FROM CONQUEST TO INDIAN HEALTH SERVICE: THE CONITNUED COLONIZATION OF NATIVE AMERICANS

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ABSTRACT

This project covers the historical development of health problems in the Native American community and it covers the development of Indian Health Service and the limitations of this institution. A thorough investigation of historical events will pinpoint pivotal occurrences that have had an impact on the Native American population today. Lastly, this project examines how the practices of Indian Health Service align with or divert from the cultural practices of the communities it serves. This section addresses the ways in which community healing is necessary and the ways in which this could be accomplished.

Keywords: Indian Health Service, Native American, health issues, community healing

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ACRONYMS

AIHFS: American Indian Health and Family Services

BIA: Bureau of Indian Affairs

GONA: Gathering of Native American curriculum

HEW: Department of Health, Education, and Welfare

HHS: Department of Health and Human Services

IHS: Indian Health Service

OMB: United States Office of Management and Budget

PHS: Public Health Service

SAMHSA: Substance Abuse and Mental Health Services Administration

TIM: Traditional Indian Medicine

TRAC: Traditional Resources Committee

UIHS: United Indian Health Services Potawot Health Village

Introduction

Colonialism has left a tremendous negative impact on the Indigenous Peoples of the United States. Since initial contact, the Native American population has continuously dealt with traumatic experiences at the hands of the colonizers. To begin with, colonizers used harsh war tactics to initially decimate the Native American population. In addition, colonizers demonized Native Americans in order to justify violent settler expansion. Because colonizers realized that they could not solve the "Indian problem" through outright genocide, the United States government supported cultural genocide as the viable option. The rise of boarding schools, for example, led to even more human rights violations against Native Americans. The combination of the continued abuse on the Native American population has had consequences on the overall past and present health of this population, which is the focus of this project. The services offered to address the health disparities of the Native American population have made some progress in treatment and wellbeing, yet a thorough examination of the roots of these health disparities need to be addressed in order to truly promote healing in the community. Most importantly, Native American communities need to have full self-determination over the health care services they receive.

Scholars have reported that the Native American population has and continues to have immense health disparities due to the effects of colonialism and neocolonialism. Medical services offered to the Native American population in the late 1800's suggest that there was some concern, from the United States government, to address the health issues of the Native American population. However, the creation of these medical services, during this era, mainly arose as an obligation to tribes through treaties and in order for the health of the white settlers to not be compromised as a result of close proximity to ill tribal members. The formation of Indian

Health Service, in 1955, points to further action the U.S. government has taken to bring under its responsibility the assignment of addressing the health disparities in the Native American population.

Indian Health Service (IHS) has grown as a health institution that has served the Native American population since 1955. However, this institution originally housed in the Bureau of Indian Affairs (BIA) was later transferred to the Public Health Service (PHS), a division under the federal Department of Health, Education, and War (Pfefferbaum, et al. 382). The HEW department was later renamed, in 1980, to the Department of Health and Human Services ("HHS Historical Highlights"). The United States over the course of time has managed to keep IHS under its direct supervision while providing medical services to the Native American population. In fact, the mission of IHS since its inception has been to: "provide a comprehensive health services delivery system for American Indians and Alaska Natives with opportunity for maximum Tribal involvement in developing and managing programs to meet their needs" ("OVERVIEW OF THE INDIAN HEALTH SERVICE PROGRAM" 1). This mission is important to note because one can use it to examine the way IHS has worked toward this mission and how tribal participation is considered a key element in addressing the needs of the Native American population. As a result, this project aims to emphasize the strengths and weaknesses of IHS as an extension of the fiduciary relationship between Native American Peoples and the federal government and to underscore the significant participation of Native Americans in establishing their own wellbeing through cultural traditions.

Research Foundation

Examining the interrelated topics pertaining to Native American health helped expand my understanding about the effects settler colonialism has had on Native American Peoples as a

dominating and violent project. Rather than drawing from a Western paradigm, this project's success depends upon a Native American ethics and epistemology to guide the research process. I approached this research with a Native ethic of working *with* a community, versus working *for* a community. Moreover, this research relied on a critical examination of colonization and its effects to analyze practices implemented within IHS.

This research synthesizes scholarly articles, government reports, educational materials, and the IHS website, so that one can gain a deep understanding of the different aspects of Native American health and to answer the research questions posed which are: What is the impact of IHS on the lives of Native Americans? What cultural conflicts are currently present in this health institution and what conditions have contributed to their limited services? What models that are culturally appropriate can IHS integrate into the institution to help the Native American community heal in a more holistic manner? This project brings together existing scholarship regarding the health concerns within the Native American population and the current needs in the community.

Most importantly this project demonstrates models in which self-determination are valued and turned to as the main way to restore the health of the community. A Native ethic implementation contributes a meaningful and impactful project, in a positive manner, for the Native American community. I have conducted this method by asking community members involved with IHS about the project to gain insight and ensure this research is accurately presenting the views of the Native American population. Ultimately, I used guidance from community members immensely during the whole process of this project to reflect the needs of the community. The names of participants are not included in this project in order to protect those in the community who work closely with IHS. However, those I spoke with have multiple

years of experience with IHS, are still part of their Native communities, and some even work directly for IHS.

In addition, the purpose of this project is to understand the impact of IHS on the health of the Native American population. There has been notable positive changes in the health of the Native American population due to the services offered through IHS. For example, mortality rates have decreased, yet this population continues to suffer from various other health disparities such as high rates of alcoholism and domestic violence. Despite the fact that IHS has addressed some health disparities in the Native American population, such as reducing the maternal death rate and tuberculosis, there have been some incidents of malpractice that point to settler colonial strategies of extermination and violence. It is important to consider how the past practices of colonialism, such as a paternalistic attitude and actions, have a clear tie to practices within the IHS setting because it becomes clear that this institution does hold practices that are rooted in colonial ideology that negatively impacts the health of the Native American population. Ultimately, this project contends that in order for the health disparities of the Native American population to be fully addressed, IHS needs to acknowledge the roots of the health issues of the population it serves and use culturally appropriate practices to help the community fully heal. This definitely cannot happen without “maximum Tribal involvement” in which tribes have full control over the health services they use ("OVERVIEW OF THE INDIAN HEALTH SERVICE PROGRAM" 1).

Overview of Project Contents

The main goals of this project are to: 1) become knowledgeable about Native American health problems, 2) analyze IHS’s approach to addressing health disparities, and 3) suggest decolonizing solutions to address the problems this institution encounters. The research questions

expand one's understanding about what IHS is, what this institution does, and what this institution could do better for the Native American population. By analyzing the legacies of colonialism and the practices of neocolonialism in IHS and providing Indigenous models for community-based healing, this project serves as a resource for anyone who wants to work with the Native American community in the context of IHS. In effect, with this knowledge base one will be on the path to understand the problems and concerns of this particular community and help work on addressing problems the Native American community experiences.

