

# United States of America

## Chapter 10: America's Forgotten Minority: Indigenous Youth Perspectives on the Challenges Related to Healthcare Access, Widespread Poverty and Public Misinformation Regarding Native Americans

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### Introduction

Contrary to the beliefs of many Americans, Indigenous Peoples within the United States of America are not a relic confined to the colonial past or Western films. A look at recent history tells us that quite the opposite is true, as Native American populations have seen steady growth into the 21<sup>st</sup> century, with the most recent data accounting for over 3.7 million Indigenous Peoples, spread out among 567 federally recognized tribes in the United States.<sup>1</sup> Every one of these federally recognized

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<sup>1</sup> Indian Health Service, "IHS Profile | Fact Sheets," *U.S. Department of Health and Human Services*, July 2018, <https://www.ihs.gov/newsroom/factsheets/ihsprofile>.

<sup>2</sup> Dwanna Robertson, "The Myth Of Indian Casino Riches," *Indian Country Today*, April 19, 2017, <https://newsmaven.io/indiancountrytoday/archive/the-myth-of-indian-casino-riches-3H8eP-wHX0Wz0H4WnQjwjA/>.

<sup>3</sup> United States Census Bureau, "American Factfinder," <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>.

tribes operates as a Nation unto itself, sovereign groups that bear the rights of self-governance and self-determination. It is important to note that, though they share a common identity as Indigenous Peoples, each of these Nations is unique, all with their own histories, customs, cultures, and a wide variety of experiences both past and present.

Though far from a homogenous group, over the years national statistics have revealed troubling information about the status of Indigenous Peoples within the United States. On average, Native Americans are the poorest racial group in America, with the lowest per capita income, and the highest rates of poverty.<sup>2</sup> Persistence of these socioeconomic trends, particularly for those residing on federal reservations, has been indicated as a key reason why Indigenous Peoples in America also experience incredibly high incarceration rates (38% higher than the national average), and the lowest high school graduation rate of any group in the country.<sup>3</sup>

But of the many issues that highlight the adversities of Indigenous Peoples in the United States, there are perhaps none so stark as those pertaining to Native healthcare. Poverty aside, there are a multitude of factors that have led to a variety of public health issues plaguing Native communities throughout the country, many of which could be preventable if given the proper attention and care.

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Yet despite treaties that extend back over 100 years with the United States—including agreements in which tribal lands were exchanged for federal healthcare—the government has come up short on its end of the deal. Partly due to these shortcomings, Native Americans have long been one of the most medically underserved groups in the country, with these issues only being exacerbated by factors such as social stigma and continued marginalization.

Perhaps most disappointing is that outside of regions like the south-western United States or the Great Plains, regions where Indigenous Peoples are heavily concentrated, most Americans are hardly cognizant of the fact that Native Americans still exist, let alone the struggles they still endure. For example, few Americans might be able to tell you that as recently as 2015, there was a county in the United States with a lower life expectancy than India, Sudan or Iraq; in fact the residents of Oglala Lakota County, home to the Pine Ridge Reservation in South Dakota, held the title of the second shortest life expectancy in the *entire Western Hemisphere*, behind only Haiti, at 66 years old.<sup>4</sup>

Less access to quality medical and health education services on Native American reservations leads to many health-related issues that, when left unchecked, spill over into the social realm. Well documented are Native Americans' woes with

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<sup>4</sup> Ann Brenoff, "Life Expectancy In One U.S. County Is Less Than Sudan's," *HuffPost*, May 10, 2017, [https://www.huffingtonpost.ca/entry/us-life-expectancy-rankings\\_us\\_5911db5be4b050bdca5fa519](https://www.huffingtonpost.ca/entry/us-life-expectancy-rankings_us_5911db5be4b050bdca5fa519).

diabetes in the 21<sup>st</sup> century, but, in addition, issues such as substance abuse, ‘accidental deaths’ (e.g., car accidents, homicide), and a mental health epidemic, have caused many reservation health systems to be overwhelmed with needs they are unable to meet. While circumstances vary from tribe to tribe, the distraught image painted here is the reality for many Indigenous communities throughout the United States.

