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Self-Determination in Indigenous Health: A Comprehensive Perspective

By Mirjam Hirsch, PhD
University of Cologne

ABSTRACT

Indigenous health disparities are devastating. Indigenous health research has focused mainly on biomedical approaches. Prevailing evidence indicates that models that integrate concepts of biomedical care and traditional healing are better suited to improve health outcomes among Indigenous groups. In this article the author focuses on holistic approaches to health as initiated by self-determined indigenous health movements. The paper suggests comprehensive frameworks to tackle Indigenous health issues in their full complexity. Frameworks that take into consideration a combination of social, cultural, economic, environmental and political factors to influence health status. The author also discusses traditional medicine and self-determination in the U.S. system, recommends international policy and points to future action and research that may remedy deficits in indigenous health.

Keywords: Indigenous sovereignty, traditional healing, indigenous health, integrative health approach, indigenous health care systems analysis

Since the early 1980s there has been an increasing awareness among indigenous peoples and researchers of the loss of traditional medicinal knowledge. At the same time the potential of traditional healing knowledge to improve significantly the availability, access and quality of (mental) health and care services has been acknowledged (WHO 2001: 4). In this regard traditional health care practitioners are seen to possess valuable and unique knowledge and skills that can be harnessed for the development of a holistic health system as a means of ensuring wider coverage of healthcare particularly to minority groups such as Indigenous people. Hence the current attempts internationally to rediscover and reinstate Indigenous traditional health systems in the most acceptable, affordable and accessible way to Indigenous peoples.

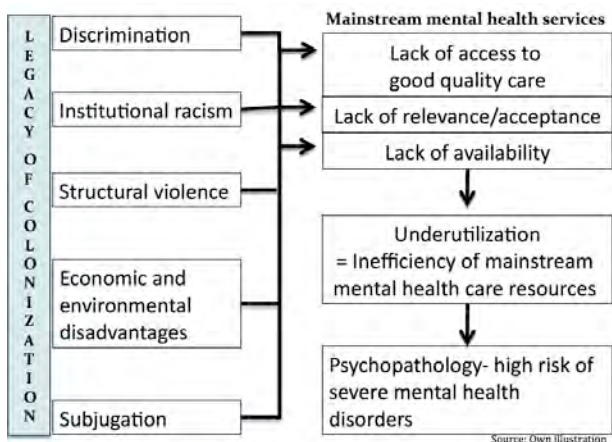
Governments and international organizations such as the World Health Organization (WHO) have been promoting regulations and health policies that comprise the contributions made by traditional healing practices for decades. A series of questions asked in this context are: What are examples of best practices in Indigenous healing that could serve as role models for bettering the health situation of Indigenous groups? What are options and efficiency of integrating or combining Indigenous healing practices and biomedical systems of care to achieve best health? So far, however, especially in the western hemisphere only few studies have been conducted that enquire into these questions and investigate into local traditional practices and how these might be

integrated into Indigenous health care provision (WHO 2002). Traditional healing therefore does not enjoy the status that would correspond to its significance.

Considering historical, social cultural and legal contexts in this essay I present an overview of the need and potential of Indigenous self-determination in (mental) health and care. Incorporating Indigenous peoples' perspectives of (mental) health the paper tries to map an Indigenous cultural approach to understanding the underlying factors behind Indigenous consistent poor health and methods to eliminate health disparities. For dramatic inequalities continue to dominate Indigenous health. Mental health problems, chronic stress, substance use as well as suicide are over proportionately high within Indigenous communities who have a significantly lower life expectancy the world over. Experts working in the field of traditional healing, as expressed throughout the WHO Traditional Medicine Strategy 2002-2005, emphasize the need to make visible and promote the resource potential of traditional medicine in offering solutions to the contemporary problems in mental and Indigenous health. Still Indigenous nations are exposed to lack of health care, culturally appropriate services and oftentimes discrimination and institutional racism within the mainstream systems of care which in turn leads to underutilization of services and thus higher risk of pathology.

Overall, many Indigenous people stated they did not feel heard but rather “trapped in a heath

Figure 1: Colonization Legacy not sufficiently considered in Mainstream System



care system” over which “they lack control” (personal communication).

In the backdrop of this urgent need for action Indigenous nations themselves have been taking proactive steps to find solutions to improve their health situation and care provision. There has been significant movement in Indigenous communities to coordinate and legitimize Indigenous concepts of health, illness and care with the mainstream health care system.

