Association of Native American Medical Students (ANAMS)

Background

Founded in 1975, the Association of Native American Students (ANAMS) is a student organization representing Native American graduate health professions students throughout the US and Canada. ANAMS is comprised of Native American students enrolled in medical school or in the allied health professions of Dentistry, Veterinary, Optometry, Podiatry, and Pharmacy.

The goals of ANAMS include providing support for all Native Americans currently enrolled in various allied health professions schools. ANAMS strives to increase the number of Native American students in medicine and other health professions. Exposure and recognition on a national level throughout the medical community is what we continue to promote.

Our organization is primarily supported by the Association of American Indian Physicians (AAIP). On our pathway into the health professions we hope to provide Native students a resource network.

A Word on the Proposed Amendments to the ANAMS By-laws and Constitution

One goal the ANAMS board had for the year was to propose amendments to update the ANAMS By-laws and Constitution. This discussion to change these two documents had been sparked in the past couple of years but has not materialized to an official proposal. Holding to our goals, we had a series of proposals (2 in the Constitution and 15 in the By-Laws) drafted from our discussion in January. Although there was short notice for this discussion, we were able to come up with a proposal in order to have current voting members vote on them in July at the annual AAIP conference. The timing of the proposing the amendments was due to the current By-laws which states,

> "Proposed amendments must be post-marked, or electronically dated if utilizing E-mail, a minimum of six months prior to the annual meeting."

The main suggested change involves revision of "Affiliate" and "Associate" member privileges. A little background on this potential change involves several members who were unable to vote on club decisions at annual meetings in the past, due to the status and privileges stated in the current Constitution. These members were often

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Affiliate Associations:

- *Association of American Indian Physicians (AAIP)*
- *Native Health Initiative (NHI)*
- *AAMC*
- *Marshall Foundation*
- *Arizona Telemedicine Program*

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ANAMS February Executive Business Meeting Highlights

From Meeting Date: February 18th, 2009

1. Constitution update
(Naomi and Donovan)
    a. Discussion held, constitution on hold for July meeting
    b. 15 By Laws and 2 Constitutional change proposals

2. Speaker Series: ask members for organization? (Naomi)
    a. Focus: Native medicine
    b. Organization: Timing? Speaker? (Dr. McCabe or Dr. Hill?)
    c. Organization with an Executive member

3. Cross-cultural – AAIP
    a. April 23-26, 2009 in Santa Fe, NM
    b. Presentations?
    c. Organizer: Social, meeting focuses, etc.
    d. Travel scholarship (2 x $500)

4. AAIP Annual Conference
    a. July 22-26, 2009, Alexandria, VA

5. NNAYI counselors
    a. June 20-28, 2009, Washington, DC

6. Mentorship
    Pre-admission workshops – AAIP
        - Utah (Naomi)
        - Cross-cultural
        - Annual

7. Newsletter
    a. Feature with Erica and Emily
    b. Obama update (Carlyle Begay)
    c. Updates

Proposed By-laws and Constitution, Cont. from page 1

supporting the club at events such as with fundraising, promoting the visibility of Native health disparities, providing their perspective on club issues to spark discussion, encouraging Native pre-medical and medical students along their chosen path into medicine, and so on. One opposition to the proposed change is that anyone who is to say he or she is a Native medical student without documentation fitting the category, or checked in the box, of associate member could potentially make decisions with their own agenda. As members, we will be discussing these issues again at the annual meeting but these are only a few thoughts to the proposed changes.

In addition, our discussions spawned several other items. Some minor involving the language of the documents such as changing "full" to "regular" members were discussed. Another involved potential future roles that members may have nationally as "Regional Presidents." Although we are currently a small group of members not established in regions, there is potential for growth to represent different geographical regions. Lastly, we also discussed changing the time in which amendments could be proposed from 6 months to 3 months.

In planning for the discussion, I would encourage you all to read the current documents found at the national ANAMS website through AAIP, www.aaip.org, and rereading the proposed changes sent out a month ago. Let me add that these documents are only a guide to how to conduct the club. However, they also provide a standard of conduct across the nations. As always, I hope all are well in the balance of your education.

