Historical Trauma, Substance Use Disorders, and Indigenous Healing

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• 5.2 million people classified as American Indian (AI) and Alaska Native (AN) alone or AI/AN in combination with one or more other races
• 2 percent of the total U.S. population
• 22 percent of AI/AN live on reservations or other trust lands
• 60 percent of AI/AN live in metropolitan areas
• 31%, or 1.5 million are under age 18
• 567 federally recognized (AI/AN) tribes;
• 100 + state recognized tribes There are also tribes that are not state or federally recognized
• 2.2 million served by Indian Health Service (IHS) in 36 states
• 36 percent of the IHS service area population resides in non-Indian areas
• 600,000 are served in urban clinics
• Studies on the urban AI/AN population have documented a frequency of poor health and limited health care options
There are an estimated 353,386 people classified as American Indian (AI) and Alaska Native (AN) alone or AI/AN in combination with one or more other races in Arizona, including 43,724 in Phoenix and 19,903 in Tucson.

Unknown numbers of AI/AN are engaged in circular migration.
Indian Country

• all land within the limits of any Indian reservation under the jurisdiction of the United States Government, notwithstanding the issuance of any patent, and, including rights-of-way running through the reservation,

• all dependent Indian communities within the borders of the United States whether within the original or subsequently acquired territory thereof, and whether within or without the limits of a State, and

• all Indian allotments, the Indian titles to which have not been extinguished, including rights-of-way running through the same.

Federal law (18 U.S.C. § 1151)
Tribal Sovereignty

• Inherent power of tribal governments to make their own laws and to be governed by them.
• Tribal Reservations in States are lands reserved by tribes from much larger territories controlled prior to occupation of colonists.
• Tribal governments are not subject to the laws of the State.
• States generally do not have jurisdiction in Indian country.
Vast Differences Between Tribes

- Size
- Location
- Language
- Dwellings
- Clan Structure
- Governmental Structure
- Ceremonial and Traditional Indian Medicine Practices
- Number of Members/Requirements for Membership
- Demographics
- Level of Acculturation
- Family Dynamics
- Values/Priorities
- Economic Development
- Religion
The **IHS** is the principal federal health care provider and health advocate for Indian people.

The principal legislation authorizing federal funds for health services to recognized Indian Tribes is the **Snyder Act of 1921**. It authorized funds "for the relief of distress and conservation of health . . . [and] for the employment of . . . physicians . . . for Indian Tribes throughout the United States."

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*IHS*
The Indian Self-Determination and Education Assistance Act (Public Law 93-638, as amended) gives options of IHS admin or remain within IHS system.

Indian Health Care Improvement Act (P.L. 94-437), supports the options of P.L. 93-638.

Goal is:
• to provide quantity and quality of health services to elevate the health status of AI/ANs to the highest level possible
• to encourage the maximum participation of Tribes in the planning and management of those services.
Health Care Delivery System (IHS)

- 28 hospitals
- 62 health centers
- 25 health stations
- 33 urban Indian health projects provide a variety of health and referral services.

- 2,480 nurses
- 750 physicians
- 700 pharmacists
- 670 engineers/sanitarians
- 200 physician assistants/nurse practitioners
- 280 dentists

The IHS also employs various allied health professionals, such as nutritionists, health administrators, and medical records administrator.

Through P.L. 93-638 Self-Determination contracts, American Indian Tribes and Alaska Native corporations administer 18 hospitals, 282 health centers, 80 health stations, and 150 Alaska village clinics.
Phoenix Area Indian Health Service (PIHS)

- 140,000 AI/AN in tri-state area
- 10 Service Units, including 2 Youth Regional Treatment Ctrs.
- Health care partner to over 40 tribes
- Phoenix office-197 admin and technical staff
- 2,400 + employed in Service Units
- PIMC-JACHO 127 bed hospital and campus; 1,200 employed
- Comprehensive specialty services
Arizona Health Care Cost Containment System (AHCCCS) Tribal Relations

- American Indian Health Program (AIHP)
- Arizona Department of Health Services (ADHS) Native American Liaison
- Arizona Commission of Indian Affairs
- American Indian Health Facilities (638s and ITUs)
- Regional Behavioral Health Authority (RBHA) Tribal Liaison, Tribal Programs Supervisor, Tribal Relations Administrator
- Tribal RBHAs (TRBHA)
AHCCCS

