Confronting Trauma, Re-Membering Healing

Esther Lucero (Dine), MPP Chief Executive Officer

Marshall "Itai" Jeffries (Yèsah), ABD Sociology Traditional Health Program Director

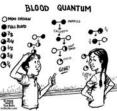
April 18, 2018



American Indian Socio-political Histories

Extermination

- Doctrine of Discovery (1492 1600's)
- Treaty Making Era (1600's 1871)



Hey wait a minute, we're disappearing

American Indian Socio-political Histories

Removal

- Indian Removal (1830 1850)
- Reservation Era (1850 1880's)

*Marshall Trilogy (1823-1832) Johnson v. McIntosh (1823) Cherokee Nation v. Georgia (1828) Worcester v. Georgia (1832)



Federal Trust Responsibility

372 Ratified Treaties and several pieces of legislation created the Federal Trust Responsibility

- Food
- Housing
- Education
- Healthcare

American Indian Socio-political Histories

Assimilation

- Allotment and Assimilation (1887 1930's)
- Boarding School Era (1860-1978)
- Indian Reorganization (1930 1945)
- *AI/ANs were not citizens until Indian Citizenship Act of 1924.



American Indian Socio-political Histories

 Termination and Relocation (1945 – 1968)



American Indian Socio-political Histories

- Indian Self-Determination (1970 Present)
- *Indian Self Determination and Education Assistance Act (1975)

Morton v. Mancari (1974) noted Congress was to view all AI/AN policy as political and not racial.



Indian Health Service established 1955

- Indian Health Care Improvement Act (1976) made permanent in 2010 with PPACA.
- Social Security Act 1905(b) creates 100% FMAP for IHS eligible patients at IHS Direct Facilities
- Indian Self Determination And Education Assistance Act (1975) amended SSA 1905(B) and added Tribal Health Authority 638
 Facilities to IHS facilities list.

I/T/U system of care

- Indian Health Service Direct Service Facility
- Tribal 638
- Urban Indian Health Program
 - Do not have tribal autonomy, but are Indian Health Care Providers under Subchapter IV (formerly Title V) of IHCIA.

*Indian Health Care Improvement Act 25 U.S.C. § 1601 (IHCIA) – 1976

Who are Urban Indians?

- 1950's Urban Relocation Program and Termination Policy
- Complex Identities
- Rise of Urban Indian Health Organizations



Historical Trauma & Historical Trauma Response



Dr. Maria Yellow Horse Braveheart:

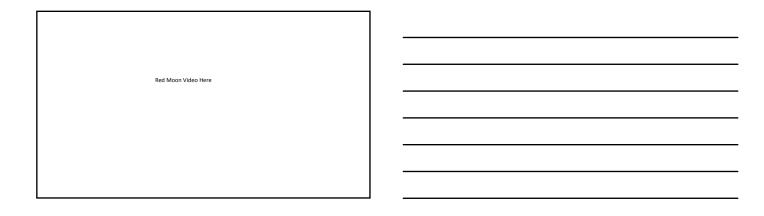
A cumulative emotional and psychological wounding, over the lifespan, across generations Resulting from massive group trauma experiences.

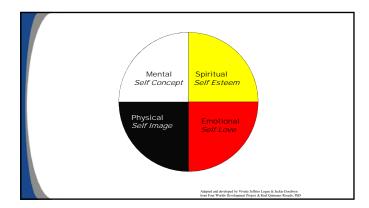
- ▶ 4 components of HT outlined by Michelle Sotero (2006)
- 1) mass trauma is deliberately and systematically inflicted upon a target population by a subjecting, dominant population;
- 2) trauma is not limited to a single catastrophic event, but continues over an extended period of time;
- 3) traumatic events reverberate throughout the population, creating a universal experience of trauma; and
- 4) the magnitude of the trauma experience derails the population from its natural, projected course resulting in a legacy of physical, psychological, social and economic disparities that persist across generations.

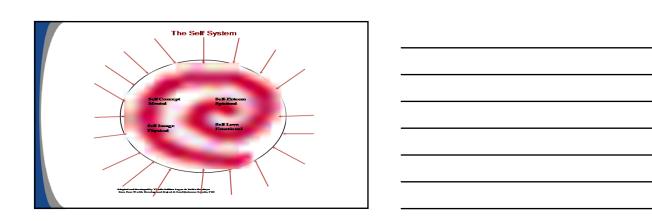
Sotero, Michelle. "A Conceptual Model of Historical Trauma: Implications for Public Health and Research." Journal of Health Disparities 1(1): 93-108.