Article by: Donovan Williams

2008-2009 4th Year Scholarship Recipients

Over the past two years, the Executive Board has provided fourth year scholarships to help with travel costs when applying to residency programs. As many of you know, Native American physicians as well as medical students are very small in number when compared to other ethnic groups. In support, we offered two scholarships to medical students currently applying for residency. The review of a prospective applicant includes a close look at community service, academic achievements, and above all, a commitment to improving the health care of Native Americans.

Over the years, many of you may have seen an outspoken light brown haired lady, often with a big smile, at most of the AAIP conferences being a medical student member for ANAMS promoting raffle ticket fundraising or expressing her opinion on issues related to the club. This involved individual is Erica Lindsey, an Eastern Band Cherokee who previously completed a Masters in Public Health (MPH) and is now attending the University of Arizona College of Medicine. Along with being a member of ANAMS, she has been a member of Fostering and Achieving Cultural Equity & Sensitivity (FACES) in Health Professions and part of the establishing class to create a chapter at the University of Arizona for Alpha Pi Omega, the first Native American Sorority in the nation which was first founded in North Carolina in 1994, where she still mentors current sisters. In medical school, she has shown a strong commitment to underserved populations in Arizona - including Native Americans. She has worked in rural IHS clinics in Chinle and Winslow and as a coordinator for the Nogales Pediatric Clinic through the Rural Health Professions Program and Commitment to Underserved People (CUP) program. Aside from her vivid personality she is empathetic towards her current patients as a fourth year medical student and is now looking past the doors of medical school towards a Family Medicine Residency program in the Southwestern region of the United States. She was chosen as one of the recipients for this year's 4th year scholarship for her commitment and caring conduct. She continues to inspire students, both pre-medical and medical, with her open-minded perspectives and understanding the challenges people face with limited resources.

> "They each have a similar aspiration to work in underserved communities but at the same time they each have their own experiences looking towards different residencies."

Emily Van Dyke, from the Siksika Nation, was our other recipient for the 4th year scholarship. The Siksika Nation is located in Alberta and historically is part of the Blackfoot Confederacy. After completing her MPH at Harvard, she returned to the University of Washington School of Medicine (UWSOM) in Seattle to complete her final year of medical school. She is currently preparing for a path in pediatric medicine and public health.

During her undergraduate and medical school experiences Emily has been involved in a diverse set of groups that are working toward support of Native students and native communities. She is a member of the newly-formed Coalition of Indian Students of Boston, a long-time participant in Harvard University Native American Program (HUNAP)'s initiatives, a Women's Traditional Dancer in an Intertribal Indian Dance Troupe, and a former Chair of UWSOM's Medicine Wheel Society. Also, between her clinical rotations, she has had the good fortune to spend time working within several regions of Indian Country. During a fourth year clinical rotation, she lived and worked with Dr. Mary DesRosier on the Blackfeet Indian Reservation. She also spent a summer worked with a group of Tuscarora and Waccamaw-Siouan children through the student-run Native Health Initiative in Maxton and Pembroke, NC. She also had the chance to spend the summer after her first year of medical school in a pre-clinical rotation at the Swinomish Indian Reservation in NW Washington. Through some of these roles, she has worked toward promoting community-centered public service for elders, families, and among the next generation.

At ANAMS/AAIP events in the past, you may have seen her in a buckskin dress, with a calm smile and joy in her heart that we continue to come together in understanding. Another who hopes to inspire those around her to dream big, she writes in her scholarship essay, "Medicine is a grueling, humbling, and incredibly rewarding road, and I have only just started to travel down it. As I have begun to get to know my fellow ANAMS members over the last few years, I'm grateful that we will be travelling this road together." She hopes to be part of a residency that has a strong program advocating for underserved communities.

These individuals have shown and continue to show an encouraging look into medicine. They each have a similar aspiration to work in underserved communities but at the same time they each have their own experiences looking towards different residencies. A friend in research writing his dissertation has said, "Commencement of education is like an open hand that comes together into a fist preparing for the practical challenges." I'm guessing he means that collective knowledge has allowed him to focus on new challenges. From all of us on the Executive Board, we hope the best for our fourth year medical students looking ahead towards residency.