This project begins with a review of the history of Native American health with a focus on how present health issues arose within this population due to colonization when European settlers encroached on Native Americans' lands and rights. Furthermore, the project explains how European colonizers originally became directly involved in Native American health through the use of "germ warfare," advancing settler colonialism through the spread of smallpox. A connection is made with how the health of Native Americans was severely impacted by contact with white settlers and the boarding school abuses they were subjected to. In addition, the health issues that have arisen in the Native American population due to colonization are also presented in this project. Some of the health issues explored that are connected to colonization and the trauma experienced in boarding schools are: suicide, alcoholism, and domestic violence. This project also touches on other major health concerns this population has had and ties them into how these health problems continue due to the abusive project of colonization. This exploration of major health concerns in the Native American population takes into account the history of the development of IHS.

The section titled "Development of IHS" focuses on the direct ways that IHS has impacted the lives of Native Americans. This section focuses on the ways this institution has

historically and presently addressed the specific health issues of the Native American population and reviews the strengths and weaknesses of this institution over the course of its existence. Within this section the health implications that IHS has had on Native Americans is presented. For example, it is now known that IHS has had negative implications on the lives of the Native American community (Smith 81-85, 93-96, 112-114, and 116). In fact IHS practiced the sterilization of Native American women, which was eventually raised as a civil rights issue. Aware of the dark history of IHS, these unethical practices that this institution has had are revealed along with the negative impacts these practices left on the Native American community. Lastly, the relationship IHS has with the federal government is interrogated to present the limitations of IHS. Finally, current projects that are successful in addressing the particular health problems within the Native American community are presented as viable options for models that could be used on a greater scale.

History of Native American Medical Care

The development of a separate system of medical care for the Native American population began during the 1800s during the era of colonization. Throughout this period different forms of medical care were provided to Native American communities that came into contact with settlers. However, the medical care provided to Native Americans has varied tremendously over the course of time. It was this past interaction that paved the way for continued medical care for the Native American population. In effect, the health status of the Native American population has been affected negatively due to the effects of colonization. Some of the health problems that have arisen due to colonization have been partially addressed through the medical care services provided to Native Americans by the federal government. However, there is certain health issues such as trauma from boarding schools that were not

addressed in early medical care and this continues to pose major health problems in Native American communities presently.

Colonial Medical Care

From the outset settlers became involved in regulating the health of the Native American population, despite the fact that "it is clear that pre-contact North American Indians had quite remarkably healthy lifestyles, including exceptional diets and sustaining natural exercise" (Pfefferbaum et al. 367). Even though scholars have noted that the Native American population was extremely healthy prior to colonial contact, the regulation on Native American health from the government was motivated by the positive effects this regulation would have on the settler/colonizer population. As Pfefferbaum et al. note: "During the early 1800s... [medical] Services were provided to Indians often with an eye towards the value of non-Indian communities" (Pfefferbaum et al. 368-369). Early medical care provided to Native Americans was not offered because settlers cared about addressing the health issues of the Native population, but rather so that their own health status could remain maintained. An example of privileging settler health over Native American health is when: "Army physicians took steps to curb smallpox and other contagious diseases of Indian Tribes living in the vicinity of military posts" (Lawrence 401). If the federal government truly did care about addressing the health issues of the Native American population, then they would have prevented the decimation of the Indigenous population due to European diseases. Importantly, as soon as the United States recognized that European diseases posed an immense threat to the lives of the Native American population, the United States government could have worked on preventing the deaths of this population and the government would have not been adamant about declaring war against Native American nations. If this had occurred, then the Native American population would not have

been reduced significantly due to conquest. In fact, Gone's research attests that colonization killed a significant portion of the Native American population. For instance, "Stannard (1992) estimates that 95% of the indigenous American population died as a result of this [American] 'holocaust,' and Fowler (1987) documents how European diseases intermittently killed large proportions of the population…" (Gone 292). Ultimately, early intervention in addressing the health status of the Native American population was based on the sole benefit of maintaining the health status of the colonizers and to advance colonial power over the newly intruded land so that the settler population could continue to dispossess Native Americans from their land bases more and more. In addition, early intervention on behalf of settlers was based on their Eurocentric approach to dealing with health. Thus, settlers offered no room for Native American nations to oversee their own health and tribes' healing models were dismissed and demoted.

Medical care entered a new phase, in the early half of the 1800s, in which a more formalized system of medical care was provided to Native American communities by the newly established United States government. The formalization of medical care for the Native American population took place through treaty agreements. In fact, "Increasingly, treaty agreements provided for medical services and supplies in exchange for land and promises to remain on reservations, establishing a precedent for the creation of a separate system of health care for Indians" (Pfefferbaum, et al. 369). As Lawrence points out: "The first treaty that included medical services was signed between the United States and the Winnebago Indians in 1832" (401). Notably, this phase in which medical care was integrated in treaty agreements is what established a precedent for a systematic approach to health care specifically for the Native American population. The exchange of medical services for land and other items points to the United States government, once again, basing this interaction on the value to their emerging

settler state. This action also set a precedent in creating a binary between health and land as understood by the view of the settlers. As a result, Eurocentric worldviews remained upheld with this binary while Native worldviews of being connected to the land, in the manner that contributes to the balance of one's health, were undermined and deemed invaluable as a health model. Moreover, this meant the settler state emerged on Native Americans land at the expense of Native American health and this was a strategic deployment intended to repress a holistic approach to traditional Native American beliefs about health.

In the mid-1800s the next phase of health care for Native Americans was introduced. This new phase presented struggles for the Native American health care system when "[i]n 1849 Congress transferred the Bureau of Indian Affairs (BIA) from the War Department to the Department of the Interior, including all health care responsibilities for American Indians" (Lawrence 401). After this transition an issue with funding arose. Even though the government found itself in control of Native American health care, eventually the federal government could not financially sustain the health program. In fact, "The medical section of the Division was discontinued in 1877 because of inadequate funding" (Pfefferbaum, et al. 369). Even though medical care from this institution was discontinued, boarding schools arose in which medical services were provided to the Native American population at the expense of the federal government, but these services were often limited based on the abusive environment of the schools.

