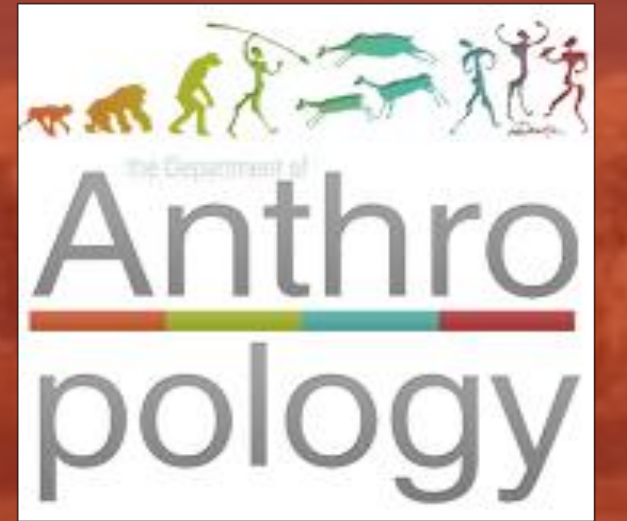




Barriers and Norms Regarding Kidney Transplantation on the Pine Ridge Indian Reservation

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Abstract

American Indian and Alaska Native populations are plagued by a diabetes epidemic of catastrophic proportions. Discrimination, extreme poverty, unemployment, and limited access to healthy foods have contributed to high rates of type II diabetes, most notably among the Oglala Lakota people living on the Pine Ridge Indian Reservation.

Despite having the highest prevalence of end-stage renal disease caused by type II diabetes, American Indian populations have the lowest rates of kidney transplantation. Previous research has indicated that kidney transplantation, in lieu of long-term dialysis, improves overall quality of life and increases life expectancy. Given the low rates of kidney transplantation among American Indian populations and the high rates of type II diabetes, I explore the political economic barriers and cultural norms surrounding kidney transplantation on the Pine Ridge Indian Reservation.



Figure 2. Driving Factors leading to the development of diabetes. Clockwise starting top left: "Parts Cars" slowly dismantled to replace broken parts of functioning cars; Wounded Knee grave site; Fry Bread, a contemporary staple of Lakota cuisine, the result of rationing in the 20th century of flower, sugar, lard, and salt. Wounded Knee massacre memorial, one of the deadliest massacres of American Indian men, women, and children.

Background: Pine Ridge Indian Reservation

Throughout the twentieth century, the United States government focused on controlling and 'civilizing' the Lakota people by dismantling traditional economic systems, marginalizing the reservation and implementing a capitalist system. The absence of industry and economy can be seen today with a staggering 80-90% unemployment rate among residents of Pine Ridge. The vast majority of the population on Pine Ridge (97%) is living below the poverty line with an average family income of \$2,600 to \$3,500 annually.

