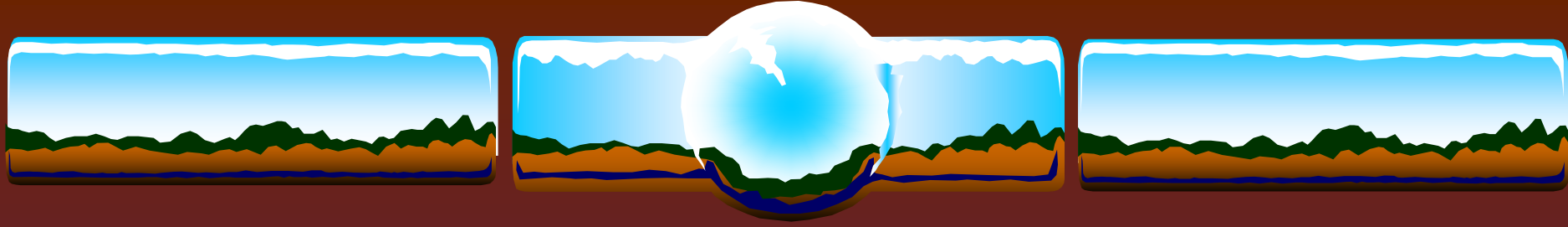


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HEALTHCARE FOR AMERICAN INDIANS & ALASKA NATIVES

Our Journey to Health
April 14, 2022



Introduction

*Yá'átééh, Adriann Begay yinishyé
Tábaahi (Edge of the Water) nishłíí,
Bít'ahnii (Folded Arms People) báshíshchiin
Ta'néészahnii (Badlands People) dashíchei
Tl'aashchí'í (Red Cheek People) dashínálı*



Disclaimer

- ❖ Information in this presentation is provided for informational and educational purposes only
- ❖ The views expressed in this presentation are my own and do not represent the views of the United States Government
- ❖ Credit for some slides go to Dr. Don Warne

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Objectives

- ❖ Explain the root of social determinants of health is political determinants of health
- ❖ Recognize the historical authorities of American Indian/Alaskan Native healthcare
- ❖ Define the phases of Federal Indian policy

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Social Determinants of Health





Political Determinants of Health

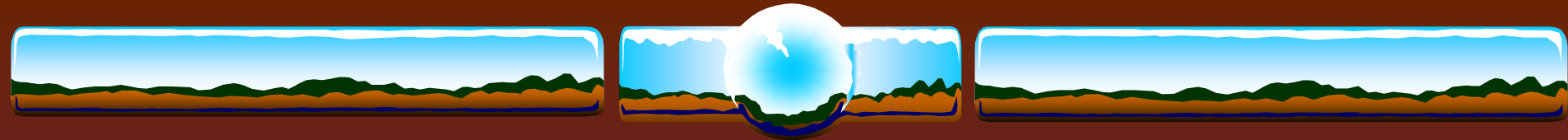
- ❖ Less recognized than SDOH
- ❖ Are the root of the social determinants of health
- ❖ *Daniel Dawes JD explains the influences behind social drivers of health & wellness in his book, “*The Political Determinants of Health*”
- ❖ Upstream decisions benefit certain people & harm others

*Daniel Dawes, Director of Satcher Health Leadership Institute at Morehouse School of Medicine

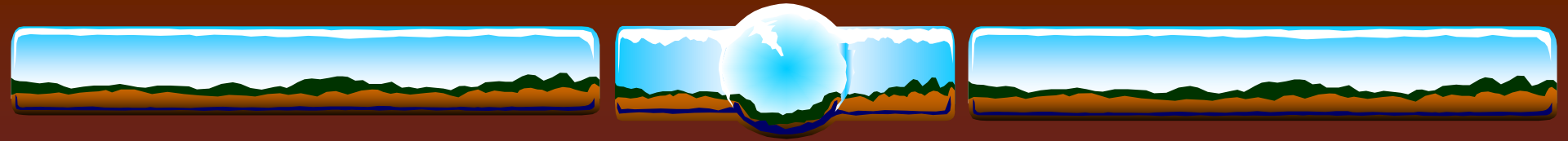


What are Political Determinants of Health?

