

## GENERAL HISTORY

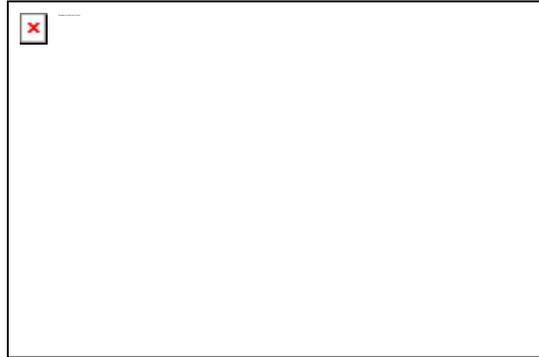
What makes American Indian tribes so unique from other ethnic minorities, besides their indigenous status, is that they are land based and have a political relationship with the United States government.

This political relationship has several legal bases: 1) the "Commerce Clause" of the US Constitution; 2) treaties between the US with the Indian nations, legislation and subsequent federal policy; and 3) Supreme Court decisions and executive actions.

American Indian tribes, however, do not enjoy absolute sovereignty. Indian tribes do not exercise international independence (but neither do state governments.) They are domestic dependent nations (nations within a nation having a nation to nation relationship with the Federal Government.) Additionally, the Federal Government has a unique trust or fiduciary responsibility American Indian tribes and, their interests and assets, as a result of treaties which stressed services such as education, health, etc. in exchange for land.

Some commonly asked questions are:

1. *Who determines membership in a tribe?* The Indian tribes establish their own membership laws.
2. *Do all tribes enjoy sovereign rights?* Not all Indian tribes or bands have this nation to nation relationship. Only those who are federally recognized (those recognized by the Secretary of the Interior as eligible for services by the Federal Government) are considered sovereign governments.
3. *Are Indians citizens of the United States?* Indians were granted citizenship via the Citizenship Act of 1924.
4. *Do Indians pay federal income tax?* Yes, Indians are required to pay federal income tax regardless of federal recognition.
5. *Do Indians pay state taxes?* Federally recognized Indians do not pay state income nor property tax if they live and work on reservation or trust land.
6. *Do Indian tribes have the right to assess taxes on businesses and industries operating on reservation land?* Yes, recent court decisions have upheld the tribes' right to levy taxes on businesses and severance taxes on some industries.
7. *If I have Indian heritage, what must I do to become a member?* You must contact the tribe from which your heritage comes, obtain their membership criteria, and file for membership



## UTAH HISTORY

There are five (5) Federally Recognized Tribes located in the State of Utah; Goshute, Navajo, Paiute, Shoshone, Ute. However, there are seven (7) distinct Tribal Governments;

- Confederated Tribes of the Goshute Reservation
- Navajo Nation
- Northwestern Band of Shoshone
- Paiute Indian Tribe of Utah
- Skull Valley Band of Goshute

Ute Indian Tribe  
Ute Mountain Ute Tribe, White Mesa UT

## MAP OF RESERVATION LANDS (pdf)

## HEALTH HISTORY

### **Indian Health Paradigm I/T/U**

*Indian Health Services/Tribal Health/Urban Health*

Utah has one (1) IHS facility which services 3 tribes, four (4) Tribal Health Programs, (1) Urban Health Program

### **Indian Health Services**

**Foundation:** To uphold the Federal Government's obligation to promote healthy American Indian and Alaska Native people, communities, and cultures and to honor and protect the sovereign rights of Tribes.

**Goal:** To ensure that comprehensive, culturally acceptable personal and public health services are available and accessible to all American Indian and Alaska Native people.

**Mission:** The IHS mission, in partnership with American Indian and Alaska Native people, is to raise their physical, mental, social, and spiritual health to the highest level.

Members of federally recognized Indian tribes and their descendants are eligible for services provided by the Indian Health Service (IHS). The IHS is an agency within the Department of Health and Human Services that operates a comprehensive health service delivery system for approximately 1.6 million of the nation's estimated 2.6 million American Indians and Alaska Natives. Its annual appropriation is approximately \$3.5 billion. The IHS strives for maximum tribal involvement in meeting the needs of its service population. There are more than 560 federally recognized tribes in the United States. Their members live mainly on reservations and in rural communities in 35 states, mostly in the western U.S. and Alaska.

### **FEDERAL-TRIBAL RELATIONSHIP**

Federally recognized American Indian tribes and Alaska Native corporations enjoy a government-to-government relationship with the United States of America. This unique relationship has been given substance through numerous Supreme Court decisions, treaties, legislative acts, and Executive Orders.

