scan shows that the patient has a left pneumothorax. I heard the correct breath sounds and shouted the correct finding. Doubts flood my mind. Am I supposed to be here?

Since the start of residency, I have been reflecting on leadership and my identity as an Indigenous woman. During the residency interview trail, I was asked multiple times about my leadership skills. Honestly, I did not truly understand the importance of leadership in the emergency department until I was already standing in front of a dying patient. I am the only Indigenous person in my program. BIPOC (Black, Indigenous and people of color)¹ make up roughly thirty percent of the U.S. population, and EM has only fourteen percent of residents who identify as BIPOC.²

The Black Lives Matter movement affirmed my struggles with leadership. I felt that before BLM, people believed that racism was dead. As we now know, that is not true. BLM brought to light not only explicit racism but also the biases and microaggressions that BIPOC faced. It gave me a voice and validated my experiences. Many factors create barriers for BIPOC women to advance in leadership i.e.—, “inadequate career opportunities” and “stereotypes.”³ Stereotypes of white women focus on skills, while BIPOC women face both stereotypes about abilities and negative stereotypes of identity.⁴ BIPOC women are also expected to conform to the European American prototype of leadership.⁵ Another barrier to leadership advancement is access to mentorship.⁶

Over the course of my career, I have faced many of these barriers. My Diné⁷ (Navajo) culture is beautiful and unique. Although I am Indigenous, my Diné culture is distinct from that of other tribes and pueblos. Among the Diné and many other Indigenous tribes, our elders are highly regarded⁸ regardless of socioeconomic or educational background. The Diné value the life experience

1. The term BIPOC is an acronym that refers to Black, Indigenous and People of Color. The word “Indigenous” was added to be inclusive. Often our Indigenous narratives are left out in discussion about race. For more explanation, see Sandra E. Garcia, *Where Did BIPOC Come From?*, N.Y. TIMES (June 17, 2020), <https://www.nytimes.com/article/what-is-bipoc.html>.
2. Aldean M. Landry et al., *Under-represented Minorities in Emergency Medicine*, 45 J. EMERGENCY MED. 100, 102 (2013).
3. Janis V. Sanchez-Hucles & Donald D. Davis, *Women and Women of Color in Leadership: Complexity, Identity, and Intersectionality*, 65 AM. PSYCHOLOGIST 171, 173 (2010).
4. *Id.* at 174.
5. *Id.*
6. Natalie A. Tran, *The Role of Mentoring in the Success of Women Leaders of Color in Higher Education*, 22 MENTORING & TUTORING 302, 304 (2014).
7. Diné is the traditional name of my community. It means “The People.” The English term is Navajo.
8. Michelle Kahn-John (Diné) & Mary Koithan, *Living in Health, Harmony, and Beauty: The Diné (Navajo) Hózhó Wellness and Philosophy*, 4 GLOB. ADVANCES IN HEALTH & MED. 24, 25 (2015).

of the elder.⁹ In other words, for the Diné, it is innate to respect those that are older. This innate traditional teaching can create tension with my status as a millennial woman of color who is inspired to challenge the status quo.¹⁰ For instance, how do I challenge a legal or medical system that is racist and biased¹¹ while respecting those who are in leadership?¹²

I would like to take this space to share lessons I learned from my life about being an Indigenous woman striving to lead and my challenge of pursuing mentorship. Many millennials are taking on leadership roles and require more support to lead effectively in those leadership roles.¹³

I. My beginning

Every Diné beginning is created by our mothers.

For the Diné, the story always begins with the past. Here is my *ama's* (mother's) story. My life intertwines with hers.

The reservation sun submits itself to the Chuska Mountains. Father Sky envelops his entire person with a black shawl. Mother caresses her body as her tears fall to the ground. The young girl's pain flows from her veins to mother earth's warm breast. That young girl is my mom. She caresses the fine sand between her ashy toes. Her hair splits into four directions; east, west, north, and south. Wind frolics with the hair behind her neck. It reminds her of how her *ama* would touch the back of her neck. She asks for a simple caress. A touch that would erase her memories of reservation life. She dusts her toes off, but the bitter dirt sticks to her like the desires that swept through her mind, clouding her happiness. She stands up and begins to walk.

In my community, our mothers are like water. Her life was never easy, and she spent all her energy to create a better experience for my siblings and me. She ensured that we had food, clothes, and educational resources. She bought me a 1950s encyclopedia set from the flea market; I cherished those books.

9. *Id.*

10. Christie Smith & Stephanie Turner, *The Millennial Majority is Transforming Your Culture*, DELOITTE UNIVERSITY LEADERSHIP CENTER FOR INCLUSION (2017), <https://www2.deloitte.com/content/dam/Deloitte/us/Documents/about-deloitte/us-millennial-majority-will-transform-your-culture.pdf>.

11. See generally Zinzi D. Bailey et al., *Structural Racism and Health Inequities in the USA: Evidence and Interventions*, 389 LANCET 1453 (2017).

