NIH Tribal Consultation
October 9, 2016
Phoenix Convention Center
Room 102C
Phoenix, Arizona

Meeting Summary

I. Welcome

The NIH Annual Tribal Consultation began at 1:06 p.m. with remarks from Aaron Payment, chairperson of the NIH Tribal Consultation Advisory Committee (TCAC) and chairperson of the Sault Ste. Marie Tribe of Chippewa Indians. Prior to opening the floor up for introductions, Chairperson Payment invited the participants sitting along the perimeter of the room to join the tribal leaders and NIH staff at the table.

A. Introductions

1. **Tribal Members in Attendance**
   Chester Antone, Tohono O'dham Nation, Tucson Area Delegate, TCAC, and chair, Secretary's Tribal Advisory Committee (STAC)
   Jamie Beihn, Tuolumne Band of Me-Wuk Indians
   Jamie Gomez, Central Council of the Tlingit and Haida Indian Tribe of Alaska and staff member, National Congress of American Indians (NCAI)
   Kathy Goodwin, White Earth Nation
   Raena Honan
   Clinton Lageson, Kenaitze Indian Tribe
   Will Micklin, Central Council of the Tlingit and Haida Indian Tribe of Alaska and STAC
   Liana Onnen, Prairie Band of Potawatomi Nation, and Executive Committee Member, NCAI
   Aaron Payment, Sault Ste. Marie Tribe of Chippewa Indians, Chairperson and Bemidji Area Delegate, TCAC
   Carol Schurz, Gila River Indian Community
   Brenda Tuomi, Confederated Tribes of Grand Ronde
   Malia Villegas, Ed.D., Native Village of Afognak, National At-Large Member Delegate, TCAC
   Diana Zirul, Kenaitze Indian Tribe

2. **National Institutes of Health**
   James M. Anderson, M.D., Ph.D., NIH Deputy Director for Program Coordination, Planning, and Strategic Initiatives
   Liam O'Fallon, Program Analyst, Population Health Branch, National Institute of Environmental Sciences (NIEHS)
   Beverly Pringle, Ph.D., Global Mental Health Research Program, Office for Research on Disparities and Global Mental Health, National Institute of Mental Health (NIMH)

3. **Department of Health and Human Resources (HHS)**
   Mirtha Beadle, Substance Abuse and Mental Health Services Administration (SAMHSA)
   Sheila Cooper, SAMHSA

4. **Participants via Conference Call**
   Symma Finn, Ph.D., Health Scientist Administrator, National Institute of Environmental Health Sciences
   Robin Kawazoe, Deputy Director, Division of Program Coordination, Planning and Strategic Initiatives, NIH Office of the Director
   Lora Kutkat, Senior Advisor, Division of Program Coordination, Planning and Strategic Initiatives, NIH Office of the Director

5. **Contractor Support**
   Kendra King Bowes, Native American Management Services (NAMS)
   Laura C. Jackson (note taker), Audio Associates

B. Meeting Discussion

- Tribal Opening Remarks
- Welcome and Opening Remarks from NIH
- NIH Programs and Policies
- Tribal Response
- Other Tribal Comments, Issues, Testimony and Priorities
- Closing Remarks

II. Tribal Opening Remarks
Aaron Payment, TCAC Chairperson and Chairperson of the Sault Ste. Marie Tribe of Chippewa Indians

Malia Villegas, Ed.D., TCAC Co-Chairperson and Councilmember, Native Village of Afognak

Reading from a prepared statement, Chairperson Payment noted the historic nature of the NIH Tribal Consultation as tribes have been requesting the meeting for some time.

The TCAC, created under Executive Order 13-175, serves as a great step in the right direction, said Chairperson Payment. Through the consultation process, all 567 federally recognized tribes have a right to interact and provide input on the areas of government that affect Indian nations and tribal citizens. The consultation process is a means of regaining control and establishing working relationships with the federal bureaucracy.

