

IMPACTS OF HISTORICAL TRAUMA FOR THE NIMIIPUU

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Disclosures

- None

Learning Objectives

- Learn how historical trauma impacts the health of Indian Country today
- Learn what policies and laws contributed to the historical trauma for Indian Country
- Learn about what ACEs is and how it impacts the health of American Indians and Alaska Natives (AI/AN)
- Gain insight on how to honor AI/AN children to heal Indian Country



IMPACTS OF HISTORICAL TRAUMA IN INDIAN COUNTRY

What is historical trauma and what are its effects on health?



Riverside Indian School, 1901

- Historical trauma is unresolved trauma that has been inherited over centuries:
 - Emotional and psychological injury
 - Genocide, which is the systematic killing of a racial or cultural group¹
 - Displacement is forcing people to leave their homes¹
 - Forced boarding school mandates
 - Suppression of identity²
 - Language
 - Culture
 - Sacred practices

Grief

Unresolved grief

- Grief resulting from the historical trauma of genocide, grief that has not been expressed, acknowledged or resolved
 - Can span across generations like trauma...epigenetics

Disenfranchised grief

- Grief that people experience when a loss cannot be openly acknowledged or publicly mourned
- Indians have been portrayed as stoic and without feelings, incapable of grief historically
- Little recognition of our sense of loss, need to mourn, or ability to do so
- Indians have no need or right to grieve is a common perception



How did the trauma begin?



- Losses from disease, annihilation, starvation, military and colonist expansionist and assimilationist policies
- Mission schools starting in the 1700's changed Indian culture and identity
 - Boarding school era 1819-1969³
 - Violence, shame, self-esteem and parenting skills
 - Children removed from their homes, beaten, raped and given shaming messages of inferiority
 - Told Indian families were not capable of raising their own children because of cultural and racial inferiority
 - Abusive behaviors
 - Physical
 - Sexual
 - Emotional
 - Verbal

Boarding Schools



Very early class of young boys with flags at the Albuquerque Indian School [Photograph]. Department of the Interior, Bureau of Indian Affairs, Albuquerque Indian School, 1947-ca. 1964 (most recent creator). (ca. 1895). National Archives (292873).

- The Department of the Interior found that between 1819 to 1969, the Federal Indian boarding school system consisted of the following³:
 - 417 Federal schools across 37 states or then territories
 - Including 21 in Alaska and 7 in Hawaii
 - Some schools accounted for multiple sites
 - 431 specific sites of Federal Indian boarding schools
- 1000 other Federal and non-Federal institutions
 - Indian day schools
 - Sanitariums
 - Asylums
 - Orphanages
 - Stand-alone dorms

Almost Complete Genocide

- The American Indian population declined from over 5 millions in 1492 to fewer than 200,000 in 1900
 - Indian Removal Act of 1830 forcibly relocated Cherokee, Seminole, and Choctaw members from their homes and families
 - Thousands of AI members were killed when the government delivered small pox-containing blankets to them, in the “first documented case of bioterrorism” on American soil
 - Bounties on AI were legitimized during the Dakota War of 1862
 - 1911 report to carry out recent inspection of small pox vaccination not carried out NOT conducted
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 - Boarding home students may be allowed to return home in 1912 if they were able to pay with their own expenses
 - Dr. Warne is quoted as saying, “It was almost a complete genocide. In many ways, this is the American Holocaust.”



Donald Warne, MD, MPH, is the Co-Director of the Johns Hopkins Center for Indigenous Health and member of the Oglala Lakota Tribe from Pine Ridge, SD.