<u>Effects of Colonization on Native American Health</u>

Even though the federal government no longer administered services for Native Americans, some medical services were provided through boarding schools for Native American children. For example, "An Indian service hospital was established in 1882 in conjunction with

an off-reservation school, and by 1888, two more Indian service hospitals were in operation" (Pfefferbaum, et al. 370). However, medical services offered during this era in boarding schools, which aimed at assimilating Native American children to American values at all costs, were in many instances subpar. Through the assimilation process, the health of Native American children was impacted severely and this has been thoroughly documented. For example, "Children were given inadequate food and medical care, and were overcrowded in these schools. As a result, they routinely died from starvation and disease" (Smith 38). In addition to experiencing this neglect in boarding schools, Native American children also suffered various other forms of abuse in boarding schools that impacted their mental health including "medical experimentation, sexual assaults, babies being buried behind school walls, and torture" (Smith 41). Despite the fact that high levels of Native American children were exposed to several types of abuse in boarding schools, a few scholars have found some positive effects resulting from being housed in a boarding school. An example of this claim is that, "there is also some evidence that the general health of students in school was better than that of those remaining in camps" (Pfefferbaum et al. 370). However, the overall scholarship on boarding school abuses suggests these schools established much more harm than health for Native Americans. Ultimately, the abuse children encountered at United States boarding schools left disastrous impacts on the health of the survivors and deeply contributed to intergenerational trauma that has been linked to present health issues of substance abuse and violence in Native American communities today.

Overall, the ways in which the federal government dealt with Native American nations—dubbed by the settler state as "the Indian problem" or by nineteenth century Marshall trilogy laws as "wards of the state"— left devastating impacts on the health status of Native American communities. In particular, the United States federal government committed various human

rights violations that have severely impacted the health of the Native American population including "community massacres, genocidal policies, pandemics from the introduction of new diseases, forced relocation, forced removal of children though Indian boarding school policies, and prohibition of spiritual and cultural practices" (Evans-Campbell 316). Clearly, the way the United States government has treated this population has significantly altered all aspects of life for Native Americans. The horrific abuse suffered by the Native American population due to colonization has left a significant impact on the lives of Native Americans. As Gone points out, "As a consequence, mental health problems—including disproportionate rates of anomie, demoralization, depression, substance abuse, and suicide—are understood to result directly from the Euro-American colonial encounter" (Gone 295). As noted, various social and mental health issues have arisen in the Native American population due to the impact colonization has had on this population. Even though the federal government has taken action to address some of the health disparities they created, it will take major efforts on the part of the government to fully address the health concerns of the Native American population.

Development of Indian Health Service

As noted, by the previously stated historical events, the development of IHS can be traced to colonial medical care provided to Native Americans by the federal government. In fact, involvement of the United States federal government continued throughout the formation of the new settler state. Despite the various phases of medical care offered to the Native American population, the BIA did return to offering medical services to this population in the 1900s. It was through the return of the BIA's administration of medical services in which IHS later came to be established.

The development of IHS occurred under the BIA when "Health education and preventative measures became part of BIA policy in the late 1880s" (Pfefferbaum, et al. 371). Even though in the past the BIA had issues with funding, the BIA was now able to better focus on addressing the health disparities of the Native American population due to the new health policy. In addition, in moving forward the BIA has had favorable acts passed to support their efforts in attempting to offer medical care for the Native American population. This has provided some positive results for the health of Native American communities.

As stated, legislation implemented during this era held a concern for the status of Native American health. In order to address disparities an act was passed to address the health disparities the Native American population experienced. According to Lawrence, "The Snyder Act of 1921 included congressional authorization for the BIA to provide Indian health care 'for the benefit, care, and assistance of the Indians throughout the United States" (401). Even though this act was to have numerous positive results, it had its issues with implementation. According to Pfefferbaum et al. "The Act…established only discretionary programs rather than entitlement to specific services" and "did not adequately define eligibility, nor did it identify levels or goals for funding" (Pfefferbaum et al. 377). Despite these problems the federal government became more committed to addressing health concerns within this population. Namely, the government took action to address health disparities through establishing "the Department of Health, Education, and Welfare (HEW) in 1953" which "further strengthened the federal government's involvement in health care and ushered in significant changes in the nation's health care delivery system" (Pfefferbaum et al. 380). This change in government action also directly affected the health services provided to the Native American population. For example, legislation —from within the United States Department HEW in 1954 —moved health services for American

Indians from the BIA to the PHS and this transfer was mandated to be in effect by July 1, 1955 (Pfefferbaum et al. 382). It was with this action by the government in which the creation of IHS officially took place. As Lawrence reports, "The PHS, a division of the Department of Health, Education, and Welfare (HEW), formed the Division of Indian Health, which was renamed Indian Health Service in 1958" (401). The formation of this institution has thus led to various positive and negative results on the health status of the Native American population.

Impact of Indian Health Service

IHS as an institution under the federal government has been successful in addressing certain health disparities in the Native American population. As IHS has grown as an institution, with the guidance of its early directors, it has been able to receive significant financial federal backing to address health disparities in this population. Even though this institution has had positive results in addressing some health disparities, there are problems with the services they have had and do offer. Overall, this institution has done its part in addressing health disparities, but it still has room to grow in offering culturally appropriate practices to the communities served.

To begin with, it is important to note that the transfer of Native American health care to the PHS has had numerous positive implications on the health care of the community such as decreased death rates and diseases. Due to this transfer, more funding was made available to combat the health disparities present in the Native American community. This increase of funding allowed for better objectives and services for the Native American population. The main focus consisted of four major functions:

> (1) provisions of training and technical assistance; (2) coordination of available health resources through federal, state, and local programs for the benefit of Indian people; (3)

> federal advocacy for Indian health; (4) provision of comprehensive health services, including hospital and ambulatory medical care and preventive, rehabilitative, and environmental services. (Pfefferbaum, et al. 383)

In effect, these major functions did drive positive impacts in the system of health care for the Native American population it served. In particular major health disparities were reduced. For example, "In the first 25 years of the program, infant mortality dropped by 82 percent, the maternal death rate decreased by 89 percent, the mortality rate from tuberculosis diminished by 96 percent, and deaths from diarrhea and dehydration fell by 93 percent" (Bergman, et al. 573). However, it is important to keep in mind that even though these health disparities were significantly reduced they would have never reached this level if colonization had not occurred. As previously noted in this project, prior to colonization the Native American population was extremely healthy and did not show signs of any major health issues.

Nevertheless, in addition to the reduction of the previously stated health issues the first director of IHS was able to obtain significant federal backing to support his goals. The focus of this director, Ray Shaw, was "to improve the quality of clinical care, to expand prevention programs, and to bridge the gap between tribal members and the health facilities" (Bergman, et al. 580). Shaw's great contribution to IHS was that he guided the following directors in legislative involvement to continue to receive federal backing for the program. However, it is important to consider that this also had a negative effect because it allowed the federal government to exert more regulation over Native American health affairs. The main negative effect of government involvement in Native American affairs is that action(s) taken by the federal government undermined the sovereign status of tribes and interfered with their rights to

self-determination. This occurred because the federal government deemed certain health issues such as deaths from dehydration more important than the health issue of alcoholism.