### **Native healthcare pre-Indian Health Services**

Beginning in the early 19<sup>th</sup> century, the United States government began taking an increasingly active interest in health matters pertaining to Native Americans. By this point in time, European diseases such as smallpox had decimated populations throughout the Americas, completely wiping out some tribes, while reducing others to fractions of their pre-contact numbers. Remaining Indigenous populations were predominantly interned to federal reservations where United States Army Surgeons provided minimal care, as the primary interest of the government at this point, as stated by Jedidiah Morse in a letter to the US Secretary of War, was “determining where the ‘Indians’ are in North America and how many are left.”<sup>5</sup> Fast forward to 1849, and all matters regarding Indian health are

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<sup>5</sup> Thomas S. Williamson, “The Diseases of the Dakota Indians,” *Northwestern Medical and Surgical Journal* 4 (1874): 418-419.

moved from the US department of War to the newly formed Department of the Interior; Native Americans are increasingly being relocated to reservations, signing treaties in growing numbers that, in exchange for cooperation, guaranteed food commodities to account for loss of hunting lands, as well as healthcare services. Between 1883 and 1916, in response to increasing resistance and armed uprisings by tribes throughout the United States, the government decided that new measures were needed to combat the “Indian Problem.” Off-reservation boarding schools were established to assimilate Native children into White-American culture, in hopes that removal from their communities would quell parent uprisings and lead to more Americanized generations in the future.

### **Indian Health Services begins**

As time progressed, it became increasingly obvious that America’s “Indian problem” was not going away. An independently funded study published in 1928 that became known as the Meriam Report, detailed horrid conditions on federal reservations and Native healthcare facilities alike: “They live in such abject squalor it is no wonder their resistance is low... in winter they use green wood for heating; they never have enough blankets...populations are extremely undernourished.”<sup>6</sup> The Meriam Report highlighted

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<sup>6</sup> “The Meriam Commission and Health Care Reform (1926-1945),” *U.S. National Library of Science*,

the United States' neglect of Native Americans for all the world to see, and, as a result, its publishing set in motion a series of policy changes that led to the eventual reorganization of Native healthcare, to finally come under control of the present-day umbrella known as Indian Health Services (IHS).

### **Native healthcare during the 20<sup>th</sup> and early 21<sup>st</sup> centuries**

Since its inception in 1955, there have been many changes to US-tribal relations regarding IHS, as its perception within Indian country is one that varies from tribe to tribe. On one end, IHS facilities are often the only care available to Native Americans who find themselves unable to afford healthcare in the private sector. In addition, Native Americans are frequently geographically disadvantaged in their options, particularly those on isolated reservations, so as a result, IHS becomes a critical aspect of care for these groups. On the other end of the spectrum, some tribes have decided to forgo IHS clinics, having instead opted for separate health services altogether, either by way of contracted third party clinics or by autonomously run tribal clinics.

At present, IHS provides services to approximately 2.3 million of the 3.7 million Native Americans in the United States, at 170 services

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[https://www.nlm.nih.gov/exhibition/if\\_you\\_knew/ifyouknew\\_07.html](https://www.nlm.nih.gov/exhibition/if_you_knew/ifyouknew_07.html).

sites, predominantly in western states.<sup>7</sup> Of the people who access IHS healthcare, most are Native Americans who live on or near reservation communities. Based off data that IHS collects from these populations, there is still evidence of overwhelming health disparities. Compared to other groups, Native Americans experience mortality from all disease categories tracked by IHS at 30% higher than the national average. To many people, this is not surprising, while others might even go as far as to say this reflects vastly improved rates given Native Americans' long history of lower health status than the rest of the American population. However, when we dig a little deeper, the numbers begin to look very troubling as the specific *causes* of deaths are identified.

On average, Native Americans die by homicide at twice the rate of all other Americans. In addition, they are three times as likely to die by suicide, with individual rates on some reservations up to 10 times higher.<sup>8,9</sup> Additionally, Native

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<sup>7</sup> Indian Health Service, “Disparities | Fact Sheets,” *U.S. Department of Health and Human Services*, April 2018, <https://www.ihs.gov/newsroom/factsheets/disparities>.

<sup>8</sup> Rachel Leavitt et al., “Suicides Among American Indian/Alaska Natives — National Violent Death Reporting System, 18 States, 2003–2014,” *Centers for Disease Control and Prevention*, March 2, 2018, <https://www.cdc.gov/mmwr/volumes/67/wr/mm6708a1.htm>.