Through endeavors of self-determination since the 1960s Indigenous nations began to establish Indigenous health care systems to improve health care provision and lay the basis for an upward trend in their health status. Indigenous peoples’ redefining and re-thinking of components of their

health and care systems includes finding a place for their own traditional beliefs about health and healing within the institutionalized as well as non-institutionalized systems of care. Hence at the community level “cultural public health movements” have been initiated that are based on traditional knowledge and on revitalization of Indigenous cultural practices to improve health status. At the institutional level pioneering self-governed clinics offer integration of services based on Indigenous models of integrative care systems. These clinics provide a more culturally sensitive alternative to the mainstream health system. They offer a relationship-oriented model of care that is more appropriate and integrates preventative interventions and health promotion - a model, which considers *geogene*, *epigene* and *pathogene* within the Indigenous landscapes of care. One such Indigenous health care system, the relationship-based, customer-driven Nuka System of Care at South Central Foundation (SCF) in Alaska has recently been proposed as a model for national reform in the U.S. (TRAHANT 2010). In the summer of 2011 SCF’s Traditional Healing Clinic has been the recipient of an Indian Health Service Director’s Special Recognition Award for “outstanding public health leadership in incorporating traditional healing practices into the total medical care regimen for the benefit of Native peoples.” The fusion of Native values, beliefs and practices was stated by director of IHS, Dr. Yvette Roubideaux to be “a prime example of the positive power of federal self-determination policies that allow Indian tribes to manage their own health care” (SCF Public Relations 2011). Accordingly the emerging efforts of Indigenous self-determination in health and Indigenous

medicine claims on government sponsored systems to provide effective, culturally sensitive health care which addresses all aspects of healing through physical, mental, emotional and spiritual wellness, need to be discussed.

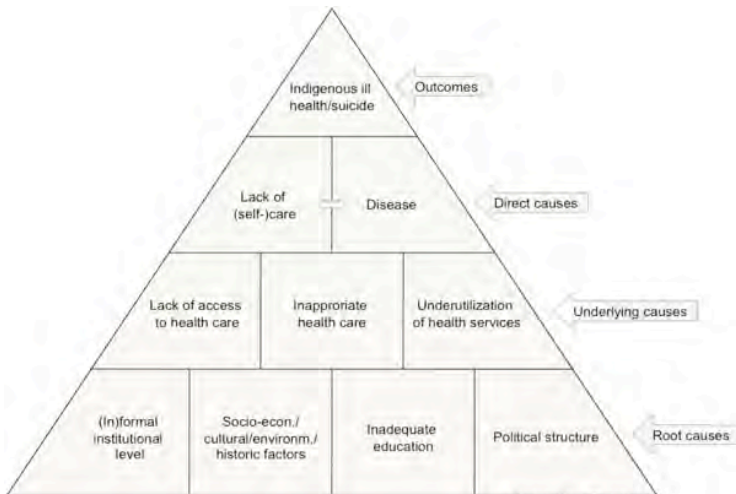
Within the contemporary health system two areas of work can be distinguished. One strand, the so-called 'contemporary' strand, considers illness to occur naturally and culture-free. The underlying concept is based on the belief in technical solutions to problems quantified by accurate measurements. Within this strand over the course of the last few decades, (mental) disease has increasingly been treated by drug-based therapies to influence the 'chemical imbalance.' Geographer Doug Richardson aware of the limitations of this strand in medical research describes a recent shift in scientific endeavors to address the complex but pressing health research and human needs more comprehensively:

"To date, most mental health research has focused largely on biomedical pathways. Increasingly, however, researchers are considering how people's environments—the physical and cultural contexts in which they live—influence the prevalence and consequence of mental health disorders" (2009: 42).

In contrast to the biomedical view therefore a stance is adopted which argues, in various ways, that the key determinants of health and variations in health are intimately linked to power relations in society. Underlying causes of disease are seen as being embedded in the social, political and economic systems (KRIEGER 2001: 668).

