

Maureen and Mike

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**Oral History Number: 475-002**

**Interviewee: D'Shane Barnett**

**Interviewer: Sophia Etier**

**Date of Interview: June 16, 2020**

**Project: University of Montana COVID-19 Oral History Project**

D'Shane Barnett: I'm actually, I'm just getting over, um, a pretty bad cold so... .

Sophia Etier: My first question for you is, can you please briefly describe your background in health care as well as what you do at the All Nations Health Center?

DB: Ya so, I'm the Executive Director of All Nations Health Center and I've been working in Indian health for over 20 years now. Indian health actually is divided into federal programs, tribal programs, and urban programs, and so, over the course of my career I've worked at both tribal programs and urban programs. But I've been mostly in urban programs the last, uh, 20 years so. I was at the Native American Health Center in Oakland for about six years and then I was at the National Council of Urban Indian Health in D.C. for three years. And then I've been at All Nations Health Center now for two years.

SE: Perfect. When was the first time you heard of COVID-19 and how did you react?

DB: Let's see. That's a good question. I, it must have been sometime around January or February, and I'll admit I reacted not in the way I should have. I, you know after having eight years in the Obama Administration, I would, in hearing about this, I really thought that the resources and protections were in place that this would be, you know, assertively addressed and that it would never really become an issue in the states. Um, and then, you know along with the rest of America, as we move through this process, learning more and more about the dismantling that happened between the Obama Administration and the Trump Administration and finding out that a lot of the protections and resources that I thought were in place, really weren't. And so, ya. I, I think I was a little too cavalier in the beginning and have definitely changed that perspective.

SE: How has the All Nations Health Center been impacted by the ongoing COVID-19 pandemic?

DB: Because, you know, as an Urban Indian health program, the urban programs receive less than 1% of the entire Indian Health Service budget so our funding is very small. And, because of that, we don't have the supplies, equipment, resources, manpower to operate during a pandemic, so, we have had to, um, physically close our facility and move all of our services to telehealth online. So, our medical services, our mental health services, even our preventive services have all had to be delivered via tele-platforms usually Zoom or, for our more community-oriented things like our beading class and stuff like that, that happens on Facebook. But anything that's with a patient has to now happen on Zoom.

SE: That kind of plays into my next question. As stay at home restrictions vary across the country, many health centers have seen an increased for mental health resources. Have you seen this increased need at ANHC? How have you adapted to maintain adequate mental health resources lacking the current opportunity for face to face appointments?

DB: Ya, we definitely have seen an increase in people asking for mental health visits. And, it actually, so it went through a cycle. When this first started, and we first closed, mental health actually those visits dropped significantly because people were like 'I don't want to talk to a counselor, you know, over the internet or over the phone. You know, I'll talk to the doctor because I have to, but my counselor, I'm gonna wait' but then as time went on, and especially as we went into the shelter in place and people got used to all facets of their life were happening online, people back in April they were working via online. They were talking to family and friends via online and all the socializing was online. So, as we saw that by the end of April, our demand for mental health visits actually went up, and so, what you know we did as a center is I made sure that all of my providers have the best equipment available to provide high quality care via the internet. So, they all have really nice laptops, we got them routers that make the internet go faster, um somehow I'm not an expert in that. Um, we got them, you know, headsets, and then we, because realized that you know not everybody has access to high quality internet, we, um, installed two new routers at our clinic so that if people do not have access to wifi at their house, they can actually drive into our parking lot and then they can connect to our wifi from our parking lot. So again, that's not ideal, but what we have is, ya, we've had folks that you know are now doing their mental health appointments from their car in our parking lot and their either on their phone or their laptop because that's the only way that they would have access to internet to wifi or data.

SE: Very cool. During a time where children have been removed schools in order to prevent spread to a potentially at-risk group, how has the Montana Native Urban Youth Resilience Summit given Native children an opportunity to continue their education?

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SE: Can you hear me alright?

[internet connection lost...silence]

07:16 - 07:17

SE: Hey, are you still there?

DB: Ya, ya.

SE: Sorry, I think my computer cut out. The wifi at the fairgrounds is not the best I apologize.

DB: No worries. The thing was recording though so at least you'll be able still hear my answer.

SE: Last time it cut out it cut out the answer for the other person's interview, could I re-ask you the question?

