



**UW PACC**

Psychiatry and Addictions Case Conference

UW Medicine | Psychiatry and Behavioral Sciences

**UNDERSTANDING WORKING WITH  
TRIBES AND INDIAN ORGANIZATIONS  
TO SERVE AMERICAN INDIANS AND  
ALASKA NATIVES**

AMERICAN INDIAN HEALTH  
COMMISSION FOR WASHINGTON  
STATE





# PRESENTER: VICKI LOWE

Vicki Lowe, a descendant of the Jamestown S’Klallam and Bella Coola First Nations, began working in the Jamestown Tribes Health Program in 1996. In July of 2015, Ms. Lowe became the Executive Director of the AIHC. Working with the AIHC, she has utilized her vast knowledge of the Indian Health Care Delivery System, state and federal regulations that govern the Indian Health and insurance coverages to implement statewide strategies supporting Tribal and Urban Indian health programs. Some of these efforts include:

- Developed Tribal Assister Project and Indian Health Care Reform Manual for Washington State
- Ensure Tribal engagement and inclusion in Medicaid Transformation
- Help with drafting and passage of the Washington Indian Health Improvement Act (2019) and the Washington Indian Behavioral Health Act (2020)

Ms. Lowe is also very involved in the Jamestown S’Klallam Tribal Community. She has been part of the Jamestown Canoe Family since 2009, pulling in the Tribe’s canoe since 2012. She supports singing and drumming, language, weaving classes and other culture programs.. She has five children and seven grandchildren.

# **OBJECTIVES TO GAIN AWARENESS OF:**

**Tribal Sovereignty, Treaty/Trust responsibility, and federal policies on the health of American Indians and Alaska Natives**

**Indian Health Care Delivery System and recent changes in the Behavioral Health System**

**American Indian/Alaska Native historical and the cultural context of health.**

**Discriminatory policies and root causes of health disparities experienced by American Indian and Alaska Natives.**

**Pulling Together for Wellness framework, Generational Clarity and Seven Generations Strategies**

## **American Indian Health Commission for Washington State**

# **About Us**

### **Pulling Together for Wellness**

We are a Tribally-driven, non-profit organization providing a forum for the twenty-nine tribal governments and two urban Indian health programs in Washington State to work together to improve health outcomes for American Indians and Alaska Natives.



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# Land Acknowledgement

I would like to begin by acknowledging that as we gather today, we are all on the ancestral homelands of indigenous people. Where I live, that is the S'Klallam People, who have lived on these lands from time immemorial. Please join me in expressing our deepest respect and gratitude for our indigenous neighbors, the S'Klallams and other Salish people, for their enduring stewardship and protection of our shared lands and waterways.

**nəx<sup>w</sup>słá'yəm'** (new-skly-um) means S'Klallam.

**The S'Klallams are the Strong People.**

**Understanding and respecting Indian law and policy can bring about great improvements for the Tribal nations and American Indian and Alaska Native people**

**AND**

**benefit the citizens of the state of Washington.**



# **LEGAL AND HISTORICAL FOUNDATIONS OF THE INDIAN HEALTH SYSTEM**

# NATIVE AMERICAN NATIONS

## TRADITIONAL NAMES & LOCATIONS



This map is the first to document the true names and original locations of most of the documented Native American Nation in what is now the contiguous United States of America. It represents the homelands of Tribal Nations from roughly 1590 through 1850, pre-reservation period. It seeks to honor all Nations, Tribes, sub-Tribes and bands, etc by including the larger, well-known ones as well as many that did not survive the effects of European arrival. Most of the



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Prior to the establishment of the United State government, Tribal nation were negotiating treaties with Spain and England.

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At first, the United States government used treaty making to encourage stable relationships and trade with the Tribes.

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Treaty making was a method used to take Indian Land.

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370 Indian Treaties were made with the U.S. Government and Indian Tribes from 1789 to 1871.

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Changes in administrations and westward expansion changed what was negotiated in treaties.

