weitzman institute
Symposium
Representation Matters

MAY
2024

SPEAKER:

Donald Warne
MD, MPH

Professor of Public Health,
Provost Fellow of
Indigenous Health Policy,
and Co-Director,
Johns Hopkins Center
for Indigenous Health

MORNING KEYNOTE

KEYNOTE PRESENTATION #1

SYMPOSIUM BRIEF

The Centrality of Indigenous Communities, Knowledges, and Cultures to Advancing Health Justice

On May 15, 2024, the **Weitzman Institute** invited renowned leaders, clinicians, and researchers to address challenges to health equity and justice within the health care system. Opening keynote speaker **Dr. Donald Warne** leveraged his experience as a primary care physician, Johns Hopkins Bloomberg School of Public Health Provost Fellow, and Center for Indigenous Health Co-Director to deliver an informative address on the history of Indigenous health, current issues, and promising practices.

Dr. Warne began his insightful keynote by explaining the impact of colonization on Indigenous health, why representation matters in the context of Indigenous health, and setbacks and advances in the American medical system. Dr. Warne draws on his own experience as an Indigenous health professional and a wealth of data to illustrate the disparities experienced by Indigenous communities and their complexities.

History and Colonial Impacts on Indigenous Communities

Dr. Warne explained that Indigenous populations in the United States (U.S.) are called American Indians as a relic of colonialism, stating **"not everyone likes the term American Indian, they're just kind of stuck with it from a historical and legal standpoint."** Dr. Warne further elaborated, emphasizing that these terms are not helpful in describing the diverse experiences of Indigenous populations, which range from Native Hawaiians to the Inuit peoples of the Arctic. In another example, Dr. Warne mentioned the U.S. Office of Management and Budget categorizing of Indigenous populations as "American Indian/Alaska Native." As Alaska Native peoples differ both culturally or linguistically from American Indians, these generalizations limit our understanding of these heterogeneous populations. Being mindful of terminology is a simple and important way to demonstrate understanding of these complex histories.

As colonization is embedded in American history, it is important to highlight how devastating it was to diverse Indigenous populations. For example, Amherst, Massachusetts was named after Lord Jeffrey Amherst, the first documented perpetrator of bioterrorism, **"who ordered the distribution of blankets from a smallpox hospital to the local tribes in the northeast with the purpose of killing them."** This and other acts of genocide devastated Indigenous populations and cultures, forcing the majority of American Indians to live in the western half of the United States.

Dr. Warne illustrated the connection between colonialism and health from the perspective of what Indigenous peoples lost, including **"loss of food sovereignty, loss of traditional economies, loss of traditional food systems, loss of sacred sites, loss of ceremonial practices, loss of traditional language, and the loss of cultural practices."**

He explained that these losses led to persistent physical, mental, emotional, and spiritual trauma within Indigenous communities. Dr. Warne stressed that the conversation on the impacts of colonialism must be ongoing as it continues to impact the Indigenous communities that have suffered and continue to suffer in post-colonial America and under our health care system.

Indigenous Representation in Higher Education

American Indians and Alaska Natives are essentially tri-citizens: citizens of the United States, tribal citizens, and the citizens of the state in which they live. This creates a complex health care arena that is difficult to navigate and understand, as all three have varying systems, payment structures, and regulations. Additionally, many Indigenous populations face inaccessible health care, especially those in rural areas with few or no health care providers. To fix these and other issues, Dr. Warne stated that the root of representation begins in medical education.

Indigenous people, he stated, are **"not underrepresented, [but] unrepresented."** As demonstrated by data, there are no American Indian or Alaska Native medical school deans, and very little representation within the health care workforce at all, especially in leadership roles. Only about half of 1% of active physicians identify as American Indian or Alaska Native, and between 2018 and 2022, only about 100 medical school applicants per year identified as Indigenous, with around 40 Indigenous matriculants. Dr. Warne explained how underrepresentation starts early in life, due to underfunded, low-resourced early childhood education programs, hurdles in maternal and child health, and few opportunities for Indigenous representation in higher education. As stated by Dr. Warne, **attending medical school and seeing no one that looks like you is a hurdle in itself**. Moreover, there are very few options for medical residency programs in American Indian communities. This is exacerbated by the lack of Indian Health Service (IHS) graduate medical education (GME) funding, making it more difficult for Indigenous populations to train and enter medicine, especially with an understanding of Indigenous health needs.

In a system designed by white men for white men, Dr. Warne emphasized, even accessing medical school entrance exams can put underserved populations at a disadvantage. Dr. Warne recommended, as those interested in increasing representation, we recognize this problem in admissions processes and reconsider how medical education is designed. He recommended a holistic approach to medical school that considers the intense poverty many Indigenous peoples endure, and obstacles many applicants must overcome such as communities struggling with widespread addiction and high crime rates.

