

Health Disparities Among American Indian/Alaska Native Populations

“Addressing Health Inequalities in the US”

by

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Agency for Toxic Substances and Disease Registry



1492
Arrival of
Columbus



1790
Forced
Inland



1830
Indian
Country



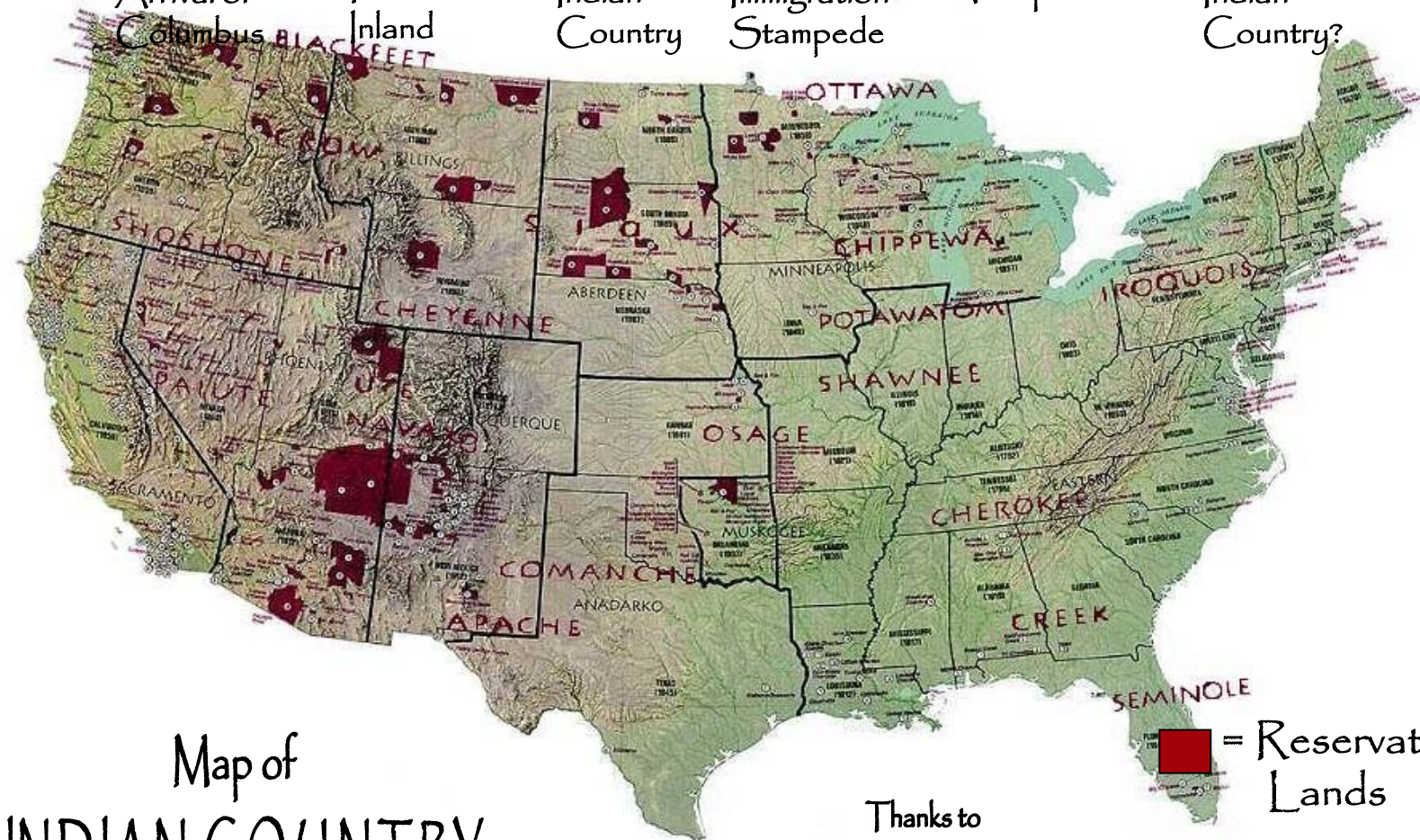
1860
Immigration
Stampede



1890
Vanquished



2090
Indian
Country?



 = Reservation
Lands

Map of INDIAN COUNTRY

Thanks to
RUSSELL
PUBLICATIONS

Why is it Important to have Diversity in Public Health?

- Ensures that everyone understands the problems and are asking the right questions.
- Ensures that we are producing trustworthy data.
- Ensure that bias does not creep into the analysis and interpretation of results.

Ten Leading Causes of Death in the U.S. in 2002 for American Indians & Alaska Natives

1. Heart disease
2. Cancer
3. Unintentional injuries
4. Diabetes
5. Stroke
6. Chronic liver disease and Cirrhosis
7. Chronic lower respiratory disease
8. Suicide
9. Influenza and Pneumonia
10. Homicide

Purpose of Discussion

- This presentation is to inform you of the Leading cause of Death Among AI/AN populations
- Present comparisons of AI/AN Health mortality/morbidity compared to other ethnic groups
- Discuss the need for Diversity in Public Health

Ten Leading Causes of Death in the U.S. in 2002 for AI/AN as Compared to the Nation

AI/AN

1. Heart disease
2. Cancer
3. Unintentional injuries
4. Diabetes
5. Stroke
6. Chronic liver disease & Cirrhosis
7. Chronic lower respiratory disease
8. Suicide
9. Influenza and Pneumonia
10. Homicide

U.S.

- Heart disease
- Cancer
- Stroke
- Chronic lower respiratory disease
- Unintentional injuries
- Diabetes
- Influenza and Pneumonia
- Alzheimer's Disease
- Nephritis, nephrotic syndrome, & nephrosis
- Septicemia

AI/AN Population

- 2000 Census
 - AI/AN alone: 2,475,956
 - AI/AN alone or in combination: 4,119,301
- Mostly urban
 - 36% live on reservations
 - 64% live in urban areas

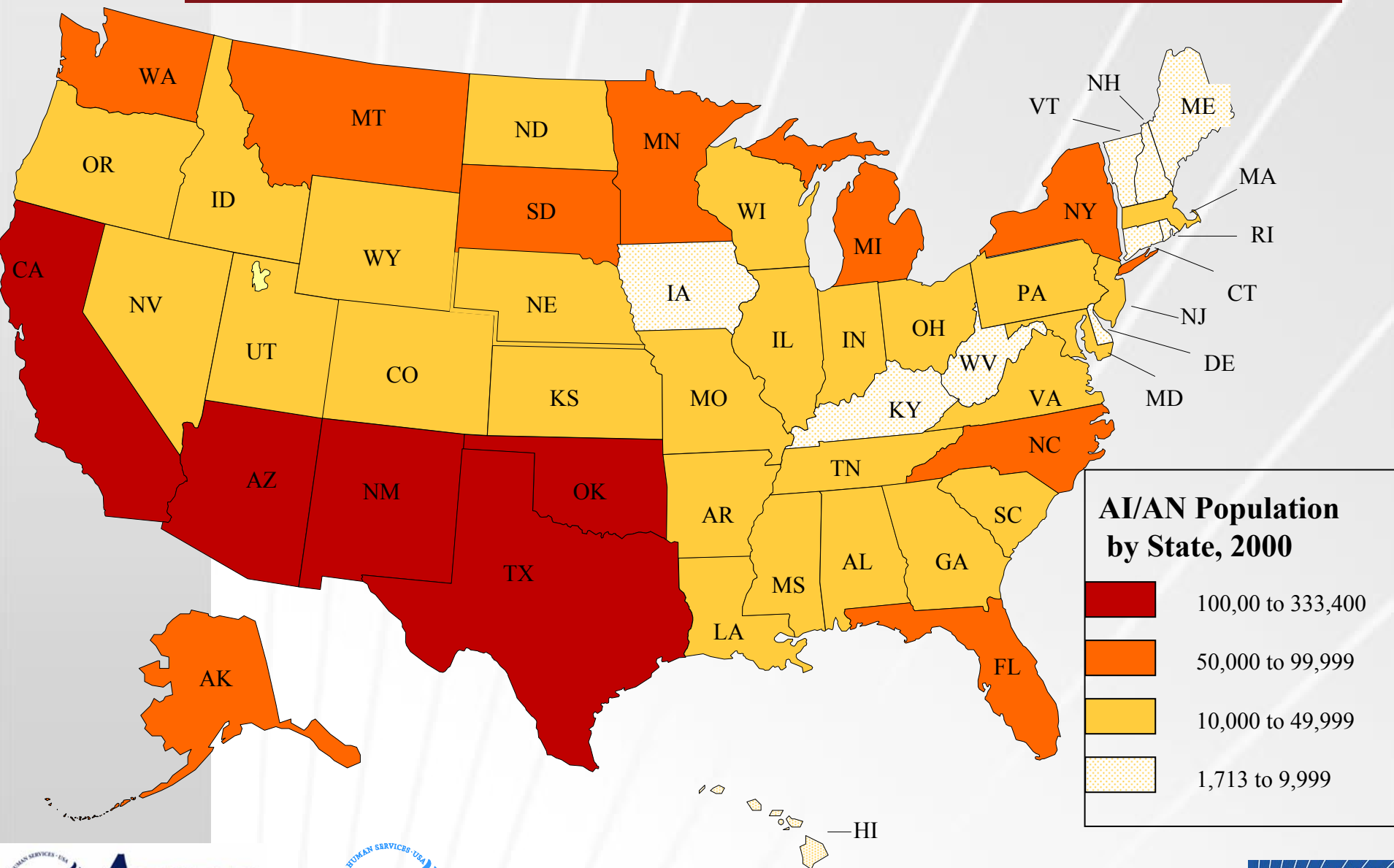
AI/AN Population

- 2000 Census*
 - AI/AN alone: 2,475,956
 - AI/AN alone or in combination: 4,119,301
- Mostly urban**
 - 14% live on reservations
 - 57% live in urban areas

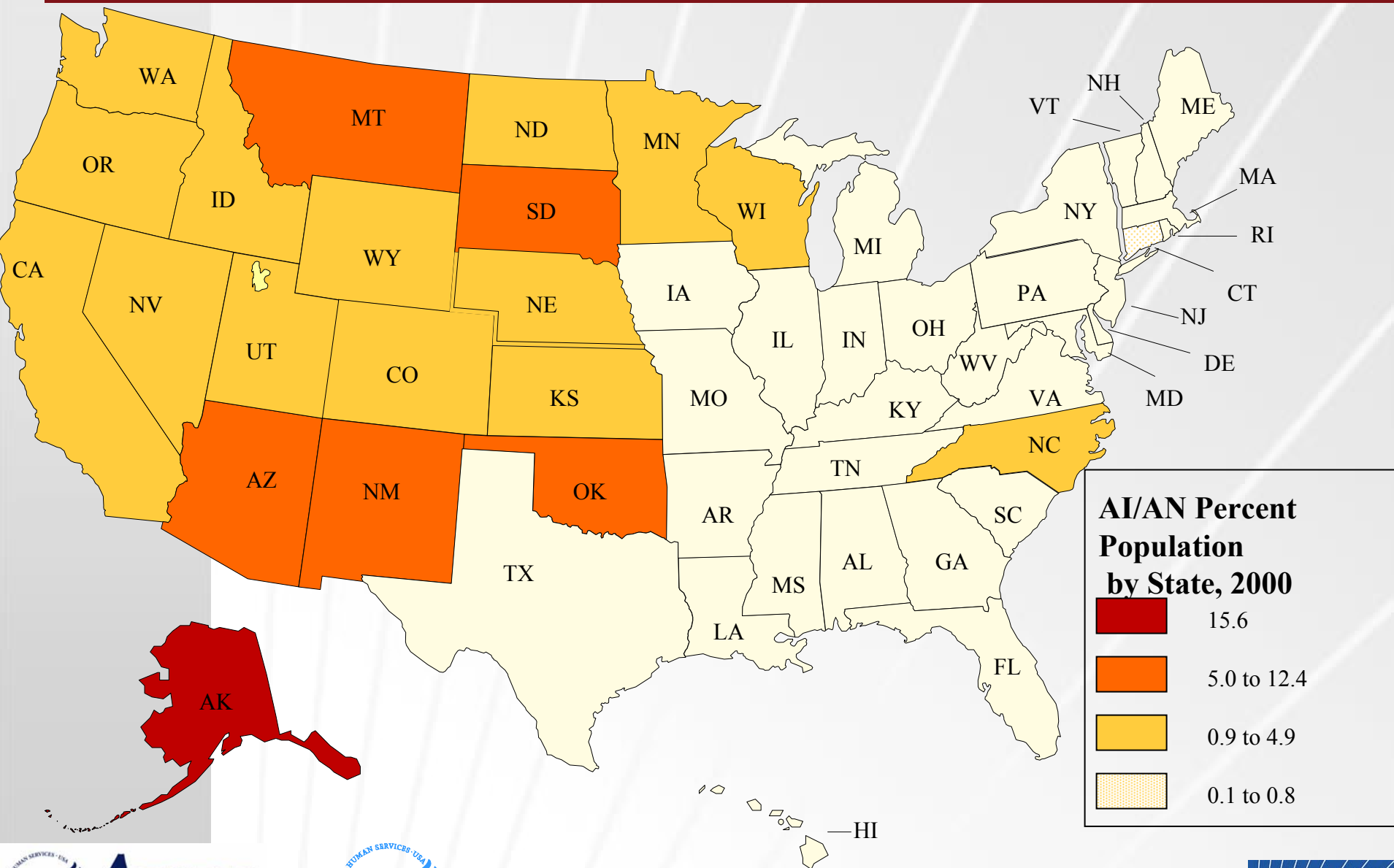
Sources: *<http://www.census.gov/prod/2002pubs/c2kbr01-15.pdf>

**http://www.census.gov/Press-Release/www/releases/archives/facts_for_features_special_editions/002950.html

American Indian and Alaska Native Population By State



American Indian and Alaska Native Percent Population By State



Demographics*

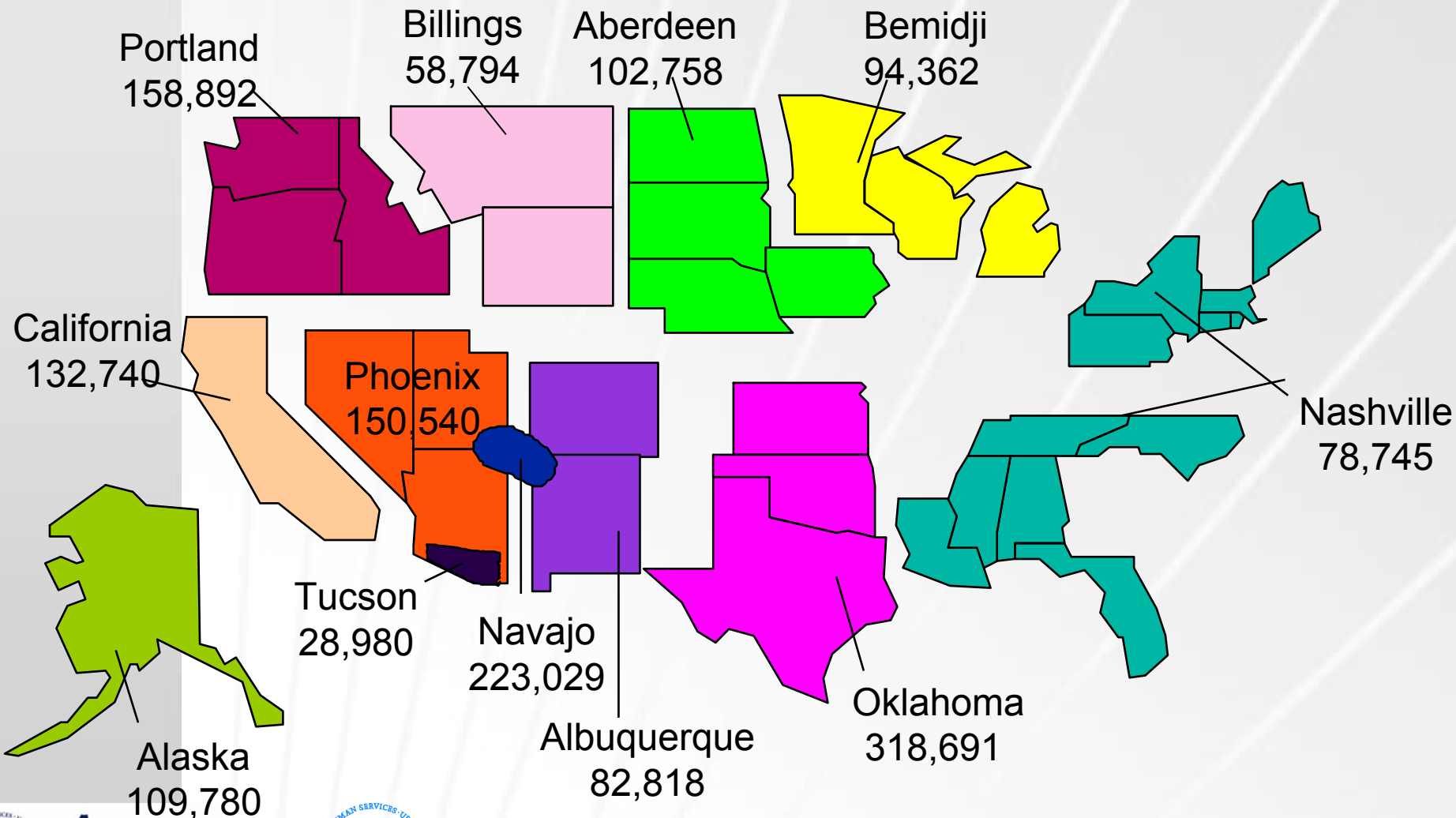
	AI/AN	U.S. All races
Median Age*	29 years	36 years
Median Income**	\$35,441	\$43,318
Living in Poverty**	20%	12.5%

Sources: U.S. Census 2000: * Table 2 Age, July 2003: <http://www.census.gov/Press-Release/www/releases/img/cb04-98-table2.pdf>

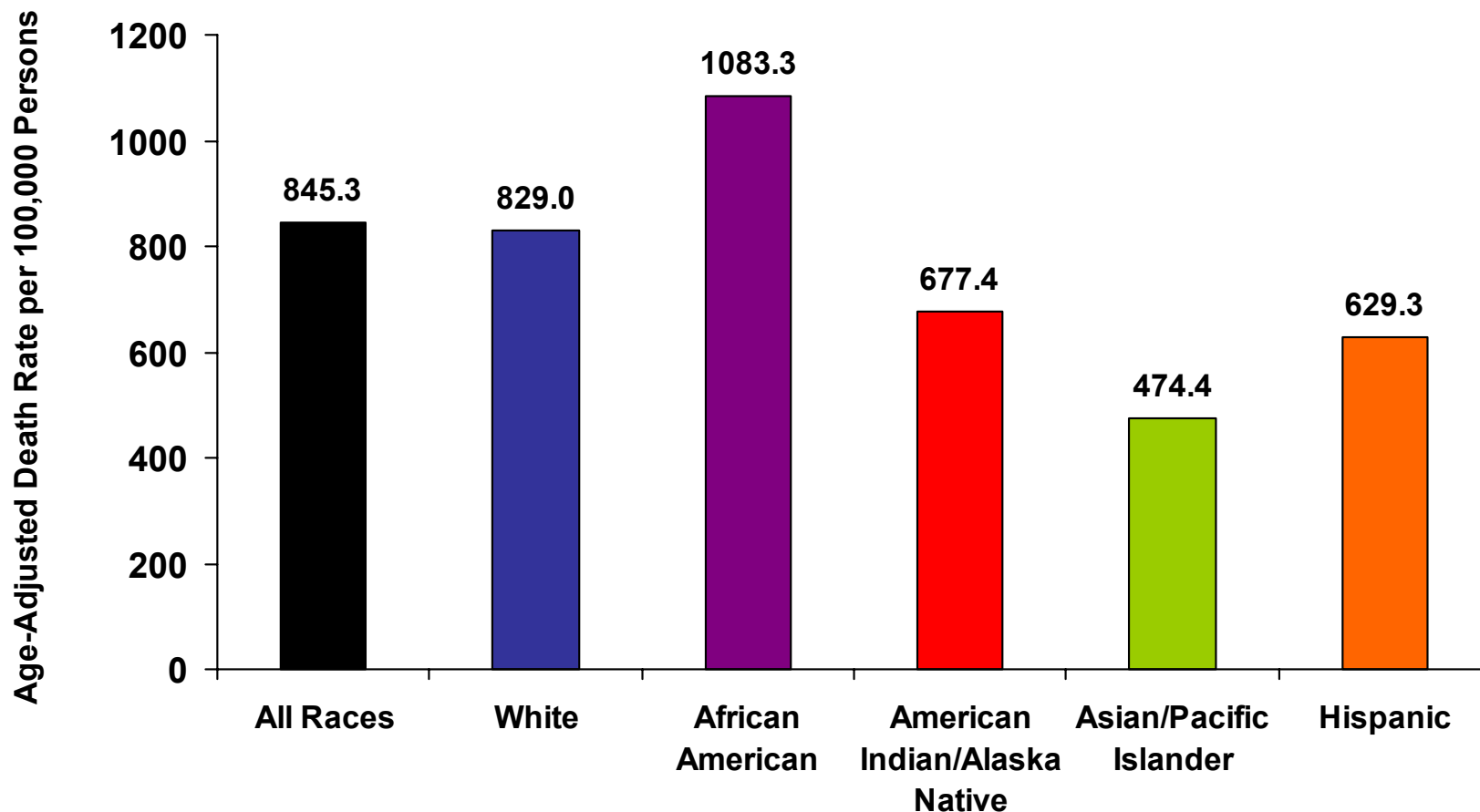
** Census News, Thursday, AUG. 26, 2004 http://www.census.gov/Press-Release/www/releases/archives/income_wealth/002484.html

2001 IHS Service Population* by Area

Total Population: 1,540,129



Age-Adjusted Death Rates per 100,000 Persons by Race and Hispanic Origin for All Causes: U.S. - 2002

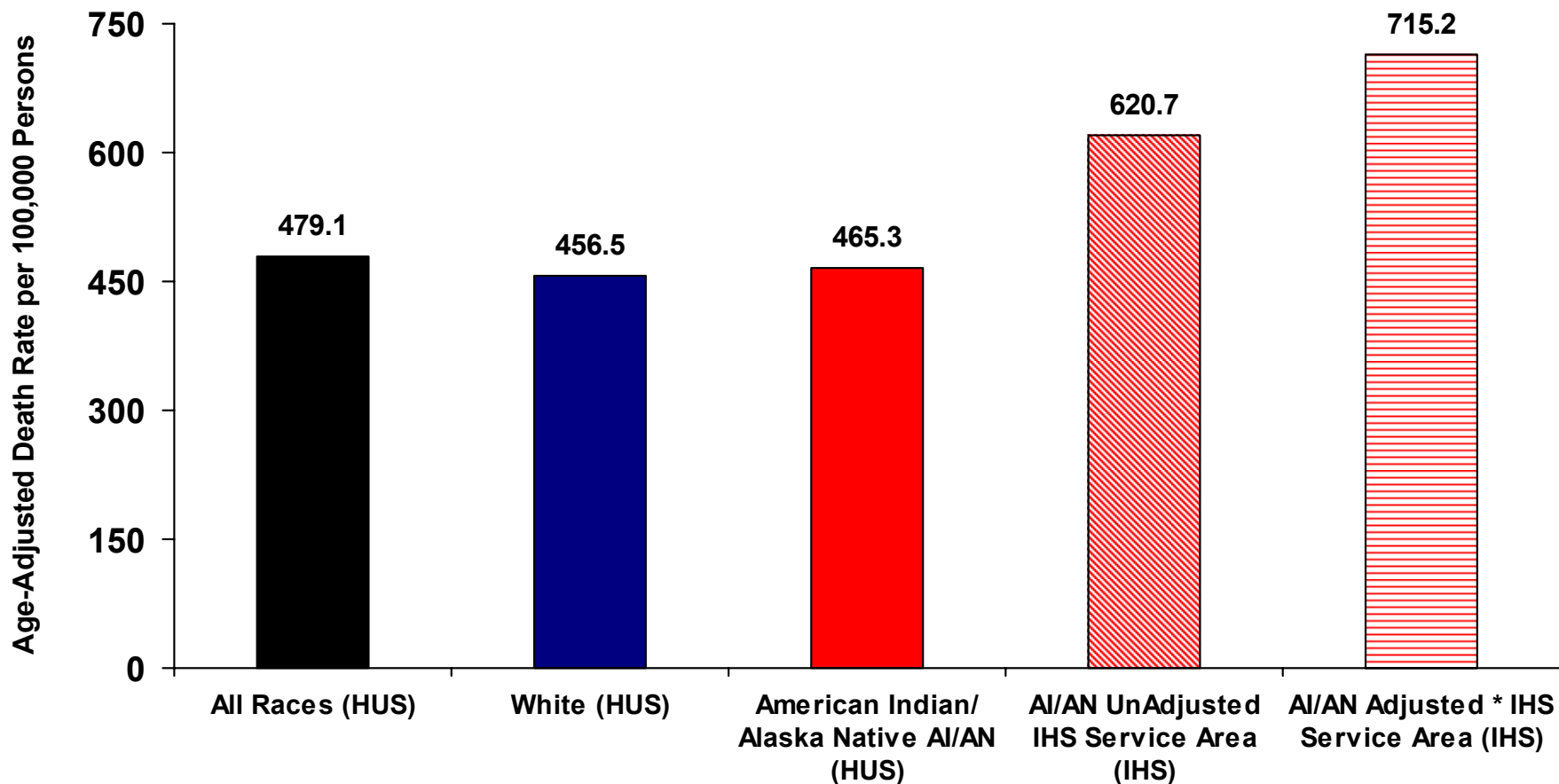


Source: Health, United States, 2004. Table 29.

<http://www.cdc.gov/nchs/data/hus/hus04trend.pdf#topic>



Age-Adjusted Death Rates per 100,000 Persons by Race for All Causes: U.S. & IHS Service Area - 1997



*Adjusted to compensate for misreporting of AI/AN race on state death certificates.

Sources: HUS = Health, United States, 1999. Table 30.

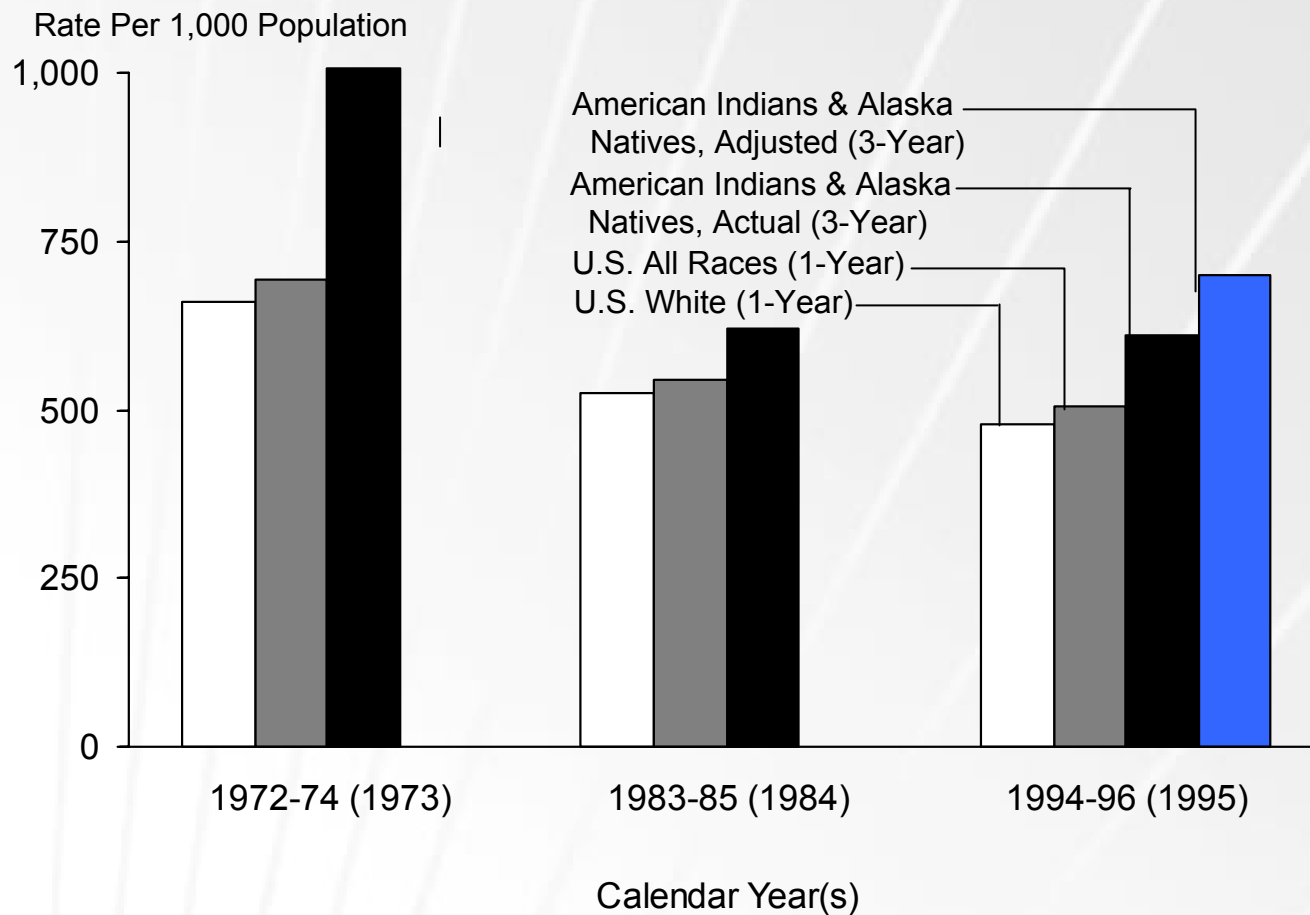
IHS=Trends in Indian Health, 200-2001, General Mortality Stats, Part 4, Table 4.11 Age-Adjusted Death Rates, p69.





IHS Trends in Indian Health 1998-1999

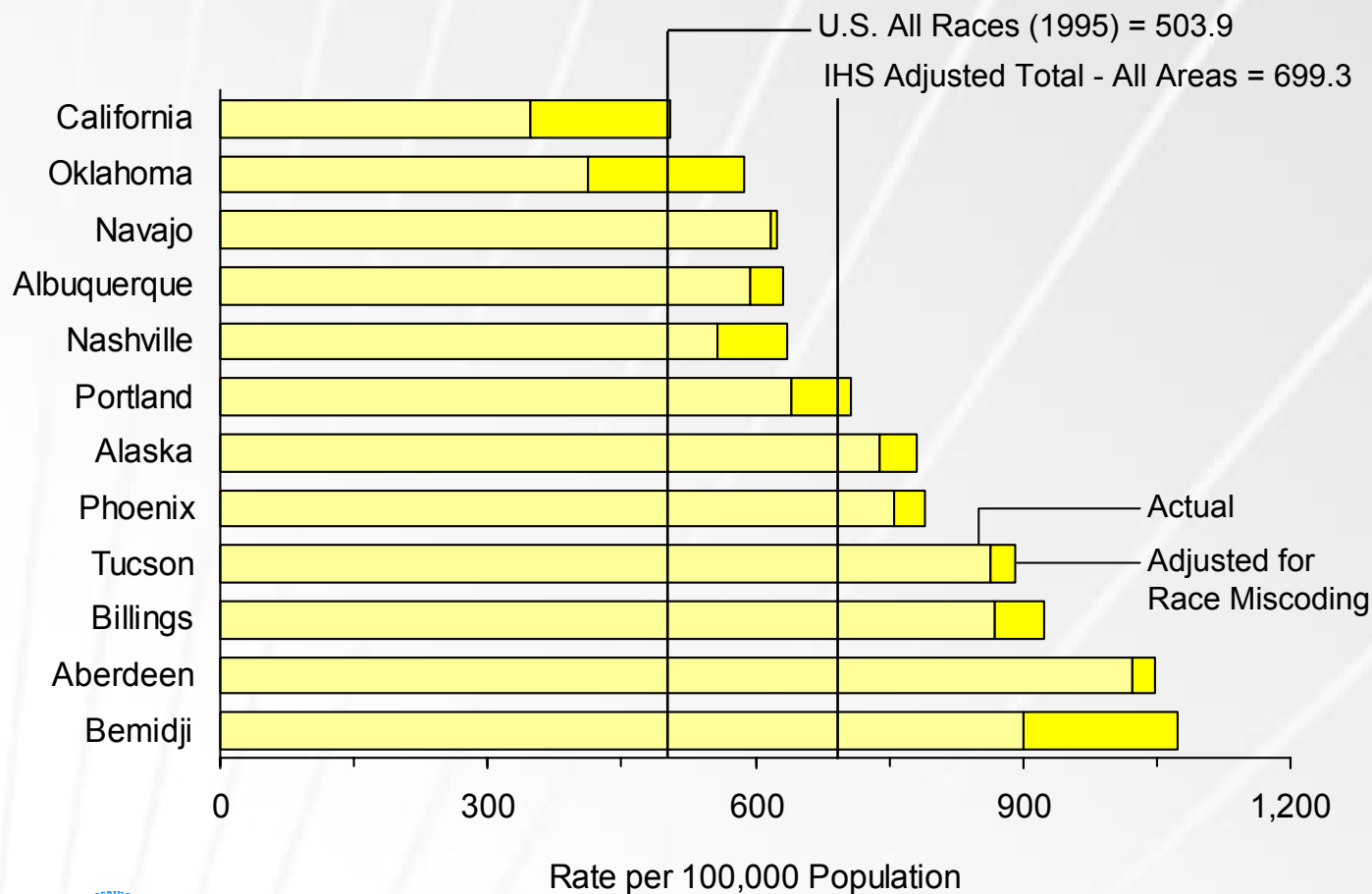
Age-Adjusted Death Rate





IHS Regional Differences in Indian Health
1998 – 1999

Age-Adjusted Death Rates CY 1994-1996

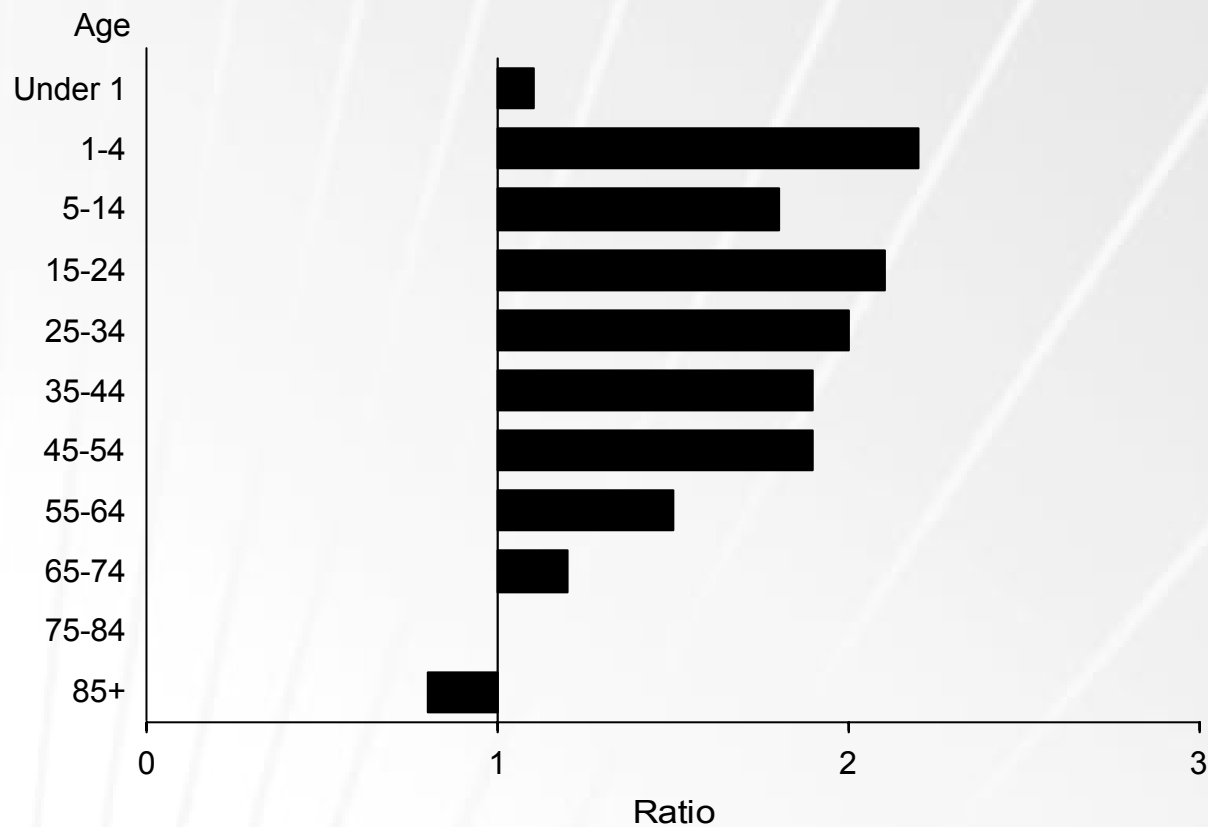




IHS Trends in Indian Health
1998-1999

Age-Specific Death Rates

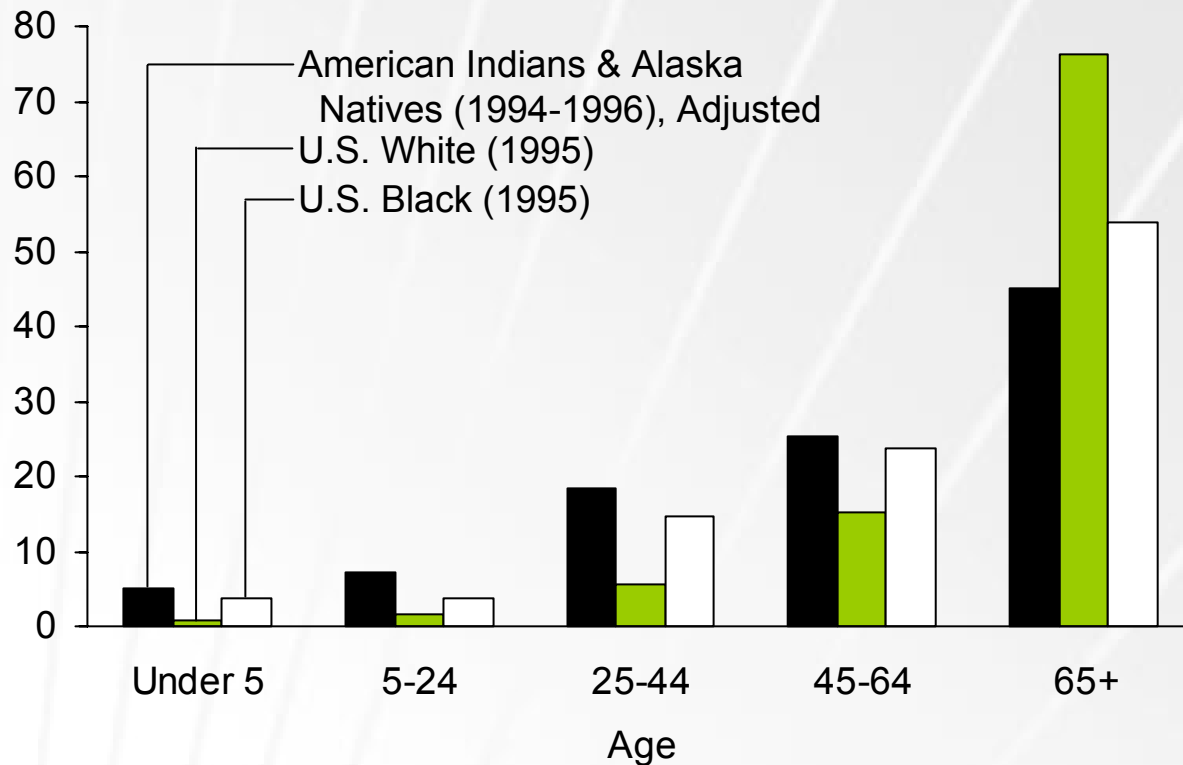
Ratio of American Indians ('94-'96) to U.S. All Races ('95)