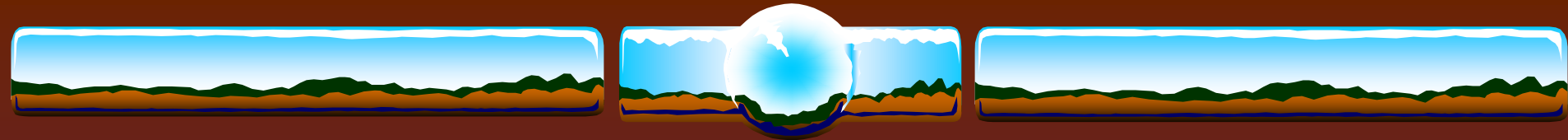




American Indian/Alaskan Native
(AI/AN) population is unique as we
are born with legal rights to health
services



WHAT IS THE LEGAL BASIS
for
HEALTH CARE
for
AI/AN?



❖ TREATIES

❖ EXECUTIVE ORDERS

❖ MULTIPLE COURT DECISIONS &
LEGAL BASES

❖ NUMEROUS OTHER LAWS

**Treaties based on exchanges for land
and natural resources



TRIBES ARE...

- ❖ Sovereign, self-governing nations
- ❖ In possession of signed treaties (contracts) with the US government deeding land in return for stated conditions, e.g., health, education, housing, etc.
- ❖ In a unique “trust relationship” with the US Government



- ❖ **US Constitution**
- ❖ Article 1, section 8, clause 3 regulates commerce “with foreign nations & among the several States, & *with Indian tribes*”
- ❖ Article II, section 2, clause 2, the treaty clause, grants the Federal government the exclusive authority to make treaties on behalf of the US



- ❖ **Snyder Act of 1921**
- ❖ Basic authorization for Federal health services to US Indian Tribes
- ❖ Identified the “*relief of distress & conservation of health of Indians*” as one of the Federal functions



- ❖ **Transfer Act of 1954**
- ❖ Due to remaining poor health status of Indians, the health program was transferred from the Bureau of Indian Affairs (BIA) to the United States Public Health Service (USPHS) in the Department of HEW
- ❖ 1955 Indian Health Service created



- ❖ **1959 Indian Sanitation Facilities Act (PL 86-121)**
- ❖ Enabled IHS to build facilities for the provision of safe water & sanitary waste disposal
- ❖ Critical in improving living conditions & reducing water- and waste-borne communicable diseases



- ❖ **Indian Self-Determination & Education Assistance Act (PL 93-638) of 1975**
- ❖ Established Government-to-Government relationship policy & provided that any Indian Tribal Government could, on request, take over the operation of any BIA or IHS function



- ❖ **Indian Health Care Improvement Act of 1976**
- ❖ Established 2 major national goals: 1) ensure the health status of Indian people is elevated to the highest possible level; and 2) achieve the maximum participation of Indian people in the Indian health programs
- ❖ Established scholarship program, authority for M/M reimbursement & construction of facilities & sanitation systems

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FEDERAL INDIAN POLICY

PHASES

- ANNIHILATION
- ASSIMILATION
- TERMINATION (and RELOCATION)
- SELF-DETERMINATION



ANNIHILATION

- ❖ **Indian Removal Act of 1830**
- ❖ 1st legal justification for removal & isolation of AIs
- ❖ Cherokee & Choctaw populations (18,000) removed, forcibly, to western land - 1838
- ❖ “Trail of Tears” led to $\frac{1}{4}$ of people to die
- ❖ 3,000 Seminoles killed in Florida - 1842

ANNIHILATION

- ❖ From 1846-1873 individuals, vigilante groups, California militias & US soldiers killed at least 16,000+ Native people in CA
- ❖ Indian Appropriations Act of 1851 authorized creation of reservations





This map represents the original pre-contact homelands of the hundreds of tribal Nations that existed across what is now Canada and the lower 48 of the United States. Most of the names shown here are the indigenous autoonyms that tribes use for themselves. In some cases where the original name was never recorded, other common names are used. Many tribes did not survive the invasion by Europeans - yet this map serves as a visual reminder of their history. This is the first time for many of these tribes to ever have a place on a map. This is dedicated to all of the Nations across this land. May it instill pride in Native people and teach the non-Native public about our history.

Received my inspiration for this map from a great resource for tribal names, and a list of historical living resources. To purchase a copy, visit www.tribalnames.com. Copyright © 2011 Austin Camp. All Rights Reserved. All other names and logos are the property of their respective owners.

