

Dr. Kathleen Annette, White Earth Ojibwe, Minnesota

Dr. Kathleen Annette, White Earth, speaks about the history of health care and medicine for Ojibwe people and Native Americans, the Indian Health Service, and contemporary health initiatives in the tribal community.

My name is Kathy Annette. I'm a physician by training. I grew up on the Red Lake Indian reservation, and I graduated from Red Lake high school in 1973. High school I went to, all Indian people, a quote 'Indian' school at that time. I decided at a very young age I wanted to go into medicine - my parents, my tribes, my family - I say tribes because I really have two strong affiliations. I'm enrolled at the White Earth reservation, but I grew up on the Red Lake reservation, and my mother's family is, much of her family's from Red Lake, and then much of our family, my mother and family is from White Earth, so when I say tribes that's what I mean. I wanted to be a doctor when I was very young. I don't know what triggered that. I've thought about that. I had no 'doctors' quote in my family. My great-grandmother was a traditional healer, but somehow I decided I wanted to go into medicine.

I was involved in the Native Americans in Medicine program as I think many Indian students get a glimpse of medical school through some of the programs that are now available, and I strongly encourage students that are even considering that: Look and see what's available, even in high school, that you can go and learn. So I did that. I decided my entire dream was to get an MD, be a family practice doctor, and come back and work forever on either Red Lake, White Earth or Leech Lake because these are the three reservations that I'm so strongly affiliated with. I completed my residency in family practice at Duluth. I better start over...

I graduated from the Red Lake high school, went on to college at the University of Minnesota-Duluth, and was one of the few people, Indian people, that ever majored in chemistry there. And then I went on to the University of Minnesota Medical School there in Duluth for two years, and then down to Minneapolis for two years. After that I did complete my family practice residency again back in Duluth and decided to go back and work for the Leech Lake reservation, which I did for four years. At that point in time there was so much change going on in terms of Indian health care policy and administration that I was asked to act in a position of getting involved in some of these activities and took to it. I liked working in policy and health care program development and had been doing that either as chief medical officer for two years and now as area director since 1992 in the Bemidji area again working with tribal nations in three states.

There are nationally now approximately, I think, about eight hundred to a thousand American Indian physicians that I'm aware of. Many work in the private sector. Some work in Indian Health Service and with tribes. There's a great need there, and we have to continue to

encourage Indian people to get their education and to work back with Indian people at some level. Now I don't discourage people, because some Indian people decide they want to be neurologists or cardiovascular surgeons, and we're not going to do cardiovascular surgery in the near future on some of our small reservation clinics in some of our clinics, so I say people you have to be true to your heart and go and do what's going to make you happy in whatever field you choose, and no matter where you are at, remember you represent Indian people. So represent us well, whether you're at the Mayo clinic practicing or you're on Red Lake our responsibility are to be good physicians, and remember we're Indian people, and representing ourselves well no matter where we're at. And I really like to remind particularly Indian students of that: Do follow you dreams but remember who you are whatever path you take.

Medical school was and college was extremely difficult for me, I was inadequately prepared to go to college from high school. What I was given, though, was the strength and determination from family and friends and tribal leaders that would come up to me and say, "You can do this." So it wasn't a question of whether or not you can do it, it's how prepared you are and how easy it's going to be. What I say now is to students; Get the best high school education that you can, and you can learn no matter what setting you're in, and it's difficult, so that your path along the way will be easier. For me it was very, very difficult. I remember being taking ninth grade algebra as my last high school math course and then being put into a pre-calc pre-med course and boy that was tough and I was ill-prepared for that. And I had to stand back and take a few other courses before I was ready to jump into that. It took me in many ways a little bit longer to get through some of these programs because I was not prepared, but once I got there it was just fine.

I experienced in high school, I remember a counselor telling me that I should consider being a secretary, and I think there was almost a flavor back then, we'll encourage these kids to get what education so they can be a success, without really acknowledging that some of us could actually go into medicine or law and be a success. But there weren't a lot of examples of that at that time, so some would take that as a discouragement. I took that as a real incentive. It depends on your particular person I guess, but I took that as a real incentive. I can be a secretary, and I'll be really good if that's what I choose, but I can be a doctor or a teacher or whatever I choose to be. But expectation bars were not set for long-term educational goals for Indian kids back then. I experienced some racism as I went through the educational system, which always made me sad because I always felt educated people ought to know better, and so that always was very difficult for me to deal with that whenever I experienced that. And I think if you talk to any student there's always example after example of what we've dealt with. But you just deal with it and move on, and you fight not to make that a negative force in your life, but a positive force in that you learn how to deal with that, not only in your own life, but in how you deal with others.