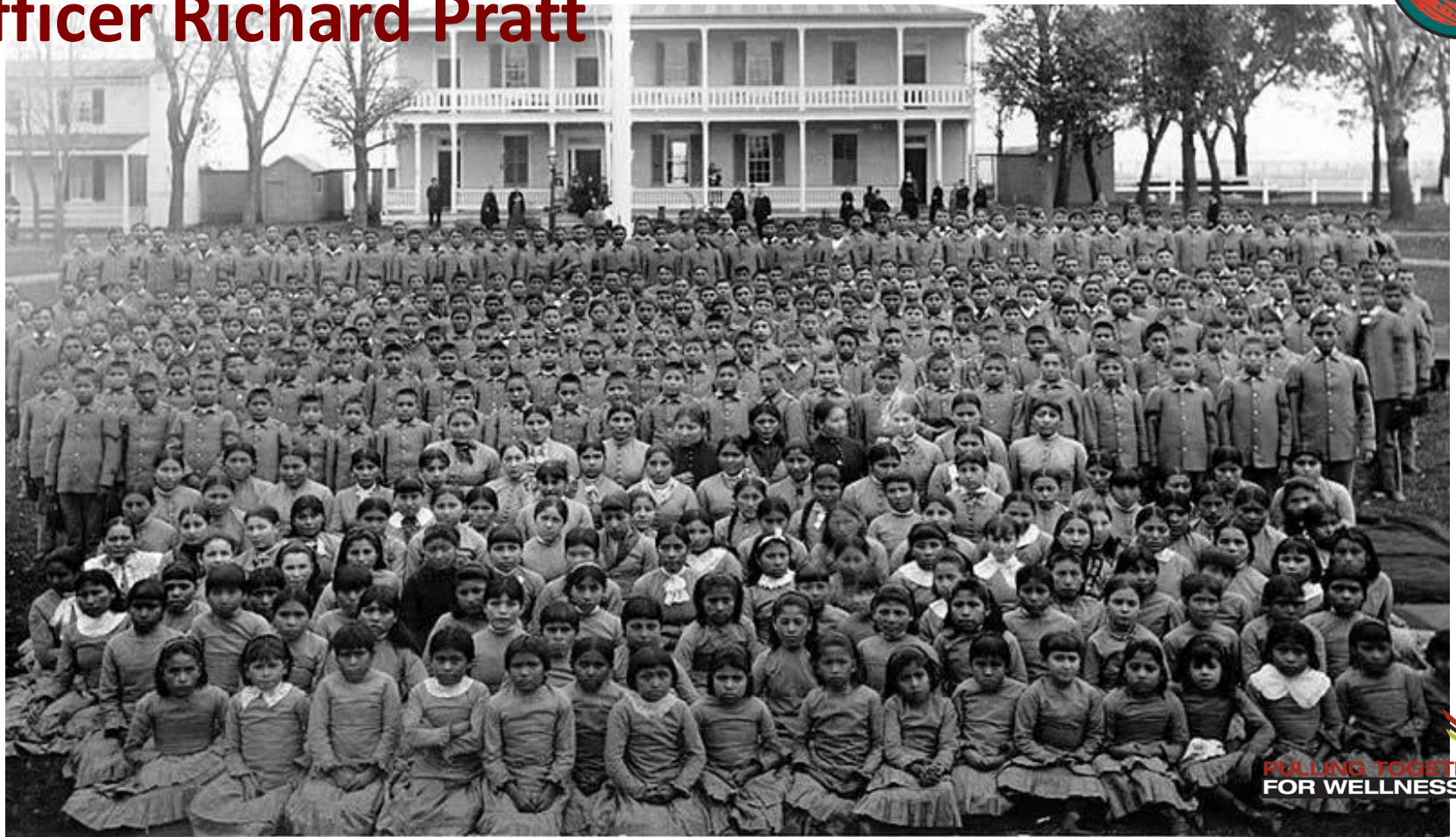
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Under Andrew Jackson, federal policy for treaty making with Tribes changed from alliance to open Indian land for settlement by non-Indians.

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## **TREATY MAKING**

# “Kill the Indian; save the man” Officer Richard Pratt



**PULLING TOGETHER  
FOR WELLNESS**

# NATIVE AMERICAN GENOCIDE



Genocide means any of the following acts committed with intent to destroy, in whole or in part, a national, ethnical, racial or religious group, as such:

- (a) Killing members of the group;
- (b) Causing serious bodily or mental harm to members of the group;
- (c) Deliberately inflicting on the group conditions of life calculated to bring about its physical destruction in whole or in part;
- (d) Imposing measures intended to prevent births within the group;
- (e) Forcibly transferring children of the group to another group

United Nations Resolution, ratified in 1951,

<https://www.un.org/en/genocideprevention/genocide.shtml>

# WASHINGTON STATE DEFINITIONS



**"Historical trauma"** means situations where a community experienced traumatic events, the events generated high levels of collective distress, and the events were perpetuated by outsiders with a destructive or genocidal intent. (SSB 6259, passed 2019-20)

**"Resilience"** means the personal and community qualities that enable individuals to rebound from adversity, trauma, tragedy, threats, or other stresses, and to live productive lives. (SSB 6259, passed 2019-20)

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# HISTORICAL EVENTS AND FEDERAL POLICIES IMPACT INDIAN HEALTH



1789-1871 Treaty Making

1830s Removal Period

1832-First Congressional appropriation for smallpox vaccine

1849-Indian Health Care transferred from War Department.

## Assimilation Policies

- ▶ Indian Boarding Schools
- ▶ Traditional health care practices outlawed

1887 Allotment Act

1921 Snyder Act

1924 Indian Citizenship Act

1928 Merriam Report

1934- Indian Reorganization Act

Indian Health Services established

1945-61 Termination Act (109 tribes "terminated")

1950-60s Relocation Policies

1965 IHS began providing Family Planning Services

1975 Indian Self-Determination and Education Assistance Act, P. L. 93-638

1976 Indian Health Care Improvement Act, P. L. 94-437

1978 American Indian Religious Freedom Act, P.L. 95-341

1978 Indian Child Welfare Act 25 U.S.C. §§ 1901-1963, P.L. 95-608, 92 Stat. 3069

2010 Indian Health Care Improvement Act pass as part of the Affordable Care Act.

2010 Patient Protection and Affordable Care Act

2010 Indian Health Care Improvement Act Reauthorization and Extension Act

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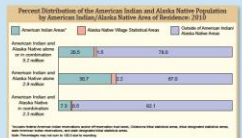
**PULLING TOGETHER  
FOR WELLNESS**