"Every year that Congress chooses to underfund the Indian Health Service, they are facilitating early death."

DEATH RATE FOLD INCREASE

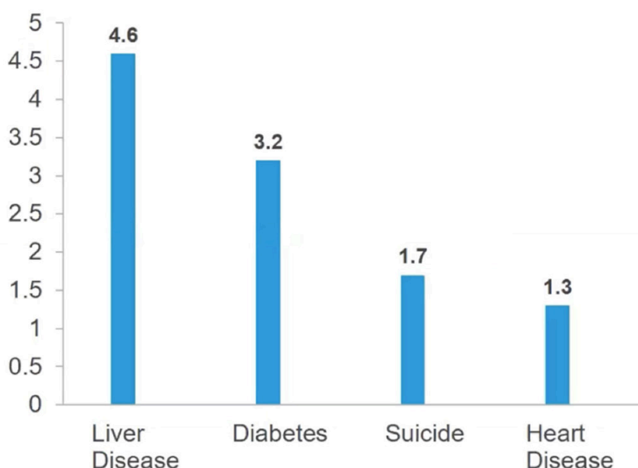

Figure 1. Health disparities experienced by Indigenous populations.
Source: U.S. Department of Health and Human Services (HHS)

Setbacks in the American Health Care System

As the IHS is underfunded and understaffed, accessing health care is nearly impossible for many Indigenous populations. Dr. Warne stated, **"Every year that Congress chooses to underfund the Indian Health Service, they are facilitating early death,"** many of which are preventable.

In comparison to the nation's average and whites alone, Indigenous populations experience higher mortality rates from afflictions such as liver disease, diabetes, suicide, and heart disease (Figure 1). **Additionally, Indigenous populations live, on average, 5.5 years less than whites and experience a cancer mortality rate 50% higher than whites.**

Dr. Warne also reviewed new research comparing the age-specific percentage of reported North Dakota deaths for American Indian and white populations (Figure 2). The comparisons are jarring, especially a large spike seen at age zero for American Indians. Dr. Warne emphasized that for many Indigenous people, even having children or accessing sufficient perinatal and/or pediatric health care is a struggle.

Dr. Warne illustrated health disparities suffered by Indigenous populations by showing that white women live an average of 23 years longer and men 22 years longer than Indigenous women and men, respectively. Dr. Warne explained that **"these are third world health conditions…you do not need to cross an ocean to find third world health disparities. They're right here in our reservations."** These shocking comparisons should serve as a warning to the public that in the post-Colonial U.S., many Indigenous populations struggle with socioeconomic hurdles and deadly health disparities.

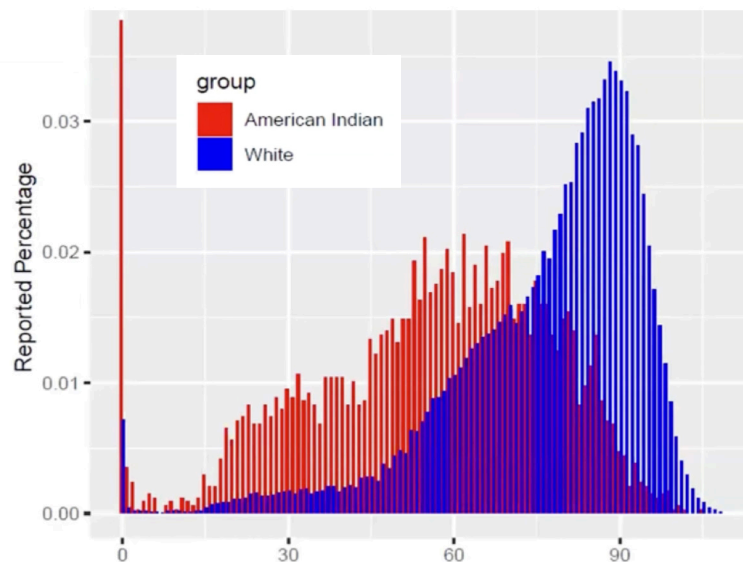

Figure 2. Age at death in North Dakota, 2009–2019
Source: Office of Vital Records from the North Dakota Department of Health and Human Services

Indigenous School of Medicine

Dr. Warne closed by discussing exciting initiatives, including plans for the nation's first Indigenous school of medicine, which he expects will begin enrolling students in 5–10 years. The school will train and serve Indigenous populations, focusing on climate and the environment, ceremony and language, traditional Indigenous medicine/knowledge, holism and wellness, and Indigenous leadership. He also discussed the newly-launched **American Indian Medical Education Strategies (AIMES) Alliance**, which is **"the first funded policy and communications organization singularly focused on advancing and advocating for federal policies that bring GME partnerships to more urban and rural Tribal medical facilities."** The Indigenous school of medicine and the AIMES Alliance are important steps toward increasing Indigenous representation in medicine and improving health outcomes for Tribal populations.

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For More Information

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