Volume 5

impact report

Native People in Dane County

"Dual Citizenship," Dual Systems, Dual Realities

American Indians constitute almost 1% of the Wisconsin's population. This population struggles in Dane County because of their small numbers, lack of attention from the larger community, levels of poverty, and in finding a balance within themselves because of their "dual citizenship," legally classified as both US citizens and as members of their respective tribes.

The Madison area is home to over 30 different tribes/bands which includes Wisconsin's 11 federally recognized tribal affiliations. According to the 2000 U.S. Census, there are 1404 Native Americans (.03% of the population) – 175 are children in the Madison Metropolitan School District. With their average income of $33,111, they are ranked poorest of Dane County's minority populations.

A total of 13 individuals participated in the Native American Focus Groups conducted by United Way of Dane County in Spring 2005. The results and conclusions in this report are representative of those participants and may, or may not, be representative of the greater Native American community in Dane County.

Despite the diversity of their ancestral roots of the participants, they were uniform in their needs and barriers to success for this population. Highlights:

- Need for a gathering space for connecting and spiritual observances
- Lack of health and dental care
- Backlash from the white community who believe all Native Americans are sharing in wealth from gaming revenues
- Social isolation of the elderly
- Simple understandings are needed to provide culturally competent services

Dane County's Federally Recognized Native American Tribal Affiliations
Ojibwa (6 bands)
Potawatomi
Oneida
Mohawk
Menominee
Ho Chunk

We are issuing 4 Impact Reports focusing on African Americans, Latinos, Southeast Asian and this report on Native Americans. These reports will be used internally by the UWDC Vision Council and Community Solutions Teams and distributed to agencies to better help our community serve these minority populations.

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Although this population may be too small for its own specialized agency of complete services in the local area, health and human service agencies can create focused opportunities to insure the Native Americans who seek their services are helped in a caring, culturally competent manner.

To understand, it's helpful to recall history

Through centuries, the US government has attempted to "deal with the Indian problem." American Indians have lived on the soil of modern-day Wisconsin for hundreds of years, long before Europeans explored North American land. Over the past few centuries, American Indians have endured attempts by the US government to diminish their numbers and obliterate their families, language, culture, and sovereignty. As late as the 1950's, the Federal government attempted to relocate American Indian people from their reservations to urban areas to eliminate tribal rolls.

Despite attempts to dismantle Native people's communities many Native Americans have retained elements of their culture and maintained strong ties and influential roles within their own tribes.

Native Americans in Dane County—an overlooked population

	1990	2000
US Census Population	1201	1404
MMSD* Students	133	175

Average income: $33,111 ($45,350 for whites)

Average size family: 3.09 (2.48 for white families)

*MMSD = Madison Metropolitan School District

"Dual citizenship" doesn't mean dual services

Tribal governments are considered sovereign nations – each grants its members citizenship in the tribe. The US government also grants tribal citizens US citizenship. Thus, enrolled tribal members are faced with two distinct "citizenships," each with their own set of social and human services. One might infer that with eligibility in two social/human services systems there is a plethora of services available to Native people. Eligibility in "mythical" tribal services can negatively impact Native Americans receiving services from mainstream social/human services. Locally, the social service system in Dane County is perceived as a white bureaucracy that is cumbersome and unfriendly to Native people.

Several of the focus group participants said that the County gave a great deal of attention to other race/ethnic groups in the area. They expressed concern that the community and the social/human services staff think the Native American population is so small that it does not warrant outreach or service.

Key needs

1. Space for community events and spiritual centering– a "gathering place in Dane County."

Participants cited the Wil-Mar Neighborhood Center's historical role in providing space and sometimes staff for community-sponsored feasts. The purpose of these feasts was to maintain cultural ties and make connections with other Native people in the area. These feasts were started by parents of children in the Madison Metropolitan School District in the mid-1980s with no external funding.