NIH intends to hold at least one annual NIH-wide Tribal Consultation Session, said Chairperson Payment. Other consultations may occur for the purposes of discussing:

- Ongoing proposed research of interest to American Indians and Alaska Native (AI/ANs)
- Current or proposed NIH policies, programs and/or research projects
- Current or proposed research priorities

Chairperson Payment expressed a desire to see more tribal students on the path toward medical research careers. The handful of Native students currently studying at NIH have the support of their communities and dedicated mentors. Tribes must take an active role in supporting these young scholars.

Last, Chairperson Payment encouraged tribes to engage with NIH and envision the possibilities for Native communities. Tribes should learn about the Native American Research Centers for Health (NARCH), which support opportunities for conducting research and career enhancement to meet the health needs of Native communities and the scientists conducting research on the health needs of these communities.

The Precision Medicine Initiative (PMI), which can unpack what works in terms of diet and exercise based on genetics, also presents an exciting opportunity for tribes. Noting historical and family health challenges, Chairperson Payment said that while his great-grandparents lived into their 80s and 90s, the current generation has a life expectancy of 60 years old. Drugs, alcohol, sedentary lifestyles and non-Indigenous diets are likely the reason. Finding the precise diet, exercise and wellness plan based on genomes and environmental adaptation can offer a solution.

Chairperson Payment wrapped up with a call for more TCAC members, who intend to serve as advocates and partners with NIH in addressing the great work ahead. The committee currently has delegate and alternate vacancies in these areas:

- Albuquerque (Delegate and Alternate)
- Billings (Delegate and Alternate)
- California (Delegate and Alternate)
- Oklahoma (Alternate)
- Phoenix (Delegate and Alternate)
- National At-Large (2 Delegates and 3 Alternates)

Speaking next, Dr. Malia Villegas discussed the Policy Research Center for the National Congress of American Indians (NCAI), which is now in its 12th year of focusing on research and data as a critical exercise of sovereignty. The center aims to give tribal leaders the best knowledge and information to inform decision making.

Dr. Villegas said these four priorities came out of the TCAC in-person meeting with NIH on September 15-16, 2016:

- Strengthening the research infrastructure while acknowledging that there is support for research in place in tribal communities. Examples include NARCH; the IDeA Network of Biomedical Research Excellence (INBRE); the Surveillance, Epidemiology, and End Results Program (SEER), which focuses on public health surveillance efforts; and Tribal Epidemiology Centers (TECs), which could benefit from further investment to strengthen research and build on what is already in place.
- Investing in research to specifically improve AI/AN outcomes. One cross-NIH funding announcement includes the Intervention Research to Improve Native

American Health (IRINAH). TCAC members discussed the importance of investing in these cross-NIH efforts, looking at exploratory research and learning about implementation.
- Improving the peer review system to address potential and documented cultural bias. Investigators and those who have a demonstrated commitment to the NIH process and research must get through the research pathway.
- Continuing NIH's commitment to tribal consultation. What makes the TCAC different than the STAC is that NIH provides support for both delegates and technical advisors to travel twice a year, said Dr. Villegas.

Overall, TCAC remains eager to hear the priorities, needs and interests from Indian Country as well as ideas on how the committee can team up with NIH to improve outcomes, said Dr. Villegas.

III. Welcome and Opening Remarks from NIH
James M. Anderson, M.D., Ph.D.

NIH embraces the opportunity to participate in tribal consultations, said Dr. James Anderson. NIH, the largest biomedical research agency in the world, is part of the U.S. Department of Health and Human Services (HHS). HHS includes other agencies more focused on public health services, such as the Indian Health Service (IHS) and the Centers for Disease Control and Prevention (CDC).

NIH is composed of 27 different Institutes and Centers, and each has a main focus on a different area of health and disease, said Dr. Anderson. Collectively these Institutes and Centers work to seek fundamental knowledge about the nature and behavior of living systems and then apply that knowledge to enhance health, lengthen life and reduce illness and disability.

As part of his work at NIH, Dr. Anderson helps to coordinate areas of research that cut across the missions of the 27 separate Institutes and Centers. Many of the research issues highly relevant to tribal communities also serve as cross-cutting issues that create opportunities to promote research coordination.

Tribal communities face many unmet health research needs, and these needs are broader than what any single NIH Institute or Center can address by itself, said Dr. Anderson. In response, NIH recently established the Tribal Health Research Office to combine NIH research approaches with the health priorities of Indian Country. Ongoing consultations and communication through TCAC can help NIH address the urgent research needs of tribal communities and close research gaps.

