

In the Heart of Wyoming is Indian Country:

Home for the Eastern Shoshone and Northern Arapaho Tribes

Rich with Beauty, Spirituality, Families and Tradition

Focus on Healing

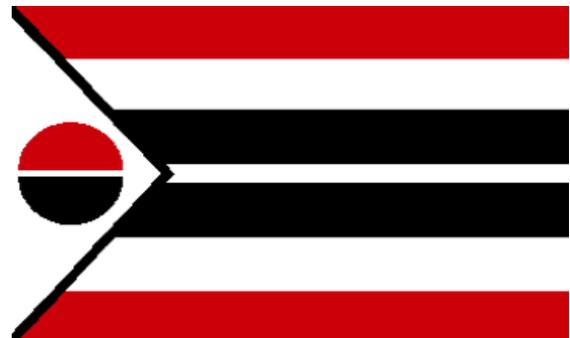
2020



Eastern Shoshone



Northern Arapaho



Preface

The purposes of this publication are to expand understanding and appreciation about the Wind River Indian Reservation (WRIR), Indian Country in the heart of the State of Wyoming and to promote and advocate for a healthier future for Native American families who now experience significant health disparities when compared to others in Wyoming. Lives on the WRIR are needlessly cut short. Education about the leading causes of death as related to chronic diseases, like diabetes, is critical in preventing early deaths on the WRIR.

The Eastern Shoshone and the Northern Arapaho are both strong tribal nations with rich cultures. However, health disparities prevent Native Americans from being all they can be. The causes of poor health rooted in colonization, inequities, and oppression need to be addressed. Solutions lie not in perpetuating dependency, but in providing the means and the hope for changes that fosters respect, equity and healing. Solutions lie in honoring self-determination and sovereignty of the two tribes who call the WRIR home.

Addressing the determinants of health is essential for healing. Only 20% of a person's health is determined by genetics. Another 20% is determined by health care, both access and quality. What primarily affects health, the other 60%, are social, environmental and behavioral factors. The environment includes clean air and water, housing and availability of healthy foods as well as places and opportunities for recreation and exercise. Social factors include education, jobs, income, community safety and emotional support. Behaviors include use of tobacco, alcohol and other drugs; diet; exercise and healthy relationships.

Historic trauma, unresolved grief and daily stress from racism, prejudice and discrimination affect mental, spiritual and physical health and increases risks of drug addictions that in turns increase the rates of chronic illnesses. Treating the symptoms is not enough. The cycle needs to be broken. Acknowledging, understanding and addressing root causes are essential for healing.



Sean Smith works to support a healthy future on the WRIR.

Healing is happening on the WRIR in numerous ways that can reduce the health disparities being led by tribal programs and individuals through grassroots groups, people who live and work on the WRIR committed to protecting their families, traditions and community.

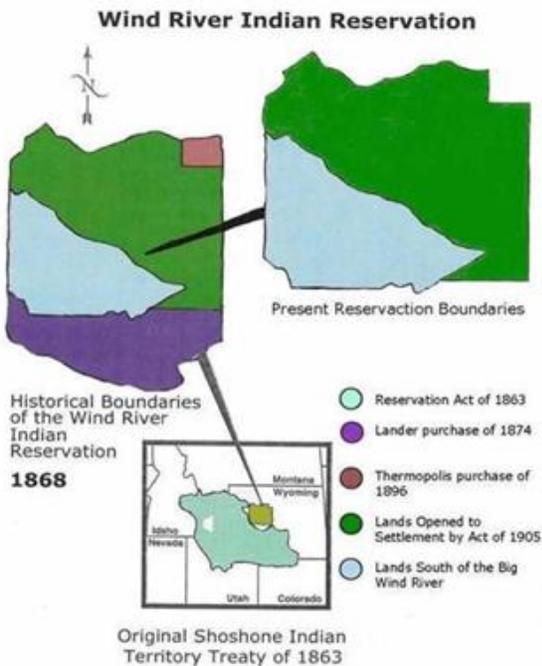
The data and stories guide readers to grasp the concerns and the dreams for those in Indian Country for the common good and health.