The feasts included a pot-luck dinner, a drum group performance and sometimes

dancing. All participants recalled warm memories, saying these feasts and a gathering place were critical to cultural survival and enhanced feelings of belonging to the greater Dane County community. A participant also mentioned the cultural gatherings created by the Four Lakes Indian Council in the 1970s. Similar to the Wil-Mar group, this group held feasts and drumming sessions at various community agencies.

2. Affordable health and dental care. There were numerous examples of health care needs gone unaddressed because the individuals were not eligible for health care benefits or they simply could not afford enrolling in health and dental insurance plans. One participant explained that when tribal members move from their reservation into Dane County, there is difficulty adjusting to the reality that the tribe's services, which are free, are not replicated in the local area.

Participants said that dental costs were unreasonable and there were incredibly long waiting lists for free dental care in Dane County. Some said they used the hospital emergency rooms for dental pain in a crisis.

Participants also mentioned that they sacrificed medicine and health care in order to meet the costs of basic needs such as housing and food. Although on the reservation, many tribes offer some social services including medical care, Native Dane County residents who have been away from the reservations for some time were seen as "urban Indians" now.

3. Job training and employment. Despite years of experience on the reservation, those who came to Dane County were

Participants said that requesting services in Dane County made them feel as if they were some how cheating white people, which they were not. The participants felt that the gaming backlash "hurts the innocents, and all are innocent; those tribes who ink a profit from gaming, those that don't ink a profit, and those tribes that do not engage in gaming."

It is important to understand the participants said that **an intertribal approach had to be used when creating a gathering place. To be most effective, this initiative needs to be facilitated by a neutral party**. **Many of the participants stated that if *"one tribe starts a gathering place, the turf issues will rise and the subsequent tensions will hurt the efforts."*** A critical question is which other neutral parties could start this much needed gathering place?

4. AODA services. Participants state that alcohol and drug abuse is an on-going problem for Native American living on the reservations as well as in urban settings.

5. Poverty and implications of the gaming backlash. Both groups identified the need for community education/awareness of the realities of the gaming initiatives in Wisconsin. All participants complained that whites and other people of color simply do not take the time to educate themselves on the gaming issues.

The annual allocations to tribal members vary year to year depending on profit margins and expenditures on tribal priorities. Yet, all Native participants stated that they were treated as if they are receiving per capita annual allocations to enrolled members (known as "per caps") indicating a perception in the non-Native community that the tribes should be supporting their members rather than having them apply for services from the mainstream system.

"Once, again, we are seen as rich, and we aren't! We are seen as too few to worry about, and that's not fair."

–- a participant

Issues for disabled and senior Native people

1. Social isolation. In the case of one of the disabled/senior focus group participants, she stated that she was the entertainment, solace, and respite for her aging mother. "She couldn't stay by herself anymore, so I brought her to my home. There were many adjustments for us."

She continued, "One of the biggest adjustments I had to fulfill was my mother's social interaction needs. She would watch a little TV while I was at work. But when I came home, I had to go through my day and then listen to her activities of the day. It could get draining. There were no places for her to go to meet and interact with other Native American seniors."

A caregiver for a quadriplegic said that social isolation actually hurt her nephew's health. "He was alone almost all the time. He has no feeling from the neck down. So when he had an infection from a bed sore, he did not know it because he could not feel it. If he had some visitors they might have caught the infection before he needed to be hospitalized."

If you don't understand the significance of smudging, how can you help me get better?

Smudging is a spiritual ritual where a braid of sweetgrass or other sacred herb is lit and the smoke is used to "bless" or "purify" a person or place.

2. Culturally competent caregivers in nursing homes and other senior service agencies. One caregiver participant said that placing her mother in a local nursing home was very difficult because she knew there would not be other Native Americans.

