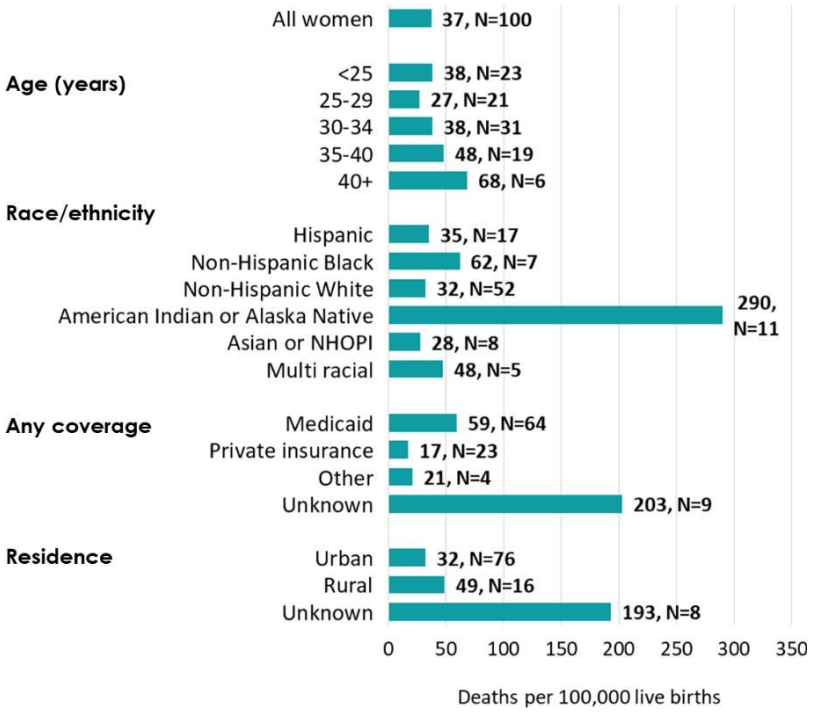
Tribal Sovereignty and the Indian Health Care System: Innovations and Best Practices for Whole Person Care for People with Behavioral Health Needs and Working with AI/AN Partners

Regarding the Health of AI/AN Pregnant, Birthing and Postpartum People

Cindy Gamble, MPH, CLC
Tlingit
Tribal Community Health Consultant
American Indian Health Commission

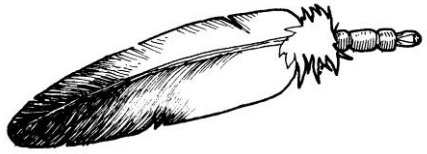
Unique Aspects of the Indian Health Care Delivery System