US Law & Policy aim to Disposes and Assimilate Indians

- The US Senate explained that beginning with President Washington, the stated policy (twin policy) of the Federal Government was to replace the Indian's culture with our own. This was considered "advisable" as the cheapest and safest way of subduing the Indians, of providing a safe habitat for the country's white inhabitants, of helping the whites acquire desirable land, and of changing the Indian's economy so that he would be content with less land. Education was a weapon by which these goals were to be accomplished (Kennedy Report, at 143)

Policy & Law Continued

- American Indian and Alaska Native tribes have a unique history with the US
 - Mixed with conflict, warfare, cooperation, and partnership
- Creates a complex network of federal Indian policy, treaties, and intergovernmental relationships
- Between 1778 and 1868, at least 356 treaties were ratified by the federal government
- The Supremacy Clause of the US Constitution establishes the constitution, federal statutes, and treaties as “the supreme law of the land.” Typical language and many of the treaties signed between the United States and tribal nations include phrases like “promise of all proper care and protection” in exchange for tribal land and natural resources. The result is that there is a ***trust responsibility*** on behalf of the federal government to provide services to American Indians and Alaska Natives. The federal ***trust responsibility*** is a ***legal*** obligation under which the government has charged itself with more obligations of the highest responsibility and trust toward Indian tribes.

Policy History

- Snyder Act 1921: The Bureau of Indian Affairs, under the supervision of the Secretary of the Interior, shall direct, supervise and expand such monies as Congress may from time to time appropriate, for the benefit, care and assistance of the Indians throughout the United States.
 - First law that allowed Congress to allocate funds to address AI/AN health
- Transfer Act 1954: States that all functions, responsibilities, authorities and duties... relating to the maintenance and operation of hospital and health facilities for Indians, and the conservation of Indian health... shall be administered by the Surgeon General of the United States Public Health Service
- Indian Self-Determination Act 1975: This act is the basis for authorizing tribes to assume the management of BIA and IHS programs, and it directs the Secretaries of Interior and Health and Human Services to enter into self-determination contracts at the request of any tribe
 - Public Law 97-638 allows Tribes to reprogram resources to meet the needs of the local Indian communities

Policy History

- Indian Health Care Improvement Act 1976 was instrumental in setting national policy to improve the health of Indian people. The language regarding the responsibility of the United States to maintain and improve health of AI/AN persons was needed to enhance the intent of previous laws by expanding and describing modern health services.
 - Allowed Indian facilities to bill Medicare and Medicare to be able to expand services
- Struggles continue within Idaho to include the 5 tribes in discussions while in the planning stages of policy, not after the policy has been created because of the governments TRUST RESPONSIBILITY to the tribes of Idaho
 - Nez Perce Tribe
 - Coeur d'Alene Tribe
 - Kootenai Tribe
 - Shoshone-Bannock Tribe
 - Shoshone-Paiute Tribe

Current Impact on Social Determinants of Health

- AI/AN have a 6-fold higher risk of alcohol use disorder
- A 6-fold higher risk of TB
- A 3.5-fold higher risk of diabetes
- A 3-fold higher risk of depression
- A 2-fold higher risk of suicide
 - Likely underestimated secondary to the misclassification of deaths.
 - Suicides may be misclassified as accidents or unintentional because of uncertainty about the decedent's intent, as well as sensitivity about suicide and social stigma
- Per Up-to-Date, the annual rate of suicide per 100,000 individuals is 2-4 times higher for AI/AN and white Americans than other racial groups:
 - AI/AN – males 27, females 9
 - Asian Americans/Pacific Islanders – males 9, females 4
 - Black Americans – males 10, females 2
 - Hispanic Americans – males 10, females 3
 - White Americans – males 26, females 9
- Fewer years of education may also be associated with higher suicide rates