A Few Facts

- Each the Northern Arapaho Tribe and the Eastern Shoshone Tribe are sovereign nations.
- The Eastern Shoshone and the Northern Arapaho both live on the Wind River Indian Reservation (WRIR), the only reservation in Wyoming.
- Native Americans are 2% of Wyoming's population; most live in Fremont County.
- More Native Americans serve in the military per capita than any ethnicity in the United States. When returning from World War II, Native American soldiers were not allowed off the train in Riverton surrounded by the WRIR.
- The median age on the WRIR is 21 years of age, compared to 37 years old for all of Wyoming.
- ***American Indian Education for All***, enacted by the Wyoming State Legislature in 2017, requires Wyoming schools to include Native American studies in the curriculum.
- Bison were reintroduced to the WRIR in 2016 by the Eastern Shoshone, the first time bison were present on the reservation in 130 years. The Northern Arapaho Tribe also has reintroduced wild bison.
- Family and community gardening have expanded greatly the last few years on the WRIR.
- Significantly more per capita who live on the WRIR refrain from drinking alcohol than others who live in Wyoming.
- The State of Wyoming and Fremont County derive millions of dollars annually from severance taxes and ad valorem. The state and county also benefit greatly from the sales taxes generated when residents of the WRIR shop in Riverton and Lander.
- Diabetes was non-existent among Native Americans prior to the arrival of Europeans.
- Fry bread is not a traditional indigenous food, but developed to use commodity foods.
- The *per capita checks* that enrolled tribal members receive monthly are earnings from minerals extracted from tribal lands. As minerals development and prices have declined, so has that income.
- Health care and education are rights for American Indians derived from treaties in exchange for the land. Courts call these rights "trust responsibility" that the federal government is obligated to provide.

Wyoming's Indian Country

Today there are approximately 11,300 enrolled Northern Arapaho and 5,000 enrolled Eastern Shoshone. Not all live on the WRIR, but likely consider it home. Many live in the cities of Riverton and Lander. An estimated 2,000 other Native Americans live on the WRIR who are not enrolled members of either of these tribes. They are citizens of the United States, Wyoming and Fremont County.



The two tribes originally spanned an area from west of the Rocky Mountains to the Great Lakes and south to the Gulf Coast, with the Shoshone being in the West and the Arapaho from the East. The reservation, originally called the Shoshone Indian Reservation, was created in 1863 by the Fort Bridger Treaty. The reservation spanned over 44 million acres covering Western Wyoming and parts of Idaho, Utah and Colorado. After the discovery of gold, it was reduced to 3 million acres with compensation of \$25,000 or 3.5 cents per acre to the Eastern Shoshone. Other boundaries have changed like the 55,040 acres around Thermopolis were purchased for \$60,000. Land north of the Wind River was removed and later ceded back. Congress authorized white settlement in the early 1900s that created jurisdictional and boundary issues.

In 1878, the Northern Arapaho were escorted by the U.S. military to the Shoshone Indian Reservation after conflicts with the U.S. Cavalry following the Sand Creek Massacre in November 1864 at an encampment that was to have been under military protection in southeast Colorado. The Arapaho previously were designated land in Colorado under the Fort Laramie Treaty of 1851, but that was taken away soon after when gold was discovered.

Two tribes therefore are on one reservation. They have unrelated languages, different cultures and different histories. In 1924, the Northern Arapaho became joint owners of the reservation, but each tribe has retained a separate identity. The Northern Arapaho and the Eastern Shoshone each have separate governments. The members of each tribe elect a separate business council. The business councils each have six members, but also have a general council made up of all enrolled members over the age of 18 who can meet and with a quorum can make governing and policy decisions. Some governmental decisions are made jointly by the two business councils where that is needed to address matters affecting both tribes.

Health Disparities in Wyoming:

Notice: We acknowledge that generations-long social, economic and environmental inequities result in adverse health outcomes. They affect communities differently and have a greater influence on health outcomes than either individual choices or one’s ability to access health care. Reducing health disparities through policies, practices and organizational systems can help improve opportunities for better health.