1784 - 1819



Ceded land
 1784 - 1804
 1805 - 1809
 1810 - 1814
 1815 - 1819
 Unceded land

Land Claims by Tribe



The following table lists the tribes whose lands were included in the cessions shown on this map. The names of the tribes are given in the first column, and the names of the cessions in which their lands were included are given in the second column.

1820 - 1839



Ceded land
 1820 - 1824
 1825 - 1829
 1830 - 1834
 1835 - 1839
 Unceded land

INDIAN LAND CESSIONS

by
SAM B. HILLIARD
Louisiana State University

Cartographic Design for
Dan Irwin
and staff of the
Northern Illinois University Cartographic Laboratory

The Indian land cessions in the United States are a subject of great interest to the student of American history. The cessions are the result of a long and often painful process of negotiation and warfare between the white settlers and the Indian tribes. The cessions have resulted in the loss of vast areas of land to the Indian tribes, and the acquisition of vast areas of land by the white settlers. The cessions have also resulted in the displacement of many Indian tribes from their traditional homelands.

1840 - 1859

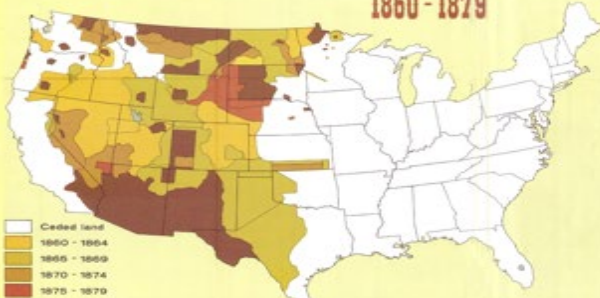


Ceded land
 1840 - 1844
 1845 - 1849
 1850 - 1854
 1855 - 1859
 Unceded land

Present Indian Reservations

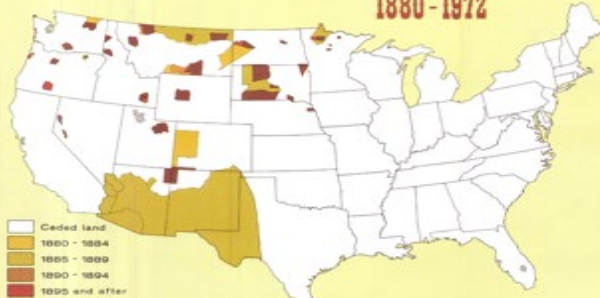


1860 - 1879



Ceded land
 1860 - 1864
 1865 - 1869
 1870 - 1874
 1875 - 1879
 Unceded land

1880 - 1972



Ceded land
 1880 - 1884
 1885 - 1889
 1890 - 1894
 1895 and after
 Unceded land



ASSIMILATION

- ❖ Cultural assimilation of AIs was an effort by the US to transform AI culture to European-American culture
- ❖ Dawes Act or Allotment Act of 1887 was a new policy based on forced assimilation instead of concentration & isolation onto reservations
- ❖ Goal was to pressure Indians into becoming farmers or ranchers, thereby helping to assimilate them

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ASSIMILATION

- ❖ AI boarding schools or Indian Residential schools established with primary objective of assimilating Native children & youth
- ❖ Children immersed in Euro-American culture through forced changes that removed indigenous cultural signifiers (ie hair cuts, forbidden to speak indigenous languages, name changes, etc)
- ❖ Experience of schools was harsh & sometimes deadly as children forcibly separated from families



Pupils at Carlisle Indian Industrial School, Pennsylvania (c. 1900).





TERMINATION & RELOCATION

- ❖ Western Oregon Termination Act of 1954 & the Klamath Termination Act of 1954 abolished the gov'ts of a number of Oregon tribes, broke treaty agreements & loss of land
- ❖ Tribes ordered to distribute their land & properties to their members & dissolve their government; their federal benefits & services were terminated
- ❖ CA rancherias were phased out



TERMINATION & RELOCATION

- ❖ >100 tribes were terminated from federal assistance
- ❖ Policy of termination officially ended in 1970
- ❖ RELOCATION policies started in 1955 when BIA established relocation sites: Los Angeles, San Francisco, San Jose, Oakland, Chicago, Detroit, Cleveland, Dallas and Denver
- ❖ Vocational training centers established in LA, SF/Bay area