RBHAs:
• Health Choice Integrated Care
• Mercy Maricopa Integrated Care
• Cenpatico Integrated Care

TRBHAs:
• The Colorado River Indian Tribes
• Navajo Nation
• Pasqua Yaqui Indian Tribe
• Gila River Indian Tribe
• White Mountain Apache Tribe
Phoenix Indian Medical Center

- Provides Native Americans a “gathering place” to receive care. Friends, family, community.
- Serves as the “connective tissue” to tribal and urban Indian communities
- Integrated Health Model
- Provide a Voice for Urban Community
- Cultural Connection for diverse Urban Indian population
Urban AI/AN Communities – “Urban Indians”

- Formation of a unique cultural base
- Dual citizenship
- Acculturation and integration through urbanization
- Adoption of intertribal communalism
- Distinctive identity and organic worldview
- Generational views about societal values and traditions
- Retention of ‘past to present’ features – decision-making includes elders and respected and traditional leaders
Benefits of Multiple Avenues for Services

- Tribe/BIA/IHS Indian preference for hiring
- Improved language and cultural congruity
- Locality of services for some Tribal Communities
- Enhanced resources for services
- Improved access to Traditional Indian Medicine and healing practices
- 100% federal reimbursement for claims submitted by Tribal BHS programs designated as 638-providers
Barriers related to IHS and BIA services

EXTREMELY Limited Funding

• Potential lack of discretionary funds 1/2-way through the fiscal year
• Sporadic Capability to only respond to urgent or emergent needs
• Lack of resources to support prevention efforts
• Limited Urban Indian Health Care Programs
1492 America Discovered
1790 Indians Forced Inland
1830 “Indian Country”
1860 Immigrant Stampede
1890 The Vanquished Indian
Relocation/Removal:
• 1815-1860 - Relocation of Indians west of the Mississippi
• 1839 - Manifest Destiny Reservation Policy
• 1864-1868 Navajo Long Walk

Assimilation/Acculturation:
• 1871 - Congress discontinues Treaty Making (wards of US Govt.)
• 1879 - Carlisle Indian Boarding School
• 1885 Major Crimes Act
• 1887 Dawes Act
• 1924 Indian Citizenship Act

Termination Period:
• 1953-1964 109 tribes were terminated and federal responsibility and jurisdiction was turned over to state governments
• Approx. 2,500,000 acres of trust land removed from protected status and 12,000 Native Americans lost tribal affiliation
• Lands were sold to non-Indians; tribes lost official recognition by the U.S. gov’t
Pupils at Carlisle Indian Industrial School, Pennsylvania (c. 1900)
Chiricahua Apaches as they arrived at Carlisle from Fort Marion, Florida, Nov. 1886
"It's cheaper to educate Indians than to kill them."
--Indian Commissioner Thomas Morgan speaking at the establishment of the Phoenix Indian School in 1891

Owen Lindauer
Historical trauma is cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma.

Historical unresolved grief is the grief that accompanies the trauma.

Historical Trauma Theory,
A Conceptual Model in Public Health

• ...for many, the concept makes intuitive sense

• ...attempts to synthesize the literature and delineate physical, psychological and social pathways linking historical trauma to disease prevalence and health disparities.

Sotero 2006
The model posits that historical trauma originates with the subjugation of a population by a dominant group. Successful subjugation requires at least four elements:

1. Overwhelming physical and psychological violence
2. Segregation and/or displacement
3. Economic deprivation
4. Cultural dispossession

Sotero 2006
Conceptual Model of Historical Trauma

** MASS TRAUMA EXPERIENCE **

- Dominant Group → Subjugation of a Population
  - Segregation/Displacement (plantation, reservation, refugee camp, etc.)
  - Physical/Psychological Violence (acute and chronic)
  - Economic Destruction (loss of resources, legal rights)
  - Cultural Dispossession (loss of cultural roles, language, religion, etc.)