Current Impact on SDOH

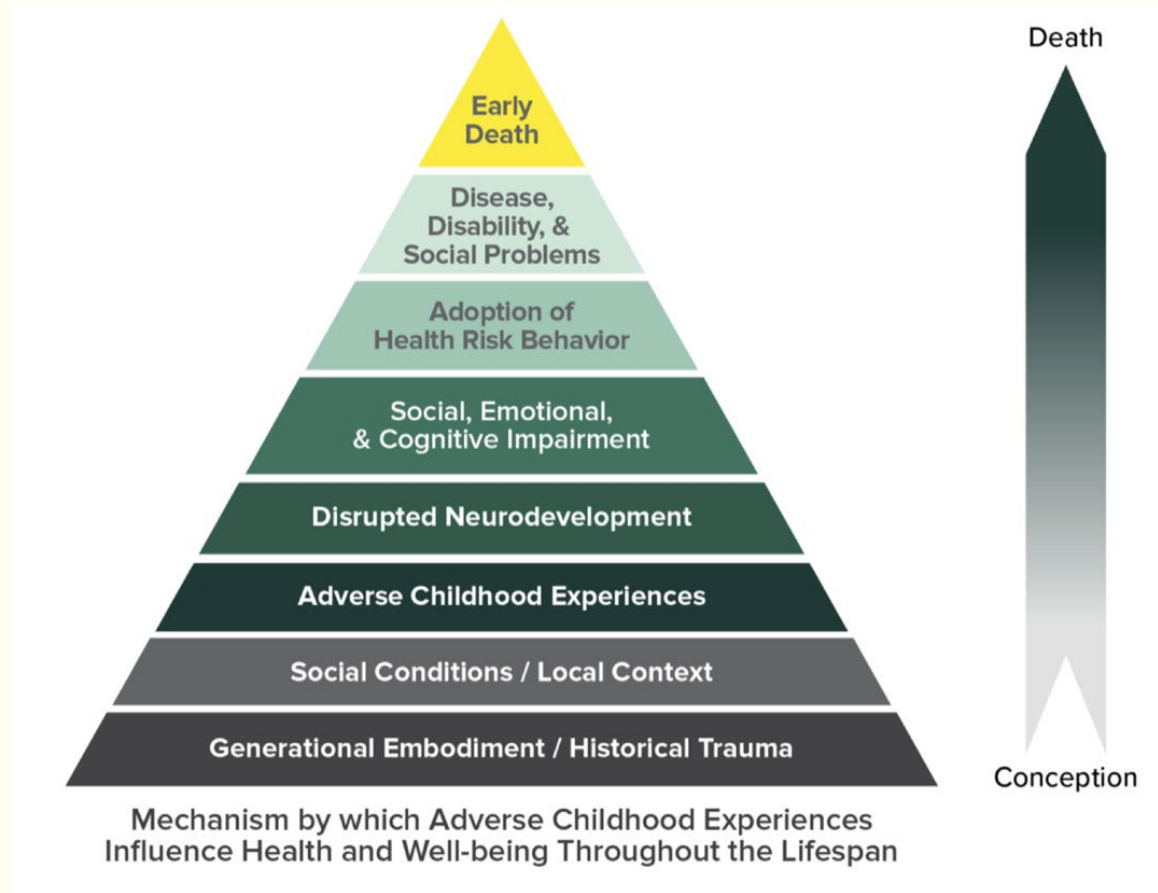
- Child adversity
 - Risk of suicide is 2-4 times greater in adults who suffered childhood abuse or other adverse childhood experiences
 - A meta-analysis of seven prospective and retrospective studies with more than 14,000 individuals, including 6,000 who were abused as children, found an increased risk of suicide attempts among the adults with a history of:
 - Sexual abuse (odds ratio 4, 95% CI 3-5)
 - Physical abuse (odds ratio 4, 95% CI 2-7)
 - Emotional abuse (odds ratio 4, 95% CI 3-6)
 - Physical neglect (odds ratio 3, 95% CI 2-6)
- Rural residence
 - Highest rates of suicide in US are found in rural areas
 - Suicide rates per 100,000 individuals according to level of urbanization, with highest rates in rural areas:
 - Large metro (>1M): 13
 - Medium/small metro (50k-1M): 17
 - Rural (<50k): 20
- AI were not placed in metropolitan areas, generally speaking although the many currently reside in urban areas

Schreiber, J., MD, Culpepper, L. MD, MPH. Suicidal ideation and behavior in adults, Jan 2023. Post TW, ed. UpToDate. Roy-Byrne, P., MD: UpToDate Inc. <http://www.uptodate.com> (Accessed on Feb 22, 2023.)

