

# LOCAL NEWS



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**Clinic and more:**  
American Indians come for care, culture

## A haven for healing



LIPO CHING/MERCURY NEWS PHOTOGRAPHS

### Retiring doc has seen facility stabilize, thrive

By Julie Chang

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When Ann Verstraete was a young doctor working in a two-room community health center for American Indians in a gutted San Jose schoolhouse, she tended to the sick in small and overcrowded makeshift examination rooms.

"There were partitions that divided the patients that were waiting, and I sat on the other side so

I often knew what patients had before I saw them," said Verstraete, 67. "During exams, we brought basins in for water. It was very primitive. We must have provided good services because more and more people came."

Now, after more than 30 years of helping to build the Indian Health Center, Verstraete is hanging up her white coat and retiring her stethoscope in August. She

will be leaving behind a gleaming, active and effective community resource.

"What has kept me here is that this clinic is just not a medical clinic. It's more like a community center," said Verstraete. "Families, second and third generations, are who I am attached to because you see them grow. The elders are

Children practice American Indian dance, top, during the dance and drum class at the Indian Health Center. The children include, from right, Sunshine New Moon, Rosalena Lira, Linda Yopez-Pena and Shonto Viramontes. Above left, Dr. Ann Verstraete checks a diabetic patient's glucose. Above right, Verstraete gives Theda Iron Teeth-Aguirre, right, a work-up.

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Menosoba, left, and Manuel Ortega, learn and practice traditional American Indian singing and drumming during a class at the Indian Health Center in San Jose.

## Clinic

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so sweet and they're so grateful and thankful for what you're doing and that's very rewarding."

What is now a solid institution on a busy strip of Meridian Avenue in Willow Glen was created in 1976 from an effort by urban American Indians to ease the transition for American Indians coming from reservations. Today, the community health center serves more than 20,000 American Indians living in Santa Clara County, a population that suffers some of the highest rates of chronic conditions, alcoholism and suicide rates compared with other racial groups. To them the center is a medical and cultural oasis.

### History of need

The federal Relocation Programs of the 1950s brought an estimated 750,000 American Indians to urban areas across the United States, including San Jose. The voluntary programs were intended to create jobs and to assimilate American Indians. Although they were promised adequate health care services, education and job training in the cities, American Indians often were unprepared to navigate urban social systems.

"When Indians came to the city they were unfamiliar with the health system here. There were illnesses," said Al

Cross, a founder of the clinic who relocated from South Dakota 50 years ago. "We saw, at first, a lot of chronic issues like alcoholism and tuberculosis — vestiges from stuff that had been brought from reservations."

Fueled by 1960s activism as well as the need for an American Indian headquarters, Cross and other leaders created a community center in downtown San Jose. The community center was small and ill-equipped, but it quickly became a home away from home for many, providing basic health care services, a library and an alcoholism program.

For the past decade, the Indian Health Center has been housed in its larger facilities across the city, providing not only health and wellness, but also American Indian cultural activities and services.

Although 50 percent of the clinic's patients are Hispanic, many of the medical and mental health services cater to the health conditions of American Indians, who experience higher rates of death than other Americans from tuberculosis (600 percent higher), alcoholism (510 percent higher), diabetes (189 percent higher) and suicide (62 percent higher). The AIDS rate among the American Indian population is 40 percent higher than that of the non-Hispanic population. Recently, methamphetamine abuse has become rampant among American Indian

youths. Unlike most drug programs, the Indian Health Center's outreach pairs state-ordered counseling with American Indian healing ceremonies such as the sweat lodge. Of the participants in the center's drug outreach program, 80 percent who attended the sweat lodge remained sober for at least six months, nearly twice the rate of success of conventional programs.

### Traditional healing

A sweat lodge is a sauna-like dome structure constructed from willow branches and heavy canvas. Inside, more than a dozen participants surround a pit of hot stones on which a ceremony leader pours water. A "sweat" consists of four rounds, each lasting about



LIPO CHING/MERCURY NEWS PHOTOGRAPHS

Dr. Anne Verstraete, right, talks with patient Theda Iron Teeth-Aguirre. Verstraete has seen the health center for American Indians evolve into an active community resource.

five minutes. The leader of the ceremony drums and conducts prayers in the form of song before opening the door, returning participants to fortifying fresh air. According to recovered addicts, the dense steam and heat created by the stones become a substitute for the effects of drugs.

"Being inside of the sweat lodge, you can feel the intensity of the heat. You can feel the intensity of the drum and singing, which in return gives that recovering addict the sense of something that is tangible and has substance to it. And that's what a lot of addicts long for at the beginning," said Joseph Musquiz, a former addict and patient of the center.

Other services the center offers include a one-of-a-kind diabetes prevention program. The center recruits

prediabetic members of the community to participate in a 16-week class to lower the risk for developing the disease. The program includes exercise and free healthful meals.

Many American Indians blame the repercussions of historical events for the ill health of their community — for example, poor eating habits due to the unhealthy food stipends provided by the government, and the loss of identity and power from unfulfilled treaties.

"If you leave people without an identity, you leave them to subcultures," said Musquiz, who now is a case manager at the center. "Native Americans live in lower-class neighborhoods, where substance abuse is the identity."

Health care reform is slated to pump billions of dollars into

community health centers and urban Indian clinics, improving quality of care and health care options. However, many American Indian leaders believe that an important way the center helps improve health in the indigenous community is to return youths to tribal traditions.

"There's concern in the community about who our new leaders are going to be, who our new generation is going to be like because there is not a lot of political activism going on," said Michael Duran, the counseling director at the center. "We can change that by having more activities, places where they can congregate, and saying to the kids it is OK to be an Indian."

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## A HAVEN FOR HEALING by Julie Chang

I first heard about the Native American community health center in San Jose from one of the Kaiser internship orientation briefings in D.C. I pitched the story to my editor right then and there, and he told me that he had passed by that clinic for years on the way to work, but never thought to investigate it. I knew this story had to be told.

My research spanned about a month as I spoke to the clinic's founders, employees, doctors, and patients. I wanted to ensure I had ample time to understand what this clinic did not just for the San Jose community, but also its Native American patients. Shortly after the first visit, I knew the clinic did more than just deliver health care to people of all ethnic backgrounds, but rather, it was a cultural epicenter for Native Americans.

I was fortunate that the Native American community was very receptive to my story. I participated in cultural activities including the sweat lodges, which have become a popular method of drug rehabilitation, and dance ceremonies.

Fairly portraying the social and health disparities that exist in the community, especially its struggle with drug abuse proved to be a challenge. I spoke to the clinic's case manager, a recovered drug addict, who was very reluctant to have his name used. He was in the middle of searching for jobs, and did not want details of his criminal background to affect future employment. As a journalist, I had to maintain the fine line between exploiting his story for my article and fairly reporting on an important issue—the community's battle with drugs. Ultimately, he allowed me to use his name.

I wouldn't consider this a flawless story, but it reflects what I wanted to convey. My aim was to introduce readers to the clinic's historical roots in the San Jose community while giving a voice to an underreported yet burgeoning native population.

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