Ultimately, the early IHS directors were able to obtain governmental support in their efforts to reduce health disparities prevalent in the Native American community. For instance, "The IHS directors were thus able to supply legislators on the appropriation committees with estimates of, for example, the number of cases of… [trachoma, deafness, etc.] that would be prevented by the expenditure of a certain amount of money" (Bergman et al. 584). This strategy made it possible for funding to be available to target specific health disparities. Furthermore, if this strategy had not been used by the early IHS directors, IHS would not have had the same achievements in addressing the health disparities at the level that it has. To illustrate, "Had the IHS directors not utilized the "iron triangle" [their strategy of reaching out to legislators and appropriation committees] but had chosen instead to adhere strictly to the orders of their superiors in HEW and OMB, the IHS, if it existed at all, would presumably look quite different" (Bergman, et al. 601). It was this strategy of early IHS directors that allowed this institution to grow.

The Indian Health Care Improvement Act of 1976 was pivotal in the inclusion of the Native American community in the decisions of the IHS. This act "sought maximum participation of [American] Indians in planning and managing services and allowed tribes to assume authority for the direction of IHS programs" (Pfefferbaum, et al. 386). Not only was this act noteworthy because it officially included Native Americans in the administration of IHS, but it also allowed for the expansion of programs to address the expressed needs of the community. For example, the Indian Health Care Improvement Act of 1976 authorized:

> health professional scholarships for [American] Indian students; specific "health benefits" similar to those contained in most insurance programs; funds for construction and renovation of facilities; permission for the IHS to collect and retain Medicare, Medicaid, and private insurance benefits from eligible clients; construction of safe water and sanitary waste disposal facilities; and, for the first time, the establishment of facilities and outreach programs to serve urban Indians under IHS auspices. (Bergman, et al. 592)

In effect, the act allowed for more support offered to the Native American community through the listed actions that resulted from the Indian Health Care Improvement Act.

Limitations

Even though there have been positive outcomes in the achievement of combating certain health disparities, IHS is recognized as having a problem with funding. One example of a funding problem was found with urban centers that facilitate access to health services to the Native American population. Ilena M. Norton, an assistant professor at Denver Medical Health Center and the National Center for American Indian and Alaska Native Mental Health Research, has had first-hand experience of this occurrence through her involvement in a program for battered women that had a successful short life span. The medical clinic where she was a consultant lost its funding, thus the program she was involved in came to an end. Norton and Manson noted that "The instability of programs in urban Indian health centers is a major barrier to the provisions of services to American Indian communities" (336). Unfortunately, this is one of many problems known about IHS.

As stated, there have been other problems within IHS. During the 1960s and 1970s, many Native American women were sterilized at the hands of IHS doctors who were primarily non-Native American. In fact, "Various studies revealed that the Indian Health Service sterilized

between 25 and 50 percent of Native American women between 1970 and 1976" (Lawrence 410). Unfortunately, as Lawrence points out, "The United States government agency personnel, including the IHS, targeted American Indians for family planning because of their high birth rate" (402). Clearly, physicians also played a large role in implementing forced sterilizations on Native American women. These physicians held paternalistic attitudes in taking the action they thought was best for Native American women. These attitudes however, came from an extremely racist ideology. A study conducted by the Health Research group attests to the motives of the physicians:

> According to a study that the Health Research group conducted in 1973…the majority of physicians were white, Euro-American males who believed they were helping society by limiting the number of births in low-income minority families. They assumed that they were enabling the government to cut funding for Medicaid and welfare programs while lessening their own personal tax burden to support the programs. Physicians also increased their own personal income by performing hysterectomies and tubal ligations instead of prescribing alternative methods of birth control. Some of them did not believe that American Indian…women had the intelligence to use other methods of birth control effectively…Others wanted to gain experience to specialize in obstetrics and gynecology and used minority women as means to get that experience at government expense. (Lawrence 410)

Thus, physicians played a large role in the execution of the sterilization of Native American women, but IHS also played a role because the institution did not protect the women from the malicious intentions of the physicians. One of the main issues tied to IHS is that this institution did not follow the procedures needed for a true informed consent. The negligence of the

procedures include: “failure to provide women with necessary information regarding sterilization; use of coercion to get signatures on the consent forms; improper consent forms; and lack of an appropriate waiting period (at least seventy-two hours) between the signing of a consent form and the surgical procedure” (Lawrence 400). Importantly, this was all done with federal funding as well, which means even when funds were available they were sometimes used against the health of Native Americans rather than in support of it. Consequently, sterilization abuse within IHS had devastating impacts on Native American women, their families, and communities. IHS as an institution could have prevented this abuse by enforcing ethical procedures for sterilization and protecting the community it was funded to serve.

Lastly, scholars have noted that IHS does not offer services that adequately meet the needs of Native Americans. As previously stated, this institution is a program of the federal government which implies that its practices mirror that of hegemonic American society. For this reason Gone has noted that, “the western traditions of dualism, individualism, rationalism, empiricism, and secular modernity prevail…” (Gone 295) in the context of IHS, a health care institution implemented by the United States government. Due to Western practices being used as the main way to address health issues, Native American individuals can end up feeling uncomfortable about their experiences in an institution that does not value their cultural practices of addressing health issues. For example, “Traveling Thunder [an elder from Fort Belknap Reservation] viewed the “modern Whiteman system” as fundamentally pathogenic in regard to Indian mental health and well being” because he “clearly identified contemporary psychological problems—including alcohol and drug problems—as the existential sequelae of Euro-American colonialism” (Gone 294). Clearly, Native Americans and scholars have made the connection of the rise of health issues to the effects of colonialism. In brief, even though this institution has

made positive changes for the health disparities of the Native American population, it faces a major problem because "the culture of the clinic is not the culture of the community…" (Gone 291). Ultimately, in order for IHS to fully meet the needs of the population it serves, it must offer medical practices that culturally align with the healing practices of the communities they serve.

Community Healing

Native American communities have suffered an immense amount of trauma since the colonization of the United States. Much of this trauma, such as boarding school abuse and sterilization abuse, was not present prior to colonization. Due to the fact that new trauma was introduced along with new ways of living, many in Native American communities have turned to alcohol and drugs to cope with the trauma that has been passed down intergenerationally. In addition, Native American communities also now have to cope with new health issues such as obesity and diabetes which are health problems that have also arisen due to the effects of colonization. For example, the federal government throughout history has given food commodities with very low nutritional value to American Indian communities (Vantrease 57). This practice has posed a huge health threat to these communities that now suffer from high obesity and diabetes rates. In effect, Native American communities' socioeconomic status is closely tied to the health of the population. In particular, the United States government's paternalistic, and often times racist, attitude towards Native American Peoples is what has created an environment in which various health problems have been perpetuated. Fortunately, there has been a change towards Native American health care being returned to the hands of the communities where Native Americans can reclaim their traditional healing practices to help their communities heal from the negative effects of colonization.

