Healthcare Access for Montana’s Confederated Salish and Kootenai Tribes

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Reflection

When I embarked upon this project, I felt shame and embarrassment that I had lived in northwest Montana for seven years and knew so very little about the Confederated Salish and Kootenai Tribes (CSKT) who are native to the area. I wanted to take a health-specific focus in my research as I addressed my ignorance. My goal was to explore tribal-specific understandings of health, through cultural narratives, and to understand what accessing healthcare might look like for this population in a contemporary setting. After locating a lengthy book of traditional Salish narratives, I expected that somewhere within those pages I would find at least a story or two that would yield a clear “ah-ha!” moment about the traditional health-related beliefs and practices of this culture. I found no such story. That was my first lesson: you cannot always expect a culture’s documented narratives to explain beliefs in a cut and dry way. Instead, I found stories with recurring images, characters, and themes. The element that connected most obviously to my research focus was water—use of water, locations of water bodies, and stories involving the animals living in or near the water. Water appears as a central element in one of the following hypothetical scenarios I’ve written, which highlight current obstacles to health for CSKT members.

As for the other traditional stories in that collection, I came to deeply appreciate the fact that while I could follow them in a literal sense, I could not understand what the narratives meant on a more meaningful, cultural level for CSKT members. The events and nuances presented in these stories were lost to me in the cultural gap. At this point I can only begin to scratch the surface of understanding them. Though this felt at first like failure to me, I soon realized that through my false expectations, I had learned perhaps the more important lesson. Instead of coming away with a deeper understanding of what these stories really mean to this culture, I
came away with a profound respect for the fact that I can never truly know their meaning or importance.

Furthermore, my initial proposal implied that any health-related narratives I located would be significant for today’s CSKT members. This presumption feels naïve now. An individual can simultaneously embrace traditional beliefs and practices in tandem with modern-day medicine; the two are not mutually exclusive. The research I found reflects a population who wishes to acknowledge their heritage while also welcoming modern healthcare technology and approaches.

In exploring the contemporary aspects of my topic, I started with the official tribal website and quickly found links upon links of other recommended resources. I listened to audio clips of Salish elders speaking on tribal history and place-names. I read a lengthy demographic study about the Flathead Reservation community. I searched the archives of regional newspapers and tribal newspapers. I read assessments about issues that did not make it into my project in great detail, such as a contentious “water compact” and another water rights-related lawsuit in which the CSKT are involved. I discovered many things I should have known but didn’t, like that the majority of the residents on the Flathead Reservation are non-Native.

As I shifted my research away from traditional narratives and more toward the contemporary reality (what might stand in the way of CSKT members achieving health), I also narrowed my focus onto CSKT members on or near the Flathead Reservation. You will see this reflected in the following scenarios. What you will also see is a striking, disheartening reality of what it means to try to achieve and maintain health as a CSKT individual on the reservation. Though much less evident, I tried also to include some of the more optimistic aspects of the healthcare situation in these scenarios.
In learning about the tremendous barriers this population faces in accessing quality healthcare, I came to the realization that any CSKT clients I have during my career will more likely be those living outside the Flathead Reservation. Many tribal members on the reservation may be in great need of OT services, but simply may lack the ability to access them due to financial and insurance-related constraints. Thus, my role as an OT may be most effective first through efforts to advocate for more healthcare funding for this population.

In the end, I still feel the shame I felt when I first proposed my project, but I also feel anger, now that I have a better grasp on history and facts—anger that my country could not keep its hands off even the small amount of reserved land it left for this population, and anger that my country continues to fail to live up to its promises in providing healthcare and other services. I know now that if I do return to Montana, or even if I don’t, I can fight for righting some of the wrongs that make healthcare access so difficult for tribal members.

I feel proud of what I have learned. I feel humbled.

**Scenarios**

*Scenario 1: You are a 30 year-old CSKT member living on the Flathead Reservation and have recently accepted that you are an alcoholic. You have two young children and a wife, and the four of you rent a home in a town of 800 people. Your wife uses the car to get to her job in a small, nearby city every weekday. Your employer is willing to be flexible with you, providing unpaid time off in order to seek the rehabilitation services you desire. What might your experience look like?*

Seeking effective treatment for your addiction may pose a variety of challenges. You may want to talk with a health professional about your options, and to obtain a basic physical assessment prior to starting rehabilitation. The number of physicians in your area (Lake County)
is .9 per 1,000 population members—less than half the national rate (Best, 2012, p. 9). When you do get in to see a doctor, there’s a fair chance they won’t be able to address your concerns in a culturally competent manner. Western medicine prioritizes “best practices” that guide providers’ treatment, and these practices do not take into account the unique context and traditions of your culture (Bartgis & Bigfoot, 2010, p. 2). This is particularly true of substance-abuse treatment (Colorado, 2014). The health practices of your tribe have not been documented for several reasons: your culture has emphasized oral (over written) traditions, and there is a lingering feeling of mistrust of European American researchers who had documented tribal cultural practices in the past and misrepresented them. The infrastructure that manages “best practices” research does not exist within the tribal community, and the national infrastructure—e.g. the NIH—typically does not consult with tribes on tribal-specific best practices (Bartgis & Bigfoot, 2010, p. 3). You are hopeful that this will change in the coming decades, since your tribe has committed resources to forming programs that encourage younger generations to pursue healthcare careers on the reservation, and since the stigma is decreasing for tribal members who return to the reservation (Devlin, 2014a; Azure, 2014).