Deaths by Age and Race

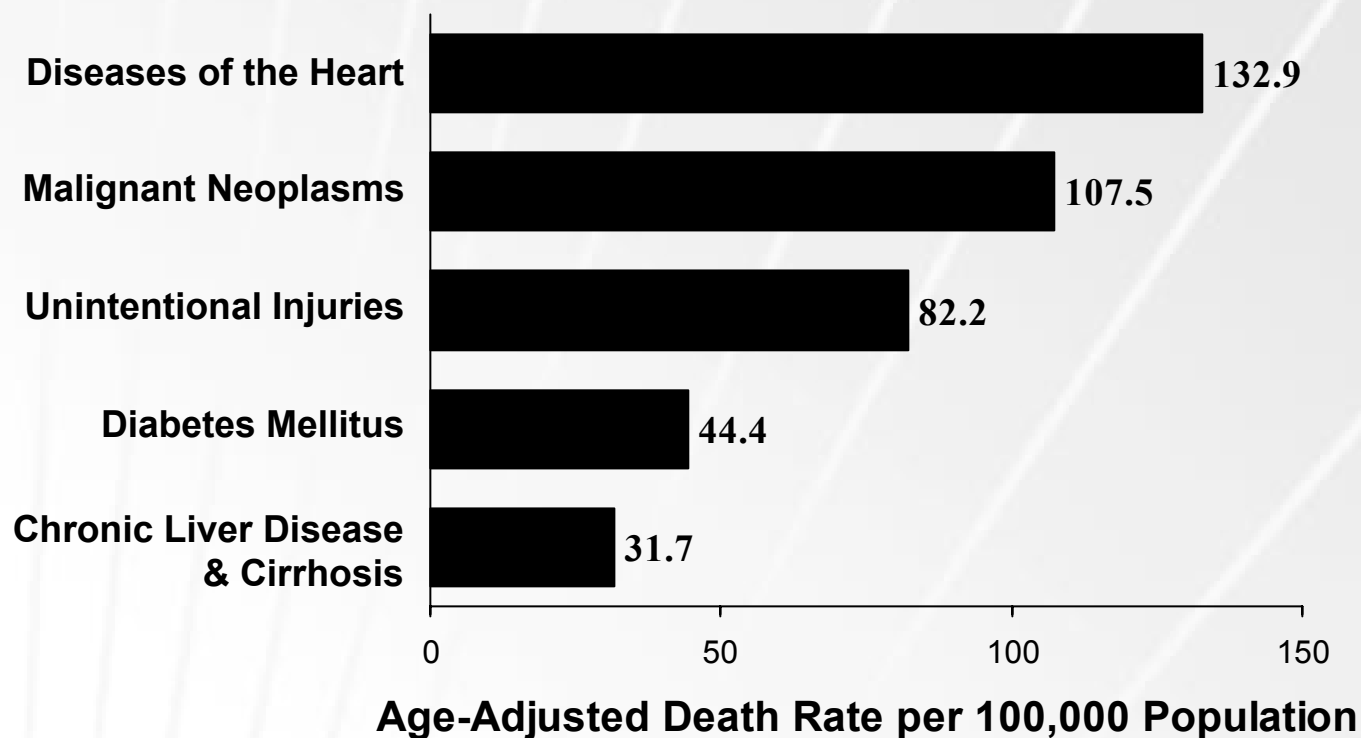
Percent Distribution





IHS Trends in Indian Health
2000-2001 Table 4.11 p.69 age adjusted

Death Rates for Leading Causes American Indians and Alaska Natives (1997)

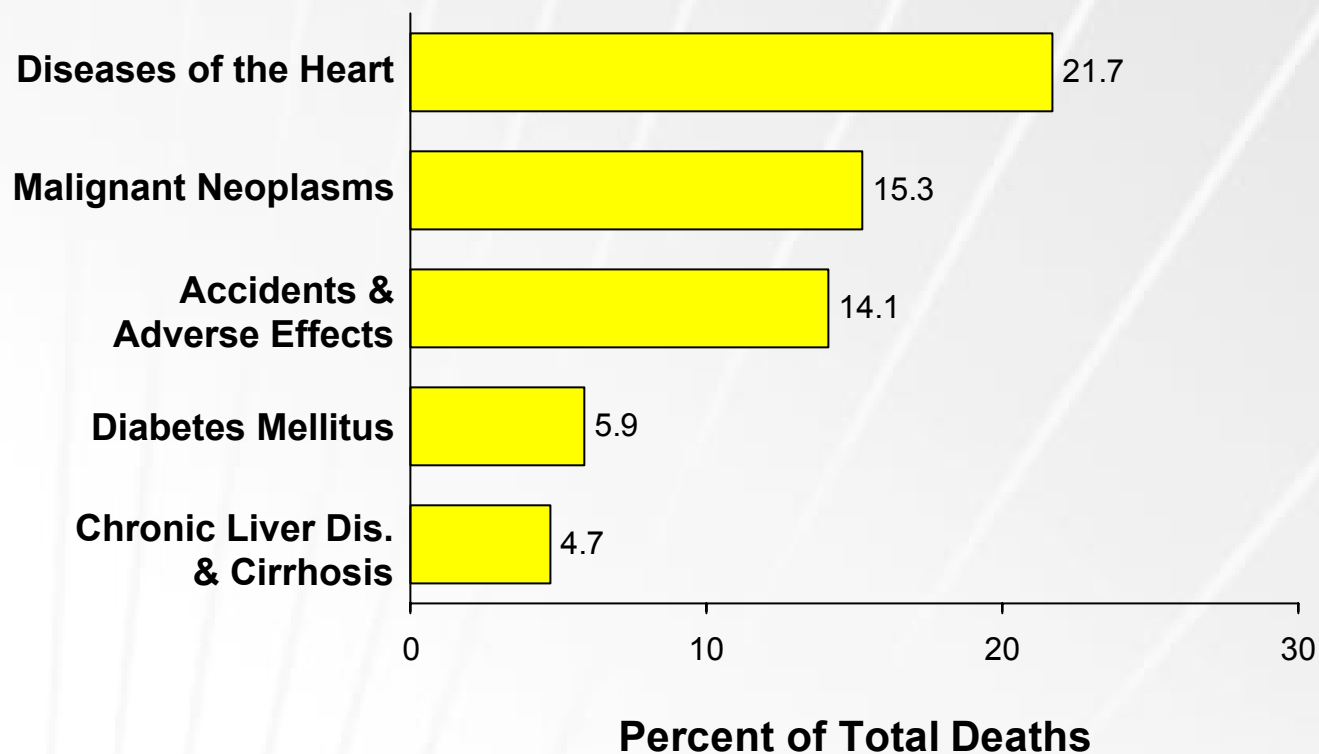




***IHS Regional Differences in Indian Health
1998-1999***

Leading Causes of Death

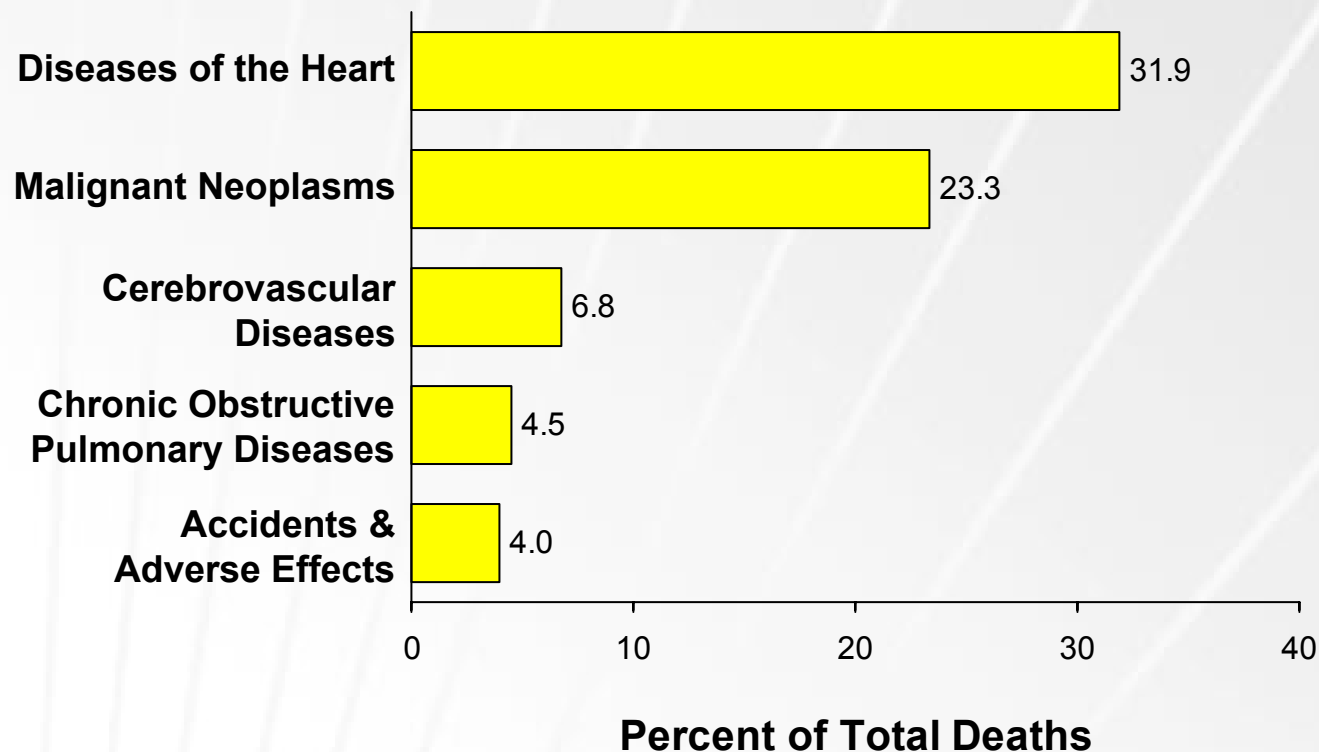
All IHS Areas, CY 1994-1996



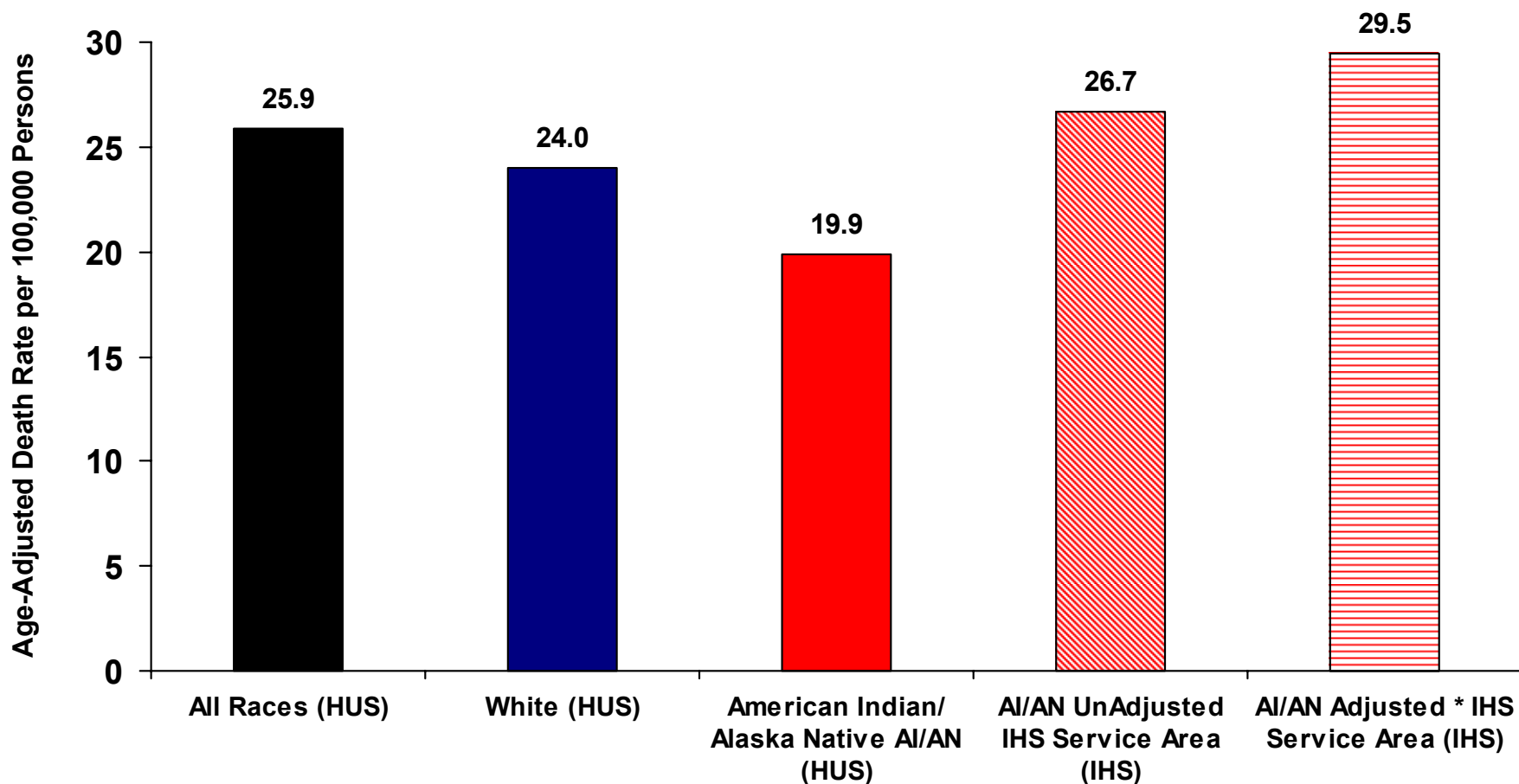


***IHS Regional Differences in Indian Health
1998 – 1999***

Leading Causes of Death U.S. All Races, CY 1995



Age-Adjusted Death Rates per 100,000 Persons by Race for Cerebrovascular Diseases: U.S. & IHS Service Area - 1997



*Adjusted to compensate for misreporting of AI/AN race on state death certificates.

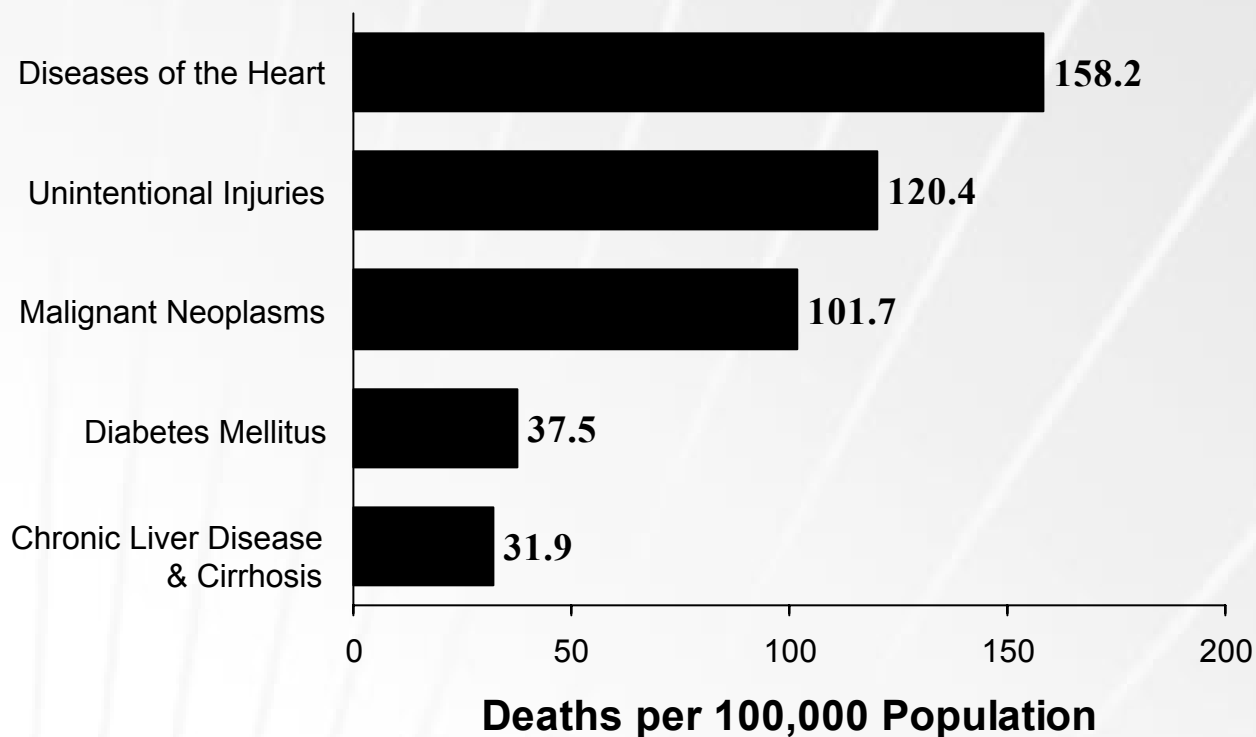
Sources: HUS = Health, United States, 1999. Table 30.

IHS=Trends in Indian Health, 200-2001, General Mortality Stats, Part 4, Table 4.11 Age-Adjusted Death Rates, p69.



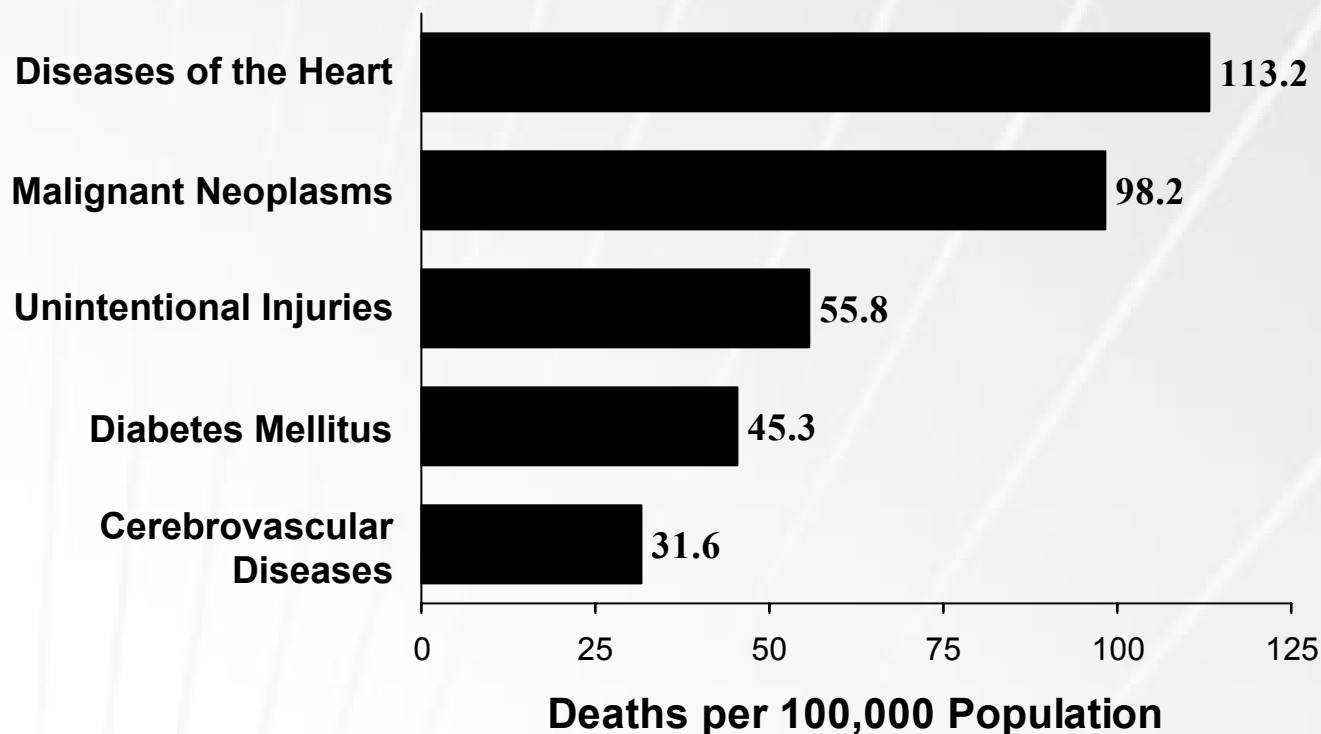


Death Rates, Leading Causes: Males American Indians and Alaska Natives (1996-1998)





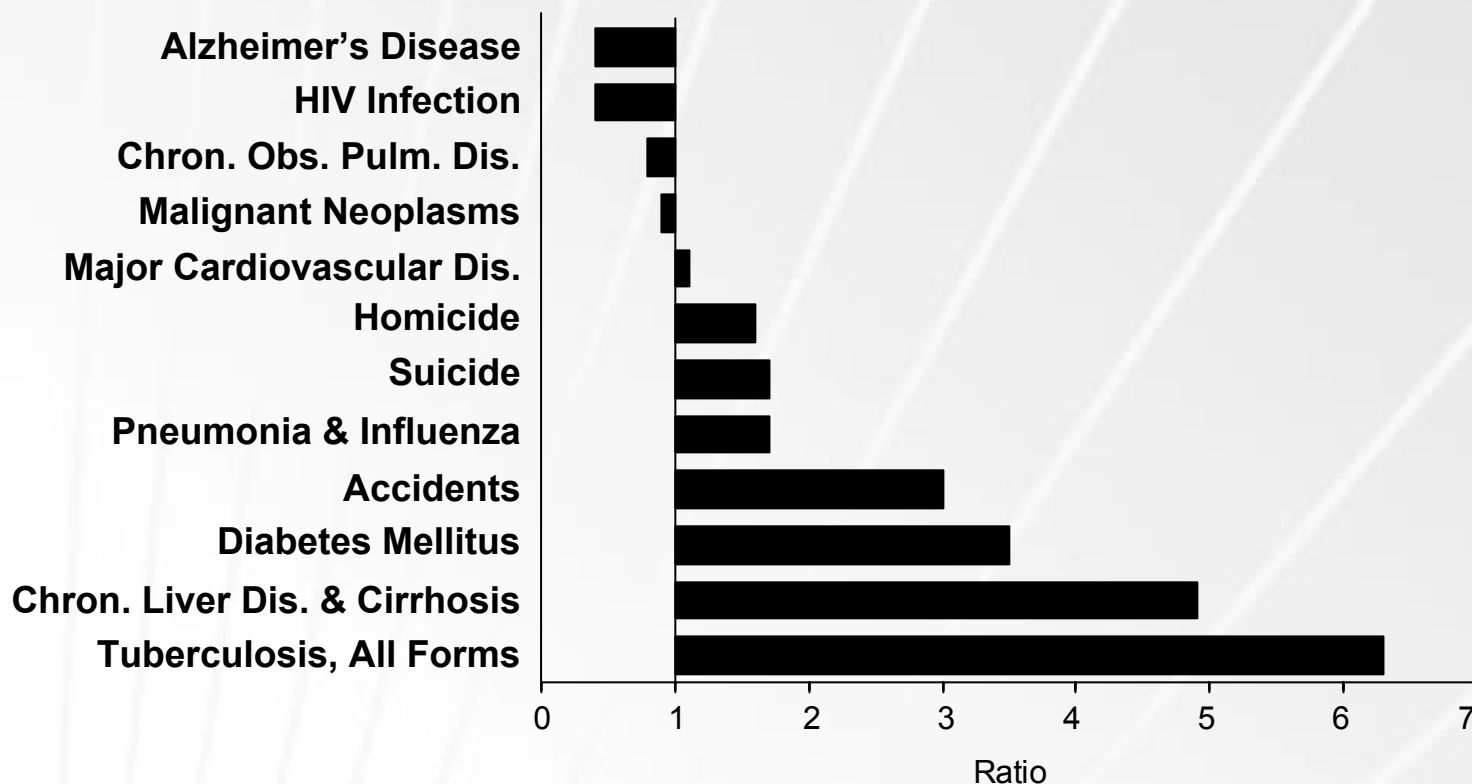
Death Rates, Leading Causes: Females American Indians and Alaska Natives (1994-1996)





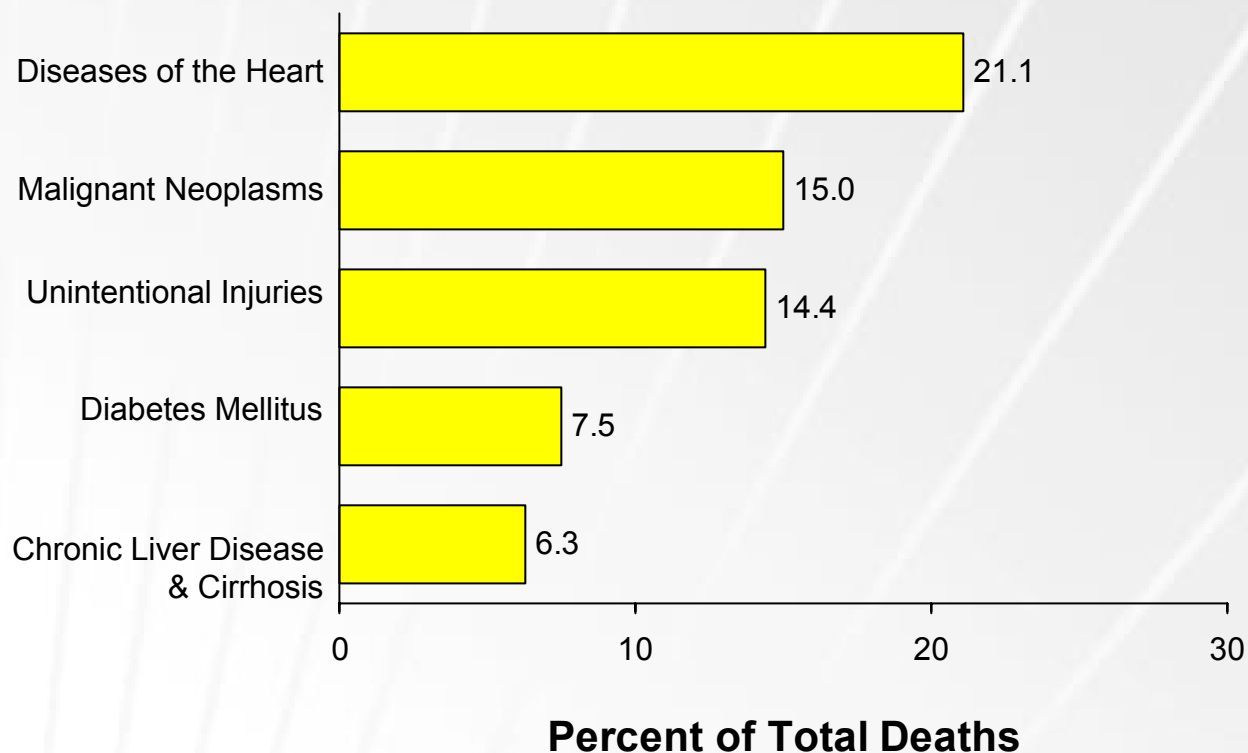
Selected Age-Adjusted Death Rates

Ratio of American Indians ('94-'96) to U.S. All Races ('95)



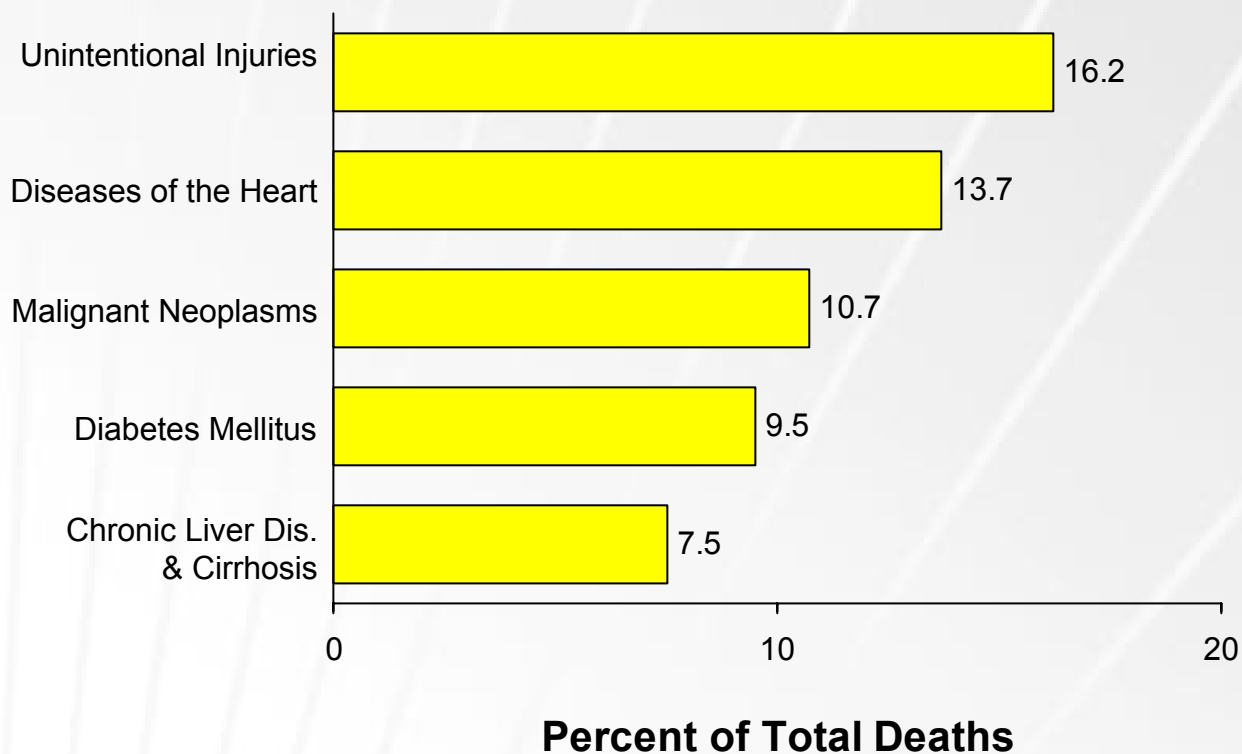


Leading Causes of Death Aberdeen Area, CY 1996-1998



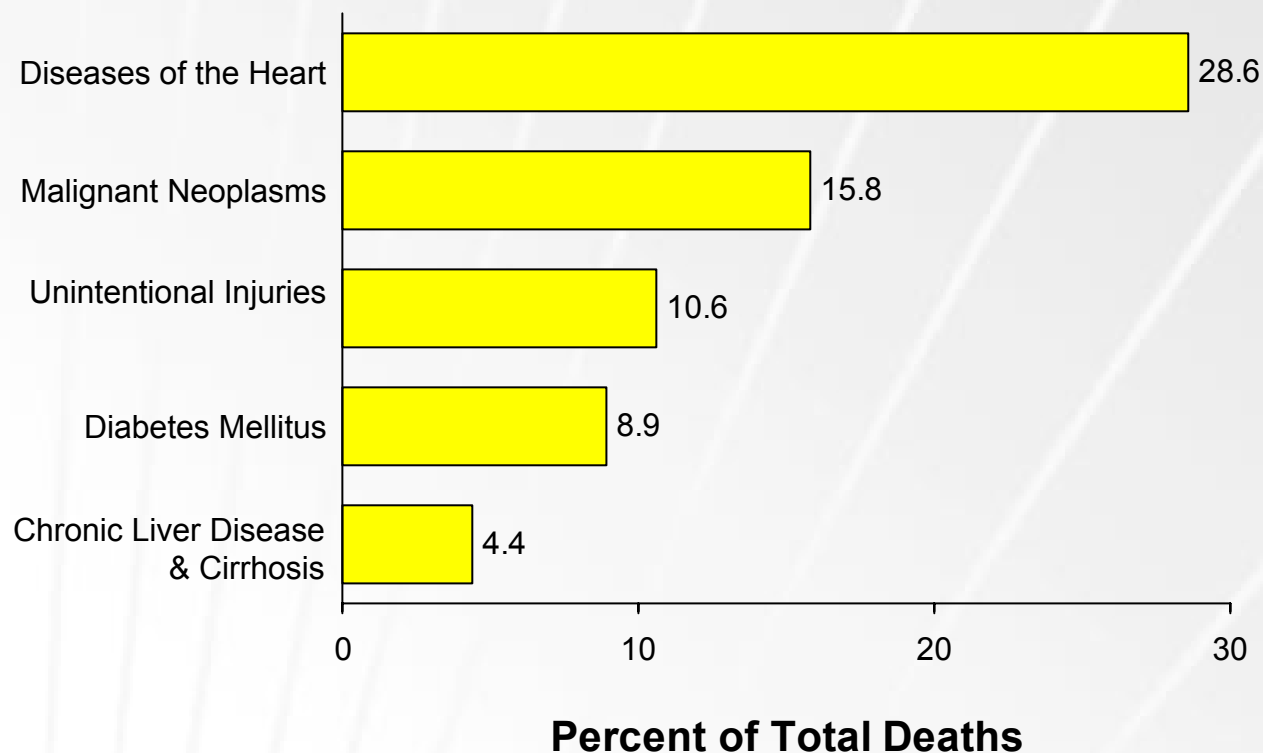


Leading Causes of Death Albuquerque Area, CY 1996-1998

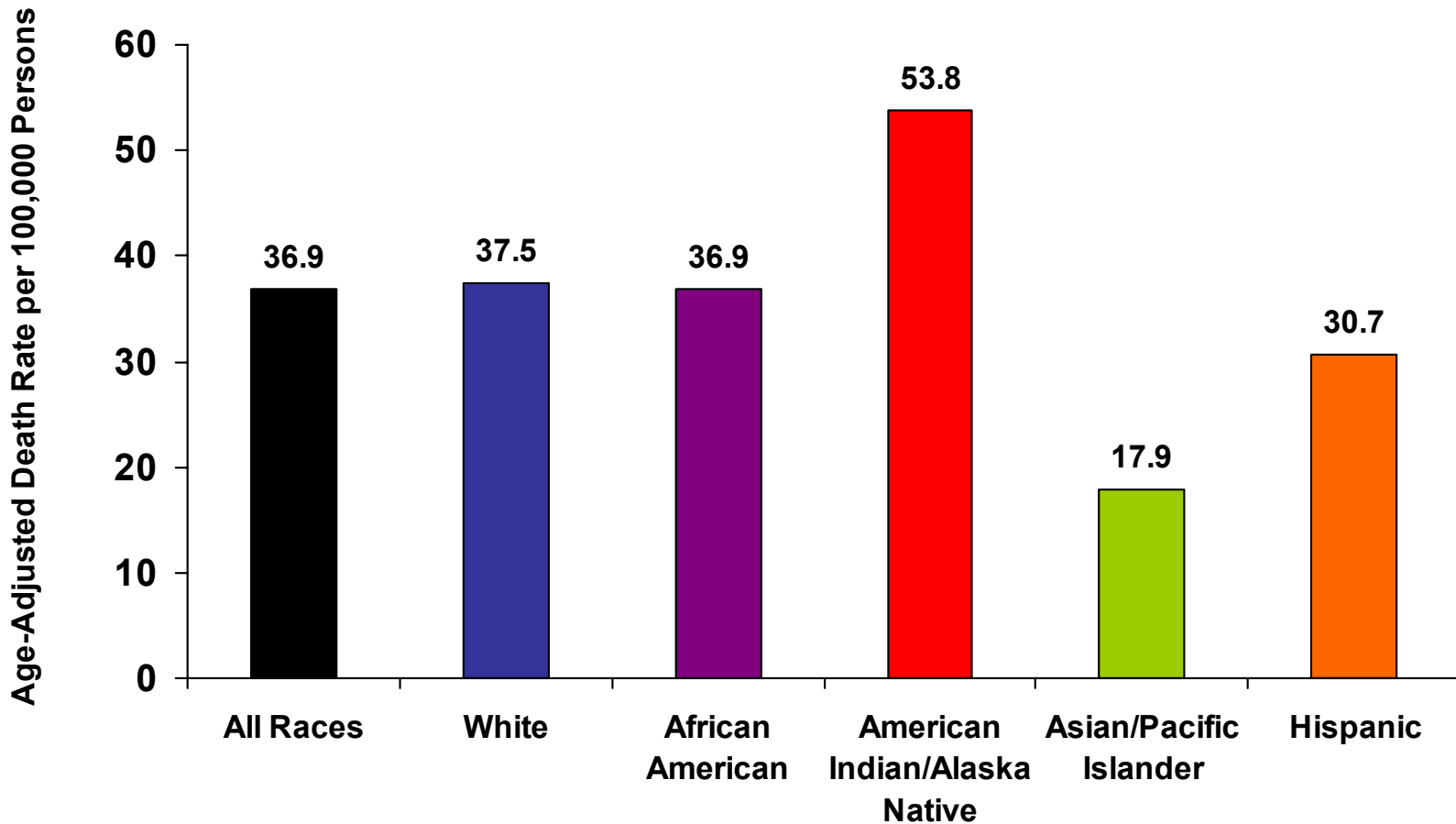




Leading Causes of Death Nashville Area, CY 1994-1996



Age-Adjusted Death Rates per 100,000 Persons by Race, and Hispanic Origin for Unintentional Injuries: U.S. - 2002