<u>Average Age of Death</u>	<u>Years</u>		
General Population in Wyoming	71		
Native Americans in Wyoming	56		
Native Americans Fremont County	55		
Source: Wyoming Vital Statistics for 2013-2017	In Wyoming		
	<u>Native Americans</u>	<u>Whites</u>	Times Greater
<u>Mortality Rates/100,000 Population</u>			
Heart Disease	164.7	155.2	1.1
Cancer	141.2	140.8	same
Accidents/Adverse Effects	141.1	57.2	2.5
Pneumonia/Influenza	26.4	16.6	1.6
Diabetes	76.4	16.6	4.6
Chronic Liver Disease	86.5	13.2	6.6
Homicide/Legal Intervention	13.6	3.2	4.3
Suicide	23.4	24.8	same
Infant Mortality/1000*	12.5	5.8	2.2
*2015 data			

COVID-19

The pandemic hit the WRIR particularly hard. Health disparities resulted in people living on the WRIR being more vulnerable along with some crowded housing situations with six or more living in one household. As of June 25, 2020, 20 people died in Wyoming from COVID-19 related causes; 9 (45%) of those were Northern Arapaho living on the WRIR.

Other Disparities in Wyoming:

Annual Median Family Income (2013-2017)

Whites - \$76,853; Native Americans - \$57,627

High School Graduation Rates (2017-1018)

All students - 81.7%; Native Americans - 58.5%

(According to the U.S. Department of Education, for those with less than a high school education, only 19% live past age 65; but those with more than a high school education, 53% live past 65.)

Prison and Jail Population (2013-2017)

Whites are 86% of the population but 72% of those in prison and jails.

Native Americans are 2% of the population but 8% of those in prison and jails.

Juvenile Custody (2015)

Native American children in custody at a 4.4 times higher rate than white children.

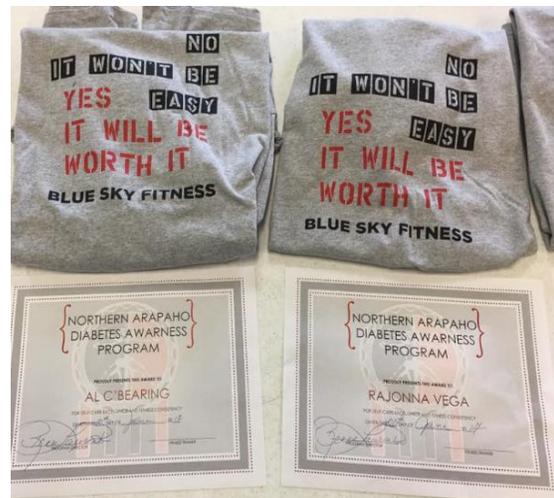
State Resources:

National Diabetes Prevention Program in Wyoming:

One in six American Indian adults has prediabetes, and most of them do not know it. Without modest lifestyle changes, 15 to 30 percent of people with prediabetes can develop type 2 diabetes within 5 years.

Through the PreventT2 lifestyle change program, people across the country are learning the skills they need to lose weight, be more physically active, and manage stress. Research shows that the program can help participants with prediabetes reduce their risk of developing type 2 diabetes by 58 percent. PreventT2 is part of the National Diabetes Prevention Program, led by the Centers for Disease Control and Prevention (CDC). PreventT2 participants meet as a group with a trained lifestyle coach who empowers them to make changes to help prevent or delay type 2 diabetes.

To learn more, contact the Chronic Disease Prevention Specialist with the Wyoming Department of Health.



Breast Cancer Support Available on the WRIR:

The Wyoming Cancer Program reimburses Wyoming Medicaid providers for breast, cervical, and colorectal cancer screenings for clients enrolled in the program. These clients are uninsured, underinsured men and women who are not eligible for state assistance for breast health screening.

The program also awards Wyoming Cancer Resource Services (WRCS) grants every two years to offer local resources for cancer screening and treatment such as gas cards and partnerships with health care clinics to increase cancer screening rates. Eastern Shoshone is currently an awardee of the WRCS grant.



Cathy Ute, Eastern Shoshone, whose cancer is in remission. The photo was taken in Fort Washakie on March 13, 2019.

The program welcomes participants for the Wyoming Cancer Advisory Board (CAB). The CAB meets twice a year in-person, and has twice a year phone conferences. They provide feedback to the program on how to better serve Wyoming residents.

To learn more, contact the Wyoming Cancer Program Manager with the Wyoming Department of Health.

Access to Health Care on the WRIR:

In 2016, the Northern Arapaho Tribe began to provide health care in place of Indian Health Services (IHS) by creating the Wind River Family and Community Health Care, commonly called Wind River Cares, through Section 638 of the *Indian and Self Determination Act of 1975*. Since 2016, services have greatly expanded and it now has facilities in Arapahoe, Ethete and Riverton. They provide transportation for patients when needed. Other health related tribal agencies also have been brought under the umbrella of Wind River Cares.

