# VoicesinBioethicsPodcast-2022-HibahIlyasAStudentOfOsteopathicMedicineDiscussesHerExperiencesAndExploitationOfIndigenousPeople

00:00:00.000 --> 00:00:10.160

Welcome back to Voices in Bioethics. I'm Jennifer Cohen, and it's my great pleasure to welcome

00:00:10.160 --> 00:00:17.280

Hiba Elias to the podcast. Hiba Elias is a third year medical student at Lake Erie College of Medicine

00:00:17.280 --> 00:00:22.320

in Erie, Pennsylvania, and she's currently doing a rotation at Rochester Regional Health in Upstate

00:00:22.320 --> 00:00:29.200

New York. She holds a BS in Physiology and a BA in East Asian Studies from the University of Arizona.

00:00:29.200 --> 00:00:32.000

Thank you so much, Hiba, for speaking with me about your work.

00:00:32.000 --> 00:00:34.800

Thank you, Jennifer, for having me.

00:00:34.800 --> 00:00:40.720

Our pleasure. Let's start with your medical course of study. So you are studying to become

00:00:40.720 --> 00:00:47.520

a DO, a doctor of osteopathy. The way I think of medicine, it sort of breaks down into two branches,

00:00:47.520 --> 00:00:54.560
the allopathic and the osteopathic. Is that correct? And if it is, can you define both those terms

00:00:54.560 --> 00:00:59.040
and describe how they differ from one another and how they are similar.

00:00:59.040 --> 00:01:09.440
Yeah, so both courses of medicine, they are basically very similar. I would say in terms of

00:01:09.440 --> 00:01:17.520
curriculum, what the osteopathic curriculum really focuses on is the osteopathy, which really is the

00:01:17.520 --> 00:01:26.000
principle of seeing the body as a whole unit. So when we are talking about disease processes that

00:01:26.000 --> 00:01:31.680
you know an individual can get sick from, we don't look at it as just you know what's happening on

00:01:31.680 --> 00:01:38.560
a micro or cellular level. We look at okay this is how one part of the body is being affected and

00:01:38.560 --> 00:01:45.920
how it actually affects the rest of the body including your mind and how that can eventually

00:01:45.920 --> 00:01:53.120
lead to other consequences and kind of related symptoms that may be more generalized than

00:01:53.120 --> 00:01:56.560
just associated with just one disease process.

00:01:56.560 --> 00:01:57.560

Right.

00:01:57.560 --> 00:02:02.020

So, doctors of osteopathy are fully licensed physicians.

00:02:02.020 --> 00:02:03.020

That's correct?

00:02:03.020 --> 00:02:04.120

Yes, that's correct.

00:02:04.120 --> 00:02:06.080

So we can prescribe medications.

00:02:06.080 --> 00:02:07.580

We can see patients.

00:02:07.580 --> 00:02:09.420

We work in hospitals.

00:02:09.420 --> 00:02:15.560

We just have that kind of one additional training which involves the hands-on osteopathic

00:02:15.560 --> 00:02:21.000

manipulation techniques, which are allopathic peers don't have that extra training.

00:02:21.000 --> 00:02:28.200

Okay. I want to unpack a lot of what you just brought up. So first, you mentioned that a feature

00:02:28.200 --> 00:02:34.040

of osteopathic medicine is that it endeavors to treat the whole person, the whole unit,

00:02:34.040 --> 00:02:41.400

as you said, versus just symptoms of disease. Can you flesh

out how that plays out in clinical care?

00:02:42.040 --> 00:02:49.960
So often I guess like in a more general setting if you know a patient comes into an urgent care

00:02:49.960 --> 00:02:59.240
and let's say they have like a cold. So you know they have fever, chills and for a cold you know

00:02:59.240 --> 00:03:05.880
we do prescribe some kind of medication. Usually colds are like a viral infection so we don't really

00:03:05.880 --> 00:03:11.400
give antibiotics for that but we can help give like if you are like having a sore throat we can

00:03:11.400 --> 00:03:13.440
can give you something for that.

00:03:13.440 --> 00:03:16.440
But generally for your fatigue and for your fevers,

00:03:16.440 --> 00:03:19.200
we'll often prescribe medications for that.

00:03:19.200 --> 00:03:21.600
But there are also things that we

00:03:21.600 --> 00:03:25.200
can do in the office instead of just prescribing medications

00:03:25.200 --> 00:03:28.840
to give some immediate relief.

00:03:28.840 --> 00:03:33.840
So if you have body aches and trouble breathing

00:03:33.840 --> 00:03:36.080

because you've been coughing up so much,

00:03:36.080 --> 00:03:39.040
and just generally feeling ill, then

00:03:39.040 --> 00:03:42.400
we have some techniques that we can use on the body

00:03:42.400 --> 00:03:43.840
to kind of help.

00:03:43.840 --> 00:03:47.840
So most often what we are working with,

00:03:47.840 --> 00:03:51.960
with the techniques that we do is on different layers.

00:03:51.960 --> 00:03:56.960
So what we kind of treat are muscles and fascia,

00:03:56.960 --> 00:04:00.960
and we kind of move and try to relieve tension

00:04:00.960 --> 00:04:03.800
in those areas in order for the body

00:04:03.800 --> 00:04:06.640
to kind of better perform.