# American Indians and Alaska Natives in the United States



### The Largest Tribal Grouping Populations: 2010

Tribe	2010 Population	2000 Population	% Change
Cherokee	342,847	314,000	+9%
Chickasaw	288,171	274,000	+5%
Navajo	287,877	274,000	+5%
Cherokee (Eastern)	274,000	274,000	0%
Cherokee (Mountain)	274,000	274,000	0%
Cherokee (Plateau)	274,000	274,000	0%
Cherokee (Southern)	274,000	274,000	0%
Cherokee (Western)	274,000	274,000	0%
Cherokee (Northern)	274,000	274,000	0%
Cherokee (Central)	274,000	274,000	0%
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### Legend

- American Indian Reservation and/or Off-Reservation Trust Land (Federal)
- Oklahoma Tribal Statistical Area
- Tribal Designated Statistical Area
- American Indian Reservation (State)
- State Designated Tribal Statistical Area
- Alaska Native Regional Corporation
- International Boundary
- State Boundary

NOTE: The boundaries and statistical areas in this map were developed by the U.S. Census Bureau. American Indian and Alaska Native Areas (AANAs) are defined as the geographic areas that contain the majority of the American Indian and Alaska Native population. The boundaries of these areas are based on the 2000 Census. The boundaries of the American Indian Reservations (AIRs) are based on the 2000 Census. The boundaries of the Oklahoma Tribal Statistical Areas (OTSA) are based on the 2000 Census. The boundaries of the Tribal Designated Statistical Areas (TDSA) are based on the 2000 Census. The boundaries of the State Designated Tribal Statistical Areas (SDTSA) are based on the 2000 Census. The boundaries of the Alaska Native Regional Corporations (ANRC) are based on the 2000 Census. The boundaries of the American Indian Area (AIA) are based on the 2000 Census. The boundaries of the Alaska Native Village Statistical Area (ANVSA) are based on the 2000 Census. The boundaries of the Other American Indian/Alaska Native Area (OAINA) are based on the 2000 Census.



# U.S. RECOGNITION OF TRIBAL SOVEREIGNTY

The U.S. Constitution mentions Indian Tribes:

- Article 1, section 8 , clause 3, Congress is the branch of government authorized to regulate commerce with *“foreign nations, among the several states, and with Indian Tribes.”*
- Article 2, Section 2, Clause 2 of the U.S. Constitution empowered the President to make treaties, including Indian Treaties.
- Article 4, states that all treaties entered by the United States *“shall be the supreme Law of the Land.”*



# CONGRESS ENDED TREATIES MAKING WITH TRIBES IN 1871

Today, the subject of Indian treaties is a closed account in the constitutional law ledger. By a rider inserted in the Indian Appropriation Act of March 3, 1871, it was provided:

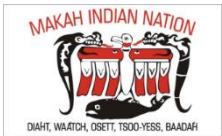
**“That hereafter no Indian nation or tribe within the territory of the United States shall be acknowledged or recognized as an independent nation, tribe, or power with whom the United States may contract by treaty: Provided, further, that nothing herein contained shall be construed to invalidate or impair the obligation of any treaty heretofore lawfully made and ratified with any such Indian nation or tribe.”** 25 U.S.C. § 71



# 29 FEDERALLY RECOGNIZED TRIBES IN WASHINGTON STATE



Cowlitz Indian Tribe



THE SUQUAMISH TRIBE



Swinomish Tribal Community



Samish Nation



Spokane Tribe of Indians



Nisqually Indian Tribe



Upper Skagit Indian Tribe



Quileute Tribe



Sayak-Suiattle Indian Tribe

# TWO IMPORTANT THEMES FOR INDIAN LAW

# THEME 1 → SOVEREIGNTY

- TRIBES = Independent entities with inherent power of self-government

*See American Indian Law in a Nutshell, William Canby, Jr., 6<sup>th</sup> Edition*

