

Culture as Treatment: A Pathway Toward Indigenous Health Equity

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Abstract

In this paper, we report on the process by which health equity has historically been conceptualized from a western lens, continuing to leave behind Native Nations. We present how the historical context impacts the present-day disparities experiences by Indigenous communities in the US. We conclude with examples of Indigenous culture as treatment as a pathway towards achieving Indigenous health equity.

Keywords: Culture; Indigenous knowledge; Indigenous health equity

The movement for health equity recognizes that not all people have the same opportunity to achieve optimal health outcomes; this is especially true for Indigenous health equity, as access is influenced by structural barriers built and sustained by colonization. Prior to colonial contact, American Indian and Alaska Native communities were among the healthiest populations, living in harmony with the land and one another (Echo-Hawk, 2019). Settler colonialism disrupted these traditional lifeways and has resulted in some of the worst health disparities in the United States today. Colonization exploited Indigenous lands and resources in order for settlers to gain wealth and power while making Native communities dependent upon state resources. Tribal institutions were outlawed, belief systems and traditional practices were criminalized, and Native people were imprisoned for attending powwows, praying, and even participating in traditional ceremonies (Steinman, 2016). Native children were taken from their homes and placed in Christian

boarding schools with the ultimate goal of assimilation into settler culture (Steinman, 2016). Immense abuse took place at these schools, and Native children had their hair cut and were not permitted to speak in their Native languages. While not an exhaustive representation of settler colonialism, these demonstrate a portion of the systemic issues brought about by colonization. Systemic issues such as genocide, removal from homelands and traditional community structures, racism, poverty, and poor education all give rise to a myriad of health disparities.

Despite being the original inhabitants of this land, the American Indian and Alaska Native population experience some of the worst health disparities in the entire nation (Epsy et al., 2014; Warne & Lajimodiere, 2015). Indigenous communities experience disproportionate death rates from largely preventable causes such as infant mortality, diabetes, heart disease, and unintentional injuries (Warne & Lajimodiere, 2015). Further, according to the Centers for Disease Control and Prevention, American

Indian and Alaska Native communities have the lowest life expectancy compared with other races and ethnicities within the United States (Arias et al., 2021). In addition to physical health disparities, Indigenous mental health is in a dire state as well. American Indian and Alaska Native communities have the highest rate of suicide among all ethnic groups in the United States (Indian Health Service, 2018), and Native youth have a suicide rate 1.5 times higher than the general population, facing a higher risk for depression and substance use (Asher BlackDeer & Patterson Silver Wolf, 2020; Listug-Lunde et al., 2013). Addressing Indigenous physical and mental health disparities is in alignment with the UN Sustainable Development Goals of achieving good health and well-being at all ages and reducing inequalities by supporting the marginalized and disadvantaged.

Several policies have been proposed and enacted to remedy these health disparities, yet all have fallen short. The Snyder Act of 1921 authorized funds for the “relief of distress and conservation of health” in order to employ physicians to work with Native Nations within the United States. These federal health benefits for Indigenous populations are derived from a political relationship based on tribal sovereignty, not a race-based preference. The most prominent federal health benefit is the Indian Health Service (IHS), which is a comprehensive health service delivery system for more than two million American Indian and Alaska Native communities, with 45 hospitals, more than 600 facilities, and funding for 33 urban American Indian health organizations (IHS, 2020). However, the IHS has been historically underfunded and is difficult to access, and those who rely solely on the IHS often lack access to preventive care and early treatment of chronic diseases. These federal policies and programs continue to fail Indigenous communities.

Despite the Healthy People 2020 program defining health equity as the “attainment of the highest level of health for all people,” Echo-Hawk (2019) reminds us that not all communities have the same opportunities to achieve said optimal health outcomes. Very few

improvements have been seen in Native health outcomes, as the movement for health equity continues to be based on Western cultural norms. Many mental health interventions are based on Western white ways of knowing, emphasizing distress and dysfunction (Asher BlackDeer & Patterson Silver Wolf, 2020). Indigenous health equity must be grounded in traditional culture and ways of knowing and being. Even in the global health sphere, Indigenous scholars have made the call to address the elephant in the room, addressing how Indigenous Nations, cultures, languages, and spiritualities are sidelined (Jensen & Lopez-Carmen, 2022). This fundamental shift in Indigenous health equity recognizes that the answers lie within our own cultures, and it is up to us to improve health and well-being for our future generations (Echo-Hawk, 2019).

Indigenous health equity is embodied through the notion that culture is treatment. Although some Western and non-Western health professionals do not see the significance of culture, several Indigenous scholars have brought forward this movement of Indigenous culture as the ultimate treatment, demonstrating both our tribal sovereignty and self-determination (Barker et al., 2017; Brady, 1995; Fiedeldey-Van Dijk et al., 2017; Gone, 2013; Pomerville & Gone, 2019). Asher BlackDeer and Patterson Silver Wolf (2020) found that several successful mental health interventions for American Indian youth had key features of foundational traditional beliefs and practices for healing and well-being, such as *Our Life* (Goodkind et al., 2012) and *Qungasvik* (Allen et al., 2018). Hirchak et al. (2022) centred Indigenous culture in the integration of extended family traditions, traditional healing practices, and ceremonies to inform an opioid use disorder intervention. Yamane and Helm (2022) conducted a systematic review on Indigenous culture as health, finding four key modalities: (a) Indigenous ways of knowing, (b) Indigenous cultural practices, (c) place-based/sacred sites, and (d) Indigenous spirituality.

Ultimately, Indigenous culture as treatment is an ideal path forward in

recognizing tribal sovereignty and self-determination and achieving Indigenous health equity. These practices recognize and uplift the knowledge we have carried across generations, allowing us to address health disparities on our own terms while affirming our connection to culture. Indigenous culture as treatment addresses not only physical and mental health disparities but also accounts for structural issues of inequality and policy injustices, medical discrimination, marginalization, and exclusion. By recognizing and making space for Indigenous culture as a treatment that is integral to the pathway to Indigenous health equity, we Native Nations are healing ourselves in community.

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