

Episode: *Author Interview: “Papal Doctrines’ Deep Trauma Legacies in Minoritized Communities”*

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[bright theme music]

TIM HOFF: Welcome to another episode of the *Author Interview* series from the *American Medical Association Journal of Ethics*. I’m your host, Tim Hoff. This series provides an alternative way to access the interesting and important work being done by Journal contributors each month. Joining me on this episode is Dr Michael Oldani, a Professor of Pharmaceutical Sciences and Administration, as well as the Director of the Interprofessional Practice and Education Certificate Program at Concordia University in Mequon. He’s here to discuss his article, “*Papal Doctrines’ Deep Trauma Legacies in Minoritized Communities*,” in the February 2023 issue of the Journal, [Child Abuse and Neglect](#). Dr Oldani, thank you so much for being on the podcast. [music fades]

DR MICHAEL OLDANI: Happy to be with you today, Tim. It’s always a pleasure.

HOFF: What’s the main ethics point of your article?

OLDANI: That’s a great question. When AMA reached out and asked me about the special volume and kind of specifically thought about some of the work I had done with the Native American and Aboriginal Canadian community, if I wanted to make a comment on it, they had specifically talked about the child abuse scandals and the Catholic Church. And I said I was interested because I think it’s such an important topic. And I reached out to some Native scholars that I thought might want to collaborate, and they didn’t have time. But one of them, a scholar named Margaret Noodin at the University of Wisconsin Milwaukee, an institution that really has a vibrant Native American Studies program for students, she really—and I’m going to try and quote her—said something like, “You know, it all starts with these papal documents, these documents of discovery. That’s where I would go if I was going to collaborate on this article with you.” And I footnote her in the piece, of course, and that became my starting point. I became very curious to think about those documents in the context of trauma, intergenerational trauma, child abuse, and neglect, specifically with Native and Aboriginal peoples. And I took that really seriously.

And I went in and started looking at those early papal documents from like the 13, 14 and 1500s and thought from an ethical point of view it would be important, I think, for health professionals and especially medical students, pharmacy students, whoever might come across this special volume to think about their own personal ethics of understanding some deep history. In anthropology we like that term, that concept of a deep, deep play, deep pharma. That’s another area I work on, kind of meaning that if you’re working even in a contemporary setting or a clinical setting now, that you should think about the historical and contextual factors that are bearing down on your patients that you’re dealing with every day. And of course, for Native Americans, that history and legacy is ever-present for many in the community.

HOFF: For our listeners who are unfamiliar and who haven't had a chance to read your article yet, can you give us a little bit of information on which papal doctrines exactly you're looking at here?

OLDANI: Yeah. So, people can research and find a lot on these papal documents which will have Latin names. But the two I focused on, one related to the Spanish and really gave the Spanish permission to convert and to go out and seek the conversion of Indigenous people throughout the entire Western Hemisphere and to do it forcibly, which you can imagine what that led to. So, that was one of the starting points in one of the documents I wanted to cover. And the other papal document gave permission to the Portuguese sovereigns to start the human trafficking phenomena around Western Africa, which led to the modern forms of slavery that were dealt with all throughout the Western Hemisphere. So, the two documents are in essence permission for the Spanish and Portuguese to start the subjugation of Indigenous people for profiteering, colonialism, and really led to a world system that took about 500 years to end.

HOFF: Yeah. Thank you for that clarification. So, what's the most important thing for health professions students and trainees to take from your article?

OLDANI: That's a good question. I think writing as a medical anthropologist that often, at least I've had this kind of series of opportunities with *AMA JOE* to bring context and ethnohistory to play. I always think for clinicians specifically working with BIPOC communities, and in the case of this article, working with either Native Americans, Aboriginal Canadians, or First Nation Peoples or Native Alaskans, if you're working in a clinic near or let's say within one of those communities, maybe on a reserve, as they would call it in Canada, or a reservation in the United States, if you're working within those communities, I'm always pushing to don't go in totally cold. You need to go in with some context, whether you're accessing some of the ethnographic literature that's available, whether you're getting an understanding that the people you're going to work with often carry a lot of this history through the intergenerational traumas that they've dealt with. They may not always be willing to talk about it, or if you can engage with them at some point down the line in your treatment with them, it may come up.

But for example, I mention the residential school experience in this article. I kind of take it from, it's a very short piece, but I take it from the 1400s to the present. When we think about, for example, residential schools, it's only one or two generations removed in the United States, in Canada, where there was a lot of forced removal of Native children from their homes, forcibly removed and sent to either government boarding schools in the United States or government missionary-run boarding schools. There was a lot of overlap in those bureaucracies in who actually were running the schools. And those traumas persist, and so, when you're working with these individuals or their families or children or elders, that history can be ever-present because those residential schools either affected them directly if they're in their 70s, 80s, or 90s, or their parents or grandparents were affected. And it's caused quite a bit of intergenerational trauma. And I guess my point in the piece is always to get clinicians to contextualize the situation they're working in.

So, if you're working with the Oneida in Green Bay, and in the piece, I describe a couple of individuals from that community that went out East to some of the burial grounds on a residential school in upstate New York, I believe, and they were able to secure some of the remains of their family and bring them back to the Oneida community outside of Green Bay, Wisconsin. And they were able to, I think, start the healing process, and they talk about that in the article I cite. So again, for clinicians, educators, students, the idea with a piece like that is to

give some deep history, even if it's in brief, and to kind of understand the legacy of how colonialism can be pulled through more contemporary issues that Native peoples are dealing with, which right now, first and foremost, I would say is the issue of trauma due to residential schools.

HOFF: Mm. And as you note, these are short articles, so there's not really time to get into everything. But if you could add a point to your article that you didn't have the time or space to fully explore, what would that be?

OLDANI: Yeah, I thought about this a little bit. I think one of the things that's really important that's not in the piece is to understand the Native point of view, to access sources. And there's plenty on the Internet and on various websites that are Native-generated, Native American-generated or Aboriginal Canadian-led, where you get the voice of the people who are dealing with these issues first and foremost. So, for example, when I did fieldwork in the early 2000s in Winnipeg, there was the Aboriginal Healing Foundation that was this national organization of really truth and reconciliation for Aboriginal Canadians, where they could provide testimonies of what they experienced. But it also provided a forum for things like healing circles and the resurgence of certain kinds of Native healing practices that were integrated with what we might call Western biomedical practices. So, that's what I would say to readers, is to kind of find out what's happening locally, because there will be things going on that they could participate in, that they could access themselves, or that they should simply know about to offer as resources to their patients. So, in short, I wish we could capture more of the Aboriginal Canadian, or Native Americans' point of view when we put together pieces like this. [theme music returns]

HOFF: Dr Oldani, thank you so much for being on the podcast and thanks for your contribution to the Journal this month.

OLDANI: Yeah, I really appreciate it. I always enjoy a chance to kind of think through things again with you, so thank you.

HOFF: To read the full article as well as the rest of this month's issue for free, visit our site, JournalofEthics.org. We'll be back soon with more *Ethics Talk* from the *American Medical Association Journal of Ethics*.