Oh, there's so many examples. It's like going to the bookstore and they're cashing checks for students in front of you but won't take your check. I've had that happen. I've had teachers that have told Indian jokes in class that are not funny and not knowing quite how to respond that when everybody else is laughing and it's not a funny joke because it has to do with quote 'Indian' people in a very humiliating fashion. Or others, I've never I've never myself accepted that kind of humor very well no matter what particular group it's aimed at. As a woman I also faced a lot of things that many women go through in terms of being told, you don't belong in a doctor's lounge, out, are you going, or being in a group of physicians and you're asked to go get the coffee, I mean it's just almost, it's incomprehensible that these things still exist, but they do or they did during my experience. But for every one of those experiences, there were experiences of people that were there to mentor, to support, to push, to anger, to do whatever they had to do to keep me focused on the path that I had chosen. So I did experience negatives, but I think the positives overall much, much outweighed the negatives that I experienced personally.

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I think there's a number of reasons why we don't have more Indian people in the health care delivery system, and, believe me, the need is there, the need is there for more dentists, pharmacists, physicians, nurses, all of the different disciplines. But we don't have Indian people in those positions because a lot of times they don't feel they have access I think to those. I don't feel they really see role models. They don't feel they have access to the educational process that'll get us there. It's almost seen as an impossible road. It's long. Many of 'em are difficult We're ill-prepared many times to enter those routes, and what we need to do is to show many of us that have traveled those paths our responsibility is to get back and show and tell and teach and mentor students to let them know that this is not an impossible road, you are needed, you will be Indian when you finish this whole process, your ability to make impacts beyond your wildest dreams are there, and how it's our responsibility to get to those children, to those young people, those young men and women and encourage them on this road. They are needed.

The educational experience for many American Indians initially when we first started this route of education has not been easy and it has not been a positive one, and it still continues to be somewhat hard, but it can be a positive force in people's lives now. And how we can get that message to students is a real challenge for us. How can we tell them that in the past and what you've heard from your mom and dad and the experiences they may have had are not necessarily the ones you will have to have today. Part of the joy of going to school in this day and age is that you're not going to be the only Indian person at a university setting, you go where there's other Indian people.

I was at a college my first year where there were not many Indian students, I actively sought a place where there were a lot of Indian students the second year because that was important to me. I could have saved myself a year of grief if someone had told me, look to see where the Indian students are, and that's where you go, versus those that were you recruited for any number of other reasons.

I hope that tribal colleges and tribal schools will encourage students to consider all sorts of options and prepare them well for whatever road they choose to go on. I think that potential is there, and I think we're seeing it at some tribal colleges. It's very encouraging to me.

Tribes have taken over not only health locally, they've taken over education, and they've supplemented education, so resources usually are there if you choose to go into college or on to graduate or medical school, the resources are there to help you, the encouragement is there because tribes have bought into the fact right now we need educated Indian people back doing these jobs. So I think it's easier in some ways right now today. Again, we have to prepare our kids so once they start on those roads they're ready and they start at the starting line with everybody else and not a mile back because it's hard enough when you start at the starting-line, without having to start with that handicap and have to run faster just to catch up so you finish at the same point. That's a challenge we have in Indian country today, is to make sure our kids are ready.

The role of education is to impart knowledge. And education has to be coupled with community commitment and individual commitment to make a real change in health care. For example, I think any of us can sit down and tell you the dangers of a bad diet, of smoking, of lack of exercise, and that's one thing to know, and education's important so that at least we know. But that has to be coupled with action, and that's at a community and an individual level. And that's where this whole country has to move because we have to move toward all of us knowing. So education's extremely important. That big next step is how do we act, and that's a challenge also for tribes.

We get involved in health education to the extent that we can. Indian Health Service is part of the Public Health Service System. Public Health Service emphasizes prevention. Prevention means nutritionist health education. It's looking at things before they happen rather than just curing. This whole country, we spend so many resources on the outcomes of bad health versus preventing so that we can have good health. And our system looks at that, and tribal systems must.

When you look at our local tribal programs, our local Indian Health Services, our local reservations, there's such diversity, even within an area that's fairly small like the this region that's three states. Do we have a clinic? Do we have a hospital? Do we have to refer everything out? Is diabetes impacting us? Does only two percent of our population smoke to where ninety percent of our adult population have smoked at some point in their lives? The diversity, if you look at what the access to health care is, what the health problems are, is tremendous from tribe to tribe, from site to site.

