

## **Clendening Summer Fellowship Proposal, 2013**

### **The State of Health Care for Native Americans: Past, Present, and Future By: Senushi Jayaratne**

#### **Introduction:**

For quite some time, it has been documented that Native Americans are dying of diabetes, alcoholism, tuberculosis, suicide, and other health conditions at alarming rates.<sup>1</sup> Beyond significantly high mortality rates, Native Americans also suffer a considerably lower health status and disproportionate rates of disease compared with all other Americans.<sup>1</sup> In, September 2004, the U.S. Commission on Civil Rights transmitted their report on the Native American Health Care system and called the health care situation facing Native Americans “dire.”<sup>1</sup> On December 2 of 2011, seven years after the U.S. Commission on Civil Rights report, President Barack Obama hosted the Tribal Nations Conference inside the department of the interior of the White House. The President spoke these words: “I believe that one day, we’re going to be able to look back on these years and say that this was a turning point. This was the moment when we began to build a strong middle class in Indian Country...the moment when we stopped repeating the mistakes of the past, and began building a better future together, one that honors old traditions and welcomes every Native American into the American Dream.”<sup>2</sup> Is this, indeed, the turning point in the story of health care in Indian country? With the aid of the Clendening Fellowship, my goal is to explore the many of the implications of this question.

#### **Background:**

My own global background makes me particularly interested in learning about the cultures around me—especially those cultures that are marginalized. My parents are Sri Lankan, but I was born in Wellington, New Zealand and a good part of my childhood was spent in Melbourne, Australia. In primary school, I learned about the native peoples of Australia and New Zealand: the Aborigines and the Maori, respectively. After moving to the United States, I was exposed to Native American culture in

fifth and sixth grade social studies. The subject was briefly mentioned again in middle school and high school American history classes, but in general my knowledge about the indigenous people of North America is sadly limited. Even as Cultural Anthropology major at the University of Michigan, I did not expand my knowledge on the many tribal nations that lived in my own and surrounding states. Instead I studied the violence in favelas of Northeastern Brazil, the gift economy of pre-colonial Rwandan culture, and the Hmong concept of health and illness. I grew a tremendous amount from these learning experiences, and I credit them for my perpetual curiosity to know more about those cultures that remain enigmatic to me.

I also have a deeply ingrained desire to help bridge health care gaps, and it is this passion that motivated me to go to medical school. I believe that as healthcare professionals we should also be advocates for our patients not just in the clinic or hospital but also in regards to health policy. When I started the research for my proposal focusing on learning about Native American health care, it quickly became apparent that enriching my knowledge of Native American culture wasn't simply an intellectual endeavor, instead it would be a response to the call to action so many have sounded.

The Indian Health Care Improvement Act was passed by Congress in 1976, and the measure provided funding to recruit, train and retain medical professionals in tribal areas. However, The Indian Health Care Improvement Act has been reauthorized four times, amended several more times,<sup>3</sup> and at the time of its 2004 report the U.S. Commission on Civil Rights described the Act as inadequate.<sup>1</sup> The Commission recommended that “The Closing the Health Care Gap Act” be enacted thus addressing and reducing key health care disparities that also affect Native Americans.<sup>1</sup> That bill subsequently died and now sits in the hands of the Senate Finance Committee.<sup>4</sup> Fortunately, the Affordable Health Care Act became law in 2010 and it made many of the Indian Health Care Improvement Act measures permanent thereby expanding coverage, and creating more services and more funding opportunities.<sup>3</sup>

My interest is in how all of these policy changes have affected the everyday lives of Native Americans across the country but specifically those tribes located here in Kansas and in the neighboring

state of Oklahoma. My education in cultural anthropology and experience in exploring health disparities by leading health brigades in rural Honduras and implementing public health education modules in the Dominican Republic prepare me to delve further into this topic.

**Description:**

This summer, I would like to explore the structure and implementation of the health care system in several Native American nations. There are many tribes and their respective healthcare clinics in Kansas and Oklahoma. I would like to visit several of them to explore the conditions of each community and the effectiveness of the healthcare services offered to them. In addition, I would like to gain a broader understanding of what the Indian Health Services is and how it functions. I would like to explore the gaps in the services provided as well as the advancements the organization has made since its inception in 1787. I would accomplish this by volunteering, shadowing, or observing at several health clinics serving Native Americans, as well as meeting with some of the clinic's leaders. Finally, I'd like to interview different members of the tribal nations that I visit to learn first-hand how they view their health care system. This will be accomplished by getting in touch with a diverse number of Native Americans through my contact and liaison to Native American populations, Alex Schulte. These interviews will also allow me to gain a better understanding of the social and cultural barriers that contribute the notorious health disparities. This part of my project primarily focuses on the past and present state of health care for Native Americans, but I would also like to research the foreseeable changes that will result from the Affordable Healthcare Act. I will speak with health clinic leadership, experts at the Center for American Indian Community Health at KU Med, IHS leadership, as well as tribal members in order to learn more about their perspective on the future of health services for Native Americans.

