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Mobilizing Culture, Sovereignty and Community for Tribal Health in all Policies

KEY MESSAGES

THE PROBLEM

▶ **Federal and state suppression of cultural sovereignty in American Indian (AI) tribes' self-rule of their people's health and well-being have produced siloed, fragmented, and foreign policies and practices.**

● Historical, cultural and political forces have been simultaneously disrupted: indigenous culture (philosophies, traditional systems of healing, economy, government), sacred lands, education, gender and home.

● Federal Indian policies, by legalizing colonization, have also led to historical trauma, fracturing family and community relationships, and increasing adverse childhood experiences and health outcomes.

▶ **The U.S. federal government has reneged on the obligation of providing health services (consistently underfunding federal Indian health facilities and programs) and failed to support Tribal infrastructure (leaving Tribes with insufficient roads and broadband access to meet modern health needs).**

As a result, Indian People continue to suffer from disparate conditions leading to entrenched and devastating health inequities. For instance:

● American Indians and Alaska Natives experience health inequities such as diabetes, unintentional injuries, and certain mental and behavioral health conditions and cancers.

● These inequities are exacerbated by unfamiliarity from leadership, healthcare providers, and researchers.

● The COVID-19 pandemic offers a devastating example of how American Indian health inequities, anchored in damaging, punitive and paternalistic oversight, policy and laws have festered over time and led to the current supra-inequities of COVID-19 morbidity and mortality.

▶ **In contrast, aboriginal healing philosophies, practices, and systems promote interconnectedness and sustain life.**

● Tribal Health in All Policies **(THiAP)** is an adaptation of the Health in All Policies approach. **ThiAP** promises to restore ageless health-promoting structures such as systems of interconnectedness by embedding health, equity, and sustainability considerations into government decision-making processes by supporting intersectoral collaboration, producing co-benefits for tribal and non-tribal governments, engaging tribe-identified key stakeholders, and creating structural and procedural change across tribal programs and systems

Tribal Health in All Policies (THiAP)

Ensures the conditions for optimal health for all Indian People by bringing together community, tribal leaders, academia, media, employers and businesses, clinical care delivery systems and government public health infrastructure.

Supports collaboration by incorporating health considerations into decision-making across sectors and all policy areas (i.e. environment, land use, housing, education, food).

Values are grounded in equity, collaboration, creating co-benefits, engagement, and change.

Values such as communal decision-making, caring for one another as relatives, and maintaining harmonious relationships with the earth, air, water, and all living beings.

Tribal HiAP is necessary to mend historical trauma and restore the amputated indigenous philosophies and practices from the systems of healthcare and health policy that we have inherited.

POLICY CONTEXT

With comprehensive, locally driven policies, Tribes may be more resilient to infringement of sovereignty by other governments and, in turn, restore aboriginal well-being. **THiAP** supports intersectoral collaboration and engagement of tribal identified stakeholders that can generate a healthier workforce through education, housing, and infrastructure development.

THiAP co-benefits both tribal and non-tribal governments and can reduce healthcare costs for the system and individuals by extending healthcare benefits to the essential and eligible non-Native workforce and neighboring communities. ThiAP also rebuilds trust in the facilities for continuity of care and rebuilds the integrity of the facilities. **Drawing from a THiAP approach**, the following policy options support structural and procedural change across tribal programs and systems.

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"nothing about us without us

POLICY OPTIONS

Option 1: Promote intersectoral collaboration and create a joint memorial to amend the New Mexico State-Tribal collaboration act that acknowledges tribal sovereignty and inherent public health authority pre-dating colonial federal government. This may involve various strategies including establishing a more robust Consultation Process. THiAP supports the reframing of current Western-led consultation processes by revising current federal and state consultation policies, whereby, such policies are redrafted by tribal leaders prior to the federal and state governments formalizing them as policy. This allows tribal governments to determine what constitutes "consultation," what triggers such, what is the process of creating consensus if action is warranted, what is the task for each entity to ensure the process was beneficial or not, etc. This may involve review processes for inviting tribal leaders when consultation is necessary. Currently, a "Dear Tribal Leader" letter is distributed widely in hopes tribal leaders will eventually receive the notice and attend. BIA has a listing and addresses of all tribal governments in their system. A certified (or other priority mailing) letter should be used to ensure identified tribal leaders receive the notice. Given the current crisis, other forms of consultation should be emphasized (Zoom, Webinar, Telephone, etc.) instead of reliance on in-person.

Option 2: Conduct an annual review of tribal emergency management plans to create a responsive intertribal public health "safety net"/agency for tribal communities that will invite participation by county, city, state, and federal entities, as a strategy for recalibrating the balance of power and authority. This would involve obtaining local, state, and federal funding for every tribe, or formal tribal consortia, for initial and continuing updates of Health Impact Assessments and Community Health Assessments. Tribes would engage in ongoing community health improvement planning processes (at regular intervals every 5 years) to develop culturally safe public health accreditation criteria (or alternate tribal public health accreditation).

Option 3: Establish an Indigenous Healing Authority recognized by the state of NM and Tribal Nations in NM that will develop and implement structural and procedural changes. Such an authority is best positioned to lead and incorporate Indigenous planning and design into health facilities which takes into consideration community input, resident cultural values and beliefs, aesthetic of surrounding landscape/environment, incorporation of local cultural design, and spaces for traditional healing modalities. Another critical role for an Indigenous Healing Authority is to develop culturally safe public health accreditations that can be accomplished through creating a framework for tribal governments to consider the use of P.L. 93-638 for taking control of their IHS governed health facilities. One such example is the establishment of a credential waiver process to accredit traditional healers to be recognized as equivalent to PhD, Nurse Practitioner, or Mental Health Therapist/Clinical Social Worker status. This may involve a cross-commission waiver process for traditional healers to practice in Federal, State and Tribal Health Facilities. A Bi-Annual NM Tribes, Nations, and Pueblos forum would enable tribal leaders, traditional healers, and elders to identify the appropriate conduct for the indigenous healing model in state and tribal facilities.

ADDITIONAL POLICY CONSIDERATIONS

The above options are a mere step toward THiAP. However, the inequitable framework of the Public Health System continues to sever or marginalize alternative medicine and indigenous health modalities and forces society to conform to the profit driven system. Consistent and relentless advocacy toward Long-term Policy change in the Structural Violence Notion of Restorative Justice is the overall option needed in order to assist tribal leaders in reclaiming balance and holistic healing

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