According to this view explanations are not to be sought at the individual level alone - for example, the kinds of “unhealthy” behaviors an Indigenous person adopts. Instead it is the broader social context that matters. Therefore adherents to this view maintain that the politics of health in the context of dominant ideological understructures of social and political forms have to be analyzed more closely. Because of the stress on these macro-scale social, political, and economic structures, this style of approach is often also referred to as *structuralist*, or alternatively as a political economy perspective (Ibid: 670). The current global resurgence of interest in traditional and alternative medicine practices on the international scene as a means of avoiding overuse of pure chemicals and achieving wider or total coverage of healthcare for all people especially the poor, vulnerable and marginalized groups of people is in line with the structuralist perspective. The structuralist/political economy perspective best corresponds to Indigenous concepts. Indigenous peoples often consider (mental) health issues as synonymous with social, political and economic issues of environmental degradation, loss of land and political disenfranchisement (COHEN 1999: 26). To improve Indigenous health status Indigenous peoples argue not only the immediate causes of disease ought to be treated. As emphasized by the WHO Commission on Social Determinants of Health the root causes, i.e. the ‘causes of the causes’ of ill health have to be attacked (WOODMAN, GRIG et al. 2007: 13). In the Indigenous context some of the root causes are the long-term effects of colonization on Indigenous communities and the fundamental structures of social interaction.

Figure 2: Conceptual Framework for causes of Indigenous ill-health/suicide



German pathologist, Rudolf Virchow proposed in 1848 a holistic approach to health and health system research in a report he published on the typhus epidemic in Upper Silesia, Germany. Virchow remarked the poor population of the region to be “starving before the epidemic occurred [...]. There can no longer be any doubt that such an epidemic dissemination of typhus could only have been possible under the wretched conditions of life that poverty and lack of culture had created in Upper Silesia” (2006: 2104).

Virchow regarded the improvement of the economic situation and eradication of poverty in the region fundamental to better the health of the inhabitants. The promotion of education, transportation, agriculture, and manufacturing he commented to be essential in order to avoid like disaster in the future. As Virchow observed, "medicine is a social science, and politics is nothing more than medicine in larger scale" (Ibid). Virchow's early historic example describes how a combination of social, cultural, economic, environmental and political factors, functioning at the community level, influence health status. In line with this school of thought social epidemiologists Kawachi and Kennedy in a contemporary article which probes the links between income inequality and social cohesion explain that "Reducing inequities between various communities and improving health depends on the actions and policies of multiple sectors such as education, food, housing economic opportunities all of which lead to greater social cohesion" (1997: 1037).

Sociological, philosophical, psychological and neuro-scientific models during the last century have largely contributed to a more holistic understanding of (mental) health and illness. These models take into account biological, psychological and social factors and thus distance themselves from the Cartesian dualism of mind and body (LENGEN 2010: 34). This approach focuses less on disease-causing factors but on those that support human health and well-being. Antonovsky's "salutogenic model" (1980) similarly focuses on 'the origins of health' (Latin: *salus* = health, Greek: *genesis* = origins). This model, primarily used in the fields of health

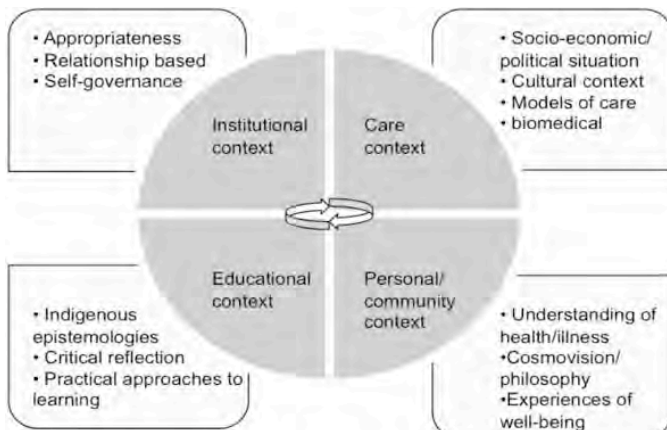
psychology, psychiatry, alternative and preventive medicine, considers health supporting factors, the relationship between health, stress and coping rather than the disease causing factors of the pathogenic paradigm. These understandings correspond to concepts expressed by the Indigenous health movement as will be described below.