In the entire Indian Health Service it's primarily clinics. We have 41 hospitals throughout this country. In our area there are three hospitals at Red Lake, White Earth and Cass Lake. The rest of the sites of all of the tribes have either clinics or satellite clinics to carry out the health care delivery system, which means many of our sites have to work very closely, in fact all, with private-sector hospitals because we're not going to do brain surgery at some of our small hospitals. That's not going to be done. So we refer that out, for example. So we have the challenge of providing a local system and working in the broader context with hospitals that we contract for work. For example, if we have surgery we want to send all of our people that need surgeries to a hospital, we look at where the best service is and we're hoping to contract for a reduced cost to provide that service to our people, so we can spread the money we save to provide more health care.

Our health facilities, whether they're tribal or Indian Health Service, if our patients that utilize our services have insurance, private insurance for example, we can collect so that we can provide more services for those that don't have insurance, or Medicaid/Medicare, if our patients are eligible for those particular benefits we can collect from them, so we can spread our health care dollar locally.

Many tribes that have their own industries or businesses will provide health insurance coverage for the people that work for them. They can actually purchase just like any private sector. You can purchase that health insurance.

Managed care as I see it, in this country today, health care costs have escalated. They're so high that there seems to be no controls. Managed care is looking at health care and trying to look at quality of health care that's provided and access. Those are the two big issues that I see. The big thing, too, is trying to get a handle on cost. So quality, cost and access to health care are kind of the three things we look at when we're talking about managing health care. Medicare and Medicaid have looked at this in a number of ways. One is to say that for a group of people we'll purchase care and hospital. You take care of this group of people and you only get so much money to do it, but you provide all of these benefits for this cost. So it's access, cost and then you. We also push that that hospital provides good care, they get report cards, all of this is part of managed care. Now a big part of Medicaid and Medicare is that once you as an individual person are eligible for these benefits and you sign up, you may either be assigned to a certain doctor or health care facility and that's where you go. So under managed care one of the quote 'negatives' that's seen is the fact that you lose choice of vendor, which means you can choose to go and see any different doctor and they'll get paid at any given time. This impacts Indian Health Service because no matter who walks in our door as far as if they are Indian they will get served. What happens is if the state decides to enroll them in a different hospital or clinic, they can go there. They're the only ones that get the resources, but if they come, we'll see them. But we may not get reimbursed, so we may not get the money for seeing them, so managed care could have big adverse impact on our local systems if indeed we don't

work closely with the state in developing methods to make sure that if we see Indian people we get paid or whoever they see gets the money. It's complex.

One of the stereotypes that we deal with I think as Indian people is somehow the federal government pays for all of our health care. This is not true, the resources are very limited and, for example, we prioritize what we can pay for. If we need to refer you out and it's not an emergency or life-threatening disease and you go out for something again that's not life-threatening and you have to see a physician we don't pay for that. So we've been managing care just by not paying for the care, which means in many ways Indian people there is health care they don't get. I'll give you an example: If you have a gall bladder full of stones it's not life-threatening, and yet you need to get that taken care of. We can't pay for it. We don't have the resources. So it's a misperception, I think, if the general public feels that all health care for all Indian people is paid for. That's not true. We have some resources that is a federal responsibility to provide as much care for federal reservation and for Indians that live on or near reservations, but there are a lot of Indians in urban centres and other places that don't have this access, immediate access to health care. And what we provide, as comprehensive as we like to be, it's not nearly as comprehensive as we should be.

I think many tribes contribute greatly to the health care delivery system locally. They help their people get health services that the federal government can't provide. It's not necessarily that they shouldn't but they can't with the resources that they get today. And I think the general public ought to know that Indian tribes do all they can to support the local health care delivery systems, and it's still, still inadequate. As good a job as we do with the resources that we get, and I use 'we' in the broadest context, IHS, tribal and urban, as good a job as we do, and I think we do an excellent job with this, it's still not enough to address the Indian health issues that exist today.

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I'm the area director for this region of the Indian Health Service, and there's actually twelve regions or areas. The area that I'm responsible to is the tribes in Minnesota, Wisconsin and Michigan. Our office is physically based in Bemidji, so we're called the Bemidji Area Office, which is somewhat deceptive when our true responsibility is for thirty-four tribal nations in three states. Our job here at the area office is to work directly with tribal nations as they look at the developing and ongoing health care delivery systems that exist. We look at and work with them on legal issues, congressional issues that they may have questions on. We don't of course actively lobby, but we work with the tribes as they develop what their positions on various health issues are. We also work with them on funding issues. The funding for the tribes in this area actually comes to our office, and then we disperse it from our office to the various tribes. We have our contracting officers, so as

we talk about contracting or compacting, we sit down directly one on one with the tribes and ask them what programs do you want to run, how are you going to run, how much money is needed and that type of negotiation. That's what our job is in the Bemidji Area Office for Indian Health Service.