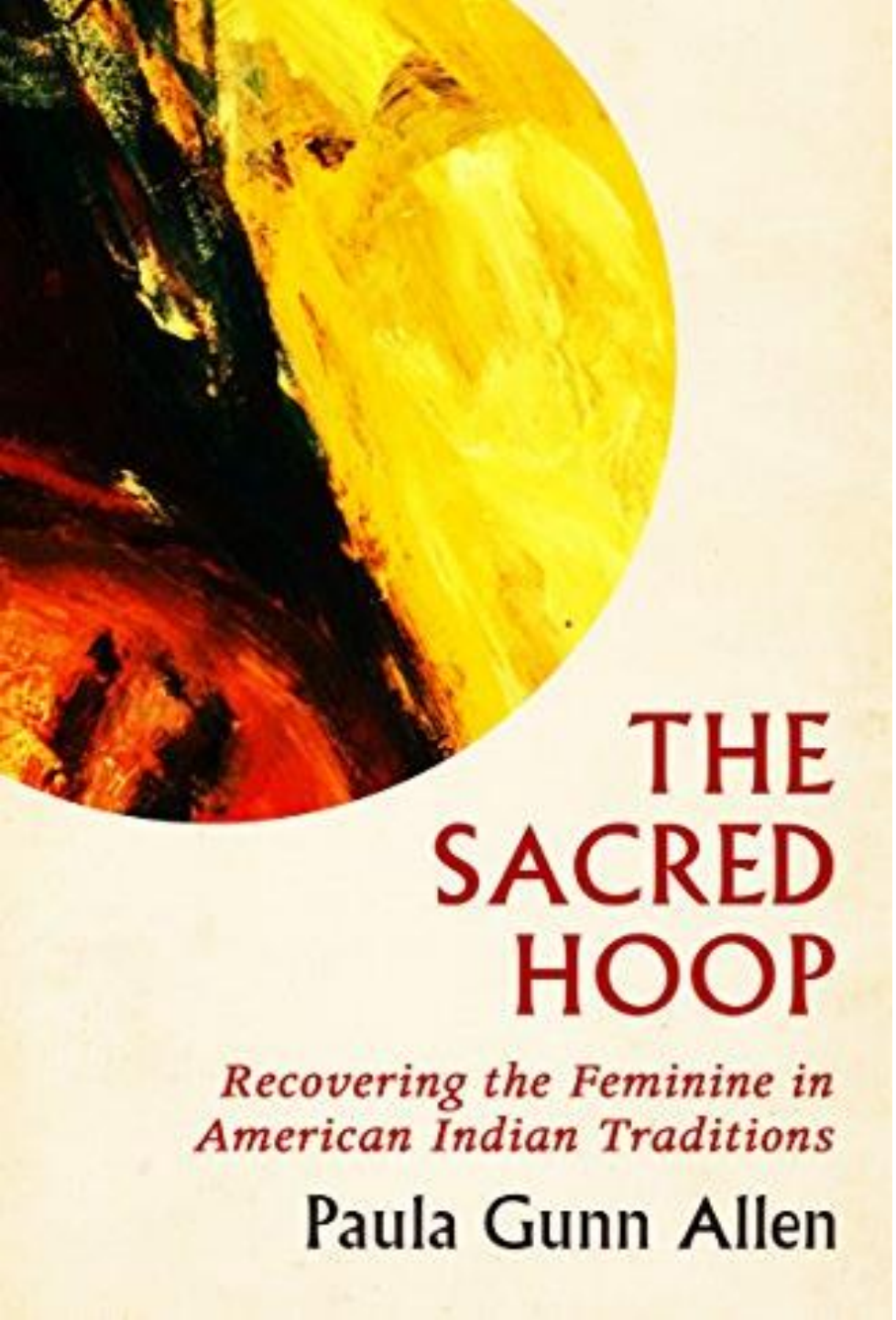
The Birth of a Child Means the People Will Continue



It begins with our relationship with
the land and all of our relations.
All of Mother Earth's Children…..

Sterilization = Genocide





The Voice of An Elder Scholar

"Gynocratic: Pertaining to government by women"

Perspectives into “The Why”

“Traditional tribal lifestyles are more often gynocratic than not, and they are never patriarchal.”

“These features make understanding tribal culture essential to all responsible activists who seek life affirming social change that can result in a real decrease in human and planetary destruction and a real increase in the quality of life for all inhabitants of planet earth.”

The Sacred Hoop, Paula Gunn Allen, 1986

Features of Gynocratic Societies

- (..there is a)….”wide latitude of personal style”..
- Acceptance of diversity of roles across the spectrum of gender orientation
- Lack of expectation of what is female and what is male (acceptance of non-binary)
- Systems are focused on social responsibility, rather than privilege
- Even distribution of goods among all members of society
- Absence of punitiveness as a means of social control
- Welfare of the young is paramount
- The complementary nature of all life forms is stressed
- Centrality of powerful women to social well-being is unquestioned