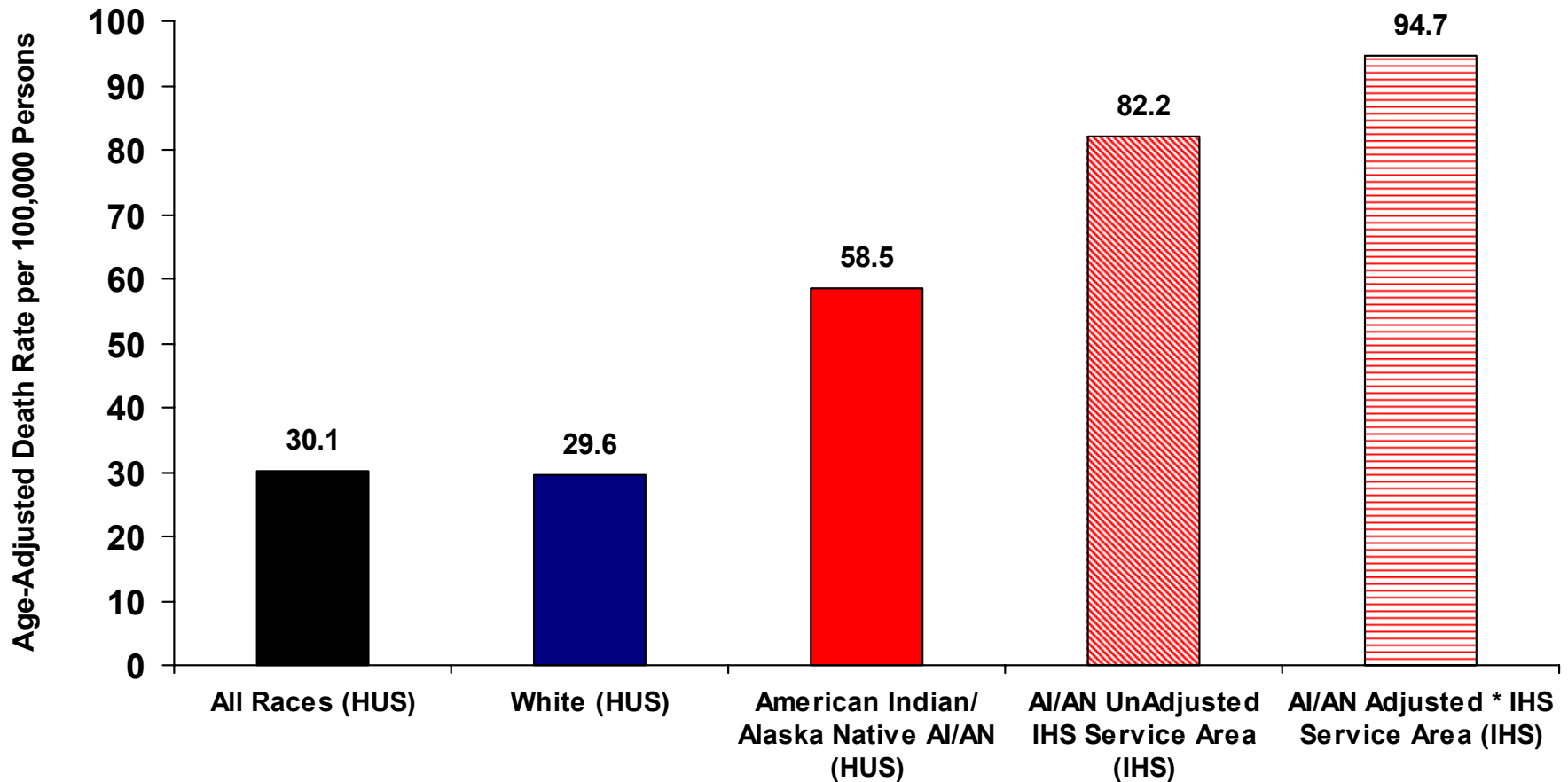


Source: Health, United States, 2004. Table 29.

<http://www.cdc.gov/nchs/data/hus/hus04trend.pdf#topic>



Age-Adjusted Death Rates per 100,000 Persons by Race for Unintentional Injuries: U.S. & IHS Service Area - 1997



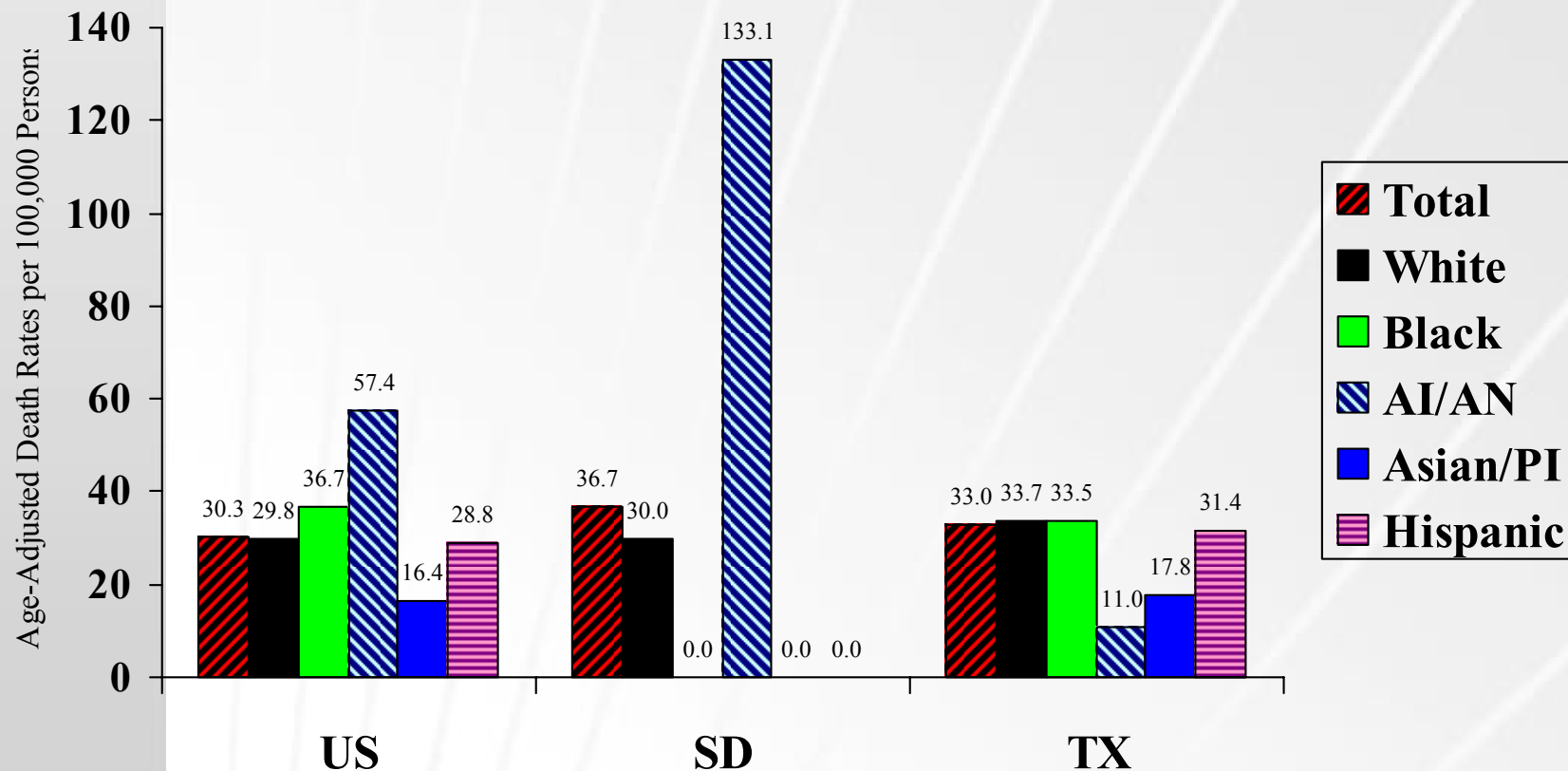
*Adjusted to compensate for misreporting of AI/AN race on state death certificates.

Sources: HUS = Health, United States, 1999. Table 30.

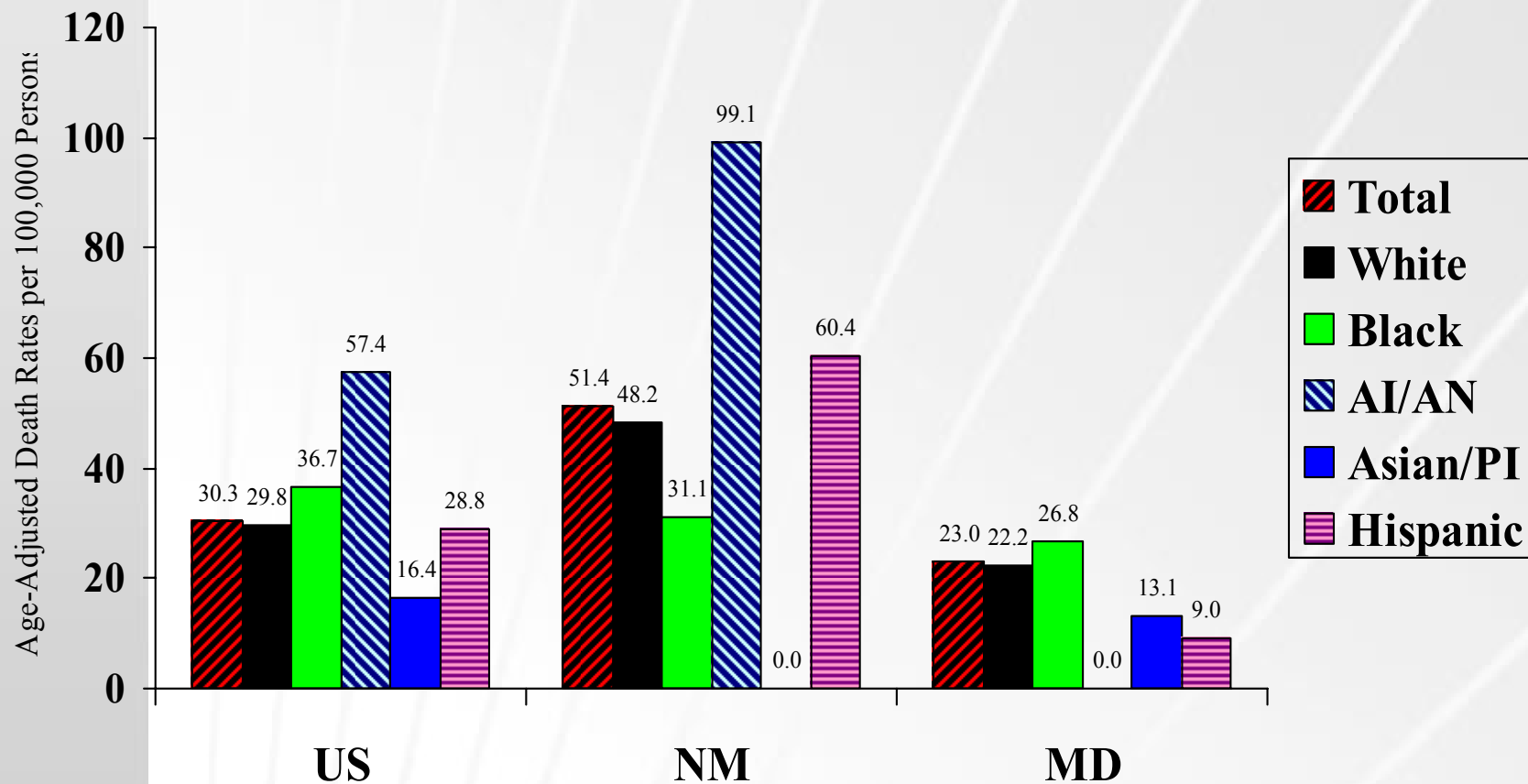
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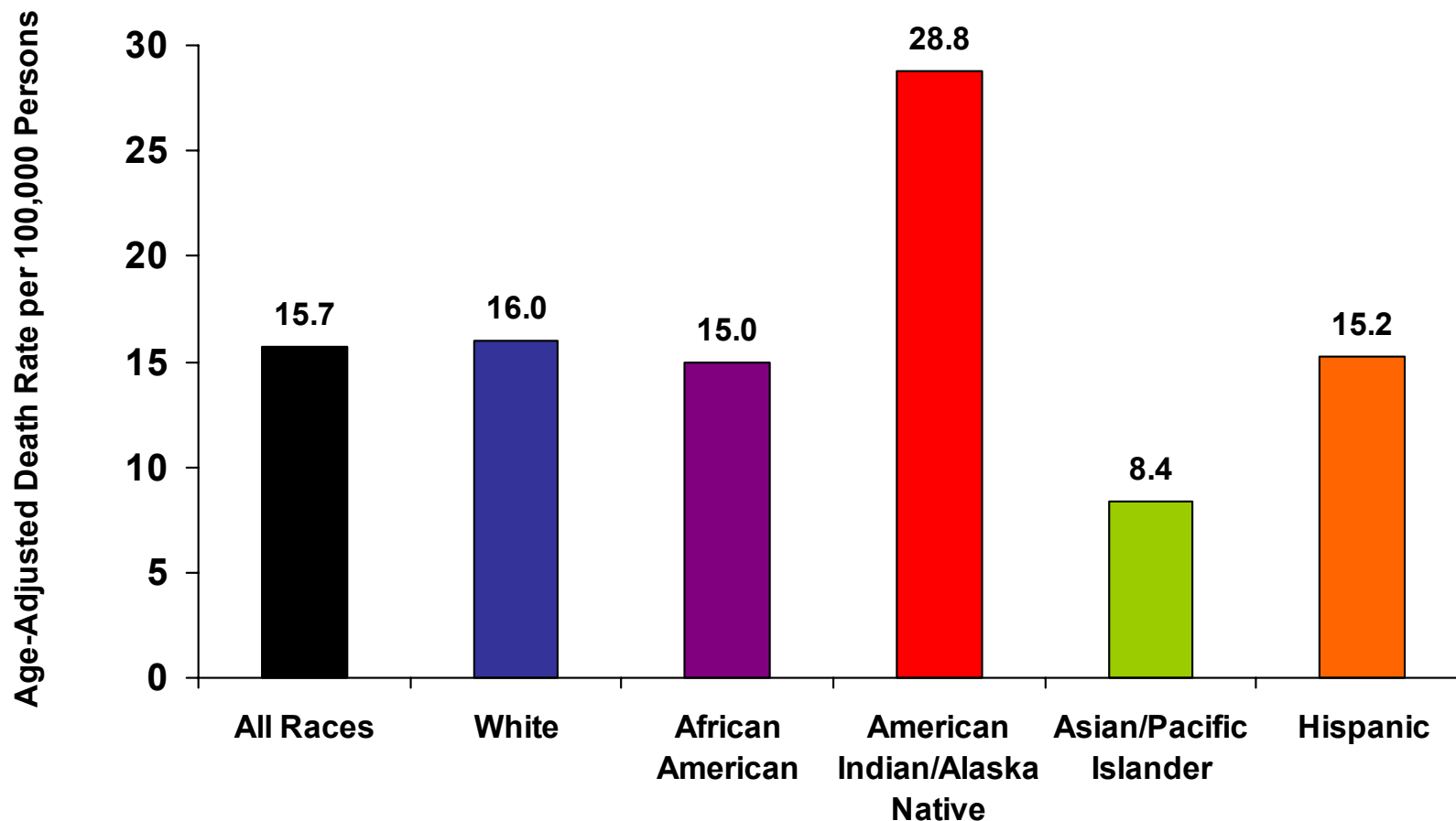
Unintentional Injuries Age-Adjusted Death Rates, per 100,000 Persons U.S. and Selected States, 1995-1997



Unintentional Injuries Age-Adjusted Death Rates per 100,000 Persons U.S. and Selected States 1995-1997



Age-Adjusted Death Rates per 100,000 Persons by Race, and Hispanic Origin for Motor Vehicle-Related Injuries: U.S. - 2002

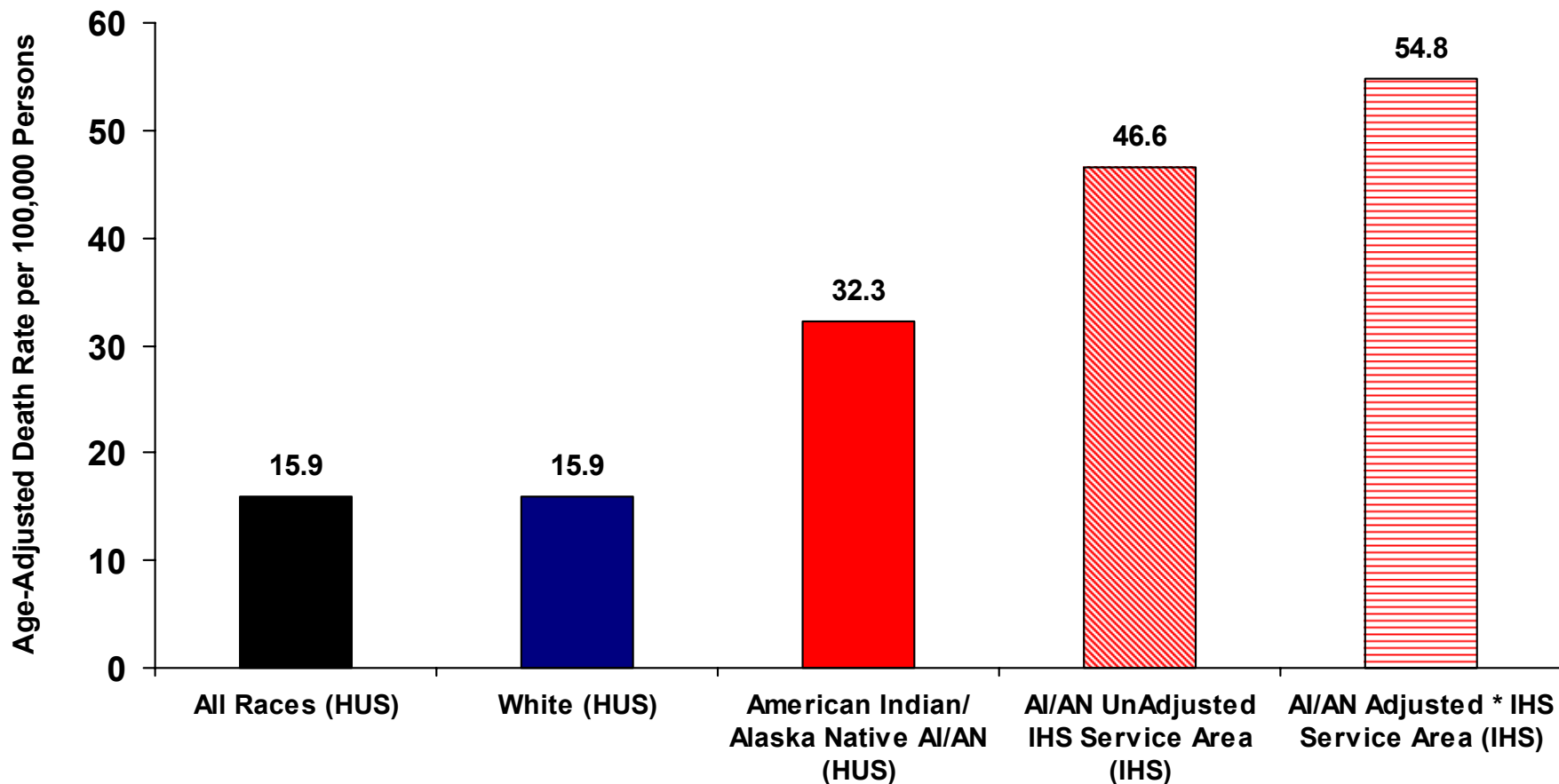


Source: Health, United States, 2004. Table 29.

<http://www.cdc.gov/nchs/data/hus/hus04trend.pdf#topic>



Age-Adjusted Death Rates per 100,000 Persons by Race for Motor Vehicle-related Injuries: U.S. & IHS Service Area - 1997



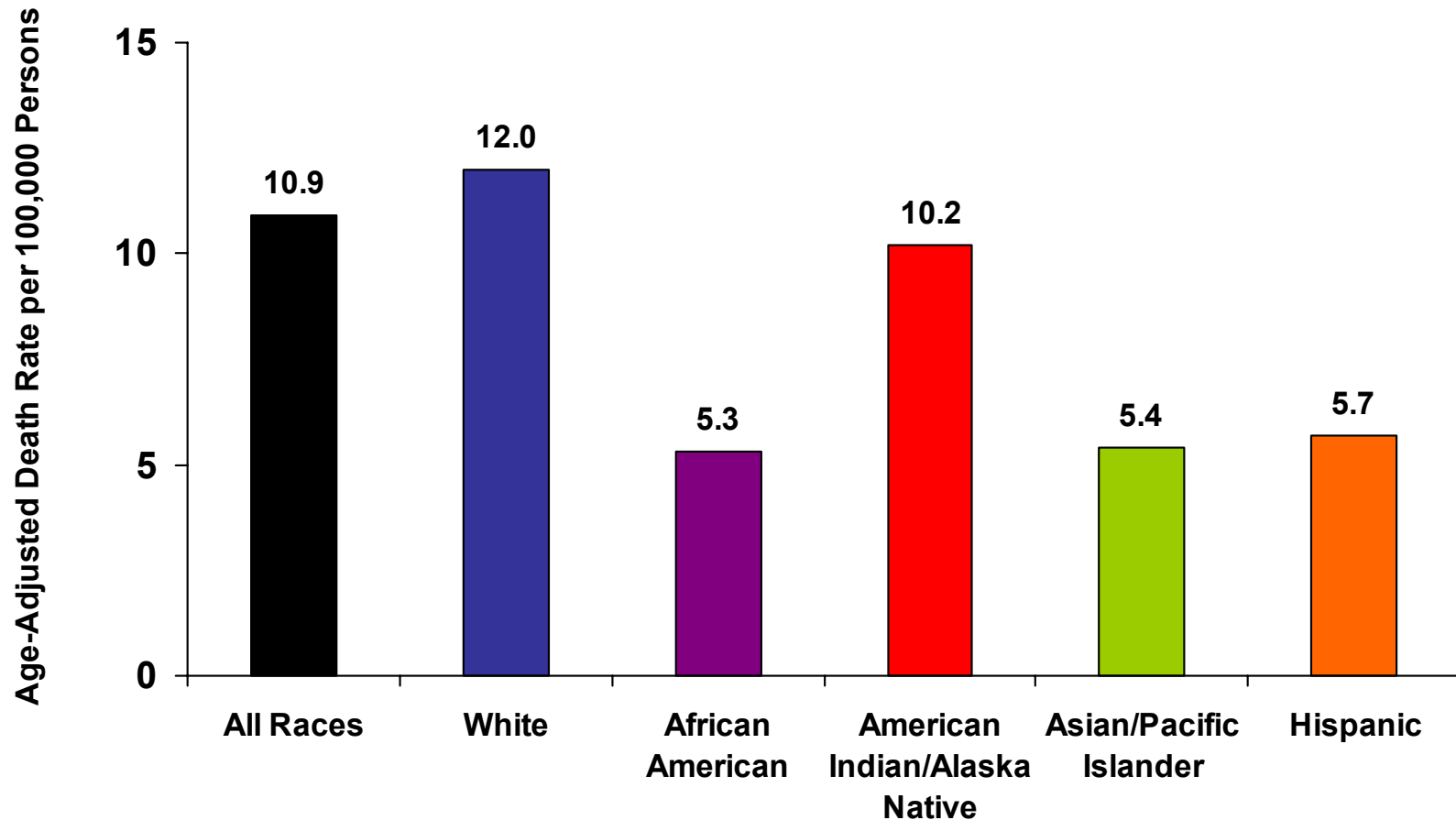
*Adjusted to compensate for misreporting of AI/AN race on state death certificates.

Sources: HUS = Health, United States, 1999. Table 30.

IHS=Trends in Indian Health, 200-2001, General Mortality Stats, Part 4, Table 4.11 Age-Adjusted Death Rates, p69.



Age-Adjusted Death Rates per 100,000 Persons by Race, and Hispanic Origin for Suicide: U.S. - 2002

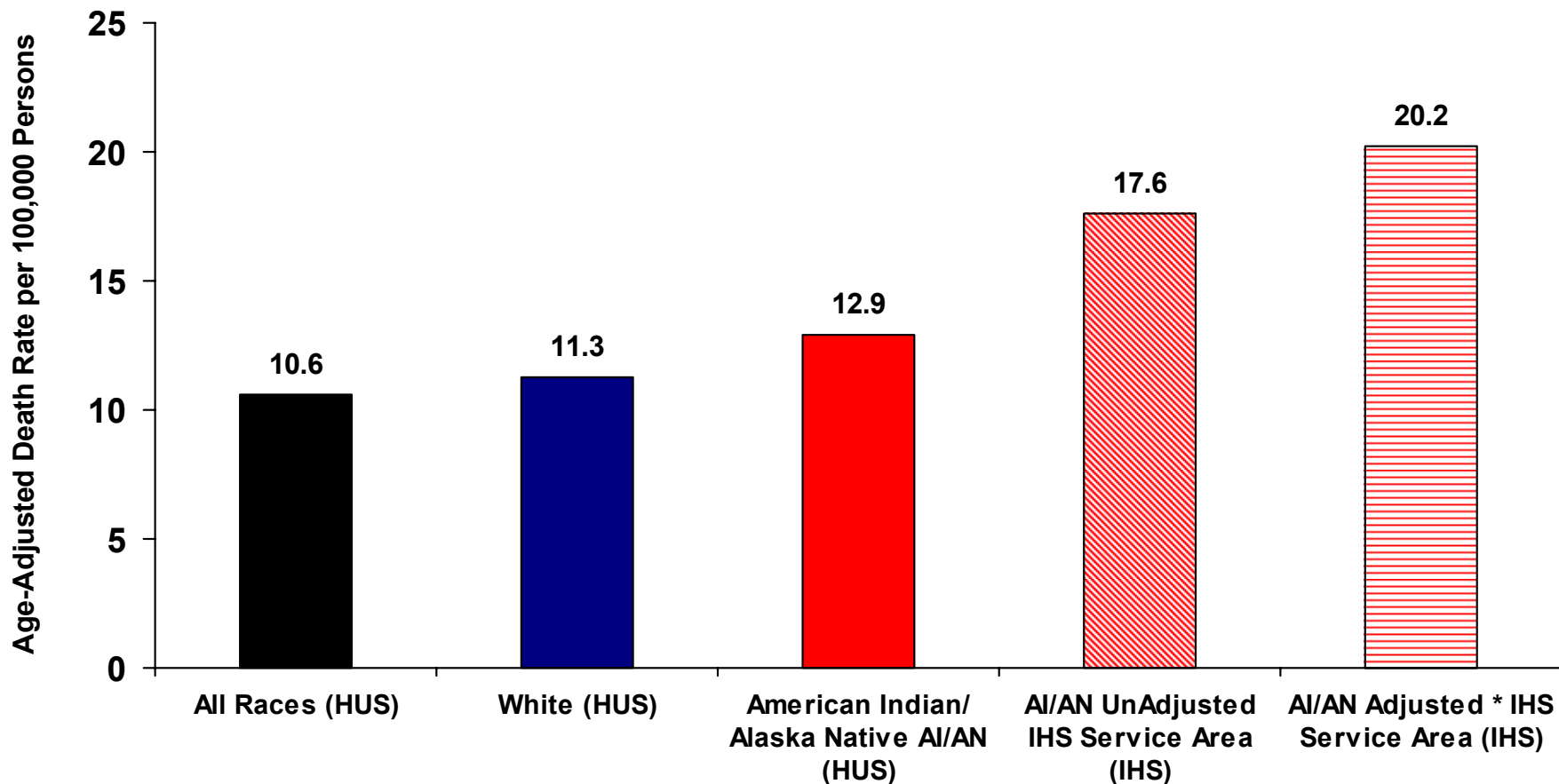


Source: Health, United States, 2004. Table 29.

<http://www.cdc.gov/nchs/data/hus/hus04trend.pdf#topic>



Age-Adjusted Death Rates per 100,000 Persons by Race for Suicide: U.S. & IHS Service Area - 1997



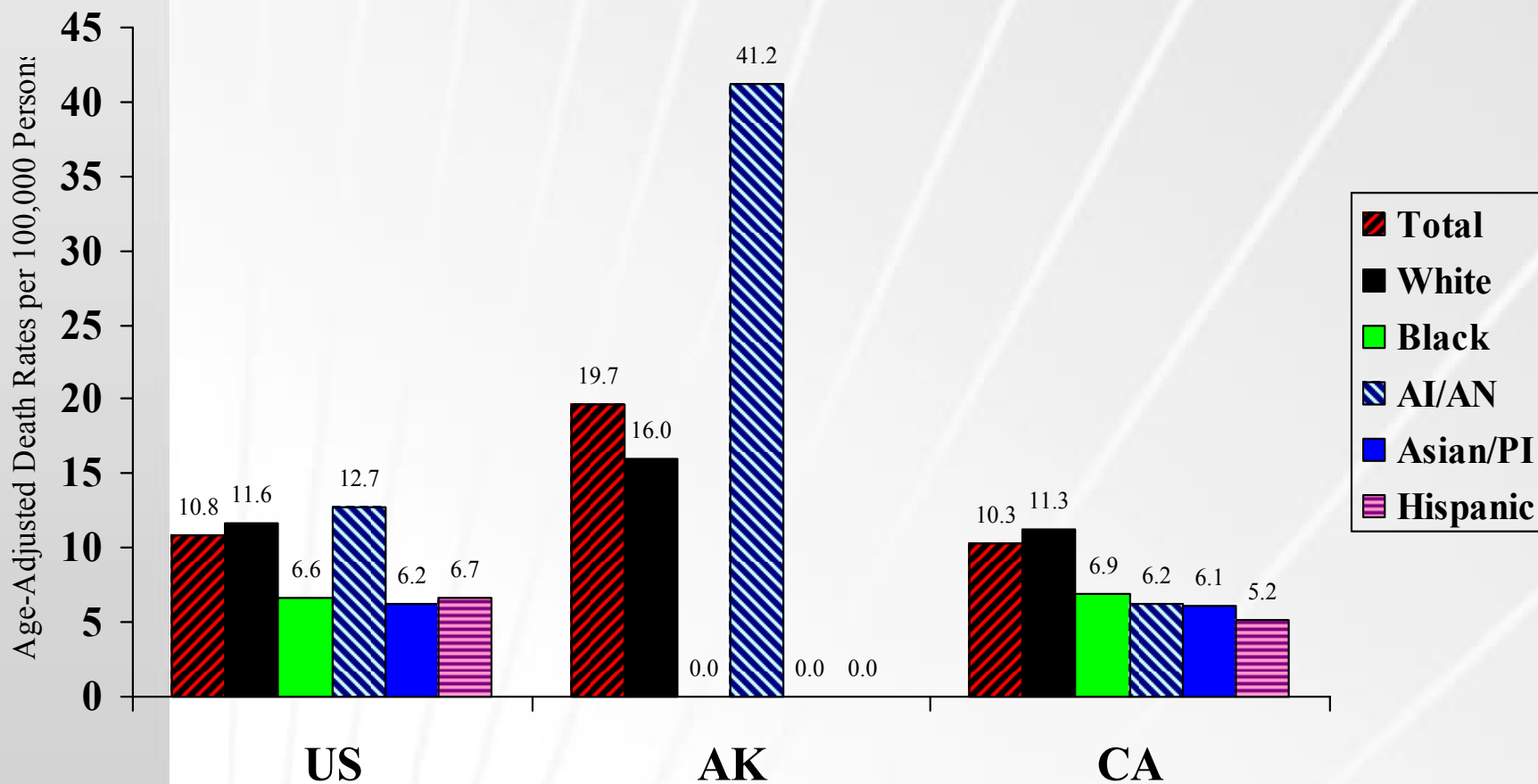
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Sources: HUS = Health, United States, 1999. Table 30.