00:04:06.640 --> 00:04:13.440
So in states of disease, kind of like your sympathetic system
is kind of an overdrive.

00:04:13.440 --> 00:04:21.360
And so kind of placing our hands and putting pressure in
certain areas that reaches the nerves

00:04:21.360 --> 00:04:26.880
and the fascia and the muscles that are kind of being
triggered can help calm down that flare up.

00:04:26.880 --> 00:04:33.600
So it's kind of the same, I guess, idea is like when you kind of ice like a sore muscle or if you

00:04:33.600 --> 00:04:40.480
put like a hot pack in a very like irritated area. It's the same idea, but we kind of really like

00:04:40.480 --> 00:04:47.680
relieve the tension in those muscles. So interesting. Can you talk a little more specifically about

00:04:47.680 --> 00:04:54.480
what these manipulative techniques entail? Yeah, so for example, if I were to target,

00:04:54.480 --> 00:05:01.440
like if you have chest pain, you're not able to take a full breath. So we can kind of do some

00:05:01.440 --> 00:05:07.960
breathing exercises while I also kind of like if you inhale I'll like kind of put

00:05:07.960 --> 00:05:12.480
my hands on like the sides of your chest you'll inhale and then as you exhale I

00:05:12.480 --> 00:05:19.080
may put some pressure on your ribs and continue to do that with each inhale and

00:05:19.080 --> 00:05:22.880
exhalation and continue to put pressure while you exhale so that it kind of

00:05:22.880 --> 00:05:29.040
feels very tight while you breathe and then when I suddenly

release that

00:05:29.040 --> 00:05:35.680
inhalation and exhalation actually kind of stimulates lymphatic flow and also kind of allows your

00:05:35.680 --> 00:05:43.760
rib cage to kind of just like open up. So that is like one technique especially when people

00:05:43.760 --> 00:05:50.560
are feeling ill lymphatic flow techniques can really kind of help aid just like feeling better

00:05:50.560 --> 00:05:58.720
because any of the bad cells that are in your body are kind of taken up by the lymphatic system.

00:05:58.720 --> 00:06:05.600
So kind of improving the flow will allow all of the bad cells to kind of clear out faster.

00:06:05.600 --> 00:06:15.600
So interesting. So let me ask about consent, which is such a big issue in bioethics. How do

00:06:15.600 --> 00:06:20.400
osteopaths address the issue of consent when it comes to touching patients?

00:06:20.400 --> 00:06:27.360
So always leave, like even just, you know, meeting a patient for the first time, I believe all

00:06:27.360 --> 00:06:34.400
physicians, you know, kind of learn the etiquette of how to approach a patient, introduce themselves,

00:06:34.400 --> 00:06:41.440

kind of like sit eye level with the patient instead of standing over them to allow the patient and

00:06:41.440 --> 00:06:47.040
the physician to kind of interact on equal terms because being in the hospital and seeing a doctor

00:06:47.040 --> 00:06:54.160
and being sick, it's all scary and nobody likes it. So creating a comfortable setting is the first

00:06:54.160 --> 00:06:58.380
for any physician when talking to a patient,

00:06:58.380 --> 00:07:01.380
but then especially when evaluating and touching

00:07:01.380 --> 00:07:04.420
the patient, doing an exam or even doing a treatment,

00:07:04.420 --> 00:07:09.300
our best practices include kind of asking permission

00:07:09.300 --> 00:07:11.580
and also explaining what we're doing

00:07:11.580 --> 00:07:14.900
because the patient doesn't know.

00:07:14.900 --> 00:07:18.060
So as we are doing our treatment,

00:07:18.060 --> 00:07:20.980
we, and if usually we treat a patient

00:07:20.980 --> 00:07:23.900
on one of our, like the beds.

00:07:23.900 --> 00:07:27.280
So we will help them lay down, we'll support them,

00:07:27.280 --> 00:07:30.440
kind of instruct them which way we want them to turn.

00:07:30.440 --> 00:07:32.120
We kind of hold the side of the bed

00:07:32.120 --> 00:07:34.480
in case they feel like they may roll off.

00:07:34.480 --> 00:07:36.280
So all of that and just being close

00:07:36.280 --> 00:07:39.240
and being watchful and openly communicating to them

00:07:39.240 --> 00:07:41.320
that what we're here and like we're gonna touch here

00:07:41.320 --> 00:07:44.440
and we're holding the side of the table so you don't fall.

00:07:44.440 --> 00:07:47.640
You can feel for you to grab my arm if you're unstable.

00:07:47.640 --> 00:07:51.200
Just our open communication really first allows the patient

00:07:51.200 --> 00:07:53.240
to be comfortable in that setting.

00:07:53.240 --> 00:07:57.160
also let them know that, you know, we're not going to do anything without letting them know.

00:07:57.160 --> 00:08:01.560
And that just establishes a greater trust in the patient physician interaction.

00:08:01.560 --> 00:08:07.800
Yeah. Yeah, that seems to be a very different experience

than many patients have in regular

00:08:07.800 --> 00:08:14.120
doctor's offices. In terms of decision making by patients, so normally when someone goes to the

00:08:14.120 --> 00:08:19.880
doctor's office, it's for something extremely specific. The medical intervention offered is

00:08:19.880 --> 00:08:23.640
is usually very specific just for that problem.