IHS continues to serve the WRIR in Fort Washakie. The building for the IHS clinic is the oldest IHS building in the nation, built in 1814 as a Calvary commissary.

Both Wind River Cares and IHS are required to serve members of any federally recognized tribe in the United States. Federal funding for health care on the WRIR is only at 45% of the need. To meet the federal obligation of trust responsibility, Medicaid was made available to qualifying Native Americans at a 100% rate instead of the 50/50 match requirement of states. Also, the Affordable Care Act provides access to health care to Native Americans to acquire private insurance, including no time restrictions for enrollment. Third party payments through insurance are still needed to provide access to health care for Wyoming's Native Americans. Health care continues to be a federal trust responsibility for all enrolled tribal members.

Water and Land:

Water and land are the WRIR's most valuable resources. Lakes and many miles of rivers and streams provide sustainability for wild life so that hunting and fishing provide food and enjoyment for the land's people. Agricultural opportunities are thus viable. Maintaining their quality is essential for a healthy future. Healing depends on protecting the water and the land.

Pollution on the WRIR from uranium mining and gas and oil development has been a threat that requires diligence by the tribes to monitor and control. Global warming decreasing the size of the glaciers in the Wind River Mountains is another threat. In-stream flow protections help to assure an adequate quantity of water. Maintenance of irrigation ditches and oversight is to assure appropriate use of water for agriculture.

Food Sustainability:

Access to nutritious food will help keep people of the WRIR free of chronic diseases and to live longer, healthier lives. The availability of land, water and sun make this possible. Current examples are:

- Growing Resilience in cooperation with the University of Wyoming for a research project over three years supported 100 families who had not previously gardened in starting their own gardens.
- Wind River Food Sovereignty developed farmers' markets for food producers to sell their surpluses in Fort Washakie, Ethete and Arapaho on a weekly basis during the summer and fall.
- Wind River Grows Our Own in response to the COVID-19 pandemic with grassroots, volunteers and involvement with people of all ages, some with decades of experience and others with no past gardening experience, plus donations of funds and in-kind products is helping families with their gardens with starter kits, transporting healthy dirt, volunteers to help with tilling, education on gardening and food preservation, youth art projects for creative planter boxes and scare crows and collaborating with others on the WRIR.



Other food sustainability initiatives are being explored and initiated like a permanent foodbank with community-based distribution, a meat processing plant, a producers' food coop, a commercial licensed kitchen, expanded farmers' markets, commercial greenhouses and food grown on the WRIR for the schools, restaurants including at the casinos and health care providers on or near the WRIR.



The WRIR is the only reservation in the nation with the potential for 1,000 wild buffalo within its boundaries and buffalo once again be a healthy food source for its people. Both tribes now have disease-free wild herds.

“The buffalo should bring our two tribes together,” says Jason Baldes who facilitated the initial reintroduction in 2016.

Other Healing:

Recent initiatives are increasing healing on the WRIR, often based on traditional ways learned from elders. Education about health disparities for Native Americans in Wyoming has raised awareness. Identifying intergenerational historic trauma as a root cause helps to develop ways that go beyond treating symptoms and *just-get-over-it* counter-productive messages. Gary L. Roberts wrote in *Massacre at Sand Creek*:

“The important thing is to acknowledge past error that it may inform the future and prevent such things from happening again. ... For Cheyennes and Arapahos, on the other hand, the Sand Creek Massacre is an enduring trauma, not history, not even past, certainly not something that can be forgotten with an embarrassed apology. To the Cheyenne and Arapaho in Oklahoma, Wyoming and Montana, Sand Creek is personal. It’s not an event they read about in books. They know the names of those who died there and of those who survived because of family members.”

Being descendants of massacres, stolen land and artifacts, boarding schools to “kill the Indian to save the man,” forbidding speaking in Native tongues and practicing sacred ceremonies, destroying burial grounds, broken treaties, slaughter of bison – the Walmart for Natives, and daily discrimination all impact health conditions, now even evidence of causing intergenerational modification of DNA. Addressing unresolved grief can be a game-changer for healing.



