

Introduction to Select Topics in Native American Health

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THANKS FOR
COMING!



How did this even happen???



Take Three!

Take 3 minutes to talk to the person next to you about the following:

1. HSPH is built on the historical land of which people?
2. How many Native nations are there in the U.S.?
3. True or false: Native American tribes are considered to be sovereign?
Bonus What does sovereignty mean?
4. Which state has the largest Native American population? Which city?
5. What are the 5 major payer groups in U.S. health care?

Massachusetts People



573 federally recognized, 231 of those are Native Alaskan





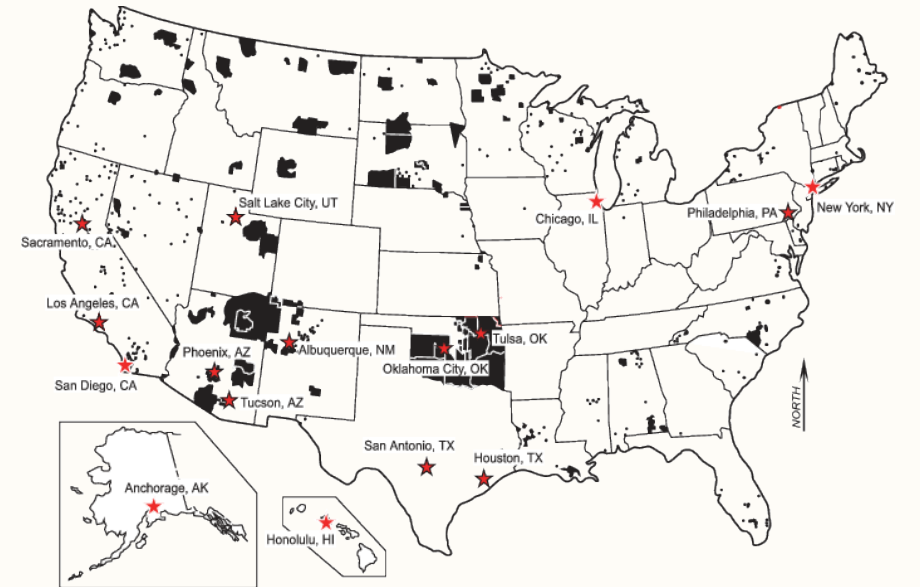
True!

- Tribal powers of self-gov't: control of cultural and religious affairs, use of environmental and natural resources, business permitting and regulation, citizenship criteria, law making and legislation, governmental form, taxation, sovereign immunity (sovereign state is immune to civil lawsuits), civil law, criminal law
- This is rooted in treaties that tribes made with U.S. Government
- Only Congress can regulate commerce with tribes

California



Los Angeles



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– Medicaid

– Medicare

– Commercial Insurance

– VA/TriCare

– Indian Health Service!

How was the IHS
created?

A Ten Minute Tour of History

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graph LR; A[Conquest] --> B[Treaty Making]; B --> C[Assimilation]; C --> D[Reorganization]; D --> E[Termination]; E --> F[Self-Determination]
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Conquest

Treaty Making

Assimilation

Reorganization

Termination

Self-
Determination

Policy of Conquest





1400s-1700s

- Doctrine of conquest
- Constitutional Provisions:
 1. Commerce Clause: authorized Congress to regulate commerce “with foreign nations, and among the several states, and with Indian tribes”
 2. Treaty Clause: grants the federal government the exclusive authority to make treaties on behalf of the U.S.