Dr. Anderson has worked closely with the TCAC co-chairs, and the committee has conducted monthly conference calls and met in person three times to ensure regular, timely opportunities to exchange information. TCAC members and the co-chairs continue to keep important areas of research at the forefront of discussion, said Dr. Anderson.

In addition to the issues covered during the consultation, tribal leaders have expressed interest in human subjects protection and data sharing. NIH plans to schedule two additional consultations to gather feedback on these areas.

Chairperson Payment noted that STAC members have frequently discussed the issue of suicide in the context of historical trauma. During caucus sessions, tribal leaders have talked about the high rates of suicide and the disparity between the rates in Indian Country and other communities. Tribal leaders still believe the common issue is historical trauma stemming from the boarding school/reservation experience as well as current environmental issues that further create a depressed emotional state in Native America.

The two Institutes scheduled to present during the consultation would provide the best insight into these concerns, said Chairperson Payment. The consultation agenda included framing questions for tribal leaders to consider while listening to the presentations.

IV. NIH Programs and Policies
Beverly Pringle, Ph.D., Global Mental Health Research Program, Office for Research on Disparities and Global Mental Health, National Institute of Mental Health (NIMH)

Liam O'Fallon, Population Health Branch, National Institute of Environmental Health Sciences (NIEHS)

The NIMH envisions the prevention and cure of mental illnesses, said Dr. Beverly Pringle. The Institute seeks to transform its understanding and treatment of mental illnesses through the full complement of scientific endeavors to pave the way for prevention, recovery and cure.

In pursuing this agenda, NIMH stands committed to learning how to eliminate disparities in mental health status, access to care, treatment quality and treatment outcomes. The Institute also seeks to build a diverse, talented research workforce. In meeting with tribal leaders during the consultation, Dr. Pringle especially wanted to hear responses to the framing questions. Suicide prevention remains a research priority, and NIMH supports and participates in many activities in this area. In March 2016, NIMH called for applications to build collaborative research centers that will study how to enhance resilience and reduce suicide among AI/AN youth.

These centers will study culturally relevant and sustainable strategies to enhance mental health among young people. Successful researchers in this initiative will have strong partnerships with tribes and communities. NIMH received a robust response to the call for applications and expects to fund three of these collaborative centers in early 2017. The centers will produce new knowledge to help community decision makers develop and assess mental health policies and programs for AI/AN communities.

To prepare for this effort, NIMH wants to know how tribes view research outcomes from AI/AN communities other than their own, and whether research outcomes from other AI/AN communities might help. NIMH also seeks input on other pressing research questions regarding tribal mental health as well as research capacity and a diverse research workforce. Indeed, every facet of NIMH's work requires a diverse group of researchers, said Dr. Pringle.

The Institute develops this scientific workforce with training and career development opportunities.

Some of these opportunities are solely for groups that lack representation in health-related research. This might include racial/ethnic groups, individuals with disabilities and people from disadvantaged backgrounds. NIMH seeks tribal leaders' guidance on the best ways to attract AI/AN students to mental health research.

Last, Dr. Pringle sought input on new approaches to clinical trials research. Stakeholders have reported that NIMH's clinical research seems irrelevant to mental health care providers, decision makers and communities. With the experimental therapeutics approach, researchers will design clinical trials to not just show whether an intervention works but how it works -- the key mechanisms by which it works. All clinical trials research funded by NIMH must now identify a target or mechanism in order to show how interventions lead to change.

NIMH wants to know how tribal communities view this approach and get input on the best ways to identify and test intervention targets for mental health in AI/AN communities. Feedback on this and other topics will make NIMH's research agenda more responsive to tribal issues and concerns.

Responding to the issue of workforce diversity, Chairperson Payment said NIMH should go out and find those who might add a unique perspective rather than posting opportunities and waiting to see who applies. The Institute must consider a more creative approach and look past the typical, conventional student route as the high school dropout rate in Indian Country is about 50 percent. That means 50 percent of the Native Americans who make it to higher education didn't go through the traditional route and therefore don't qualify for scholarships and can't access numerous opportunities available to traditional students.