Article by: Donovan Williams

"A New Hope for Indian Healthcare"

Article by: Carlyle Begay, MHSM *(Navajo)*

In my 28 years as a patient and now as a policy consultant working in various capacities in American Indian healthcare, for the first time I feel a strong sense of hope for Indian Healthcare. Barack Obama was elected President on the promise, he would "sufficiently fund" the Indian Health Service. What does that mean to me and the other 4.1 million American Indians?

In this nation, the majority of people in this nation are not born with an inherent legal right to healthcare. The exception is American Indians and Alaska Natives. We are the only population born with a *legal right* to healthcare through treaties and federal statute. Historically tribes exchanged vast amounts of land and natural resources for certain social services, including housing, education and healthcare. From this perspective, American Indians have the largest pre-paid health plan in the nation.

Sadly, the federal government has never come close to honoring this commitment. Funding for the Indian Health Service, the only source of health care for many Indians, has never been adequate. The shortfall in funding is shocking. In the 2005 federal budget, per capita expenditures for IHS were $2,130, a fraction of the federal funding for other healthcare programs like Medicare ($7,631), Veterans Administration ($5,234), and Medicaid ($5,010). Even the Bureau of Prisons allocation is higher at $3,985. Sometimes the lack of funds means care is postponed until Natives are literally at risk of losing their lives or their limbs. Other times, they receive no care at all. The end result is a population that lives sicker and dies younger than other Americans. For example, in Arizona, where I live, the average age at death is 72.2 years for the general population and 54.7 years for American Indians. According to the U.S. Commission on Civil Rights, "Native Americans are 630 percent more likely to die from alcoholism, 650 percent more likely to die from tuberculosis, 318 percent more likely to die from diabetes, and 204 percent more likely to suffer accidental death compared with other groups." This should be considered a crisis.

> "Funding for the Indian Health Service, the only source of health care for many Indians, has never been adequate. "

So what would it take to fix the funding shortfalls in the IHS budget? The number of American Indians actively using IHS services is about 1.5 million, and clinical services for the IHS are funded at approximately $3 billion per year. Several studies have shown that the IHS is funded at approximately 60 percent of need. To fund the IHS up to the level of need would require an additional $2 billion. The budget for the Department of Health and Human Services, in which IHS is a federal agency, is approximately $700 billion. Relative to the rest of the budget, $2 billion is a small investment in Indian health. It is remarkable to me how we can come up with $787 billion to stimulate the economy, or that we spend about $2 billion per week on the war in Iraq, but we can't fulfill our trust responsibility as a nation and honor our treaties with the country's first inhabitants with an additional $2 billion annually for IHS.

Over the last couple of decades, the IHS budget has increased about 1 or 2 percent per year, including the Clinton years. This increase has not kept up with medical inflation, cost of living adjustments for employees or growth in population. Essentially every year that goes by, we are able to provide fewer services due to compounded and chronic under funding. At the same time, health disparities are worsening.

For the first time in my career, I have hope. President Barack Obama and Vice President Joe Biden campaigned and committed themselves to honoring health care treaty obligations to tribal nations. The Obama-Biden administration plan to improve Indian healthcare through the following policy positions:

Support Indian Health Services: Obama-Biden administration support sufficient funding for IHS and proper staffing and maintenance for IHS facilities.

Expand Medicare and SCHIP: The Obama-Biden administration plan will help ensure that low and moderate-income American Indians receive adequate health care coverage. Medicaid programs currently provide health insurance coverage to over 22% of American Indian adults, and 46% of American Indian children.

Carlyle Begay, MHSM served on Barack Obama's National Tribal Advisory Election Committee. He is Vice President and Chief Development Officer of American Indian Health Management & Policy, Inc. Please visit the AIHMP website at http://www.aihmp.com/.

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Support Disease Management Programs: Over 75% of total health care dollars in the U.S. are spent on patients with one or more chronic conditions, such as diabetes, heart disease, and high blood pressure. The Obama-Biden administration will work with tribes and require that all-federally supported programs, including Indian Health Services, utilize proven disease management programs. This will also help providers to put in place care management programs and encourage team care through implementation of medical home-type models that will improve coordination and integration of care of those with chronic conditions.