00:08:23.640 --> 00:08:26.480
The side effects to the medication are explained

00:08:26.480 --> 00:08:29.360
and the patient consents or doesn't consent.

00:08:29.360 --> 00:08:33.920
When you've got this whole body, whole system approach,

00:08:33.920 --> 00:08:38.920
how do you think that impacts a patient's ability to consent?

00:08:38.920 --> 00:08:42.340
- Oh, I mean, like every treatment,

00:08:42.340 --> 00:08:44.840
it's an option for a patient.

00:08:44.840 --> 00:08:49.440
So in addition to whatever medications we may offer,

00:08:49.440 --> 00:08:52.920
we can also offer, hey, we have this treatment

00:08:52.920 --> 00:08:55.960
that I think may benefit you and we would explain

00:08:55.960 --> 00:09:00.800

the process and how that would kind of help them get better.

00:09:00.800 --> 00:09:03.880
And they have that option of, yes, I'd like to try that

00:09:03.880 --> 00:09:08.000
or no, I don't think that would be helpful for me.

00:09:08.000 --> 00:09:10.320
So, I mean, it really depends.

00:09:10.320 --> 00:09:15.320
And I feel like even current osteopathic physicians,

00:09:17.200 --> 00:09:19.960
depending on what setting they're in,

00:09:19.960 --> 00:09:22.360
they may or may not offer those services

00:09:22.360 --> 00:09:25.160
because first, it takes time,

00:09:25.160 --> 00:09:27.960
second, patients aren't very familiar,

00:09:27.960 --> 00:09:29.640
they're already not feeling well,

00:09:29.640 --> 00:09:34.640
so sometimes people are not willing to spend the extra time

00:09:34.640 --> 00:09:37.480
in that unfamiliar setting.

00:09:37.480 --> 00:09:41.480
But some of the physicians who I have seen

00:09:41.480 --> 00:09:43.560
kind of practice in that way,

00:09:43.560 --> 00:09:45.520
always explain thoroughly

00:09:45.520 --> 00:09:49.680
and try to make the patients understand that, you know,

00:09:49.680 --> 00:09:53.360
doing this manipulative technique or treatment

00:09:53.360 --> 00:09:55.320
can give you some immediate relief.

00:09:55.320 --> 00:09:59.960
And also we can prescribe kind of like home regimens.

00:09:59.960 --> 00:10:02.800
So we can perform it on the patient

00:10:02.800 --> 00:10:07.760
and then teach the patient how to do similar techniques

00:10:07.760 --> 00:10:12.080
on themselves or on their family members to provide relief.

00:10:12.080 --> 00:10:14.360
- Wow.

00:10:14.360 --> 00:10:18.000
Does osteopathy encompass chiropractic?

00:10:18.000 --> 00:10:21.800
- No, I would say that chiropractors,

00:10:21.800 --> 00:10:26.800
I'm not too familiar, but they often use additional tools.

00:10:26.800 --> 00:10:30.340
They have like some like hammer guns and things

00:10:30.340 --> 00:10:35.160
that can kind of help assist with aligning the spine

00:10:35.160 --> 00:10:38.060
and stuff, but mostly the osteopaths,

00:10:38.060 --> 00:10:42.140
we don't use any extra tools, it's all like just our hands

00:10:42.140 --> 00:10:45.860
in placing the patient in certain positions

00:10:45.860 --> 00:10:49.080
and straightening them or turning them ourselves

00:10:49.080 --> 00:10:49.920
and with the patient,

00:10:49.920 --> 00:10:52.740
it doesn't require like any additional tools.

00:10:52.740 --> 00:10:57.120
- Are there misconceptions about osteopathic medicine

00:10:57.120 --> 00:10:58.220
that you've run into?

00:10:58.220 --> 00:11:00.400
- Definitely.

00:11:00.400 --> 00:11:03.400
A lot of people don't really understand just the term,

00:11:03.400 --> 00:11:05.840
I think kind of throws people off of like,

00:11:05.840 --> 00:11:06.860
oh, well, what is that?

00:11:06.860 --> 00:11:08.960
That must mean something different

00:11:08.960 --> 00:11:15.680

you don't have MD at the end of your name that must mean that you're not a real doctor.

00:11:15.680 --> 00:11:26.560
So that's just one thing is just the unfamiliarity of what DO is. But in actual practice when

00:11:26.560 --> 00:11:32.880
you're seeing a doctor, nobody really asks them if they're MD or DO or where they got their degree

00:11:32.880 --> 00:11:37.440
from. You go to the hospital and you see a physician and they take care of you and then you leave.

00:11:38.240 --> 00:11:46.400
So in terms of that, I do think that just in general, that when someone does kind of initiate

00:11:46.400 --> 00:11:53.200
and say like, oh, I'm a Dior, I'm an osteopathic physician, questions come up and like, oh,

00:11:53.200 --> 00:11:57.520
what does that mean? And when we explain the manipulative techniques, they will say like,

00:11:57.520 --> 00:12:03.600
oh, so you're just giving me a massage or, you know, yeah, you must be just like a chiropractor.