TERMINATION & RELOCATION

- ❖ Goal: removal of thousands of Indians from reservations in an effort to force assimilation
- ❖ Many of today's elders in urban areas were relocated during this period
- ❖ Some AIs did not complete vocational programs due to not adjusting to urban dominant society and may or may not have returned home
- ❖ 1970 Family Planning Services & Population Research Act led to mass sterilization of AI women



SELF-DETERMINATION

- ❖ Authorized Indian tribes to assume responsibility for direct operation & administration of programs administered by federal agencies (ie BIA and IHS)
- ❖ However, many Indians believe that “self-determination” is another disguise for “termination” in that the federal government is attempting to terminate its responsibility for providing health care and other services promised by treaty, legislation & judicial review



TRUST RESPONSIBILITY

❖ 1977 US Congress American Indian Policy Review Commission:

“...an established legal obligation to protect Indian trust resources...and to provide economic and social programs necessary to raise the standard of living and the social well-being of Indian people ...to a level comparable to the non-Indian society”

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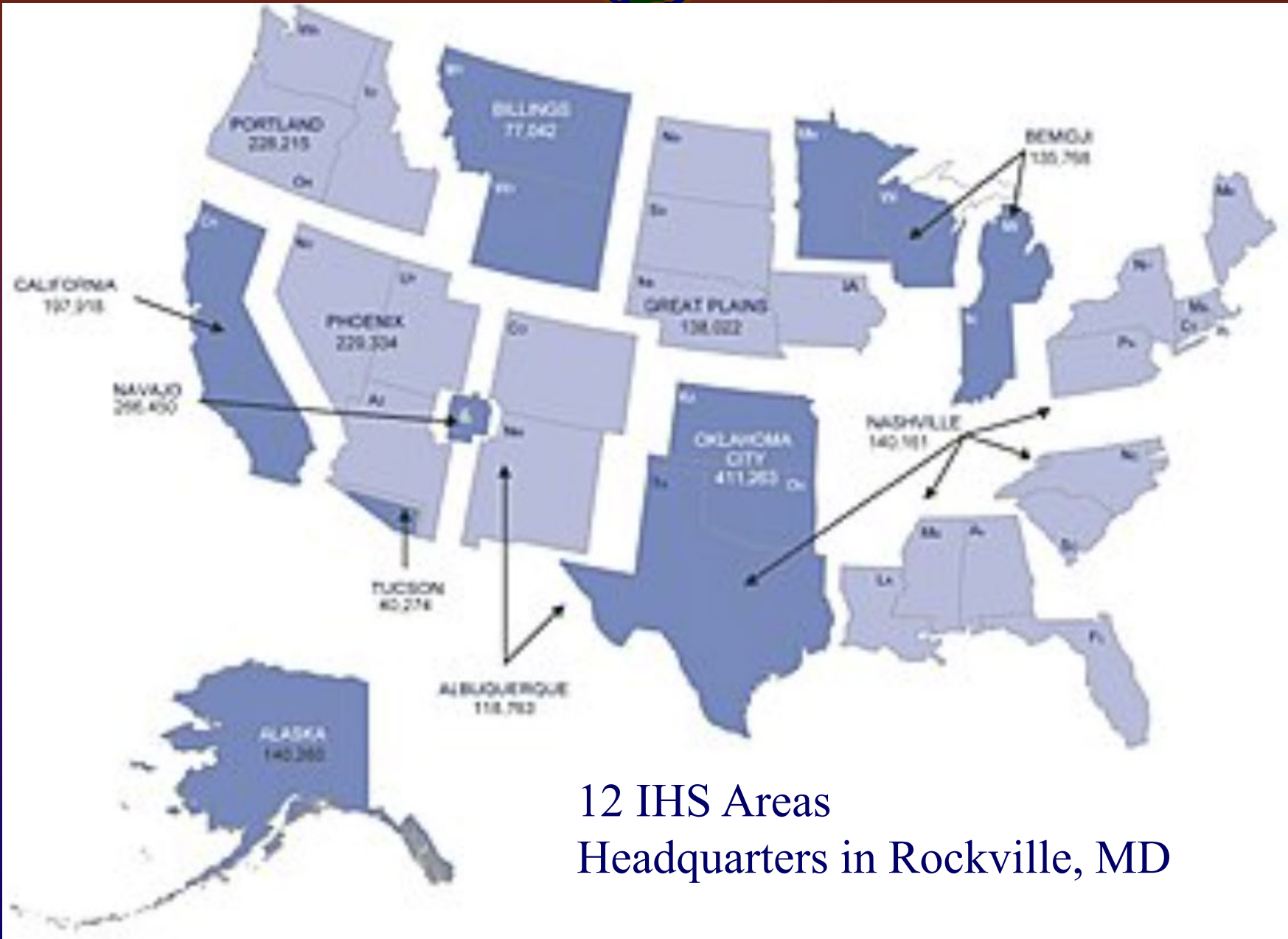
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INDIAN HEALTH SERVICE