How do Adverse Childhood Events Effect Health?

What is ACEs?

- Adverse Childhood Experiences (ACEs) include 10 categories of experiences before the age of 18 (*not culturally sensitive):
 - Physical abuse
 - Sexual abuse
 - Emotional abuse
 - Physical neglect
 - Emotional neglect
 - Domestic violence
 - Parental divorce
 - Household mental illness
 - Incarceration
 - Substance use



Source: Centers for Disease Control and Prevention, 2019

ACEs Continued:

Having four or more ACEs was related to a:

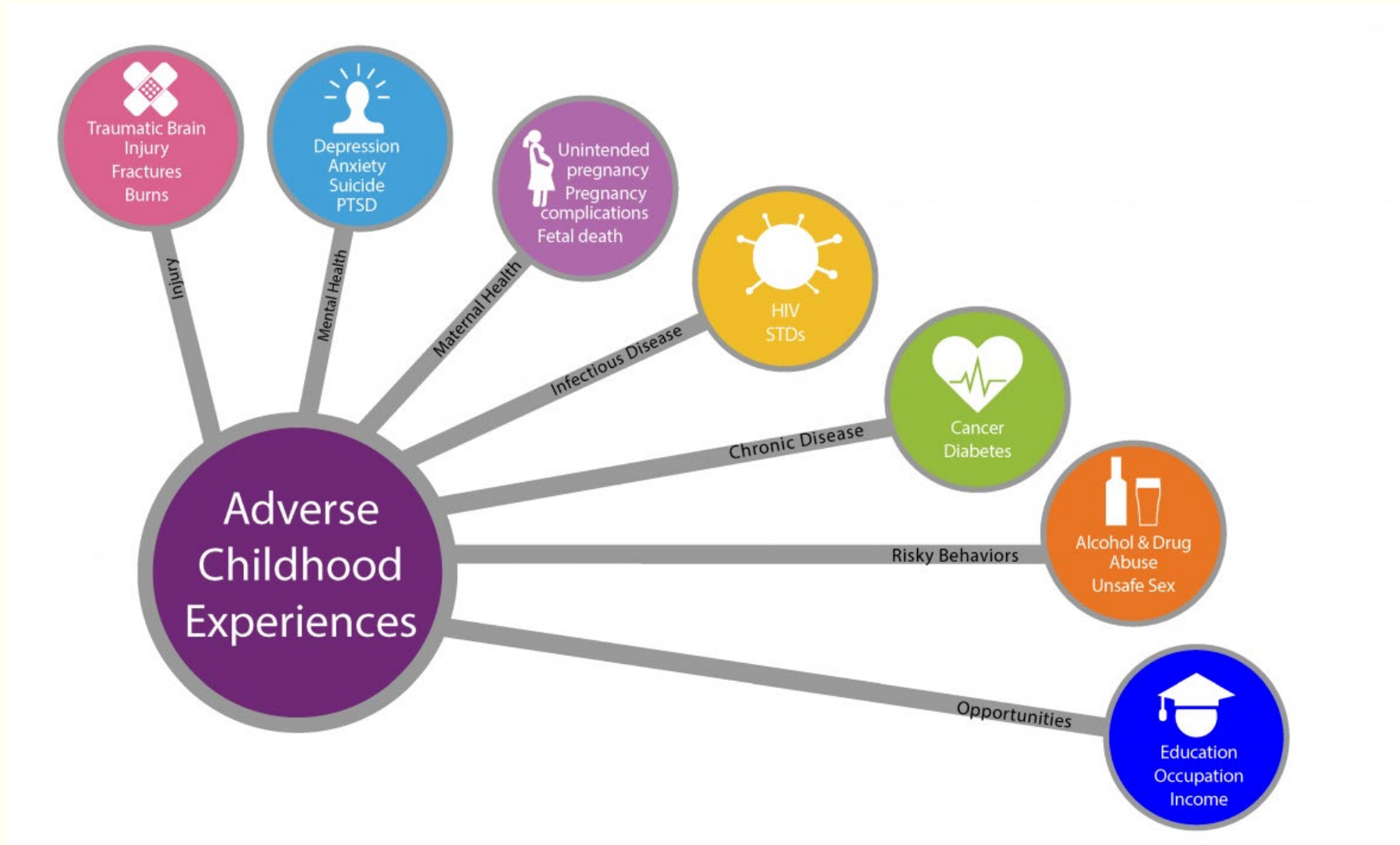
- 7-fold increase in the risk of alcoholism
- 4.5-fold increase in risk of illegal drug use
- 6.6-fold increase in risk of early intercourse
- 90% increase in risk of cancer
- 60% increased risk of diabetes
- 2.2-fold increased risk of heart disease
- 2.4-fold increased risk for stroke
- 3.9-fold increase for COPD
- 4.6-fold increase in risk for depression
- 12.1-fold increase in risk for suicide
- 5.5-fold increase in committing intimate partner violence