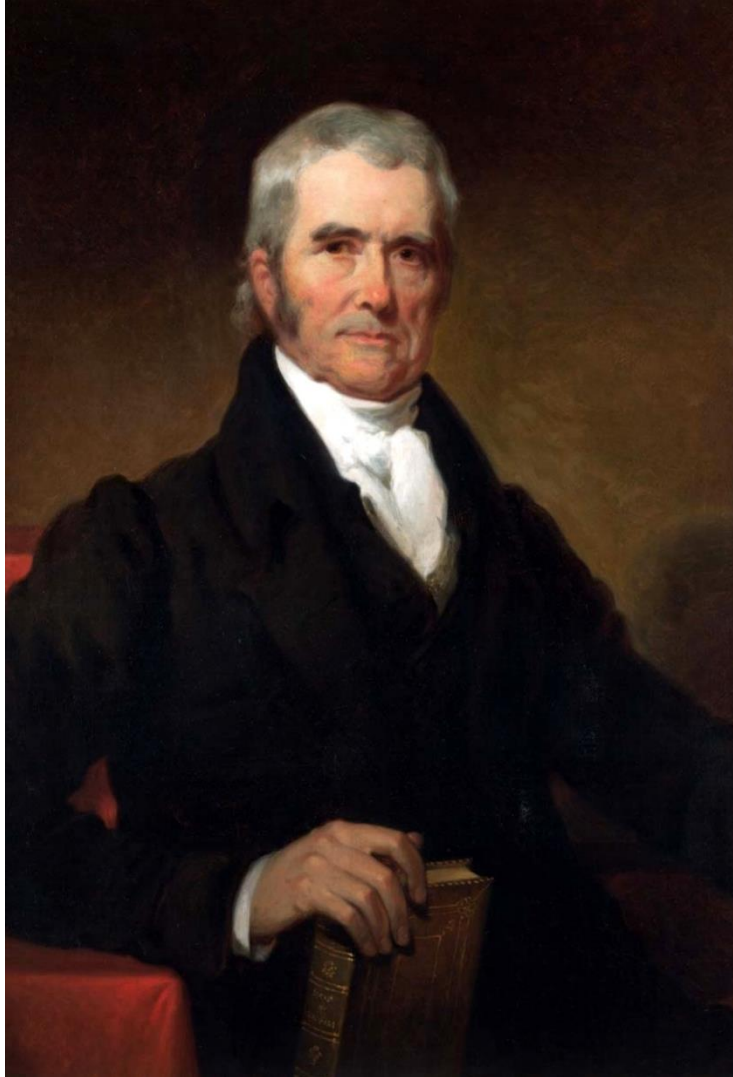
# TRIBAL SOVEREIGNTY

Tribal Sovereignty predates the formation of the United States government.

Prior to contact, Tribal governments had complete sovereignty.



# THE MARSHALL TRILOGY



- Johnson v. M'Intosh (1823) ruling used the Discovery Doctrine to establish the nature of Indian title. Upon "discovery" the Indians had lost "their rights to complete sovereignty, as independent nations," only retaining a "right of occupancy" in their lands.
- Cherokee Nation v. Georgia (1831) held that the tribe was not a foreign nation, rather a "domestic dependent nation" subject to the sovereignty of the United States federal government.
- Worcester v. Georgia (1832) ruled that tribal sovereign powers were not relinquished when Indian tribes exchanged land for peace and protection.
- "The Indian nations had always been considered as distinct, independent, political communities, retaining their original natural rights, as the undisputed possessors of the soil, from time immemorial..."  
Worcester v. Georgia, 31 U.S. 515, 559 (1832)

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# TRIBAL SOVEREIGNTY IN PRACTICE

## AUTHORITY TO GOVERN

Sovereignty ensures control over the future of the tribes and encourages preservation of tribal culture, religions, and traditional practices.

Tribes have the authority to, among other things, govern their people and their land; define their own tribal membership criteria; create tribal legislation, law enforcement and court systems; and to impose taxes in certain situations.

Building Bridges for the New Millennium: Government to Government Implementation Guidelines, May 18, 2000



# THEME 2 → TRUST RESPONSIBILITY

Trust responsibility is a legally enforceable obligation of the United States to protect tribal self-determination, tribal lands, assets, resources, and treaty rights, as well as carry out the directions of federal statutes and court cases.

Building Bridges for the New Millennium: Government-to-Government Implementation Guidelines, State-Tribal Workgroup, May 18, 2000



## FEDERAL TRUST STATUTORY RESPONSIBILITY TO PROVIDE HEALTH CARE TO AI/AN

Under the Indian Health Care Improvement Act (IHCIA), “[f]ederal health services to maintain and improve the health of the Indians are ... required by the Federal Government’s historical and unique relationship with, and resulting responsibility to, the American Indian people.”

25 U.S.C. § 1601(a)



# **INDIAN HEALTH CARE DELIVERY SYSTEM**

# Indian Health Care Providers (IHCPs)

IHS Facility (Direct Site)

25 USC § 1661

Tribal Compact/Contract  
Tribes

25 USC § 450 et. seq.

Urban Indian Health Care  
Providers

25 USC 1603 § (29)

# Indian Health Services System: 2.6 million served



The Indian Health Service (IHS) was established within the Public Health Service in (AI/AN) people. 1955 to provide health services to American Indian and Alaska Native



IHS provides services directly through a network of 46 hospitals, 10 regional youth facilities, 344 health centers, and 105 health stations and 150 Alaska village clinics - primarily in rural areas on or near reservations.



IHS also awards contracts and grants to non-profit urban Indian organizations that provide health care and referral services to urban Indians. There are 41 UIHOs in 77 locations.



About 54 percent of IHS funds go to tribal organizations. In certain circumstances, IHS pays for services provided by external providers through its Purchased/Referred Care program (PRC).



In addition to the provision of health care, IHS performs several public health functions, including public health nursing and water sanitation facility construction.