The Sacred Hoop, Paula Gunn Allen, 1986

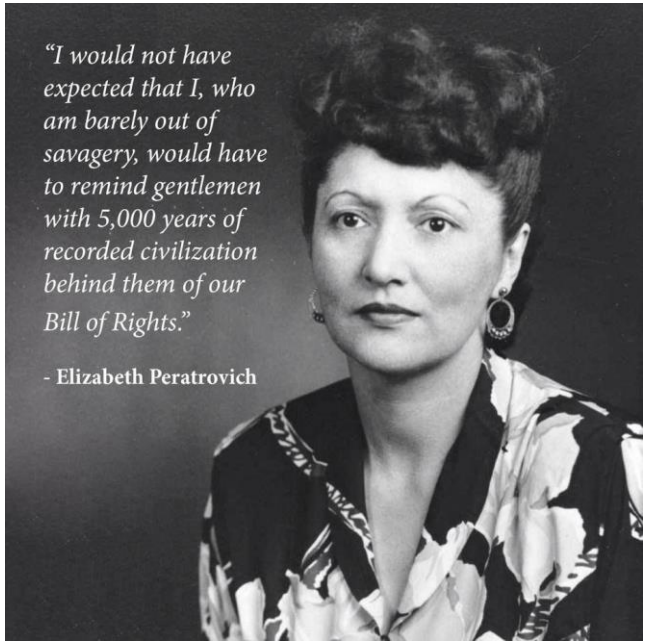
Perspectives into “The Why”

“The physical and cultural genocide of American Indian Tribes was and is mostly about patriarchal fear of gynocracy”

The Sacred Hoop, 1986

Paula Gunn Allen

Gender Equality Continues to Be a Struggle



National Movements

Seeds of Native Health
A Campaign for Indigenous Nutrition

- NIHB MMRCs
- Food Sovereignty Movement
- National Food Sovereignty Conference
- Indigenous Birth Workers Movement
- Tribal Ecological Knowledge (TEK) land management
- Standing Rock Water Protectors and Other Protectors
- National Indian and Native American WIC Coalition
- Language revitalization

Washington State—Government and Leadership

Tribal and Urban Indian Health Organizations Initiatives

American Indian Health Commission

NW Portland Area Indian Health Board

Tribal Liaisons

Equity & Social Justice Strategist for Tribal Relations

DOH Birth Equity grants

American Indian Health Commission Community Conversations Project

- Held 5 Conversations with Community members
- Held 5 Conversations with Tribal/Urban Indian Leadership

Maternal Mortality Listening Sessions Project

AMERICAN INDIAN HEALTH COMMISSION ADDENDUM TO THE WASHINGTON STATE DEPARTMENT OF HEALTH'S MATERNAL MORTALITY REVIEW PANEL REPORT TO THE LEGISLATURE

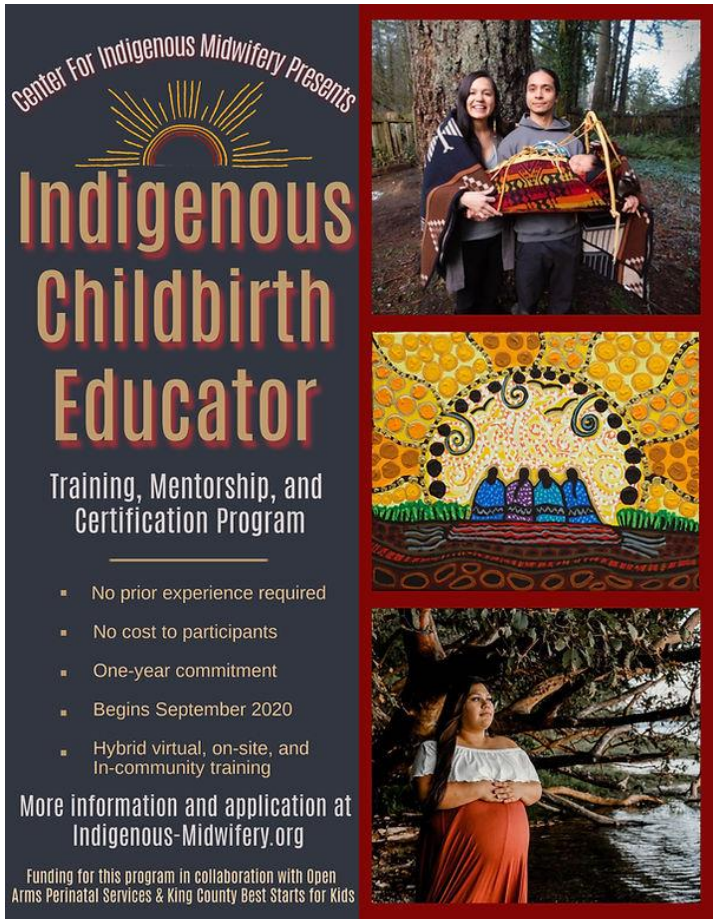
Tribal and Urban Indian Leadership Recommendations
September 2022