Current Healing Models

IHS has been able to work on combating alcoholism that is prevalent in Native American communities. Whereas alcohol itself was introduced by white settlers, alcohol abuse originally became prevalent in Native communities as a coping mechanism to the trauma they experienced from white settler abuse and violence, alcoholism persists as a social problem and a coping mechanism in reaction to the harsh conditions Native American communities still live in. Significantly, along with the health issue of alcoholism came high death rates. In particular, "Because the majority of deaths classed as "accidents" seem to be alcohol-related, and most of the deaths from chronic liver disease are, in fact, from cirrhosis that is associated with alcoholism, it is clear that alcoholism and its secondary effects play a preponderant role in the overall mortality rate of American Indians" (Rhoades, et al. 622).

IHS eventually recognized this health concern as a high priority. In 1985, IHS reviewed its programs on alcoholism and worked on different ways to address this health issue (Rhoades, et al. 622-623). The main proposal to address this health issue was geared toward prevention. The action taken by IHS to address the health issue of alcoholism was "community education and training of staff" in which "more than 5,000 persons… [have been] trained in basic concepts of alcohol and substance abuse and the special needs of prevention of alcohol and substance abuse among young Indians" (Rhoades, et al. 626). Clearly, IHS has taken a look at one of the problems the Native American community experiences and has sought to address it with education and prevention.

The strategy used for education and community involvement proved to bring the community together, and the focus on addressing the health issue of alcoholism has brought to the center another major health concern in the Native American community: suicide. Suicide has

been linked to alcoholism, and the history of high suicide rates in the Native American community can also be linked to past and present abuse Native American communities have experienced. Strickland's research affirms this connection: "VanWinkle & May [14] found that 97% of suicides among Indian youth were linked to abuse, neglect, and alcohol" (Strickland 15). Thus a connection can be made with historical trauma and the present social and mental health issues the Native American population presently experiences (Yellow Horse Brave Heart 60-61). In particular, "alcohol use [among Native American youth] was the second highest correlate with suicide" (Strickland 14). Thus, IHS's role in the prevention of alcoholism also works towards addressing a risk factor in Native American youth for suicide. However, the health concern of suicide has a vast list of risk factors that also need to be addressed. IHS has done a great job at providing statistics such as "suicide rates for Indian youth aged 10-21 years… [are] 2.3-2.8 times greater than the national average in the United States" (Strickland 13). Despite revealing health disparities, IHS in the past has not worked on addressing the structural issues or the roots of interrelated issues such as "the roots of domestic violence in American Indian families [which] lie in intergenerational, internalized oppression" (Strickland 19). As noted by IHS, in relation to alcoholism, "It appears to have been common experience for family members…to excuse unacceptable behavior…and plac[e] the responsibility on others…" (Rhoades et al. 626). However, understanding the root of problems that plague the Native American community, such as alcoholism, suicide, and domestic violence, are needed in order to address holistic healing in the community.

Fortunately, the present has brought forth successful collaboration of health institutions with tribal communities. This collaboration has fostered the growth of programs in which

tribal involvement in these programs has promoted the growth of culturally appropriate practices within the healthcare setting. Two of such cases are the United Indian Health Services (UIHS) Potawot Health Village and the American Indian Health and Family Services of Southeastern Michigan, Inc. (AIHFS) Minobinmaadziwin. Both of these cases represent the reality of health institutions properly incorporating the traditional practices of the Native American communities they serve in order to address the healing of the patients.

The UIHS Potawot Health Village is exceptional for how this institution has grown as "the expression of health for American Indians" and "a monument to local American Indian culture" (Dixon & Iron 23). This health institution during the process of its expansion involved the Native and non-native community in the whole process of the construction of a new site. This process involved collaboration between environmental consultants, environmental scientists, a Traditional Land Management Committee, a Traditional Health Committee, in addition to working with the City of Arcata for the approval for the purchase of the site since it would not be on tribal land (Dixon & Iron 25). In addition to this collaboration, the site itself represents a healing model that calls on a holistic method of addressing health issues. For instance, the site includes various aspects of Native American traditional practices that are incorporated within their healing model. In fact, "The vision for the site expanded to include wildlife habitat, cultural education, growing and gathering food, recreation, and spiritual meditation" (Dixon & Iron 25). Most importantly the Potawot Health Village has a Traditional Resources Committee (TRAC) that oversees and is responsible for the implementation of advising UIHS on nutrition programs, land stewardship, and organizing cultural training programs for the staff and community (Dixon & Iron 29). Ultimately, this site has immense community tribal involvement that has allowed

them to create a space where the health issues their community experiences are remedied with their own healing practices.

The American Indian Health and Family Services of Southeastern Michigan, Inc. (AIHFS) Minobinmaadziwin is another case of a health institution that has incorporated culturally appropriate practices. In fact, "The programs at Minobinmaadziwin are designed around these three elements: culture, health, and environment" (Dixon & Iron 64). In addition, this institution has incorporated traditional healers to work alongside the medical team in efforts to receive optimal medical care and treatments.

The traditional healers that work with this team largely contribute to the holistic healing approach by addressing the various health issues of the community they serve. The institutional statement of values exemplifies this approach:

> The AIHFS has strong roots in healing. What we have been doing is founded on holistic integrated principles of tribal societies...We operate on the premise that if one individual is not well the entire community suffers. It is our belief that a holistic approach to health must be practiced based on the tradition that the physical, emotional, mental, and spiritual aspects of health are linked. Therefore, if one of these aspects are weakened so too are the others.
>
> Furthermore, our own health is dependent on the health of our Mother Earth, for whom we must also care. In seeking to repair the damage of colonization and strengthen the well being of Native communities, we invest our energies in the health of the land through ecological and spiritual initiative. (Dixon & Iron 68)

Clearly, this health institution is invested in a holistic health care approach led by Native Americans in their own community. In addition to having a statement that is clear about this goal and having "Traditional Indian Medicine (TIM) providers [that] usually come from out of state," this institution includes the cultural practices of the numerous tribes they serve (Dixon & Iron 65). Among these practices are: connection to the earth, the idea that the Creator will provide, respect for elders, circles, interrelationship between all the components of self, sweat lodges, sacred fire, symbolism of natural elements, drums, and dreams and visions (Dixon & Iron 71). AIHFS has taken on the responsibility of fully addressing the culturally specific health issues of the Native American community they serve by mainly using their traditional healing practices.

Fortunately, there are also other institutions that are dedicated to restoring the health of their communities through the use of their own traditional healing practices. Two examples of other institutions are White Bison, Inc., a non-profit that facilitates the Wellbriety Movement, and SAMSHA who promotes the Gathering of Native American curriculum. These institutions in particular are noteworthy because they solely focus on addressing the effects of historical trauma and teaching Native American communities how to heal from that trauma.