# IHS FACILITY - DIRECT SERVICES TRIBES



Source: GAO | www.gao.gov

IHS services are administered through a system of 12 Area offices, 26 hospitals, 59 health centers and 32 health stations.

Direct Service Tribes (DST) receive primary health care services from the Indian Health Service.

These services include direct patient care such as internal medicine, pediatrics, women's health, and dental and optometry services.

Service Units on the Colville, Spokane, and Yakama reservations



# TRIBAL COMPACT AND CONTRACT TRIBES

Titles I and V of the Indian Self-Determination and Education Assistance Act (Public Law 93-638, as amended), provide Tribes the option of exercising their right to self-determination by assuming control and management of programs previously administered by the federal government.

Since 1992, the Indian Health Services has entered into agreements with tribes and tribal organizations to plan, conduct, and administer programs authorized under Section 102 of the Act.

Today, over half of the Indian Health Services appropriation is administered by Tribes, primarily through self-determination contracts or self-governance compacts. These Tribes also have Purchased and Referred Care (PRC) programs to pay for services received outside of the clinic.

28 Tribes administer Indian Health Services funds to provide health care services in Washington State. These tribes provides both direct care and contracted care.

# URBAN INDIAN HEALTH PROGRAMS

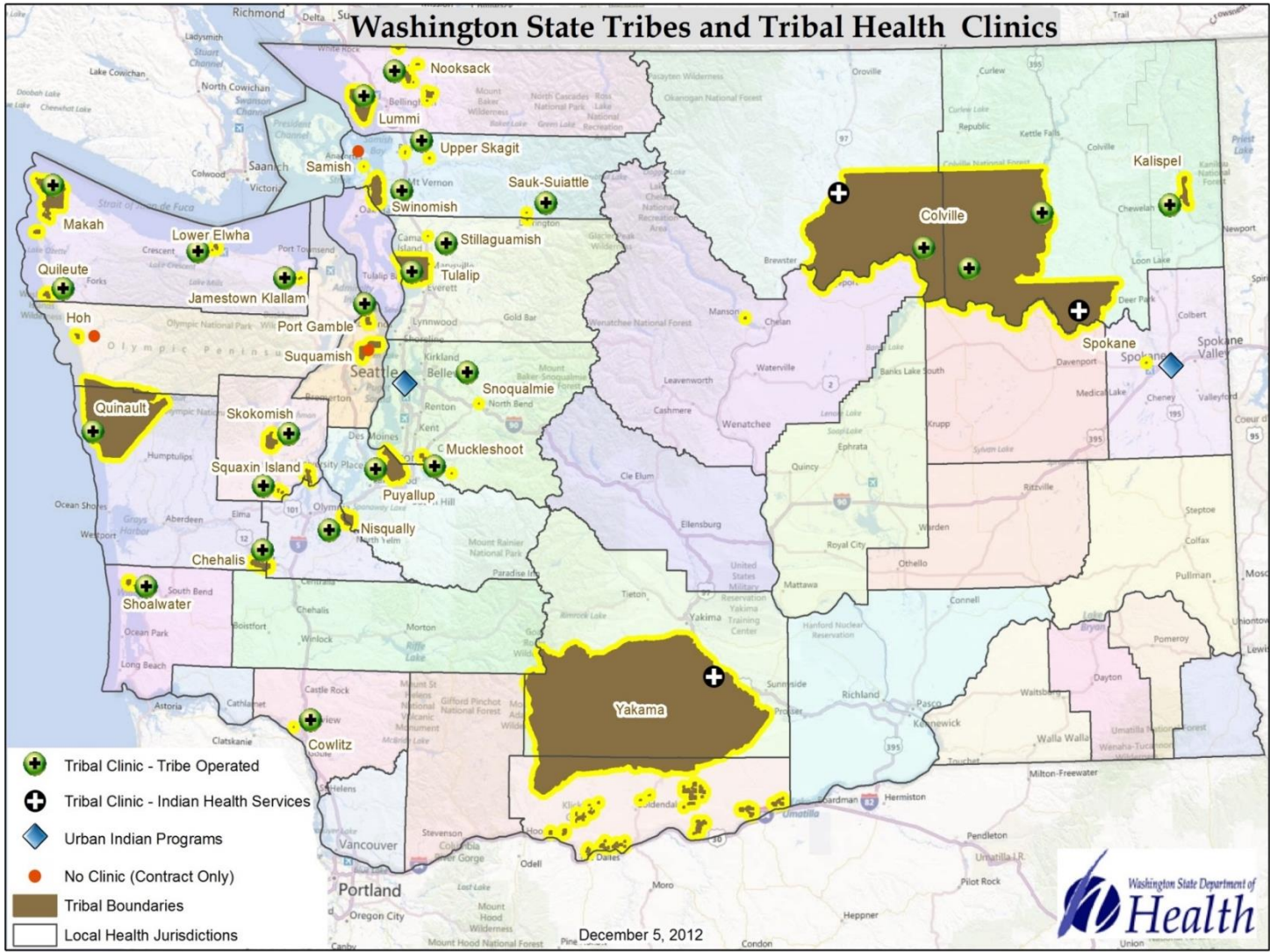
Title VI of the Indian Health Care Improvement Act authorizes the Indian Health Services to fund urban Indian organizations to provide health care and referral services to the urban Indian populations. 25 U.S.C. 1651-1660d.