12. Stacy Potts, *The Next Generation of Physicians Embracing Change in our Workforce*, 78 WORCESTER MED., 10 (2014) <https://www.umassmed.edu/contentassets/7278d5cd33f64998a4d0638dd236c8f5/sp-may-2014.pdf>.

13. Smith & Turner, *supra* note 10, at 1, 4 (“[M]illennials indicate they do not feel supported to lead effectively within the vast number of leadership roles they are filling... millennials are eager to serve in leadership roles, but they are not comfortable operating in the type casted role of previously defined leadership. They understand they do not have the same breadth and depth of experience their predecessors have had, but they see the opportunity to redefine what it means to lead, how a leader should lead, and what it means to be accomplished at that level.”).

We wore new shoes, and she wore worn down shoes with rips. We were so well taken care of and successful that people assumed that she had a Ph.D. In reality, like my mother, I grew up living on dirt floors without electricity and running water. Chicken wire and cement insulated my house. I am the first person from my entire family to graduate from college with a bachelor's degree, the first to attend law school or medical school. And to the best of my knowledge, the first Diné to earn both a medical and law degree. On my journey, I faced many challenges being a woman of color.

My biggest challenge was transitioning from my reservation to a prestigious East Coast liberal arts college. I was valedictorian of my high school class. I took calculus in high school and did well. I retook the course in college, and it was substantially more difficult. I could not understand the discrepancy. On the college interview trail, some of the college hosts commented that I gained admission only because I was Native American. I carried that chip on my shoulder for a long time. It stung each time I failed. I felt as if I did not belong. I struggled to adjust to the Western culture and the difference in the socioeconomic status of my peers. Many of my colleagues considered an income of \$100,000 on the lower end of the middle class. My mother's \$20,000 income supported five people. I felt alone. I felt inadequate. I spoke with my mother about my college experiences. I told her that I felt inferior to white people. She responded, "I never taught you that. Who taught you that?" That always stayed with me. Who taught me that?

During college, I struggled with group discussions. My professor called me into her office. She wanted to discuss my lack of contribution to the class discussions. I told her that our people are reserved and more apt to listen. I found it challenging to "chime in" when my colleagues immediately spoke after the person finished speaking. There was no moment for pause or reflection. From a young age, I was taught to reflect before speaking. It was challenging to change my way of communicating with the more dominant form. My professor retorted that this was no excuse because my culture is matrilineal and that women were powerful; therefore, I should be the embodiment of that and speak up more in class. This interaction created more anxiety as I felt even more of a failure because I could not force myself to speak up more. I had other college professors who were more attuned to understanding this difficult transition and suggested that I write down a paragraph after reading. During a class discussion, I would listen for keywords that would connect to my paragraph. It was an interesting and different way to communicate, because listening was not the objective, but jumping on those keywords. After I learned this trick, no one could keep me quiet.

To this day, my biggest accomplishment is graduating from college.

II. Lessons from law school and medical school

I had two very different learning environments in law school and medical school. In medical school, there were two Indigenous women in my class and no Indigenous faculty. In law school, I was one of about twenty-five

Indigenous law students with five Indigenous law faculty. Each setting posed different challenges. I want to focus on the importance of mentorship and leadership. We all know that finding mentors is essential. Generally, mentorship is a pathway to leadership opportunities. This section will share my personal experiences with finding mentorship in college, law school, and medical school.

In college, I struggled with finding mentors. I had a mix of people in leadership who supported me and others who did not. For example, I wanted to major in physics, but I found the material challenging. Since I was in middle school, my dream was to work for NASA and get a physics or astrophysics degree. I went to my white male professor's office for advice. He advised me not to pursue physics because "passion is not enough." I was ashamed, shocked, and heartbroken. After that interaction, I switched to chemistry. I silently struggled through each class and lab. I did not go to any of my chemistry professor's office hours. In my senior year, I thought about going to medical school, so I went to our college's career office for advice. The white female counselor told me that my grades were not good enough and that I would "maybe" get into medical school because I am Indigenous. Those two interactions traumatized me. It was difficult for me to reach out to people for help. I was reserved when it came to contacting people to find mentors. I mostly kept to myself and kept my dreams closer. To this day, I wonder if those two academic leaders saw my skin color before my potential.

Fast-forward to law school. Law school, for me, was an incredible period of growth, in large part because of the educational environment. I had five Indigenous law professors, four of whom were women. It was powerful to be seen and acknowledged. Our Indigenous presence existed through Indigenous faculty, Indigenous students, robust Indigenous student organizations, and Indigenous law courses.

I was fortunate that my law school afforded me opportunities to lead. These opportunities to lead were often provided by other professors, especially from BIPOC women professors. Initially, I did not reach out to my law professors because of the trauma I experienced in college. I was fortunate that I had BIPOC women professors who reached out to me. Each interaction healed me. A BIPOC professor contacted me because she thought I would be an excellent fit for the *New Mexico Law Review*. Professor Christine Zuni-Cruz,¹⁴ an Indigenous woman from Isleta Pueblo, connected me with the Southwest Women's Law Center. It was a powerful opportunity for me to work on medical-legal issues for the women of New Mexico. I found a life mentor in Professor Jeanette Wolfley,¹⁵ an Indigenous woman from the Shoshone-Bannock Nation. A BIPOC woman faculty member came up to me and asked, "Have you ever thought of being a United States Supreme

14. Christine Zuni Cruz, *[On the] Road Back In: Community Lawyering in Indigenous Communities*, 5 *CLINICAL L. REV.* 557 (1999), https://digitalrepository.unm.edu/law_facultyscholarship/58.