On average, individuals with six or more ACEs died nearly 20 years earlier compared to those with no ACEs

Groups with increased risk for ACEs:

- Women
- Young adults
- Gay, lesbian or bisexual individuals
- Multiracial individuals

ACEs



*Cultural and historical traumas and racism are not captured well with the current ACEs survey

ACEs for AI/AN Populations

- Child abuse and neglect data show that AI/AN children have the highest overall rate of child maltreatment (Child Trends Databank, 2021)
 - 14.2% of child maltreatment cases (US DHHS, 2021)
- Sexual abuse, AI/AN children are 50% more likely to be victims of sexual abuse than are white children (Cooper, 2012)
- The likelihood that Native children grew up with an incarcerated household member is substantial, with an AI/AN adults incarcerated at 38% higher rate than other groups (U.S. Department of Justice, 1999)
 - Native inmate comprise 2.4% of the federal prison population (US Sentencing Commission, 2018)
- Rates of PTSD among AI/AN adults is akin to rates among war veterans, ~6-19% (Beals, 2013)
- Suicide rate for AI/AN populations is higher than for other racial groups at about 17:100,000 (Suicide Prevention Recourse Center, 2013)
- AI/AN children are exposed to violence at higher rates than any other race (U.S. Department of Justice, 2014)
 - 39% of AI/AN women identified as victims of lifetime intimate partner violence (Futures without Violence, 2012)
- 15% of AI/AN adults report being substance dependent or abusing substances (SAMHSA, n.d.)



TRUST RESPONSIBILITY

Nez Perce Tribal Treaties – 1855 & 1863

Protective and Compensatory Experiences (PACEs)