DB: Yes, that's fine.

SE: Again, I apologize. During a time where children have been removed from schools in order to prevent spread to a potentially at-risk group, um, how has the Montana Native Urban Youth Resilience Summit given Native children an opportunity to continue their education?

DB: The Resilience Summit, I mean I wouldn't necessarily say that its focused on continuing their education, but what's it's focused on is providing them with the strength and supports they need to continue to be successful, and so um, it focuses on resilience and specifically against suicide but also against substance use and what we know is that during these times when people are being disconnected and youth are being disconnected, um, their risk of suicide or substance use goes up, you know, significantly. And so, what we're doing is we're trying to give them an opportunity to maintain those support systems, you know, and feel like that even though we're not, we can't all be in the same room, they can still feel a connection. Both with their peers, but also you know, from a cultural standpoint, and so, the idea is that you know we, as part of the summit, we're not gonna be looking at mathematics or science, you know, writing, you know stuff like that, but, we're going to be giving them the, hopefully, the support so that they can continue to do that stuff on their own and feel like they're not completely disconnected.

SE: Very nice. What changes, if any, do you think you and your staff will carry into the future?

DB: I really believe that this pandemic has forced us to do something that we really should have done a long time ago anyway. Telehealth is really a valuable asset for the community, um and so, I think one thing that we'll definitely carry forward is our capacity to do telehealth. Especially, you know when we're talking earlier about mental health visits, you know, we, it's fortunate and you know I mentioned that we don't have a significant amount of funding, um you know as an urban program, so we are only open, um, Monday through Friday from eight to five. That makes it really difficult for people who have day-time jobs to be able to come in and access our services. And I've had my mental health staff, has you know, asked 'Well you know, can I schedule an appointment at 6 PM or 7 PM, and you know, see people then?' and I've had to say no because I can't, I don't have enough staff in the clinic to make sure that they're safety is ensured. Um, now, that's not an issue because they're doing this from the safety of their home. And so now, they are, they're scheduling appointments with their patients at, you know, 6 PM, 7 PM, 8 PM, um, and if that works for both the provider and the patient, then that's great because I don't have to worry about that provider being alone at the clinic with a patient.

SE: What're your thoughts on how Native Americans, not only in Western Montana but across the state, have been impacted and experienced COVID-19?

DB: I have been extremely proud of the leadership and response from the tribal communities and the Indian Health Service. Um, and because of that, you know the tribes in Montana took a very aggressive approach at protecting themselves from COVID-19. And because of that, what we seen, is tribal communities have actually not been as disproportionately impacted as they would have been in other pandemics. And it's because tribal leaders took the initiative to say, 'We're going to close our boundaries, we are going to impose curfews, we are going to have our tribal communities focus on safety and health' and that paid off. I'm really also so proud of the fact that when this started, you know back in March as a health clinic and you know I'm getting my PhD in public health so you know this is my background and you know having you know formal training in epidemiology, when all of this started coming down, I closed my clinic in March before the Governor [Bullock] gave the shelter in place order. And, I was afraid that when I did that, I was going to have to fight IHS. That they were going to say no, you need to stay open. But that's not the experience I had. IHS understood this seriousness of this pandemic and the need for us to move into sheltering and social distancing and all of that stuff in order to protect the health of our patients and my staff, you know, I can't provide services to patients if my staff are all sick, and so, the Indian Health Service was really supportive in letting me take preventative measures to keep my staff and my patients healthy and I'm really grateful for that.

SE: Do you have any thoughts on how tribes across the nation have experienced COVID during this time?

DB: I mean, you know, it's very...each tribe has its own government, its own structure, and one of the most challenging things is that tribes and tribal people, natives, have an absolute and valid distrust of the federal government because of the history there. And so, when the federal government is the one saying, you know, you need to shelter in place, you need to do this, it's very tempting for tribal people to say, you know, I'm not going to listen to that because it's coming from the feds and we don't trust the feds. They've never done anything in our best interest so, you know, why would we start listening to them now. And that's where national Indian leadership, from the National Indian Health Board, the National Council of Urban Indian Health, and the National Congress of American Indians, um, I think they were essential and key in getting tribal communities to really understand the dangers and take proactive measures to keep their people safe. Other than that, I think that without the leadership that we saw from our national native health organizations, this pandemic would have been a lot worse.

