

Physicians focus on family, community

By Ron Karten

Smoke Signals staff writer

The 40th annual meeting of the Association of American Indian Physicians pointed the way for Native health care in the years ahead.

Culture and tradition, participants argued, should play a role in the Native American health care model. Longstanding barriers, they said – from federal underfunding of Native health care efforts to a history of bogus research – should not be allowed to hold up progress.

“Shared Visions: Blending Traditions, Culture and Health Care for Our Native Communities,” drew more than 200 in mid-August to the ceded lands of the Confederated Tribes of the Grand Ronde.

Attendees included Indian Health Service Director Yvette Roubideaux, American Medical Association President-elect Jeremy Lazarus and National Indian Child Welfare Executive Director Terry L. Cross.

At the Jantzen Beach Red Lion on the south shore of the Columbia River, the Grand Ronde Tribe welcomed the group in the program, at the podium and from the river.

“I am so proud that I can see Native American physicians rising up in this day and age,” said Tribal Council Chairwoman Cheryl A. Kennedy. “I know that this sharing of ideas will only lead us to a better place.”

Among the ideas to emerge over the next few days were uses for Native traditions in American medicine today.

Oglala Sioux physician Donald Warne encouraged physicians to listen for the patient’s perspective and involve family and community in the healing process.

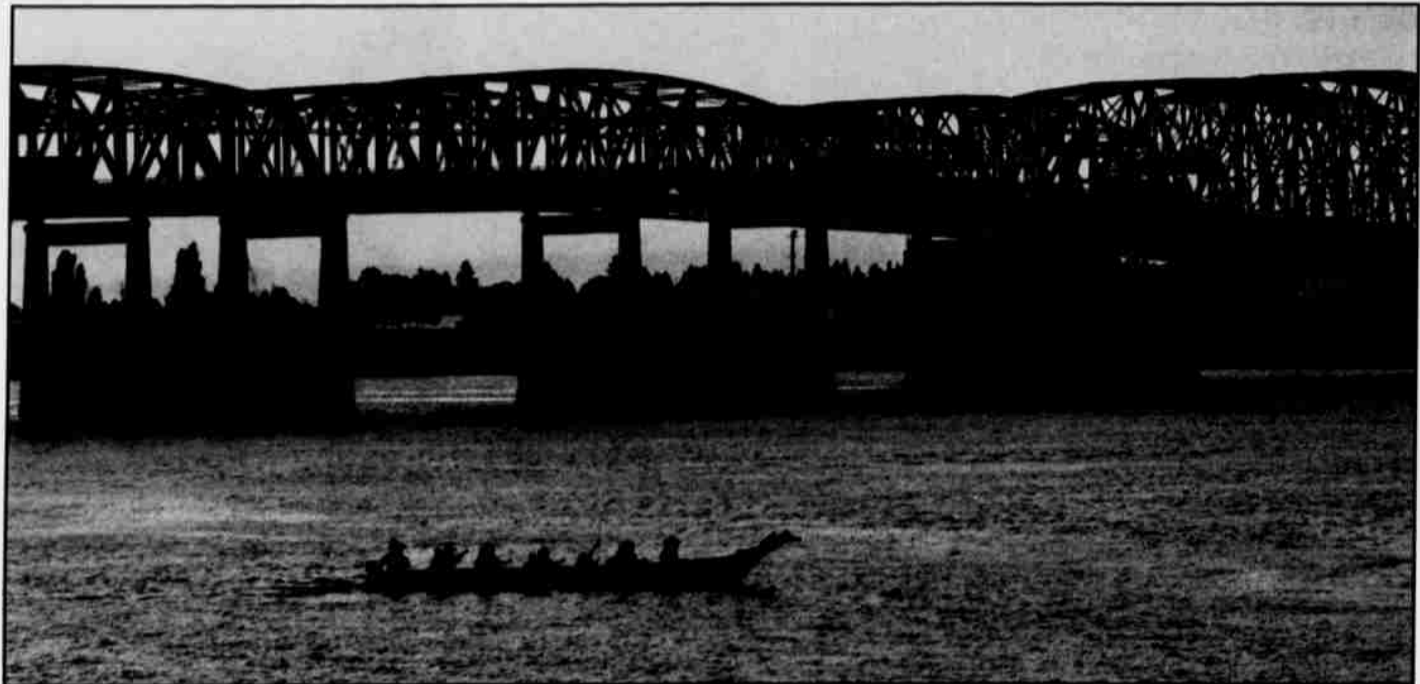
Warne is director of the Sioux Falls, S.D.-based Office of Native American Health, a division of Sanford Health, serving patients in North and South Dakota.

R. Dale Walker, president of AAIP and director of the Center for American Indian Health, Education and Research at Oregon Health & Sciences University in Portland, argued for “empowering the community by establishing a broader based network of community involved care.”