- ❖ Established in 1955
- ❖ Responsible for provision of health and healthcare services to AI/AN
- ❖ Under Department of Health & Human Services
- ❖ Mission: *Raise the physical, mental, social and spiritual health of AI/AN to the highest level*



12 IHS Areas
Headquarters in Rockville, MD



WHO IS INDIAN?

- ❖ Sovereign tribes determine members
- ❖ Tribes have enrollment procedures for newborns
- ❖ 574 federally-recognized tribes (as of 2021)
 - some state-recognized tribes
 - some still seeking recognition
- ❖ Tribes issue membership or enrollment cards
- ❖ BIA can issue CDIB (certificate of degree of Indian blood)



WHO IS ELIGIBLE FOR CARE?

- ❖ Enrolled members of federally recognized tribes
- ❖ Pregnant non-Indian spouses of AI/ANs



HOW DO YOU GET CARE?

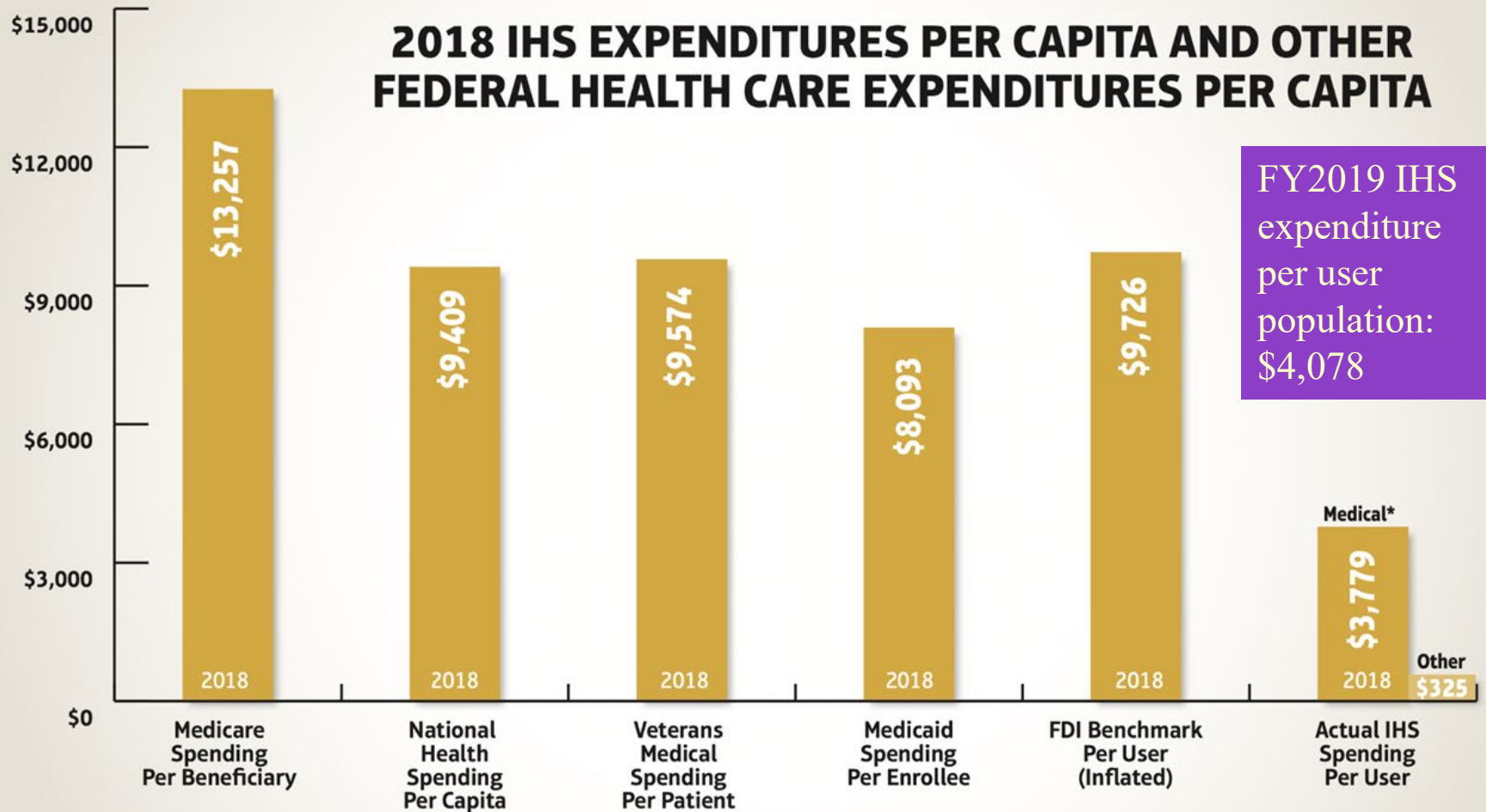
- ❖ Any IHS facility
- ❖ Any tribal health facility
- ❖ Any urban Indian clinic