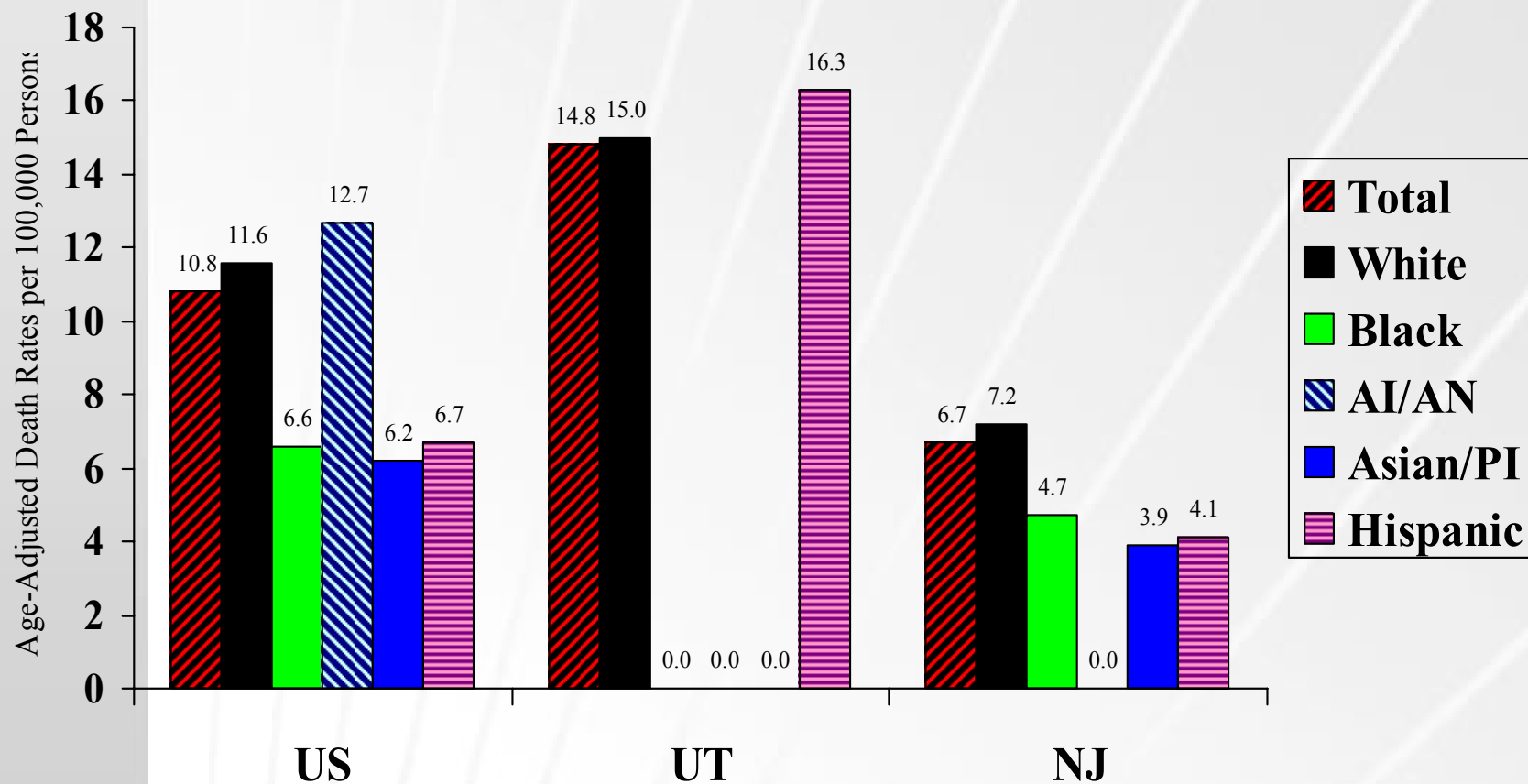
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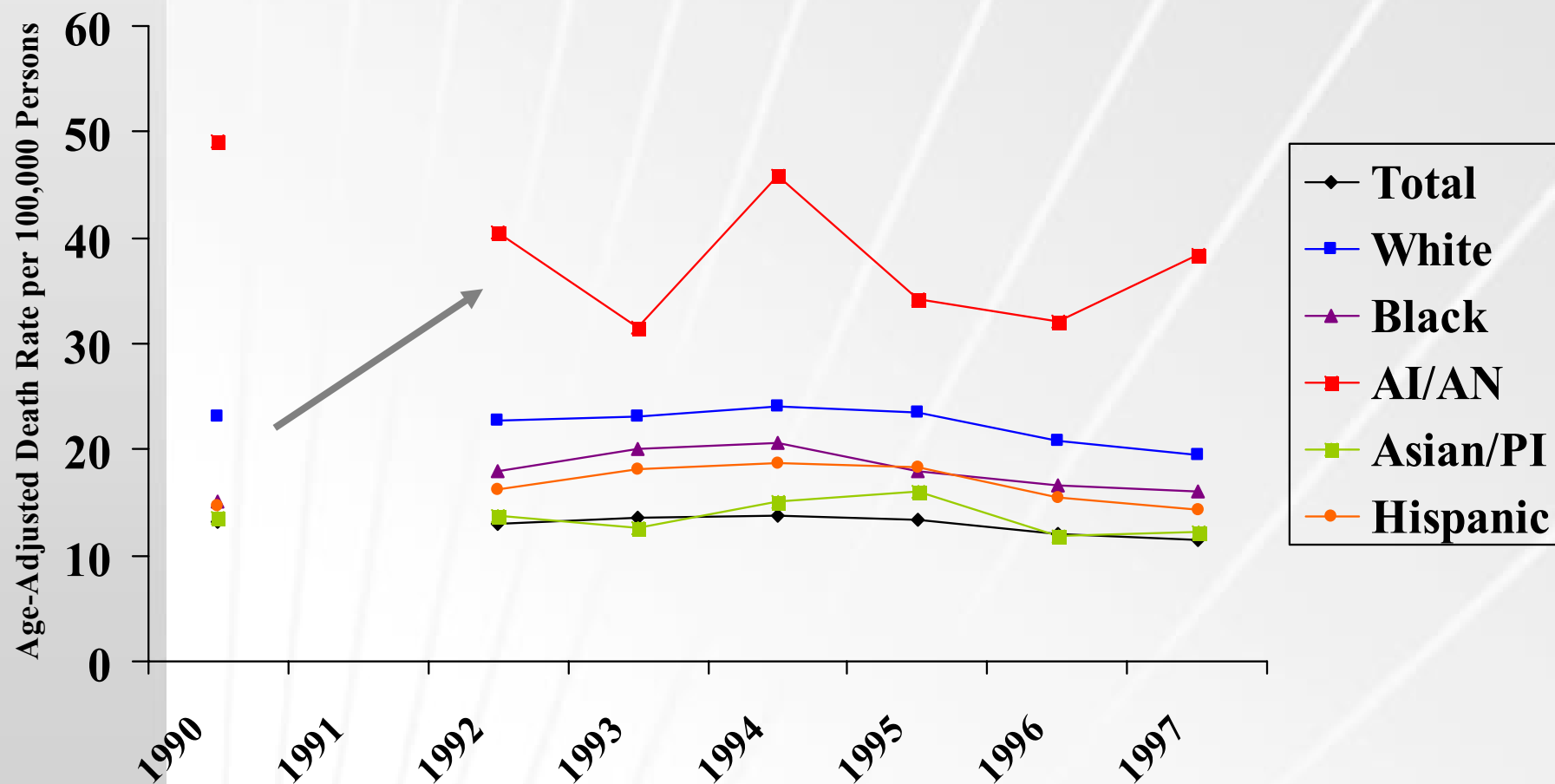
Suicide Age-Adjusted Death Rates per 100,000 Persons, U.S. and Selected States¹ 1995-1997



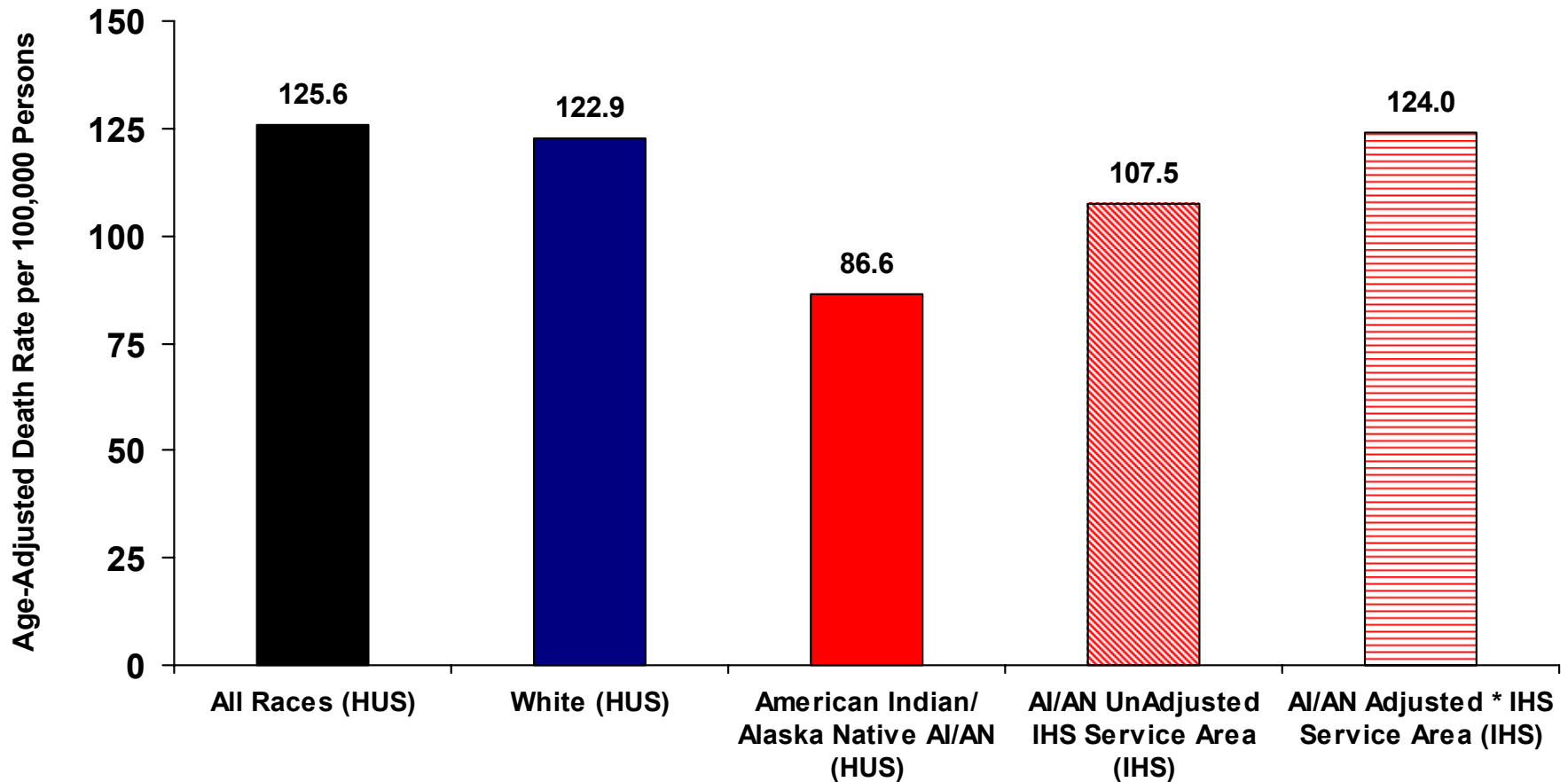
Suicide Age-Adjusted Death Rates per 100,000 Persons, U.S. and Selected States , 1995-1997



Suicide Death Rates for Males Ages 15-24 Per 100,000 Persons by Racial/Ethnic Group 1990-1997



Age-Adjusted Death Rates per 100,000 Persons by Race for Malignant Neoplasms: U.S. & IHS Service Area - 1997



*Adjusted to compensate for misreporting of AI/AN race on state death certificates.

Sources: HUS = Health, United States, 1999. Table 30.

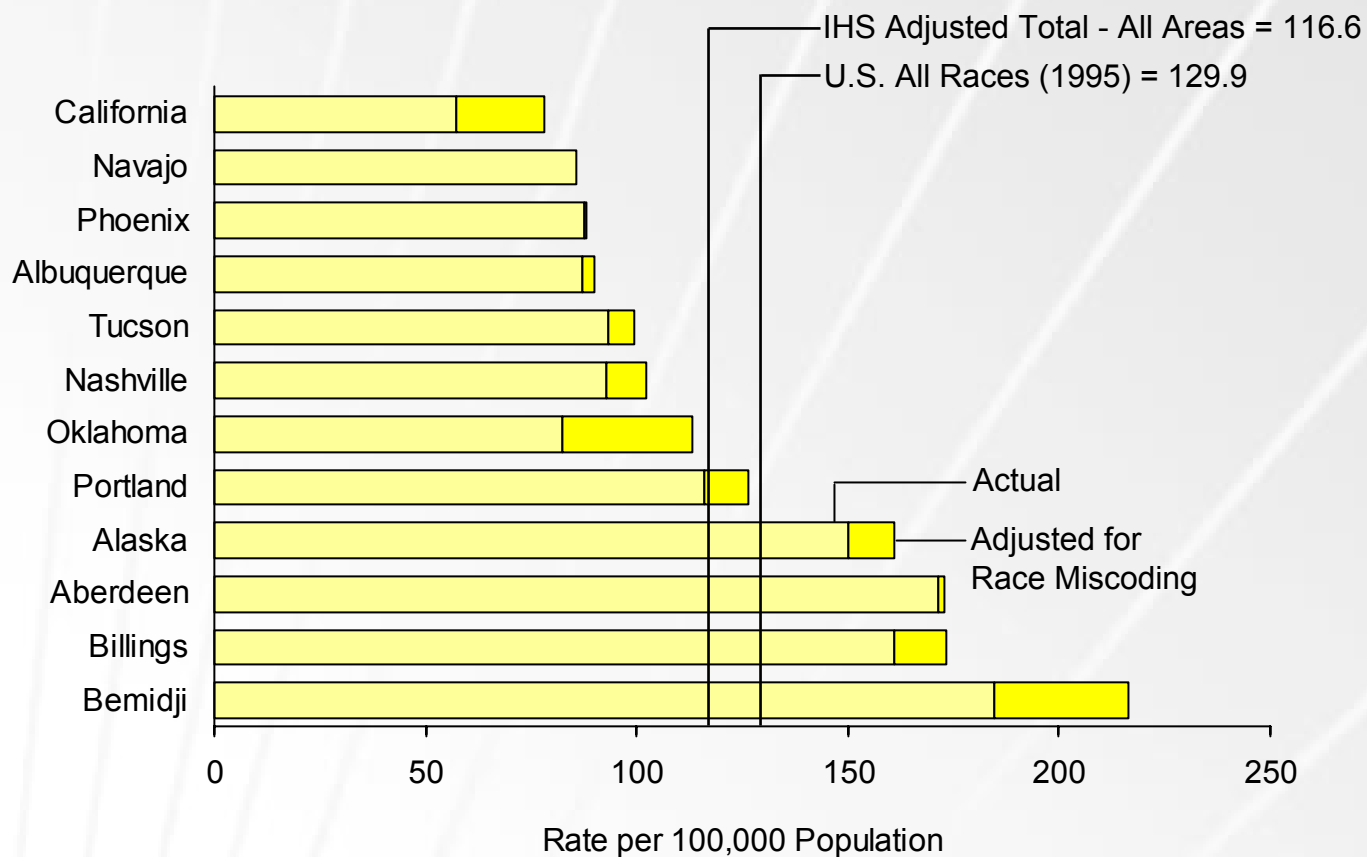
IHS=Trends in Indian Health, 200-2001, General Mortality Stats, Part 4, Table 4.11 Age-Adjusted Death Rates, p69.



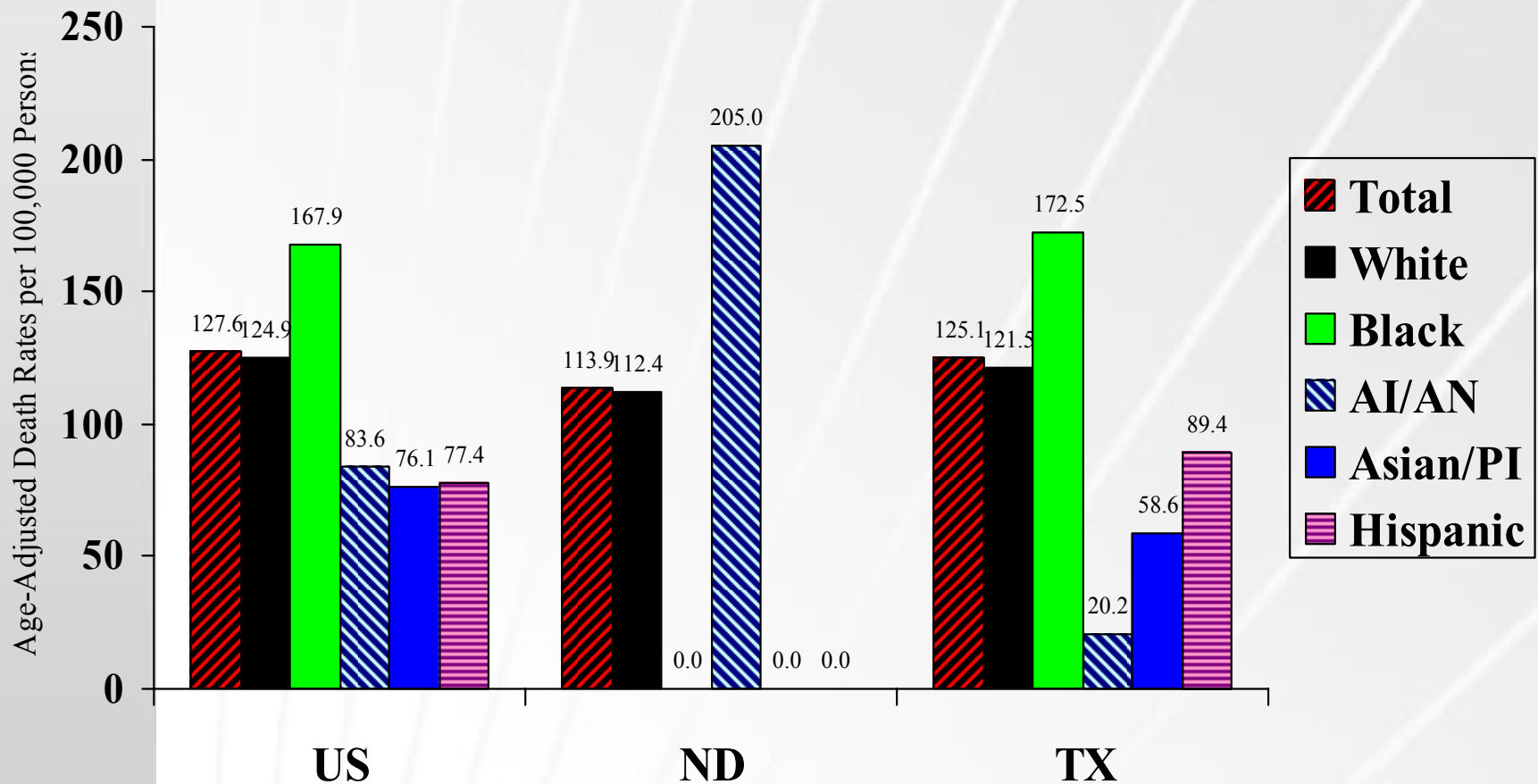


**IHS Regional Differences in Indian Health
1998 – 1999**

Age-Adjusted Malignant Neoplasm Death Rates CY 1994-1996



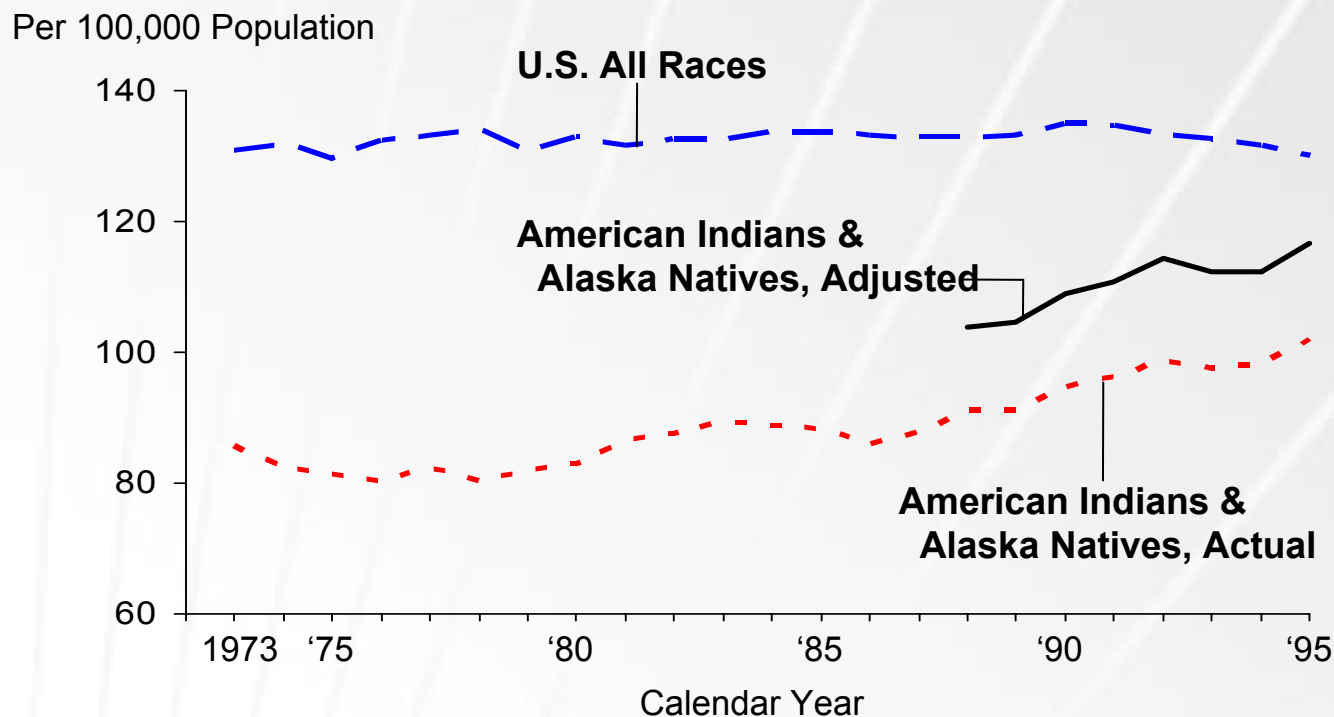
All Cancer Age-Adjusted Death Rates per 100,000 Persons U.S. and Selected States¹ 1995-1997



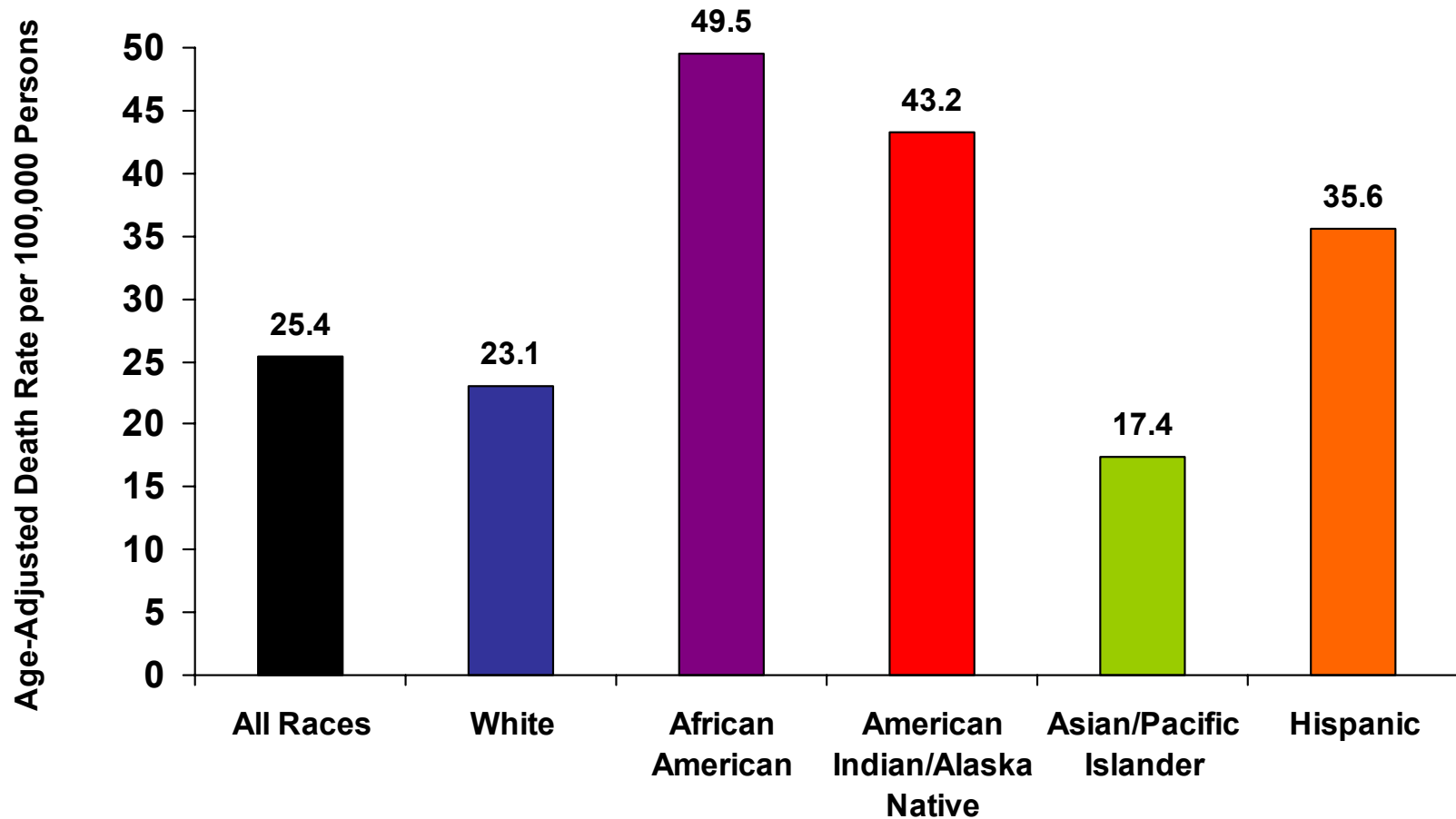


**IHS Trends in Indian Health
1998-1999**

Age-Adjusted Malignant Neoplasm Death Rates



Age-Adjusted Death Rates per 100,000 Persons by Race, & Hispanic Origin for Diabetes Mellitus: U.S. - 2002

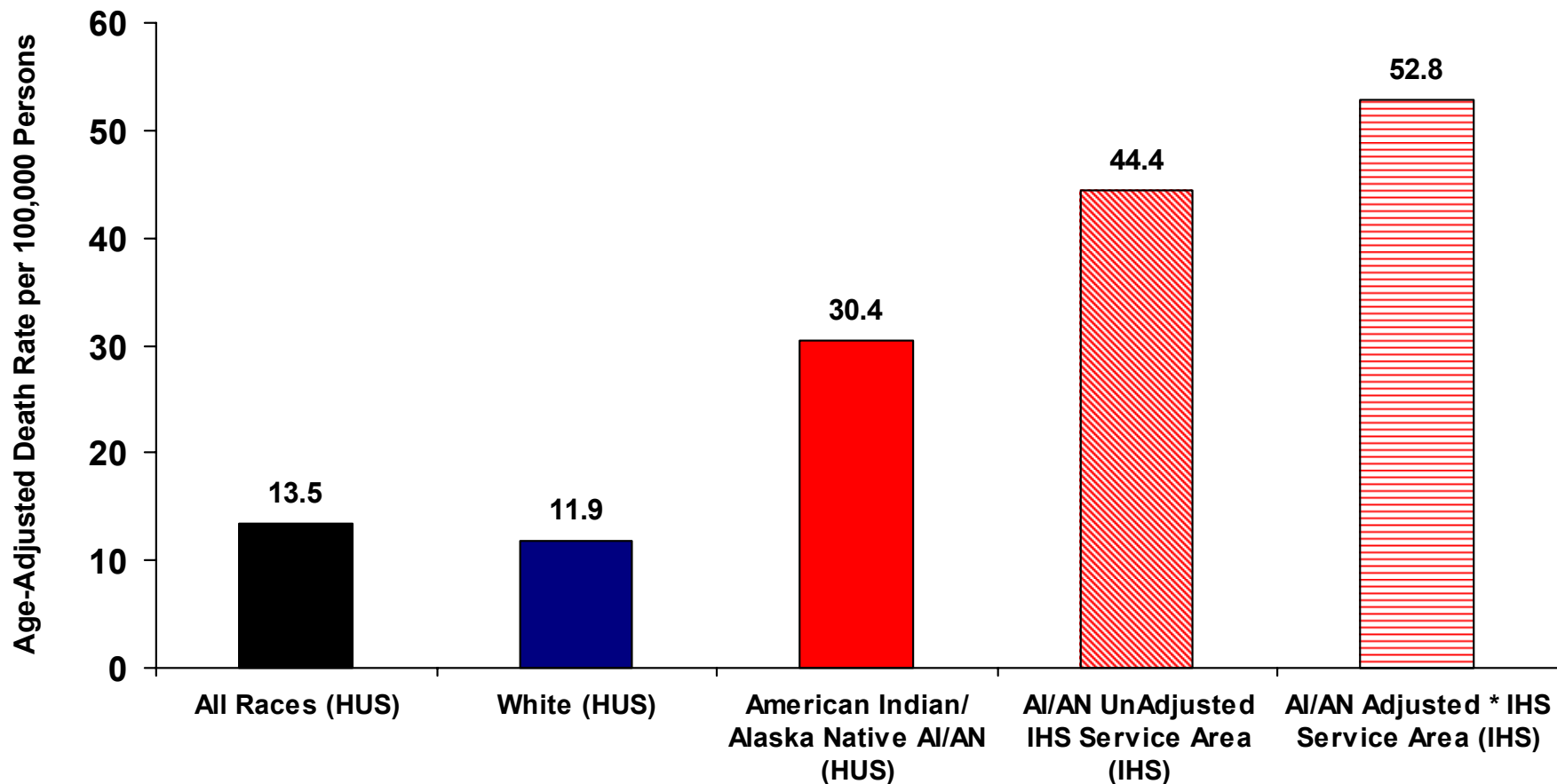


Source: Health, United States, 2004. Table 29.

<http://www.cdc.gov/nchs/data/hus/hus04trend.pdf#topic>



Age-Adjusted Death Rates per 100,000 Persons by Race for Diabetes Mellitus: U.S. & IHS Service Area - 1997



*Adjusted to compensate for misreporting of AI/AN race on state death certificates.

Sources: HUS = Health, United States, 1999. Table 30.

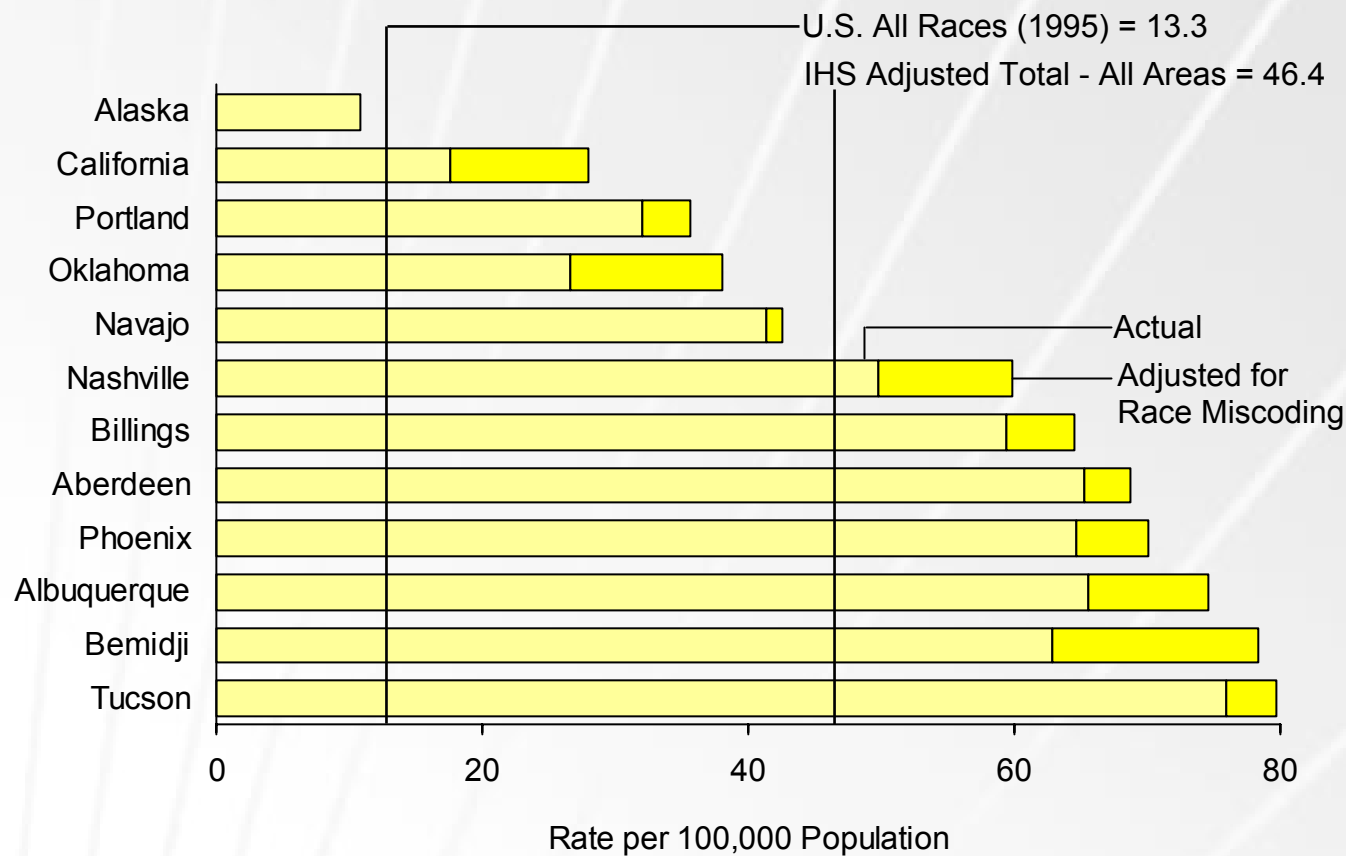
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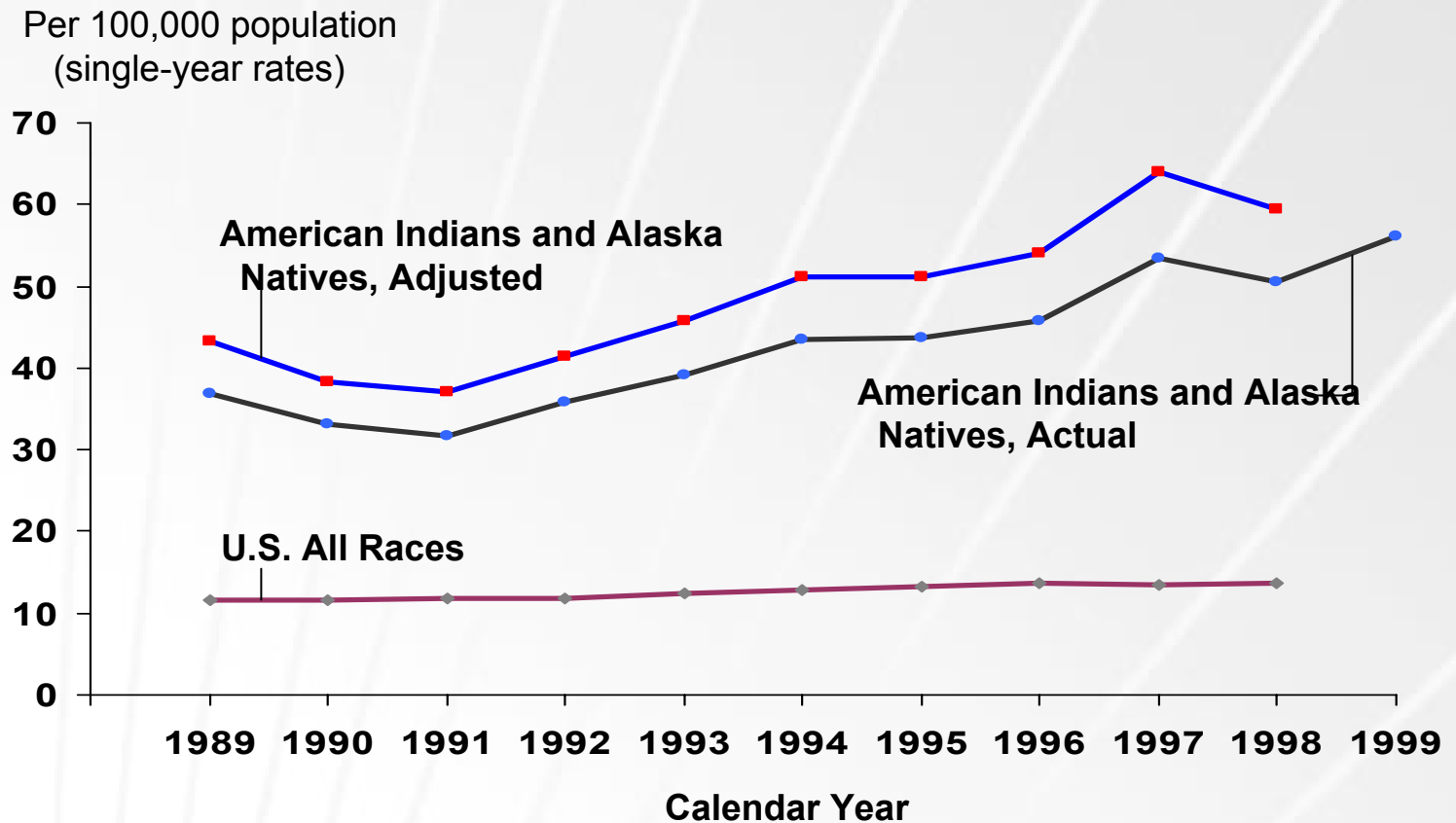
**IHS Regional Differences in Indian Health
1998 – 1999**