SE: How has the community responded towards ANHC's use of social media as seen in uploaded staff videos or therapist outreach sessions as a coping measure while some healthcare providers are having to work remotely?

DB: It's actually been really well received. I, you know the first week we went remote, I definitely felt a little bit of push back, just generally either from you know the community or

from staff. But, really, that didn't last that long and, you know honestly into our second week of telehealth services, it became very clear that the community was realizing how serious this pandemic was and they were appreciative of everything that we were doing to try to continue to provide support in a way that, you know was, safe and appropriate.

SE: In a time where many Montanans are out of work or financially struggling due to layoffs or closures, um, what role has the All Nations Food Sovereignty Garden Project played in assisting Western Montana's Native populations during this time of hardship?

DB: Ya so, I mean I'll admit, that the COVID timing was really bad because we actually, um, were just in the process of hiring for our two health promotion positions. Um, and those are the positions that normally would have been in charge of our garden, um, and all of that, all of the associated projects and because of COVID though, and because we knew that food, access to healthy foods, and food sovereignty was going to be an issue in this pandemic, I'm super impressed at my staff. They all stepped up. So, because I didn't have the health promotion employees in place, I had my pharmacist, my IT guy, my substance abu...oh sorry tobacco prevention specialist, um, and my eligibility specialist all of them, who their job is not the garden, it is not the food program, they all jumped in and got that up and going to make sure that our community would have access to that resource. And so, um, I don't have the final numbers on me, but I do know that we actually surpassed the number of target families that we wanted to get garden boxes to. And so, we've actually gone out and purchased more garden boxed and are now looking for second round of, um, families to participate. And so, you know that's going to provide them with access to, you know, they can grow whatever they want in those, so, fruits, vegetables, um you know, anything, you know, that can grow in a garden box and it's a sustainable food source, you know, throughout the summer.

SE: Do you think this will continue on with wide reception even after COVID; the garden project?

DB: Yes, absolutely. [call disruption] I hope that wasn't supposed to be going on right now. I'm getting another call, no it's not until this afternoon. Okay, sorry.

SE: No worries.

DB: I was getting a call from somebody, uh, that I have a meeting with today but it's not until this afternoon. So, sorry, can you repeat the question?

SE: I was just going to say, do you think that, um, the native community, you know, reception of the garden project will extend, you know, as well received passed the pandemic?

DB: Yes absolutely. I think that what I've told people is that we really need a non-lethal pandemic once a year because it really has fast tracked our development of programs and resources that can continue, um, into the future. You know, the telehealth is one, but also the

gardening, um and so, people who, you know, maybe might not have really given the garden project a second thought, um you know, once, and we did, we had you know, both, how do I want to say this. So, both very professional, uh, natives who are, you know, working in high paying jobs and then, you know, natives who are in service industry jobs and, you know, lower paying industries, across the board they've been impacted by layoffs, um you know, so while we've had some people who really never thought, you know, accessing a resource from our health center was, you know, in their, you know, something that they would do because they had a good job. We've been able to be there for them during this, this process and, you know, especially the garden boxes really lets them have a sense of independence and control because it really is, you know, we supply them with all of the equipment, the garden bed, the soil, the seeds, the tools that they need etc. They, it's their project. They get to choose what they plant, you know, it's their, you know, really responsibility to make sure, you know, they're doing the work to keep the crops healthy etc. And that really gives them a measure of control in a time when people can really feel like they don't have any control. Um, and I think in realizing that these, you know because a food box, you know a garden box, is not necessarily treatment in the same way as, you know, if they're going to see a doctor and get a pill or get a shot. But, it is. It is preventing and treating heart disease, diabetes, you know, all of these other diseases, and so, now they're getting to see the benefits and it might've come from this really awful situation of this pandemic, but by seeing the benefits, I think that those are gonna absolutely carry forward into the future.

SE: How have the One Stitch At A Time sessions as well as the Free Virtual Art Therapy Circles provided Western Montana's Native populations an outlet during times of extended isolation as well as a way to strengthen their bonds to their communities while at home?