PULLING TOGETHER FOR WELLNESS

Washington State--Grassroots

- Center for Indigenous Midwifery
- Indigenous Childbirth Education Classes
- Indigenous Breastfeeding Curriculum
- Doula Trainings
- Tribal and Urban Indian Health Organizations
- Ttawaxt Birth Justice Center

Center for Indigenous Midwifery



MISSION: Strengthening community by honoring, supporting, and reclaiming Indigenous midwifery care.

VISION: Healing generations with Indigenous midwifery wisdom and culturally-centered family support

Center for Indigenous Midwifery

Birth is a ceremony

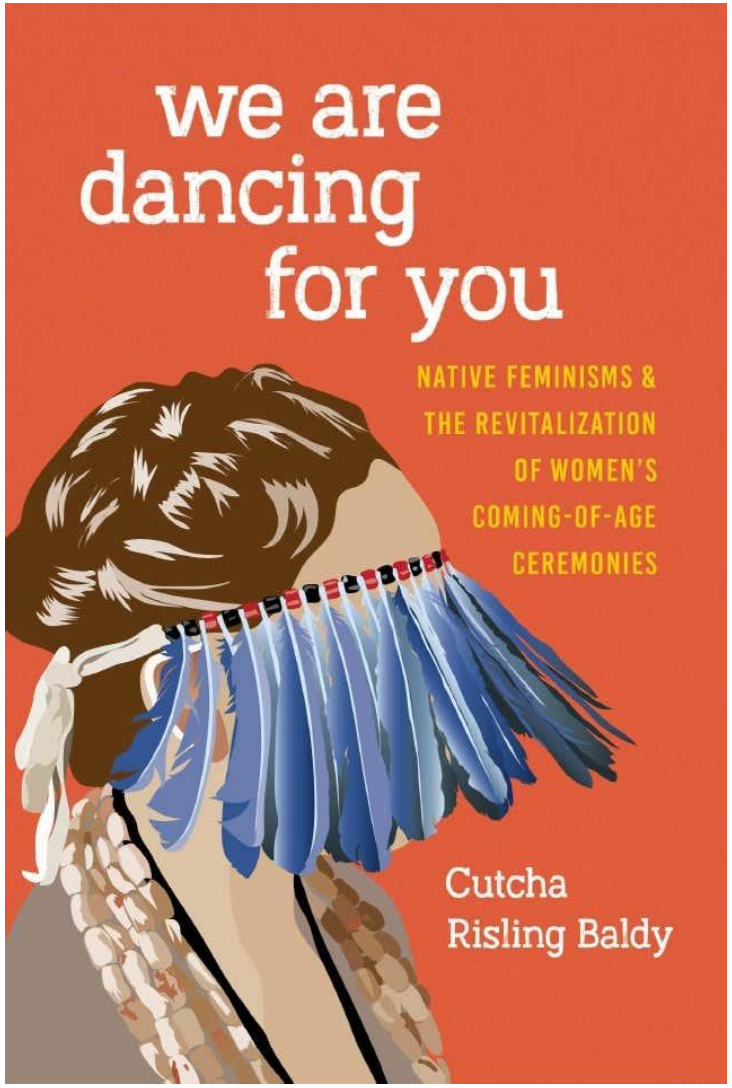
Breastfeeding is sacred

Postpartum is forever

Common Themes

- Tribal led
- Centered around culture and tradition
- Ceremonies and prayer
- Traditional food and medicines
- Traditional kinship and community roles of teachers: elders, auntie/gramma
- Healing and Indigenous-informed built in and essential