> *The staff was white and their style drove my mother and me crazy. Whites do not know what to do with silence! They were constantly calling my mom "Sweetie" or "Honey" and talked to her in a loud and childish voice. Our Elders earn great respect in my culture and idle chatter is seen as rude. Then the nursing home hired a few Tibetan women as nurses' aides. Their style was much more reserved. The aids would enter the room and just stand there silently until my mother said she needed something. If my mother didn't say anything after a while they would nod with a small smile and leave quietly. That worked for my mom and she was visibly happier with those women.*
>
> *– a participant*

The disabled/senior participants were also concerned that nursing homes, rehabilitation centers and other medical staff were unprepared to work with Native Americans. The lack of understanding their customs and beliefs was a great concern of these participants. As one participant said, "If you don't understand the significance of smudging, how can you help me get better?" A few other participants referred to the healing power of the drum. "When I hear the drum, I feel grounded and centered. The drum brings me to a core I need to be in touch with. To me, the drum can be used as part of the healing process."

***3*. Understanding the impact of poor nutrition**. Native caregivers stated their biggest struggle was with helping seniors with their diets and understanding the impact of poor nutrition. When nutrition information became available, Elders discounted the facts about the impact of poor diets on their overall health. The Elders believed that they had been eating these foods most of their lives with no negative effects. Therefore, they were not ready to accept the fact that as they age, their diets may need to be adjusted. The issues of salt intake and the connection to high blood pressure and the high incidence of diabetes are areas in which Elders fail to make the healthy diet connection. One health care agency serving Native Americans uses the items within the Native American's regular diet to reduce sugar levels of the Elders rather than try to convince them to eliminate an unhealthy food.

"My father … never made the connection between his diet and his diabetes. It was so frustrating because all of the family was constantly nagging him to stop eating candy and other garbage food that was polluting his body. But he just didn't seem to get it! The only way I got him to the doctor for care was when he went into a diabetic coma! He could not resist the ambulance attendees as they hoisted up on the gurney because he was unconscious!! I know it sounds funny, but it really is not."

-- a participant

Social services equals death to Native people. Our Elders have suffered social, spiritual and cultural death at the hands of white people. The women would go in for a head ache or back pain and the doctors would tell them they needed surgery. While in for the surgery the doctors were known to perform unauthorized hysterectomies.

-- a participant

Barriers to services

1. Trust. Focus group participants cited lack of trust of social and human service agencies as the most significant barrier. For seniors in particular, this issue was very delicate. The senior woman is of an era when Native women seeking health care from a mainstream agency might undergo unnecessary and invasive medical procedures. According to a participant, "Asking a senior Native to trust a white social worker or doctor, is asking a great deal. It is kind of like the old joke, 'I am from the government and I am here to help you.'"

Furthermore, the Native Elders come from an era in which they may have been placed in an Indian School. Indian Schools were designed to strip the young children of their Native ways, to estrange them from their families, customs, and traditions. In addition, social services agencies were used to remove Native American children from their homes. It is well documented that in the 1970's, during the Native peoples' civil rights movement in the USA, social workers and other mainstream social and human services staff were knowingly and unknowingly part of the persecution of activists. Many of the Native women with children who were active in the civil rights movement were falsely accused of child neglect, alcoholism, and unsafe home environments. These investigations often resulted in the women having their children removed from their homes and the children placed in foster care "for their own good."

2. Transportation. For those participants who are single parents, the local bus system is time-consuming and exhausting to use when traveling with children. Many of the participants stated that they also needed transportation back to the reservation to see family and friends or to attend pow-wows for spiritual rejuvenation.

The aunt who was a caregiver for her quadriplegic nephew mentioned earlier, expressed concern that transportation for him was difficult to find and the service was usually late. "I worked so hard to get him appointments when he was not feeling well, only to be late for appointments because the van did not show up on time. After a while, I just used my car and did my best to get him into my car. But, he is huge and I'm not! This was not easy!"

3. Elders are set in their ways and stubborn. The stubborn attitudes of seniors were a concern for caregivers. Participants said the Elders, as respected as they are, are "set in their ways and can make their lives so much worse because they won't be flexible." The older Native participants did not see themselves as stubborn, but did see their friends exhibiting that behavior.