<sup>9</sup> Sari Horwitz, “The hard lives—and high suicide rates—of Native American children on reservations,”

Americans are twice as likely to die from unintentional injury (e.g., auto accidents); three times as likely to die from diabetes complications; and over six times as likely to die from alcohol-induced complications. Conversely, Native Americans experience lower rates of Alzheimer's disease and, though it varies greatly by tribe and region, nationally they experience heart disease and cancer rates that are about in line with the rest of the United States. Essentially, the trends we see regarding Native American mortality are not those of natural or uncontrollable causes like we see in the general population. Indigenous peoples in America are dying at uncontrollable rates from health issues that are nowhere near as prevalent when we move away from reservations and Native communities. Homicide, suicide, alcoholism and even diabetes are all health issues that have foundations in the social realm and in turn, these components of health extend far beyond the reaches of traditional western medicine.

Many of the historical disconnects between Indigenous Peoples and Europeans have persisted on to their descendants, in the form of the disparities we still see today. However, these disparities are no longer a point of contention, as

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*Washington Post*, March 9, 2014,  
[https://www.washingtonpost.com/world/national-security/the-hard-lives--and-high-suicide-rate--of-native-american-children/2014/03/09/6e0ad9b2-9f03-11e3-b8d8-94577ff66b28\\_story.html?utm\\_term=.14c0b19efacf](https://www.washingtonpost.com/world/national-security/the-hard-lives--and-high-suicide-rate--of-native-american-children/2014/03/09/6e0ad9b2-9f03-11e3-b8d8-94577ff66b28_story.html?utm_term=.14c0b19efacf).



studies going all the way back to the Meriam Report, as well as those recently conducted by the National Institute of Health (NIH) and IHS, have continuously acknowledged the presence of such disparities. But why exactly have they persisted so long? Some point out that Native American communities have been economically stagnant so long that they have not benefitted from the same advancements that the rest of the United States has, and this almost certainly has made some contribution to the gap in health status between Indigenous and non-Indigenous Peoples across the United States. On the economic front, funding to IHS is severely lacking; in 2016, the United States allotted \$4.8 billion to IHS, which, as a breakdown among approximately 3.7 million Native Americans, works out to \$1,297 per individual annually.<sup>10,11</sup> In comparison, government per capita health spending for all other Americans in 2016 was \$10,348 annually. As if this were not disparaging enough, National Public Radio (NPR) revealed in 2016 that the United States also spends more than five times as much on federal prison healthcare than it does on Native American healthcare, at \$7,000 per federal inmate annually. What message is being sent to Indigenous Peoples, if from a pure numbers

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<sup>10</sup> *Supra* note 7.

<sup>11</sup> Eric Whitney, “Native Americans feel invisible in U.S. health care system,” National Public Radio Podcast, December 12, 2017, <https://www.npr.org/sections/health-shots/2017/12/12/569910574/native-americans-feel-invisible-in-u-s-health-care-system>.

standpoint, they can receive better healthcare as a federal inmate than they can on the reservation?

### **Hopes for sovereign tribal healthcare**

Between the many Native tribes across the United States, you will find varied opinions regarding the role IHS should play within tribal healthcare. In addition to funding constraints, many tribes have long lamented the bureaucratic issues that can be tied to federal dollars. It is a very complex problem, as tribes can strongly disagree on aspects of spending, allocation, and potential solutions to health issues within their communities. As previously mentioned, this has resulted in a full spectrum of Indian Health Services usage for different tribes across the country. Some have relied on IHS as a primary source of healthcare, while others have opted to rarely use these services.

Dr. Donald Warne is a member of the Oglala Lakota, one of the largest Native Nations in the country with over 50,000 enrolled members, based heavily in South Dakota. Born in South Dakota before moving to southern Arizona with his family as a young boy, Warne later went on to Arizona State University as an undergraduate, then to Stanford University, where he received his medical degree. The Lakota are one of many Indigenous groups across the country who rely more heavily on IHS for medical care and, as a result, Dr. Warne has experience in this system as both a patient and a provider.

“As a young boy, much of my experience with IHS was actually in the Phoenix metro area because that’s where my family had moved. Overall, outside of some *very* long wait times, my experience within IHS as a patient was relatively positive, but unfortunately, I think that was a major exception. . .our clinic had great consistency, my pediatrician actually worked at the same clinic for over 30 years, which is extremely atypical for IHS.”<sup>12</sup> Atypical indeed, and as someone who has seen the IHS system operate for years now, Dr. Warne outlined some of the major issues that have still yet to be fully addressed. “Understaffing and dramatic staff turnover are some of the bigger issues plaguing the system. For many reasons, Natives are a population that need a lot of medical care, yet there are many IHS clinics that simply don’t have enough trained staff to efficiently operate. Sadly, over the years, I think this situation has gotten worse, simply because it’s harder to recruit physicians and health staff who can pretty much work anywhere they want. The funding constraints that plague IHS means that not only are these places asking physicians to work in more rural locations, but that they are often paid much less. . .so you end up with an endless cycle of temporary workers, and it’s extremely hard to develop good patient relations and consistent care with that kind of turnover.”<sup>13</sup>

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<sup>12</sup> Dr. Don Warne, interviewed by Marcos Moreno, October 2018.