Indian Health Services provides contracts and grants to 41 urban-centered, nonprofit urban Indian organizations providing health care services at 80 locations throughout the U.S.

These clinics do not have PRC funds for services received outside of the clinic

2 Urban Indian Health Programs: Seattle Indian Health Board and NATIVE Project of Spokane





# PURCHASED AND REFERRED CARE PAYING FOR CARE REFERRED OUTSIDE THE INDIAN HEALTH CARE SYSTEM

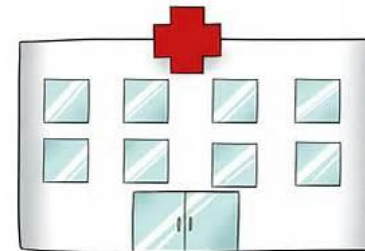
Indian Health Care Provider



- Health Care
- Mental Health
- Substance Use
- Dental

*Referral &  
Coordination*

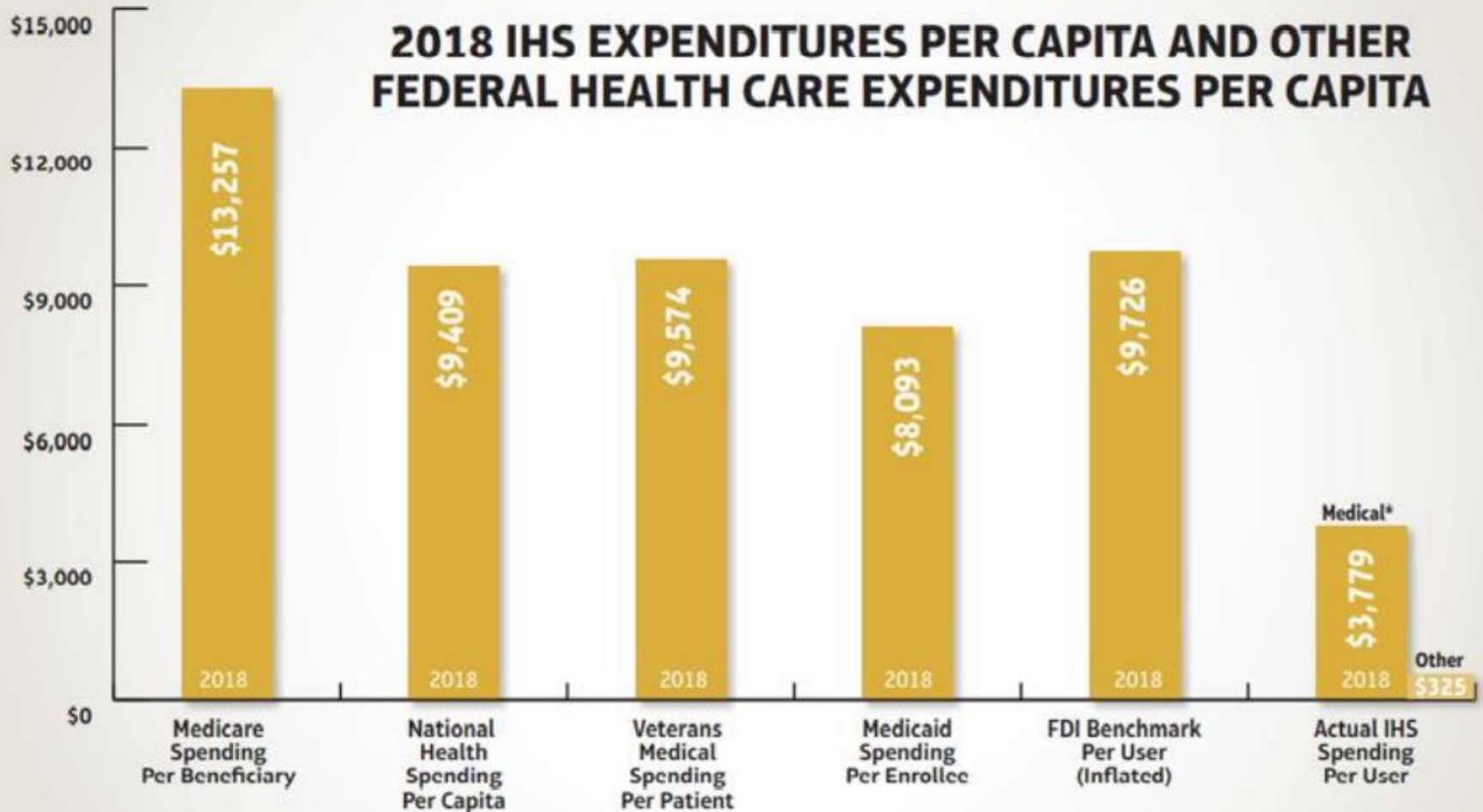
Non-Indian Health  
Care Provider



- Specialty Care
- Inpatient Care



## 2018 IHS EXPENDITURES PER CAPITA AND OTHER FEDERAL HEALTH CARE EXPENDITURES PER CAPITA



\*Payments by other sources for medical services provided to AIANs outside IHS is unknown. 4/6/2020

# **GOVERNMENT TO GOVERNMENT RELATIONSHIP WITH TRIBES**

## **FEDERAL AND STATE LEVEL**

# GOVERNMENT-TO- GOVERNMENT

AT THE FEDERAL LEVEL

## **Executive Order 13175 - "Consultation and Coordination with Indian Tribal Governments"**

Issued by U.S. President Bill Clinton on  
November 6, 2000.

