

**Written Testimony of
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To members of the Commission, *Lios enchanibu* (Yaqui greeting) thank you for the opportunity to offer this testimony. The health and wellbeing of our Native children are not only important for this day and age... but for our future generations and survival of our people. Our future depends on the health and wellbeing of our children.

The facts are already known. Significant health disparities among our Native people have existed, with no significant improvement, since first European contact over 500 years ago.¹ My testimony focuses on the present challenges faced by our Native children, highlighting the physical, mental, social and spiritual issues that impact the health of our children. Although current literature on the health of Native children is sparse, nonetheless what we do know of the health and wellbeing of Native children does provide insight into the issues that impact their health.²

My approach in addressing the health and wellbeing of our children, is not based as much on the western ideology of health, but the Native perspective of health, which encompasses the integration of body, mind, family and spirit, or as one author has framed it, as the “bio-psycho-socio-spiritual” approach³. It is this approach to health that has maintained the resiliency of Native people for over 11,000 years.

My testimony will also address policy and systemic barriers, mostly the Indian Health Service, which has contributed to the disparities we see with the health of our Native children. My testimony concludes with challenges and opportunities to improve the health and wellbeing of our Native children.

¹ Jones D. S. (2006). The persistence of American Indian health disparities. *American journal of public health, 96*(12), 2122–2134. <https://doi.org/10.2105/AJPH.2004.054262>

² Sarche, M., & Spicer, P. (2008). Poverty and health disparities for American Indian and Alaska Native children: current knowledge and future prospects. *Annals of the New York Academy of Sciences, 1136*, 126–136. <https://doi.org/10.1196/annals.1425.017>

³ Koithan, M., & Farrell, C. (2010). Indigenous Native American Healing Traditions. *The journal for nurse practitioners : JNP, 6*(6), 477–478. <https://doi.org/10.1016/j.nurpra.2010.03.016>

Physical Health

Approximately one-third of our Native population do not have a usual source of healthcare, that is, a healthcare provider or clinic that provides regular medical care⁴. For Native children this means that they do not have meaningful access to services, where they can receive preventative healthcare, age appropriate screening, and vaccinations. In addition, research studies, have shown that Native children are twice as likely to be overweight and three times as likely to be obese, with both of these rates growing by 4% since the mid-1990s⁵. The implications of high rates of obesity in our children is their subsequent risk for diabetes, cardiovascular disease and cancers.

Our Native children population also experience the highest tooth decay rate compared to similar groups in the United States (US): 5 times the US average for children 2–4 years of age, with 60% of these children having severe early childhood caries (baby bottle tooth decay)⁶. Poor dentition can lead to unnecessary oral pain, which studies have shown to result in poor school attendance and performance⁷. Poor dentition may also have an impact on a child's self-image.

Mental Health

Suicide is the second leading cause of death among Native youth, beginning as early as age 8⁸. The colonization of this country resulted in the almost complete genocide of Native populations, by massacres, unfamiliar European disease, physical relocation of tribes and forced boarding schools for children. The resulting and cumulative effects of this emotional trauma experienced by Natives—also known as historical trauma—continues to affect their

⁴ Office of the Surgeon General (US); Center for Mental Health Services (US); National Institute of Mental Health (US). *Mental Health: Culture, Race, and Ethnicity: A Supplement to Mental Health: A Report of the Surgeon General*. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2001 Aug. Chapter 4 Mental Health Care for American Indians and Alaska Natives. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK44242/>

⁵ Sarche, M., & Spicer, P. (2008).

⁶ Nash, D. A., & Nagel, R. J. (2005). Confronting oral health disparities among American Indian/Alaska Native children: the pediatric oral health therapist. *American journal of public health, 95*(8), 1325–1329. <https://doi.org/10.2105/AJPH.2005.061796>

⁷ Jackson, S. L., Vann, W. F., Jr, Kotch, J. B., Pahel, B. T., & Lee, J. Y. (2011). Impact of poor oral health on children's school attendance and performance. *American journal of public health, 101*(10), 1900–1906. <https://doi.org/10.2105/AJPH.2010.200915>

⁸ Substance Abuse and Mental Health Services Administration (SAMHSA). <https://www.samhsa.gov/tribal-affairs>

mental health⁹. Mental health issues that continue to impact Native children and youth include high rates of suicide, depression, alcohol and substance abuse.

Social Health

Native children are more likely to experience violent and traumatic events. These events, taking place within their communities, may involve serious injury or threat of injury to self or to witness such threat or injury to others.¹⁰ More so, US injury mortality data reveal that Native children are more likely to be killed in a motor vehicle accident, to be hit by a car, or to drown as compared to the general child population¹¹. Another social factor impacting Native children are the high rates of physical and/or sexual abuse. In one study of 30 Native women, it was discovered that almost half of these women had experienced physical and/or sexual abuse as children¹².