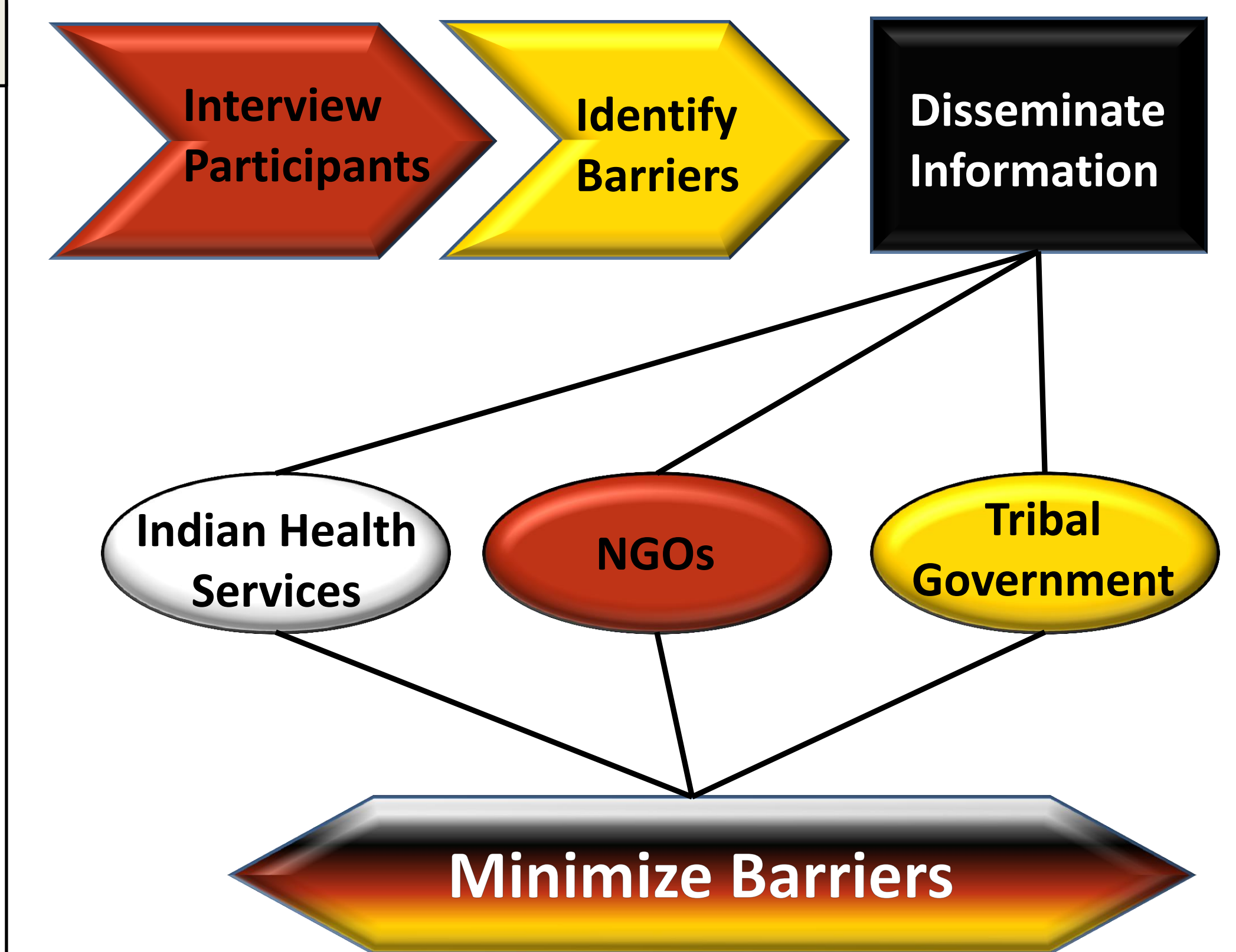
High levels of stress, poor diet, lack of infrastructure, limited access to health care facilities, and extreme poverty have led to diabetes, End-stage renal failure, alcoholism, heart disease, drug addiction, and suicide. These often compounded conditions have led the Oglala Lakota people to have the second lowest life expectancy in the western hemisphere.

Transplantation Trends

After developing End-stage renal failure, options for treatment include kidney transplantation or dialysis. Although each treatment option has advantages and disadvantages, Kidney transplantation is generally the preferred treatment option if patient is a candidate.

- Kidney transplants account for 56.7% of all organ transplants (19,060 in 2016).
- American Indian and Alaska Native Individuals have the lowest rates of kidney transplantation— despite having the highest prevalence of End-stage renal failure.
- American Indian and Alaska Native Individuals have the highest de-listing rates (self removal from the transplant waiting list).
- South Dakota has had the third fewest kidney transplantations to date (behind Delaware and New Hampshire).
- The average time spent on the waitlist for a kidney transplant is 3-5 years.

Impacts of Research



Barriers to accessing kidney transplantation

Based on preliminary research, I explore the following barriers:

- Transportation: distance, time, access to a vehicle
- Financial: Money for gas, fresh produce (exorbitantly expensive on the reservation), lodging for support person
- Cultural: counter to Lakota beliefs or knowledge, dialysis as social group, uncommon and therefore less appealing
- Transplant System: long wait list, short turn around time after match has been found, difficult blood type to match, compounding health issues

Additional barriers will be identified and explored through participant interviews