The foundation for an international Indigenous health movement based on holistic health concepts, with a focus on the specific health needs of Indigenous groups was laid as early as 1990. The International Congress on Alcohol and Addictions at its Berlin Conference included a special forum on Indigenous health issues. Many Indigenous peoples attended the conference. This new movement entitled "Healing Our Spirit Worldwide" (HOSW) attracted more than three thousand participants from around the globe when held for the second time in Edmonton, Canada in 1992. This international Indigenous conference led by the International Indigenous Council, a group of Indigenous leaders, focuses on strengthening and healing Indigenous families and communities and discusses best practices, successes and common issues in health and healing within Indigenous nations. The latest, Sixth Gathering took place in 2010 in Honolulu, hosted by Papa Ola Lokahi under the stated mission of the conferences "to gather in a cultural celebration inviting the world to share holistic healing experiences of Indigenous peoples in the movement toward healthy lifestyles."¹

¹ For further information see: <http://www.hosw.com>.

Underlying this international Indigenous movement and emerging health models are Indigenous views on well-being. There is not one standard definition of conceptions of health and healing. Every culture's intrinsic perception and understanding of health and disease as well as healing is influenced by their particular belief systems and living contexts. Common to the Indigenous definitions of health is a comprehensive concept of health that moves beyond the mere physical and includes social, cultural and historical elements. The illustration below shows a framework, which depicts the multi-layered Indigenous health contexts.

Figure 3: Framework of Indigenous health contexts



Source: Own illustration

This framework corresponds to concepts of traditional healing which are based on a holistic approach towards the intervention and person to be treated (ONG, BODEKER et al. 2005: ix). Traditional healing considers the whole person and is to simultaneously act on the physical, mental, spiritual and emotional level. Prevention and health promotion are a main focus. Use of plants and herbs, food as medicine and counseling on lifestyle choices and habits are commonly observed with traditional healing practitioners (WHO 2001).

Traditional healing has a long history. Until the beginning of the 19th century all medical practice was what is now referred to as *traditional*. One can find traces of a traditional healing concepts in older Indoeuropean cultures within which healing (the act and the word) is connected to wholeness, holiness and integrity, as is suggested by the origin of the word “health.”² Very much like the Indigenous peoples of the present world the Indoeuropean healers of ancient times focused on the understanding of the full structure of the cosmos (KREMER 1995: 13). This worldview changed when the Cartesian scientific materialism was introduced into medicine and other disciplines during the time of the great philosophical upheaval of the renaissance. The focus developed then was on scientific experiment and statistical validation, research and organization. Emotions and intuition were

² health. (n.d.). Online Etymology Dictionary. Retrieved January 07, 2011, from Dictionary.com website:
<http://dictionary.reference.com/browse/health>

belittled (BANNERMAN 1983: 11). Despite outside pressures of colonialism and cultural imperialism (during efforts of forced assimilation of Indigenous nations in countries such as the U.S. in the past traditional healers were dismissed and outlawed) traditional healing survived in many Indigenous communities (OLSON-GAREWAL 2000). Most forms of traditional healing therapies in order to be efficient depend heavily upon the skills and experience, i.e. the proficiency of the practitioners. Their client-centered, personalized care is relationship oriented, which encourages communication about the illness and social issues related to the disease. In many communities they frequently play a key role as first point of consultation.

Traditional healers use Indigenous knowledge in their treatments and protocols. They are oftentimes regarded as experienced local leaders, folk psychologists and comprise psychic healers, herbalists, traditional birth attendants, faith healers, and spiritualists. Traditional healers' holistic view on health is one of harmony, a state of balance and equilibrium within a person's body, psyche and relationship with other people around them. Ill health is sign of an imbalance in any of these relationships and the healer is to restore that balance seeing the disease in a wider personal, social and cosmic context (HELMAN 2006: 201). Hence Indigenous people have characterized biomedicine as being reductionist since the focus is mainly on the physical body. Despite these contrastive concepts of health care provision an integrative approach has been promoted. Back in 1978 the World Health Organization formally recognized the importance of collaborations between mainstream and traditional health

practitioners. The WHO saw traditional medicine practitioners as possible allies of the medical system despite the remaining caution as to superstitious beliefs and practices with all their potential dangers (Ibid: 200). WHO issued guidelines on traditional medicines, traditional healers and collaboration between biomedicines and traditional medicines and organized expert consultations and conferences. Furthermore the WHO has designated basic and clinical research centers, e.g. at University of Illinois school of pharmacy. In subsequent years there has been an increasing use of complementary and alternative medicine (CAM)³ in many developed and developing countries (ONG, BODEKER et al. 2005: xiii). Use of traditional medicine and CAM in countries such as the US varies considerably between groups and regions. While CAM is used increasingly by the wealthy, data is lacking in tribal settings. Most tribes appear to focus more on biomedicine with traditional healers stating they “run up against a whole system opposed to traditional medicine” (personal communication). This is explicable by the fact that throughout history local healers and their medicine was discredited, especially when these healers were not able to take care of the introduced diseases. Long-term effects of this might lead to tribes not wanting to undertake specific actions to implement traditional healing in their health care.