Tackle Healthcare Disparities: Obama-Biden administration will tackle the root causes of health disparities by addressing differences in access to health coverage and promoting prevention and public health, both of which play a major role in addressing disparities. They will also challenge the medical system to eliminate inequities in health care by requiring hospitals and health plans to collect, analyze and report health care quality for underserved populations and holding them accountable for any differences found; to diversify the workforce to ensure culturally effective care; to implement and fund evidence-based interventions, such as patient navigator programs; and support and expand the capacity of safety-net institutions, which provide a disproportionate amount of care for underserved populations with inadequate funding and technical resources.

Affordable, Accessible Coverage for First Americans: In addition to providing greater support for IHS, the Obama-Biden administration will also improve our current private and public insurance system, upon which many American Indians rely, and will leave Medicare intact for older and disabled Americans. Under the Obama-Biden plan, First Americans who have coverage today will be able to maintain their current coverage, have access to new affordable options, and see the quality of their health care improve and their costs go down. The Obama-Biden plan will provide new affordable health insurance options by guaranteeing eligibility for all health insurance plans, regardless of pre-existing or chronic conditions; creates a National Health Insurance Exchange to help American Indians and small businesses purchase affordable private health insurance; and provides new tax refundable credits to families who cannot afford health insurance and to small businesses with a new Small Business Health Tax Credit.

The healthcare situation in Indian country is critical. What Indian country needs to do is to work together, set realistic goals, and hold our elected representatives responsible for meeting those goals. There is an enormous disparity that exists in both the overall health and access to healthcare facilities. The prosperity of a community is directly tied to the overall physical and behavioral health of the people within the community.

Opening Doors with TeleCommunication

The Arizona Telemedicine Program is a multidisciplinary clinical program of the University of Arizona Health Sciences Center, founded by Dr. Ronald Weinstein. The program was created in 1996 to establish pilot projects demonstrating the efficacy of medical communication through computers, video imaging, fiber optics and telecommunications for diagnosis and treatment. The initial goals were to deliver better health care to Arizona's medically underserved rural areas. Since then, the program has rapidly expanded its' network to many rural sites in Arizona as well as sites in New Mexico, Utah, Nevada, Mexico, China, and Panama.

Telemedicine involves various clinical and now educational innovation programs. Several formal clinical programs involve disciplines in radiology, psychiatry, pathology, emergency medicine, trauma and surgery. In addition, the educational programs include networks involving junior high schools, high schools, medical schools, and interprofessional training.

What does this potentially mean for ANAMS? Telemedicine can provide one way to communicate between members who are spread throughout the US and Canada. One way currently is for our current "speaker series" to provide different perspectives on Native health care to our members. Another way may be to hear from people already associated with Telemedicine on various issues such as setting up meets with high schools, tribal leaders, chapter houses or Native physicians when travel is a difficult option. In general, it would provide us with a network of programs already established by Telemedicine and provide a medium of communication to discuss Native health issues around the country.

For now, we will keep you up-dated with speaker series and meetings using telemedicine in the future. If you have ideas or presenters who may provide perspectives involving Native health issues that you would like other members to hear, feel free to share this with members on the board.

Article by: Donovan Williams

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2008 AAMC conference in San Antonio, TX

AAIP.org

Reminders

Travel Scholarship

- $500 scholarship (3-4) to help with travel to Cross-Cultural and annual AAIP conferences.

Cross-Cultural Medicine Conference

- The 17th annual Cross-Cultural Medicine Conference is scheduled for April 23-36 and will be held in Santa Fe, New Mexico. More info can be found at www.aaip.org/programs/cross_cultural/ccmw.htm

Voting on New Amendments

- ANAMS members will have the opportunity to vote on new Amendments at the AAIP annual conference which is scheduled for July 22-26 and will be held in Westin Alexandria, Virginia.

Pre-admission Workshop

- There will be a pre-admission workshop held at the annual AAIP conference

Speaker series

- If you have a potential presenter you would like to have for our speakers series, please let any of the board members know.

Call for Articles

- If you are aware of Native health related issues or interesting ANAMS events in your area and would like to contribute to the quarterly newsletter, we would appreciate your words. Short articles should be 250-500 words in length. Please send your written piece to Donovan (donovanw@email.arizona.edu) or Jean (howel080@d.umn.edu).