Age-Adjusted Diabetes Mellitus Death Rates CY 1994-1996



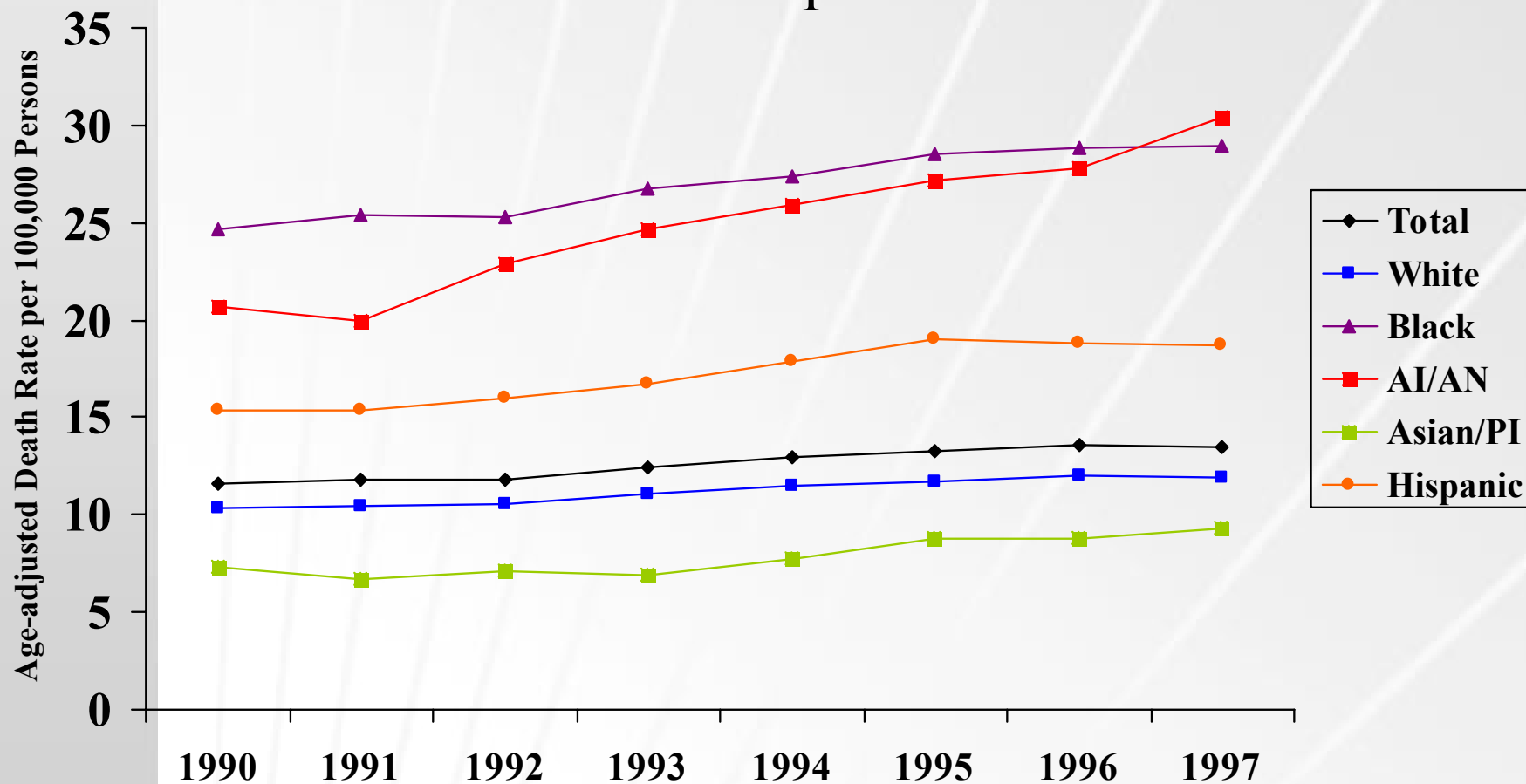


AGE-ADJUSTED DIABETES DEATH RATES American Indians and Alaska Natives, IHS Service Area



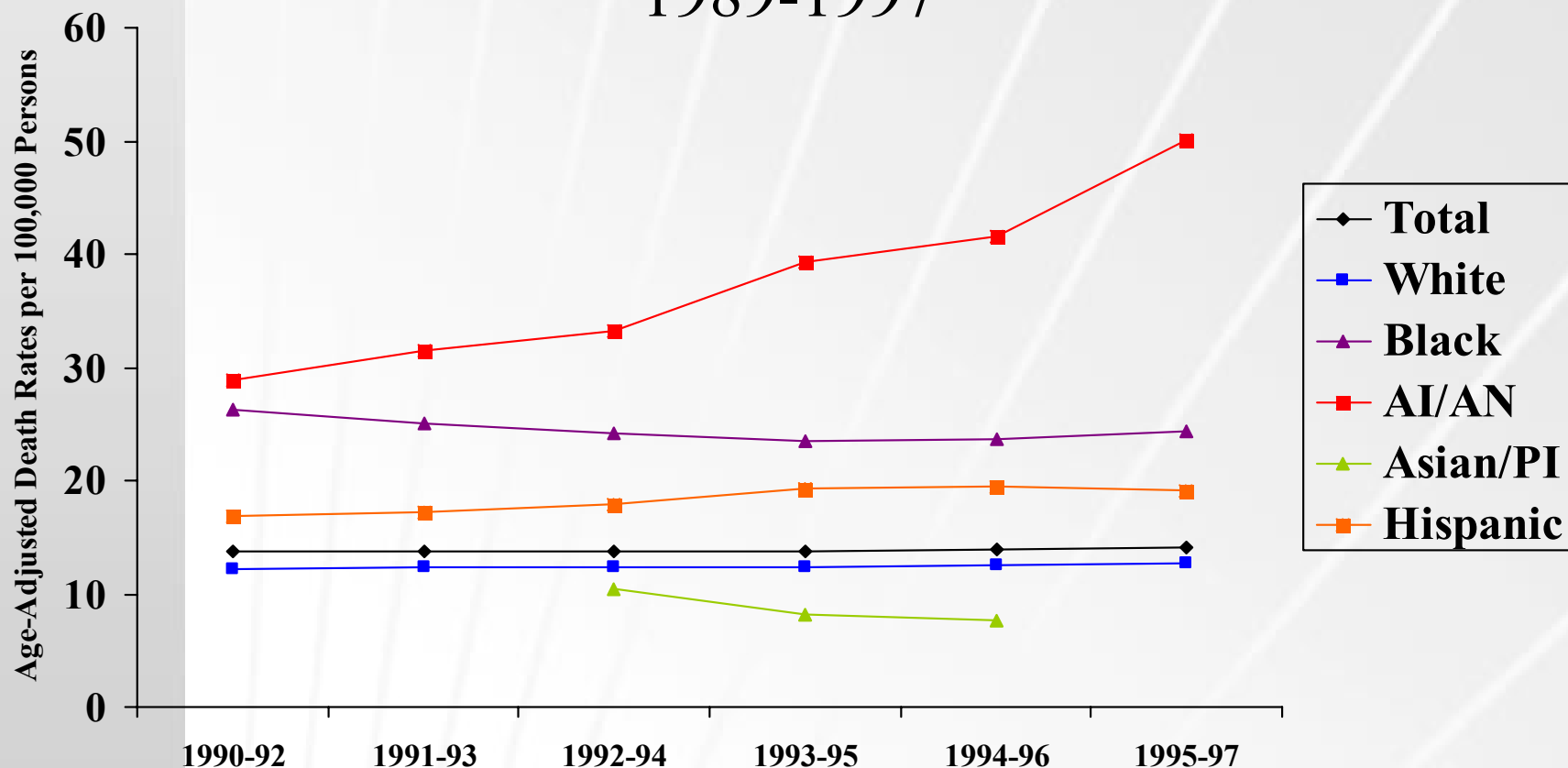
Diabetes as Underlying Cause

Age-Adjusted Death Rate per 100,000 Persons by Racial/Ethnic Group – 1990-1997

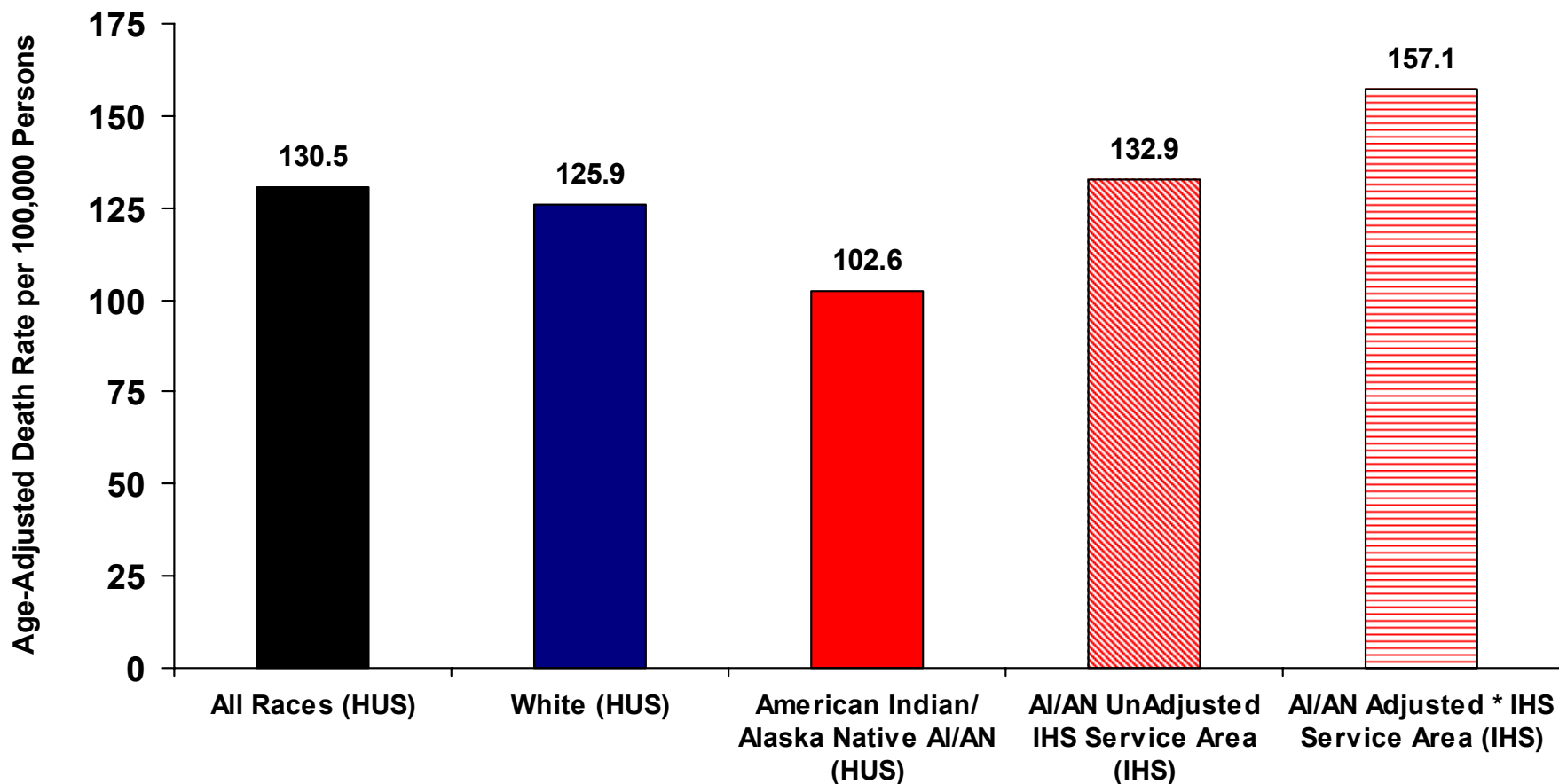


Diabetes as Underlying Cause

Age-Adjusted Death Rates per 100,000 Persons in Michigan 1989-1997



Age-Adjusted Death Rates per 100,000 Persons by Race for Diseases of the Heart: U.S. & IHS Service Area - 1997



*Adjusted to compensate for misreporting of AI/AN race on state death certificates.

Sources: HUS = Health, United States, 1999. Table 30.

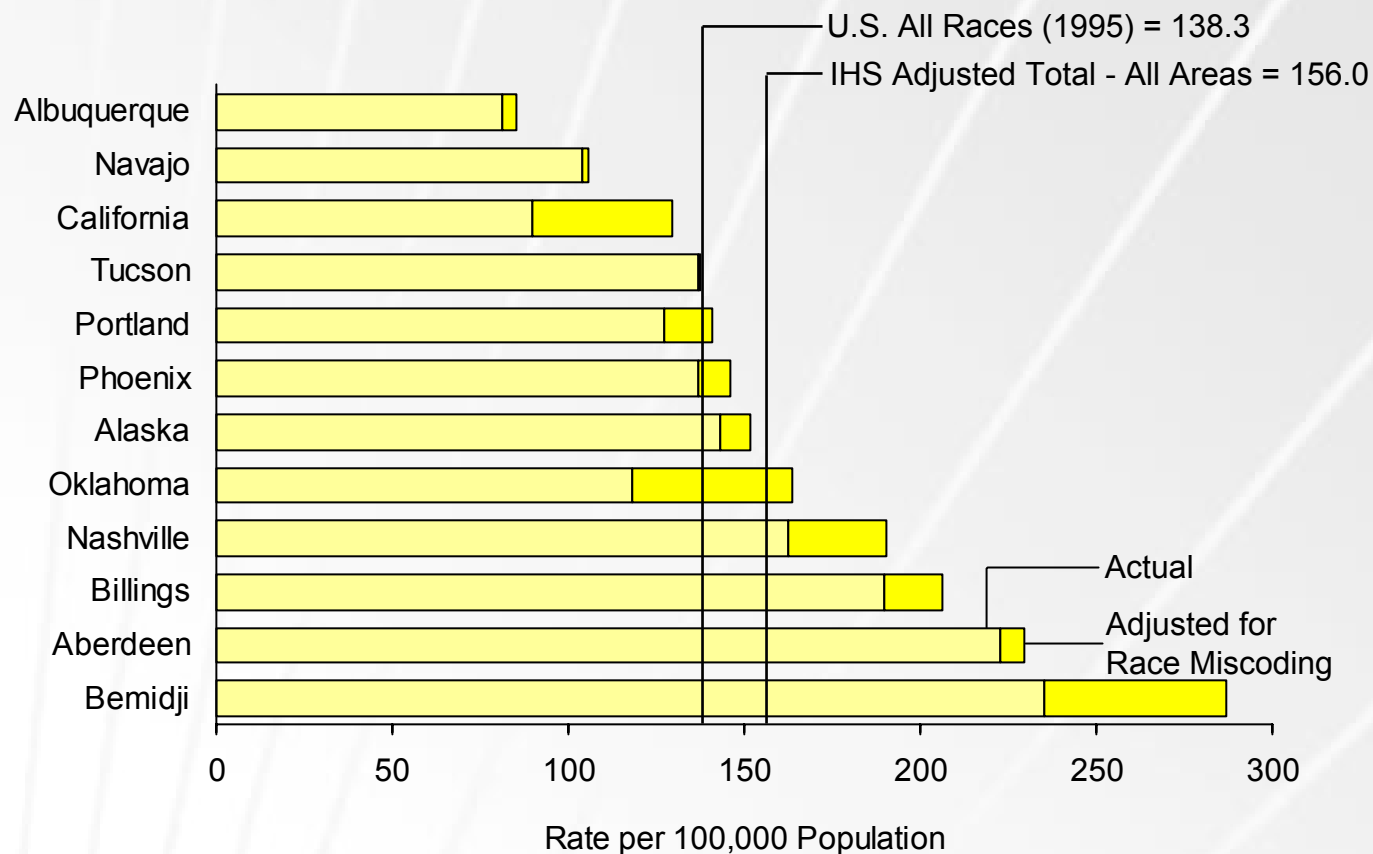
IHS=Trends in Indian Health, 200-2001, General Mortality Stats, Part 4, Table 4.11 Age-Adjusted Death Rates, p69.





**IHS Regional Differences in Indian Health
1998 – 1999**

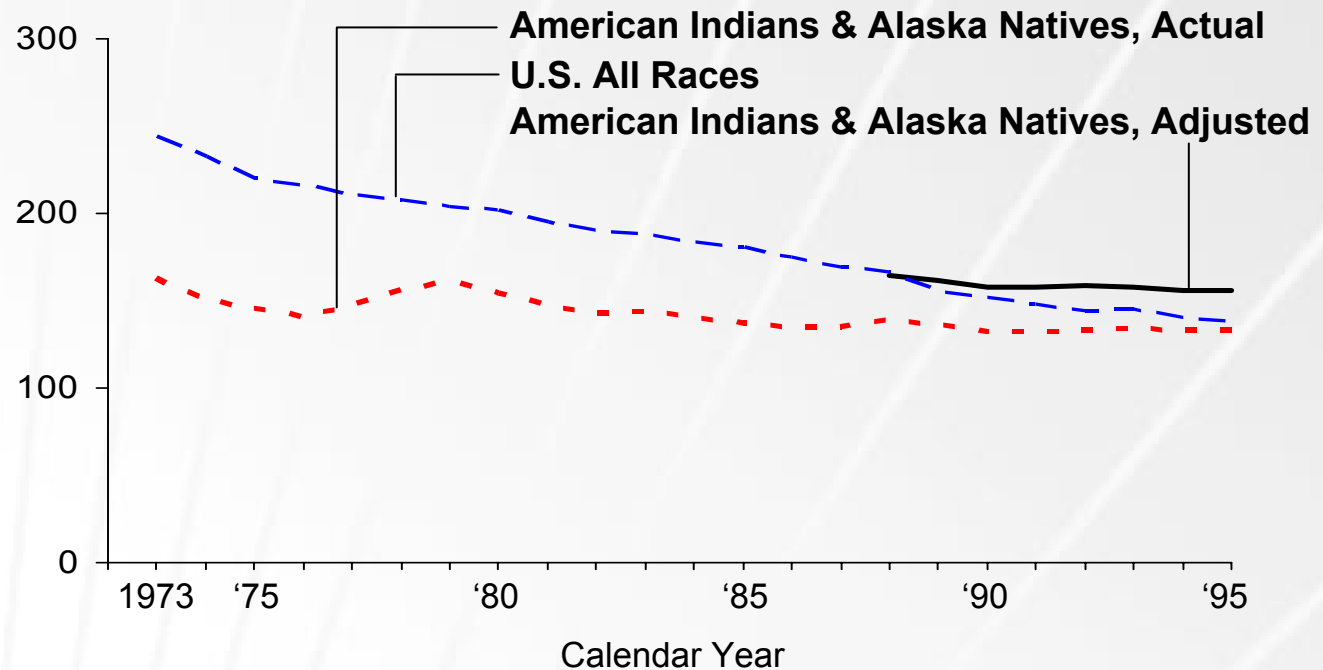
Age-Adjusted Diseases of the Heart Death Rates CY 1994-1996





Age-Adjusted Heart Disease Death Rates

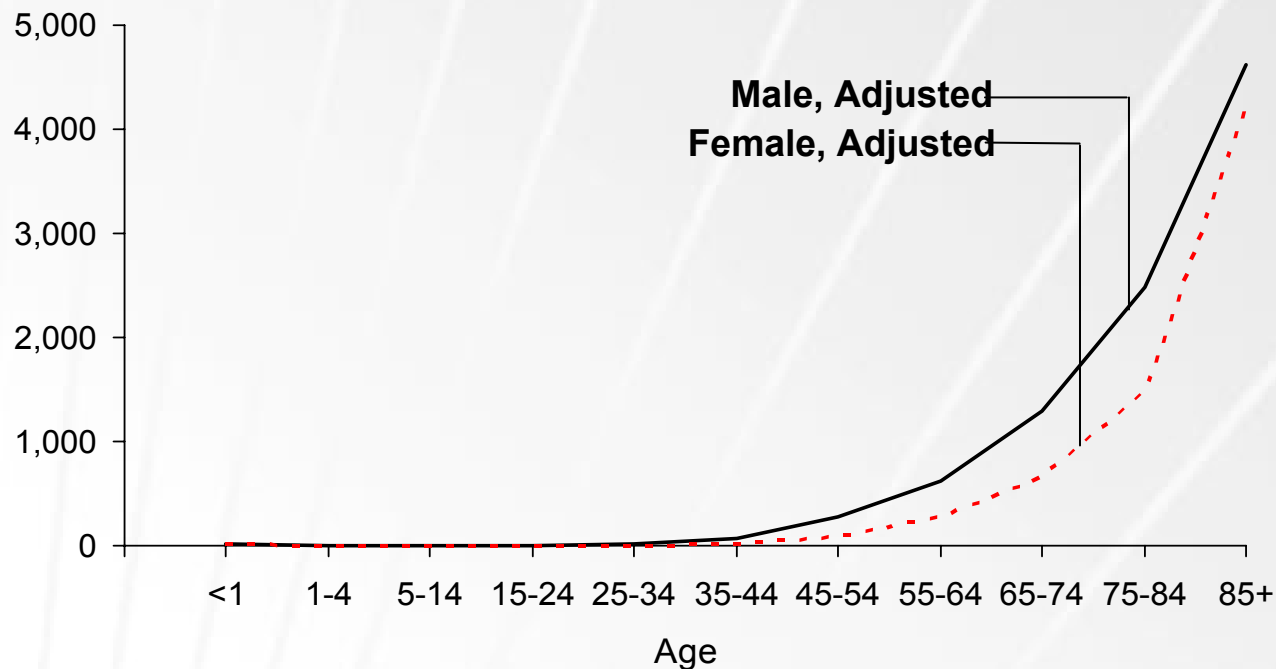
Per 100,000 Population





Heart Disease Death Rates by Age and Sex American Indians and Alaska Natives (1994-1996)

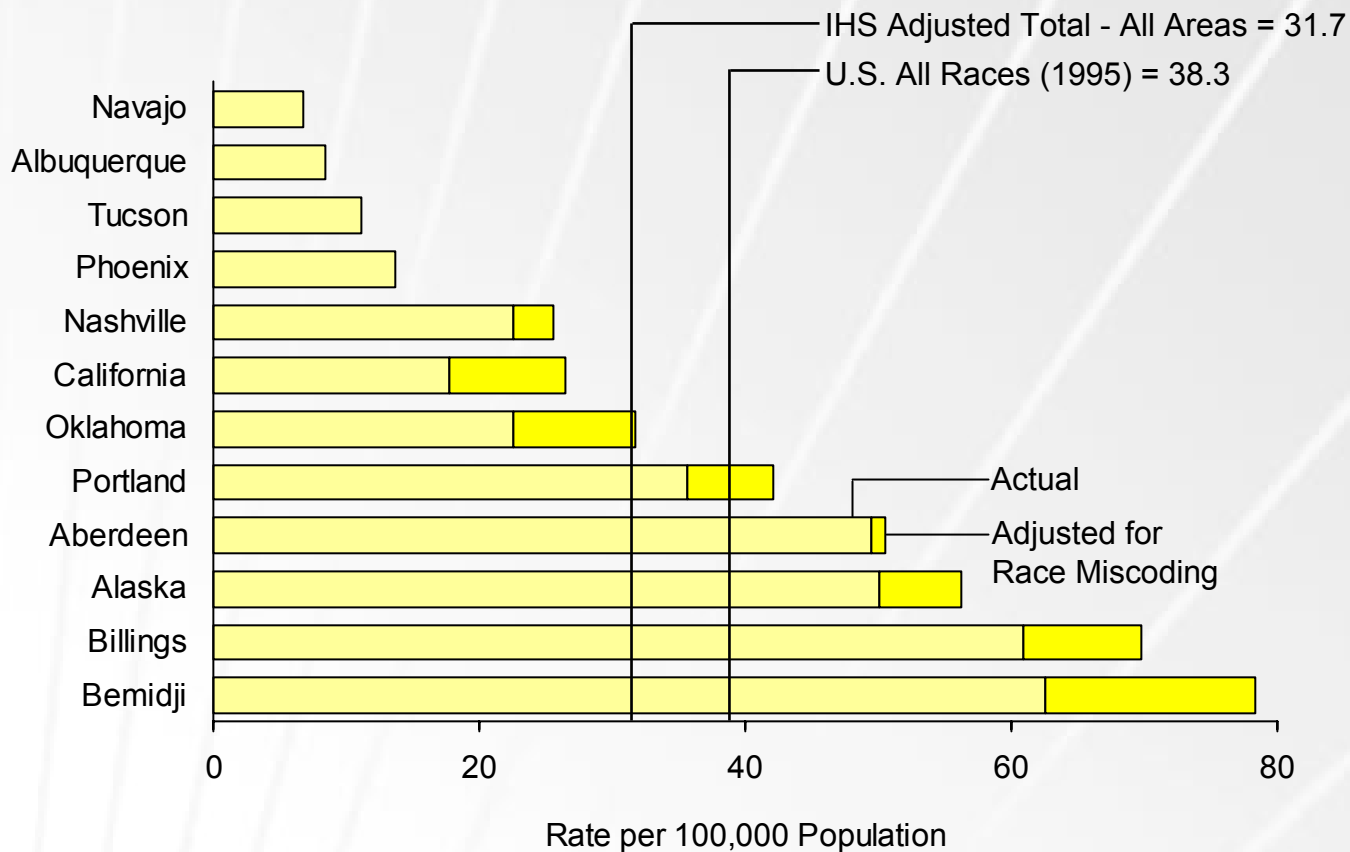
Per 100,000 Population





IHS Regional Differences in Indian Health
1998 – 1999

Age-Adjusted Lung Cancer Death Rates CY 1994-1996

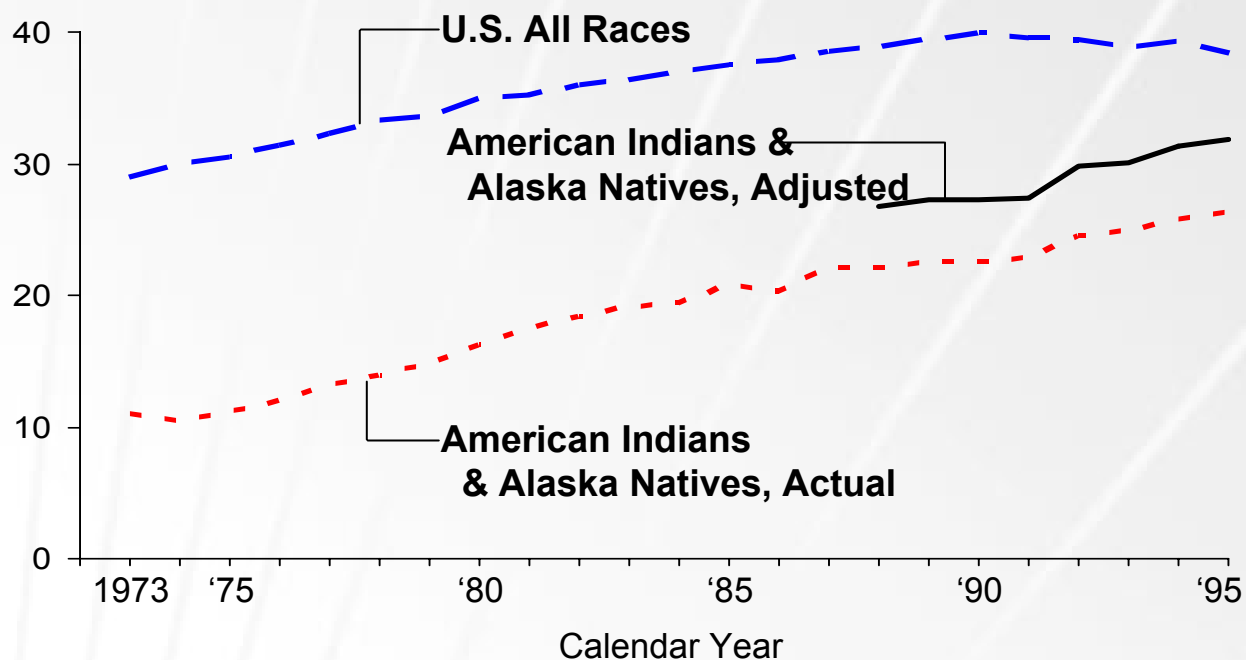




IHS Trends in Indian Health 1998-1999

Age-Adjusted Lung Cancer Death Rates

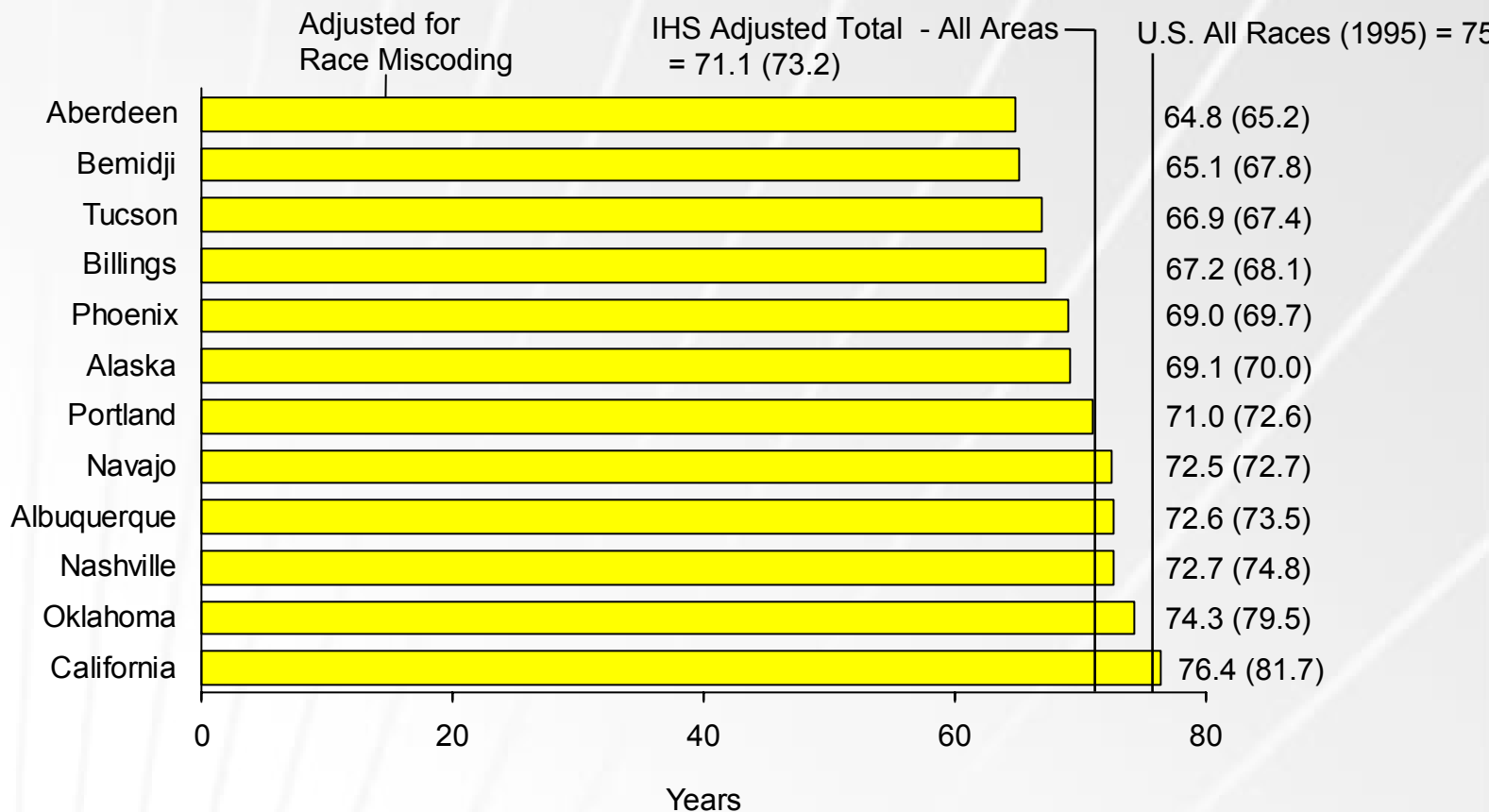
Per 100,000 Population





**IHS Regional Differences in Indian Health
1998 – 1999**

Life Expectancy at Birth, Both Sexes CY 1994-1996

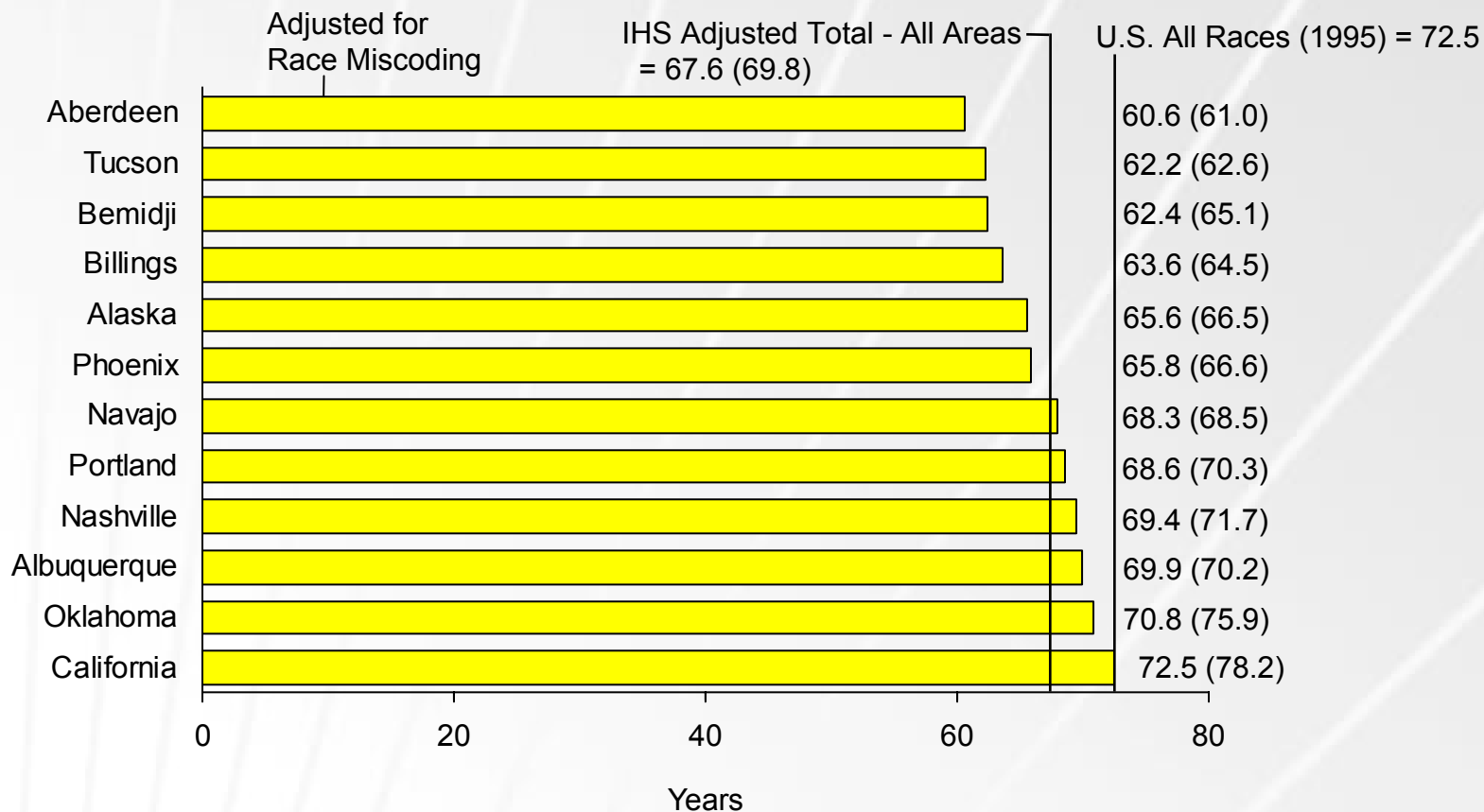


NOTE: Actual life expectancies (i.e., not adjusted for miscoding of Indian race) are shown in parentheses.