³ CAM “complementary and alternative medicines” relates to health care practices that do not form part of a country’s own tradition, or not integrated into its dominant health care systems, such as acupuncture, homeopathy and chiropractic systems. See Traditional Medicine Strategy 2002-2005, World Health Organization, WHO/EDM/TRM/2002.1, Geneva, p.7.

Policy on traditional healing and the right of self-determination

Supported by national governments efforts to develop adequate policies and strategies to protect traditional healing knowledge have increased internationally in recent years. Despite its continued use for centuries the majority of countries does not have official policies - as of the year 2000, only 25 of WHO's 191 Member States reported having a national traditional medicine policy (WHO 2002: 20).

WHO has defined three types of health system structures to describe the degree to which traditional medicine is an officially recognized component of care. In a tolerant health system health care is entirely based on allopathic medicine. Traditional medicine practices are not officially recognized. In an inclusive health system, even though not incorporated in all areas of care, traditional medicine is recognized - be this in the delivery of health care or the educational and training context or regulations. The third category is an integrative health system which officially recognizes and incorporates traditional medicine in all the different areas of health care provision (WHO 2002: pp. 8-9).

In countries where traditional health practitioners are regulated by laws they can be classified as part of the formal health system. In countries like the United States where no legal frameworks exist which recognize Indigenous healing, as valid healers are part of the informal health workers. They either have to adjust to the existing administrative and labor standards like

any private entity (WHO 2003) or work under the regulations of tribal clinics which have started defining their own rules for qualification and certification, supervision and quality control of traditional healers. Safety, efficacy and quality standards of their healing methods are being designed.

In the United States of America there are no official policies regarding traditional healing, whether American Indian or imported systems, like Chinese medicine. In regard to U.S. medical policy, this lack of recognition of traditional healing practices has led to a situation where traditional healing resource remains underestimated and under researched.

Indigenous groups in the U.S. have developed numerous (prevention) programs, which focus on traditional approaches to physical and mental health and well-being. Although tribes know about and the Indian Health Service acknowledges the importance of traditional healing there is no formal policy to protect these methods within the IHS system. Nor is there any guidance to IHS staff to ensure that traditional healing practices are given the same respect that is given to conventional Western practices.

Some states in the U.S. are fairly progressive concerning regulations about the practice of alternative medicine. Massage therapy for example has to be covered by insurances in certain States. However little is moving on the policy level concerning integrative services. Indian health programs should be permitted to integrate traditional health care practices into their prevention/wellness programs with no adverse impact on the ability to receive federal support for

prevention and wellness programs. There are initiatives to allow integration of traditional health practices and to assure that prevention and wellness programs are covered services in all public programs (Medicare, Medicaid and CHIP). So far research is mainly funded at the National Institutes of Health (NIH). Through the Fogarty Center at NIH traditional medicine research has been conducted worldwide.

To identify and address the barriers that prevent the integration of traditional healing with the rest of the Indian health care system continued discussion with tribal leaders, health care providers, traditional healers, and community members has to be promoted.

As for the mainstream health system there are signs of a growing national movement in cross-cultural health care in the U.S. that takes into consideration the cultural beliefs for medical treatment decisions. In a recent survey of 60 hospitals the largest hospital accrediting group in the U.S., the Joint Commission found cultural values and beliefs to be increasingly embraced, catering to immigrant, refugee and ethnic-minority populations (LEIGH BROWN 2009). At White Memorial Medical Center in Los Angeles e.g. a “low-tech approach“ is implemented geared toward prevention in which the physician on a case-by-case basis refers patients to traditional healers. At Mercy Medical Center in Merced, California with a high Hmong patient population from northern Laos healing includes shaman practices. The hospital enacted a “Hmong shaman policy” which is the first regulation in a mainstream hospital in the U.S. that formally acknowledges that traditional healers cultural role and approves ceremonies such as chanting (Ibid).

