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**Credentials:** Board Certified in Family Practice, CAQ Geriatrics, five years of full time Emergency Medicine; Active Licenses: MA Inactive: CA, CO, CT, ME, NC, NH, NY, PA, SC, VT.

**Summary:** 48 years of very active and continuous experience in family medicine, emergency medicine, geriatrics, urgent care, locum tenens, and administration. There are no gaps in this C.V. Some opportunities overlap. Each appears as a similar entry –therefore a seven year full time solo practice I owned and a one week locum tenens contract get the same space. **No malpractice suits, disciplinary actions, or terminations.**

*For MMS Committee on Diversity in Medicine Application 2/28/23: I have updated my C.V. to focus on my training, experience, research, and activism in Native American and indigenous health care. Please start with my education and then go on to my earliest experience on page 5. There are many entries in this C.V., please focus on the entries with bold italics notes.*

**Education**

*Robert Wood Johnson Clinical Scholars Program-Chapel Hill, NC* **7/80-09/81**

*During my fellowship, I continued work that I had started on the White Mountain Apache Nation '78 to '80. My fellowship preceptor was Cecil G. Sheps, MD, a social medicine advocate who guided me to the writings of Rene Sand, MD. I applied the methods of social medicine to my Apache patients. My study continued after the fellowship and resulted in my paper, "Stress and Illness in an Indian Community," Canadian Family Physician, 1988; 34: 1541-1543 (available via Pub Med). I worked on my paper on my own time for 7 years after my fellowship.*

*Family Practice Residency- Eastern Maine Medical Center, Bangor, Maine* **7/75-06/78**

*During the last year of my residency, I began preparing for two years with the Indian Health Service. I studied resources that addressed the special aspects of health care to Native Americans.*

*Pennsylvania State Medical College, M.D., Hershey, PA* **9/71-06/75**

*Wesleyan University, B.A., Middletown, CT* **9/67-06/71**

*In addition to pre-medical requirements, I completed a major in Sociology and Anthropology. My major has been helpful to me in my Native American and indigenous health care work.*

## Experience-

### *Native American and Indigenous Health Care Project*

*9/14 to present*

*Following my work on the Navajo Nation, I continued to work on Native American and indigenous health care on my own time while continuously doing full time clinical medicine. I have summarized my work very briefly below. I have divided this 8-year project into two major stages for this C.V.*

#### *Stage 2:*

*8/18 to present*

*After I retired, I focused on the many challenges of achieving progressive change to the delivery of health care in America. Native American and indigenous people health care was one major area of study. I have studied very broadly using the methods of social medicine. One area has been to study the implementation of the UNDRIP in Canada, New Zealand, Australia, and Norway.*

*While preparing for the 2022 National Meeting of the Association of American Indian Physicians, I began to think about the MMS and Native American and indigenous health care. After the meeting, I began working with several MMS staff liaisons. This C.V. and application are part of that effort.*

#### *Stage 1:*

*9/14 to 7/18*

*After leaving the Navajo Nation, I continued the project I call "Navajo Forced Exile." On my own time, while working full time doing clinical medicine, I worked to try to help the survivors of Forced Exile. I developed a website to share my work and get feedback. I continued my work with both Albert Einstein Social Medicine and Geisel Medical School. I worked with students at Mount Holyoke College. I made a number of trips to NYC and worked with a faculty member at Columbia University. During this time, Albert Einstein Department of Social Medicine was my key focus.*

*One area of my work was the application of the UNDRIP (United Nations Declaration on the Rights of Indigenous Peoples) to the U.S. and Canada, NZ, Australia, and Norway. I was accepted as a non-indigenous member of the Association of American Indian Physicians in 2017. A major change in my thinking took place after my trip to the Wabano Aboriginal Health Center, Ottawa, Ontario, in 6/17. I was inspired by the dramatically better care being done there compared to NYC and Boston.*

*After two years of work in NYC, I decided that my focus needed to be broadened to all indigenous people. There were many reasons for this then and my work from 2017 to the present has been informed by that decision.*

Family medicine part time

4/4/18 to 7/18

Locum tenens three days a week at Winchendon Health Center, Winchendon, MA, a Division of Heywood Health Care of Gardner, MA with my own office in VT the other two days of the week.

Family medicine part time

8/7/17-03/30/18

Locum tenens two days a week North Adams, MA along with my own office in VT.

Geriatrics and family medicine full time

12/16 to 8/18

My own solo practice with offices in South Deerfield, MA, and Brattleboro, VT

Family medicine and geriatrics full time

Brattleboro Primary Care Adult, Brattleboro, VT

7/16-12/16

Family medicine full time 4/4/15-4/3/16

Health First Fall River, Fall River, MA an FQHC. Contract completed.