The White Bison, Inc. is a Native American non-profit that devotes itself to offer healing resources to Native American communities in the United States. These healing services take form through promoting the Wellbriety movement which "provides culturally based healing to the next seven generations of Indigenous people" ("White Bison Wellbriety Medicine Wheel and Recovery"). Healing is addressed through trainings offered to implement various different types of curricula in Native American communities. Listed trainings on their website are: Mothers of Tradition Training, Warrior Down/Recovery Coach Training, and Fathers of Tradition Training. These trainings are available to "professionals and grassroots activists who work directly with

individuals, families, and communities" ("White Bison Wellbriety Medicine Wheel and Recovery"). Once this curriculum is implemented in Native American communities across the United States, Native American communities will heal through the use of their traditional practices.

This process is seen with each of the trainings/programs. The Mending Broken Hearts Program "Develops the behavioral health infrastructure for the community as it begins healing from unresolved grief and the losses created by the legacy of Historical and Intergenerational Trauma, especially the effects of the Boarding School era" ("White Bison Wellbriety Medicine Wheel and Recovery"). The program trainings are offered for the following people: professionals, communities, elders and boarding school survivors, women, men, and youth. The aim of each training/program is stated in three distinct steps:

> **Step 1:** Train the professional (behavioral, mental health, substance abuse, re-entry) staff on the techniques of using the Mending Broken Hearts curriculum to heal unresolved grief in the community. This builds the infrastructure and support for the community as it enters the healing process.
>
> **Step 2:** Create healing circles in the community to process the unresolved grief. Circles can be set up for specific groups in the community; i.e. Elders/Boarding School Survivors, Men, Women, and/or Youth.
>
> **Step 3:** Start the 7 Trainings process to bring to the community cultural teachings. This step builds support groups for the People and brings the community back to the sacred circle. ("White Bison Wellbriety Medicine Wheel and Recovery")

Fundamentally, the trainings facilitated through White Bison, Inc. constitute a decolonizing approach to healing and truly help restore the health and wellbeing of Native American communities.

Lastly, the Gathering of Native Americans (GONA) curriculum is also noteworthy because it is promoted by the Substance Abuse and Mental Health Services Administration (SAMHSA) as an evidence based intervention. This occurrence is highly significant because this curriculum embraces the traditional healing practices of Native Americans as a valid form of healing. The GONA curriculum, as described by SAMHSA:

> engages youth in understanding the impact of historical trauma, healing from the effects, and the promotion of healthy lifestyles. The events [4 day training] focus on four basic themes present in most indigenous worldviews and allow communities to identify their unique resources, opportunities, and strategies for promoting spiritual and emotional balance. ("Native American Health Center, Inc.: Gathering of Native Americans")

In addition to this curriculum being offered through SAMHSA, some IHS locations also promote it within its institutions. In effect, present services offered to Native Americans include traditional healing practices as a valid means of addressing the specific health issues they experience. Even though the past has lacked culturally appropriate practices in the healthcare setting, recent times have drawn on traditional healing models and are embracing them as methods to heal. This act in turn draws upon a decolonizing framework in which Native American communities are bringing forth their practices into institutions that have stood for the Western ways of dealing with health problems.

Call for Traditional Practices

As noted, historical trauma and internalized oppression are two major factors that are necessary to address in order for healing in communities to begin. Scholars have recognized that "traumatic events…[have] also led to indigenous community-level trauma responses, including social malaise, weakened social structures, and high rates of suicide" and "…elders in…[a study] attributed higher community rates of alcoholism and child maltreatment to historically traumatic events" (Evans-Campbell 328). In addition, internalized oppression, as a result of past trauma, leads to the occurrence where "American Indians sometimes express pain, grief, and rage internally upon ourselves and externally within our families and communities" (Poupart 89). However, a way to fully address healing in Native American communities has been identified. For example, "The development of tribe-driven courts and health clinics and tribe-managed social service providers might also be seen as a pathway to restore the social unit to functioning health" (Evans-Campbell 334). Thus, this conclusion makes it hopeful that IHS and all other health institutions that serve the Native American population could effectively address all Native American health issues through the use of traditional healing practices. However Poupart has found that, "American Indians, as all Others, must demand that all drug-and alcohol-treatment programs and therapies for survivors and perpetrators of physical and sexual violence empower Others through raising awareness of Western patriarchal structures of domination and exploitation" (96). In addition, a new stress-coping paradigm has been identified which

> provides an important decolonizing conceptual framework—it is, in essence, a culturally relevant road map from which substance abuse researchers can study the pathways among traumatic stress, cultural buffers, and substance use outcomes and other related health consequences.

(Walters, Simoni & Evans-Campbell 113)

This model particularly holds a lot of promise because it is an Indigenous perspective on health, which is holistic, and draws upon the use of traditional cultural practices to heal from the effects of historical trauma. Rather than drawing from a Eurocentric approach of healing which is mainly tied to the view that something is wrong within the body, the Indigenist perspective looks at all the aspects of life that are tied to an individual's health. For example, the Eurocentric approach of dealing with mental health issues, through a psychiatrist, would look at what is wrong within the body and mind and would treat it with medications, whereas the Indigenist perspective would look at all aspects on one's life—including historical trauma and present oppression experienced—to address one's health problems and help the individual heal through traditional practices led by community appointed medicine people. As a result, it is vital that tribal communities themselves are involved in the process of directly addressing the health issues their communities experiences that are interrelated to the abuses Native Americans experience on a day to day basis.

Without a doubt, the past has a dark history of abuse brought forth by Western society against Native Americans. Yet, Western society has become invested in addressing the health issues of the Native American population. This has been done through the medical services offered to Native Americans by the United States government, especially when federal funds are utilized to support the health practices of the community. However, even though IHS has addressed some general health issues, the deeper issues that colonization left on the structure and culture of Native Americans has been largely unattended. Such deeper issues are: the disruption of traditional Native American life, the attempted genocide of Native Americans, trauma from boarding school abuses, the infringement on the rights of tribes as separate sovereign nations, the

large scale dispossession of ancestral land to Native Americans, and the environmental degradation that the United States has inflicted upon this land. All of these issues are intimately connected to the health and wellbeing of Native American communities.

To summarize, the federal government has been deeply involved in the healthcare of Native Americans since colonization. However, over time there has been a transition to Native American communities becoming more and more involved in addressing their health issues as part of self-determination to decolonize their communities. Unfortunately, because the federal government still regulates —to a large degree— Native American health care, it is difficult for Native Americans to address their trauma and internalized oppression. Nonetheless, there is hope that current Native American led health care institutions and models can more holistically address all the factors related to Native American health disparities. IHS is already on that path due to all the community involvement it has in addressing their health disparities, but more work on addressing the roots of the problems needs to occur. Most importantly, Native Americans must be afforded the sovereignty they deserve, their land must be repatriated, and their self-determination must be recognized as a human right in order for their mental and physical health to be fully restored.