00:12:03.600 --> 00:12:11.120
I mean, in essence, you know, what we may be doing may be very similar, but I think the training and

00:12:11.120 --> 00:12:17.760
the reason why we are offering that treatment are a little different. They're nuanced.

00:12:17.760 --> 00:12:22.480
How many years of training does it take to become a doctor of osteopathy?

00:12:22.480 --> 00:12:31.200
So after completing four years of an undergraduate education, you will have to complete four years

00:12:31.200 --> 00:12:38.640
of an osteopathic curriculum and then afterwards there actually newly there has been a

00:12:38.640 --> 00:12:50.000
DOMD residency merger so now MDs and DOs can all apply to all the same residencies and so

00:12:50.000 --> 00:12:54.880
depending on what you want to specialize you will then do your additional residency training which

00:12:54.880 --> 00:13:01.040
can range from three to five years and if you want to do any fellowships that can be an additional

00:13:01.040 --> 00:13:09.360
couple of years. So it's like timeline wise, it's the same as an allopathic physician's timeline.

00:13:09.360 --> 00:13:17.600
Okay, let's switch gears to some of your research interests. So you've done research

00:13:17.600 --> 00:13:23.360
studying the Ainu people of Japan. Who are they and how did you become involved with studying them?

00:13:24.320 --> 00:13:39.680
Sure, so the Ido people are the Aboriginal people of northern Japan, mostly located on the island of Hokkaido, which is

very close to the Russian peninsula up there.

00:13:39.680 --> 00:13:50.320
They are natives to Japan and I didn't know anything about them until I actually had the opportunity to study abroad in Japan.

00:13:50.320 --> 00:13:57.720
And I was doing this for my East Asian studies major with an emphasis in Japanese culture.

00:13:57.720 --> 00:14:05.120
So I was taking a lot of courses on just general culture, food, I was taking language classes.

00:14:05.120 --> 00:14:15.620
And it turns out that some of the cultural courses actually incorporated some topics on the Ainu people.

00:14:15.620 --> 00:14:23.060
I was very fascinated because as an American born person going to Japan for the first time,

00:14:23.060 --> 00:14:31.180
I had never imagined that there was people that considered themselves other from the

00:14:31.180 --> 00:14:34.580
more traditional East Asian population.

00:14:34.580 --> 00:14:40.900
I mean Japan is considered for the most part a homogenous kind of population.

00:14:40.900 --> 00:14:42.180
I had never thought about it.

00:14:42.180 --> 00:14:45.580
I had never seen it in mass media.

00:14:45.580 --> 00:14:51.780
So I was very surprised and there were actually opportunities for us at the Hokkaido University

00:14:51.780 --> 00:15:01.180
campus where I studied abroad to actually meet some Ainu people and kind of see some

00:15:01.180 --> 00:15:04.700
of their culture and read about them.

00:15:04.700 --> 00:15:11.340
And one of my professors was someone who was very involved in Ainu research as well.

00:15:11.340 --> 00:15:15.260
So kind of getting that exposure while I was there

00:15:15.260 --> 00:15:17.260
was what really interested me

00:15:17.260 --> 00:15:19.180
and kind of pursuing that further

00:15:19.180 --> 00:15:20.920
when I came back to the US.

00:15:20.920 --> 00:15:24.100
- Sounds like an incredible experience.

00:15:24.100 --> 00:15:26.580
So can you tell us about the type of research

00:15:26.580 --> 00:15:30.340
that was done into the Ainu peoples?

00:15:30.340 --> 00:15:33.100
Why that type of research was problematic

00:15:33.100 --> 00:15:37.320

and the reasons around discrimination against Ainu people?

00:15:37.320 --> 00:15:40.820
- Sure, so I would like to say

00:15:40.820 --> 00:15:51.220
lot of anthropological research, it was heavily for political reasons. So when for any kind of,

00:15:51.220 --> 00:15:58.980
I guess, current nation, you know, land and acquiring land and acquiring riches, that was all part

00:15:58.980 --> 00:16:09.300
of kind of becoming a bigger and better society. So as Japan in its colonial era was trying to

00:16:09.300 --> 00:16:16.580
conquer more land and move further up north the island they kind of came into contact with the

00:16:16.580 --> 00:16:26.260
Ainu people and visually like when you just compare that population with the Japanese people who

00:16:26.260 --> 00:16:34.500
call themselves Lajin they kind of saw a difference outright the Ainu people were a little bit bigger

00:16:34.500 --> 00:16:40.500
They had more facial hair in addition to just like the different clothing and the way they

00:16:40.500 --> 00:16:45.060
dressed and the different activities and cultural activities that they had. They said, "Well,

00:16:45.060 --> 00:16:51.300
these people are different from us. Like, who are they?" So a

natural curiosity, I think,

00:16:51.300 --> 00:16:58.580
started that research. But in addition, because in their eyes, the Ainu people were

00:16:59.380 --> 00:17:07.380
lesser or had savage practices, it was easy for them to kind of say, "Oh, well, you guys are

00:17:07.380 --> 00:17:16.260
lesser. We can take your land and take advantage of you." So once they had access to the land

00:17:16.260 --> 00:17:25.380
and all the resources and they had established themselves there, they kind of had to justify

00:17:26.660 --> 00:17:30.660
why they were able to do that and why it was okay.