Public Health researchers have no response manifests in the followi			
DepressionWeakened Immune System	• Shame • Anger/Aggression		
Substance AbuseDomestic ViolenceUnemploymentPovertyPTSD	 Withdrawal/Numbness Heart Disease Hypertension Social Network Impairment Adrenal Malfunction 		
Child MaltreatmentPanic/Anxiety	Gene Impairment Increased STI risk		
	Pearce, et al. (2008) Sotero, Michelle (2006).		
Intergenerational or multi-generative effects of trauma are not resolved in ignored and there is no support for passed from one generation to the - Wesley-Esquimaux and - Wesley-Esqui	in one generation. When trauma is r dealing with it, the trauma will be next.		
Our cultures, roles, responsibilities, systems of accountability, medicines and	Mental Spiritual Self Esteem		
accountability, medicines and spiritual practices allowed us to live in balance with one another and the land since time	Physical Emotional		
immemorial.	Self Image Self Love	 	

Does Historical Trauma only affect People of Color?	
While many would assume that historical trauma would only impact the underprivileged, Paul Kivel	
(2002) explains that racism, in particular, is also devastating to whites (even if the manifestation of its affects are different than for POC).	
Likewise, groups historically and systemically disadvantaged by other forms of oppression may manifest in similar and diverse ways	
Trauma	
Trauma affects mental, spiritual, physical & emotional aspects of self	-
Can affect a person over their lifespan	
 Violence compounded by betrayal, silence, and blame impacts the ability to trust others and form relationships 	
Can lead to profound disconnection from self and others.	
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Examples contributing to Historical Trauma include: • Extermination,	
 Segregation/Displacement (plantation, reservation, refugee camp, etc.), Economic Destruction, 	
Cultural Dispossession (loss of cultural roles, language, religion, etc.) Physical and Psychological Violence, Disease,	
Hunger (and destruction of cultural food-ways), Poverty,	
 Forced assimilation via removal of children from their families to boarding schools, Coerced Servitude, The seizure and environmental destruction of homelands, and other routes of European 	
HE can manifest in all four aspects of self: Emotional , Mental, Physical, Spiritual	







In models elaborated by Brave Heart, Sotero, and others,
traditional cultural practice has the best outcomes for
psychological manifestations of trauma including substance abuse
SIHB has come to recognize this and is working to further the
mission of offering culturally-relevant integrated care.

In addition to helping clients connect to such services, practitioners should work to acknowledge the limitations of Western approaches, and also work to identify ways that some common treatments may trigger existing traumas.

Brainstorming...

- What are the services that our agencies offer?
- How might trauma impact an individual's ability to receive these services?
- How might the trauma carried by we as practitioners impact our clients?

Seattle Indian Health Board

For the Love of Native People

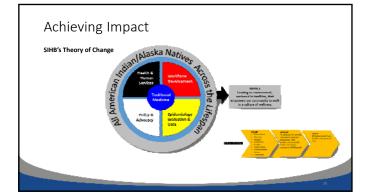
Vision – The Seattle Indian Health Board envisions a time when all Indian people have healthy and successful lives.

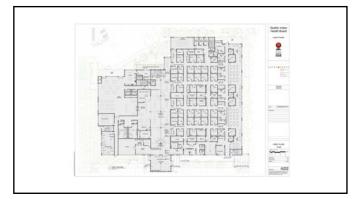


Mission – to advocate for, provide, and ensure culturally appropriate, high quality, and accessible health and human services to American Indians and Alaska Natives.

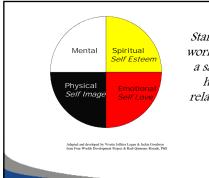
Our Values

- Natives First American Indian/Alaska Native people are our primary reason to exist and therefore are our highest priority.
- Health For SIHB, being healthy means that mental, social, spiritual and physical wellness are in balance.
- Diversity/Respect Commitment to diversity and respectful treatment of all.
- Leadership Building leaders and providing leadership in urban Indian health.
- Quality Commitment to the delivery of the highest quality of service and level of expertise.
- Social Justice Belief in our efforts as a just and necessary response to the history of Native peoples in this country.
- Empowerment Empowers Native people to fully participate in defining and solving community problems.
- Traditional Medicine & Practices Commitment to culturally appropriate choices for health care.
- Humor & Celebration Understanding that the roles of humor and celebration are intrinsic aspects of health AI/AN lives.
- Advocacy Advocates for Native people.









Starting from within, working in a circle, in a sacred manner, we heal ourselves, our relationships and our world. ~ Phil Lane Jr.

Nekewn 'se (This is riy the end)

Brad (Think Youl)

Esther Lucero
CCO SH8/UHI

• esther/dishb.org
Ital Jeffries
Traditional Health Program Director
• Itali@shb.org
(206) 834-4002