- ❖ Plus medicaid, medicare, VA, private insurance



LIMITATIONS OF CARE

- ❖ If you are living in your home health facility's Contract Health Service Delivery Area (CHSDA), you are eligible for non-elective diagnosis and treatment - *within the limits of the budget at that time*
- ❖ If you are living outside your home CHSDA, you are eligible only for those services which can be provided at the clinic or hospital you're using



*Payments by other sources for medical services provided to AIANs outside IHS is unknown.



Culture

- ❖ Tribes throughout the country, each have their own language, history, stories, ceremonies, songs, beliefs, prayers and foods that are handed down from one generation to another
- ❖ Stories, histories, songs & prayers were primarily handed down in their own language
- ❖ For Dine', we believe that once our language is no longer spoken then our culture is no longer
- ❖ This has caused a resurgence of traditional language in many native communities



Importance of Relationships

- ❖ The kinship system for native communities is important
- ❖ For Dine' people, this relationship is our concept of Ke'
- ❖ The relationship with another individual is based on respect, caring, protection and defines your responsibility to others
- ❖ As native communities, especially in urban areas, the relationships formed are important especially as we work together to raise the next generation



RESILIENCE

❖ Definition:

1. The power or ability to return to the original form, position, etc., after being bent, compressed, or stretched; elasticity
2. Ability to recover readily from illness, depression, adversity, or the like; buoyancy

❖ In other words, the ability to “**bounce back**” after tragedy, loss, risks, and stress



RESILIENCE

❖ Surviving 200+ years of evolving federal policies:

❖ Annihilation – “the only good Indian is a dead Indian”

Gen. Philip Sheridan, 1869

❖ Forced assimilation – boarding schools

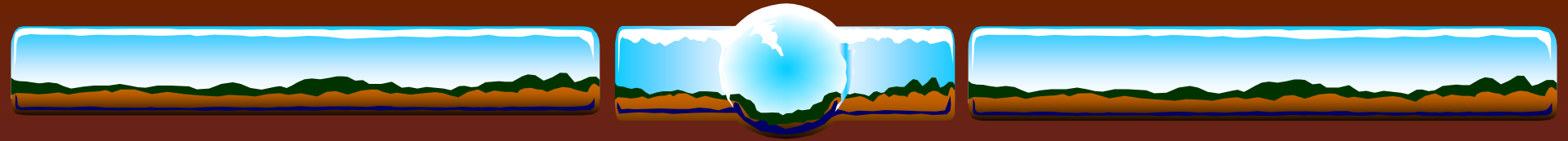
❖ Termination – 1950’s

❖ Self-determination – 1970’s +



In Summary

- ❖ As health professionals in all fields, we have the unique responsibility of caring for others
- ❖ It is important to understand the historical policies that have laid the groundwork for all the SDOH faced by AI/ANs
- ❖ Increasing our cultural competence of the population(s) we serve, we enhance our ability to make connections with our patients, their families, and our own staff in the exam room, the hospital room, the staff meeting room and in community programs

- 
- ❖ These connections are vital in elevating the health status of those we serve
 - ❖ Caring for others is a gift we each have been given; but more importantly, being able to help another discover their resilience is truly a blessing