Similar policies could be introduced to encourage traditional healing for American Indians in mainstream institutions. In order to succeed in this effort representatives of public institutions and agencies have to be engaged to pay more attention to the resource potential of traditional healing. American Regional Networks should be created that will explore the field of traditional healing and its possible applications in health policies.

Integrating needs into policy

To integrate Indigenous peoples' health needs and perspectives into national as well as international health development frameworks, such as national health sector plans and the Millennium Development Goals guidelines for health policy makers need to be issued. In policy, service development and practice, access to and uptake of evidence should be improved. This would influence the development and implementation of strategies and policies to address health and wellbeing in Indigenous communities at local/regional, state and national levels. Policy makers thus are provided with a framework that allows them to shift focus, to developing and strengthening social approaches instead of “caseness” problem and pathology.

Apart from the policy requirements listed above a new legal framework is furthermore required to prevent the exploitation of traditional knowledge and coveted resources on Indigenous lands internationally. Indigenous well-being is particularly closely connected to the healthy relationship to the environments in which indigenous groups live. (CHIVAN 2001: 66). Continuing de-

struction of habitat and disappearance of species deprives local cultures of their very means of existence, as these elements are unique and irreplaceable parts of Indigenous culture and lifestyle. This causes significant psychological distress. Accordingly Jacques Mabit commented at the Traditional Medicine, Interculturality and Mental Health Congress in Tarapoto, Peru in June 2009 on the relative importance of traditional health policies that: "There is no point in continuing to develop health policies or eradication campaigns if society does not deal with the lack of meaning in life" which he believes is what can lead especially to mental problems and drug-addiction. The broader picture therefore should be considered. Efficient policies should be developed that are not limited to traditional healing and knowledge but guarantee justice, fair compensation, education and human rights as well as cultural and biodiversity protection amongst others. A focus on improvements in health services alone accordingly is not sufficient. In order to improve health for Indigenous groups an interdisciplinary, holistic approach needs to include complex social and political, educational and economical as well as ecological factors. Due to the interdependencies between these various factors coordinated intervention of health care services, educational systems, and economic development programs are required. Collaborations and partnerships among Indigenous nations, health organizations, medical centers, foundations, NGOs, and governmental agencies and programs need to be established. All these different stakeholders must come together to map out where to go.

The recently developed Indigenous self-

determined health approaches communities that are rooted in traditional knowledge and practices and lie partly outside of the health sector demonstrate that local Indigenous groups have a central role in defining what is possible and practical to improve health. Since the 1970s, when Indigenous groups began to demand more self-governance Federal policy has encouraged less centralized Indigenous administration of government programs in areas such as health and education. Today self-determination is, to Indigenous peoples, the most fundamental of the rights they ask the world and, above all, the state they have been made a part of, to recognize. In its broadest formulation, the principle of self-determination encompasses the political, legal, economic, social and cultural subjects of the life of peoples. Article 3 of The Universal Declaration on the Rights of Indigenous Peoples, endorsed on Sept 13 2007 speaks of the right of self-determination: “Indigenous peoples have the right to self-determination. By virtue of that right they freely determine their political status and freely pursue their economic, social and cultural development.”⁴

What has become evident throughout these last years and decades of self-governance and has only started to be discussed in depth fairly recently, is the fact that a lack of self-determination (the negation of the Indigenous way of life and world vision, the destruction of habitat, the decrease of biodiversity, the imposition of sub-standard living and working conditions, the dispossession of traditional lands and the relocation and transfer of populations) leads to

⁴ See: <http://www.un.org/esa/socdev/unpfii/en/drip.html>

decrease of health and well-being. Solutions to many of the problems faced by Indigenous peoples therefore can best come from the nations themselves. They are closely connected to nation building - which must develop from inside out. Self-government initiatives are needed as well as direct contact with and participation of Indigenous peoples when designing strategies to improve Indigenous health and defining comprehensive health services and policies. Meaningful and valuable consultation and substantial Indigenous operation and control can produce more accepted and appropriate health outcomes. Discussion should not be limited to health but additionally concern areas like education, welfare, culture and community affairs. A new framework for health care systems analysis needs to be developed that considers the complexities of factors influencing health outcome.