Conclusion

Native Americans experience tremendous health disparities relative to other populations in the United States. The root of these disparities—physical, mental, spiritual, and social health—are grounded in the effects of the colonialist practices of oppression. Due to the fiduciary relationship the federal government has with Native American nations, healthcare has been a way in which the government has been legally involved in the affairs of these communities. The development of IHS has definitely impacted the lives of the Native American

Peoples it serves both in positive and negative ways. Fortunately, IHS has become a prominent area in which tribal communities have gradually become involved in addressing their own health care issues. However, there are various promising Native American led health care models that have arisen as promising models to follow. However, tribal sovereignty is key in order for Native American nations to be able to work on healing from the effects of colonialism and neocolonialism.

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Lawrence, Jane. "The Indian Health Service and the Sterilization of Native American Women." *American Indian Quarterly* 24.3 (2000): 400-19. *JSTOR*. Web. 20 Oct. 2014.

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Web. 16 Feb. 2015.

"OVERVIEW OF THE INDIAN HEALTH SERVICE PROGRAM." *Indian Health Service*. Indian Health Service, n.d. Web. 28 Apr. 2015. <http://www.ihs.gov/PublicInfo/publications/trends96/96TRov.pdf>.

Pfefferbaum, Betty, Rennard Strickland, Everett R. Rhoades, and Rose L. Pfefferbaum. "Learning How to Heal: An Analysis of the History, Policy, and Framework of Indian Health Care." *American Indian Law Review* 20.2 (1995/1996): 365-97. *JSTOR*. Web. 20 Oct. 2014.

Poupart, Lisa M. "The Familiar Face of Genocide: Internalized Oppression among American Indians." *Hypatia* 18.2, Indigenous Women in the Americas (2003): 86-100. *JSTOR*. Web. 20 Oct. 2014.

Rhoades, Everett R., Russell D. Mason, Phyllis Eddy, Eva M. Smith, and Thomas R. Burns. "The Indian Health Service Approach to Alcoholism among American Indians and Alaska Natives." *Public Health Reports (1974-)* 103.6 (1988): 621-27. *JSTOR*. Web. 20 Oct. 2014.

Smith, Andrea. *Conquest: Sexual Violence and American Indian Genocide*. Cambridge, MA: South End, 2005. Print.

Strickland, C. June. "Suicide Among American Indian, Alaskan Native, and Canadian Aboriginal Youth: Advancing the Research Agenda." *International Journal of Mental Health* 25.4 (1996-97): 11-32. *JSTOR*. Web. 23 Oct. 2014.

Vantrease, Dana. "Commod Bods and Frybread Power: Government Food Aid in American Indian Culture." *Journal of American Folklore* 126.499 (2013): 55-69. *Project MUSE*. Web. 28 May. 2015.

Walters, Karina L., Jane M. Simoni, and Teresa Evans-Campbell. "Substance Use Among American Indians and Alaska Natives: Incorporating Culture in an "Indigenist" Stress-Coping Paradigm." *Public Health Reports (1974-)* 117.SUPPLEMENT 1. Drug Use, HIV/AIDS, and Health Outcomes Among Racial and Ethnic Populations (2002): S104-117. *JSTOR*. Web. 23 Oct. 2014.

"White Bison Wellbriety Medicine Wheel and Recovery." White Bison, Inc., 2015. Web. 4 May 2015. <http://www.whitebison.org/index.php>.

Yellow Horse Brave Heart, Maria, and Lemyra M. DeBruyn. "The American Indian Holocaust: Healing Historical Unresolved Grief." *American Indian and Alaska Native Mental Health Research* 8.2 (1998): 60-82. Web.

Appendix A: Annotated Bibliography

Bergman, Abraham B., David C. Grossman, Angela M. Erdrich, John G. Todd, and Ralph Forquera. "A Political History of the Indian Health Service." *The Milbank Quarterly* 77.4 (1999): 571-604. *JSTOR*. Web. 20 Oct. 2014.

This article describes the health issues that impact the health of the Native American population. In addition, it highlights the development and importance of Indian Health Service in addressing the health concerns in the Native American population. Government interference with this institution is also reviewed and analyzed.

Dixon, Mim, and Pamela E. Iron. *Strategies for Cultural Competency in Indian Health Care*. Washington, D.C.: American Public Health Association, 2006. Print.

Dixon and Mim introduce readers to the complex issues Native Americans deal with in a medical system that does not meet their needs in a manner that is culturally competent. The authors offer an explanation as to why cultural competency is essential in the health care setting. In fact, six programs that are completely committed to addressing the needs of Native American patients with culturally appropriate practices are highlighted as models.

Evans-Campbell, Teresa. "Historical Trauma in American Indian/Native Alaska Communities: A Multilevel Framework for Exploring Impacts on Individuals, Families, and Communities." *Journal of Interpersonal Violence* 23.3 (2008): 316-38. *SAGE Publications*. Web. 23 Oct. 2014.

This article focuses on explaining the historically traumatic events that have impacted and presently impact the Native American and Alaskan Native population. The author highlights that historical trauma has profoundly impacted these communities at an

individual, family, and community level. In addition, historical trauma is linked to present day trauma and it is stressed that future research and scholarship is needed in this area.

"HHS Historical Highlights." *HHS.gov*. U.S. Department of Health & Human Services, 22 Aug. 2014. Web. 28 May 2015. <http://www.hhs.gov/about/historical-highlights/index.html>. The U.S. Department of Health and Human Services website highlights the historical timeline of this agency. This agency is also referred to as, its previous name, which was Department of Health, Education, and Welfare that was changed to its present name in 1980. The website also lists all of the secretaries of HHS and HEW starting in the year 1955. However, the historical component of this agency is listed starting the year 1798.

Gone, Joseph P. "“We Never Was Happy Living Like a Whiteman”: Mental Health Disparities and the Postcolonial Predicament in American Indian Communities." *American Journal of Community Psychology* 40.3-4 (2007): 290-300. *Springer Link*. Web. 16 Feb. 2015. Gone critically analyzes the mental health and behavioral services offered to the Native American population by the Indian Health Service; which is deemed as a proselytizing institution. The author bases his analysis off of an ethnographic interview with a tribal elder and research conducted in the topic. He argues that colonization is the root of the mental health problems that persist in Native American communities and that in order to fully address these issues Indian Health Service needs to collaborate with the communities it serves in order to offer services that culturally align with Native American practices.

Lawrence, Jane. "The Indian Health Service and the Sterilization of Native American Women." *American Indian Quarterly* 24.3 (2000): 400-19. *JSTOR*. Web. 20 Oct. 2014.

Lawrence exposes the recent history of the sterilization abuse on Native American women that took place during the 1960s and 1970s. The author investigates the historical relationship between the government, Indian Health Services, and the tribes. She also reveals the negative impacts sterilization abuse had in the Native American population.