We are sort of the middle between our headquarters, which is located in Rockville, Maryland, and the local sites. That's our position in this organizational structure.

The Bemidji area is a somewhat unique region in that out of the thirty-four we serve, thirty-three of the tribes, all but three, have either contracted for local services or compacted. We have three federal IHS sites, and there's actually five urban sites in this area, Minneapolis, Detroit, Chicago, Milwaukee and Green Bay. So there's actually five sites, urban sites, that we work with. So these are groups of Indian people that we're responsible to, too.

Well it's really fascinating to me, we're one of the poorer funded areas if you look at these various twelve regions, we're about number ten. And funding is real interesting if you look on the national it's spend about \$3,200 per person. We're funded at about \$1,200 in the Bemidji area, as compared with two that are funded much lower. So from the Indian Health Service funding point of view we're not really well funded in this area, and that's a real issue. But tribes have worked so diligently to make sure that our tribal members have other access, whether that's to Medicaid or Medicare. Tribes that have their own enterprises and businesses make sure there's tribal insurance for their people so that they can purchase health insurance. So the tribes have worked diligently to provide as much as they can for the people in this area, and we've worked with them as Indian Health Service to stretch the dollars that we have as far as we can and to access whatever resources we can to provide the care that's needed. It's a continual struggle, because it's not enough. We don't have enough resources because the diseases and the issues that we deal with in health care are so profound in Indian country, and in this country, this Indian country, this region. We have diabetes that's impacting our people at much greater rate than any other group in this country. We're seeing the rates of dialysis. We're seeing the eye disease. We're seeing the amputations, and it's a real challenge for us and our tribal partners to sit down and say how are we going to address these issues when resources again are somewhat limited. We see heart disease. Where in the general population you start seeing heart attacks in the sixties and seventies, we see them and people walk in in full cardiac arrest, they're walking, people walk into our emergency rooms in full cardiac arrest age thirty-eight, thirty-nine and forty, so the impact of disease that impacts this entire country is much earlier and profound on many of our populations.

Nationally it depends again upon what particular indicator you're looking at, overall for Indian health we're probably about in the middle. What does that mean. It means that if the U.S. populations' health is here, and IHS is here averaging somewhat a little bit lower, overall looking at several statistics, some areas we fare better, some much worse, the rate of cardiovascular disease in our area is much higher because in general we have smoking is much higher in this population, in

the northern tier overall, diabetes is a much bigger issue among our populations than other Indian populations, the rate of increase is much higher; cancers, it depends, lung cancer is increasing exponentially in women, it depends on the indicator that you look at.

I think what's characteristic about this region, which just absolutely delights me as an Indian person, as a physician, as a tribal member, is the fact that I see our leadership starting to work very closely with other groups to make sure that our needs as Indian people are addressed. I see the economic development that's occurring. I see the hospitals that are being built. I see that when I go in I'm treated well when I walk into a health clinic, and that is key for me to what is as an Indian person what's going to help the people treat me well. Not only do I get good treatment which I expect, but am I treated well in these systems too. I'm seeing these things evolve, I'm seeing our leadership and our elders and others saying: "It's okay to get an education. You have to get an education. You don't stop being Indian when you leave. Just learn what you can and come back and work with us." I'm seeing that attitude starting to be more pervasive. There was a time when education was a boogeyman, because our kids were sent away and we'd never see them again. They didn't speak the language, they didn't come back and work for the people, and they were somehow self-disenfranchised from who we were. That's what we saw, but we're seeing now more and more education as a good thing, and many of us are coming back, and it's just another tool in our toolbox of how we're going to continue to be the survivors that our people have always been.

The Indian Health Service when it was first has always worked directly with tribal nations, and tribal nations many times now are defined by reservations. So our primary responsibility has been to tribal nations and reservations-based Indian people. But there was an acknowledgment back in the early seventies that due to much federal policy we have urban centers now that are bigger than some reservations, than many reservations, of Indian people. There are neighborhoods. The Phillips neighborhood has more Indian people per square foot than anywhere else in the state of Minnesota, for example. And that's in Minneapolis. So we have different urban centers that have all these Indian populations now that were really a result of federal policy. The Indian the Relocation act back in the late fifties, early sixties actually took Indian people promising them jobs to urban centers, and it was really a termination phase I think. When we were trying to get rid of reservations, and that didn't happen, but what we have is almost a dual population that coexists, and the federal government's primary responsibility is to the population that's on or near reservations. The urban Indian populations, though, have kept together as cohesive units there, and they're multi-tribal and they've gone in and actually Congress has appropriated a special - it's called Title 5 - where money comes through to help fund some of their health programs. And that money comes through the Bemidji area office. That's why we work with these five urban groups. The thing that we have to remember is these are Indian people. They happen to be living in urban centers and deal with many of the same health issues, plus more, that we on reservations deal with. They have gang violence.