## Timeline

- Interview and observe at the Kansas City Indian Center (May 23-May 27th)
  - Founded in 1971, the Kansas City Indian Center operates as the Kansas City area's only multi-purpose social service agency for Native Americans. It is located at 600 West 39th Street, Kansas City, MO 64111
- Do Independent research on the history of the Indian Health Services and the Indian Health Care Improvement Act (May 28-June 16)
  - By utilizing books such as Health and Social Issues of Native American Women by Joe and Gachupin
  - By utilizing primary sources published by the Library of Congress such as American State Papers pertaining to Native Americans.
  - By utilizing the Clendening History of Medicine Library
  - By speaking with experts at the Center for American Indian Community Health at KU Med
  - By speaking with Dr. Sean M. Daley, Associate Professor of Anthropology and Associate Director of the Center for American Indian Health Research and Education Alliance
- Speak with leadership members of Indian Health Services via telephone or skype (June 17- 24)
  - "Rear Admiral Kevin Meeks, a member of the Chickasaw Nation, is Director of the Oklahoma City Area of the Indian Health Service (IHS), an agency within the Department of Health and Human Services. As the Oklahoma City Area Director, RADM Meeks is responsible for the provision of comprehensive healthcare services to one of the largest and most diverse IHS service populations."<sup>5</sup>
- Volunteer, shadow or observe at several health clinics serving Native Americans (June 27-July 20th)
  - The Ponca Tribe's White Eagle Health Clinic in Ponca City, Oklahoma

- The McAlester Choctaw Nation Health Clinic in McAlester, Oklahoma
- The Oklahoma Area Indian Health Service in Oklahoma City, Oklahoma
- Interview tribal members on their perspectives of health care and the social barriers that prevent better health outcomes (June 27-July 20th)
- Analyze collected data and compose report on findings

### **Methods:**

I will be in Kansas City for a summer class, so I will be conducting the interviews and observation of the Kansas City Indian Center while I am here. I will also do my independent research on the history of the Indian Health Services and the Indian Health Care Improvement Act while in Kansas City since the Clendening History of Medicine Library is here and the other resources I will be using are available remotely. I have already been in contact with Dr. Sean M. Daley, Associate Professor of Anthropology at JCCC and Associate Director of the Center for American Indian Health Research and Education Alliance, who has agreed to help me with my research project. I will also be working with KU Med's Center for American Indian Community Health to supplement my research. I plan to have a phone interview with Rear Admiral Kevin Meeks, Director of the Oklahoma City Area of the Indian Health Services, in mid-June and I have been in contact with his office in order to schedule a date for the interview. I predict that the most significant portion of my research will come from observing the different health clinics serving Native Americans and also interviewing tribal members. My contact for this portion of my project is Alex Schulte. Alex is a professional golfer and motivational speaker. She is a member of the Northern Ute Indian tribe and is heavily involved in Native American issues. She has generously and enthusiastically agreed to put me in contact with several people who work at the health clinics listed in my proposal and also tribal members who I can interview. While I am in Oklahoma, I will be able to stay with my fiancé who resides in Oklahoma City and other friends and family residing in Ponca City and Tulsa, Oklahoma.

**Budget:**

If I am accepted for the Clendening Fellowship, I plan to use my savings to fund the remainder of any other costs I should incur. I would greatly appreciate the opportunity that the Clendening fellowship would afford me to have—to research a topic that I am both curious and passionate about.

June and July rent in Kansas City for 8 weeks	<b>\$1200</b>
Food/Groceries for 8 weeks	<b>\$600</b>
Research Materials on Native American history and Healthcare	<b>\$100</b>
Incidental costs while in Oklahoma	<b>\$300</b>
Thank you cards for participants	<b>\$10</b>
Gas for transportation between Kansas City and Oklahoma locations	<b>\$200</b>
<b>Total Budget Costs</b>	<b>\$2410</b>

**Bibliography:**

1. Berry, Mary F. *Broken Promises: Evaluating the Native American Health Care System*. Rep. N.p.: n.p., n.d. *Broken Promises: Evaluating the Native American Health Care System*. U.S. Commission on Civil Rights, 2004. Web. Jan. 2013.
2. "President Obama and the Native American Community | The White House." *President Obama and the Native American Community | The White House*. N.p., n.d. Web. 1 Feb. 2013.
3. Wertz, Joe. *Why Native Americans in Oklahoma Like the Affordable Care Act*. N.d. *Oklahoma RSS*. NPR, 8 Aug. 2012. Web. 1 Feb. 2013.

4. "S. 2217 (108th): Closing the Health Care Gap Act of 2004." *GovTrack.us*. N.p., n.d. Web. 18 Feb. 2013.

5. "RADM Kevin D. Meeks." *Indian Health Services*. Department of Health and Human Services, Nov. 2010. Web. 1 Feb. 2013.