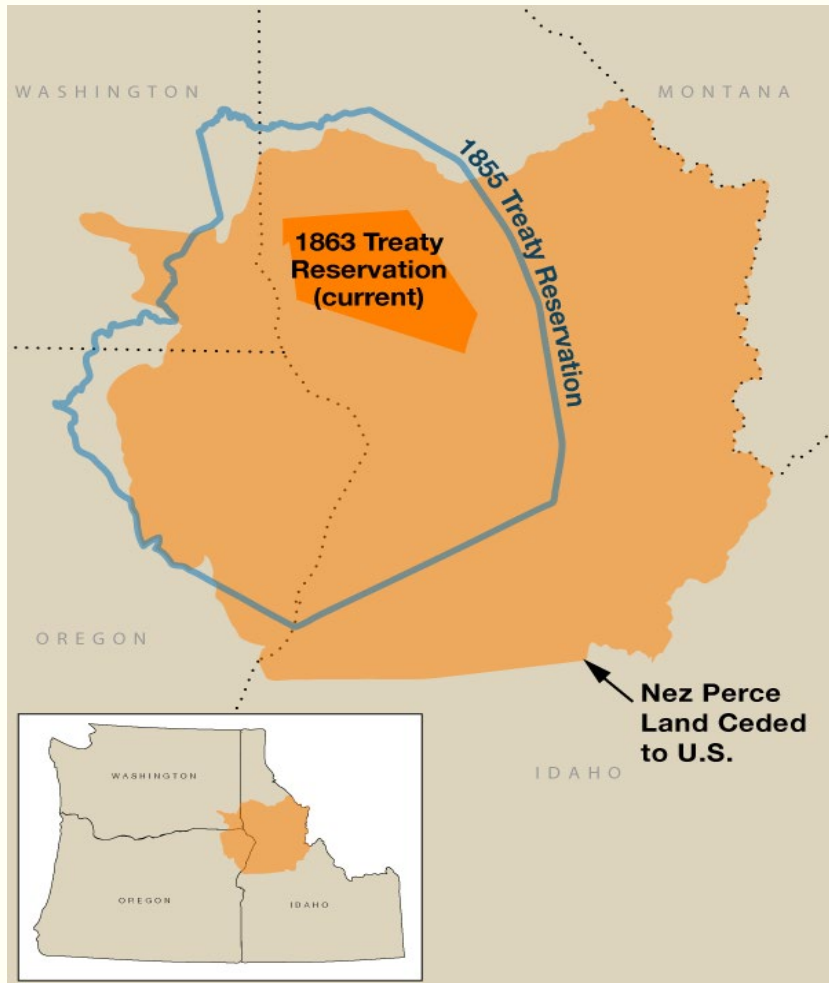
- These are experiences that protect against risk and increased resilience. Like ACEs, PACEs influences development. Unlike ACEs, this foundation provides the relationships and resources needed for healthy development.
 - Unconditional love from parents/caregiver
 - Having a best friend
 - Volunteering in the community
 - Being part of a social group (community)
 - Having support from an adult outside of the family
 - Living in a clean, safe home with enough food
 - Having resources and opportunities to learn
 - Engaging in a hobby
 - Regular physical activity
 - Having daily routines and fair rules

*Not culturally sensitive

Trauma-informed Care

- Fear or confusion may drive behaviors in those with an ACEs score
- Understanding the intersection of ACEs and historical trauma within the context of grief and trauma for AI/AN populations is critical
- Taking historical harm into account, it is to be expected that current AI/AN populations are reconciling the grief inherited from generations before them
- ICCTC (Indian Country Child Trauma Center) has created a trauma treatment frameworks which incorporates awareness of ACEs with indigenous worldviews and practices (Bigfoot & Funderburk, 2011)
 - Honoring Children, Mending the Circle
 - Honoring Children, Respectful Ways are cultural enhancements of TF-CBT and PSB- CBT designed to serve AI/AN youth exhibiting unwanted and symptoms or behaviors stemming from trauma
 - These adaptations recognize that AI/AN traditional cultures house beliefs, practices and ceremonies that provide therapeutic value for children and their families (Bigfoot & Braden, 2007)

Nez Perce Tribal History



- The Nez Perce Tribe had exclusive occupancy of 13,000,000 acres, including all of what are now north central Idaho, southeastern Washington, and northeastern Oregon.
- We had a strong economy based upon horses and hunting, fishing and gathering activities that extended far from traditional areas.
- The Treaty of 1855 established a reservation of 7.5 million acres to be protected as the Tribes exclusive reservation.
- The discovery of gold on the reservation lead to a second treaty in 1863 which diminished the reservation to its current size of 750,000 acres, after mass trespass and theft took place within the reservation.



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