<sup>13</sup> Ibid.

Obviously, fixing a system such as this is an extremely complicated matter, but when asked how to begin unravelling these problems, Dr. Warne has noted a method that seems to yield incredibly positive results. “As more tribes move towards autonomous control of their health systems, it leads to better outcomes and improved standards of care...the problem of course is getting tribes to the level where they can manage this. Running a health system even for a few thousand people is a very intricate process that requires a lot of moving pieces...quite frankly, many tribes are afraid of the unknown elements and potential risks, however there is no doubt that when tribes assume control, the system greatly improves”.<sup>14</sup> This makes sense on many levels, as it would stand to reason that tribes would know the greatest threats to health and wellbeing in their communities, and how to best incorporate modern practices with cultural competence in mind.

Dr. Warne is far from alone in the belief that autonomy improves tribal healthcare. Irene “Honey” Moreno is a proud member of the Pascua Yaqui Tribe, a small Nation with roots in the Sonoran Desert of Northern Mexico and Southern Arizona. She is a family matriarch, described as a stoic, strong woman by her 10 adult children and 27 grandchildren. But Irene’s prominence extends beyond her family, as she represents one of the last remaining members of Yaqui Tribe’s first

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<sup>14</sup> Ibid.

assembled Arizona council, and one of the tribe's most senior members. The Yaqui Tribe has always maintained goals of operating autonomously in all aspects, and tribal healthcare has been no exception. Despite only becoming federally recognized in 1978, this tribe has experienced relatively rapid progress in matters pertaining to tribal healthcare. Irene witnessed these changes first-hand from both a policy and patient perspective, as she has had a front row view of the Yaqui Tribe's evolving healthcare landscape through the 20<sup>th</sup> century and into the 21<sup>st</sup> century. "Before we were federally recognized, there wasn't an organized [healthcare] system for our people... in many ways we felt alone and it was something that the [first] council wanted to make a priority...but we had heard stories about IHS from other tribes in Arizona and hardly any were positive...simply put, we thought we could do better. IHS kind of seemed like a nice gesture that just missed the mark".<sup>15</sup> As of now, the Yaqui Tribe contracts its health services through a partnership with community health centers in southern Arizona, and is rapidly moving towards operating their own autonomous tribal clinic. As told by Irene, many tribal members believe that contracting services has been a better alternative than receiving care solely through IHS. "Early on, when some of us did use IHS it just seemed so much more disorganized...there was always a long wait and you never saw the same provider...I think the staff

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<sup>15</sup> Irene Moreno, interviewed by Marcos Moreno, August 2018.

tried, but they just seemed so overwhelmed because they had to learn as they were going along”.<sup>16</sup>

### **Indigenous youth perspectives: How do we improve the current state of Native healthcare?**

We have spoken at length about some of the historical shortcomings and issues within Indigenous healthcare in the United States, however in fixing some of these issues, Native peoples will have to rely heavily on their youth for future guidance. For one, Native Americans are the youngest racial demographic in the United States, with a median age of 28 years old; additionally, 34% of the total population of Indigenous Peoples in the United States are under the age of 18. For comparison, those same demographics for the rest of the US is a median age of 35 and a total of 25 % of the population under the age of 18.<sup>17</sup> Secondly, education opportunities have only recently become accessible to larger proportions of Native Americans. This suggests that younger generations are those more likely to be college-educated, allowing them to attain useful skills that they can then bring back to Native communities. While Native Americans are still vastly underrepresented in the world of higher education, there have been significant increases over the years in the number of

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<sup>16</sup> Ibid.

<sup>17</sup> National Congress of American Indians, “Indian Country Demographics,” <http://www.ncai.org/about-tribes/demographics>.

these students at the undergraduate college level and beyond. As a result, many have used their education as a platform to raise awareness for Indigenous causes, as well as helping improve their Native communities.