Requires federal departments and agencies to  
consult with Indian tribal governments when  
considering policies that would impact tribal  
communities

Reiterates the federal government's previously  
acknowledged commitment to tribal self-  
government and sovereignty



# GOVERNMENT-TO- GOVERNMENT

AT THE STATE LEVEL

## Centennial Accord of 1989:

Agreement between the State of Washington and the Tribes where each party “respects the sovereign status of the parties, enhances and improves communications between them, and facilitates the resolution of issues.”



# GOVERNMENT-TO-GOVERNMENT

AT THE STATE LEVEL

## Chapter 43.376 RCW:

In 2012, Washington State codified that state the intent of the Centennial Accord. This includes requiring all state agencies to have a formal consultation policy.

The Governor's Office of Indian Affairs, GOIA, is the office that connects the Tribal Leadership to the Governor.



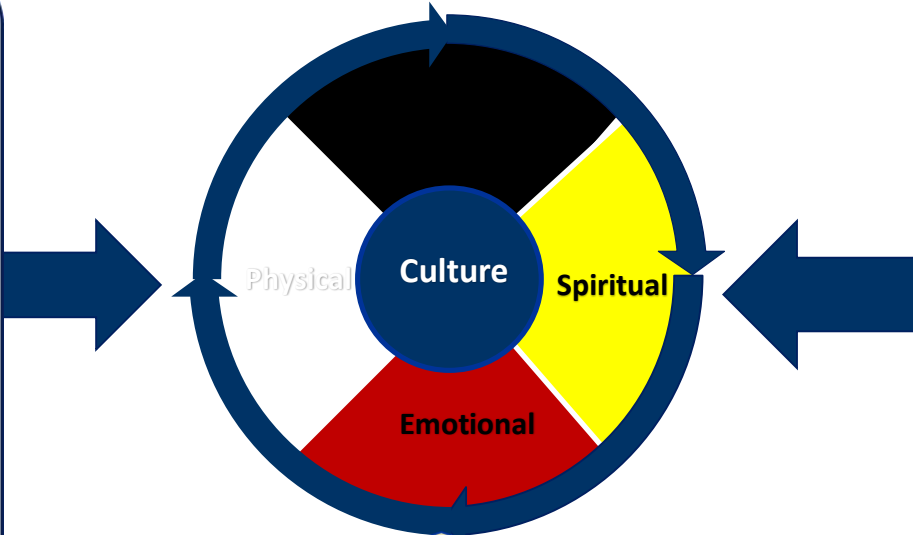
# **PULLING TOGETHER FOR WELLNESS FRAMEWORK, GENERATIONAL CLARITY AND SEVEN GENERATIONS STRATEGIES**

# Pulling Together for Wellness A Tribally-driven Framework



**Components of the PTW framework:**

- Mobilizing at the Tribal/Community Level
- Leadership and Community Engagement
- Recruit and Retain Partners
- Specific Outreach to Youth and Elders
- Engagement of Cultural Resources and Traditional Healers
- Inclusion of Cultural and Historical Consideration in the Planning Process
- Action Planning Process
- Use of Storytelling – Balance of Data and Stories
- 7 Generation Strategies – Strength-based
- Integrates trauma informed Strategies



**Tools of the PTW Framework:**

- Definition, Vision and Values of the PTW Framework
- Partnership Development Inventory and Process
- Community Health Assessments and Environmental Scans
- Inventory of Cultural Appropriate Strategies
- Matrix: Vision, Goals, Indicators, Strategies (including PSE, EB, PB, PP)
- 18 Competence Domains (knowledge, skills, and abilities)

**Generational Clarity**

**HEAL**  
**H**istorical Trauma, Ongoing Discrimination, & Racism  
**E**quity and Social Determinants of Health  
**A**dverse Childhood Experiences (NEAR)  
**L**ateral Violence and Oppression



# AMERICAN INDIAN/ALASKA NATIVE CULTURAL RELEVANCE



- American Indian and Alaska Native Health and Wellness – Culture is key to all aspects of our lives.
- Medicine wheel model is a holistic view of health including social, emotional, physical, and spiritual health—heart, mind, body, and soul.
- Culture is reflected in the way we live, work, pray and play.