Second Vice President Micklin addressed these four concerns:

- Data: Tribes don't believe that they can come to a thorough, rigorous analysis of tribal citizens and develop therapies and approaches for suicide prevention without accurate information about tribal citizens. The Tlingit and Haida Indian Tribe lacks data on employment, education, health and other basic details. Second Vice President Micklin recommended an effort to conduct and sustain a census of tribal citizens down to those meaningful attributes that would impact suicide prevention and other health outcomes. IHS, which is involved in service delivery, doesn't focus on data. Further, tribal programs that seek to target those who are most susceptible to these behaviors probably reach those who self-identify and have the greatest chance of survival within the at-risk group.
- The collection/analysis of Indigenous knowledge: This effort would focus on behavioral knowledge and the skillful application of medicinal plants. Tribal elders, who hold a vast amount of knowledge, could provide this incredibly important testimony. Collecting and studying this information would assist in effective tribal programs and services. Older tribal members have passed down traditions and knowledge within some families but the information isn't broadly available.
- The opioid epidemic: The overprescribing of medication is part of the reason for the heroin epidemic in rural tribal villages and across the country, said Second Vice President Micklin. Medications based on highly addictive opioid therapies have real consequences, particularly on elders who haven't been exposed to these strong treatments throughout their lives. Second Vice

President Micklin's tribe has had to hire guards at clinics and pharmacies because addicts will do anything to get these medications. Once deprived, addicts turn to prescription medicine from others, inhalants and synthetic drugs. Tribes request journaled science and clinical studies to examine the efficacy of cannabinoid oils and cannabis-based medications. The Obama Administration has reaffirmed the Schedule 1 designation for cannabis, which means there is no beneficial medicinal use. However, most of the medicinal uses have no delta-9-tetrahydrocannibinol (THC) content, said Second Vice President Micklin, so to be wrapped up in the psychotropic effects of the plant is not wise. Tribes have asked the Administration to downlist the plant. More studies could examine what could potentially be a significant, efficacious application for those suffering from pain due to chronic issues, cancer or end-of-life issues. Cannabis-based treatments could serve as a substitute for opioids that cause incredible harm to tribal communities.

- A focus on cancers and immune disorders: Many tribal residents believe polluted waters, contaminants and other environmental issues have led to a disproportionate outcome on the health of Indian Country. High incidents of cancers and other illnesses contribute to poor mental health, said Second Vice President Micklin. Traditional hunters and fishermen struggle with the loss of Indigenous foods, poor health outcomes, economic disadvantages and systemic racism. These issues easily lead to the suicide epidemic and other damaging behavior. Further, attempts to convert tribal communities to Christianity led to the loss of mental health healers and Indigenous practices. Now tribes must depend on the pharmaceutical industry and its commercial motives. Mental and environmental health should work together.

Responding to these issues, Chairperson Payment added that the opioid epidemic hits Native communities harder because of historical trauma, high rates of alcoholism or unemployment and poor economic conditions. Further, the medical community has socialized patients into thinking they have pain. Reporting a high level of pain will result in OxyContin, opioids, Tylenol 3 or other medications. Pain, however, occurs naturally and indicates the need for a change. NIH could facilitate an epidemiological study on the question and treatment of pain, said Chairperson Payment. Discussions on pain must also address the medical industry's financial incentive for prescribing pain medications.

Tribal members also experience environmental racism as they live closer to their natural environment, said Chairperson Payment. Mining, poor sanitation, climate change and other concerns can devastate the health of AI/AN communities.

Comments about the environment led to Mr. Liam O'Fallon's presentation. The mission of the NIEHS is to discover how the environment affects health and well-being. The Institute doesn't have a specific disease or health outcome; instead, researchers seek to understand the connection between environmental exposures and health. NIEHS remains committed to improving the environmental public health of communities near and far by supporting research that helps reduce and prevent harmful exposures. The Institute also focuses on community-engaged research approaches in the advancement of its mission, especially when addressing environmental health disparities.