The Voice of A Young Scholar

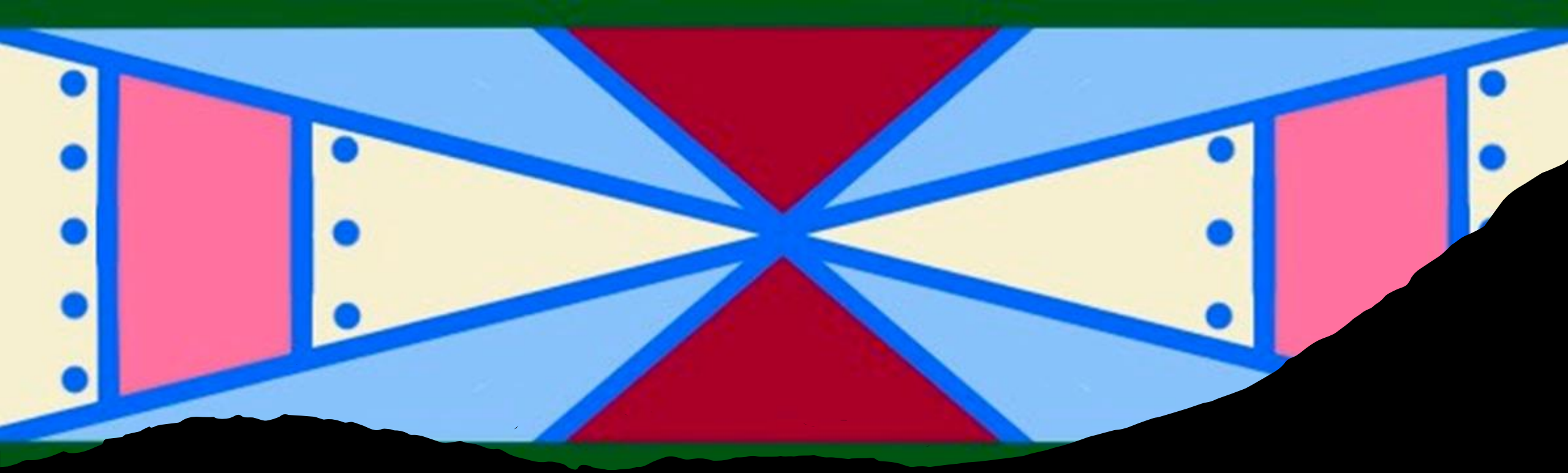


"Women's ceremonies are not the exception to cultural revitalization; they are part of a continuing revivification and survivance, enacted not as a response to colonization but as a testament to how these ceremonies, prayers and philosophies provide important foundations for our Indigenous futures."

We Are Dancing for You: Native Feminisms and the Revitalizations of Women's Coming of Age Ceremonies
Cutcha Risling Baldy, 2018

“It has dawned on is again”