**IHS Regional Differences in Indian Health
1998-1999**

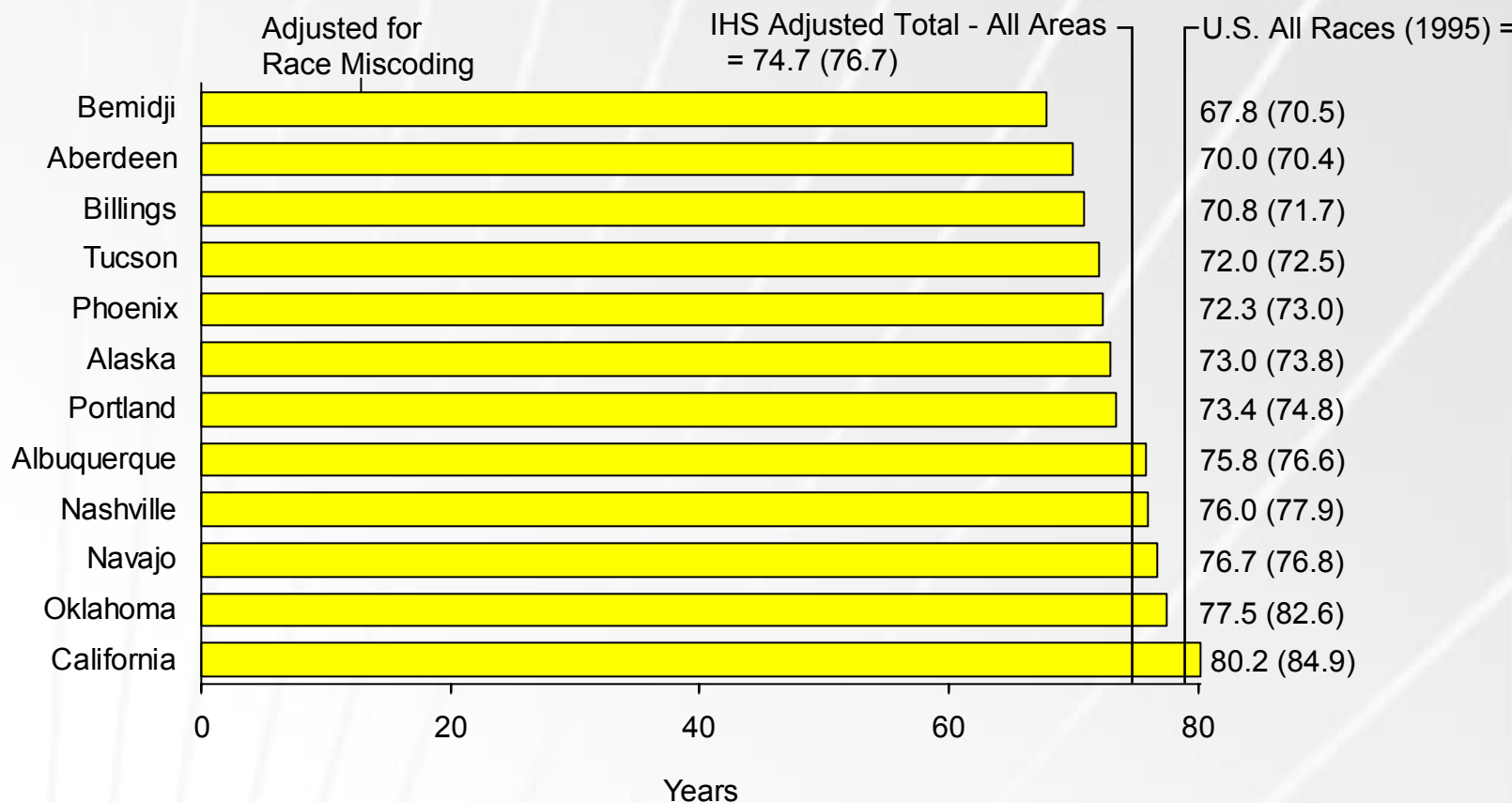
Life Expectancy at Birth, Males CY 1994-1996



NOTE: Actual life expectancies (i.e., not adjusted for miscoding of Indian race) are shown in parentheses.



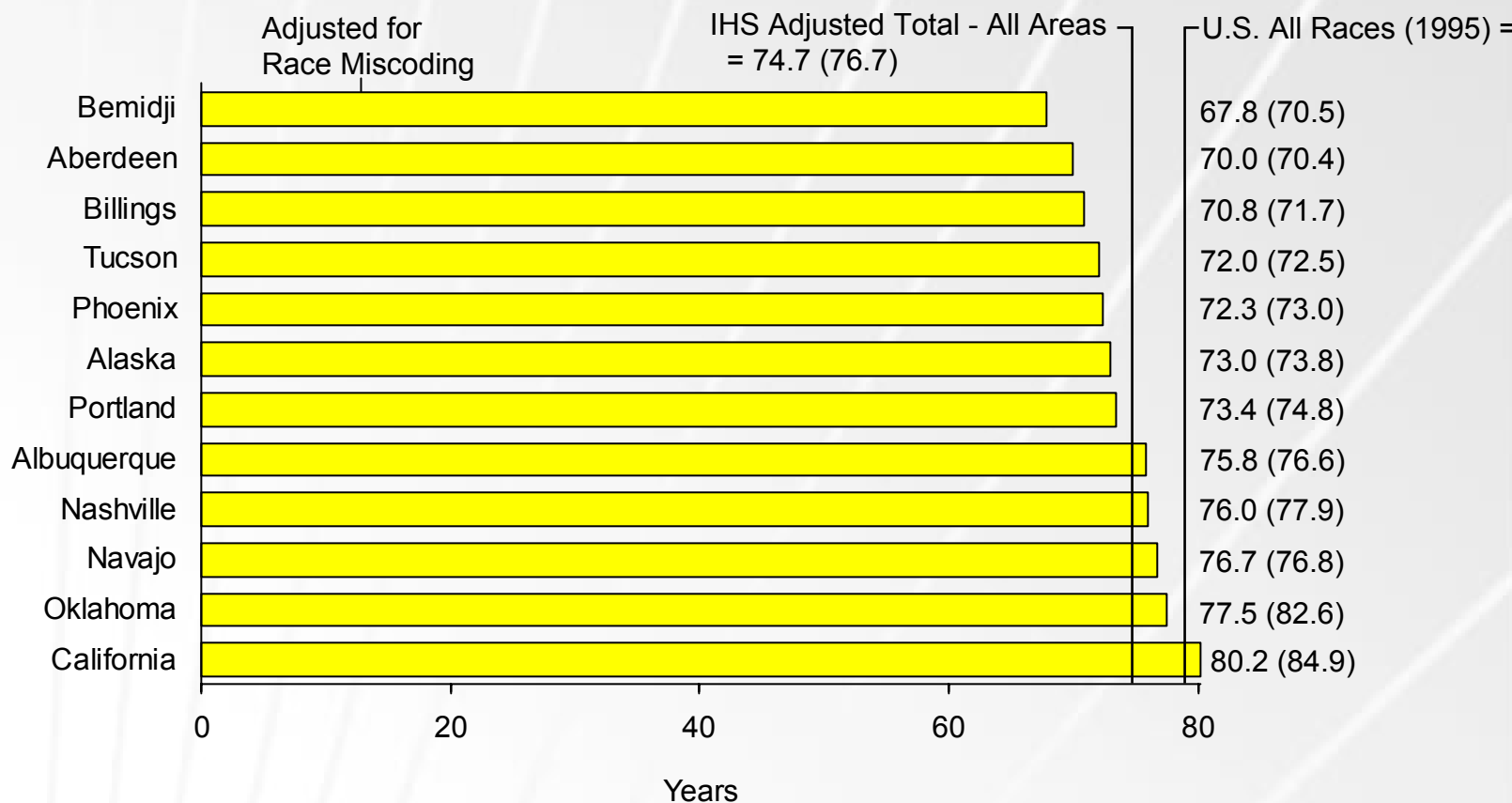
Life Expectancy at Birth, Females CY 1994-1996



NOTE: Actual life expectancies (i.e., not adjusted for miscoding of Indian race) are shown in parentheses.



Life Expectancy at Birth, Females CY 1994-1996

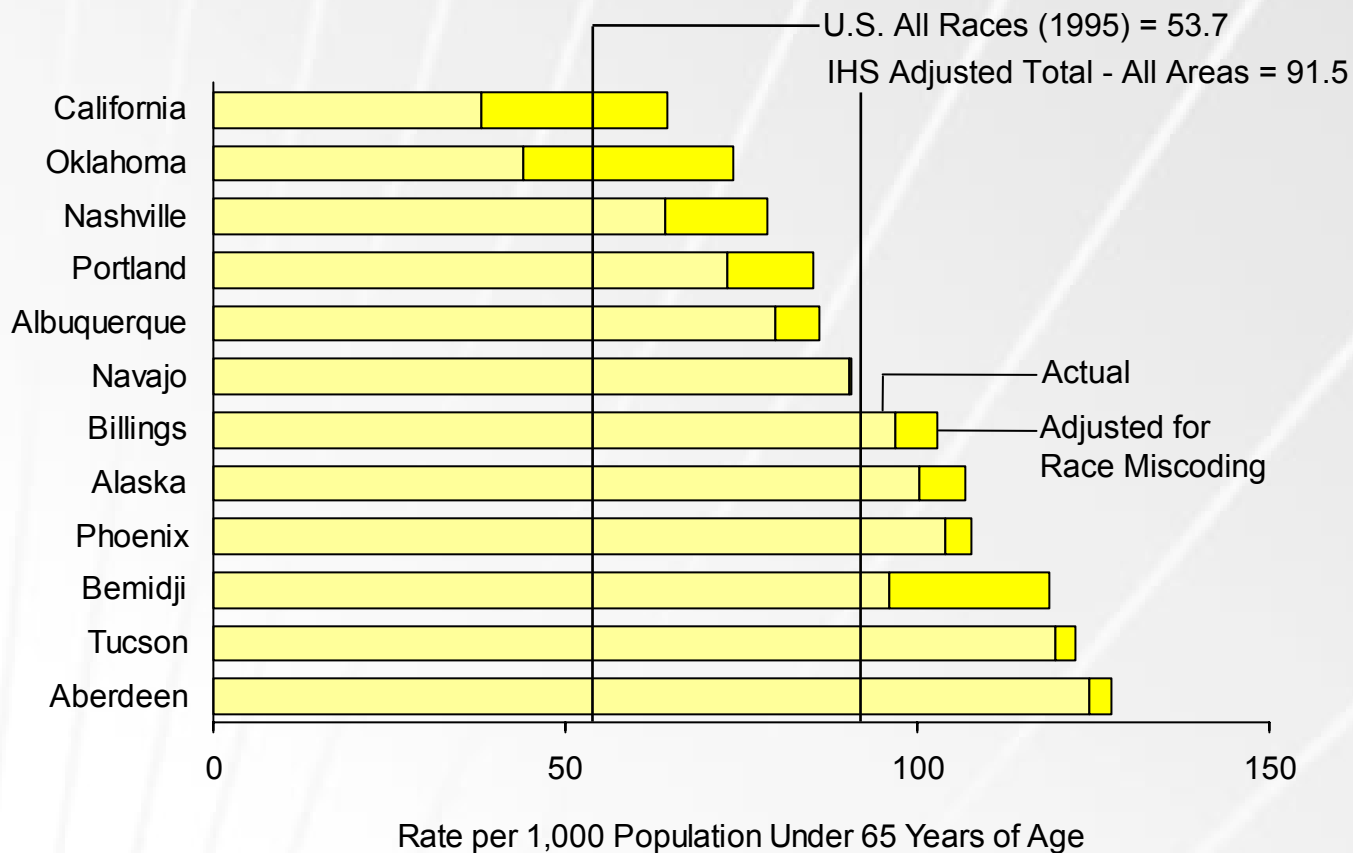


NOTE: Actual life expectancies (i.e., not adjusted for miscoding of Indian race) are shown in parentheses.



IHS Regional Differences in Indian Health
1998 – 1999

Years of Potential Life Lost Rates CY 1994-1996



Infant Health

- **What goes into ensuring a healthy infant?**
 - Prenatal care
 - Nutrition
 - Breastfeeding
 - Freedom from poverty
 - Adequate child care
 - Health insurance
 - Preconception care

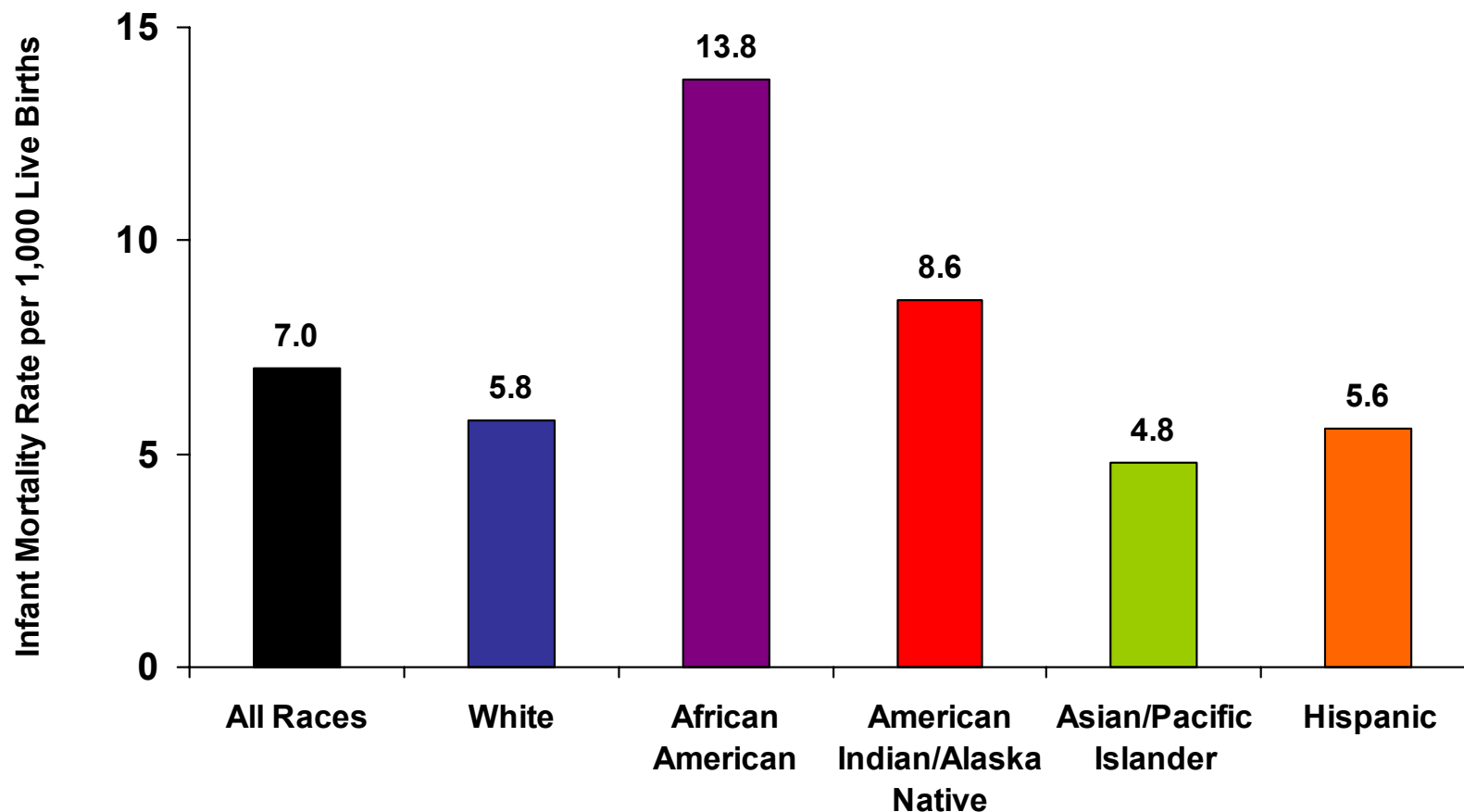
Fetal death definitions

- Spontaneous abortions or miscarriages – early loss of pregnancy during first few weeks of gestation
- Fetal deaths – death between 20-27 weeks gestation
- Late fetal death – stillbirth 28+ weeks gestation

Infant Mortality Definitions

- Infant mortality – number of infant deaths per 1,000 live births
- Neonatal mortality – deaths in the first 27 days of life per 1,000 live births
- Postneonatal mortality – deaths from 28 to 364 days per 1,000 live births

Infant Mortality Rates per 1,000 Live Births by Race, and Hispanic Origin of the Mother: U.S. - 2002

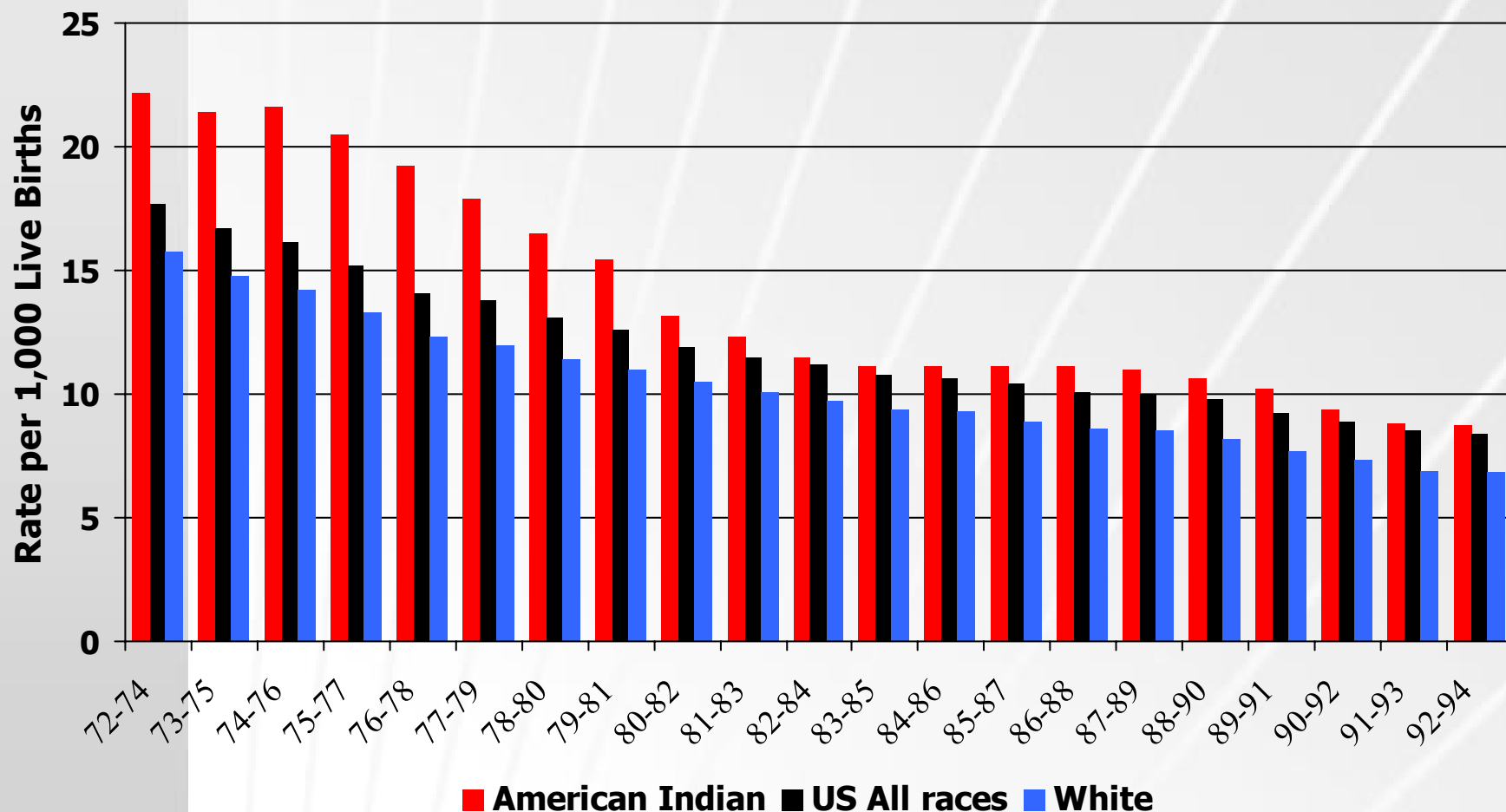


Source: Health, United States, 2004. Table 19.

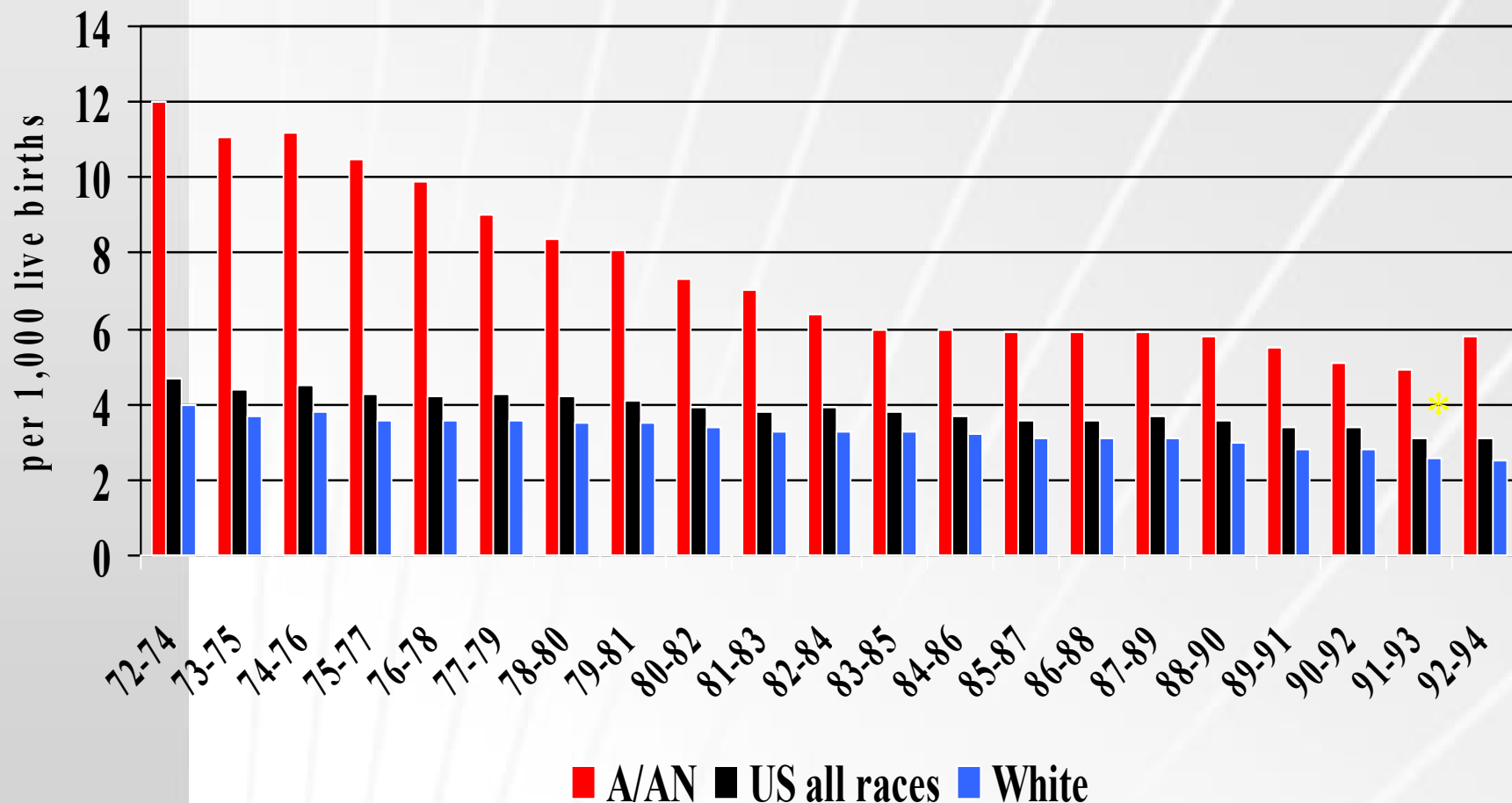
<http://www.cdc.gov/nchs/data/hus/hus04trend.pdf#topic>



Infant Mortality Rates: 1972-94



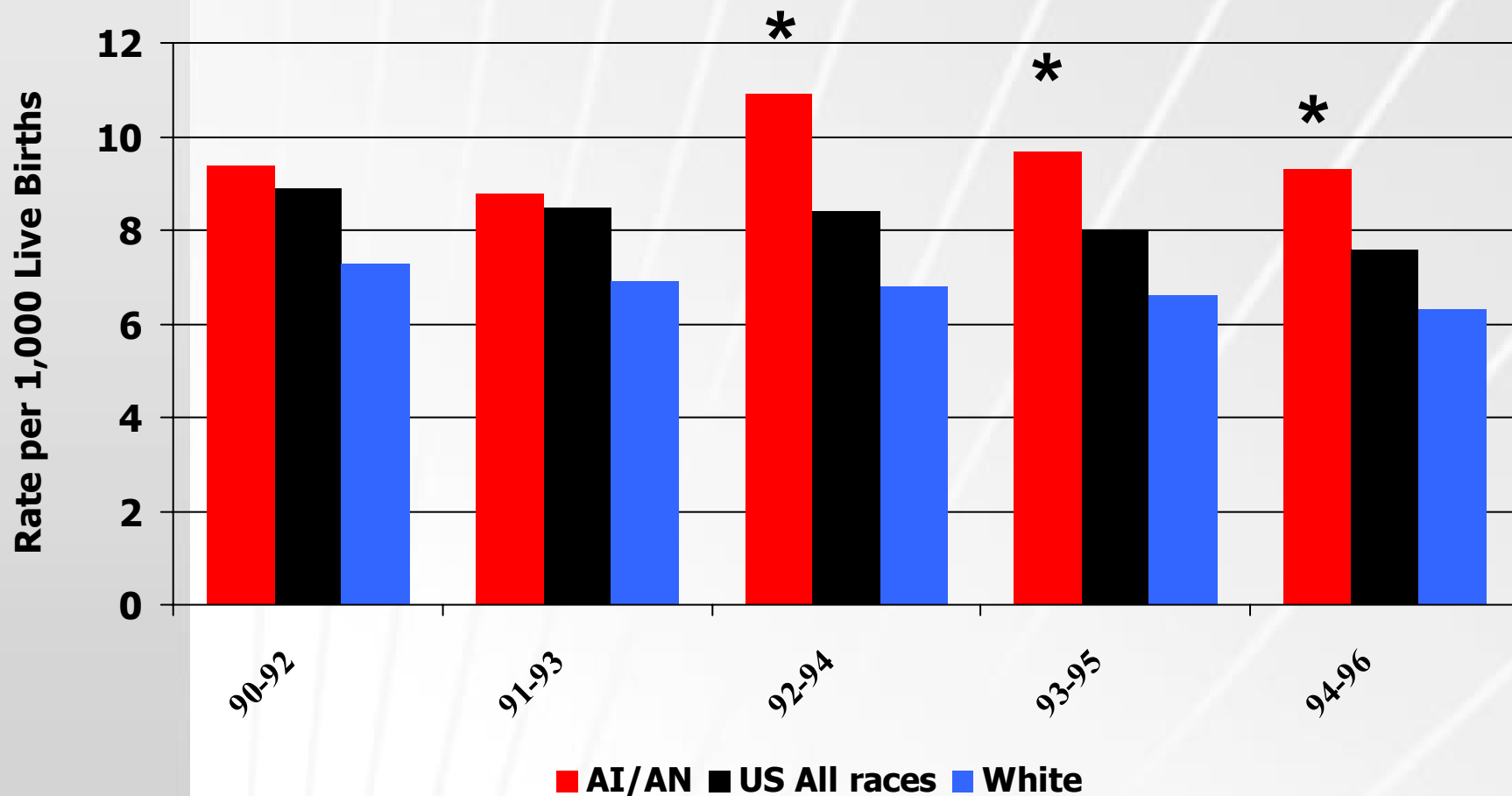
Postneonatal mortality rates: 1972-94



Source: Trends in Indian Health 1997

* after adjusting for racial miscoding

Postneonatal Mortality Rates: 1972-96



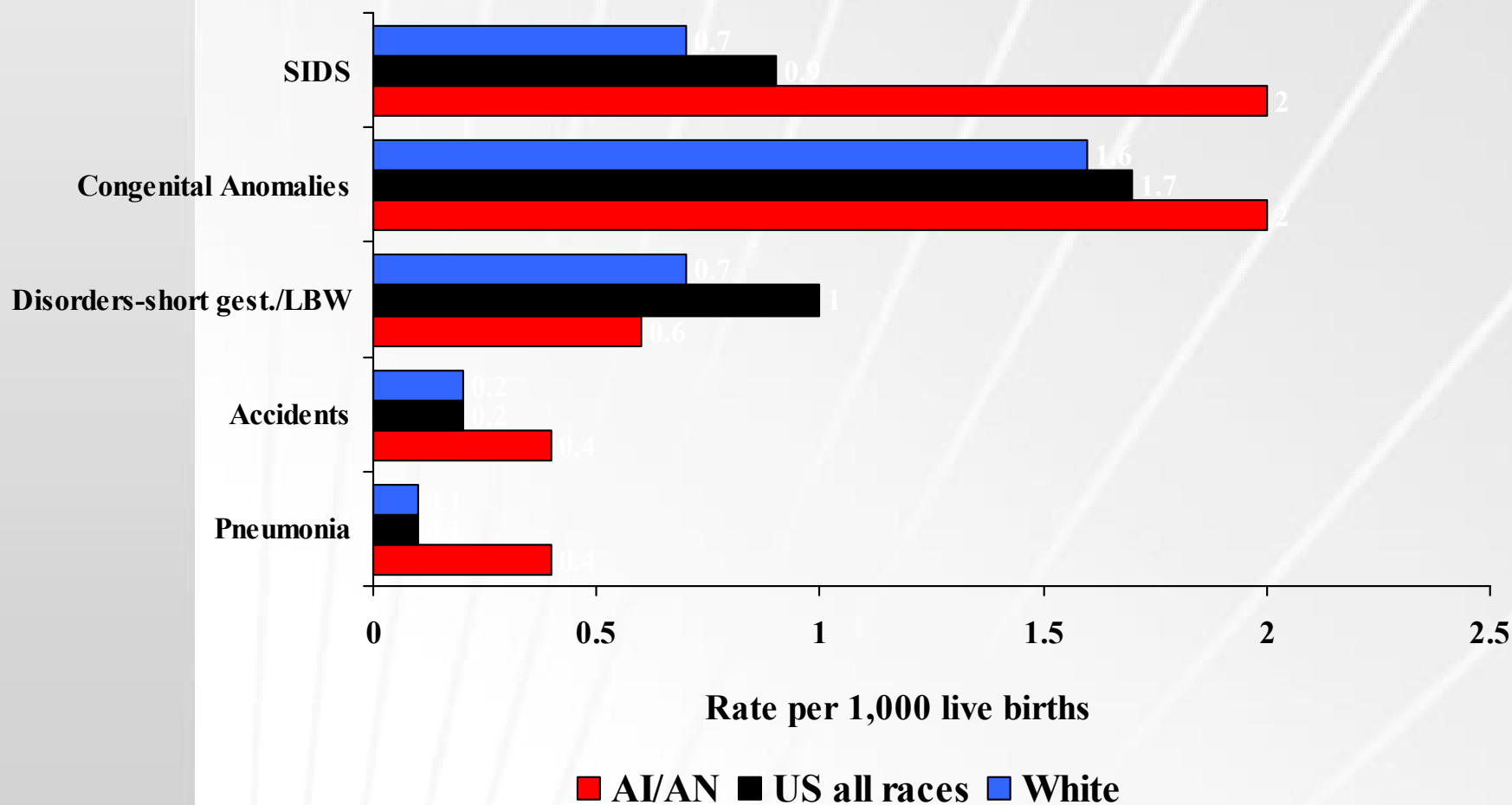
IMR declines

- Congenital anomalies declined 39% from 1979 to 1997
- SIDS fell by 42% from 1992
- RDS declined by 64% since 1989 due to new medical treatments
- largest difference in birth weight specific IMRs between black and white has been infants over 2500 g (2.5 & 4.2)

American Indian and Alaska Native Infant Mortality and SIDS

- Infant mortality has declined dramatically since the 1950's
- The gap between the White and AI/AN rates has increased
- AI/AN have the highest post neonatal mortality rate
- SIDS rate 3 times the White rate

Leading causes of AI/AN infant death (1995-1996)

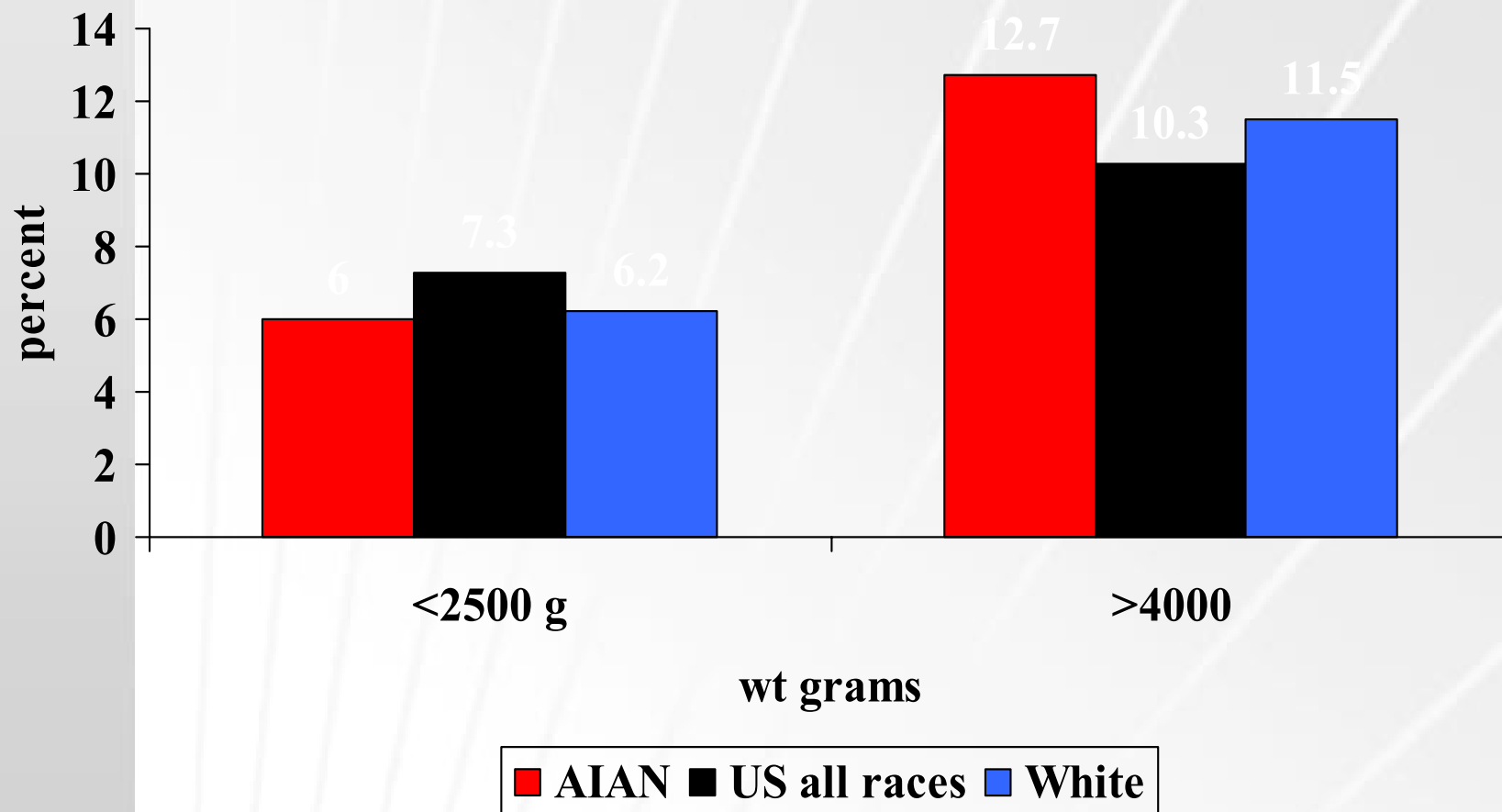


Source: Trends in Indian Health 1998
after adjusting for racial miscoding

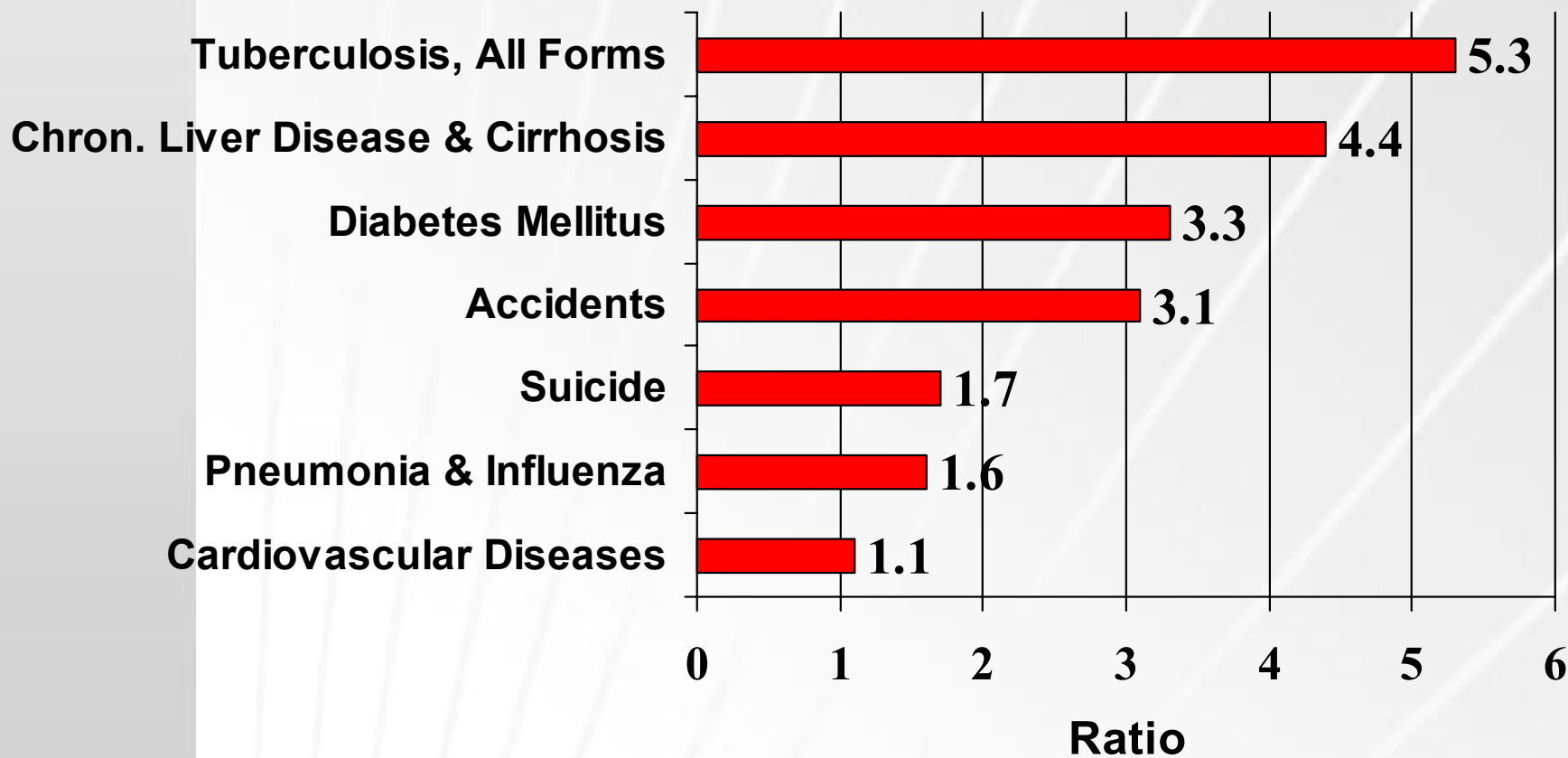
LBW causes

- Prematurity – infant born too soon
 - 36 weeks or less
 - Less than 32 weeks for extreme prematurity
- Intrauterine growths retardation – born too small
 - Small for Gestational Age (SGA) rank in lowest 10th percentile
 - Developmental problems

