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.

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 transplantation rates (self removal from the transplant waiting list).

The average time spent on the waitlist for a kidney transplant among American Indian populations is approximately 4 years—longer than the average time spent in the US or Canada. Despite having the highest prevalence of type 2 diabetes, American Indian and Alaska Native Individuals have the lowest rates of kidney transplantation—despite having the highest prevalence of end-stage renal failure.

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 2018)

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 transplantation’s to date (behind Delaware and New Hampshire).

The average amount spent on the waitlist for a kidney transplant is 3.5 years.

References:

2. Fiy Bread Image. Figure 3: https://pinimg.com/736x/cb/47/71/cb4771500b89651cf4a1c608a51831d9.png