00:17:30.660 --> 00:17:35.580
And so then while all of this, I mean, all around the globe,

00:17:35.580 --> 00:17:38.300
you know, people were conquering new lands

00:17:38.300 --> 00:17:42.380
and kind of going out and doing explorations

00:17:42.380 --> 00:17:46.300
and studying different peoples and cultures

00:17:46.300 --> 00:17:48.260
in the same line of sight.

00:17:48.260 --> 00:17:50.820
They wanted to do the same thing to Japanese people.

00:17:50.820 --> 00:17:54.860

And so they kind of started recording

00:17:54.860 --> 00:18:01.980
the different practices of the Ainu people and putting down like, okay, they do these

00:18:01.980 --> 00:18:07.700
things that are different from us, they look different from us and kind of making comments

00:18:07.700 --> 00:18:16.320
and how they could better them and kind of incorporate them into Japanese watching society.

00:18:16.320 --> 00:18:23.140
And so it was not only the Japanese researchers and conquerors who kind of wrote these things

00:18:23.140 --> 00:18:32.020
down they were actually a lot of western explorers and researchers who also came to visit Japan

00:18:32.020 --> 00:18:37.460
when the borders had opened up to kind of see the Ainu people and make their own

00:18:37.460 --> 00:18:47.540
conclusions on the state of the Ainu people and how backwards they may be or how savage they may be

00:18:47.540 --> 00:18:52.540
and how in comparison, the European and Japanese people

00:18:52.540 --> 00:18:54.960
were more advanced.

00:18:54.960 --> 00:18:57.820
- So this is sort of in the late 19th century,

00:18:57.820 --> 00:19:00.100

early 20th century, this is all happening?

00:19:00.100 --> 00:19:01.100
- Yeah.

00:19:01.100 --> 00:19:05.180
- Okay, did the Ainu have their own language?

00:19:05.180 --> 00:19:07.980
- Yeah, so they had an oral language.

00:19:07.980 --> 00:19:12.900
I don't believe it was ever written down until afterwards

00:19:12.900 --> 00:19:16.240
in an attempt to kind of keep the language

00:19:16.240 --> 00:19:21.680
and teach people about it, but it was an orally transmitted language. Yeah.

00:19:21.680 --> 00:19:27.520
Okay. And this was at that time part of this whole thrust in anthropology

00:19:27.520 --> 00:19:32.520
around biological differences, as you mentioned. So in order to further this,

00:19:32.520 --> 00:19:38.520
there was a lot of digging up of graves in sacred land. Is that right?

00:19:38.520 --> 00:19:42.520
And I guess that continued for quite a while because now there's a big

00:19:42.520 --> 00:19:51.560
interest and remains in terms of DNA sequencing. So can you talk a little bit about what occurred

00:19:51.560 --> 00:20:00.520
and how that affected the Ainu people? So the whole interaction in general of outsiders coming

00:20:00.520 --> 00:20:08.200
on to Ainu land and displacing them, I mean, that was kind of like the first assault. And then

00:20:08.760 --> 00:20:17.080
in the name of research kind of going in and without actually consulting the Ainu people

00:20:17.080 --> 00:20:25.080
taking any remains and doing whatever testing they were doing and publishing research on that

00:20:25.080 --> 00:20:33.080
was the second assault. And this kind of continued without really the Ainu people

00:20:34.200 --> 00:20:39.800
really knowing or kind of understanding what was happening, they just knew that there was this

00:20:39.800 --> 00:20:46.200
bad relationship with them and the people who were doing this research and coming and kind of

00:20:46.200 --> 00:20:57.960
disturbing their peace, quote-unquote. So it wasn't until later, I would say in like the 1800s when

00:20:57.960 --> 00:21:06.280
there was an actual protest on the Hokkaido University campus grounds because a lot of the

00:21:06.280 --> 00:21:13.320
remains and a lot of the research was happening there

where people kind of started to realize that

00:21:13.320 --> 00:21:23.480
oh we have a voice and you know we can use it to reclaim what was taken from us. It's hard to

00:21:24.040 --> 00:21:28.520
take away what has already been done. You know, the research was already put out there,

00:21:28.520 --> 00:21:37.000
the propaganda was already put out there, and the Ainu people, they were kind of lost. So they

00:21:37.000 --> 00:21:43.640
became integrated into Japanese society, and there's actually, in Japan, they kind of trace your

00:21:43.640 --> 00:21:51.000
lineage. It's been recorded for many, many generations of like this person, their mother and

00:21:51.000 --> 00:21:57.720
father and this and their parents are these people and they came from this tribe and their

00:21:57.720 --> 00:22:03.880
parents are from here so it goes all the way back so you could technically trace a current

00:22:03.880 --> 00:22:11.880
you know citizen's lineage all the way back to who their first ancestors were in modern day Japan.

00:22:11.880 --> 00:22:20.760
And so even today as I've heard in more traditional families if you kind of follow that lineage

00:22:20.760 --> 00:22:27.640

and you know, if a guy and a girl want to get married, and it turns out that one of them may have

00:22:27.640 --> 00:22:37.160
Ainu heritage, that the family may be opposed to them getting married. So it's very difficult and

00:22:37.160 --> 00:22:46.840
it has placed the Ainu people in a fear of if they identify as Ainu, they will be discriminated against.