DB: I'll admit when we talked about starting the One Stitch At A Time via the Zoom, I was concerned that either there would be a lack of participation, that people wouldn't want to do it, or that, um, it would just be really sort of chaotic. But, it actually has been amazing. The community has loved it. It's ran really well. So we have the breakout rooms, we have three instructors during each session and people can go in and out of each instructor's room and each instructor is teaching a different technique, um you know, working on a different type of style so that somebody can sit with one instructor if they want to for the whole time, or they can, you know say, 'Oh okay I'm actually pretty good with this, you know, style of stitch and I'm gonna jump over to this instructor' and, you know at the same time, each room you know has five, ten people in it so, they also get to interact with their community members. And they get to see, you know these are people that normally we would be seeing at, you know, round dances, pow wows, ceremonies, social events, and so this is an opportunity for them to maintain that community network and connection even in a time where they can't physically be in the same space.

SE: Do you think that these virtual, um, basically, you know, craft classes will also be continued? As in your agenda even when the pandemic is deemed over?

DB: I think they will, and I think, you know, one thing that we also had to sort of address with the youth summit is, normally we would, our health center, serves people who live in Missoula or Ravalli counties. Um, and we're geographically constrained to those two counties, you know, if they live up north they have to go to CSKT [Confederated Salish and Kootenai Tribes] Tribal Health, um or you know if they're farther up north, they go to Blackfeet Tribal Health. The way it works, you know, and this is true for Indian health programs and community health centers, is there usually geographically based by county, and so, we're normally only serving people in Missoula or Ravalli counties, well once we started offering these things online, we had people who weren't living in Missoula who were like 'Hey! I want to be a part of this!'. You know, we had native youth who were, you know, over on the Crow Reservation or Northern Cheyenne or even over in Seattle, you know, but they were, they're originally from CSKT or Blackfeet, and they're like 'Well that's still my tribe, my, these are my, you know, my cousins, you know, live in Montana are on this youth summit, I wanna be on this youth summit' and really had to sort of address that. Like wow, okay, we've never had to deal with this before, but, yes we have decided that we are going to make these resources open. We're still delivering them from Missoula, so you know, that's not changed, but because they're online, anyone anywhere can access them and that's been a huge draw and our One Stitch At A Time that, you know, normally is done in person on, we actually usually do it at the Payne Center on campus, which you know, would be limiting for people who live outside of Missoula. Now, they can absolutely participate, and so you know, our patients and community members here who have family up at Rocky Boys, you know, or at Fort Peck, can tell them like 'Hey! I'm taking this beading class, you know, online you wanna sign up and we can do this together', um and, that's great. And I think that's a resource that we can continue to provide and it's not that we're gonna stop providing it to our community and patients, it's just that now as we provide it to our community and patients, it's also going to be accessible to people in other places.

SE: Very nice. My last question is, is there anything you'd like future generations to know about this pandemic, either from a personal standpoint or from the standpoint of Native American communities?

[internet connection lost...silence]

SE: Hi, are you still there?

[internet connection still lost]

SE: Are you still there by chance?

DB: Yes, yup.

SE: They're renovating the fairgrounds where I'm working and the connection's just awful. Um, my last question was, is there anything you'd like future generations to know about this pandemic....I swear this should be the last time that happens.

DB: Sorry, what was that?

SE: Is there anything you'd like future generations to know about this pandemic either from a personal standpoint or from the standpoint of Native American communities?

DB: I think that I'm very proud of the response that our Montana tribes and the Indian Health Service took in being very proactive at preventing, um, COVID-19 in our communities. I think that, at the same time, this really highlighted a lot of shortcomings in our system. As a nation, we were not prepared for this. It took a lot of time and work for our health center to get the tools and equipment that we needed. We didn't even get tests until a couple weeks ago and there is national shortages and I think that, you know, tribal communities, yes we are normally disproportionately impacted, but by pandemics in general, but we I think as the community that has historically been, you know, impacted by pandemics, we I think are learning our lessons a lot quicker and taking stuff like this seriously. And so, what we saw here in Montana, is that the COVID rate among tribal communities was actually fairly low. But that's because of the very aggressive work by tribal leaders to protect the health and safety of their communities. And, I think that, if we had seen that same sort of aggressiveness from our national leadership, that this pandemic would not have claimed the number of lives that it has or caused the amount of, um you know just real damage to our society that it has. And hopefully, the rest of the nation takes this as a learning experience and expects better from our national leadership in the future.

SE: Well, thank you again for participating. Um, that was the last question I had and I'm going to stop the recording now.

[End of Interview]