They have all sorts of social issues that have not really directly impacted as strongly on reservation populations. So there are groups of urban Indian people. They do have access to some clinics that we partially fund, more than any other Indian group they have had to go and struggle to get more funding just to keep their clinics open because the money we provide is just a thumbnail of their total need in Indian health.

If I'm sick and I'm in Phoenix or Albuquerque and there's an Indian Health Service hospital or clinic, as an Indian person I'm entitled to go and get care there. That's one of my rights. That is not necessarily the same for a non-Indian person who's traveling about this country. Do they have a clinic that is obligated to see them. The answer is not really. But there is a system in place where I can go and get care.

One of the challenges that's been evolving now since tribes have contract or compacted for their own sites is that they're starting to locally define some of their own eligibility which is a new change that's coming on to Indian country, that tribes are going to have to work toward solving, because what's happening now is that if a Navajo comes to a clinic that's under compactor contract and they've decided they're only going to see their own membership, this person is starting to ask the questions. I'm entitled as an Indian person no matter where I go to get health care, and yet tribes are struggling with the limited resources they have, so it's not as easy an answer as it may have been twenty-fives years ago where any Indian person would have access to the health care program that existed under Indian Health Services anywhere. It's a change, and there's a lot of wrinkles in today's health care delivery system, and in Indian Health, that have to be ironed out, but what I say is that can be done, and we'll sit down with tribes and we'll come up with solutions. That's the greatest challenge we have is to come up with solutions to provide health care to Indian people no matter where they live.

I think some of the concerns that we have right now is the changing face of health in this nation, with managed care on the scene, and many of the states where we have tribal and Indian Health Service facilities. The question becomes how do we fit into that, we've been accessing Medicaid and Medicare dollars to help run some of our programs, what happens if the state who now has much great control decides that they don't work with the local tribal nations, tribes have to continue, and this a real challenge for them, to emphasize that we do have sovereign status even within this country. We have a government-to-government working relationship, and if states by proxy are given some responsibilities from the federal government, they have also the responsibility to work with us as tribal nations. That's a real challenge, I think, is where do we fit in in this evolving health care system within this entire country because it will have an impact on us. We have the challenge as we take over our local programs how do we work to assure access, quality, facilities that are good quality facilities, quality care to our people? How can we continue to do that in an environment that seems to overall see shrinking resources? How do we address that? How do we

change that tide of shrinking resources. That's a real problem. That's a real challenge and an issue I think that we're going to deal with in Indian Health Service and tribes. How do we deal with some of these emerging diseases that we see, for example AIDS; HIV has never been a real quote 'issue' in Indian country, but it should be. How do we continue or develop prevention activities? How do we deal and help people that are HIV-positive, are Indian people? And there are other new and emerging diseases that we're going to have to deal with as the rest of this country is, and how are we going to do that, how are we going to make sure that our children are educated, so that we have more Indian physicians, Indian nurses, Indian pharmacists, dentists, teachers, MBAs that will all impact the health of our people. Those are the challenges that we have today. I'm one of these people that think these challenges are exciting, because it gives us the opportunity to form think-tanks, brainstorm, how can we do this, because we can move toward, again I think there's a brighter future there for us, there has to be, and our challenge is to work together to get there. I'm hopeful that we're going to have healthy people, we're going to have educated people, we're going to have people that are proud of their heritage, that know they're Indian, that continue our culture, because that's our strength, I know we're going to do that, and to me that's the hope, that's the hope.

I've always thought that there's almost an inter-generational depression that we have to address in Indian country. Each of us are impacted by the all the traumas, the losses, that our people have experienced. And we're not talking five hundred, a thousand years ago; we're talking two hundred years ago, these are still in my parents' memory-banks, they're very strong for them, and very strong for me, and my other brothers and sisters. How can we deal with that, has this had an impact on us, and I think the answer is yes. There is there is just so much trauma that we as Indian people...there is so much trauma that we...there is so much trauma that we as Indian people have experienced and it and again it's been so recent that those effects continue to be seen in us, in our daily lives, in our health, in our mental health.

I think there are a lot of traumas and insults that are in the recent past, we're not talking five hundred, two thousand years ago, we're talking within the past two years that Indian people have experienced, whether that's the boarding-school experiences that we've had, whether it's the wars, the disease, the traumas, the the onslaught of somehow there's something wrong with you for being Indians, your spirituality, your religion, your medicines, these are all have taken on somehow a negative impact, and there's lots of traumas that have, lot of trauma that has impacted us today, there's almost an inter-generational depression and anger that really comes out at the oddest times for many of us quote 'modern' Indians today, and we have to acknowledge it's not just today's world that has impacted our lives, it's all of these other things that have occurred over the past two hundred years.