00:22:47.880 --> 00:22:55.080
And Japan as a society itself, they don't really appreciate differences.

00:22:55.080 --> 00:23:02.760
They have a certain way of doing things and you know everyone tries to blend in with each other.

00:23:02.760 --> 00:23:10.040
Nobody tries to make too much of a ruckus and being different is not celebrated.

00:23:10.040 --> 00:23:16.520
You've written that the Ainu were recognized as an indigenous people just in 2008.

00:23:16.520 --> 00:23:23.720
So very recently, wow. So do you know if this specific issue of the digging up of remains,

00:23:23.720 --> 00:23:29.240
those were being housed at Hokkaido University and then were some of them returned or are I know

00:23:29.240 --> 00:23:38.840
people trying to get these remains returned to them? Yeah, so based off of the last legislation,

00:23:39.800 --> 00:23:50.760
Actually, pretty recently in 2012, I think this is the most recent lawsuit where there

00:23:50.760 --> 00:23:59.400
are two Ainu elders who were basically trying to meet with the Hokkaido University president,

00:23:59.400 --> 00:24:09.160
and they wanted to request further returns of the remains that had not been returned in previous

00:24:09.160 --> 00:24:18.520
communications, that conflict between the university and kind of the idea of the university having

00:24:18.520 --> 00:24:26.920
rights over their research versus the people having rights over the actual remains that were

00:24:26.920 --> 00:24:33.240
used in that research, you know, was brought to light. And this was just recently in 2012.

00:24:33.240 --> 00:24:41.320
So it's ongoing. Incredible. In your paper, you make some recommendations to try to ensure something

00:24:41.320 --> 00:24:46.600
like this doesn't happen again. And you make a fascinating suggestion of having almost a type

00:24:46.600 --> 00:24:54.200
of IRB that would consist of I-New People, would consist of representatives from the group that's

00:24:54.200 --> 00:25:00.200
being studied on the IRB. Can you talk a little bit about that on and other efforts that might be

00:25:00.200 --> 00:25:05.200
be made to try and lessen some of the mistrust

00:25:05.200 --> 00:25:09.080
that goes off for generations after something like this.

00:25:09.080 --> 00:25:14.080
- Right, so the purpose of an IRB committee itself,

00:25:14.080 --> 00:25:18.600
right, is to challenge the researchers

00:25:18.600 --> 00:25:22.360
and the reason for why they are doing their research,

00:25:22.360 --> 00:25:25.160
if it's necessary and if it will be beneficial

00:25:25.160 --> 00:25:29.380
and kind of the harm benefit ratio.

00:25:29.380 --> 00:25:33.200
So similarly for the Ainu people,

00:25:33.200 --> 00:25:38.200
having research published on you about your people,

00:25:38.200 --> 00:25:42.560
the conclusions, I feel like for all research,

00:25:42.560 --> 00:25:45.880
you do the research, you get maybe some numbers,

00:25:45.880 --> 00:25:48.220
you get some kind of data,

00:25:48.220 --> 00:25:51.260
but the way you can interpret data,

00:25:51.260 --> 00:25:53.620

two different researchers can take the same data

00:25:53.620 --> 00:25:56.060
and interpret it differently.

00:25:56.060 --> 00:25:59.140
So really when you're interpreting data,

00:25:59.140 --> 00:26:10.140
what you say from what you gather can largely affect and kind of influence a greater population.

00:26:10.140 --> 00:26:18.300
So if you're talking about and making comments about a very specific group, you know, what

00:26:18.300 --> 00:26:25.540
the impression of those conclusions may be could be very detrimental.

00:26:25.540 --> 00:26:32.980
So having the INO people on this board and kind of having an extra perspective and saying,

00:26:32.980 --> 00:26:38.140
well, is this research beneficial to us as a people?

00:26:38.140 --> 00:26:46.620
And whatever the research conclusions may be, are we prepared to deal with whatever may

00:26:46.620 --> 00:26:48.940
be said about us?

00:26:48.940 --> 00:26:55.060
And it can be a very hard line because for researchers, they try to have the best intentions,

00:26:55.060 --> 00:27:01.700
right in the name of research we want to give everyone more

knowledge and kind of expand on what

00:27:01.700 --> 00:27:11.940
we don't know but sometimes information that is disseminated can be more harmful than beneficial

00:27:11.940 --> 00:27:19.300
so you also kind of have to think about on the other side you don't want to censor information

00:27:19.940 --> 00:27:25.140
that may come out of research that kind of can give the opposite effect as well.