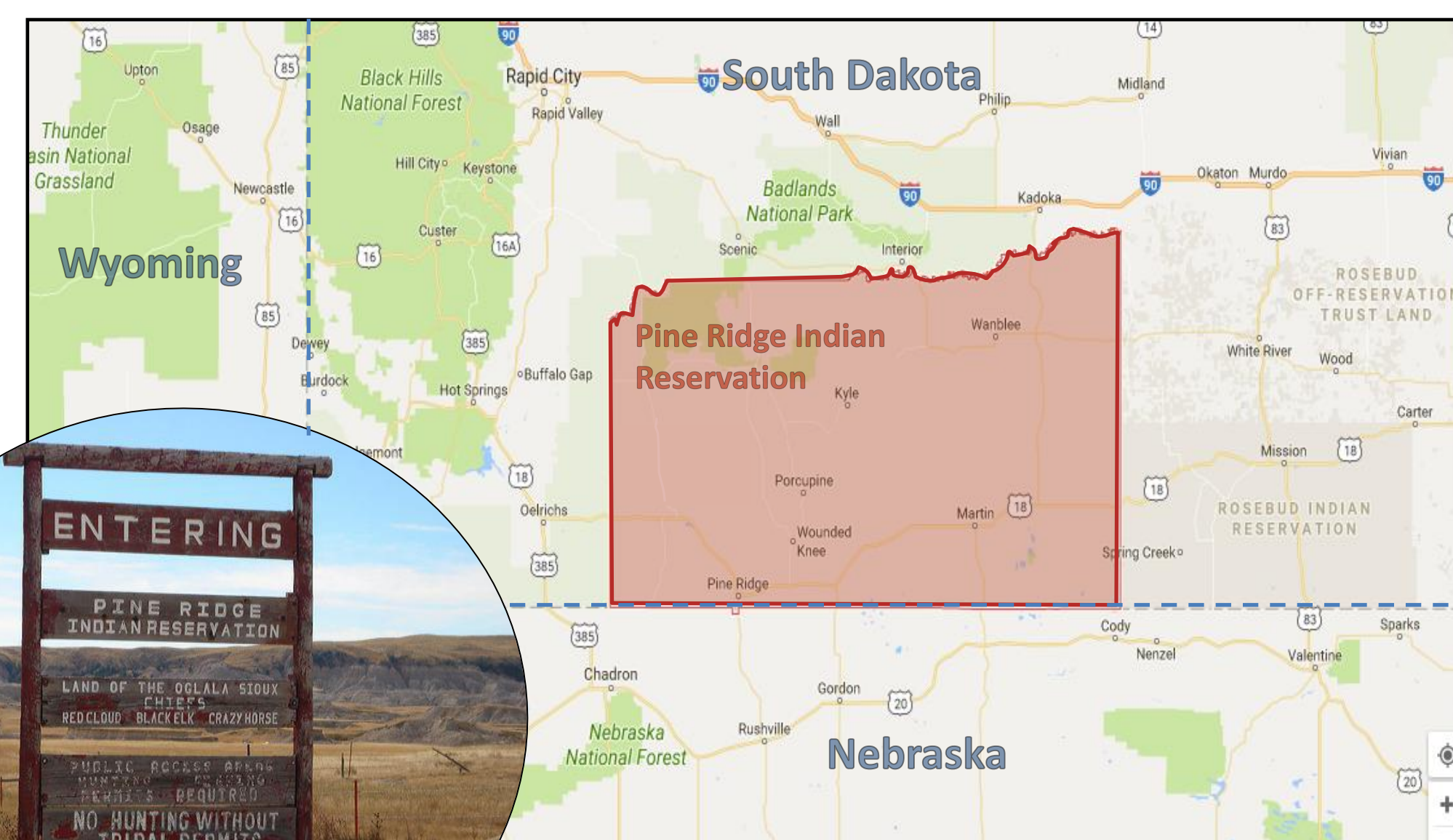


Figure 1. The Pine Ridge Indian Reservation, home to the Oglala Lakota People, is located in the south west corner of South Dakota and is approximately the size of the state of Connecticut.