"Native American Health Center, Inc.: Gathering of Native Americans." *Substance Abuse & Mental Health Services Administration*. Substance Abuse & Mental Health Services Administration, n.d. Web. 4 May 2015. < https://captus.samhsa.gov/grantee/capt-clients/sts/gona >.

The Substance Abuse & Mental Health Services Administration provides an overview of the Gathering of Native Americans curriculum. The overview includes the ways in which this curriculum provides culturally relevant information to introduce youth to: the impact of historical trauma, ways to heal from historical trauma, and ways to lead a healthy life. The goals of this curriculum are also highlighted, among them are to enhance the effectiveness of the program.

Norton, Ilena M., and Spero M. Manson. "Domestic Violence Intervention in an Urban Indian Health Center." *Community Mental Health Journal* 33.4 (1997): 331-37. *Springer Link*. Web. 16 Feb. 2015.

Norton and Manson shed light on the seriousness of the prevalence of family violence in Native American communities. The authors of the article point to alternative services, one of the authors, offered to battered women in a Native American urban center. Home visits and a group similar to the Talking Circle were noted to be effective in offering support to women. Ultimately, the instability of programs like the one presented is what creates barriers these services.

"OVERVIEW OF THE INDIAN HEALTH SERVICE PROGRAM." *Indian Health Service*. Indian Health Service, n.d. Web. 28 Apr. 2015. <http://www.ihs.gov/PublicInfo/publications/trends96/96TRov.pdf>.

This publication provided by Indian Health Services presents a detailed history of how this institution came to be an agency under the United States federal government. Legislation that has affected this institution is also stated. A description of Indian Health Service is presented in addition to trends viewed in Native American health. The ways in which IHS interacts with its patients is also described.

Pfefferbaum, Betty, Rennard Strickland, Everett R. Rhoades, and Rose L. Pfefferbaum. "Learning How to Heal: An Analysis of the History, Policy, and Framework of Indian Health Care." *American Indian Law Review* 20.2 (1995/1996): 365-97. *JSTOR*. Web. 20 Oct. 2014.

This article focuses on analyzing the history, policy, and framework of Native American Health. A historical timeline progresses in this article to point out issues with providing health care to Native Americans from American health care. In addition, the impact of the development of Indian Health Services is outlined to present a snapshot of current health care services.

Poupart, Lisa M. "The Familiar Face of Genocide: Internalized Oppression among American Indians." *Hypatia* 18.2, Indigenous Women in the Americas (2003): 86-100. *JSTOR*. Web. 20 Oct. 2014.

Poupart provides insight into the issue of violence as it relates to the legacy of colonization among the Native American population. A historical overview is presented to expose how colonization has left a negative impact in the lives of Native Americans in

ways that contribute to present day violence prevalent in this community. Internalized oppression, by the Native American population, is highlighted as a key factor in understanding the roots of violence in these communities.

Rhoades, Everett R., Russell D. Mason, Phyllis Eddy, Eva M. Smith, and Thomas R. Burns. "The Indian Health Service Approach to Alcoholism among American Indians and Alaska Natives." *Public Health Reports (1974-)* 103.6 (1988): 621-27. *JSTOR*. Web. 20 Oct. 2014.

The authors of this paper, whom are involved in Indian Health Service, present the methods in which IHS is combating alcoholism in Native American communities. It is stressed that Indian Health Service focuses on preventative programs to address this issue in the Native American population. The historical development of the programs are explained by policy implemented to address this health concern.

Smith, Andrea. *Conquest: Sexual Violence and American Indian Genocide*. Cambridge, MA: South End, 2005. Print.

Smith presents, in a thorough manner, the ways in which colonialism and neo-colonialism have had devastating impacts on the Native American community. A focus on the effects of sexual violence on Native American women, and other women of color, is present throughout this book. In addition, she uncovers the systems of oppression—such as the criminal justice system and medical institutions— that contribute to a broader system of oppression which completely undermine Native American tribe's sovereignty.

Strickland, C. June. "Suicide Among American Indian, Alaskan Native, and Canadian Aboriginal Youth: Advancing the Research Agenda." *International Journal of Mental Health* 25.4 (1996-97): 11-32. *JSTOR*. Web. 23 Oct. 2014.

Strickland‘s paper focuses on addressing the risk factors that lead to suicide among Native American youth. Epidemiological data is presented to offer information about the gravity of this health issue and concern. In addition, the author proposes a research agenda to address the high suicide rates within Native American youth.

Vantrease, Dana. "Commod Bods and Frybread Power: Government Food Aid in American Indian Culture." *Journal of American Folklore* 126.499 (2013): 55-69. *Project MUSE*. Web. 28 May. 2015.

Vantrease's essay describes the cultural impact of, the United States, food aid to Native American tribes. In particular, Vantrease notes that the introduction of European food to the diet and culture of Native Americans points to colonization. In addition, the author calls for a move away from the food provided through government aid, which is also known as "commods" to return to an authentic diet and culture.

Walters, Karina L., Jane M. Simoni, and Teresa Evans-Campbell. "Substance Use Among American Indians and Alaska Natives: Incorporating Culture in an "Indigenist" Stress-Coping Paradigm." *Public Health Reports (1974-)* 117.SUPPLEMENT 1. Drug Use, HIV/AIDS, and Health Outcomes Among Racial and Ethnic Populations (2002): S104-117. *JSTOR*. Web. 23 Oct. 2014.

This article proposes a more appropriate stress-coping model, for Indigenous Peoples, that moves away from the Eurocentric paradigm that is highly hegemonic in the U.S. It is stressed that the Native American population suffers from huge disparities in health compared to other ethnic groups. The new "Indigenist" stress-coping paradigm is identified to address the specific health issues within the Native American population.

"White Bison Wellbriety Medicine Wheel and Recovery." White Bison, Inc., 2015. Web. 4 May 2015. <http://www.whitebison.org/index.php>.

This website presents the issues Native American communities experience due to the devastating effects of historical trauma/intergenerational trauma. This non-profit provides community members and professionals the opportunity to learn about different trainings available through White Bison, Inc. that are geared towards addressing the present needs of the community through culturally based healing. Each training available is thoroughly described and presented in order to address healing in Native American communities.

Yellow Horse Brave Heart, Maria, and Lemyra M. DeBruyn. "The American Indian Holocaust: Healing Historical Unresolved Grief." *American Indian and Alaska Native Mental Health Research* 8.2 (1998): 60-82. Web.

Yellow Horse Brave Heart and Debruyn provide a detailed description of how historical unresolved grief, which is a legacy of colonial trauma, has created mental and behavioral issues in the Native American community. Literature on Jewish Holocaust Survivors is used as a foundation to explain the phenomena of intergenerational trauma. Solutions to the path to healing are presented and are based on spiritual Native American practices.