OHSU Vice President Norwood Richardson envisioned a practice that is “both art and science” — the “art” referring to Native wellness traditions. “It can’t be practiced without the art piece,” he said.

Warne also made use of the Native Medicine Wheel, with its four directions keyed to healing. He presented many examples of traditions that ought to be included in western medicine as it is practiced today. One wheel brought together mental, physical, spiritual and emotional issues; another included meditation, herbs, prayer and counseling; a third valued decision, action, values and reactions; and a fourth joined wisdom, courage, fortitude and generosity.

“We have much to learn from our (traditional) teachers,” Warne said.



Photos by Michelle Alaimo

The Grand Ronde Canoe Family paddle by the Interstate Bridge that spans the Columbia River connecting Oregon and Washington after they sang and danced for attendees of the Association of American Indian Physicians conference held in Portland on Thursday, Aug. 11.



Tribal Chairwoman Cheryl A. Kennedy gives a welcome address during the Association of American Indian Physicians conference held in Portland on Thursday, Aug. 11.

money from the federal government.

“There’s a ton of need and a lot of bipartisan support” for Indian health, she said, but economic realities mean that the Indian Health Service won’t see much more than its current \$4 billion budget in the years ahead. Tribes, she said, estimate that their health care needs require some \$22 billion in funding.

The service saw a 13-percent increase in fiscal year 2010 but only a 0.4 percent increase made it into the 2011 budget. President Obama had proposed a 9 percent increase, Roubideaux said.

Wilson M. Compton, director of the Division of Epidemiology Services and Prevention Research in Bethesda, Md., argued for “mainstreaming addictions in medicine.” Between health care reform and changing insurance requirements, he said, there are new incentives and successful research models for addressing illicit drug use in primary care settings.

Many OHSU medical students attended the conference.

“We’re blessed that our people are reaching this level,” Kennedy said.

Kennedy’s professional life grew out of her early work in health care for the Grand Ronde and other Tribes. She is a national leader in Native health care, serving on U.S. Health and Human Services Secretary Katherine Sebelius’s Tribal Advisory Committee and as a board member of the Portland-based substance abuse specialist One Sky Center, among many such organizations.

“We have millions of dollars in scholarships,” said Roubideaux, encouraging medical students who would trade school financial aid

Showing a chart that put diabetes/depression/alcoholism in a circle, with one leading to the next, Warne said that in the existing medical model problems regenerate themselves. Diabetes leads to depression; depression is self-treated with alcohol; and alcohol worsens diabetes.

Also in the existing model, diabetes is treated with the so-called medical model while alcoholism is treated with a behavioral model.

“We don’t treat disease holistically,” said Warne. “Medical and behavioral specialists don’t coordinate well. It’s a failed system.”

The extent of that failure is stark in Indian communities. Native American deaths from alcohol are six times the national average; from diabetes, they are three times; from accidents, twice; and from suicide, Native Americans succumb at a 60 percent greater rate. At the same time, as a group, Native Americans receive the fewest federal dollars of any recognized group of recipients, including the incarcerated.

“The inequities seem to be getting worse,” said Richardson.

For the Native American community, argued Joe Robertson, president of Oregon Health & Sciences University, health care reform means equal access to care. Both Roubideaux and the AMA’s Lazarus said in their remarks that they believe federal health care reform passed last year will improve access for Native Americans.

Roubideaux also promised an Indian Health Service that is more transparent in the future, that improves its relationships with Tribes and “how we deliver care.” She downplayed any hope of new

for years of service to Native communities.

“The public health model is the right approach,” Kennedy said. “It is very different from money-making medicine.”

The Grand Ronde Canoe Family arrived from across the river on Thursday, Aug 11, singing and rowing. Halfway across the Columbia, skipper Bobby Mercier’s voice distinguished itself. Mercier is a member of the Tribe and a Language and Cultural specialist for the Tribe.

The following Tribal members also came in the canoe, and sang and danced for the occasion: Cristina Lara, Kyoni Mercier, Tammy Fisher, Brian Krehbiel, Nakoia Mercier, Izaiah Fisher, Madison Leno, Andrea Grijalva, Zoey Holsclaw, Shantell Ulestad and SuSun Fisher.

As the canoe approached, dozens from the conference ran down to the dock behind the Red Lion to greet them.

“How good it is to have a big group of Native people gathered,” said Mercier. Their first song, “New Beginnings,” was followed by memorial and fun songs and dances.

Tribal Council Vice Chairman Reyn Leno and Tribal Council members Steve Bobb Sr., Wink Soderberg and Chris Mercier attended the Canoe Family celebration.

In describing to the group the Grand Ronde Health Clinic’s many services, Kennedy noted that the Grand Ronde Tribe is improving health care for its people despite broken federal treaty promises.

Richardson, an African-American, said, “We never got our 40 acres and a mule, either. There may be broken promises, but we won’t believe in broken dreams.” ■