The provision of health services grew out of this government-to-government relationship. The IHS is the principal Federal health care provider and health advocate for Indian people.

The principal legislation authorizing Federal funds for health services to recognized Indian tribes is the Snyder Act of 1921. It authorized funds "for the relief of distress and conservation of health . . . [and] . . . for the employment of . . . physicians . . . for Indians tribes throughout the United States."

### **MISSION, GOAL, AND FOUNDATION**

The IHS provides a comprehensive health services delivery system for American Indians and Alaska Natives with opportunity for maximum tribal involvement in developing and managing programs to meet their health needs. The mission of the IHS, in partnership with American Indian and Alaska Native people, is to raise their physical, mental, social, and spiritual health to the highest level. The goal of the IHS is to ensure that comprehensive, culturally acceptable personal and public health services are available and accessible to all American Indian and Alaska Native people. The foundation of the IHS is to uphold the Federal Government obligation to promote healthy American Indian and Alaska Native people, communities, and cultures and to honor and protect the inherent sovereign rights of tribes.

In order to carry out its mission, uphold its foundation, and attain its goal, the IHS:

1. Assists Indian tribes in developing their health programs through activities such as health management training, technical assistance, and human resource development;
2. Facilitates and assists Indian tribes in coordinating health planning, in obtaining and using health

resources available through Federal, State, and local programs, and in operating comprehensive health care services and health programs.

3. Provides comprehensive health care services, including hospital and ambulatory medical care, preventive and rehabilitative services, and development of community sanitation facilities.

4. Serves as the principal Federal advocate in the health field for Indians to ensure comprehensive health services for American Indian and Alaska Native people.

### **HEALTH CARE DELIVERY**

Preventive measures involving environmental, educational, and outreach activities are combined with therapeutic measures into a single national health system. Within these broad categories are special initiatives in traditional medicine, elder care, women's health, children and adolescents, injury prevention, domestic violence and child abuse, health care financing, state health care, sanitation facilities, and oral health. Most IHS funds are appropriated for American Indians who live on or near reservations. Congress also has authorized programs that provide some access to care for Indians who live in urban areas.

IHS services are provided directly and through tribally contracted and operated health programs. Health services also include health care purchased from more than 9,000 private providers annually. The Federal system consists of 36 hospitals, 61 health centers, 49 health stations, and 5 residential treatment centers. In addition, 34 urban Indian health projects provide a variety of health and referral services.

The IHS clinical staff consists of approximately 2,700 nurses, 900 physicians, 350 engineers, 450 pharmacists, 300 dentists, 150 sanitarians, and 83 physician assistants. The IHS also employs various allied health professionals, such as nutritionists, health administrators, engineers, and medical records administrators. The IHS has a vacancy rate of about 12% for health professional positions, ranging from a vacancy rate of 5% for sanitarians to 23% for dentists.

Through P.L. 93-638 self-determination contracts, American Indian tribes and Alaska Native corporations administer 13 hospitals, 158 health centers, 28 residential treatment centers, 76 health stations, and 170 Alaska village clinics.

### **FACILITIES CONSTRUCTION AND MAINTENANCE**

Since 1960, more than 230,000 Indian homes have benefited from IHS funding of water and sewerage facilities, solid waste disposal systems, and technical assistance for operation and maintenance organizations. The age-adjusted death rate from gastrointestinal disease for American Indians and Alaska Natives has decreased by more than 91% since 1955, the year the IHS was established.

Approximately 93% of American Indian and Alaska Native homes have been provided sanitation facilities since the inception of the IHS sanitation construction program. The IHS also funds construction of new and replacement hospitals and ambulatory care facilities and staff quarters.

### **Tribal Health Programs**

Congress passed the Indian Self-Determination and Education Assistance Act (Public Law 93-638, as amended) to provide tribes the option of either assuming from the IHS the administration and operation of health services and programs in their communities, or to remain within the IHS administered direct health system. Congress subsequently passed the Indian Health Care Improvement Act (P.L. 94-437), which is a health-specific law that supports the options of P.L. 93-638. The goal of P.L. 94-437 is to provide the quantity and quality of health services necessary to elevate the health status of American Indians and Alaska Natives to the highest possible level and to encourage the maximum participation of tribes in the planning and management of those services.

### **Urban Health Programs**

Urban Indian Programs are fairly recent. They were first established as a pilot program in 1976 through the Indian Health Care Improvement Act. This was in response to many AI/AN people who have left the reservations in search of better economic and educational opportunities and arriving in the urban environments without access to quality health care services. There are currently 32 programs across the country.