Spiritual Health

Prior to colonization, Native ritual and ceremonial practices defined their spirituality, and was the core of Native wellbeing and health. Today Native populations are attempting to live between two worlds, their old world and today's colonized world. Research has shown that this lifestyle, biculturalism, has resulted in stress, resulting in high death rates due to accidents, suicides, substance abuse, and violence, the result of Natives who have lost their cultural traditions and forced to live a bicultural existence¹³. Parents who live this bicultural existence find it difficult to pass on to their children the teachings of their spirituality, thereby risking their own children to struggle living in a bi-cultural worlds. Psychiatric literature suggests that

⁹ Ehlers, C. L., Gizer, I. R., Gilder, D. A., Ellingson, J. M., & Yehuda, R. (2013). Measuring historical trauma in an American Indian community sample: contributions of substance dependence, affective disorder, conduct disorder and PTSD. *Drug and alcohol dependence, 133*(1), 180–187.
<https://doi.org/10.1016/j.drugalcdep.2013.05.011>

¹⁰ Sarche, M., & Spicer, P. (2008).

¹¹ Sarche, M., & Spicer, P. (2008).

¹² Diane K. Bohn (2003) Lifetime Physical and Sexual Abuse, Substance Abuse, Depression, and Suicide Attempts Among Native American Women, *Issues in Mental Health Nursing, 24*:3, 333-352, DOI: [10.1080/01612840305277](https://doi.org/10.1080/01612840305277)

¹³ Duran, BES. American Indian Belief Systems and Traditional Practices. The University of Oklahoma.
<http://www.wellnesscourts.org/files/Duran%20-%20American%20Indian%20Belief%20Systems.pdf>

enhancing the integration of spiritual practices in Native children can have a positive impact on depression and other emotional pathologies¹⁴.

Native Healthcare Policy

The Indian Health Service (IHS), is a federally-funded health care program, and the primary source of healthcare for Natives in the US. This primary source of healthcare was intended to address the “bio-psycho-socio-spiritual” health and wellness of our Native children. It is only through this holistic and integrated approach that the health of our Native children can be achieved and maintained.

However, despite the moral and legal obligation of the federal government to provide holistic and integrated healthcare to Natives, the IHS continues to be a highly inadequate program. The main issue is that the IHS program is consistently underfunded, leading to significant health problems and disparities in care for Natives. As an example, newly born Natives have a life expectancy that is 4.4 years less than the rest of the nation—73.7 years compared with 78.1 years, respectively¹⁵

To provide a better perspective of the funding issue for IHS, the president of the Association of American Indian Physicians, reported that Medicare spends nearly \$11,000 per beneficiary per year, Medicaid spends about \$5,700 per beneficiary per year, while the IHS spends about \$3,700 per year per Native beneficiary¹⁶.

Native healthcare policy is a complex collection of federal law, Indian Law, national health policy, and intergovernmental relationships, the holes in the bucket of a bureaucratic system that stifles the provision of adequate health care for Native children. However, the hole that lies at the bottom of the bucket continues to be the policy of the US federal government to knowingly underfund the IHS, thereby significantly impacting the healthcare and wellbeing of our Native children¹⁷. To quote a famous person:

“ . . . of all the forms of inequality, injustice in health care is the most shocking and inhumane.”

¹⁴ Duran, BES.

¹⁵ Heart MY, Chase J, Elkins J, Altschul DB. Historical trauma among Indigenous Peoples of the Americas: concepts, research, and clinical considerations. *J Psychoactive Drugs*. 2011;43(4):282-90. doi: 10.1080/02791072.2011.628913. PubMed PMID: 22400458.

¹⁶ The Never-Ending Crisis at the Indian Health Service. As the chronically under-funded agency struggles, American Indians are getting sicker and dying sooner. <https://www.rollcall.com/2018/03/05/the-never-ending-crisis-at-the-indian-health-service/>

¹⁷ Winton, L. How Federally Funded Health Care is Failing Native Americans. *Brown Political Review*. October 12, 2018. <http://brownpoliticalreview.org/2018/10/federally-funded-health-care-failing-native-americans/>

— Martin Luther King, Jr

Conclusion

US history has shown an unfortunate relationship between the federal government and Native people, including forced acculturation and now a severely underfunded IHS system, leading to severe Native health disparities, which also impacts the health, wellbeing and future our children. The IHS system is diverse and vulnerable, and requires continual and strategic policy and program development and innovation to avoid unnecessary barriers, and to improve healthcare to Native children¹⁸.

However, the “elephant in the room” is the IHS budget, which has not kept pace with medical inflation and the increases of our Native population. Long-term underfunding of the IHS is the major contributing factor to Native health disparities, and Congress needs to abide by its moral and legal responsibilities to provide for the proper care to our Native people and their children. In the words of a wise man:

“Let us put our minds together and see what life we can make for our children”

- Sitting Bull (Lakota, holy man and leader)

Chokessia (Yaqui word for “thank you”)

¹⁸ Warne, D., & Frizzell, L. B. (2014). American Indian health policy: historical trends and contemporary issues. *American journal of public health, 104 Suppl 3*(Suppl 3), S263–S267.
<https://doi.org/10.2105/AJPH.2013.301682>