Tamee Livermont, 23, is a member of the Oglala Lakota who grew up near the Pine Ridge reservation. She attended South Dakota University, receiving Bachelor's degrees in Biology and Native American Studies, before attending Vanderbilt University for her Master's degree in Public Health Policy. "Our Nation is one that unfortunately relies heavily on IHS [for medical care]...I was pretty lucky that I myself did not have to use the clinic too often, but that is a luxury most people in my Nation didn't have. The times I or my family did use it, the wait time was terrible and I know some people who would show up, wait all day and end up not even being seen."<sup>18</sup> In addition to these barriers to access medical care, Livermont also discussed issues with the standards and quality of care her people would receive should they get past the long wait times: "In short, it's bad...very understaffed, inefficient, seems very unorganized. There are some people there that want to help, but most of the time they just seem lost. The ER department for our Nation actually was shut down because of failure to adhere to health code...people now have to get transported hours away for emergency situations."<sup>19</sup>

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<sup>18</sup> Tamee Livermont, interviewed by Marcos Moreno, October 2018.

<sup>19</sup> Ibid.

Sadly, what Livermont describes is the reality for many IHS clinics throughout the country. At best, it would seem as though IHS is still experiencing many of the same issues that it has dealt with in generations past. At worst, some clinics have even managed to regress. Outside of some of the more overt drawbacks and issues within IHS, Livermont was keen to point out another, more subtle issue that has negatively impacted both Native healthcare and the US health system. “I think it’s great that medicine is moving towards a more holistic approach, but our people have been doing that and advocating for that for hundreds of years...it’s about people. That’s what medicine should be about. America and western medicine has got wrapped up in the field as a way to make big money and that shouldn’t be the focus. We’re trying to take care of people, just as our ancestors did for years even before European contact was made. It’s frustrating because I think the healthcare system could learn a lot from Native American culture and the Native youth wanting for roles in healthcare...we come from cultures of caretakers, and it’s something that hasn’t been valued enough.”<sup>20</sup>

Fredrick ‘Fred’ Blaisdell holds similar beliefs. As a member of the Oneida Nation, Blaisdell grew up deeply connected and involved with the Haudenosaunee culture, one that places a

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<sup>20</sup> Ibid.



premium on community and caring for their people. It is in large part what compelled Blaisdell to go into the field of medicine, with hopes of serving as a physician and advocate for Native Americans across the country. Currently a medical student at the University of Minnesota, Blaisdell is hoping to eventually serve as a resource to Native healthcare and correct some of the issues he has made note of over the years. “Native healthcare in the US obviously has its problems and some are a little deeper seeded than others. Yes, it’s underfunded, it’s understaffed, but it’s much bigger than that...it’s a reminder of this country’s colonial past. A reminder that since European contact with Native peoples, there has been an ongoing struggle for equality and survival.”<sup>21</sup>

Given these great issues, Native youth in the health field are very much aware that they have their work cut out for them. As both Livermont and Blaisdell have described, the issues facing Native healthcare go beyond funding constraints and untrained staff. From both a policy and cultural standpoint, there are many clashes that make solving issues pertaining to Native healthcare an even more complex problem.

Though there are many different ideas as to how to best correct some of these issues, there are some consistent themes that Native youth agree will go a long way in improving their healthcare system.

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<sup>21</sup> Fredrick Blaisdell, interviewed by Marcos Moreno, October 2018.

Blaisdell is very much of the belief that increased cultural competence plays a major role in improving the quality of care people receive: “Improving quality of care for Native people comes down to increasing cultural understanding by health staff...increasing the number of Native American physicians would be nice, but it can also be done by increasing the cultural education of those from outside the community...a lot of research supports the notion that increasing cultural competence leads to better standards of care, and better health outcomes. When health workers are more invested and culturally in tune with the communities they practice in, the quality of care improves, and health outcomes of their patients improve with it. They don’t have to necessarily practice traditional Native American medicine or things like that, but knowing and respecting the existence of those practices is important.”<sup>22</sup>

In addition to improving cultural competence, health policy is something about which many Indigenous youth have grown immensely passionate. Livermont is someone who has found herself on the frontline of this battle, as she has seen issues even within her Master of Public Health program that reflect the broken system currently in place for Native Americans. “It’s sad, but I feel like many times Native Americans are an afterthought...I didn’t realize until I came to school here [at Vanderbilt] how little people—mind you,

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<sup>22</sup> Ibid.