Because addiction is a serious problem both on the reservation and in the state at large, the demand placed on substance-abuse programs is a heavy one (Best, 2012, p. 67). Furthermore, these programs are often underfunded due to the state’s low population (Best, 2012, p. 87). The rural area you call home is many miles from the nearest out-patient substance abuse program, and if your family has limited transportation means, as yours does, you may have trouble getting to treatment every week. Though some rural public transportation options do exist and are growing, they are on a limited budget and schedule (Best, 2012, p. 29). Should you wish to take a bigger step and check into an in-patient rehabilitation facility, you’re likely to have even more
difficulty finding one near your home. Additionally, your culture places high value on staying close to one’s community, so leaving your family for a longer period of time may not seem like the best option (Best, 2012, p. 87).

Scenario 2: You are a CSKT member living just outside the Flathead Reservation, near Missoula. You are 60 years old and had saved enough from your employment in earlier life to live modestly in retirement. However, the knee that’s bothered you for years has gotten much worse, and it’s been recommended you get a total knee replacement. What might your experience look like?

Figuring out how to pay for a knee replacement will likely cause you some headaches, and in the end, you may not be able to afford it. Despite the “guarantee” of healthcare (among other benefits) that your people would receive as part of ceding their native lands in 1855, federal funding for Indian Health Services (IHS) is chronically insufficient (CSKT, 2014; Best, 2012, p. 89). The Tribal Health Department receives about 50% of the funds it needs to provide the most basic and preventative health care to CSKT members. Most members also need private insurance (or other payers) to finance their healthcare costs (CSKT, 2014). While some quality healthcare is available through the IHS’s “Direct Health Services,” other healthcare needs must be sought from “Contract Health Services” (CHS). CHS is not managed by the tribe and will only cover treatment considered to be life-threatening—definitely not a knee replacement—and only after all other third-party payers have been exhausted (Howlett, 2014; CSKT, 2014). In short, you’re going to have to navigate a complicated, confusing, and underfunded system if you want to try to get IHS to cover any of your knee surgery, and most likely they’ll deny its necessity.
You may decide to put a pause in your retirement and re-enter the workforce, in hopes of securing a job that provides better insurance that could help pay for the surgery. If so, you may find it more challenging than you expected, since unemployment in Lake County, where you live, is twice the national rate (Best, 2012, p. 17).

On the up-side, you may be able to get some physical therapy covered by IHS’s Direct Care Services. If you seek these services on the reservation itself, you may enjoy some of the new and vastly improved tribal health facilities, instead of the lower-tier facilities still being run out of double-wide trailers or small homes converted into clinics (Devlin, 2014a). Additionally, the number of Tribal Health Department staff has increased since 2002 from a mere 3 employees to a current team of 160, which will ensure any questions you have get answered much faster than before (Devlin, 2014a).

Scenario 3: You are a 20 year-old woman of the CSKT, attending the local tribal college part-time and working part-time at a minimum-wage job. You are three months pregnant with your first child. You live with your immediate and extended family, about one mile from Flathead Lake. You would like to find a place to live with your partner before the baby comes. What might your experience look like?

If your family is below the poverty line, as is the case for 65% of CSKT members, finding healthy foods to eat during your pregnancy may prove difficult (Best, 2012, p. 46). Fast-food restaurants, which offer cheaper foods than healthy produce in your nearby supermarket, are 15% more prevalent in your county than the national average. You are 33% less likely to live within a reasonable distance of a gym or other recreational facility that could help you stay fit during your pregnancy (Best, 2012, p. 18).
Your culture has taught you that Coyote distributed the fish for your people in the nearby rivers and streams (Thompson & Egesdal, 2008, p.141 & 178). Your family often exercises its right and tradition of fishing in nearby waters, especially Flathead Lake, which also helps you make ends meet every month on a limited food budget (Lund, 2014, p. 18). Climate change has impacted local fish populations, as has the effect of various environmental pollutants, namely methylmercury (NAU, 2002; Lambert, n.d., p. 1-11). Eating fish from the lake increases the chances of various neurological and developmental problems for your unborn child (Lambert, n.d., p. 6). Ingesting mercury excessively and repeatedly from the lake’s fish could also cause ill effects for you and your adult family members, including motor and mental impairments, visual loss, muscle spasticity, and high blood pressure (Lambert, n.d., p. 6-8). It is recommended that you restrict your fish consumption to one meal a month of a fish less than 22 inches, which will not help you out much financially (Lambert, n.d., p. 10). If you visit the local food bank, the fish there are also usually from the lake and contain the same contaminants (Lambert, n.d., p. 9).

Additionally, since tribal membership exempts you and your family from needing a fishing license, you may miss out on important warnings from the state (which are provided when applying for fishing licenses) about mercury levels in Flathead Lake fish (Lambert, n.d., p. 10).

As for securing housing for you and your partner, you’re likely to find it difficult to afford. Income in your area has not caught up with the rise in housing costs. Many families, even those better off financially than yours, pay over 30% of their income on housing costs (Best, 2012, p. 12). Several housing assistance programs exist, run by either the city or the Salish & Kootenai Housing Authority, but the wait lists for them are very long (Best, 2012, p. 22).
References


Char-Koosta News. (2014a, September 25). Tribal Health joins forces with the UM, SKC and UW to address childhood obesity. Char-Koosta News. Retrieved from


