

American Indian, Alaska Native, and Native Hawaiian Caucus

SPECIAL FEATURE: ON THE 25TH ANNIVERSARY OF THE CAUCUS, A HISTORY OF THE EARLY YEARS, FOLLOWED BY AN ARTICLE ON MORE RECENT HISTORY

Early History of APHA's American Indian, Alaska Native and Native Hawaiian Caucus
Reflections by Margo D. Kerrigan, MPH, Founder and First Chair

I attended my first annual meeting of American Public Health Association (APHA) in 1979. I had recently graduated for the University of California at Berkeley, School of Public Health, with an emphasis in Health Administration and Planning. I recalled, while in graduate school, attending APHA was highly recommended, but I found myself unable to afford the travel costs and the registration fee, even though it was discounted for students.

When I arrived at my first APHA meeting, I was awed by the size of the convention itself. I was astounded by all of the offerings in continuing education, the scientific sessions, and the social events. All of the people scurrying around with colorful ribbons draped from big badges, I assumed rightly that they were important people and part of the leadership of APHA. I also knew the names and faces of a couple of American Indians who served on the Governing Council in Health Administration in the late 1970's; J. Paul Redeagle, and the late Joe Exendine. However beyond the visibility of these few individuals, and their employment in the Indian Health Service/tribal/urban (I/T/U) settings, I found no topics in APHA's thick annual program that reflected my primary interest; the health problems of American Indians and Alaska Natives. I circulated at the convention and combed the program and learned that other ethnic minority groups had formed voluntary affiliations with each other and they had created their own designated units, called "caucuses". Imagine my surprise in discovering that the Latinos had a caucus, the Blacks had a caucus, the Asians had a caucus, but I could find no reference to a caucus for indigenous people and our health issues. I had identified coalitions driven by race/ethnicity in APHA, but there was really nothing for American Indians and Alaska Natives. I felt invisible and lonely. Stirred by the frustration of not knowing if I belonged in the APHA, I believed that there must be other public health professionals, both Indian and non-Indian, who might want and need a similar forum for American Indians and

Alaska Native health issues. Knowing about the health disparities for American Indians and Alaska Natives was reason enough to expect to expect at least one scientific session on the subject. But the program in 1979 did not include even an indication that our special population of American Indian and Alaska Natives even existed. I left my first APHA annual meeting, with a resolve that next year, it would be very different.

In 1980, I made contact with a key executive staff member of APHA, Seiko Baba Brodbeck, who was designated by APHA to coordinate all of APHA's caucuses through the Equal Health Opportunity Committee. I recall her counsel in helping me wade through the various definitions of caucuses, special primary interest groups, sections, affiliates, etc., and how to become designated. Basically, I learned that any group of APHA members could seek recognition as a caucus as long as they had the signatures and APHA registration numbers of at least 15 members. I thought that would be easy enough.

When I left for the next meeting in 1980, I was prepared to launch an American Indian and Alaska Native Caucus within the APHA. I had managed to find out how to get one scientific session reserved for American Indian issues through the Health Administration Section. Once at that session, I personally spoke to each person in attendance and asked them they were willing to become a member of our caucus by paying \$10.00 per year and filling out a membership form. Their donations would soon become our operating fund for socials, mailing costs, ribbons, audio-visual equipment, and other miscellaneous expenses.

Surprisingly, no one turned me down that the first year; I successfully gathered 40 APHA members' signatures forming the American Indian and Alaska Native Caucus. During this time, I relied on the support of two long-standing APHA members to guide me: Patricia Mail and the late Michael Fuchs. There were also several American Indians and Alaska Natives who also shared my dream for our own caucus; Robert Nakai, Lionel deMontigny, and Nina Dahl, just to name a few. However, while I was garnering support for an American Indian and Alaska Native Caucus, I learned that one of the larger sections, was disappointed that we were trying to create our own entity, because it was their desire to create a sub-section for American Indians. I was greatly disturbed by this notion because we were in an era of Indian self-determination and we wanted to do this ourselves. At the expense of insulting that section for their well-meaning intentions, I explained that a caucus was the best vehicle for advocacy purposes and that we wanted to do it ourselves; not on the shirttails of a large section where our issues might get lost.

On December 23, 1980, the American Indian and Alaska Native Caucus submitted a formal request for recognition to be in “official relations” with the American Public Health Association. An up-to-date list of 40 current APHA members, the majority of whom were American Indians and Alaska Natives, accompanied the request to demonstrate the internal support for such an entity.

I sat down and wrote the goals of the proposed American Indian and Alaska Native Caucus, as follows:

- Increase the visibility and involvement of American Indians and Alaska Natives in the APHA by expanding membership;
- Improve the quality and increase the number of professional research and report presentations concerned with the health care of, and delivery efforts to American Indians and Alaska Natives;
- Advocate and affect national policies to improve health care systems for American Indians and Alaska Natives;
- Utilize the APHA Professional Placement Service as a resource for qualified manpower in recruitment and retention of American Indians and Alaska Natives, and non-Indian health professionals working in American Indian and Alaska Native health care programs; and
- Involve American Indians and Alaska Natives in the planning and implementation of the delivery of health care to tribes and Indian communities.