*However, the U.S. decided that tribes would be dependent on the U.S. when it came to making treaties with other countries. Therefore the federal government also assumed a trust responsibility towards tribes and their members



Key Principles of Federal Indian Law

1. Tribes retain all of their inherent sovereignty that the federal government has not encroached upon
2. The federal gov't (not states) is in charge of Indian affairs
3. The federal gov't only deals with tribal orgs or gov'ts that it has recognized
4. The U.S. has assumed a trust responsibility towards Indian Nations

Treaty-Making

Purpose of Treaties

- 1832: first congressional appropriation for health care → smallpox vaccine
- Small expenditures for health care from treaties
- 1849: transfer of Indian affairs from the War Dept to the Bureau of Indian Affairs → attempt to provide medical services

Eradication and removal



Assimilation



Trail of Tears and Reservations

Move away from traditional foods,
poor sanitary conditions

Diabetes, heart disease, cancers

Boarding Schools

Removal of “anything Indian”, lack
of parenting, abuse in schools

High levels of historical trauma, drug
and alcohol abuse, depression, suicide
and domestic abuse

Ban on traditional Medicines (until
the last half of the 20th century)

Sanctioning and Detainment of
Medicine Men

Loss of traditional practices in some
tribes, culturally incongruent care for
tribes



Snyder Act and the Merriam Report

- Snyder Act: Mandated the expenditure of funds for “the relief of distress and conservation of health and the employment of physicians for Indian tribes”
- Merriam Report: result of a two year survey of the condition of Indian affairs
 - *Defined the goal of Indian policy to be “the development of all that is good in Indian culture rather than to crush out all that is Indian”*

Reorganization



Indian Reorganization Act of 1934

- Encouraged economic development and self-determination by tribes
- Provisions to return some tribal lands
- Some educational and technical training opportunities
- Still had limited tribal autonomy

Termination



“Freeing” the Indians

- Rapid assimilation through terminating legal existence → removed federal recognition, eliminated reservations, relocation to urban areas, acts passed to terminate federal-tribal trust with 109 tribes and bands
- Transfer Act: moved Indian Health responsibility from the BIA to the Public Health Service
- Creation of the Indian Health Service in 1955

Self-Determination



Indian Self-Determination and Education Assistance Act of 1975 and the Indian Health Care Improvement Act of 1976

- **Self Determination and Education Assistance Act:** the Secretary of the Department of the Interior and the Secretary of the Department of Health and Human Services can enter into “638” contracts with tribal organizations
- **Indian Health Care Improvement Act:** Goal – to provide the highest possible health status to Indians and to provide existing Indian health services with all resources necessary to effect that policy
 - Health professions scholarships
 - Funding for construction of safe water and sanitary disposal facilities
 - Medicare and Medicaid reimbursement at IHS facilities
 - Authorization of services for urban Indians