Family medicine full time 11/4/14-3/30/15

Denver VA at the Golden CBOC, Golden, CO. A locum tenens contract thru Locumtenens.com

Family Medicine full time with inpatient and ICU 11/11-8/14

Tsehootsooi Medical Center, Fort Defiance, AZ

***Full time contract with Fort Defiance Indian Hospital Board (FDIHB) a non-profit corporation administering a "638" health care organization. The 638 program allows the Indian Health Service to pay a Native American Nation a capitated amount and the Nation administers its own health care system. The leadership of the FDIHB included a number of Navajo medical doctors. This was my second experience working with Native American doctors as supervisors and colleagues (see note on Hoopa nation 4/02 for the first such experience).***

***In early 2013, the FDIHB assigned me to be the first full time family physician for a remote clinic. The Nahata Dziil clinic serves a population of Navajo Native Americans who were forced to leave the Navajo Nation beginning in the early 1960s. About one third of the members of the Navajo Nation, about 20,000 people, experienced forced exile between 1960 and 2013. The Nahata Dziil clinic served a few thousand of the survivors of the forced exile. With my prior experience in mind, I quickly developed the hypothesis that this group might experience even higher levels of morbidity and mortality than the Navajos living near Fort Defiance. I began a study that continues to the present time. On 9/16/13 I submitted a paper to the FDIHB, "Medical aspects of large scale forced migration and forced exile of Navajo American Indians 1960-2013, A brief introduction for health care workers." I will send a copy on request. In late 2013, I sent the paper to several medical journals and I presented it to groups of physicians and health care workers in the Southwest. One journal worked extensively with me on sharing the paper, the online journal Social Medicine published by the Albert Einstein Medical School Department of Social Medicine. In 2014, with the support of the FDIHB I presented the paper at the Geisel Medical School.***

Urgent care full time (note, this entry has been moved back in time to put all of the information about my work on the Navajo Nation in one entry. I actually started on the Navajo Nation, was invited to stay on, but had to complete a contract made previously with the Airforce) 3/12-6/12

Lackland Airforce Base, San Antonio, TX

Locum tenens contract through Medical Doctor Associates. A very large 20 exam room, 24 hour urgent care that accepted direct ambulance traffic. Three month contract completed.

Hospitalist Physician Part Time 07/11-06/12

Locum tenens contract through ONYX-MD. I do occasional 12 hour day shifts in Holyoke, MA, when my responsibilities at home allow.

Emergency Medicine Part Time 03/11-06/12

Sebasticook Regional Hospital, Maine,

Locum tenens contract through Locumtenens.com. I did occasional ER shifts while helping my daughter with her new baby. Mainly March of 2011 until November of 2011.

Hospitalist Physician Calais Regional Hospital, Full Time 01/11-02/11

Calais Regional Hospital, Calais, Maine  
 A locum tenens contract through Delta Locum Tenens. Contracted for two months. Completed contract.  
 Emergency Medicine Staff Physician Part Time 08/10-12/10  
 Memorial Hospital Los Banos a Sutter Affiliate  
 Los Banos, CA

Invited to apply for this part time position during my contract in Modesto (Golden Valley Health Centers).  
 Started 8/1/10. Twenty thousand patient per year department.  
 Internal Medicine Staff Physician Full Time / Part Time 06/10-5/11  
 Visalia Medical Clinic  
 Visalia, CA

Arranged a direct contract as an employee of this well established 30 doctor multispecialty clinic. I covered the  
 practice of an internist who resigned. When the new internist was recruited, I moved on to part time work with this  
 organization combined with part time emergency medicine at a near by hospital.  
 Family Practice Staff Physician Locum Tenens 03/010-04/10  
 Golden Valley Health Centers (FQCHC)  
 Merced, CA

Out patient only family practice. I worked at a site in Modesto, CA. Completed contract.  
 Family Practice Staff Physician Full Time 02/09-02/10  
 Holyoke Community Health Center (FQCHC)  
 Holyoke, MA

Out patient only family practice. Contract completed.  
 Family Practice Staff Physician Locum Tenens  
 United Health Centers of the San Joaquin Valley, Inc- Sanger Clinic 01/08-06/08  
 Sanger, CA

Out patient only family practice in a community health center.  
 Geriatrician Long Term Care Facilities 9/07-12/07  
 Matrix Healthcare, Syracuse, NY

Tried full time geriatrics at two large SNFs-450 bed and 150 bed. Clinical only in the 450 bed (95  
 patients). Staff physician for 150 at second facility. Experimental business model. Business problems  
 ended the contract on 12/28/07.  
 Family Practice Staff Physician Locum Tenens  
 Kern Valley Medical Center 6/07-8/07  
 Lake Isabella, CA

Family practice out patient only locum tenens in rural community health center. Offered opportunity to extend but  
 wanted to get back closer to home.  
 Family Practice 8/06-5/07  
 Harvard Street Neighborhood Health Center  
 Dorchester, MA

Family practice at inner city community health center. Contract completed.  
 Medical Director 11/05-8/06  
 Cedar Junction Maximum Security Prison- UMass Correctional Health

Family practice and medical director for a maximum security prison through UMass Medical School's Family Practice Department. Resigned due to serious safety concerns and concerns about prison health care.

