Public Policy and American Indians

• The public policy relationship between the U.S. government and American Indians has gone through five distinct phases.

First Era:
Cooperation

• In the earliest part of the century, the U.S. government dealt with American Indian tribes on a government-to-government basis.
• The major reason for this is that the U.S. lacked the economic and military resources to do little else.

Second Era:
Removal

• With the Indian Removal Act of 1830, the U.S. government began to socially isolate American Indians on reservations.
• Many of the tribes from the east of the Mississippi river were moved to the west onto much smaller parcels of land.

Third Era:
Allotment

• At the beginning of the 20th century, the U.S. government became aware of the abysmal living conditions on the reservations.
• At this point, the government began redirecting their energies from eliminating American Indians as a people to assimilating them into “mainstream” society.
• Part of this effort was to assign American Indian families specific parcels of land (often 160 acres), with which American Indian families were to engage in traditional European agricultural practices.

Third Era:
Allotment (continued)

• A consequence of the allotment era was that many American Indian tribes lost large amounts of land.

Fourth Era:
Indian New Deal

• From the 1930’s through the 1950’s, the federal government enacted legislation to help ease poverty on the reservations.
The impetus for the antipoverty measures came from the Meriam Report in 1928. The report found:
- Living conditions on the reservations was very low
- Office of Indian Affairs was inefficient and unsympathetic
- The report suggested that public funds be increased to ease the economic problems on the reservations.

Fourth Era
Indian New Deal (continued)
- The Indian New Deal established policies to improve the educational, health care, and social welfare systems on the reservations.
- Like the New Deal for the rest of the country, the Indian New Deal focused on job creation and public works.
- Policies enacted during the New Deal stopped the allocation programs that were destroying the reservations.
- Laws that had disallowed tribal governments were also revoked.

Fifth Era:
Termination
- There were three goals of the termination era:
  - Settle outstanding claims against the federal government
  - Dissolve reservation boundaries and abolish the reservation system
  - Relocate reservation Indians to urban areas
- Were the three goals met?

Sixth Era:
Self-Determination
- Beginning in the 1960’s, the federal government enacted policies and created institutions that were partially geared towards reducing the economic problems facing the reservations.
  - One example is the Economic Opportunity Act
  - It created the Office of Economic Opportunity which oversaw:
    - Head Start and Job Corps
    - Helped to provide assistance with housing, job training, summer youth employment, and small-business loans.

Sixth Era:
Self-Determination (continued)
- Educational changes were also undertaken during this era:
  - American Indians assumed a major responsibility in the education of their children
  - School curricula adopted a positive view of American Indian culture and moved away from the view that education was indoctrination into Anglo society
• Educational programs were broadened to better prepare students for higher education

Sixth Era:
Self-Determination (continued)
• While the Office of Economic Opportunity was eventually dismantled during the Nixon administration, federal assistance for American Indians remained through policies such as the Comprehensive Employment and Training Act (CETA).
• The era of self-determination was officially begun with the American Indian Self-Determination and Educational Assistance Act of 1975.
  • Under this act, tribal governments were given major responsibility for administering services within their communities.

Social and Economic Conditions
• Traditionally, American Indians have been one of the poorest racial groups in the U.S.
• Policies enacted over the course of the century have improved the living conditions of reservation life, but many American Indians remain poor and unemployed.
• According to some estimates, the rate of poverty declined dramatically between 1970 and 1980. (?)
  • Changes in self-identification
  • Governmental employment

Social and Economic Conditions
(continued)
• Overall estimates of poverty and income for American Indians can be somewhat misleading because they vary a great deal based on geographical location.

Health Issues
• Given the poor economic condition of many American Indians, it is not surprising that their rates of mortality and incidence for certain diseases are higher than other racial groups.

Alcohol-related Problems
• Alcohol-related diseases and death are much higher for American Indians than for the country as a whole.
• What are some of the factors that might account for this pattern of alcohol-use related deaths?

Diabetes
• Non-insulin dependent diabetes mellitus (NIDDM) tends to be a greater problem among American Indians than among the population as a whole.
  • The Pima Indians in Arizona have the highest rates of NIDDM in the world.
  • One estimate of American Indians with diabetes puts the rate at 6.9%, which is 2.8 times that for the rest of the country. These data are likely to be inaccurate because much diabetes goes unreported.

Diabetes Risk Factors
• While a small amount of research has linked genetic factors to diabetes among American Indians, much more attention has been devoted to other factors:
  • Obesity
    • The fat content of American Indian diets has increased from 17% of total calories (pre-European contact) to 38% currently.
  • Physical activity

Health Services
• The Indian Health Service was established in 1955 to improve health and health care among American Indians and Alaskan natives living in or near reservations.
• The IHS operates hospitals and clinics across the country, many of which are managed by American Indian tribes.

Health Services
(continued)
• The IHS confers certain advantages:
  • Beneficiaries do not pay premiums, deductibles, or co-payments. Services are essentially free to eligible persons.
  • While many of the poor often live in underserved areas, the HIS targets many of the rural and sparsely populated areas where persons eligible for the service live.

Health Services
(continued)
• Despite the advantages conferred by IHS, there are still problems:
  • Residential areas often spread across vast distances making coverage difficult
  • The IHS services are limited in terms of funding, which can limit access to certain services due to budget constraints
  • HIS services are not evenly distributed across all areas
  • Some research has indicated that about 82% of American Indians received some form of care in 1987 compared to 85.5% for the U.S. population as a whole.