

**ADDRESSING THE PERSISTENT DISPARITIES
IN AMERICAN INDIAN AND ALASKA NATIVE COMMUNITIES**

BY E.T., C.S. AND B.M.

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Since the discovery of the Americas by the Spanish explorer Christopher Columbus, indigenous groups have been subjected to abuse, mistreatment, and exploitation, perpetuating a legacy of oppression that continues to affect them till this day. Upon arriving in this land, Christopher Columbus once remarked that the indigenous people would make suitable slaves for Europeans, despite the gracious reception extended to him by the native tribes. From that day on, millions of intruders have come to colonize and take their resources. Countless groups have come promising words of neighbors, and friends while they wield a dagger behind their back. Ripped of their land, culture, and people, current natives still suffer from the previous intergenerational trauma.

Fast forward to the present-day United States. There are 575 federally recognized American Indian and Alaskan Native (AIAN) tribes. Although this number may sound like a lot, this leaves out 400 unrecognized tribes. These tribes do not reap the same benefits of reparations that recognized tribes do, leading to the mistreatment of these individuals. Whether it's healthcare access, quality education, or worsening mental health, AIAN individuals' rights to human necessities are greatly overlooked and need to be granted through the recognition of 400 unestablished tribes and an increase of funding for federal programs supporting AIAN populations.

The distressing statistics highlighting the death of educational opportunities in Alaska, particularly among Indigenous communities, demand urgent attention and concerted action. According to a report by the National Center for Education Statistics, Alaska has one of the lowest high school graduation rates in the United States, with only about 79% of students completing their high school education [1]. Among Indigenous populations, this rate drops even further, with some estimates suggesting graduation rates as low as 50% [2]. Furthermore, a study published in the National Library of Medicine revealed that areas with lower educational attainment tend to experience higher rates of crime and instability, with Alaska consistently ranking among states with elevated crime rates [3]. This correlation between educational deficits and societal problems underscores the urgent need for targeted interventions to improve educational opportunities for Indigenous peoples in Alaska and across America, mitigating the risk of psychological trauma and substance abuse while fostering pathways to sustainable development and well-being. These educational deficits not only erode individual prospects but also fuel broader societal issues such as crime and instability.

As of 2021, the life expectancy for American Indians and Alaska Natives had declined to 65.2 years, a stark contrast to the 76.4 years observed among the general American population [4]. While most attribute the higher mortality levels of Native Americans to their culture of smoking or alcoholism, the real reason runs deeper than that. According to the National Indian Council on Aging, the two top leading causes of death were heart disease and cancer, accounting for 79% of all AIAN's deaths [5]. However, even while smoking can increase the likelihood of the occurrence, the leading causes of these illnesses were high blood pressure and high cholesterol which could be improved by consultation and aid from medical staff. However, there is a prevalent problem when it comes to access to healthcare for indigenous groups. The federal government is given the responsibility to fund specific agencies to help improve the tribe's access to healthcare, yet in the past few decades, the federal government has severely underfunded these agencies/programs, specifically the Indian Health Service. While expected to resolve these problems, these agencies still end up being severely underfunded, limiting their contribution and aid to the tribes [6].

WEEKLY QUESTION: How can incorporating traditional Indigenous knowledge and practices into healthcare systems improve outcomes for Indigenous populations?

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When the Covid-19 pandemic hit, many populations and countries were impacted gravely, yet not one can compare to the extent of devastation faced by the tribal groups. The incidence rate among Native groups was significantly higher than that among the general American population, with the death toll far surpassing Americans' [7]. Scattered on remote reservation sites, residents struggled to receive adequate health services like testing and vaccination centers [7]. Some reasons include the absence of transportation methods or the lack of safe roads, but the most crucial factor was the absence of the clinical centers. It isn't helpful that the remaining few centers are still severely understaffed to this day, and racism continues to thrive behind those 'open' doors which are all major deterrents for the AIAN populations. Who wants to go to a hospital where they aren't heard, or respected, but plainly judged? This significantly contributed to the substantial losses during the pandemic and the current low life expectancy rate compared to other races [7].

When the AIAN groups signed numerous treaties and documents and cooperated with the US, they were promised many provisions like access to education, but most importantly, healthcare. As a country, we have done a horrendous job of fulfilling that promise. Any of the healthcare provided is specifically for federally recognized Indian tribes. However, there are approximately 575 federally recognized tribes and 400 unrecognized tribes [8]. This implies that almost half of the indigenous tribes don't receive any form of healthcare to consult for advice or treatment for illnesses. Not to mention, the process of seeking federal recognition can be arduous and lengthy.

In addition to a lack of healthcare access and education, worsening mental health is a huge struggle among Indigenous and Alaska Native populations. The rates of suicide attempts and death by suicide are much greater in AIAN populations [9]. According to the United States Department of Health and Human Services Office of Minority Health, the adolescent death by suicide rate in AIAN populations is 20 percent higher in comparison to non-Hispanic white populations, disproportionately affecting women more than men. In 2019, the second leading cause of death in AIAN populations between ages 10 and 34.1 was suicide [8]. The lack of healthcare and mental health assistance in AIAN populations in comparison to white populations has led to an increased death rate due to suicide.

The negative effects of mental health can lead to increased drug abuse, especially from younger ages, and higher rates than all other ethnic groups. [10] This, in turn, leads to physical abuse and violence. AIAN populations are 2.5 times more likely to be sexually assaulted compared to all other ethnicities, and 1 out of 3 AIAN women have reported being raped in their lifetime. [8]

The lack of treatment for mental health issues can be caused by the misdiagnosis of illnesses due to a lack of historical studies on native mental health. This has led to fewer diagnoses, especially because mental illness can manifest itself in different forms for different ethnicities. This is likely due to intergenerational trauma originating from AIAN discrimination and the resulting poverty. [8] AIAN populations have the highest poverty rate out of all ethnic groups, and thus less access to healthcare and insurance. Other barriers to proper healthcare include AIAN populations being more likely to seek help from traditional medicine and an overall lack of mental health awareness in communities, which both lead to worsening mental health and thus a higher suicide rate than other ethnic groups. [10] Although we as authors are not experts in AIAN history or public health, we understand the need to address health disparities in underserved populations, because assisting those most in need benefits everyone in the community. We can't emphasize enough the importance of supporting disadvantaged groups. By federally recognizing the 400 unestablished tribes, we can provide funding, benefits, and reparations for AIAN groups who have, yet again, been left out. The increase in benefits will lead to better education, healthcare, and mental health resources, which in turn will lead to less substance abuse and violence. In order to fix these issues that lead to abuse and violence, we as a country need to

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stand up for AIAN groups and federally recognize unestablished tribes to give them the benefits they need.

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EVENTS THIS WEEK

Speaker [Angelique Day, PhD](#), Associate professor and faculty affiliate of the Indigenous Wellness Research Institute, School of Social Work, and adjunct faculty in the Evans School of Public Policy and Governance, University of Washington Seattle:

Authentic Engagement of Youth Voice in Provider service efforts: Lessons learned from the Quality Improvement Center on Youth engagement in Permanency Planning

Wednesday
11:00AM
HYBRID

Prize from Emails
Announced every Friday!

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