On the international scale only few international organizations are seeking to enable Indigenous nations to have greater visibility in national and international processes affecting them; and to engage with Indigenous communities in mutually beneficial relationships. First and foremost therefore Indigenous peoples must be directly involved in all processes affecting them and come up with strategies most suited to their needs so that they can relate to and trust those strategies. Cooperation between Indigenous peoples and policy makers (WHO, PAHO, EHMA) needs to be facilitated.

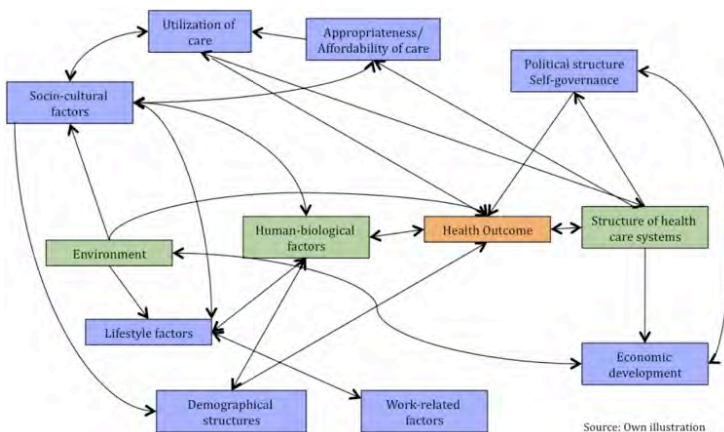


Figure 4: Framework for Indigenous healthcare systems analysis

Today more global instruments can be found that incorporate Indigenous peoples' rights to their traditional medicines. The Universal Declaration on the Rights of Indigenous Peoples guarantees Indigenous peoples right to health and traditional healing systems states in article 23: "The right to determine and develop priorities and strategies [...] for health programs affecting them"; article 31: "[...] the right to maintain, control, protect and develop their [...] medicines [...]."⁵ Traditional health systems and the right to

⁵ UNDRIP is not legally binding and thus remains 'aspirational'. Indigenous leaders demand that both the governments and private corporations incorporate the declaration into national economic, political, cultural and environmental policies. President Obama

one's own culturally defined health system should be placed on the international agenda as a key element of self-determination of Indigenous peoples. Healing arts in international policy need to be discussed, the subject matter opened up as an agenda item at the UN Indigenous Peoples Forum. An (inter)national traditional medicine policy needs to be worked out, a global strategy on Indigenous people's health and mental health developed. As the effectiveness of a global strategy requires strong support and close involvement by respective state governments the feasibility of implementing such a strategy has to be questioned. How the states involved worldwide frame the issue of Indigenous health differs considerably as do Indigenous practices and beliefs. Adapting the strategy to the respective country-specific context would take time due to widely disparate needs and interests and because it must be a general, multi-stakeholder instrument (including Indigenous representatives, governments, members of the United Nations family, local leaders).

Apart from international policy, support is required in the specific national contexts. In the United States under the self-determination policy developed during the Nixon administration, tribes were encouraged to take over governing their health care programs (FLACK, AMARO et al.

announced that his government endorsed the Declaration at the December 2010 White House Tribal Conference. Federal and state public policies addressing health and well-being are to be made compliant and consistent with international law and accepted covenants relating to human rights, and to Indigenous peoples' rights relating to health and well-being. Discussions are being pursued on the objectives of public health, the appropriate balancing of trade and more effectively controlling the private sector as well as enhancing the community-based sectors.

1995). In 1975, President Ford signed into law the Indian Self-Determination and Education Assistance Act (ISDEAA) - Public Law 93-638. This landmark legislation strengthened the federal policy of Tribal Self-Determination with Indian Tribes exercising decision-making authority over their own affairs.

American Indian and Alaska Native tribal governments have sovereign nation status with the Federal government. As "nations within a nation" they are recognized as distinct political entities operating within the American government system and thus have a unique government-to-government relationship with the federal government. The amount of American Indian sovereignty retained depends on the varying degrees of assimilation that each particular nation has undergone and the outcome of past and present disputes about tribal governance. Unlike most states Washington e.g. has better laws and better policies than most other states securing state tribal relationships on a government level. The Centennial Accord 1989 sets the tone of this relationship, fully recognizing the tribes as sovereign governments. Also 7.11 policy concerns the commitment of government and requires the state to build relationships with the tribes and maintain their government-to-government relationships with the tribes. Tribes living in Washington State have established through negotiations the most extensive arrangements for self-determination in the United States. This means that instead of federal officials deciding e.g. how funds are distributed, the tribes decide.