educated people—understood about where we stand on many issues, or the problems facing our communities. We are a graduate level program, yet we learn little to nothing about federal health policies regarding Indian Health Services, even though we have a whole section of our curriculum covering other federal health programs. It's no wonder IHS has an issue recruiting MPH students when many may not even know it exists or that there is a major need there. Because we are such a small minority, politicians and other systems very rarely give us [proper] attention. We are this country's first peoples, yet somehow many forget, and I think a lot of that is tied to policies towards Natives which need to change, if we truly want to see improvement."<sup>23</sup>

### **Native American gaming: Debunking the misconception of casino riches**

Because many Americans do not have consistent interactions with Native Americans due to their sparse numbers and commonly isolated locations, there are many misconceptions regarding Native Americans that far too often go unchecked as fact. One of the major misconceptions is the idea that tribal gaming has made Native Americans wealthy. While gaming has had benefits for a select few tribes, the reality is that many tribes have gone into debt with financing organizations to start and continuously fund gaming operations. One should

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<sup>23</sup> *Supra* note 18.

keep in mind that not every tribe even has a casino, nor does every tribe's location cater to one being successful. The idea that money from casinos ends up directly in the hands of tribal members is pure myth; the truth of the matter is that federal law has strict rules in place for how exactly net profits from casinos can be used. The Indian Gaming and Regulatory Act (IGRA) stipulates that net profits from casinos must be used to fund tribal government operations or programs, provide for the general welfare of tribal members, promote tribal economic development, donate to charitable organizations, and help fund operations of local government agencies. Essentially, for tribes who do have casinos, profits are meant to fund things like local police and fire departments, schools, and other tribal government organizations. In addition, not all profits from casinos even make it to tribes since, contrary to popular belief, Native Americans are subject to taxes, generating \$6.2 billion in federal taxes and \$2.4 billion in state taxes in 2009 alone.<sup>24</sup>

### **Native American equals free ride? The myth that just won't die**

Another major misconception is the idea that Native Americans receive free college education. There is only a handful of colleges, like Fort Lewis College in Colorado, that offer tuition waivers for accepted Native American students. Additionally, for the few schools that do have such programs,

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<sup>24</sup> *Supra* note 2.

they are based on treaty agreements between states and local tribes; as a result, the majority of Native Americans do not even qualify for these programs if they are not within a state that has these provisions in place.<sup>8</sup> There is a Native American college fund to which Native students can apply for scholarships, but these are merit-based and are extremely competitive. Livermont, like many Native students, has had to deal with this issue personally, since revealing that she is Native American commonly comes with the assumption that she has not had to pay for her education like everyone else. “It’s frustrating...I constantly have to correct people that ‘no, I do not get anything for free’ and ‘yes, I pay the same tuition that you do.’”<sup>25</sup> Blaisdell has had similar experiences: “I get annoyed because as a doctoral student, I find myself around some pretty educated people, yet I’ve still had to correct people who make reckless comments or assume that I’m receiving some kind of federal money to pay my way through school. I have federal loans just like you, the free ride you’re referring to doesn’t exist.”<sup>26</sup> Indeed, it does not, as Native Americans are the most underrepresented racial group on college campuses, with even greater disparities at the Master and Doctoral levels. This has improved greatly over the past 20 years; however, Native Americans still trail behind even other minority groups in terms of presence at higher levels of education.

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<sup>25</sup> *Supra* note 18.

<sup>26</sup> *Supra* note 21.

## **Indigenous Identity: “What’s your blood quantum?”**

As we have discussed, the persistent narrative that the US government is handing out money to Native Americans is simply false, yet part of this same misconception has served to fuel perhaps one of the greatest insults to Indigenous identity in the 21<sup>st</sup> century. Under the false notion that claiming Indigenous ancestry can lead to benefits or additional opportunities, there has been a surge of people self-reporting themselves as Native American in a variety of venues. Census data gathered in 2010 saw a major increase in people self-reporting they were Native American, at nearly 7 million, almost double what most experts believed the true number to be.<sup>27,28</sup> Now, numerous genetic testing companies advertise being able to identify Native American ancestry, based on interpretation methods that are shoddy at best.<sup>29</sup> As someone with experience in the field of genetics, Blaisdell takes special issue with this: “I spent time in the Summer Internship for Native Americans in Genomics (SING) and now knowing the process for testing and interpretation, it’s funny to me when people want to point to a genetic test as marker of Native-ness...culture and race is not a biological construct,

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<sup>27</sup> *Supra* note 7.

<sup>28</sup> *Supra* note 11.