tsu haa kat keiwaa.aa

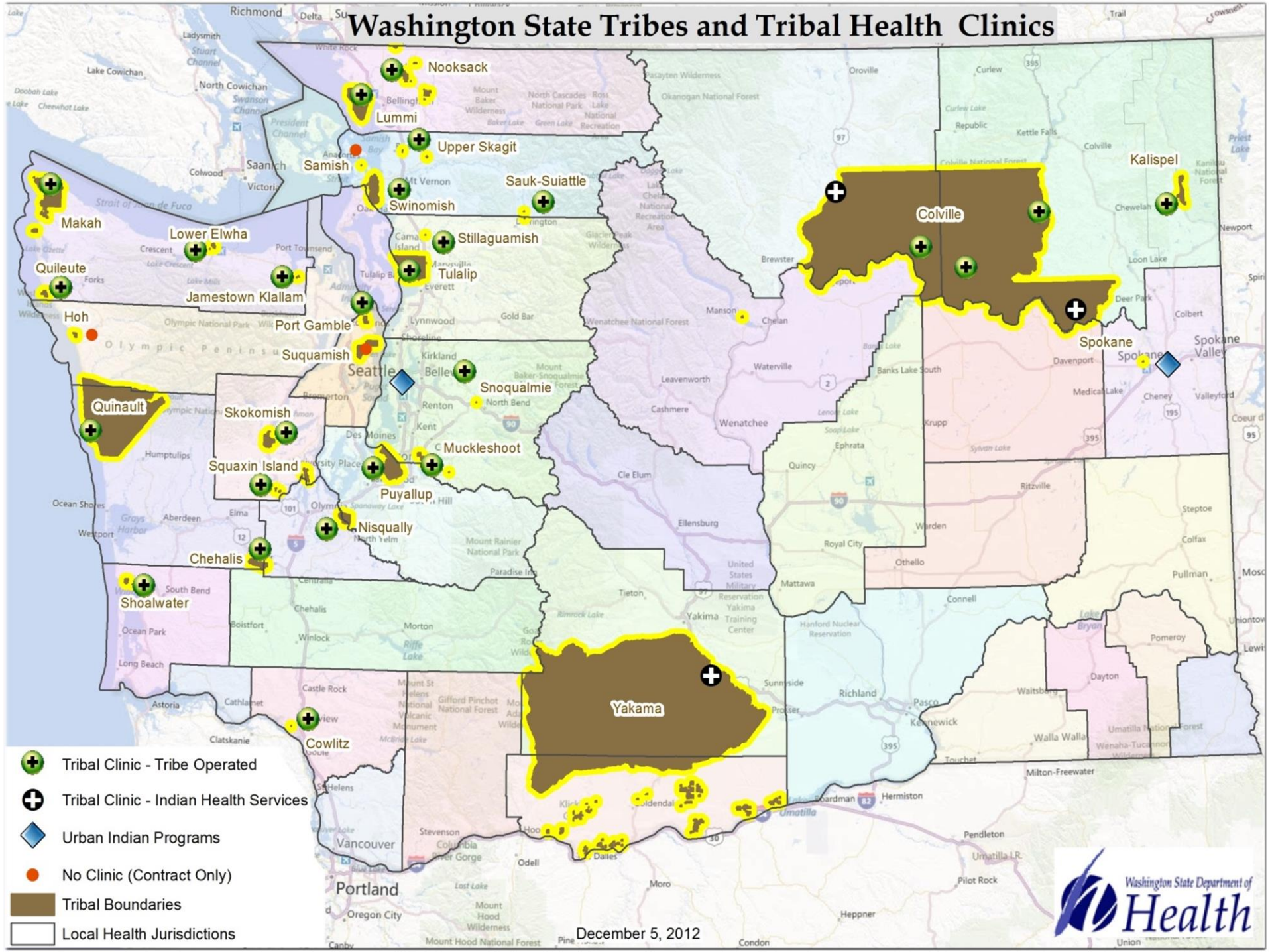


Tribal BH Systems

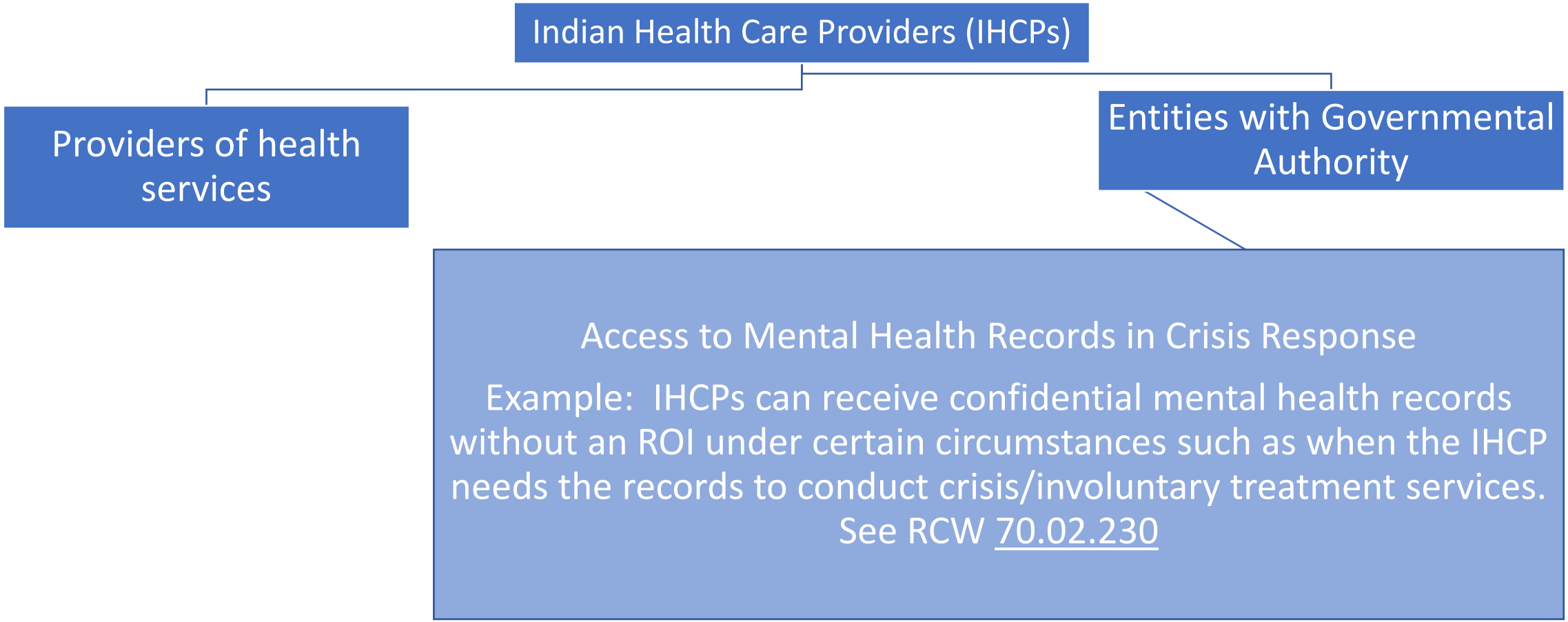
BH Integration and Crisis Response

Plateau Parfleche by Jon Shellenberger Olney, Yakama

Washington State Tribes and Tribal Health Clinics



Dual Role of Indian Health Care Providers in Behavioral Health



In 2020, the Washington Indian Health Improvement Act, SB 6259, added Indian health care providers to the list of qualified professional persons who are allowed to receive confidential mental health records under certain circumstances.

Tribal BH Crisis Response Activities

- Tribal Centric Behavioral Health Advisory Board
- State legislation changes – Washington Indian BH Act
- Trainings – DCR Academy, Forensic Navigators, BH Providers
- Tribal BH Code development
- Washington Indian Behavioral Health Crisis Hub
- Native and Strong Lifeline (Tribal 988)
- DCR Planning Meetings
- Crisis Response Planning
  - Mobile crisis teams
  - Crisis triage
  - Crisis respite
- DCR implementation WACs
- Information gathering with attorneys, judges, evaluation and treatment facilities, plus
- Sustainability planning

Tribal DCR & MCT Engagement

Depending on the Tribe and services available, a Tribal DCR and/or Mobile Crisis Team may,

- Be part of a BH care team, or multi-specialty team

- Train and coordinate with other services such as, law enforcement, justice, housing, family services, etc.

- Be contracted or employed by the Indian Health Care Provider

- Provide crisis response and assessment at one or more Tribes

- Coordinate with the Tribal Crisis Coordination Hub

- Follow the client from first notification through discharge and referral

- Be dispatched by Native & Strong Lifeline (988), or other agreed upon process

Quick Takeaways

- Get comfortable asking about Tribal affiliation
- Honor the Indian Health Care Providers as the health home
- Follow Crisis Coordination Plans
- Build a relationship with IHCPs in your area
- Be ready to refer to culturally appropriate services

Salmon Chief, Spokane Falls, photo by Roxanne Best, Colville

BH & Family Service Panelists

Charlene R. Abrahamson

Family Services Director

Squaxin Island Tribe

Donald Baumer, ARNP

Associate Medical Director

didgʷálič Wellness Center

Swinomish Indian Tribal Community

River of Life by Zeke Serrano, Quinault

Panel Questions

How do you approach whole person care and behavioral health needs?

What practices look different from non-Tribal providers and programs?

What tips do you have for working across systems to serve Native people?