00:27:25.140 --> 00:27:31.780
But I think that looking back at the history of a people that have been so traumatized and taken

00:27:31.780 --> 00:27:41.380
advantage of to not give them the opportunity to kind of reclaim and have a say in what is

00:27:41.380 --> 00:27:49.300
published about them, I think is a little unfair. So kind of giving them a space to do that, I think

00:27:49.300 --> 00:27:56.900
is one of the ways where we can continue to study any differences within that culture and within

00:27:56.900 --> 00:28:04.260
that people, but also kind of give them an opportunity to use it as a way for them to kind

00:28:04.260 --> 00:28:10.980
of reconnect with their roots since, you know, many of them have been lost in the homogenous society

00:28:10.980 --> 00:28:17.780

that we see now in Japan. Along those lines, you talk in your paper about this divide,

00:28:17.780 --> 00:28:24.740
this historic divide between qualitative social science humanities research and quantitative

00:28:24.740 --> 00:28:30.820
scientific medical research. And you make an argument that these two disciplines should really

00:28:30.820 --> 00:28:39.060
have more overlap. Do I have that right? Right. So like I said, I can use like a general example

00:28:39.060 --> 00:28:47.780
if you have a study looking at different disease rates in a very strict population,

00:28:47.780 --> 00:28:55.460
now it may be that in that population there may be a higher disease prevalence compared

00:28:55.460 --> 00:29:02.820
to the rest of the population. But is that because it's really because it's only in that

00:29:02.820 --> 00:29:09.620
certain population or is it because there are other confounding factors like social economic

00:29:09.620 --> 00:29:18.580
factors like environmental factors. So I think that kind of taking you know the more medical

00:29:18.580 --> 00:29:25.140
like I said really the conclusions what we're taking from them they may not be the whole picture.

00:29:26.660 --> 00:29:32.580
So if a researcher is saying that the disease is highly

00:29:32.580 --> 00:29:37.340
prevalent in one population without considering what

00:29:37.340 --> 00:29:41.580
other factors may be contributing to this difference

00:29:41.580 --> 00:29:45.980
that they may be seeing, it requires a more holistic

00:29:45.980 --> 00:29:50.340
and also more humanities-based research and input,

00:29:50.340 --> 00:29:56.180
because oftentimes it's not just because of one

00:29:56.180 --> 00:30:02.820
reason or for the reason that it's only in this population because the population is

00:30:02.820 --> 00:30:05.300
like as well. Why is the population like this?

00:30:05.300 --> 00:30:06.260
You know,

00:30:06.260 --> 00:30:11.420
so interesting. Okay, let's turn to some of the volunteer work you've done and

00:30:11.420 --> 00:30:16.020
you're doing. So you were involved in a group called stress busters.

00:30:16.020 --> 00:30:17.860
What was that?

00:30:17.860 --> 00:30:24.580
Yes, so stress busters was this amazing organization that I

found on the campus

00:30:24.620 --> 00:30:27.140
of the University of Arizona.

00:30:27.140 --> 00:30:32.140
And basically, they allow students to get training

00:30:32.140 --> 00:30:35.260
and back rubs as we call,

00:30:35.260 --> 00:30:38.640
and they're just very handy techniques

00:30:38.640 --> 00:30:42.280
that anyone can learn in a day's training

00:30:42.280 --> 00:30:47.280
of how to kind of relax and relieve tension

00:30:47.280 --> 00:30:51.660
in the upper back and neck areas.

00:30:51.660 --> 00:30:54.900
So a group of us students, you would receive training

00:30:54.900 --> 00:30:58.500
in these kind of techniques and also training

00:30:58.500 --> 00:31:02.220
in how to approach a person and how to ask permission

00:31:02.220 --> 00:31:07.220
to touch the other person and how to adjust pressure

00:31:07.220 --> 00:31:10.780
when doing these techniques.

00:31:10.780 --> 00:31:13.540
Once we learned and practiced on each other,

00:31:13.540 --> 00:31:17.920
we would go to the main library on Monday nights

00:31:17.920 --> 00:31:22.200
and to kind of offer these five minute back rubs

00:31:22.200 --> 00:31:25.080
to the students who were studying there.

00:31:25.080 --> 00:31:30.080
And it was really amazing to see students come up.

00:31:30.080 --> 00:31:31.840
First people would be shy,

00:31:31.840 --> 00:31:34.960
but you know, of one or two students would come

00:31:34.960 --> 00:31:37.800
and you know, they would get their five minute back rub

00:31:37.800 --> 00:31:39.960
and then they would just feel so rejuvenated

00:31:39.960 --> 00:31:41.960
and that they would come and bring their friends

00:31:41.960 --> 00:31:44.080
or we would see them every week.

00:31:44.080 --> 00:31:46.600
And it was just kind of like their highlight of the night

00:31:46.600 --> 00:31:51.320
because Mondays themselves are so stressful

00:31:51.320 --> 00:31:54.520
and then your college student, you're studying,

00:31:54.520 --> 00:31:56.360
you have so many things going on

00:31:56.360 --> 00:32:01.160
and having that brief period of relaxation

00:32:01.160 --> 00:32:04.480
was something that the students really enjoyed.

00:32:04.480 --> 00:32:06.920
- That sounds so fabulous,

00:32:06.920 --> 00:32:10.440
physical and mental health benefits of that.

00:32:10.440 --> 00:32:11.840
Wow, terrific.

00:32:11.840 --> 00:32:13.840
And now you're also involved in a group called

00:32:13.840 --> 00:32:16.960
Student National Medical Association.

00:32:16.960 --> 00:32:19.680
What is that and what is your role in it?