In 1980 the Caucus’ one-year objectives were as follows:

- 1) Establish and officially recognized American Indian and Alaska Native Caucus within the next year;
- 2) Schedule at least one Business Meeting for the 109th Annual Meeting to be held in Los Angeles, California;
- 3) Schedule and Co-sponsor at least one Professional/Scientific Session for the 109th Annual Meeting;

- 4) Initiate an APHA membership recruitment effort directed towards individuals and organizations whose primary concern is health care to American Indians and Alaska Natives;
- 5) Develop a resolution process for Caucus business meetings; and

I incorporated these goals and objectives into our request to APHA for formal recognition and in August 1981, APHA informed me that the American Indian and Alaska Native Caucus was now in "official relations" with APHA. The members of the Caucus elected me to serve as the Chairperson of the Caucus, and I continued in these multiple roles from 1980 to 1988.

Some of the duties I performed were, but not limited to as follows:

- Collected dues and membership forms at each annual meeting from an average of 43 members per year and served as the treasurer;
- Developed the annual recognition request to APHA for ten years;
- Compiled and maintained the membership roster for ten years;
- Planned and coordinated the technical program for scientific and poster sessions on topics related to American Indian and Alaska Native health and requested the correct size conference hotel rooms in which to hold these sessions;
- Selected and contacted individuals to preside over the scientific sessions;
- Distributed the Caucus' technical program in advance of the annual APHA meeting so members would have a quick reference of all activities related to the Caucus;
- Developed a newsletter to keep members informed of upcoming events and vacancy announcements;
- Carried audio-visual equipment to each annual meeting and delivered it to 8 sessions per year because the Caucus could not afford the hotels' rental prices for overhead projectors, slide projectors, and screens; (only sections and special primary interest groups were allowed audio-visual equipment at no cost);
- Designed and ordered Caucus ribbons for membership drives;
- Coordinated and arranged payment for Caucus social hours with APHA staff and hotels for catering food and beverages at each annual meeting;

- Served as the contact point for submission and review of abstracts (30-40 per year) for each annual meeting;
- Sought co-sponsorship of selected scientific sessions with other APHA Sections;
- Arranged for site visits to American Indian health programs in proximity to the Annual Meeting locations;
- Attended and/or arranged for coverage at the Action Board to support Caucus resolutions that did not make it to the consent calendar;
- Chaired the Caucus business meetings 1980-1988.

In 1985, I developed a late-breaking resolution, because of a presidential veto regarding the reauthorization of the Indian Health Care Improvement Act, P.L. 94-437. The Caucus was publicly complemented by the Speaker of the Governing Council on its astute use of APHA's late breaking resolution guidelines.

In addition, I was gaining visibility within APHA and was appointed to two 3-year terms of the Equal Health Opportunity Committee, and elected by my peers to three consecutive 2-year terms on the Governing Council for the Health Administration Section. But I was finding myself over-stretched at APHA Annual Meetings. Caucus members were beginning to come and offer their leadership: John Breuninger, Trula Yazzie, Linda Burhansstipanov, Michael Bird, Patricia Mail, Robert Nakai, Sam and Mary Elrod, Al and Nancy Harvey, Ted Mala, Curtis Sanchez, Debra Isham and Patricia Cochran. I needed new people to come forward and lead the Caucus because I was growing increasingly weary of the demanding schedule at the annual APHA meetings.

In 1991 I was elected by APHA to serve as the first American Indian to serve on APHA's prestigious Executive Board. We eventually invited the Native Hawaiians to join our Caucus and at last we felt truly representative of all indigenous people in the United States. In addition to my 4-year term on the Executive Board, I was selected by the Department of Health and Human Services (DHHS) Senior Executive Service (SES) Candidate Development Program; another four-year commitment. Now after over 20 years of membership in APHA and in my fifth term on the Governing Council, I can reflect on my contributions and honestly say that if I had not assumed the leadership role, there might not have ever been an American Indian and Alaska Native Caucus. I still attend APHA every year and look forward to the Caucus events. I am proud to say that we did it for ourselves, and that as public health professionals, we remain dedicated to improving American Indian and Alaska Native health status and together, the sum of our parts is truly greater than the whole.

Since 1979, I have physically moved 4 times within the Indian Health Service; from Sacramento to Phoenix, Phoenix to Nashville, Nashville to Rockville, and Rockville back to Sacramento, California where I now serve as the Area Director for the California Area Indian Health Service. In retrospect I can appreciate the lessons learned from my APHA leadership experiences and say that I am well prepared to face the future of Indian health with confidence. I only wish that more people in the field of Indian health would look towards the American Indian, Alaska Native, and Native Hawaiian Caucus for professional development. It really is what you make of it!