Healing from the past and current traumas has evolved on the WRIR to restore what is related to cultural traditions. These include:

- A Horse Culture program for children for suicide prevention.
 - Circle keepers trained on the use of talking circles for transformative justice.
 - More recreational opportunities.
 - Teaching about traditional medicines led by the elders.
 - “Mending Broken Hearts” curriculum in the schools.
- Returning to the WRIR the remains of children who died at boarding schools after having been forcibly removed from their families.
 - Outreach to support parents, homeless people and those with chronic diseases and addictions.
 - The return of artifacts taken from the WRIR.
 - Support artists on the WRIR.

Murdered and Missing Indigenous Women (MMIW):

Rose Trospen wrote a paper in May 2020 entitled *Missing and Murdered Indigenous Women on Wind River Indian Reservation: Our Fight to Protect*. Her niece is one whose murder remains unsolved. Rose Trospen appreciates that the Wyoming State Legislature this year approved a bill to support the task force created by Governor Mark Gordon to address the problem. She explains why this is so important.

“The issue with Missing and Murdered Indigenous Women (MMIW) on the Wind River Indian Reservation (WRIR) is something that hits me on a personal level. As an enrolled Northern Arapaho woman who lives on the WRIR, I have seen so many different murder cases go unsolved that I fear for my children, especially my daughter. It’s sad that I have to teach her and tell her that she has a higher chance of going missing and she has a higher chance of being assaulted and/or murdered and never finding out what really happened. The next sad piece is that she may not even be a name remembered or a statistic. MMIW movement is finally being acknowledged but not enough yet to where you could look up an exact number. What can we do on a state level, on a county level and on a reservation level to take immediate action before another one of our women are hurt, missing, never seen again or murdered?”

After citing data and what is lacking, providing several examples and steps being taken to address the MMIW, she concludes her paper with this:

“Tribally our women are considered sacred. Growing up we are taught we are the main foundations of our families and the glue that keeps us together. We watch our grandmothers and our mothers act as the backbone of our family and everyday life. We continue to teach these things to women we raise and they raise and so on. We cannot afford to watch any more of our women and girls go missing and murdered. This is not our way. I’m saddened by what has happened here on our reservation with not only my family but other families who have been loved ones to this epidemic. But I’m also positive that these we have taken by creating awareness through the media, creating positive task forces and the support systems in the government that we can move toward a better outcome. In helping fight for our women and girls, we will rise again and our women will once again return as the heart of our families.”



Credits:

Funding was provided by the Wyoming Office of Health Equity of the Wyoming Department of Health and the Chronic Disease Prevention Program of the Wyoming Department of Health.



- The Wyoming Office of Health Equity provides education and resources about health disparities among underserved populations so as to promote culturally competent programs aimed at improving health equity throughout Wyoming.
- The Chronic Disease Prevention Program of the Wyoming Department of Health provides resources and programs to treat and prevent chronic diseases in Wyoming. They partner with others to address risk factors with diseases like diabetes and hypertension and to promote healthy choices being easy choices for Wyoming communities.

Lillian Zuniga, manager of the Wyoming Office of Equity of the Wyoming Department of Health, provided access to health and related data that her office has collected. Audrianna Marzette, Chronic Disease Specialist with the Wyoming Department of Health, provided information about state resources available to address diabetes and Cassandra Walkama, Wyoming Cancer Program Manager, provided information about resources about cancer. Much more and their contact information is available at www.health.wyo.gov.

Special thanks go to the many, many people on the WRIR who are working for healing in various capacities, too numerous to mention. Their sharing of information made this publication possible. Much good is happening on the WRIR, more than is covered here. Respect, humility and relationships lead to increased understanding that in turn leads to healing. Often it's about creating opportunities for realizing potential.

Chesie Lee who lives in Riverton, Wyoming compiled and edited this publication. She is an attorney, writer, and former director of the Wyoming Association of Churches. In 2019, she co-founded the Riverton Peace Mission, an organization committed to seeking community harmony.

Photo Credits:

Sean Smith by Deneica Barrett

Diabetes resources and cancer survivor from the files of the Wyoming Department of Health

Garden bed by Darrah Perez

Eastern Shoshone buffalo herd by Chesie Lee

Horse culture program by Elk Sage

Landscape reflection taken near Fort Washakie by Patti Baldes