Birth weight

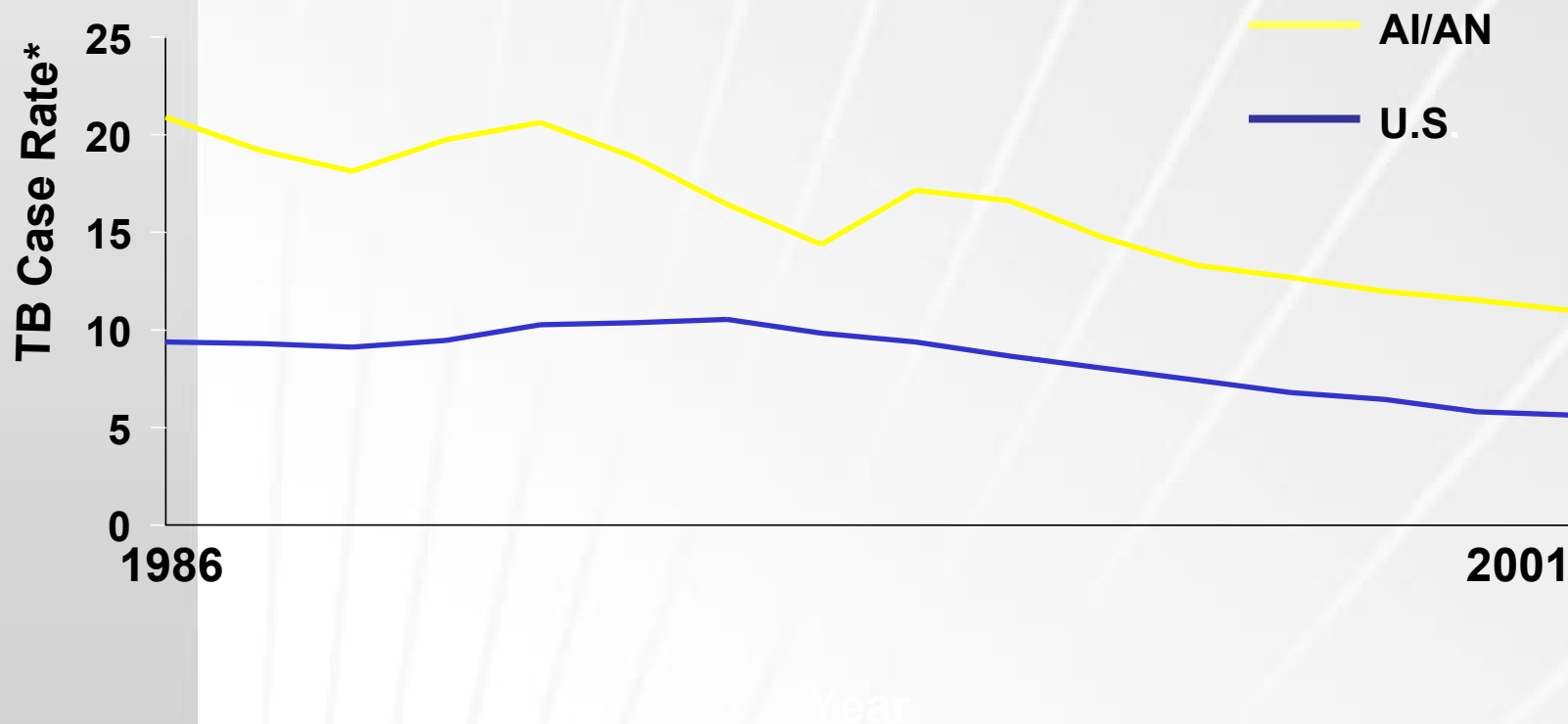


AI/AN (1992-1994) Age-Adjusted Mortality Rates Compared to U.S. All Races (1993)



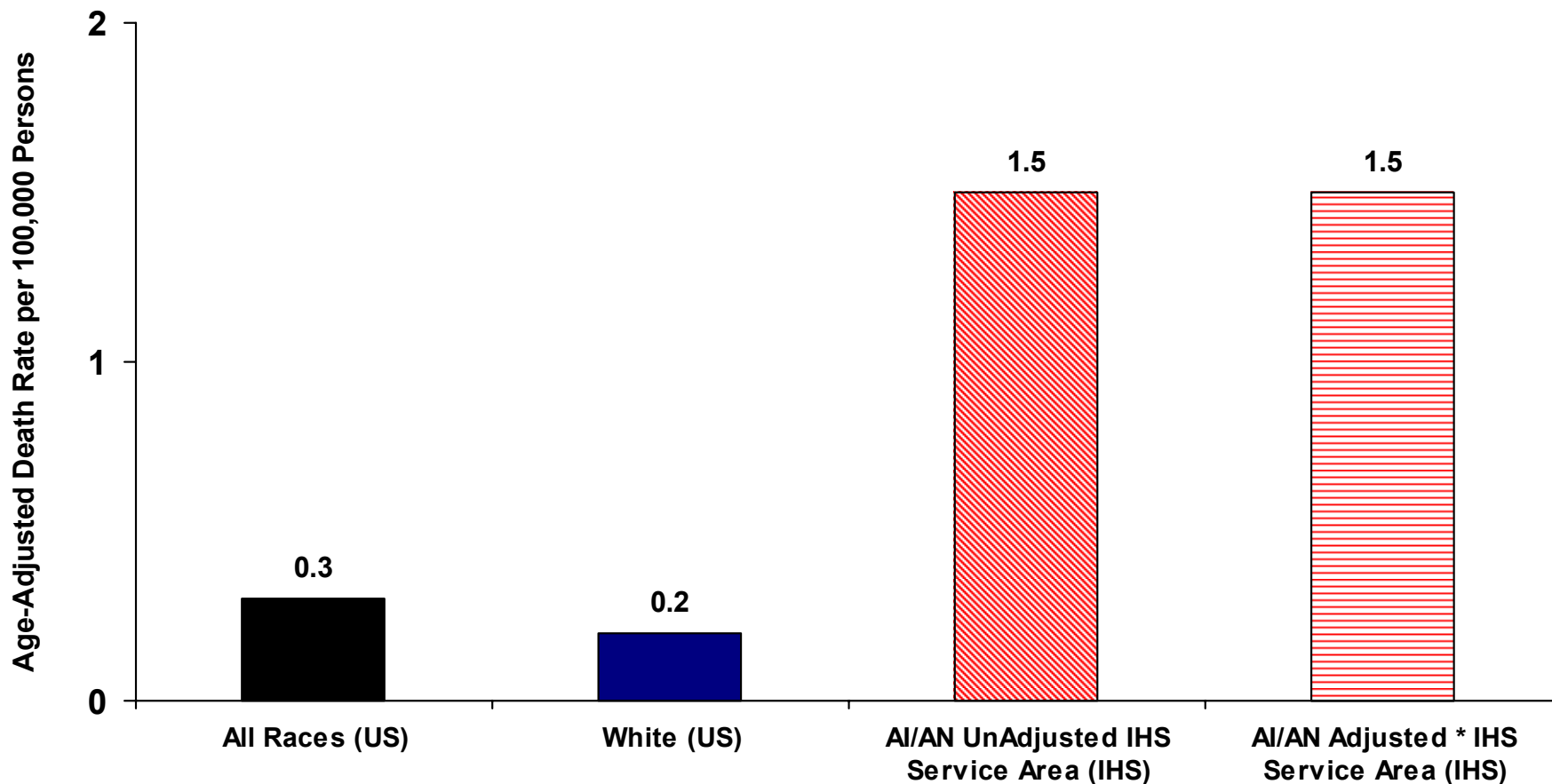
Source: Trends in Indian Health, 1997

TB Case Rates* among American Indians/Alaska Natives, and the U.S., 1986-2001



[illegible]

Age-Adjusted Death Rates per 100,000 Persons by Race for Tuberculosis (TB): U.S. & IHS Service Area - 1997

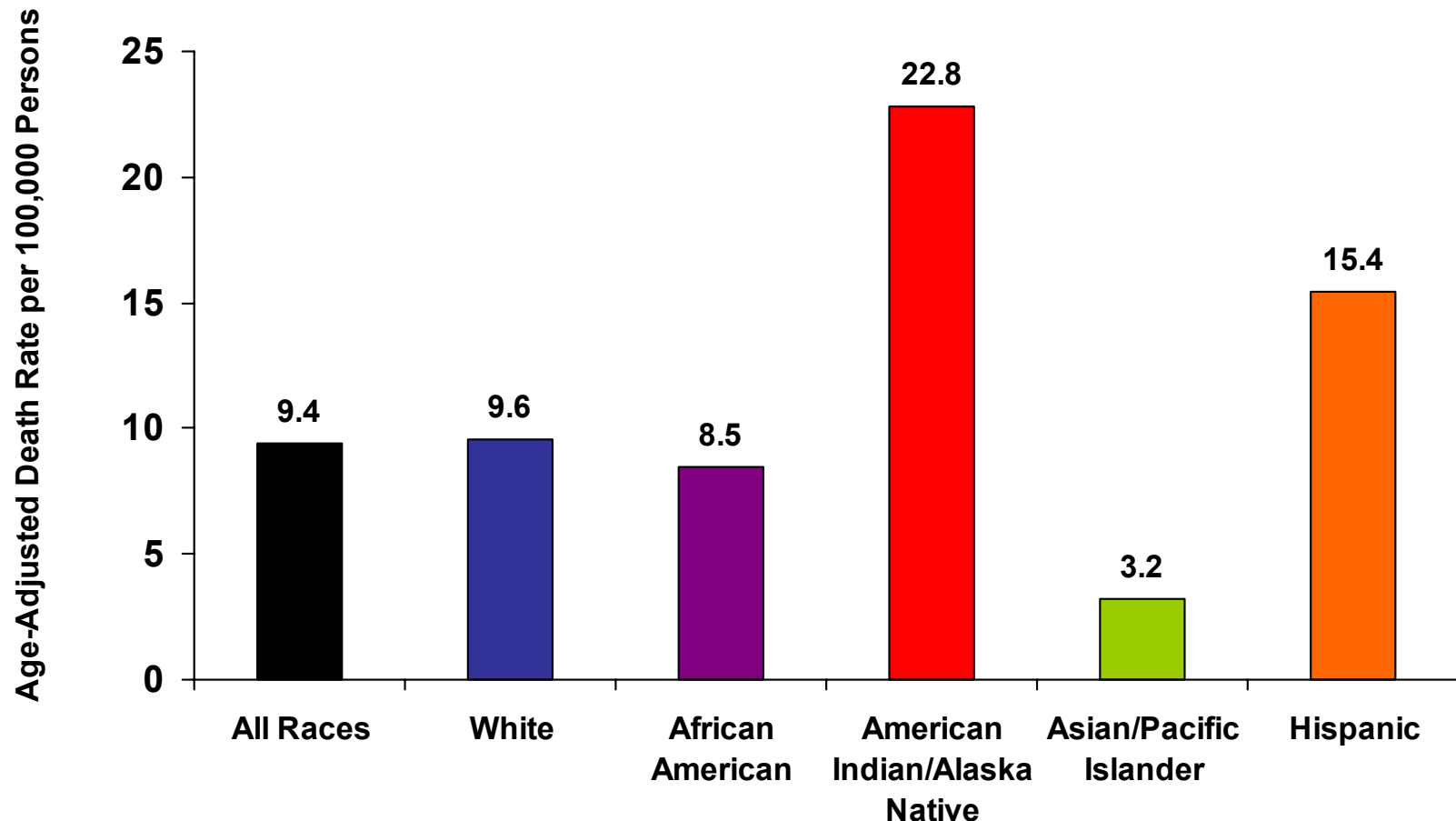


*Adjusted to compensate for misreporting of AI/AN race on state death certificates.

Source: Trends in Indian Health, 200-2001, General Mortality Stats, Part 4, Table 4.11 Age-Adjusted Death Rates, p69.



Age-Adjusted Death Rates per 100,000 Persons by Race, and Hispanic Origin for Chronic Liver Disease and Cirrhosis: U.S. - 2002

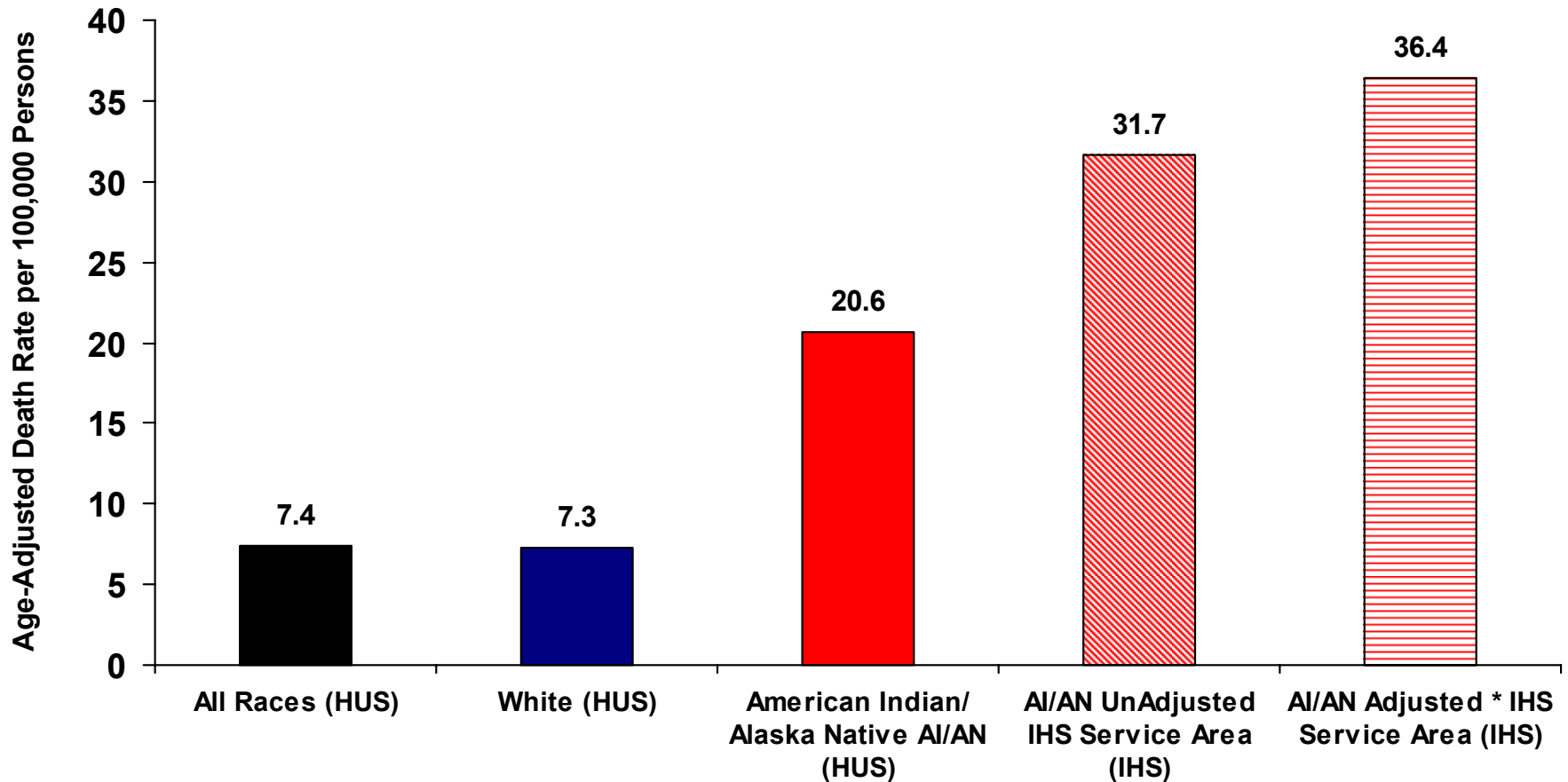


Source: Health, United States, 2004. Table 29.

<http://www.cdc.gov/nchs/data/hus/hus04trend.pdf#topic>



Age-Adjusted Death Rates per 100,000 Persons by Race for Chronic Liver Disease and Cirrhosis: U.S. & IHS Service Area - 1997



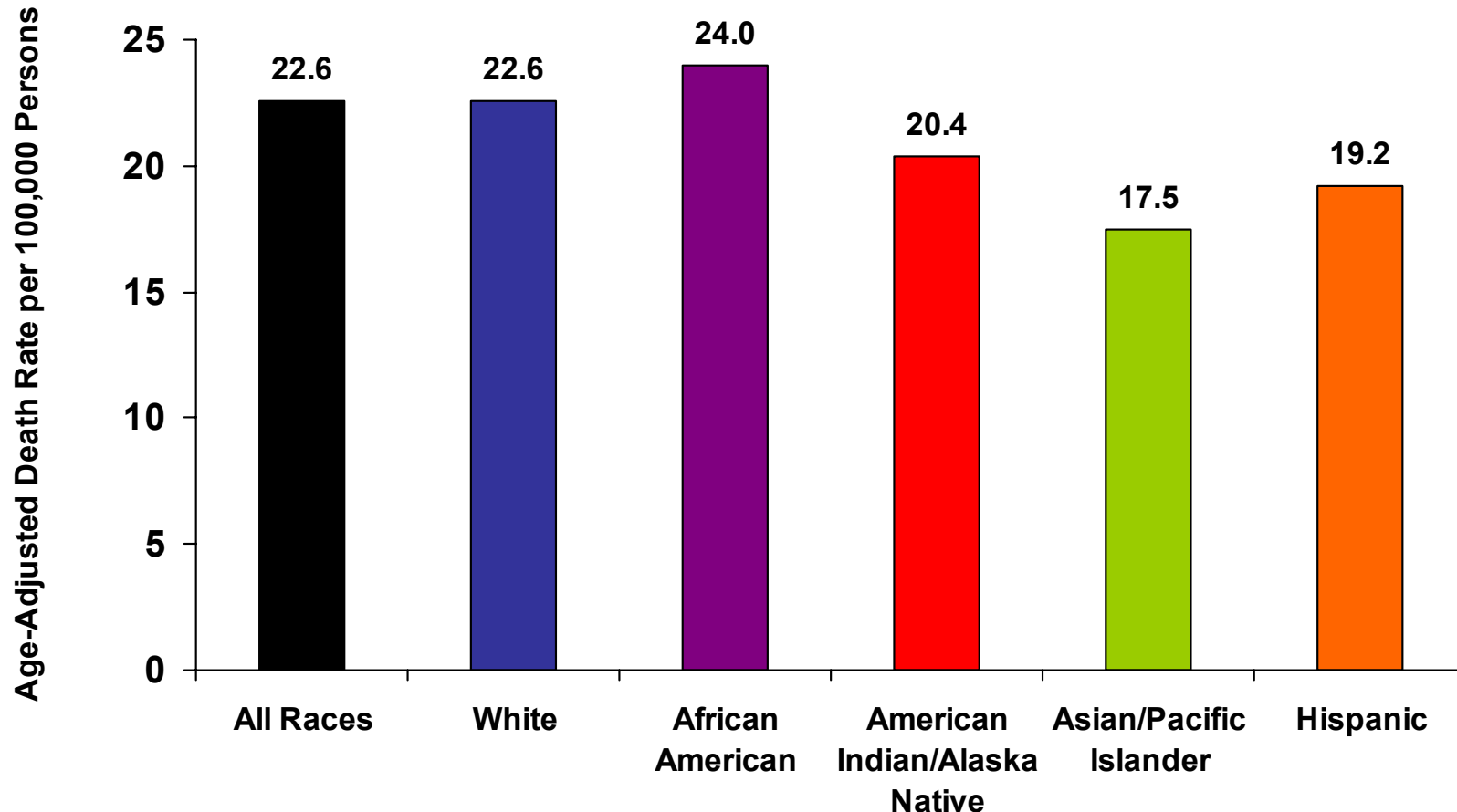
*Adjusted to compensate for misreporting of AI/AN race on state death certificates.

Sources: HUS = Health, United States, 1999. Table 30.

IHS=Trends in Indian Health, 200-2001, General Mortality Stats, Part 4, Table 4.11 Age-Adjusted Death Rates, p69.



Age-Adjusted Death Rates per 100,000 Persons by Race, & Hispanic Origin for Influenza & Pneumonia: U.S. - 2002

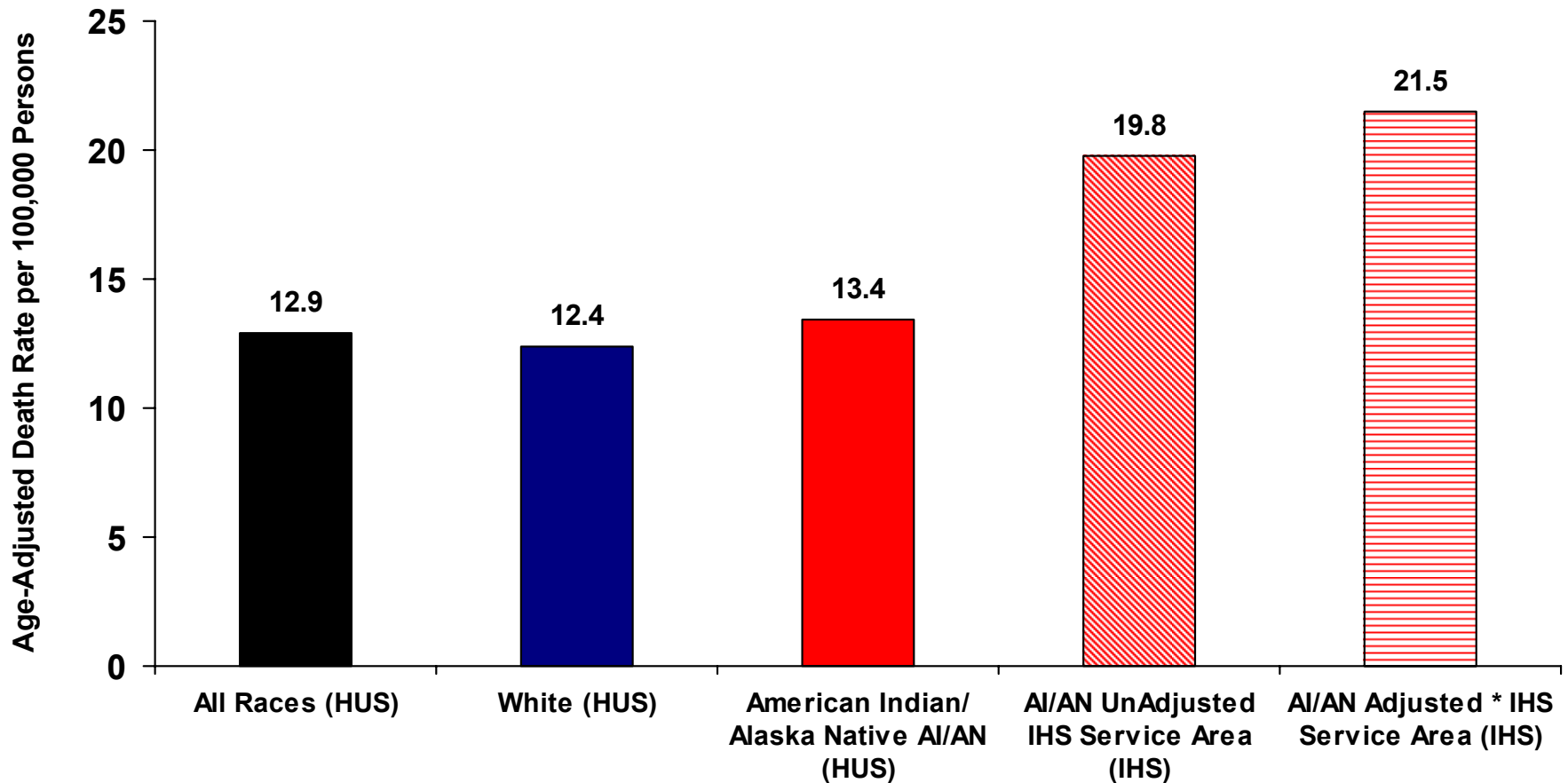


Source: Health, United States, 2004. Table 29.

<http://www.cdc.gov/nchs/data/hus/hus04trend.pdf#topic>



Age-Adjusted Death Rates per 100,000 Persons by Race for Influenza & Pneumonia: U.S. & IHS Service Area - 1997



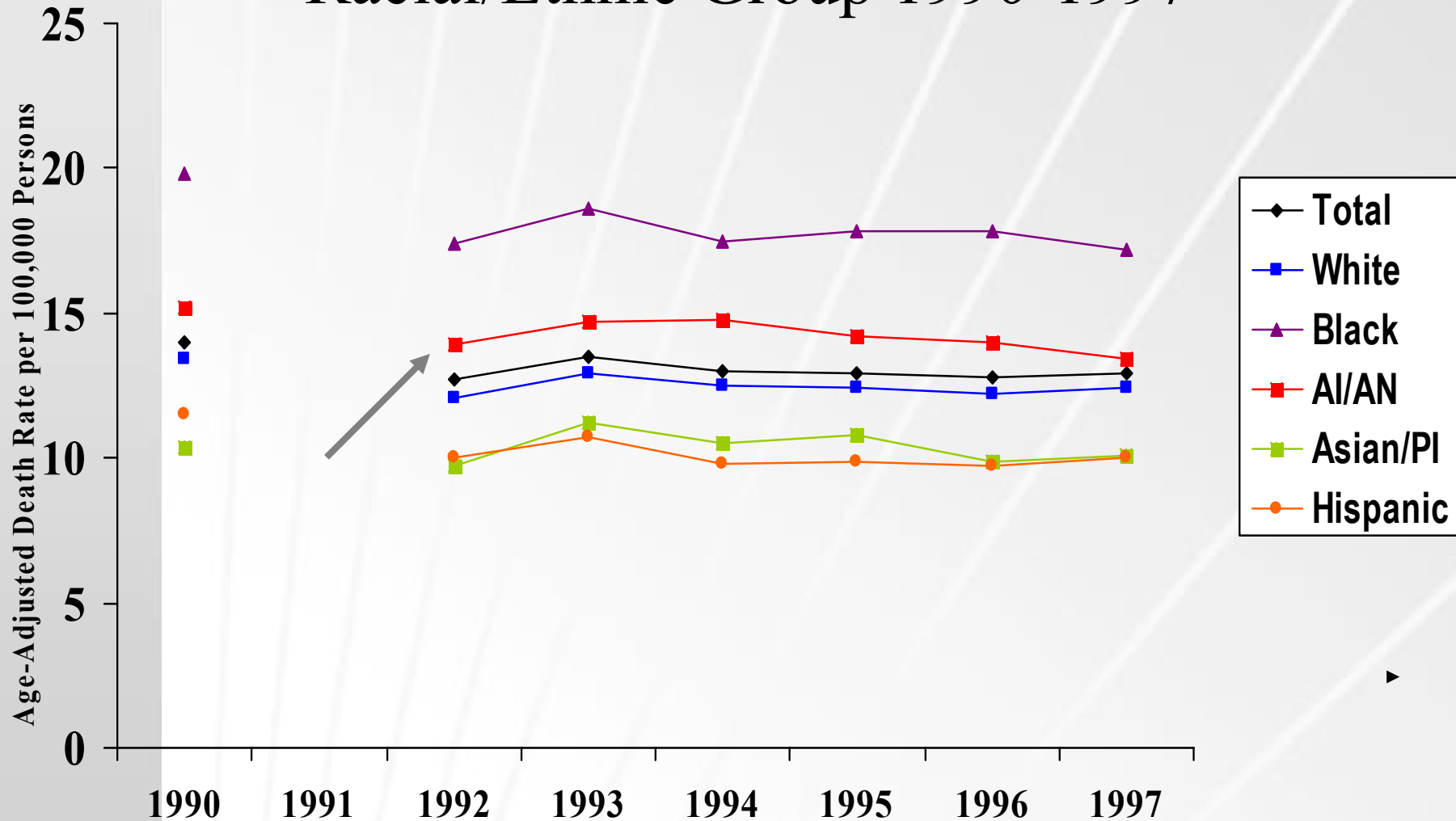
*Adjusted to compensate for misreporting of AI/AN race on state death certificates.

Sources: HUS = Health, United States, 1999. Table 30.

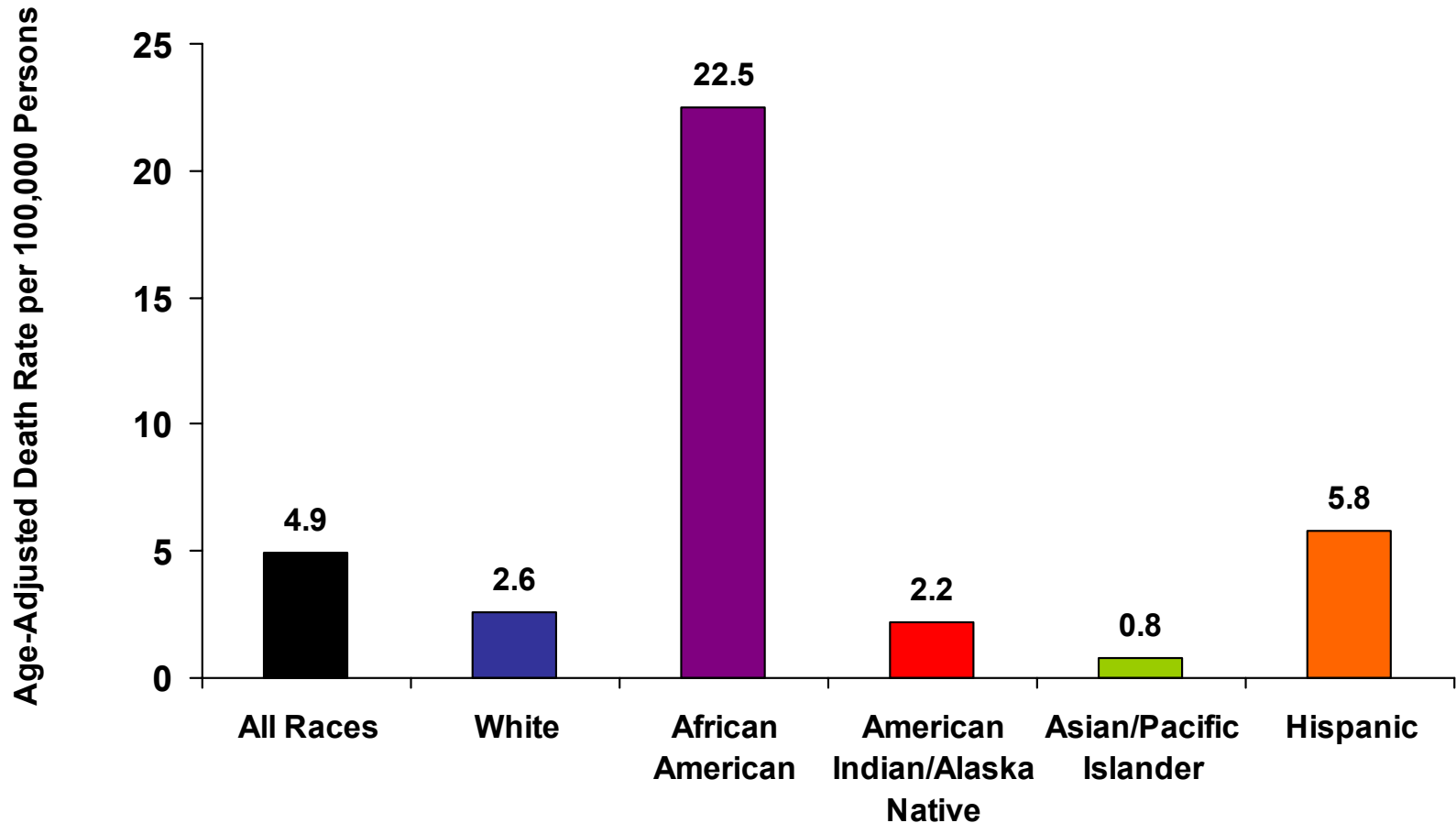
IHS=Trends in Indian Health, 200-2001, General Mortality Stats, Part 4, Table 4.11 Age-Adjusted Death Rates, p69.