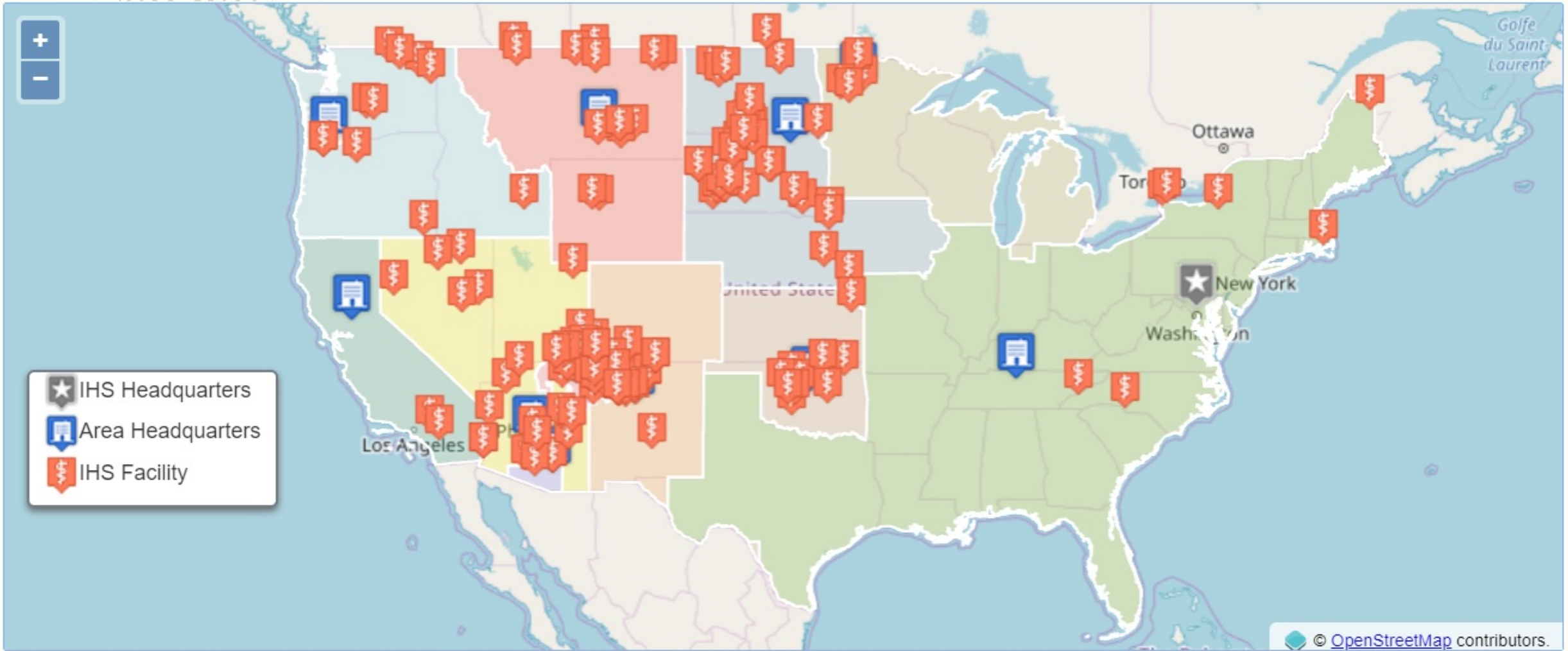
Native Health Today



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The Indian Health Service

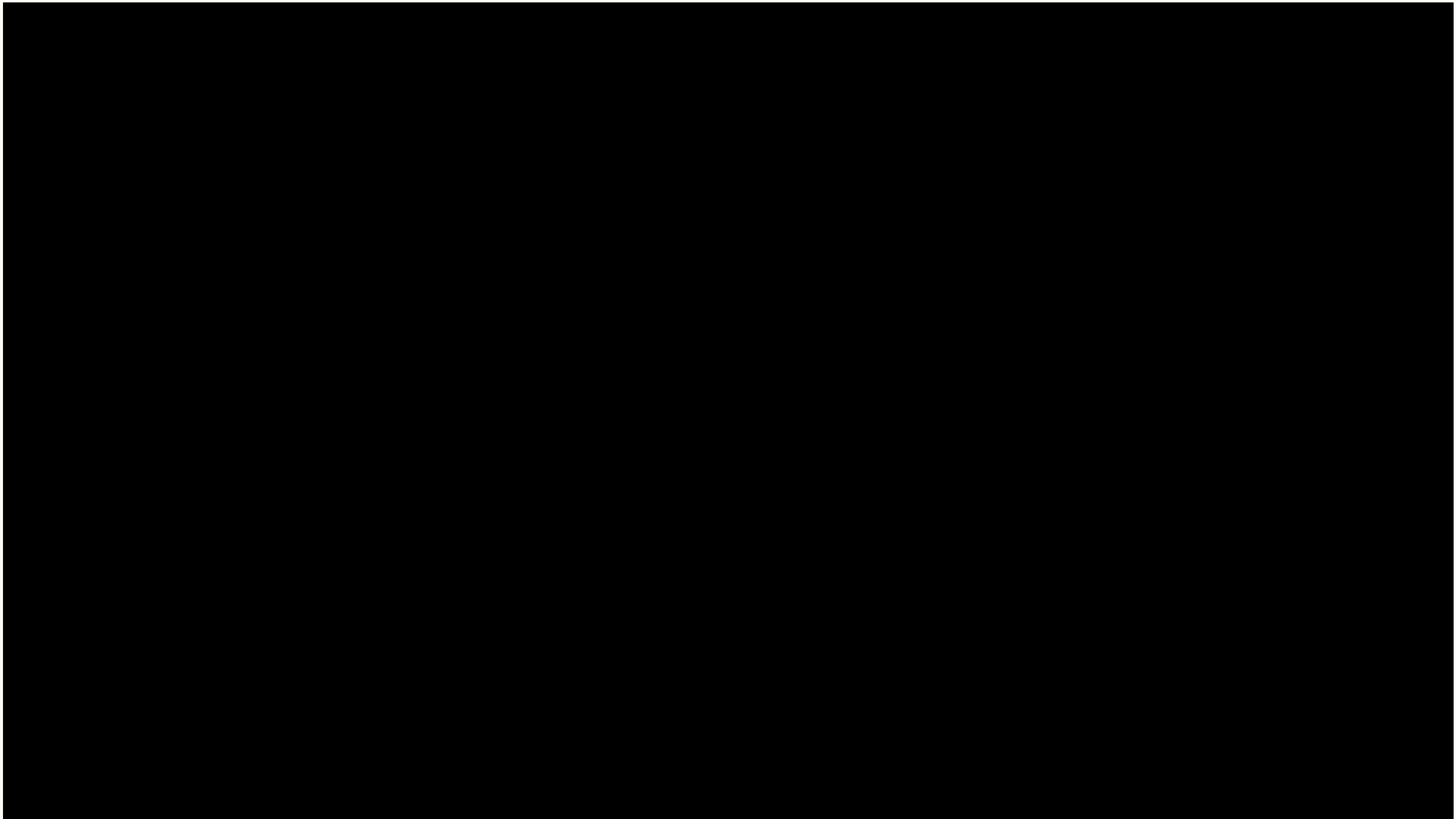
- Federally recognized tribes can have an IHS facility and most of these are on reservations
- These clinics have an emphasis on providing care specific to these populations
- Help regulate medical research and experiments that have historically mistreated Native populations
- Emphasis on integrating traditional medicines and medicine men and women into the clinic practices at the request of patients
- One of the best managed programs of the Bureau of Indian Affairs and the Department of Health and Human Services





Key Issues

- IHS does a lot with its funds but it is chronically underfunded (lowest per capita spending behind Medicare, Medicaid, the VA, and Federal Employee Health Benefits)
- Major health inequities: 27% of families with children live in poverty, children have the highest per capita rates of violent victimization, exposure to violent deaths is 7x higher for Native children than all other races, high levels of obesity, diabetes, depression, chronic liver disease and cirrhosis, alcohol and opioid abuse
- Reauthorized the Indian Health Care Renewal Act with the ACA
- Natives are beginning to be recognized in the climate change sphere for their knowledge of lands, natural resources and ecosystems due to their long-standing ties to land
- Better understanding of Culture as medicine (protective factor) and integration of traditional healers
- Strengths of extended family structure, parenting and child-rearing beliefs, and revitalization of language and traditions



Questions and Reflections



Citations

Books:

Decolonizing Methodologies: Research and Indigenous Peoples - Linda Tuniwai Smith

American Indian Health: Innovations in Health Care, Promotion, and Policy - Everett R. Rhoades

Articles and Short Readings:

Kaiser Family Foundation Issue Brief: Legal and Historical Roots of Healthcare for Native Americans and American Indians in the U.S. – Brett Lee Shelton

“American Indian Health Policy: Historical Trends and Contemporary Issues” – Donald Ware

“Poverty and Health Disparities for American Indian and Alaska Native Children: current knowledge and future prospects” – Sarche, Spicer

“Priorities in Tribal Public Health” – Tribal Public and Environmental Health Think Tank

“The Indian Health Service and Traditional Medicine” – Everett R. Rhoades

“Our Culture is our medicine: Perspectives of Native Healers on Post-Trauma Recovery among American Indian and Alaska Native Patients” – Bassett, Tsosie, Nannauck