4. Eligibility requirements. Caregivers for the Elders and disabled people lamented about the huge amount of paperwork and the inflexible guidelines for government program eligibility. As one caregiver of a senior said, "You can fill out 30 pages of paperwork and have some service agency staff tells you that 'oops you earn $3.00 too much.' It is so discouraging to wait for an appointment forever, then fill out forms that ask for everything but your shoe size and then be denied services because your social security benefits put you outside the limits of the program."

Native Americans best helped through cultural competence

Focus group participants said a culturally competent agency would offer spiritually-based services and serve as a gathering place. The agency would actively promote intertribal coalition building and a proactive approach to contemporary problems facing the Native American community members. Additionally, the agency would be open in the evening and on the weekends with services including a health and dental clinic, a gym equipped and staffed for people with enduring physical disabilities, a study center (with Native American tutors for students) with computers, computer training to older Native Americans, and a full kitchen. The agency would also include a cafeteria serving Native American food, a library with holdings authored by Native Americans authors, videos, and DVD's, and offer outdoor basketball and volleyball courts.

It would be ideal if Dane County had a designated agency focused on serving Native Americans, and all agencies had staff and volunteers of Native American descent, able to speak native languages to serve Elders. Moving toward more culturally competent services can begin with compassion, empathy, and high levels of patience on the parts of staff and volunteers. Additionally, a recognition of the lack of trust in social/human service felt by many Native Americans is essential in providing services for this population.

According to the Association of Native American nurses, medical care needs to be based on seven dimensions, seen in all interactions: caring, tradition, respect, connectedness, holism, trust, and spirituality.

Promising Practices in Serving Native Americans

Social services staff can adapt some of the best practices for serving Native Americans from the medical field. Those strategies include:

1. Do not make eye contact with patients/clients.
2. Deliver “bad news” using third-person language. For example, “The doctor said that the cancer is inoperable.” Instead of, “Your cancer is inoperable.”
3. Do not rush treatment decisions.
4. Involve spiritual leaders and medicine men in the care plan.
5. Allow/encourage patients in hospitals opportunities to take part in healing ceremonies (Native medical staff can often participate in these ceremonies whereas non Native staff can not).

Participants said that in times of trouble, stress, and health crises they turn to God or the Creator. Some of the participants referred to God in the Native American context, not in the Christian context. A few of the participants referred to God in the Christian context and said they occasionally attended church when feeling stressed.

Focus group participants said that “word of mouth,” an endorsement from a close friend, was the most trusted information. Referrals from other agencies were perceived as helpful but not as powerful as the endorsement of a Native community member.

Outreach recommendations to serve Native Americans

1. Host a community forum for Native Americans in Dane County and agencies to facilitate dialog and community planning.
2. Seek culturally competent training for agency staff and volunteers on Native American culture.
3. Create a Native American liaison within agencies.
4. Determine feasibility of reinstituting feasts on a regular basis and create a Native American Gathering Place.
5. Increased participation and information sharing via the existing Native American listserve. Like the LaSup listserve for the Latino population, it could ensure maximum communication among Native Americans, with service providers participating so that Native Americans can inquire about services needed, waiting lists, etc.
6. Allies of Native Americans in Dane County need to consider working with Native Americans on a marketing campaign to educate the community on the realities of Native American poverty and of gaming in Wisconsin. Materials and strategies could be shared with other Wisconsin communities.
7. Host an Information Fair to link the social and human service staff from the reservations with the services in Dane County. Both staffs could then make referrals to geographically appropriate services.
8. Create a volunteer linkage with the UW Madison’s Wunk Sheek members (UW Madison’s Native American student organization) and Native American students at MATC and Edgewood College and socially isolated Native Americans with disabilities and Elders through the Volunteer Center.
9. Market United Way 2-1-1 to Native Americans for information and referral to health and human services.