First Generation or Primary Generations

** Trauma Response **

- Physical Response
  - Nutritional stress
  - Compromised immune system
  - Biochemical abnormalities
  - Endocrine impairment
  - Adrenal maladaptation
  - Gene impairment/expression
  - Resulting in: malnutrition, diabetes, hyperglycemia, infectious disease, heart disease, hypertension, cancer

- Psychological Response
  - Post-Traumatic Stress Disorder
  - Depression
  - Panic/Anxiety Disorders
  - Resulting in: anger/aggression, social isolation, shame, loss of self-worth, terror/fear, grief, withdrawal, numbness

- Resilience/Protective Factors

- Social Response
  - Increased suicide rate
  - Domestic violence
  - Unemployment
  - Substance abuse
  - Child maltreatment
  - Poverty
  - Resulting in: breakdown of community/family structures and social networks, loss of resources, separation from loved ones

** Intergenerational Transmission **

- Population
  - Present ➔ Past ➔ Life course ➔ Primary Generations ➔ Secondary and Subsequent Generations

- Individual
  - Proximate ➔ Distal ➔ Health Disparities

- Modes of Intergenerational Transmission
  - Physiological
  - Genetic
  - Environmental
  - Psychosocial
  - Social/Economic/Political Systems
  - Legal and Social Discrimination
ACEs and Epigenetics

A large ongoing study conducted in collaboration with the CDC, Dr. Robert Anda, Dr. Vincent Felitti and Kaiser Permanente. Between 1995 and 1997, more than 17,000 Kaiser Permanente HMO members were surveyed to gather information regarding childhood exposures to abuse, neglect and family dysfunction.

Through the 2014 Behavioral Risk Factor Surveillance System (BRFSS), Arizona’s residents were asked if they had experienced any of the nine types of ACEs categorized under abuse or household dysfunction as a child.

72% of American Indians experienced at least 1 ACE

Adverse Childhood Experiences in Arizona; Findings from the 2014 Arizona Behavioral Risk Factor Surveillance System

One of researchers, Dr. Gill, wrote in response to questions to the NIH’s public affairs office, “Epigenetic studies provide a unique opportunity to characterize the long-term impact of stressors including historical trauma on the function of genes. The modification of gene function through epigenetic modifications can greatly impact the health of the individual and may underlie some of the health disparities that we observe in populations including Native Americans. This line of research is of great promise for nurse scientists, as it will be instrumental in the promotion of the health and well-being of patients impacted by trauma and stress.”

https://indiancountrytodaymedianetwork.com/2015/05/28/trauma-may-be-woven-dna-native-americans-160508
In 1989, researchers from Arizona State University (ASU) embarked on a research partnership called the Diabetes Project with the Havasupai Tribe, a community with high rates of Type II Diabetes living in a remote part of the Grand Canyon.

The researchers were not successful in finding a genetic link to Type II Diabetes and used the blood samples containing DNA for other unrelated studies such as studies on schizophrenia, migration, and inbreeding, all of which are taboo topics for the Havasupai.

After a lengthy legal battle, the Arizona Board of Regents v. Havasupai Tribe case reached a settlement in April 2010.

Because the lawsuit ended in an out-of-court settlement, there is no legal precedent emerging from this case over how informed consent issues in research should be handled.
The Nuu-chah-nulth People

In the 1980’s, the Nuu-chah-nulth of Canada participated in a genetic study on rheumatoid arthritis and donated over 800 blood samples to a genetic researcher, Dr. Ryk Ward, at the University of British Columbia (UBC) to conduct a research study (Dalton 2002).

Dr. Ward kept the samples, was unable to show a genetic basis for arthritis in the tribe, and used them for other research projects, including human migration research, HIV/AIDS, and even drug abuse research, studies for which the tribe never agreed or gave consent.

Dr. Ward published over 200 papers throughout his career, but did not report the results directly to the tribe. Dr. Ward died suddenly in 2003 and the blood samples were returned in 2004 and prompted the Nuu-chah-nulth to form their own Research Ethics Committee to review all research protocols (Wiwchar 2004).
Modern Day Trust v. Distrust

The Havasupai lawsuit is yet another reason that tribes have refused to participate in genetic research (Harmon 2010). Other tribes in the United States and Indigenous groups worldwide look to the Havasupai case cautiously as they think about policies, laws, and recommendations for genetic research in their communities. Additionally, very few tribes have benefited or had results returned, creating tension and mistrust.

National Congress of American Indians, American Indian & Alaska Native Genetics Resource Center provides decision guides for tribes
Emerging Science and Community-Based Participatory Research

Navajo scholar, Dr. Lee Bitsoi describes, “I tell my non-Native colleagues at Harvard and beyond that we’re not anti-science. We [Native Americans] merely want research conducted on our terms” (Navajo Times 2011).