Today health care for members of American Indian tribes and Alaska Natives often comes from a separate health care delivery system, provided by the federal government, as an outgrowth of the

unique and complex history of interactions between the various tribes and the United States government (SHELTON 2004:1).

American Indian Tribes can choose the governmental source of health care for their enrolled members through (1) direct services from the Indian Health Service- IHS directly manages 52 health centers, 31 hospitals, and 31 health stations. Tribally managed services (2) "Self-Determination Contracts," i.e. contracts which the tribes establish with the IHS in the interest of administrative and funding control of the services and programs that would otherwise be provided by the IHS, or (3) "Self-Governance Compacts," i.e. compacts between the tribes and the IHS to gain control over programs and health care services otherwise provided by the IHS in order to design health care programs which meet the specific needs of tribal communities- services operated by the tribes are authorized by contracts and compacts under the Indian Self-Determination and Education Assistance Act. Tribally managed services manage nearly 50% of the IHS system. Health care is provided by tribal services in 256 health centers, 15 hospitals, 282 health stations (which include 166 Alaska Native village clinics) and 9 school health centers. As of December 2010, the IHS had negotiated a total of 78 Self-Governance Compacts and 100 funding agreements with 332, 59% of the 562 federally-recognized Indian Tribes in the United States. Self-Governance Tribes currently control nearly \$1.4 billion of the IHS budget of approximately \$4.03 billion, or about 35% of the total IHS FY 2010 budget appropriation. Tribal Self-Governance programs served 37% of users (550,646 out of a

total of 1,483,423) of Indian health care programs in 2008 (IHS 2011).

As the Indian health service is very limited in their services tribes are relying less and less on the IHS and doing more of their work, providing their own services. In the face of severe political and financial challenges it is now the modern tribal governments that have the responsibility for creating new social health and economic institutions that support and serve those suffering from disease. One outstanding model example for good work in the field of self-determined indigenous health is the afore-mentioned Native-owned and operated health care organization, South Central Foundation in Anchorage, Alaska. SCF's success story speaks powerfully to everyone working in Indigenous health, inspiring others, giving hope to reach for what might seem impossible given the historical and structural realities indigenous people face in many parts of the world to the present day. On Nov. 22, 2011 the U.S Secretary of Commerce announced the organization to receive Presidential honor for performance excellence. SCF is the first Native organization to earn the Malcolm Baldrige National Quality Award.

A conclusion to be drawn from this analysis is that in essence Indigenous peoples' health is as much a question of political will and leadership as it is of consciousness and underlying cosmology. In order to improve Indigenous health a paradigmatic shift towards a comprehensive approach is needed. New frameworks, such as the political economy of health approach seem well suited for Indigenous health disparities research.

Other multi-level theories that could be informed by Indigenous ways of knowing will need to be developed to be able to analyze the complex ways in which people understand and change the intermingled physical, biological as well as socio-cultural worlds they live in. Funding of such interdisciplinary research has to be increased.

To sum up it has been shown that Indigenous peoples' self-determination in health if appropriately supported and strengthened bears promising potential to improve overall health status. The assumptions raised by the kinds of phenomenon that are being pioneered in places where communities self-determinedly endeavor to work toward a healing of mind, body, and spirit might look much more like the Indigenous world to envision.

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About the author

Dr. Mirjam Hirch lives in Darmstadt, Germany. She is an Associate Scholar of the Center for World Indigenous Studies focusing on Traditional

Medicine Policy. In Oct. 2011 she received her Doctoral Degree in Medical Geography from the University of Cologne, Germany where she has also been lecturing. Apart from extensive teaching experiences, she has published articles in peer-reviewed journals, as well as magazines and newspapers, and presented at local/international venues. As a geographer with a strong background in law (health as a human right) she has been travelling the globe extensively inquiring into comprehensive health care systems that put people at the centre.

Contact information

Institute of Geography, University of Cologne,
Albertus-Magnus-Platz, D-50923 Köln,
mirjam@cwis.org

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