Dr. Kathy Annette # 4

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I think good health is having a sound body, a strong heart - by that I mean spirit- and being happy and at peace with the will, that's what sound health was.

I think the lifestyle then promoted good health in many ways. You had to work together as community to survive. Religion and spirituality was just part of the daily living. People's physical well-being was promoted by the food they ate, the nutrition at the time. There was many lean meats, venison, wild rice, berries, we're talking very healthy foods. Exercise, just being part of, you had the move to live, which is much different from the lifestyle we have today. So there were many, many things that promoted good health. I think there's a misperception that somehow this is all there was to health, which is a great great thing, but our spiritual healers we had, but we also had herbalists and other healers that had an expertise in medicines. And medicines are the plants that were medicines, and prayers they were, there was I think a real handle on health and medicine, tied up.

I don't think you could separate. Good health took into account body, mind and soul; how do you separate that out. And I think even if you translate that into modern times, if there's something we could teach modern America, the modern world, is that when we separate that out, that creates illnesses. There's no doubt in my mind. If you ask any person that comes in, even as a practicing physician today, about their physical health, which they expect, their mental health, which is sometimes looked at, you're asking me about this, and if you ask about spiritual health it blows some of the patients away, and I think practicing physicians should acknowledge sometimes today, we're not priests, we're not medicine men, but that's part of what our people need to be healthy, and for us to be able to refer and acknowledge that, if we can accept that, that's a gift that American Indian, American Indian culture can give modern society I think.

I suspect that people lived healthy lives, what killed you many times, you were killed young, and that wasn't by necessarily disease as what usually gets or kills us today, it was just activities of living which were dangerous, the hunting was not necessarily a safe activity, just gathering rice, drownings, I mean those type of things I suspect cut people in their prime. There are, there were infectious diseases then. I'm sure that many young women as in the entire world, lost their lives in childbirth. These things did occur, but I think for the most part, if you could live to be, as you lived your life, for the most part, it was a healthy life. Versus today where we may have long lives, but much of it is not healthy.

I think starvation could have been a factor, I think it was cyclical whether food was plenty or not, and it depended upon the weather, it depended upon the cycle of animal life. So our people really went through periods of feast and famine, and sometimes we wonder today if that type of lifestyle, our bodies adapted then, but if it's not adapted now, and one of the examples that's often

pointed to, is diabetes is a big issue for us now, where our bodies are not adapted to the, as most aren't, to the lifestyle that is, exists today which is almost constant feasting, and there's even a theory in diabetes that we have a gene that actually makes predisposes us to hold on to fat and fuel waiting for those times of a famine, which makes us hold on to fat, become obese, and more prone to diabetes, which really impacts many of our people today. The thrifty gene theory is what it's called.

Medicine I think was practiced with you had your healers that you went to, but you had to live healthy lives. I'm most impressed even today by some of those earlier practices, there are people today that really push to live these healthy lifestyles, where prayer is part of the day, exercise, they talk to me, there are people living those lifestyles today, where to walk and to get out, and to move and to hunt and to do, is some of the things we that were taught as children and our parents were taught 'cause that was the life then. So I think people back then had to take more of a responsibility for their own personal health. One of the things that's evolved today is overall, is people wait to get sick and then someone else takes care of them, and our own, we don't take responsibility for our own health, and I think that our elders, and generations before us had to, to survive they had to, and if there's any survival tip we should take, or bit of knowledge from our generations past, is that we have to start as Indian people taking that responsibility for our own health.

I think when Europeans came there was a cultural influx, but the biggest thing that hit us immediately were the many diseases, both infectious diseases and social diseases, and I'll talk about that in a second, that impacted our people. The infectious diseases, we can look at the history and see the smallpox, the mumps, measles, the real bacteria and viruses that our immune system just did not experienced and we could not handle, and it killed us. Where a small, where perhaps a disease may cause a minor illness in a person who's had generations of dealing, and becoming accustomed to these bugs, it was the first time we were exposed and it caused massive, massive death for us. In terms of some of the social diseases, I think of for example alcohol, which had been used for generations in other European countries, and there'd been over generations evolved social mores, that was introduced to our population bam, and we've that's only been in our population for two hundred years, we're not talking thousands and thousands of years, and we're learning how to deal with that, how to use or not use that, but that was something that was introduced, that introduced social disease I see it, that's how I really see alcoholism it's a disease of ours, because it not only impacts an individual, but it impacts our tribes. I don't think we can talk to one Indian person today, where somewhere in our social system, tribal system, we can point to it having a profound effect on us as individuals.