I would also like to especially thank the Indian Health Service, the Director, and past Area Directors all of whom have supported my participation in APHA. APHA is considered to be a "Friend of the IHS" as a supporter of and advocate for improving the health status of American Indian and Alaska Natives. Today, IHS faces several critical challenges. Congressional appropriations are inadequate to provide preventive and acute health care comparable to that of the general population. The Indian population is growing phenomenally, especially under the age of 25, and these young people, as well as our elders are especially vulnerable in terms of their health care needs. Finally, as more tribal governments assume the responsibility for health care, more and more people who are not eligible for IHS services are becoming disenfranchised.

In conclusion, I would like to thank all of the people who have supported the American Indian, Alaska Native and Native Hawaiian Caucus over the years. We have grown in numbers and our voices are being heard, not only within APHA, but across the nation. Together we can strive to ensure health care for all indigenous people in our land. Together we can effect change. MARGO KERRIGAN

FOLLOW UP ARTICLE: MORE RECENT HISTORY OF THE CAUCUS

This article was written to give readers a sense of the history of the Caucus in the past 12 years. Events recorded are from the collective memories of Debra Isham, Linda Burhansstipanov and Nina Wampler. If any of our readers remember different events or different dates, please let us know and we'll publish your recollections, as well.

Margo Kerrigan was founder and chair from 1980-88. In 1989, Sam Elrod was elected chair of the Caucus. After Sam suffered a heart attack that year, Linda Burhansstipanov took over as chair, in addition to serving as program coordinator. In

1990, Linda B was elected chair and that year she began publishing the newsletter, generally producing one 2-4 times a year. Linda continued to serve as chair until 1994, when John Brueninger was elected chair and served until 1995. Following John as chair was Patricia Cochran, serving from 1996-98. In 1998, Ralph Forquera was elected chair and served a two year term. In 2000, Lillian Tom-Orme was elected chair and she will serve until 2002, when Delight Satter will take over as chair of the Caucus.

In the early years, Margo Kerrigan filled all the roles of officers in the Caucus from chair to program planner to treasurer and newsletter editor. As our Caucus has grown, the number of sessions APHA allows us to host has increased, and, along with that growth came increased work to plan those sessions. The job entails maintaining close communication with APHA headquarters, receiving all the abstracts submitted each year, sending them out to designated reviewers, notifying submitters, working with APHA to form each session, and making it all happen at the annual meeting. Tom Welty served as program planner from 1987-88, then Linda Burhansstipanov stepped in to serve from 1989-92. In 1993 John Breuninger became program planner, followed by Trula Yazzie Breuninger who served as program planner from 1994-1995. In 1994, Debra Isham began assisting Trula with program planning. Debra became program planner by herself for the first time in 1995 and has continued in that role to this day. Over the years, David Barney has helped Debra with program planning, Bill Kane has helped with matters concerning continuing education credits, and John Breuninger has helped arrange special sessions. Debra Isham says, "Actually, just about everyone has helped, by reviewing abstracts, presiding, etc. Patricia Cochran and Nina Wampler have been tireless in filling in as presiders at the last minute." This year, 2000-01, Teshia Solomon and Leslie Randall are helping Debra with program planning.

Linda Burhansstipanov started publishing a Caucus newsletter in 1990. Nina Wampler assisted Linda from 1992-93, then Nina was elected newsletter editor in 1994. In 1998, Delight Satter became co-editor with Nina until 2000. This year, 2000-01, several other caucus members are helping out with the newsletter: Peggy Barnett, Felicia Hodge, Carol Marquez are assisting as reporters for their regions of the country.

In 1993, John Breuninger headed up a social committee, overseeing preparations for a social gathering of the Caucus at our annual meeting each year. 1994 saw the introduction of an operations committee headed by Patricia Cochran. Under Patricia's careful tutelage, an operating code was drafted and approved in 1995. A

nominations committee was formed in 1994 to search for candidates to serve as Caucus officers and on the various Caucus committees. John Casken and June Strickland have served as nominations committee co-chairs for several years. Beginning in 1995, we formed a resolutions committee to review resolutions proposed for APHA's annual meeting each year and to draft resolutions of our own. Delight Satter has lead the resolutions committee for the last four years, helping to successfully introduce some key resolutions on behalf of our Caucus.

The early years of Margo Kerrigan's single-minded struggle to start a caucus of indigenous people in APHA has evolved into today's very active group of American Indian, Alaska Native and Native Hawaiian people and their supporters, all seeking to promote better health care for Native Americans and indigenous people everywhere. We owe a very special thank you to Margo, as well as to all of the people who work hard to make our Caucus function as a vital part of the American Public Health Association. Let's all keep up the good work!