“...this February the Arizona Board of Regents approved a new consultation policy that focuses on communication between parties on issues such as land use, education and research.

The Policy is meant to serve as the highest level of authority, outlining consultative expectations and requirements when engaging with sovereign Native Nations.

The initiative promotes research endeavors that are based on collaboration, consultation and confidentiality, with respect for and acknowledgement of tribes’ cultures, traditions, beliefs, governance, laws, codes, regulations and protocols as well as complying with all applicable tribal practices and regulations”.

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Dave Archambault II, Standing Rock Sioux tribal chairman, expressed his appreciation for the solidarity coming in from all over. "We are guided by prayer," he said, "and we will continue to fight for our people. We will not rest until our lands, people, waters and sacred places are permanently protected from this destructive pipeline."
Stigma, a co-occurrence of:

- Discrimination
- Stereotyping and labeling
- Separation
- Status loss
- Submission

Power must be exercised for stigma to occur

Stigmatization probably has a dramatic bearing on the distribution of life chances in such areas as earnings, housing, criminal involvement, health, and life itself.

Bruce G. Link & Jo C. Phelan, 2001
Ongoing and Current Trauma

• High rates of suicide
• Domestic Violence and Sexual Assault
• U.S. Justice System
• Disproportionality of punishment for crimes
Microaggressions

- Institutional racism, poverty and perpetuated myth
- Stigmatizing by omission: AIAN portrayed as a part of history instead of contemporary America
- Appropriation of cultural and spiritual practices – some “New Age” practices
- Romanticization AIAN men and women
- Invisibility (i.e. being mistaken for different race)
- Religious defamation
- Stereotypes, symbolism and objectification
Addressing Addiction and Mental Health Disparities

- Diversity of belief systems within cultural groups
- Deculturation from traditional belief systems
- Processes of reculturation to Western belief systems
- Trauma-informed systems of care
- Historical context: object intrusion and soul loss were causes of MH (prior to European contact)
- Personal responsibility of helpers to reduce discriminatory practices
Native Healing Philosophy & Perspectives

- Story Telling
- Prayers/blessings
- Sweat Lodge
- Bead Work
- Family and Community Connection
- Ceremonies/Rituals
- Herbal Remedies
- Drum
- Tribal Song/Dance
- Smudging
- Talking Circle
- Wisdom of Elders
‘Well Community’ Goals

• Equity from the start (care for the children)
• Healthy places, healthy people (housing)
• Fair and decent work
• Social and spiritual protection throughout life
• Equity in health care, disease prevention and health promotion
Cultural Humility in Healthcare

- Nation/Tribal Dance and Song
- Mind, Body, Spirit and Achieving Balance
- Connection to the Earth/Land/Universe - Attaining Harmony
- Respectfulness of all
- Building trust for all
- Family
- Two-Spirit
- Community
- Elders
- Children
Engaging AI/AN in Services

Recognizing Individuality and Cultural Connection:

- Relationship building
- Present needs met/survival dependence
- Welcoming environment
- Boundaries
- Humor
- Importance of personal stories
- Creating a sense of belonging
- Explanation of the process
- Family/kin; focus on resilience
- Importance of peer support
- Family and community involvement - kinship
- Seamless collaboration within the system – referrals
- Choices and respect of the person’s right to choose their path
- Treatment and harm reduction options
Successful Practices

- Relationship Building
- Cultural Competence
- Coordination of Care
- Outreach
- Family/Clan/Community involvement in treatment
- Utilization of and access to American Indian Traditional Medicine Resources
- Peer Support
- Flexibility
- Listen and learn from the individual
- The individual is the expert about his/her culture

Treatment Incorporation of:
- Spirituality and Prayer
- Nature and Animals
- Music and Art
Helpful Layers of Understanding

- System Structure, Resources, and Barriers
- American Governmental Policies have affected Indigenous People
- Economic Development
- The Impacts of Historical Trauma, ACES and Epigenetics
- The Vast Differences Between Tribes
- Helpful Intervention Techniques
- Research Trends in Indigenous Communities
- Barriers and Progress Related to Research
- Promising Practices for Serving Indigenous People
- Walking in two worlds
“If you are dehydrated, a Western doctor would tell you that drinking water will alleviate your sickness. A traditional healer might bless you with a feather and water and tell you that you are not respecting the water. These are two very different ways of looking at health, but you get to the same place”.

Wilbur Woodis, IHS