<sup>29</sup> “Can 23andMe identify Native American ancestry?” *23andMe*, <https://customer care.23andme.com/hc/en-us/articles/202906870-Can-23andMe-identify-Native-American-ancestry->

no matter how much the Western world tries to make it one. For those of us in the medical field who know how genetic testing works, it's laughable to draw some conclusion about Native identity from these tests."<sup>30</sup>

Known colloquially as “checking the box,” this type of activity has made it to the national level with numerous scandals involving people who exaggerated their Native American affiliations, or flat out lied altogether. This brings up a contentious issue that has heated up over the years as to who qualifies as Indigenous, and who is able to claim a true Indigenous identity. In America, given tribal rights to self-determination, every individual tribe sets their own parameters as to who qualifies as a member of their Nation. Some tribes require a certain blood quantum to be an enrolled member, while others base it off things like clan systems and maternal lineage. But, federal enrollment aside, there are many who believe that communal affiliation is another, perhaps more crucial component to membership. Livermont is among those who believes that this is very crucial: “‘What’s your blood quantum?’ It’s probably the most common question I get from non-Natives...Native Americans are the only race of people where actually proving a blood quantum is so important to everyone. We should be asking ‘Are you connected to your community?’ ...I think striving to maintain some type of connection to your

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<sup>30</sup> *Supra* note 21.

people is very important. I'm not saying you have to be involved in every tribal ceremony or be fluent in your Native language, but for the people who want to point to some distant family relative who *may* have been Native American, and then claim an Indigenous identity, is kind of insulting."<sup>31</sup>

The topic discussed here is, in a sense, a reclamation of Native identity, giving power back to individual tribes as was customary prior to European contact. In doing so, it recognizes that the identity for Indigenous Peoples goes beyond the over-simplified mechanisms the Western world has tried so hard to enforce, with reliance on things such as checking a census box, genetic testing, or an arbitrary blood quantum. Real Indigenous identity speaks to the idea that having ties to a Native community and culture is of the essence in what it means to truly be Indigenous. It means more than simply discovering a long-lost Native American ancestor, but it encompasses things like maintaining a connection with the community, and proudly representing the Nation as a part of you. As said by Blaisdell, "It's one thing to claim you are Native American by lineage; it's another to actually live and grow as a Native American."<sup>32</sup> Simply put, Indigenous identity is not only about the Nation you claim, but also who claims you in return.

### **Intergenerational choices**

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<sup>31</sup> *Supra* note 18.

<sup>32</sup> *Supra* note 21.



Among the difficult challenges that Indigenous Peoples face are pressures of the Western world, intergenerational traumas, and maintaining pre-colonial traditions and language while having access to health and education. Speaking to this is Victor Lopez-Carmen, a 23-year-old young man of the Crow Creek Sioux Nation and the Pascua Yaqui Tribe:

I am a son of two Indigenous Nations. I'm a member of the Crow Creek Sioux Tribe on my father's side, and am Yaqui on my mother's. Like many Native American youth, I grew up in an environment with its fair share of chaos, and beauty. My mother worked hard and fostered a loving family, but we lived paycheck to paycheck. My schools offered easy access to drugs, alcohol, and gang-life, and I got involved in that too. Almost all of my best friends from middle school ended up in prison or jail. What kept me strong and made me who I am was intergenerational resilience, in the forms of both beauty and trauma. It was the stories my elders told me about my ancestors. Being on my traditional territory, walking the same land, and loving it like my ancestors did. It was our traditional ceremonies, passed down thousands of years. The Sweat Lodge, Sundance, songs, and many other forms of ancient beauty. It was hearing my grandmother, a fierce

woman, say she was sad because our Dakota language was at risk and knowing I carry a responsibility to protect it for future generations. It was watching my relatives struggle with alcoholism, suicide, and drug addictions, and knowing this was intergenerational trauma. Lastly, it was the stories of our wars. I was told that in the 1500s, when the Spanish first arrived in our territory, a Yaqui warrior drew a line in the sand, and proclaimed to the invaders, “Up to this line and as far as you can see in these three directions, is Yaqui land. No one will be allowed to enter.” For 500 years, we have battled three separate governments, lived through massacres, deportation, slavery, and policies of extermination and genocide. In the 1800s, my great0grandmother survived by hiding her and her baby brother behind a rock while the Mexican army slaughtered her village. If one of those soldiers found her, I would not be here. These are some common experiences, stories, and realities that Indigenous youth around the world live with. They give us an intergenerational way of being, a cultural obligation to live our lives for others. We are strengthened by the obligation to live up to the examples set by their ancestors; we have a responsibility to build on past dreams and visions that came with great sacrifice so that future

generations know that we loved them, the way our ancestors loved us.<sup>33</sup>