Addressing the issue of environmental exposures and mental health, Mr. O'Fallon said researchers have

gained a greater understanding of the connection between loss of land and culture on the health of tribal nations. Recent events around natural and manmade disasters as well as global climate change remind AI/AN communities of the loss of land and culture and keep historic trauma alive.

NIEHS maintains an awareness of the connection between social stressors and poor health through its work on environmental health disparities. Additionally, through disaster response work, the Institute has become focused on the concepts of community and individual resilience. However, this examination of social stress, environmental exposures and mental health is a new area, and NIEHS seeks tribal input and feedback.

Exposome is a rapidly emerging scientific area that examines the totality of exposures over an individual's lifetime, said Mr. O'Fallon. This area acknowledges that people come in contact with many chemicals in small and large amounts for short and long periods of time from birth until death. Exposome research also can include social stressors that people face throughout their lifetimes.

Different environmental justice communities around the country now embrace this new approach because it addresses their experience of facing exposure to multiple chemicals at low doses, not just one chemical at a time. This broader understanding aligns with tribal holistic perspectives on the interconnectedness between humans and their physical and social environments. NIEHS wants to know what Native communities would like to explore regarding the exposome concept and the totality of exposures throughout life.

NIEHS also seeks recommendations regarding capacity building for research partners. A pathway for researchers in environmental health sciences remains important. However, this work also should include partnerships between and among community, residents, health care professionals and environmental health researchers. However, trust plays a key role in developing partnerships to address environmental public health. Full, sustainable partnerships require an understanding of the unique skills, talents and knowledge that each partner brings to the table.

Local, cultural and ecological knowledge don't receive adequate attention yet these areas can help researchers identify and develop new questions. This knowledge also can inform and guide ongoing research and help interpret, translate and communicate findings in culturally appropriate ways. Further, this work requires an understanding that all partners benefit from capacity building, said Mr. O'Fallon. Academic researchers, health care professionals and federal program staff must develop cultural competencies when conducting and supporting community-engaged research.

NIEHS, in partnership with the National Institute of Minority Health and Health Disparities, IHS, CDC, the Smithsonian Institute and the Environmental Protection Agency (EPA), has been working to foster and promote an increased understanding and respect for the ways of knowing shared by tribal community partners engaged in research. This effort must also consider the institutional capacity and capability to support this participatory work. Together, these agencies seek tribal input on how to make trusting, full and sustainable partnerships work.

During a December workshop on Tribal Ecological Knowledge, NIH and IHS representatives

acknowledged that trusting, sustainable partnerships require further dialogue between academically trained scientists and recognized experts in traditional, ecological knowledge to determine how respective ways of knowing can inform each other and arrive at a fuller, deeper understanding of contemporary challenges in ecological and environmental health. The consultation dialogue will further contribute to this effort, said Mr. O'Fallon.

V. Tribal Response

Councilwoman Carol Schurz of the Gila River Indian Community said her tribe is not immune to opioid addiction, environmental racism and other social stressors. The majority of the tribal members have diabetes, and the community faces ongoing cancer concerns. The tribe is self-governance and operates its own health care. Patients can go to the emergency room and receive a number of medications that they can sell or use.

Tribal leaders do not allow investigators to conduct research on members, although members can go off-reservation to participate if they choose, said Councilwoman Schurz, who serves as chair of the Health and Social Standing and the Research and Review committees. NIH was in the community from 1968 to the early to mid-2000s. Tribal leaders continue to have discussions with MedStar and other entities under NIH but have chosen not to participate. Further, after recently receiving a request to work with MedStar, the tribe issued a cease and desist for any publication. Two months later there was publication, said Councilwoman Schurz, which has created a sense of distrust and caution.

Some tribal members do get involved with research, Councilwoman Schurz added. The community continues to focus on tribal health so members can identify health disparities, develop a benchmark and address those issues.

Dr. Anderson asked why the tribe avoids working with NIH on research projects. Councilwoman Schurz said the community took its position because NIH came into the community and started research. Tribal members received monetary awards to go through the process of bone studies as well as research on other body areas. The tribe never received information on the findings, and later numerous international publications came out in ways that disrespected the community, said Councilwoman Schurz.