I think alcohol was introduced as a way of controlling Indian people, of altering behavior, it made us crazy, I wonder sometimes personally how much alcohol had been consumed before treaties were signed at some point, and it makes me angry as I think it does a lot of Indian people because there were outside elements introduced that altered what we would never have done I think

if we had clear minds, in some situations, not all, and there were several factors that forced us to I think, behave in ways that Indian people traditionally never would have.

Initially there were healthy diets, and it's just evolved with the commercialism, and we've bought into it, french fries and milkshakes, we've bought into the whole McDonalds thing today.

When Indian people were first greeting the first Europeans that came on the coast, it was an estimate of ten million people in this country, ten million Indian people, at one point the estimates are, it dropped to 800,000, so did was there disease that had massive impact on our population in terms of death, and the answer is yes, it did, massive, from ten million down to 800,000, that's an incredible onslaught of disease I think that killed off our people.

I suspect when this country first started and Indian people, we had the, we were the major population here, we ran this country, and for a while there was partnership that existed, just in terms of, had to in terms of the populations, and during that period of time I know that we shared our medicines, we shared as we received medicines that worked also, and somewhere during this timeline in history, what we knew was discounted and was told that this is not good medicine which was a real conflict for Indian people, because we'd been using these for generations, we put this salve on our skin, and our skin healed, we took a medication, or a plant or an herb, and the pneumonia or the chest symptoms went away, and then at two or three decades later we're told this doesn't work, and I think a lot of Indian people said, we've used this all our lives and for generations, of course it works, but somehow our medicines were discounted, and that evolved, I think initially there was some sharing, and then a certain amount of discounting of the medicines, which at that time I think was a discounting of a lot of things that were Indian, as we were pushed more and more to assimilate.

I think a big part of destroying our medicine was discounting not only herbs, but discounting prayer, trying to somehow separate, and when you separate, to destroy, because so much of medicines we knew it and health, was the spiritual component. And I don't think it was until the Indian, the Freedom of Indian Religion Act was passed in around the mid or late seventies where people started saying it's okay to once more integrate that, and we still are, we're starting now to try to be, and there's a resurgence looking at health in a traditional manner. And I think if we look at this resurgence, and if we can bring this, and incorporate it back into the life of Indian people, you look at our health ten, twenty, thirty years from now, and we're going to be a healthier people.

The changes that came to Indian people encompassed a lot of different areas. We looked at medicine, you look at lifestyle, religion, not only was our religion discounted, but a whole new religious, religions were thrust upon us, and I think that many Indian people embraced other religions, because many for a long time didn't see them as exclusive. I look back to my great-grandmother, who was a strong catholic, and high in the Mide. It was not exclusive in her mind. Although Indian people knew she was catholic, the Catholics didn't know she was a practicing

Mide, because that was such an exclusive type of religion at the time. But that was okay to her, she just said, well it's not exclusive, spirituality goes across many boundaries, so I think that Indian people were able to embrace other religions, as long as they could embrace what is ours also. It's when there was a real push and somehow that was separated out, and it got into our thinking that they could not coexist, where we've been unhealthy spiritually, in many ways. Not all, there are a lot of spiritually healthy Indian people today. But the ambivalence, and the teachings are not always there for all of us to be at that same level of health, spiritual health.

Oh, it was illegal right so it had to go underground, what amazes me today is so many of our spiritual beliefs, and so many of our rituals actually survived, because think about it, it was illegal to do this. It's one thing to be put incarcerated for a violent act versus prayer, and it's just it wasn't until again the late seventies when we were able to do what our people had been doing for generations.

I am, I've been told, my mother went to boarding school, as did my grandmother, as did many of my aunts and uncles, and the experiences that I've heard from them are very varied. You listen to the elders talk about their experiences and it's it's real fascinating. You hear comments like, this father slapped my hands until they were bleeding because I spoke my language; someone, they took my braids and just cut them off, and I was to dance that year, and I couldn't dance in the ceremonies that year. We hear things like, but you know, the nuns could really teach, we got a good solid, I could read and write when I left that mission school. So there were pros and cons, but I think overall that there was a shame element introduced and reinforced against again and again, about whatever being an Indian was, it was truly an assimilation process that was overall, overall in many ways a failure, but overall in many ways a success too.