Three Short Family Practice Locum Tenens Contracts 09/05-10/05  
Done between longer term jobs: Mashpee Family Medicine, Mashpee, MA in October, 2005; and Cheshire Medical Center, Jaffrey Clinic, Keene, NY in September, 2005; Rochester Veterans Administration Out Patient Clinic, Rochester, NY (2/05-07/05): all three outpatient only family practice.

Family Practice-Valley Medical Group 2/04-1/05  
Greenfield, MA

Family practice with hospital and ICU in single specialty group. Resigned due to too difficult ICU work. This work was not part of the plan when I accepted the position. A hospitalist program failed to develop as planned. Covered the ICU patients for nine months before resigning.

Five Shorter independent Contracts 4/02-11/03  
Done while deciding what to do following Bassett Health Care:

Urgent Care Full Time 4/02-4/02  
Kimaw Medical Center, Hoopa Nation, Hoopa, CA

***After many years in which my work on Native American health care was done on my own time, I got to do an urgent care locum tenens contract on a Native Nation. For this experience, I traveled across the U.S. to the Hoopa Nation which is surrounded by Northern California. What I found there was very similar to what I had experienced on the White Mountain Apache Nation in the late 1970s. The contract was with the Hoopa people's Kimaw Medical Center and it was the first time I worked under the direction of two Native American physicians. Though it was only a one-month contract, it reinforced and reinvigorated my Native American health care studies.***

Emergency Medicine Full Time 5/02-5/02  
Pine Ridge Indian Health Service Hospital, Pine Ridge, Lakota Sioux Nation, SD

***Following the month on the Hoopa Nation, I went to another one-month locum on a Native American Nation: The pathology I experienced in the Pine Ridge ER again very similar to what I experienced on the White Mountain Apache Nation. From Pine Ridge to the infamous site of the two Wounded Knee massacres is only a few miles.***

Emergency Medicine Full Time 9/03 to 11/03  
Northern Inyo Hospital ED, Bishop, CA  
8,000 patients per year ER;

Jones Memorial Hospital, Wellsboro, NY (10/02-8/03) 14,000 patients per year;  
Crocket Hospital ED, Lawrenceburg, TN (4/02-10/02).

Medical Director and Staff Family Physician 12/98-3/02  
Delhi, NY

Four FP, four FNP group; outpatient, inpatient, emergency medicine, and nursing home. Resigned to help wife locate in a place she could work.

Two Short Locum Tenens Contracts

Lahey Hitchcock Clinic, Manchester, NH: outpatient only family practice (9/98-11/98); High Plains Medical Center, Fort Morgan, CO (2/98-8/98) 9,000 patients per year.

Solo Family Practice 12/92-1/98  
Denver, CO

Built up successful solo practice with hospital. Cross covered with four FPs. Low HMO payments forced end to practice in late 1997.

Three Short ER Independent Contracts: 12/89-11/92  
Anderson Regional Medical Center ED, Anderson, SC (12/91-11/92) 45,000 patients per year; Stanley Memorial ER, Albemarle, NC 10,000 patients per year; Carabass Memorial 60,000 patients; Southeastern General Hospital 50,000 patients per year all three through large ER contractors from 12/89-11/92.

Family Practice-Overton County Medical Associates 7/87-11/89  
Livingston, TN

Demanding rural group practice; four physicians at onset, two after first year due to partner health problems; 40 outpatients, 7 inpatients/day, 24/hrs ED/wk; Medical Director for 160 bed nursing home.

Solo Family Practice 12/82-6/87  
Spokane, WA

Traditional family practice in my own private office with cross coverage.

Family Practice Partnership 10/81-11/82  
Old Town Family Practice  
Old Town, ME

Full time private practice with another doctor. Not enough work for both of us. I was second one in the area so I gave notice.

Fellowship (see Training) 07/80-9/81

Family Practice-Whiteriver Apache Indian Health Service 07/78-06/80  
Whiteriver, AZ

Full time family practice with hospital, emergency room, and obstetrics. Completed two year voluntary agreement.

***My education prepared me well for problems that could be addressed using the methods of biotechnology. My education did not prepare me well for the major social and psychological problems. In July of 1978, the White Mountain Apache people had only been out of the Fort Apache concentration camp for 37 years. I recognize that the term "concentration camp" is a very strong one, I use this term because my Apache patients and my Apache language and culture teacher used it. The survivors of the last shooting battle with the U.S. Army had been forced into the camp in 1911. From then until 1941, the several thousand survivors lived in the camp. The results were very disturbing. I did several primary care research projects and shared my results widely. The work I did was the basis for my acceptance into the RWJ Clinical Scholars Program Fellowship.***