Dr. Anderson apologized for the outcome, noting that researchers must design their work with the community involved because those are the people who benefit from the work. Investigators have changed the way they approach research. Through the PMI, for example, participants will receive information and findings almost on a real-time level. Those who participate in the PMI will own the data, said Dr. Anderson. Further, the next consultation on data sharing and human subject's protection will incorporate Councilwoman Schurz's concerns.

Chairperson Payment said tribes have been picked, prodded and probed by researchers, students and partners funded by NIH who don't display cultural competency when they enter Native communities.

Researchers must understand rapport, communication and sustainable partnerships to launch a study and get good science. Participatory action research also helps tribal members see the benefit of a study.

Finally, protections based on tribal sovereignty play a key role in research. Tribes should own the data, said Chairperson Payment. Reaching a place of trust will require a sense of thoughtfulness and a humanistic approach to get to solutions and good science.

Themes of fear and distrust frequently arise in meetings about tribal health, said Liana Onnen, chairperson of the Prairie Band Potawatomi Nation. Steeped in reality, these negative emotions come from stories about forced sterilizations and other occurrences in tribal communities. These incidents are science fact, not fiction, said Chairperson Onnen. What's more, as recent as eight years ago, someone working within the tribe stole data from the nation.

Tribes also distrust study objectives, said Second Vice President Micklin. In Alaska, the recommended consumption of fish per day is six grams. The average daily consumption of fish for Alaska Natives is almost nine ounces. Tribes suspect the official consumption rate is low because of the mercury content in fish. Changing the official rate could become a health concern. Tribes remain concerned about the content of metals in foods and suspicious of state-based studies that seem to deflect liability from those causing the contaminants. The Tlingit and Haida Indian Tribe is working with the EPA and U.S. Department of State to establish a sustained environmental study.

Getting Native Americans to conduct research can break through the distrust. Communities are more likely to trust a Native American, whether that person is an actual researcher or a liaison. For many years, Prairie Band Potawatomi wouldn't share data or work with other researchers until a tribal member went to college and got in that line of work, said Chairperson Onnen. Now the tribe works with that member researcher almost unequivocally. Gaining the trust of a tribal community also takes time, whether the researcher is Native or non-Native.

Dr. Anderson noted that the number of tribal researchers at NIH remains small. Until the institution can put people into projects who understand Native communities, issues of fear and trust will remain. Chairperson Onnen added that tribal leaders need more education about research so they can go back and educate their communities. Exposome, the idea that people are all the things they have ever been exposed to, actually is a Native concept, said Dr. Anderson. Taking that issue from the researcher level to a community level with language and definitions would make a difference, tribal leaders said.

NIH investigators also help to promote trust and partnerships by moving toward pragmatic clinical trials that test drugs in relevant communities, said Dr. Anderson. Removing exclusion criteria assists populations facing health disparities because researchers often leave these groups out of studies. To serve a community, researchers must include members of that group. With better data science, investigators can deal with larger amounts of data. More important, too many exclusion criteria in a study results in bad science.

In looking for solutions, NIH should find ways to respect each tribe's traditions, said Chairperson Payment. Because of Chester Antone's efforts, for example, CDC has gained a better understanding of traditional tribal medicine and practices. Councilman Antone, a member of the Tohono O'odham Nation,

encouraged NIH to see cancer and other diseases as a result of post-traumatic stress stemming from tribes' interactions with western civilization. Further, healing in Native communities comes from the environment -- honored practices and sacred origin stories.

Councilman Antone added that tribes held three meetings on tribal practices with CDC and developed language to include in grants. NIH could use that idea as well because language often gets in the way of shared goals, said Dr. Pringle.

Further, NIMH has been grappling with how to ensure investigators respect individual tribes and communities. Some research issues, such as suicide, require lots of people to study. Would tribes share data with each other to develop a big enough sample size to study low-base rate phenomena? Chairperson Payment said tribes distrust each other almost as much as the federal government. Other Native leaders agreed, noting that tribal members don't trust their health clinics to maintain confidentiality. Getting to the solutions may require a different methodology and paradigm. Another solution is to build rapport and trusting relationships. Tribal communities also must build the capacity to understand institutional review boards (IRBs). These efforts might help researchers and tribes get to the minimum number needed to make generalizable predictions.