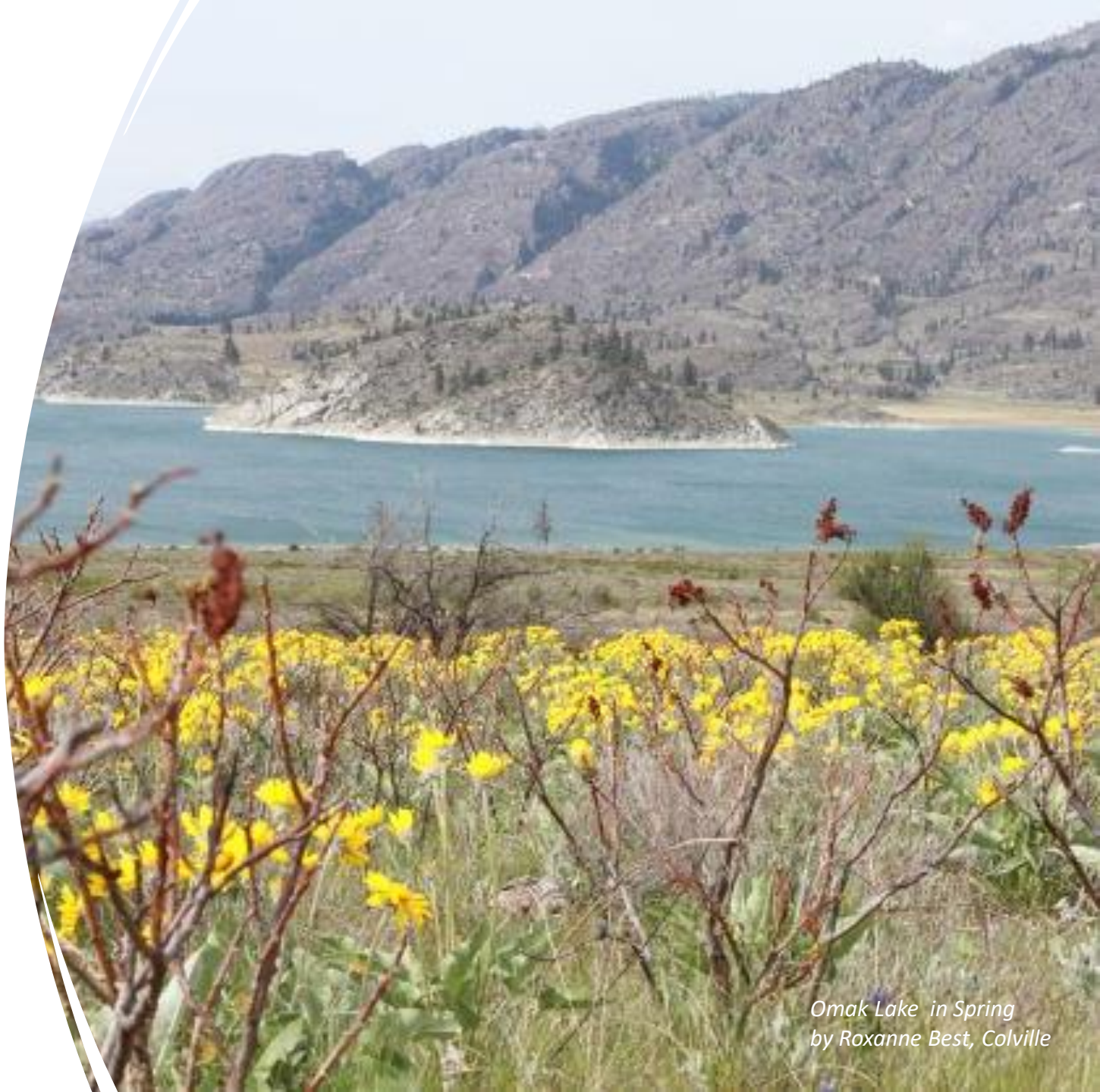
Thank you

American Indian Health Commission for Washington State

Kathryn Akeah

Tribal Health Consultant

kathrynakeah@gmail.com



Omak Lake in Spring
by Roxanne Best, Colville