15. Jeanette Wolfley, *You Gotta Fight for the Right to Vote: Enfranchising Native American Voters*, 18 *UNIV. PA. J. CONST. L.* 265 (2015), <https://scholarship.law.upenn.edu/jcl/vol18/iss1/6>.

Court justice? I see potential in you.” I was proud that she saw potential in me. These interactions fueled my confidence. These mentorships were vital in my success. Seeing my potential was key to my success. We must continue to recruit BIPOC to leadership positions in academia. BIPOC women are important for improving the success of our BIPOC student community and the broader community.

Although I had a great law school experience, there were moments when I felt unsafe. I took a core course that was taught by a BIPOC faculty. We had just taken a midterm, and some students did not do well. I did well on the midterm. Instead of speaking to her privately, one of my male colleagues thought it was appropriate to yell about his dissatisfaction in front of the entire class. I had not seen this kind of disrespect in any of my classes. I wanted to shout back in retort but then realized how it would be unprofessional to react in kind. I wondered if my male colleague would have acted in the same manner toward a white male professor. I do not know the answer to that. As an Indigenous woman, I understand that there will be challenges like this in my professions. I hope that I will be strong enough to weather those difficulties.

I then graduated from law school and returned to medical school. At that point I was the only Indigenous woman in my medical school, my previous Indigenous woman having graduated from medical school and moved on to become a family medicine resident. I had to fight against racial biases in my medical rotations. It was easier to recognize and label these encounters as biased because I could contrast my treatment in law school against that in medical school. During my fourth-year rotation, a cardiologist attending told me in front of my colleagues that I would not match into emergency medicine. Another attending said to me that I was “too quiet” to be an EM physician. Since I could label these encounters as biased, these comments did not damage my confidence. Despite these encounters, I matched into one of the best EM programs in the country.

Applying to an EM residency is challenging, because it is one of the most competitive specialties to match. I knew that I needed to find mentors. Unfortunately, in general, EM lacks BIPOC women professors. It took courage to reach out to non-BIPOC professors. I feared rejection. I feared that they would deter me from applying to EM. Yet I pushed forward. I needed to find a way to ease myself back into medical school rotations, and I decided to take a research block. I e-mailed the instructor to ask if she had any projects. She provided me with a project. In the beginning, it was me merely completing tasks for her project. She was a powerhouse in the EM program at UC Davis; I was intimidated by her and her credentials. I kept my distance. By the second week, she e-mailed me and asked if I wanted to shadow her in the emergency department. I took the opportunity. Over time, a mentorship formed. She pulled me onto other projects. A national EM medical journal accepted our paper. We were preparing to present at a national conference, but then COVID happened, and the conference was canceled. This positive

experience gave me the courage to reach out more. I was brave enough to have a white male physician advise me through the EM application process.

Conclusion

Mentorship is important. Generally, mentorship leads to more leadership opportunities and advancement. At its core, it is simply a human interacting with another human. However, the praxis of mentorship can be challenging for a BIPOC woman. We regularly have to filter and process these interactions because we are aware that these interactions often occur in the context of systemic racism, individual racism, biases, and microaggressions. It was a powerful experience to be mentored by BIPOC women. I did not have to explain myself or prove myself to these women. They were a large part of my success in law school. I recognize that my situation in law school was unique because UNM Law has a robust BIPOC law school faculty. We need to strive to increase the number of BIPOC women faculty across medicine and law. Indeed, millennials are the most diverse generation in the workforce and are assuming more leadership roles.¹⁶

Additionally, we need to find a way to increase mentorship by allies. It was an equally compelling experience to “cross-pollinate.” In other words, to find mentorship in non-BIPOC professors. Although we need more BIPOC women to mentor other BIPOC women, we also need non-BIPOC allies to invest in our BIPOC community.¹⁷ My mentorship provided me advancement opportunities in my profession. I am left with some questions on how we can improve these experiences. How do we raise law and medical students to be those allies? How do we find allies who are willing to invest in our BIPOC women?

16. Christie Smith & Stephanie Turner, *The Radical Transformation of Diversity and Inclusion: The Millennial Influence*, DELOITTE UNIV. LEADERSHIP CTR. FOR INCLUSION 5 (2015), <https://www2.deloitte.com/content/dam/Deloitte/us/Documents/about-deloitte/us-inclus-millennial-influence-120215.pdf>.

17. To support an organization that is already doing this work, visit EMERGE NEW MEXICO, <https://nm.emergeamerica.org/> (last visited March 3, 2021).