### **Fighting to keep the way of our people alive**

For many Native Americans, the history of our people can be a difficult subject to venture into. Doing so reveals trauma after trauma with hundreds of years of war, bloodshed and cultural fragmentation that has persisted into the 21<sup>st</sup> century. In many ways, these traumas and adversities have been woven into the very fabric of our people. This is sad for some to hear, but fret not, for it is important to remember that along with this interwoven trauma, comes an interwoven strength, a persistence exemplified by our Peoples' continued existence to this very day. Historically, the Yaqui tribe was referred to as a group small in number, large in spirit, and some of the fiercest warriors the world had ever seen. So fierce that even with a fighting force of only two thousand warriors, they defeated the much larger Spanish Empire that had successfully colonized present-day Latin America and most of the southern United States, wiping out millions in the process. For nearly 300 years, the Yaqui resisted Spanish encroachment while their surrounding allies perished, and then for 100 years survived attempts of genocide and slavery at the

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<sup>33</sup> Victor Anthony Lopez-Carmen, interviewed by Marcos Moreno.

hands of the Mexican government.<sup>34</sup> All this resistance, so that our people and culture could live on.

Painful as it can be to look back, it brings me great pride knowing how hard my people fought to keep our culture alive, and it is because of them that I am here today. It is because of them that I was able to be born, raised, and molded within my tribe's culture, in a village that I will forever consider my home. But, as proud as I am of my people, and Indigenous People everywhere, the reality is that the fight is far from over. To this day, we face daunting disparities in education, health, threats to our livelihood, and the added challenge of maintaining cultural customs and traditions, in a world that is becoming increasingly homogenized. It pains me to see my people, friends, family, fellow Natives, struggling with the highest rates of depression, substance abuse, unemployment, and a vicious cycle of poverty that is keeping the odds increasingly stacked against them. Indeed, some remnants of the world's colonial past have persisted on, scarring Indigenous societies throughout the world; but while history may be out of our control, the future is not. It is our duty to carry on, with the same resilience of our ancestors, to rebuild, improve, and make sure that our Peoples' sacrifices were not in vain. The torch has been passed, and it is now our turn, to keep our culture alive.

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<sup>34</sup> Evelyn Hu-Dehart, *Missionaries Miners and Indians: Spanish Contact with the Yaqui Nation of Northwestern New Spain, 1533-1820* (Tucson: University of Arizona Press, 1981).

## **Caught between two worlds**

The difficult reality that many Indigenous youth face is the paradigm of being caught between their Native culture and the rest of Western society. Certain aspects are more overt than others, but in any sense the case stands that the more we are forced to adapt to aspects of the dominant American culture, the more we end up risking aspects that connect us to our Native identity. Though this is not always the case, it can be a very complicated balancing act for youth, as they are not only the life source of their Nation's continued culture, but they are the ones who need to usher in the new era of tribal development. This requires training, skills, and an education that is not always readily available within Native communities. Balancing this tug-of-war, between maintaining a cultural connection and adapting to the demands of the Western world, places additional demands on Indigenous Youth that are extremely complicated to navigate. It means that some will need to go out into the world, learn, and bring back as much as they can to assist in building up their Nations for the better, all while trying to stay culturally grounded in the communities in which they were brought up. In some ways it is paradoxical that, for many of the Native youth hoping to better their communities, they may first have to leave these same communities, all while maintaining a strong cultural connection along with the desire to one day return.

## **Reasons for hope**

Poverty and finances no doubt have a role in the problems Native Americans presently face, but they are far from the only culprit. Perhaps, however, there is light at the end of the tunnel: in recent years, there have been positive signs emerging that Indigenous Youth are learning to navigate this duality, in part due to Indigenous Peoples' greatest asset. That asset has been the strong and invigorating series of movements led by its youth, including the national protests of the Dakota Access Pipeline and the beginning of the Native Lives Matter Movement, to bring attention to the fact that—like African Americans—Indigenous Peoples in America face unjust treatment by law enforcement. Taken together, what we are seeing is increased social activism and a broader presence that has, for the first time since the American Indian Movement (AIM) of the 1960s, catapulted Indigenous Peoples into the national spotlight. As more Indigenous Youth find empowerment and become increasingly active in these causes, the rest of the country will have no choice but to take note of these resurging, resilient societies.