00:32:19.680 --> 00:32:22.960
- Yeah, so the Student National Medical Association

00:32:22.960 --> 00:32:27.960
is a group of medical students who support

00:32:27.960 --> 00:32:34.200
and advocate for people under representative minorities

00:32:34.200 --> 00:32:36.720
to enter medicine.

00:32:36.720 --> 00:32:39.560
So it starts from the very beginning.

00:32:39.560 --> 00:32:42.960

We have a lot of pipeline groups.

00:32:42.960 --> 00:32:47.960
We have MAPS chapters, which are SNMA organizations,

00:32:47.960 --> 00:32:51.140
but at the undergraduate level.

00:32:51.140 --> 00:32:56.140
So every SNMA chapter has an associated MAPS chapter.

00:32:56.140 --> 00:33:01.980
And we kind of help those students who may be pre-med

00:33:01.980 --> 00:33:06.980
or pre-health to find mentors and also give them information

00:33:06.980 --> 00:33:12.060
and kind of help guide them into getting into medicine

00:33:12.320 --> 00:33:14.160
and into healthcare.

00:33:14.160 --> 00:33:17.840
And it doesn't have to be necessarily like medical school.

00:33:17.840 --> 00:33:20.720
It can be any kind of health profession,

00:33:20.720 --> 00:33:24.920
but we allow these students to get exposure

00:33:24.920 --> 00:33:27.600
and meet people who look like them

00:33:27.600 --> 00:33:29.940
and come from their backgrounds

00:33:29.940 --> 00:33:33.120
to really get a hold in medicine

00:33:33.120 --> 00:33:36.740
and find opportunities that can benefit them

00:33:36.740 --> 00:33:39.040
and kind of reaching their goals.

00:33:39.040 --> 00:33:40.000
- Wonderful.

00:33:40.000 --> 00:33:45.000
So yeah, so my role on the regional level

00:33:45.000 --> 00:33:48.220
is I'm the webmaster.

00:33:48.220 --> 00:33:53.020
So I do a lot of the marketing for our events as a team,

00:33:53.020 --> 00:33:57.260
the regional team, we have many different players,

00:33:57.260 --> 00:34:01.760
but we try to come up with fundraiser events.

00:34:01.760 --> 00:34:06.360
We have events for the MAP students.

00:34:06.360 --> 00:34:11.160
We have research events and information and information

00:34:11.160 --> 00:34:16.160
on how to get involved in SNMA itself,

00:34:16.160 --> 00:34:21.240
and any conferences, any events that we try to put on.

00:34:21.240 --> 00:34:25.720
I guess I'm the person who markets it

00:34:25.720 --> 00:34:29.680
and I mostly manage our social media on Instagram

00:34:29.680 --> 00:34:32.840
and provide updates and share any of the events

00:34:32.840 --> 00:34:36.040
that we have to the rest of the region.

00:34:36.040 --> 00:34:41.040
And I collaborate with our local chapters

00:34:41.040 --> 00:34:46.280
in each of the states and also our national body

00:34:46.280 --> 00:34:48.520
that supports all of us.

00:34:48.520 --> 00:34:52.100
So, you know, there's a lot of different tiers

00:34:52.100 --> 00:34:53.420
of this organization,

00:34:53.420 --> 00:34:57.060
but there's a lot of collaboration from all parts.

00:34:57.060 --> 00:35:00.040
So it's really amazing to be able to work with them

00:35:00.040 --> 00:35:03.560
and kind of display all the efforts that are going on

00:35:03.560 --> 00:35:07.800
getting people interested in medicine and in health.

00:35:07.800 --> 00:35:09.700
- Wonderful.

00:35:09.700 --> 00:35:11.820
And finally, Hiba, my last question,

00:35:11.820 --> 00:35:14.420

you graduate in, I think, 2024.

00:35:14.420 --> 00:35:16.820
Do you know what your future holds,

00:35:16.820 --> 00:35:18.540
what your next position will be?

00:35:18.540 --> 00:35:23.780
- Well, I would like to think that, you know,

00:35:23.780 --> 00:35:27.220
I'll graduate in 2024 as well.

00:35:27.220 --> 00:35:30.140
And I'm actually working towards

00:35:30.140 --> 00:35:33.640
possibly pursuing psychiatry.

00:35:33.640 --> 00:35:37.080
I have an interest in geriatrics as well,

00:35:37.080 --> 00:35:40.040
but I'm kind of on the fence on

00:35:40.040 --> 00:35:43.860
whether which route I want to go on.

00:35:43.860 --> 00:35:47.140
So I think for now,

00:35:47.140 --> 00:35:50.120
because I've actually done my clinical rotations

00:35:50.120 --> 00:35:53.000
in both psychiatry and geriatrics,

00:35:53.000 --> 00:35:55.240
they were both rotations I really enjoyed

00:35:55.240 --> 00:36:00.080
and also populations that I really enjoyed working with.

00:36:00.080 --> 00:36:10.080
So I think I'm kind of between those two and figuring out which one is the best for me at this time.

00:36:10.080 --> 00:36:17.080
Hiba Ilyas, thank you so much for speaking to us about your work and best of luck in the future.

00:36:17.080 --> 00:36:20.080
Thank you so much. Thanks for having me.

00:36:20.080 --> 00:36:30.080
[Music]