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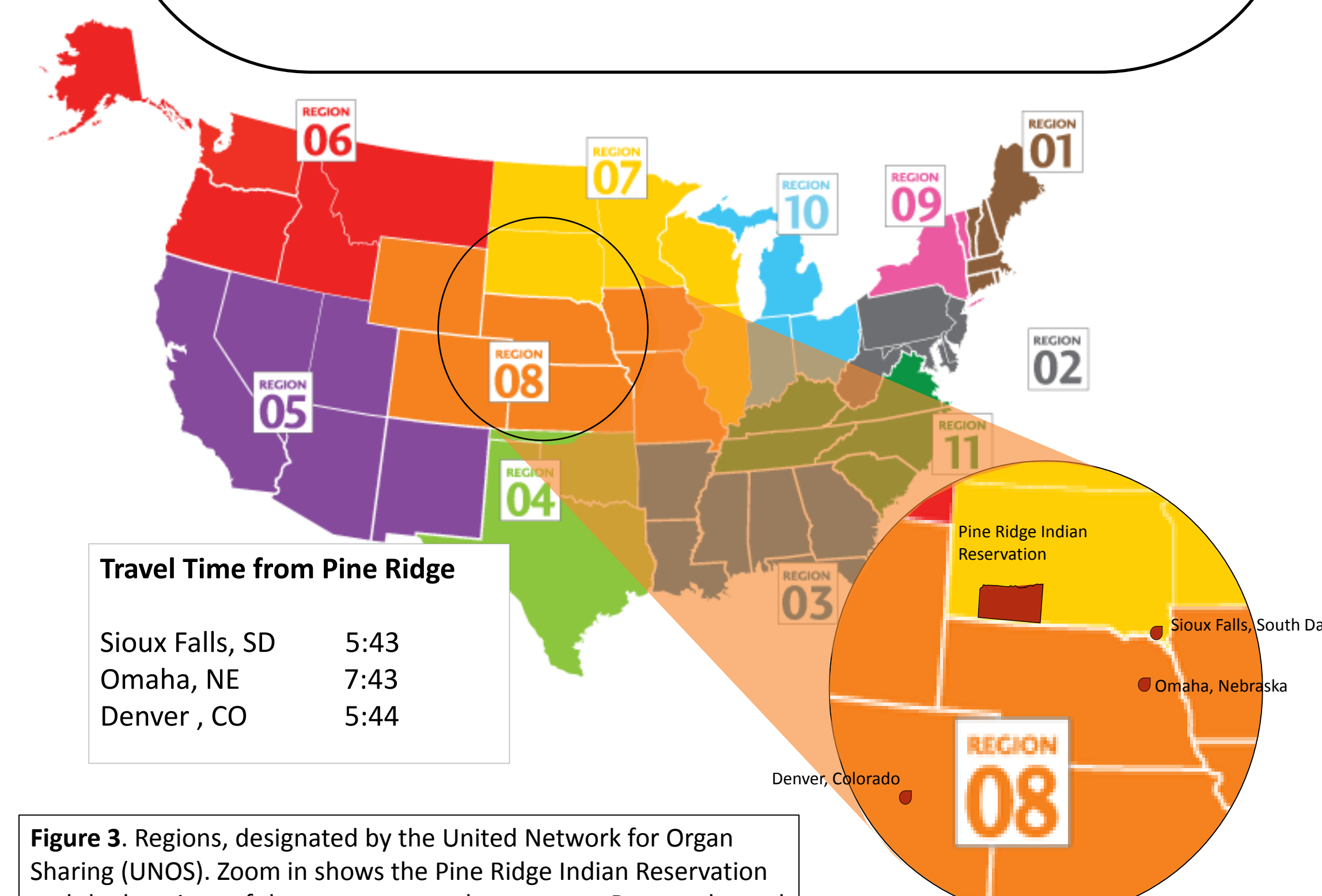


Figure 3. Regions, designated by the United Network for Organ Sharing (UNOS). Zoom in shows the Pine Ridge Indian Reservation and the locations of the nearest transplant centers. Reported travel times from Pine Ridge Village, calculated using google maps.

References:

- Condiff, Misty. 2009. The lived experience of American Indians and the organ donation and transplantation process. edited by Melissa Avery, Cynthia Peden-McAlpine, Margaret Moss and John Najarian: ProQuest Dissertations Publishing.
- Fry Bread Image. Figure 3. <https://i.pinimg.com/736x/cb/47/71/cb4771500b89651cf4a1c608a51831d9--native-americans-american-girl.jpg>
- Narva, A. S. 2003. "The spectrum of kidney disease in American Indians." *Kidney International* 63:3-7. doi: 10.1046/j.1523-1755.63.s83.2.x.
- Narva, A. S. 2008. "Reducing the burden of chronic kidney disease among American Indians." *Advances in Chronic Kidney Disease* 15 (2):168-173. doi: 10.1053/j.ackd.2008.01.011.
- Pickering, Kathleen. 2004. "Decolonizing Time Regimes: Lakota Conceptions of Work, Economy, and Society." *American Anthropologist* 106 (1):85-97. doi: 10.1525/aa.2004.106.1.85.
- Sequist, T. D., A. S. Narva, S. K. Stiles, S. K. Karp, A. Cass, and J. Z. Ayanian. 2004. "Access to renal transplantation among American Indians and Hispanics." *American Journal of Kidney Diseases* 44 (2):344-352. doi: 10.1053/j.ajkd.2004.04.039.
- Stolzmann, K. L., L. E. Bautista, R. E. Gangnon, J. A. McElroy, B. N. Becker, and P. L. Remington. 2007. "Trends in kidney transplantation rates and disparities." *Journal of the National Medical Association* 99 (8):923-932.