Well I think in the late eighteen-hundreds the Army actually took a look at all of these Indian people that were dying, and decided that they had to set up some sort of health delivery system for these people, and they did. So that if you look back, Indian health per se, from a federal government standpoint, had its roots back with the Army, sending some doctors out to try to deal with these smallpox epidemics, 'cause these bodies are literally piling up around forts, and it's causing more disease so it became a public health issue almost, as I look back in the things that I've read, and that's where the roots of the federal government's responsibility and commitment to Indian people started. Now Indian people, even though again treaties I always, I always personally wonder the circumstances surrounding that, and we all know that they weren't always optimal, as Indian people had to consider what they were giving up or looking at, but one of the things that's written into many of the treaties is that health care will be provided, to the extent, and it would differ with treaties, but one of the things that came out is health care will be provided, so that was sort of the root of how this government will pay for the land that was taken, and health care was part of that deal.

The government to government relationship, what that does, and I see Indian tribes holding the United States federal government accountable for these legal, documented agreements that were made, and including in that was health, now tribes have worked independently as sovereign nations, and together as Indian nations united to try to address many of these health funding, health status, health issues that have emerged over time.

Initially it was just there were assigned doctors were assigned out to Army bases essentially to work with local Indian people, that's how they started. Then with the on with the treaties, what happened there is a system was set up and it was actually stuck under the Bureau of Indian Affairs, in the Department of Interior, so all Indian federal government Indian relationships were actually put under one department, department of Interior, which was the Bureau of Indian Affairs, and Indian Health Service came later, so talk about, but the Bureau of Indian Affairs was where this was at until about the mid 1950's and what happened then was that Health, Education, and Welfare was a separate department that dealt with the health of American people, and American Indians, I mean we're American citizens too, it didn't happen until the 1920's, but we're American citizens too, we're state citizens and we're also citizens of our nations, so we have kind of a tri-, we have rights from three different groups as citizens there, and the federal government negotiated with each and every tribe over time, what that responsibility is...

Then it evolved. What happened then is the federal government decided they would start building facilities on the different reservations as the reservations were established, so that meant hospitals, and hospitals and clinics were built on various reservations, and they were staffed by federal employees, and the federal government decided what health, what health objectives would be established, what health needs we would look at, and it was a big step forward, but as this step went forward, where were the Indian people who are recipients of this voice in deciding what our health status is, and what our needs are, and how we're going to address them. Again it was a step forward, we were getting hospitals and facilities over time, but it was run primarily again by the federal government. Now realizing this is western medicine, coexisting throughout this time was also traditional medicine, so people had access in many ways for a long time to both traditional medicine and western medicine.

Even though it was illegal, we had access.

Well they didn't even have vaccinations back then. Public health was probably you could look at a number of different things, how do you deal with these symptoms with the best rudimentary tools you had at that time, how do you deal with these symptoms, public health is really, this is really crude but if you have all of these bodies, how do you bury them far away so that we're not impacted by this disease, again this is really crude but it's the rudimentaries of public health that was started even back then, because all of these diseases brought other diseases, your immune system's down, so there's other diseases that came on top of this, that the Army people

might be susceptible to, so I mean I think all of that went into this, so the doctors brought what tools they had to do what they can at that time.

I think the need has always been so great in Indian communities, whether we're looking at water systems, clean water, sewage systems, antibiotics, medicines, a big part of how much you can do is the resources you get to do them, and the resources have always been for Indian people's health, meager. You do what you can with the resources you have, but the statistics, from as soon as we start monitoring these things until now will show that Indian people have lagged significantly behind the health of this nation, for a number of reasons, and it's if you look at the statistics, they're staggering for the most part, in the early part of the century, tuberculosis, depending upon the tribe you looked at, thirty, fifty, eighty percent of the people were impacted by TB. That disease alone had tremendous impact on our people, because one of the things you did was set up TB sanitariums where you sent folks. You sent up separate TB isolation units where people were sent.

Tuberculosis was a main killer, and it not only killed but to cure it you had to send people away from home. Many of the people that had TB were children, can you imagine taking children, and there are children today that can remember this, being sent away from home, one, two, three years and longer, very young ages, and put into TB units. There are people today that if you want to talk to, they could tell you the stories of the impact that separation had on their life then, and even to this day.

In the early years the conditions that caused great health need was overwhelming poverty. People were displaced from lands they were used to, they were used to hunting, they were used to gathering food there, they knew the patterns of nature, they knew how to survive, now all of a sudden they're displaced to a different area, where you don't know, you don't know the patterns to survive, and on top of this you had a culture that was coming in and pushing you, you were placed on reservations, and many times moved, moved to areas that no one else wanted, food wouldn't grow there, water was not abundant, game was not abundant, so very very early just being put into places where you were not meant to survive, I truly believe that, and many people didn't, and that was a factor in not being healthy in the early days. Poverty, you couldn't buy the food, you couldn't trade, trade was down, things that helped you thrive were no longer available, and poverty was a big impact then as it is now.