TECs could help with that issue as well, and tribes would still have access to the data, said Councilman Antone. TECs also promote capacity building through regional sharing as Native communities leverage common history, traumas and strengths, added Dr. Villegas. TECs also encourage participation from students and early career investigators.

Dr. Villegas also highlighted these points:

- Co-occurring conditions: NIH should examine the link between mental health and diabetes, polychlorinated biphenyl (PCBs) and diabetes or PCBs and reproductive health. Dr. Anderson's point about addressing different indicators at once rather than just one sounds promising.
- Workforce: In addition to TECs, NARCH serves as a great mechanism for creating research opportunities and showing the importance of research application.

Tribal leaders further stressed the importance of mental/environmental health and Indigenous, holistic approaches. Researchers cannot study one factor when so many issues interact -- health, mental health, the environment, family and so on. Traditional healing has as much value as western science and medicine and often brings relief without encouraging dependency. The overuse of opioids has created addiction in elders through the pain management system, said Chairperson Onnen. Meanwhile, tribal youth see dependency as the norm, and many have become caretakers of their parents.

Raena Honan, who works closely with elders on a remote reservation, said money seems to drive the Medicare/Medicaid system. Many medications have not undergone testing on older people or women so patients experience overmedication and overtreatment with no respect or acknowledgement of Native spirituality.

VI. Other Tribal Comments, Issues, Testimony and Priorities

Continuing the discussion on traditional medicine, Councilman Antone and Chairperson Payment discussed how Native communities are seeing more acceptance of Indigenous, holistic practices. Traditional healers encourage patients to see their bodies as holistic and spiritual, and healing depends on belief and faith.

Cancer treatment from a traditional viewpoint, for instance, involves maintaining a positive perspective throughout the entire process, said Chairperson Payment. Treatment demands that patients bring their strongest physical and emotional selves to the healing effort to boost their immune systems.

Sweats and traditional healers also can play a vital role in addressing heroin and meth addiction, said Kathy Goodwin of White Earth. These efforts also assist in treating diabetes and high blood pressure. Speaking on addiction issues within his family, Chairperson Payment noted that substance abuse treatment typically uses western methods. Native treatment and wellness focuses on traditional belief structures and meets people where they are. Residential programs, on the other hand, take people out of their environments and attempt to bring them back to the same unaddressed stressors. Healing calls for a respect of the individual, tribal values and those coming to the community to offer assistance, said Diana Zirul of the Kenaitze Indian Tribe.

Recalling struggles with depression, anxiety and self-medication, Chairperson Onnen said western medicine helped but traditional medicine and spirituality made the biggest impact. Researchers who ignore those traditional values won't get to the root of the issues in Native communities. Holistic approaches and tribal ecological knowledge can benefit Natives and non-Natives.

Clinton Lageson, also of the Kenaitze Tribe, stressed gender issues. As men went off to war or lost hunting rights, women had to step up and change, which affected their role as nurturers and healers. As residents of Native communities continue to search for that sense of comfort, perhaps the men will step up so women can be the place where people feel comfortable enough to express emotion and process the stages of historical trauma. Councilman Lageson began studying this issue after his brother committed suicide. Instead of accepting depression medicine from a doctor, Councilman Lageson chose to use meditation and other traditional methods. Tribes have lost that safe place to go to express emotions.

Tribes also lack all the elements of caring for addiction. A community might have a detox center but long-term or after-care might not be readily available, said Councilman Lageson. The lack of culturally appropriate, effective care hinders wellness.

Chairperson Payment noted that two-thirds of American Indians went through the boarding school experience, a concentration camp-like experience designed to strip them of their identity, culture and faith. Tactics learned to survive trauma and sexual abuse have caused some women to hide emotions and affection. All of these issues make tribal members vulnerable to mental health challenges. Healing requires acknowledgement, discussion and moving forward, Councilman Lageson added. NIH hopes to continue the conversation and make research more effective for Indian Country, Dr. Anderson concluded.

Following the closing prayer, the meeting adjourned at 3:30 p.m.