

Close to home: Native healthcare built for the next generation

By
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More than half a century ago, Sonoma County Indian Health Project (SCIHP) began with one examination table and one dental chair.

There is something remarkable about that history. But it is also a reminder of how little Native communities had to work with when it came to health care. For generations, Native people in this country were too often told to make do with less: fewer resources, inadequate facilities, limited access to care and health outcomes that would be unacceptable in other communities.

Today, we have the opportunity and the responsibility to do something different.

SCIHP is planning a new medical campus on 10 acres we own on Cleveland Avenue in Santa Rosa. We envision an approximately 108,000-square-foot, single-story health care facility designed not just for what our community needs today, but for what Native families will need for generations to come.

Andy Mejia is Chairman of the Sonoma County Indian Health Project and Chairperson of the Lytton Rancheria of California (Press Democrat file)

Our current Stony Point campus shows why that kind of long-term thinking is necessary. When it opened nearly 25 years ago, we believed 45,000 square feet on three acres would serve us far into the future. Today, SCIHP serves nearly 6,900 active patients and provides more than 130,000 encounters each year across medical, dental, behavioral health, laboratory, pharmacy, transportation and other services.

We lease parking across the street for our employees. We lease additional office space nearby for staff and programs we can no longer accommodate on our campus. We have simply outgrown it.

A recent Press Democrat article raised questions about why construction has not begun on the Cleveland Avenue property and why the project has changed since SCIHP purchased the site in 2020.

Those are fair questions. The answer is not that our commitment to the project has diminished. Quite the opposite.

What was originally envisioned as an approximately 70,000-square-foot facility has grown to approximately 108,000 square feet as we have looked more carefully at our community's needs.

During that same period, inflation and construction costs increased dramatically. We also encountered concerns about neighboring development, traffic and reliable access for emergency medical personnel.

So we kept looking at our options.

We considered whether acquiring and renovating an existing building might make more financial sense than building from the ground up. We continued evaluating how much space we need, what services to provide, and how to ensure that whatever we build can grow with us.

SCIHP has not yet approved a final construction budget or placed a cap on the project. We are still determining what the right facility should be before deciding exactly what it should cost.

I believe that is the responsible way to approach an investment that is intended to serve our community for decades.

For much of our history, Native health care has been about managing scarcity. I don't believe our responsibility today is to build the smallest facility we can get by with or to solve only the problems immediately in front of us.

Our responsibility is to use the resources we have wisely so that Native families 20, 30 and 50 years from now inherit something better.

Our Native communities have been here for thousands of years. Yet Native people continue to experience serious health disparities and shorter life expectancy than Americans overall.

We cannot undo that history. But we can decide what we do with the opportunities we have today. That is what the Cleveland Medical Campus is about.

We understand that people want to know when construction will begin. We will announce a timeline when our planning is complete, and we are confident we can meet it. Taking the time to build the right facility should not be mistaken for a lack of commitment.

Our commitment is greater today than it was when we purchased the property six years ago. The project is larger. We understand our future needs better. And our determination to build something worthy of the Native people and families we serve has only grown.

SCIHP started more than half a century ago with one examination table and one dental chair. Imagine what the next generation deserves.

Andy Mejia is Chairman of the Sonoma County Indian Health Project and Chairperson of the Lytton Rancheria of California.