First Nations Communities

This FACT SHEET explores the theme: “Policy, Politics and Public Health” in relation to the National American Indian & Alaskan Native Heritage Month by focusing on environmental justice and the First Nations communities.

POLICY
The IOM addressed environmental justice in its 1999 report. Also, one overarching goal of the HP 2010 report is to eliminate health disparities among different segments of the population, including differences by race or ethnicity, education or income. HP 2010 cites environmental quality as a leading health indicator and defines environment based on both physical and social surroundings. HP 2010 specifies air, water, and soil through which exposure to chemical, biological, and physical agents may occur as the physical environment. The social environment includes housing, transportation, urban development, land use, industry, and agriculture and results in exposures such as work-related stress, injury, and violence.

PUBLIC HEALTH
Health disparities among the American Indian/Alaska Native (AI/AN) include:

 Life Expectancy: While the average life expectancy for AI males is 74.5 years of age (1999-2001), which represents an improvement from 30 years ago, it remains significantly below whites.

 Child Health: The AI infant mortality rate is 24% higher than the overall U.S. rate (with 8.9 deaths per 1000 births vs. 7.2 deaths per 1000 births).

 Mental Health: AI youth report higher rates of emotional distress, suicide, poorer self-assessed health status, and substance abuse than do many other minority groups in the United States. The most prevalent psychiatric disorder among AI is depression.

 Diabetes: The rate of diabetes for AI/AN is more than twice that for whites.

 Injuries: Injuries due to violence also create a disproportionate health burden for AI. AI are more likely than other racial groups to report interracial violence. (1.5-5 times greater than Americans)

Sheila Watt-Cloutier (1953 -- ) of Iqaluit, Baffin Island, Canada has been honored with numerous awards, including a 2007 nomination for a Nobel peace prize for her work as president of the Inuit Circumpolar Conference (ICC). In 2005, her petition to the Inter-American Commission on Human Rights made history as the world’s first legal action against climate change: “The subsistence culture central to Inuit cultural identity,” she wrote, “has been damaged by climate change and may cease to exist if action is not taken by the United States in concert with the community of nations.”

The October 2007 article in Environmental Health Perspectives notes the global impact of quality of environmental health, and describes protests by the Cofán of Ecuador over alleged massive pollution by oil companies of rainforests where they live. Other examples abound that point to environmental injustice, particularly on AI/AN lands that may contribute to poor health among these communities, as shown by the following Inuit example

A Case Study: The Inuit
For the approximately 128,000 Inuit living in the circumpolar region (encompassing parts of Alaska, Greenland, Russia, and Canada) cultural survival and environmental health are inextricably linked.
The traditional diet of the Inuit relies heavily on animal protein such as whales, seals, and polar bears, which now contains high levels of persistent organic pollutants such as PCBs, dioxins, flame retardants, and organochlorine pesticides. These contaminants, thought to affect immune and endocrine function, are transferred from mothers to infants in breast milk.

The overall leading cause of death, and the leading cause of years of potential life lost (YPLL), for the Inuit (1988-1993) was intentional and unintentional injury. Accidental drowning alone, due to melting ice, claims the lives of 50 per 100,000 Inuit each year.

The high suicide rate among the Inuit may be related to the disintegration of traditional cultural supports. According to Chandler and Lalonde (1998), where all of these factors were present, there were no reported suicides: self-government, control of local schools, control of health services, control of the land base, control of fire and police services, and presence of cultural facilities. In communities that lacked all of these factors, the suicide rates was 10 times the national average.

**POLITICS**

Important factors that may lead to improved health of the AI/AN people include support of AI/AN self-determination efforts and full funding of the IHS through comprehensive and culturally acceptable personal and public health services. Also important is support of an IHS that is by AI/AN that follows these core values of the Office of Tribal Affairs:

- To consult with Tribes before taking action
- To form partnerships with Tribes
- To be reliable in all ways
- To utilize the power of diversity
- To be an advocate of native culture, history, sovereignty, values, and principles
- To respect indigenous science, traditional knowledge, environmental balance and the importance of observation

Also important are the following ATSDR policies:

- Respect and honor the sovereignty of the Tribes, the responsibilities and rights to self governance and the differences between tribal nations and individuals.
- Consult with tribal governments to ensure that community concerns and impacts are carefully considered before the Agency takes action or makes decisions affecting tribal communities.
- Maintain government-to-government relationships with tribal governments.
- Ensure ongoing communication with tribal governments, communities, and individual tribal members to define concerns about possible health impacts from exposure to hazardous substances.

For a FACT SHEET with references, please contact the Student Diversity Committee of APHA.

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