Pulling Together for Wellness  
THE HEART OF THE FRAMEWORK



DEFINITION

**A healthy Tribal and Urban Indian community is a safe and nurturing environment, where American Indian and Alaska Native people can experience emotional, spiritual, physical, and social health.**

**Healthy communities provide the resources and infrastructure; empowering people to make healthy choices and to ensure health equity.**

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# Pulling Together for Wellness

## THE HEART OF THE FRAMEWORK



**American Indian Health Commission for Washington State**  
**PULLING TOGETHER FOR WELLNESS**

*A healthy Tribal and Urban Indian community is a safe and nurturing environment, where American Indian and Alaska Native people can experience emotional, spiritual, physical, and social health.*

Healthy communities provide the resources and infrastructure needed to empower people to make healthy choices and to ensure health equity.

<i>Our Vision</i>	<i>Our Values</i>
<ul style="list-style-type: none"> <li>• Our babies are born healthy; our mothers and fathers are supported.</li> <li>• Our tribal youth and adults are strong in mind, body, and spirit.</li> <li>• Our elders live long healthy lives (100+).</li> <li>• Our families have access to healthy nutritious food and know how to hunt, catch, gather, grow, harvest and preserve it.</li> <li>• Our families play and learn together in safe and nurturing environments.</li> <li>• Our people are self-sufficient and have opportunities for employment and life-long learning.</li> <li>• Our people have safe affordable housing.</li> <li>• Our people have self-responsibility.</li> <li>• Our people are happy, kind, and have good humor.</li> <li>• Our communities nurture our children and respect our elders.</li> <li>• Our communities embrace traditional values about respect and honor of all people of all ages.</li> <li>• Our communities have food sovereignty.</li> <li>• Our communities practice and hand down traditions from generation-to-generation in ceremony, language, and living.</li> <li>• Our communities respect and are connected to our natural environment.</li> <li>• Our environments are safe and provide all people with culturally appropriate choices to be healthy.</li> <li>• Our environments are free of alcohol, commercial tobacco, and other drugs.</li> <li>• Our systems, policies, and environments are trusted, empower our people, are culturally competent, and promote health equity.</li> </ul>	<p>A commitment to the following values will inform and guide the development and implementation of the Pulling Together for Wellness prevention framework:</p> <ul style="list-style-type: none"> <li>• We acknowledge tribal sovereignty and self-identity are the highest principles.</li> <li>• We encourage a shared responsibility for the health of our communities.</li> <li>• We acknowledge the importance of cultural health as our way of life.</li> <li>• We serve our elders.</li> <li>• We help our Tribe and/or community.</li> <li>• We embrace a life course perspective; starting with babies and moms.</li> <li>• We respect all people.</li> <li>• We acknowledge how resources are distributed show community values as in investing in vulnerable members of society.</li> <li>• We embrace the seven-generation principle with the wisdom and experience of our ancestors and elders as fundamental.</li> <li>• We acknowledge the importance of ceremony and time to heal.</li> <li>• We protect and strengthen culture, traditional values, and spirituality.</li> <li>• We embrace the importance of rest and seasonal living.</li> <li>• We acknowledge our interconnected relationship with Mother Nature and the responsibility to protect our environment.</li> <li>• We understand the importance of community incentives and healthy competition.</li> <li>• We promote social justice and health equity.</li> <li>• We serve our community with "Sacred Hospitality."</li> </ul>

**PULLING TOGETHER FOR WELLNESS**

March 2013

© 2015 AIHC

## Culturally Grounded Healthy Communities Prevention framework

- Vision / Values
  - Life-course Approach (Seven Generations Philosophy)
  - Culture as an important factor in Health
  - Importance of Traditional Values
  - Community and Place Strength-based
  - Social Ecological Framework (our connection to the world around us)
  - Knowledge and Expertise based on Community Wisdom
  - Integrate Native and western Epistemology



# IMPORTANCE OF CULTURAL APPROPRIATE SEVEN GENERATION STRATEGIES







# GENERATIONAL CLARITY

**ADDRESSING HISTORICAL TRAUMA MAY HELP ADDRESS THE DEEPER PROBLEMS THAT EXIST BEHIND SYMPTOMS SUCH AS INFANT MORTALITY.**

*“Generational clarity is not just understanding the historical trauma in the lives of individuals and communities. It is also understanding the strengths and values that the communities have. We need to build on both to understand how to work best with disadvantaged communities.” - Stephen Kutz, Chair, AIHC and Cowlitz Tribal Elective Official*



Gov. Jay Inslee talk with Stephen Kutz and Jan Olmstead from the American Indian Health Commission about historical and racial trauma across generations. 2019. (Office of the Governor photo)



To achieve health equity for American Indian and Alaska Native people, it is paramount to acknowledge the diversity of belief systems--principles that help to interpret everyday life.

“Not all peoples have the same historic and cultural backgrounds. We honor that there is more than one belief system and accept that the values, knowledge, and behavior of a people must be understood within their own story and cultural context. Acceptance is the opposite of oppression.” Vicki Lowe, (Jamestown/Bella Coola) Executive Director, AIHC



**PULLING TOGETHER  
FOR WELLNESS**

\*2020 Washington State Equity Task Force, Preliminary Report, Definition of “Equity”.

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# Thank you

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**American Indian Health  
Commission for Washington  
State**

Vicki Lowe

Executive Director

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*Dragonfly baskets by  
Bobbie Bush,  
Chehalis*