Pneumonia and Influenza Age-Adjusted Death Rate per 100,000 Persons by Racial/Ethnic Group 1990-1997



Age-Adjusted Death Rates per 100,000 Persons by Race, and Hispanic Origin for Human Immunodeficiency Virus (HIV) Disease: U.S. - 2002

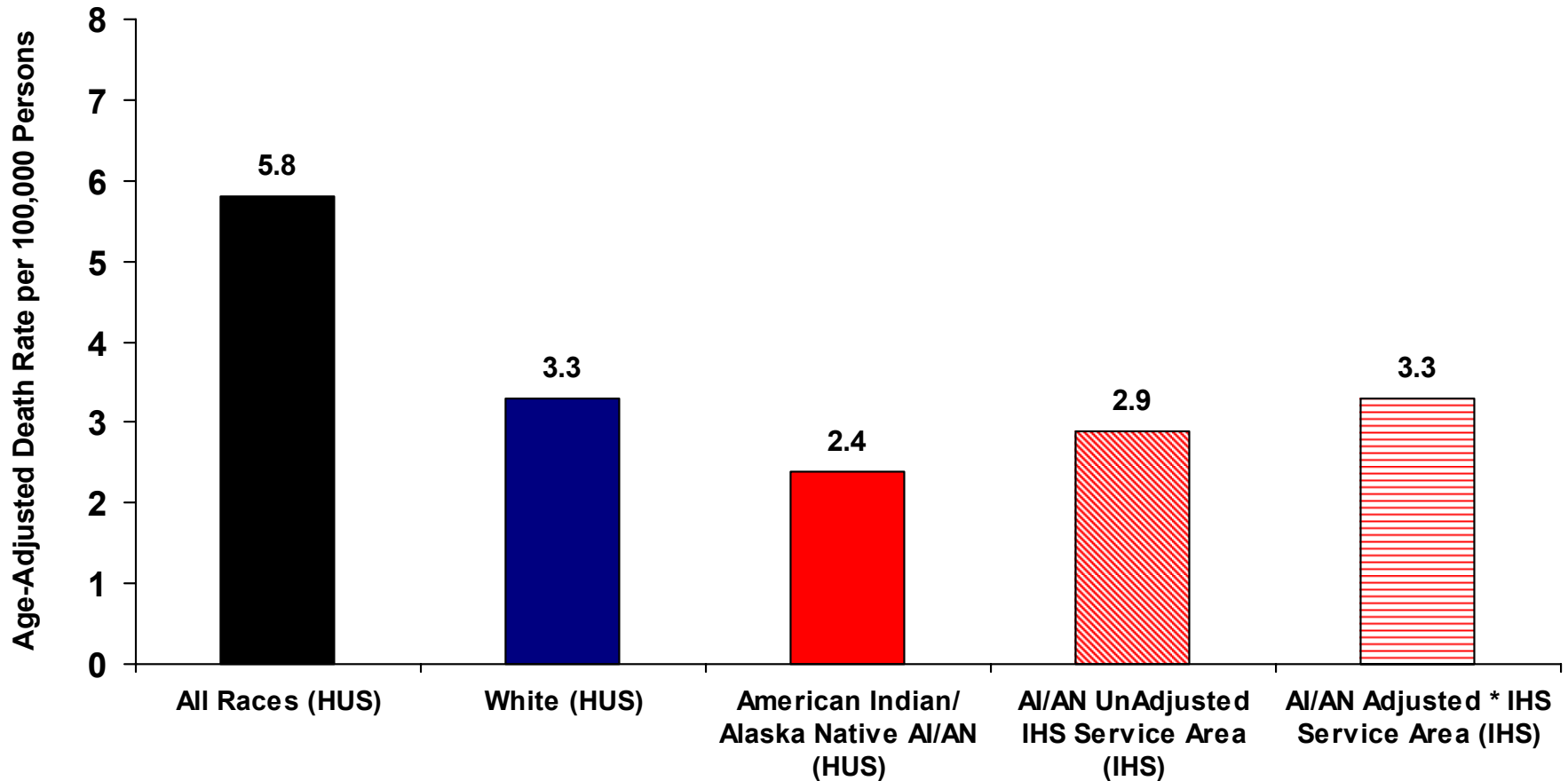


Source: Health, United States, 2004. Table 29.

<http://www.cdc.gov/nchs/data/hus/hus04trend.pdf#topic>



Age-Adjusted Death Rates per 100,000 Persons by Race for Human Immunodeficiency Virus (HIV) Disease: U.S. & IHS Service Area - 1997



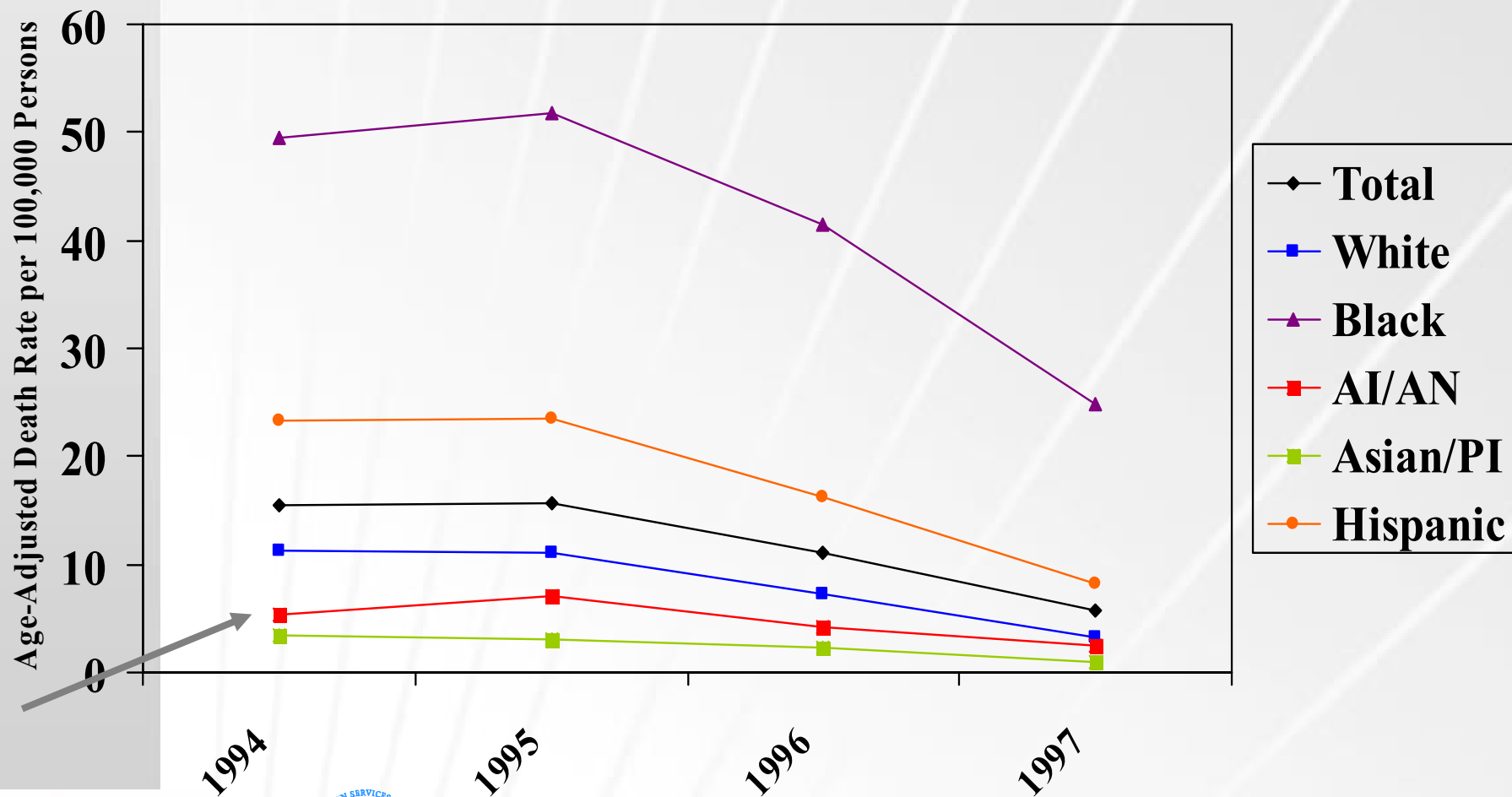
*Adjusted to compensate for misreporting of AI/AN race on state death certificates.

Sources: HUS = Health, United States, 1999. Table 30.

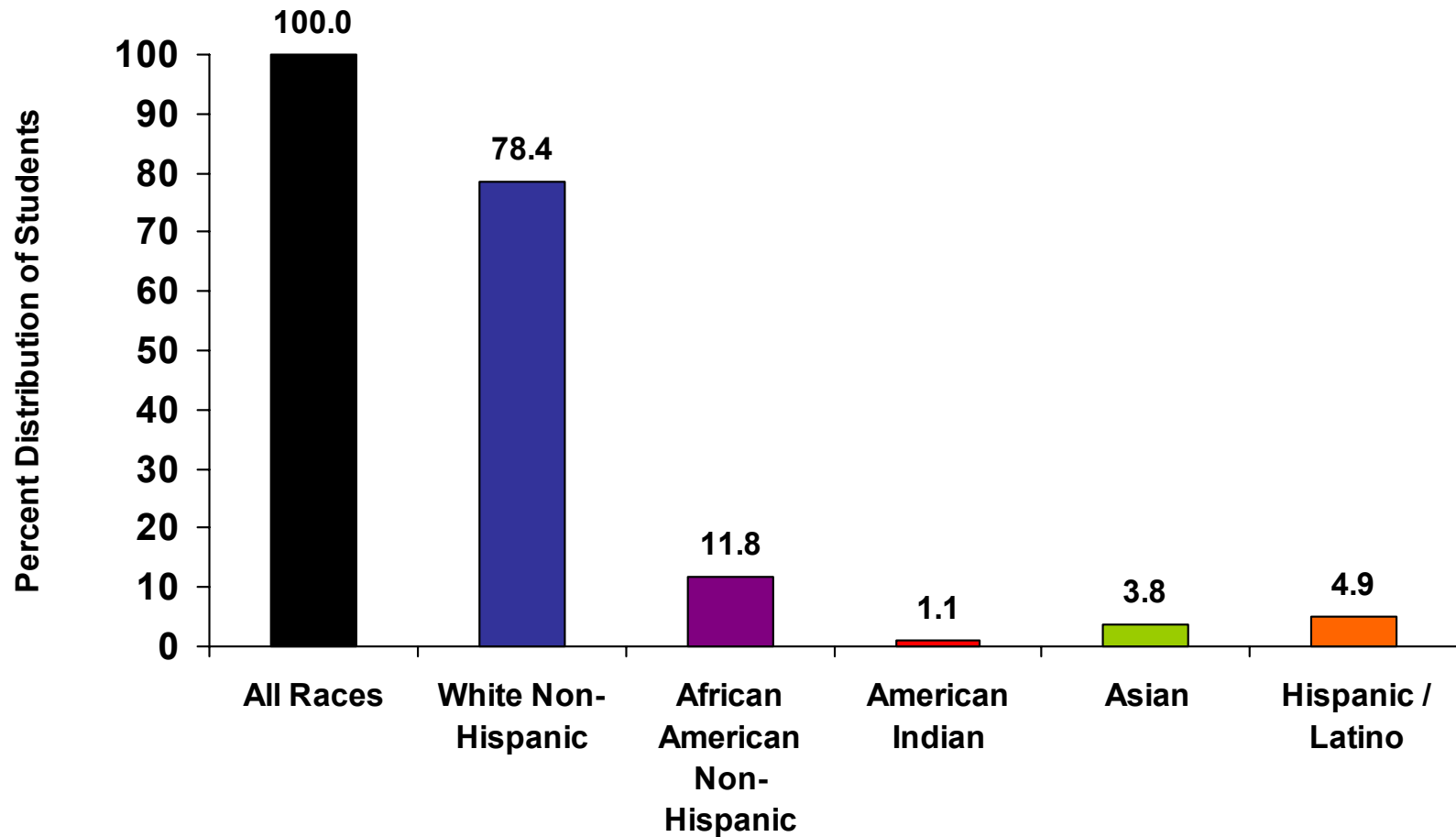
IHS=Trends in Indian Health, 200-2001, General Mortality Stats, Part 4, Table 4.11 Age-Adjusted Death Rates, p69.



Human Immunodeficiency Virus Infection Age-Adjusted Death Rates per 100,000 Persons by Racial/Ethnic Group 1994-1997



Total Enrollment of Minorities in Schools for Selected Health Occupations: Nursing, Registered According to Detailed Race, and Hispanic Origin: U.S. 2001-2002

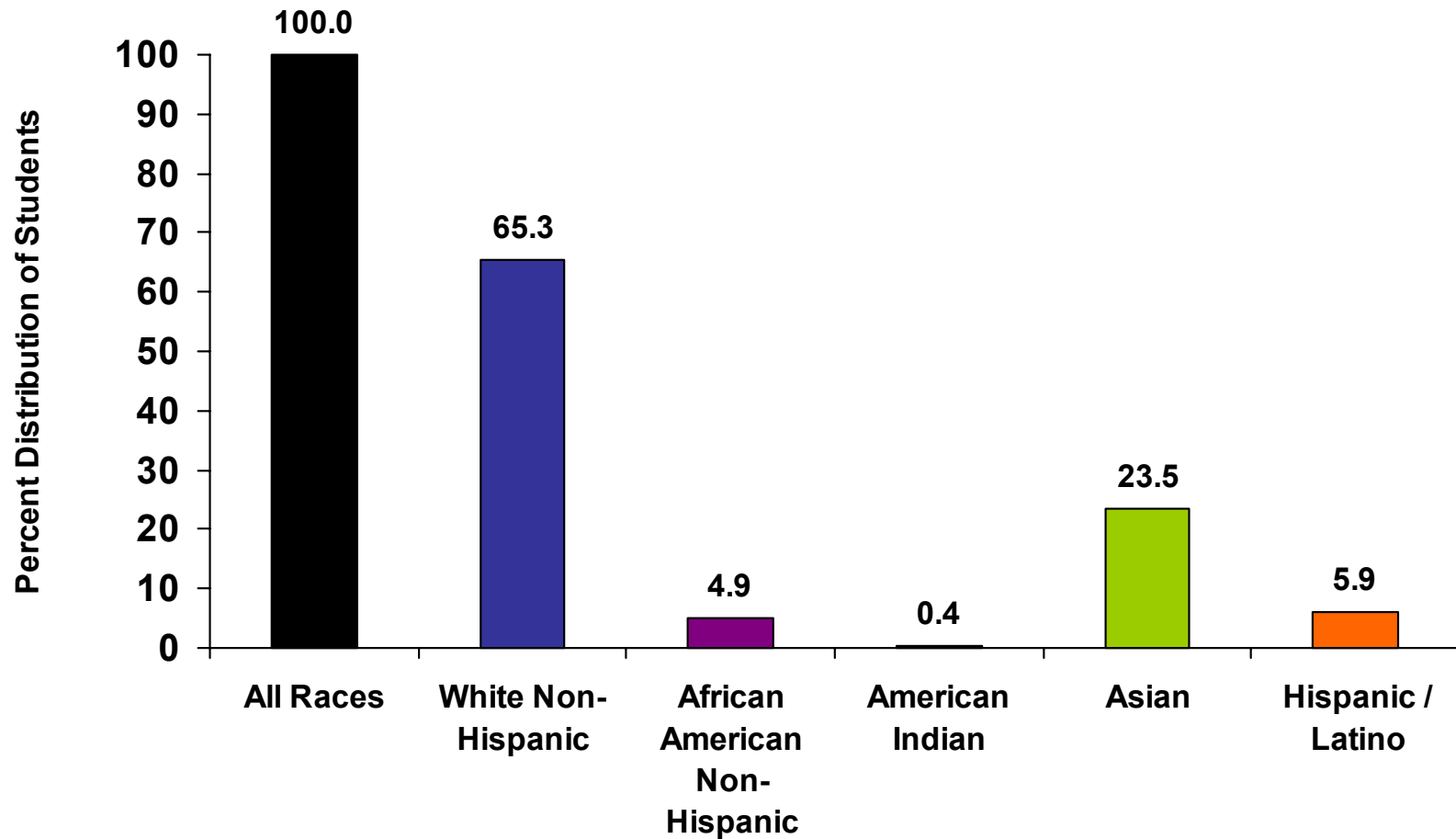


Source: Health, United States, 2004. Table 107.

<http://www.cdc.gov/nchs/data/hus/hus04trend.pdf#topic>



Total Enrollment of Minorities in Schools for Selected Health Occupations: Dentistry According to Detailed Race, and Hispanic Origin: U.S. 2001-2002

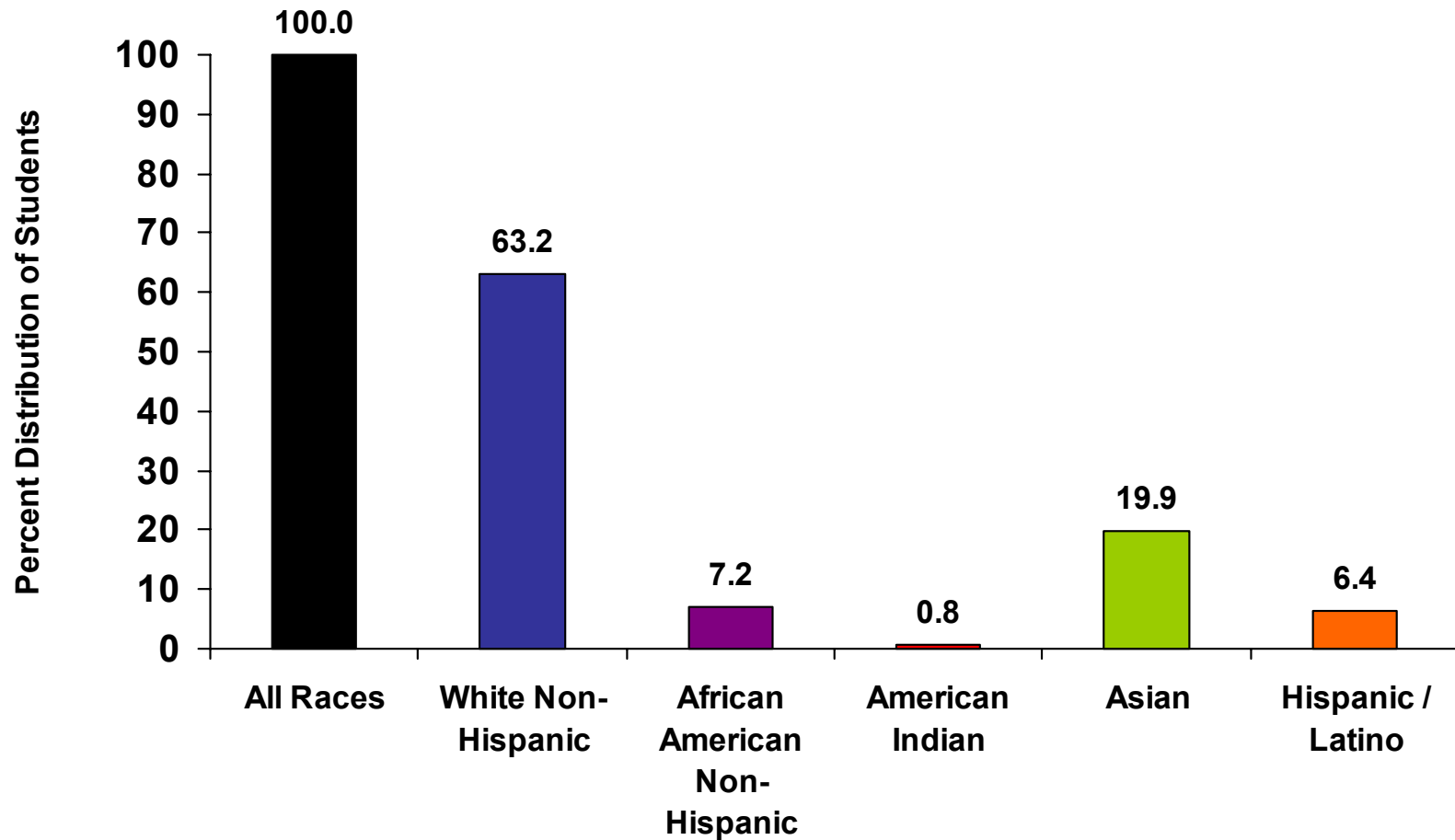


Source: Health, United States, 2004. Table 107.

<http://www.cdc.gov/nchs/data/hus/hus04trend.pdf#topic>



Total Enrollment of Minorities in Schools for Selected Health Occupations: Medicine (Allopathic) According to Detailed Race, and Hispanic Origin: U.S. 2001-2002

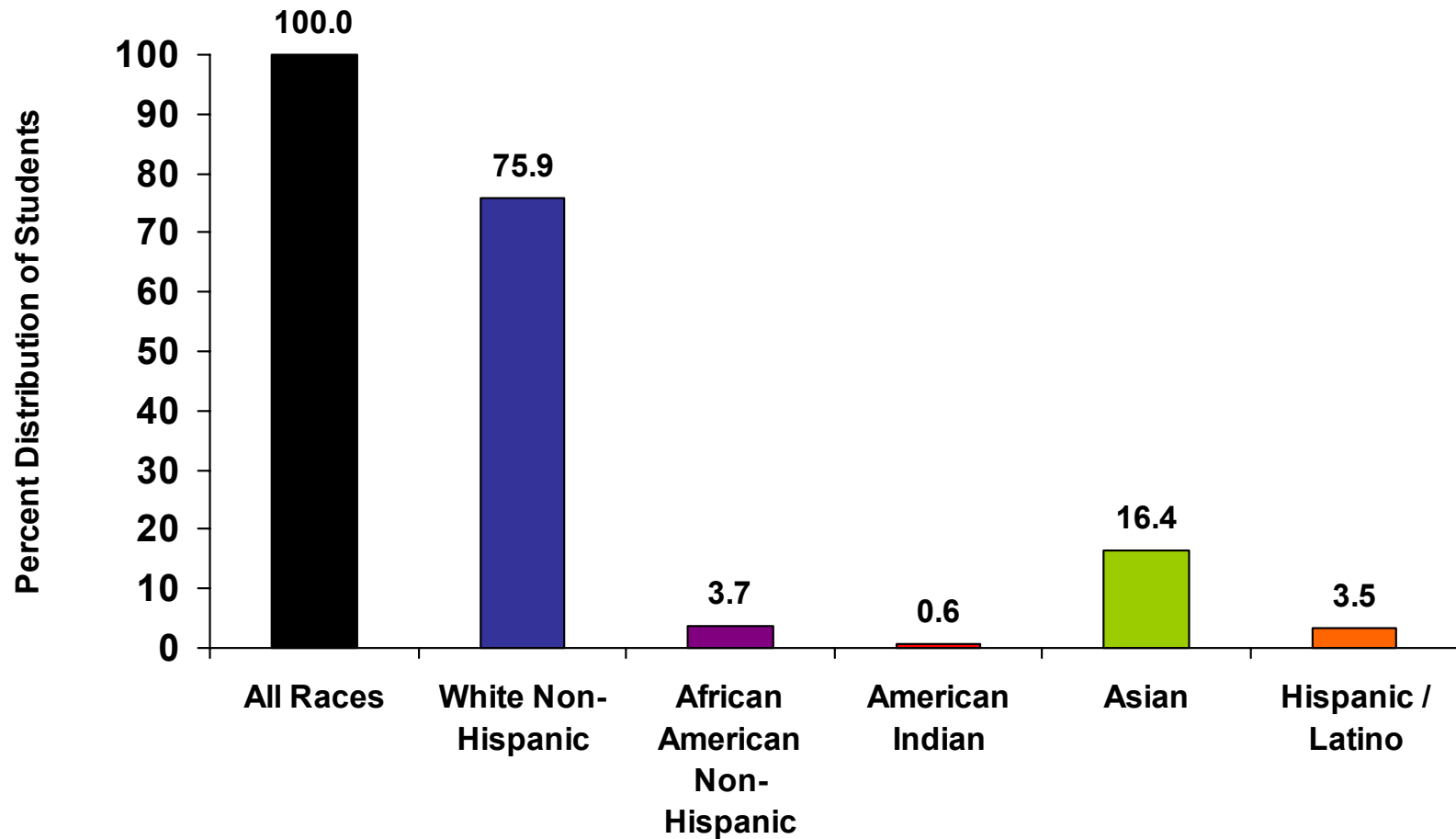


Source: Health, United States, 2004. Table 107.

<http://www.cdc.gov/nchs/data/hus/hus04trend.pdf#topic>



Total Enrollment of Minorities in Schools for Selected Health Occupations: Medicine (Osteopathic) According to Detailed Race, and Hispanic Origin: U.S. 2001-2002

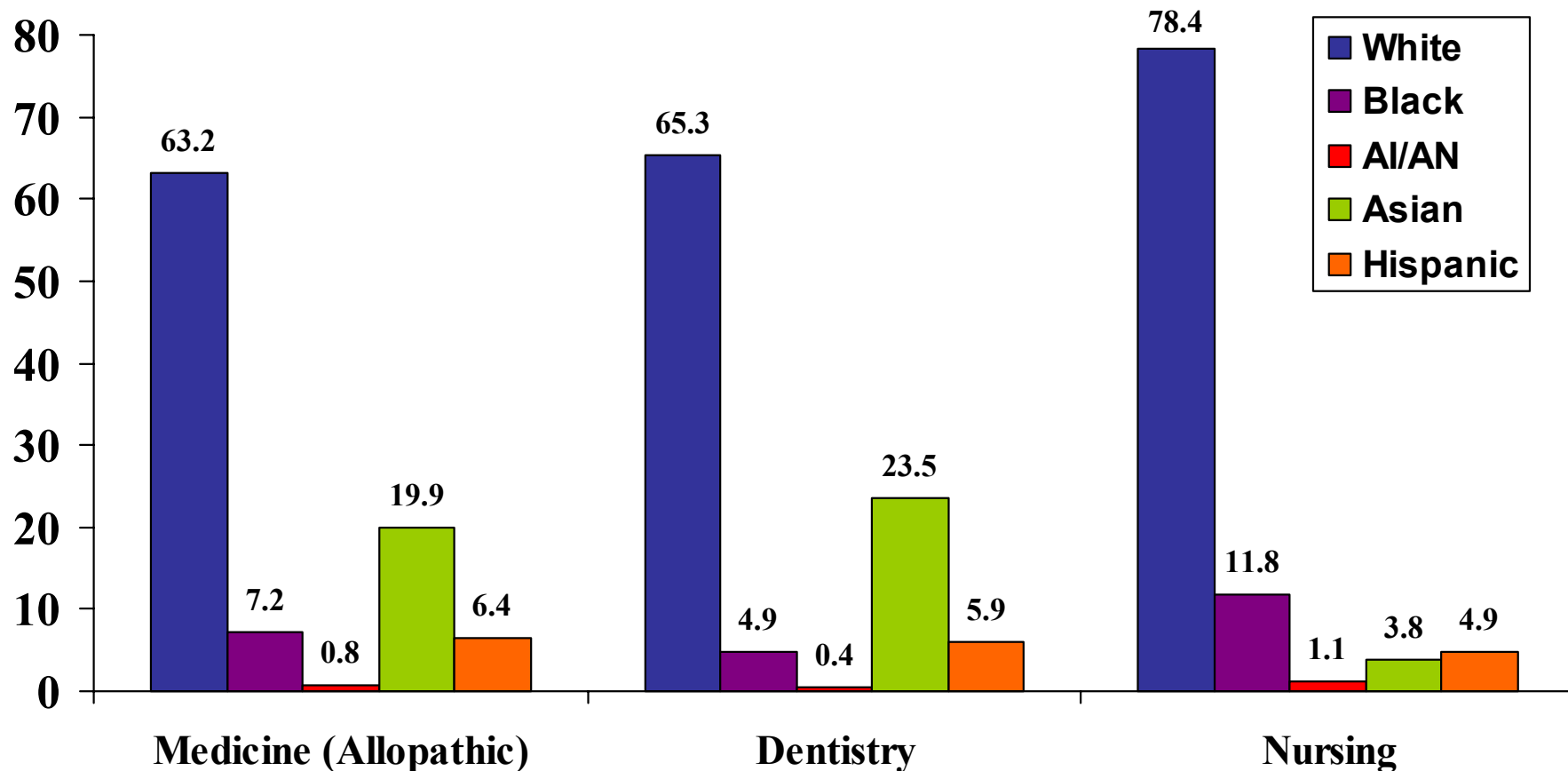


Source: Health, United States, 2004. Table 107.

<http://www.cdc.gov/nchs/data/hus/hus04trend.pdf#topic>



Percent Distribution of Enrollment of Minorities in Medical, Dental, and Nursing Schools by Race/Ethnicity 2001-2002



Source: Health, United States, 2004. Table 107.

<http://www.cdc.gov/nchs/data/hus/hus04trend.pdf#topic>



Indian Health Service (IHS)

Indian Health Service

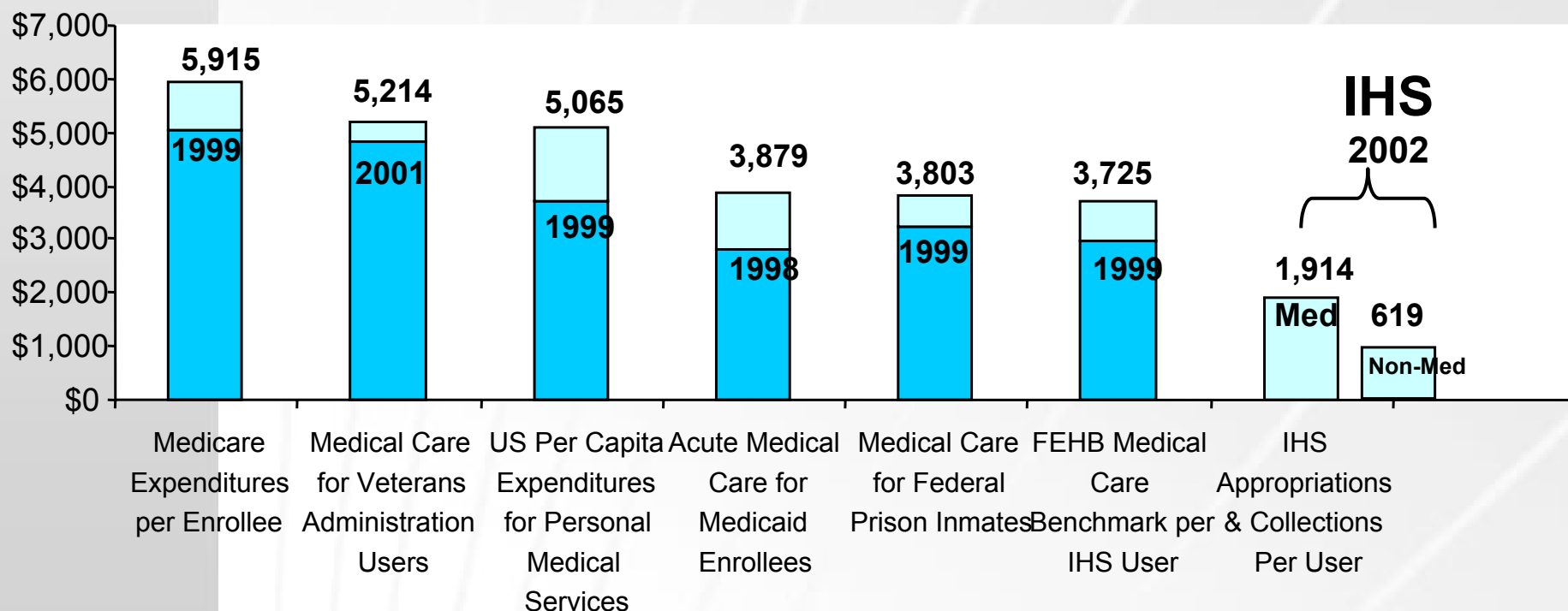
- Part of the Dept. of Health and Human Services since 1955
- Federal health care provider for **eligible** AI/AN
 - Member of federally recognized tribes (560)
 - Not an entitlement program

Indian Health Service

- 2001 IHS Service
Population: 1,540,000
- ~200 facilities in 35 states
 - Mostly on reservation lands
 - 36 urban programs in 20 states

IHS Per Capita Appropriations

IHS Appropriations Per Capita Compared to Other Federal Health Expenditure Benchmarks



Tribal Sovereignty & Self-Determination

Tribal Sovereignty

- Government to government relationship
 - Sovereign Nations
- Relationship is unique
 - Different from other communities
 - Different from other minority groups

1975 Indian Self-Determination Act (PL - 638)

- Gives tribes option to manage health care services in their communities
- Diminishes IHS presence in tribal affairs
 - Decentralizes IHS role in health services delivery

Contracts and Compacts

Three ways to manage health care services

1. IHS provides all health care services
2. Contracts between IHS and Tribes
 - Health care services are contracted
3. Compacts
 - Health care services are tribally run
 - 53% of IHS budget goes directly to Tribes
 - California and Alaska Areas are completely compacted

Challenges in Indian Health I

- Under-funded
 - 1996 per capita healthcare expenditures
 - U.S. - \$3046
 - IHS - \$1200
- Multiple jurisdictions
 - Tribal, state, federal
 - Quality of state and tribal relationships is variable
- Incomplete data
 - Racial misclassification
 - Data collection difficult
 - Multiple jurisdictions
 - Limited technology & resources

Challenges in Indian Health II

- Fragmented health care delivery systems
 - IHS Areas cross state boundaries
 - Urban Indian programs, tribal programs
- Limited access to services
 - 1.5 million of 2.4 million AI/AN
 - Limited urban programs
 - high staff turnover rates and vacancies

Why do Disparities Continue to Exist?

- Multiple Causes; Social, Economic, Service.
- Disparities vary by state, region and causes vary by characteristics.
- Causes also vary for each racial/ethnic group and for subgroups of these groups.
- Many different persons and disciplines are involved in responding to health needs and not all understand the culture and needs of the population group they are working with.
- Language barriers exist.

Why do Disparities continue to Exist? (continued)

- States may not have the same resources and commitment.
- When many agencies are involved and/or accountable it may mean no one is accountable.
- Pervasive effects of poverty on health.
- Access to health care varies for different age groups and for different states.
- Differences in health care received.
- Health policy and the political arena.

Why Do We Need Natives (Ethnic Groups) in Public Health?

- Need to ensure that we ask the right questions, collect, analyze the data and interpret/disseminate the results to the public, especially those at greatest risk.
- Need to develop and evaluate interventions that are culturally appropriate and specific to the communities we are trying to serve.

Note:

From the National Vital Statistics Report (NCHS), Deaths: Final Data for 1997, Volume 47, number 19, page 95, it is stated that:

"Estimates of the approximate effects of the combine bias due to race misclassification on death certificates and under enumeration on the 1990 census areas follows:

White - 1.0 percent;

Black - 5.0 percent;

American Indian + 20.6;

Asian or Pacific Islander, =10.7 (23)."

This indicates that these figures presented are seriously underestimated and the health problems could be seriously worse than indicated.

Tribal Sovereignty

- ◆ Treaty Tribes have a Nation to Nation relationship with the US. Government
- ◆ Tribes are Sovereign Nations
- ◆ States do not have jurisdiction on tribal lands
- ◆ Movement towards Tribal Self-Governance
- ◆ Tribes make and enforce your own Laws

Trust Responsibility

The general component of the **Trust Responsibility** relates to the United States unique legal and political relationship with federal-recognized Indians as part of treaties, statutes and executive orders.

The Supreme Court has noted that the federal government, as trustee, is "charged with moral obligations of the highest responsibility and trust."

This responsibility provides a basis for the legal principle that ambiguities or doubts in statutes must be construed in favor of the Indians.

The Indian Tribal Justice Act, noted, that the general Trust Responsibility "includes the protection of the Sovereignty of each Tribal Government."

Federal Indian Policy

- 1608-1830, "Treaties" - The Marshall Trilogy historic cases *Johnson v. McIntosh*, *Cherokee Nation v. Georgia*, and *Worcester v. Georgia* all recognized Indian Nations as Sovereign Entities.

The Supreme Court found that Tribes were no longer territorially separate from the United States.

Tribes (a) could not transfer lands to or sign treaties with any other colonizing power and (b) had placed themselves under the protection of the United States.

Federal Indian Policy (continued)

- **1830-1850, "Removal Policy"** - Indian Removal Act policies moved the Tribes west of the Mississippi into the Louisiana and Northwest Territories.
- **1850-1871, "Removal Shifts to Reservation System"** - Over 100 treaties created moving Tribes to new, smaller territories or confined them to smaller territories reserved from there aboriginal territory.

Federal Indian Policy (continued)

- **1871-1928, “Assimilation and Allotment Era”** - The United States sold or gave Indian Land to non Indians to make Indians Assimilate into non-Indian communities. Resulted in (a) the loss of 90 out of 138 million acres of land and (b) the displacement of thousands of Indians.
- **“Indian Reorganization Act of 1934”** - The Act reaffirmed that tribal governments had inherent powers.

Federal Indian Policy (continued)

- **1943 - 1968, "Termination"** - Reversed many of the reforms made in the 1930's by terminating many federal state tribal relationships. Promoted assimilation of Indians into mainstream society.
- **1968 - Present - "Self Determination"** - In 1968, PL 280 was amended to require the consent of Indian Nations before state could assume jurisdiction. This era of various presidential policy statements and legislative acts that benefited Indians, strengthened tribal governments, reaffirmed tribal sovereignty and ended the termination period.

Presidential Memorandum on Government-to-Government Relations with AI/AN Tribal Governments

- Operate within a government-to-government relationship with federally-recognized Tribes
- Consult, to the greatest extent practicable and to the extent permitted by law, with Indian tribal governments before taking actions that affect federally recognized tribes.
- Assess the impact of executive department and agency activities on tribal trust resources and assure that tribal rights and concerns are considered.
- Take appropriate steps to remove procedural impediments to working directly and effectively with tribal governments on activities that affect the trust responsibility and/or governmental rights of tribes.



**Treat all men alike.
Give them all the same law.
Give them all an even
chance to live and grow.
All men were made by the
same Great Spirit Chief.
They are all brothers.
The earth is the mother of
all people, and all people
have equal rights upon it.**

Chief Joseph, Nez Perce