

Policy Review

The following is a review of current policy and proposed legislation related to the health of American Indians in North Carolina. It is not an endorsement of any policy or bill; it is meant to serve as a resource for policy makers, health care stakeholders, and other readers of the NCMJ.

American Indian Health in North Carolina

Tribal Recognition

In this issue, education expert and podcaster Dr. Brittany Hunt calls for full federal recognition of the Lumbee Tribe, of which she is a member. Federal recognition would, she argues, provide access to “funding, services, and greater self-determination to create policy, health services, domestic violence services, and healing modalities” for the Lumbee Tribe [1].

Legislation recognizing the Lumbee Tribe has been repeatedly introduced at the state and federal level since 1888. In April 2021, North Carolina Congressmen G.K. Butterfield (D-NC-01), Dan Bishop (R-NC-09), David Price (D-NC-04), and Richard Hudson (R-NC-08) reintroduced the Lumbee Recognition Act, a bill that is continuously reintroduced in an effort to extend full federal recognition to the tribe, to the US House of Representatives [2]. At the same time, Senators Richard Burr (R-NC) and Thom Tillis (R-NC) reintroduced the same bill in the Senate [3].

Most recently, on June 21, 2021, State Senators Danny Earl Britt, Jr. (R-Robeson-13), Kathy Harrington (R-Gaston-43), and Tom McInnis (R-Anson, Moore, Richmond, Scotland-25) submitted a resolution supporting the Lumbee Recognition Act [4]. The resolution notes that the tribe is the largest in North Carolina, with more than 50,000 members, the majority of whom live in the Eastern part of the state, and that Congress passed the Lumbee Act recognizing the tribe but withholding full benefits in 1956 [5]. All of these pieces of legislation argue that the tribe should now receive full benefits.

Benefits of recognition include access to housing through the Bureau of Indian Affairs, access to education through the Bureau of Indian Education and health care through the Indian Health Service,

the ability to operate a casino on tribal land, monetary aid in the form of energy and food commodities and other assistance, and increased investment in AI communities [6].

The Lumbee Tribe is not the only tribe seeking recognition. The North Carolina General Assembly recently enacted H745, An Act to Grant State Recognition to the Skaroreh Katenuaka 3 Nation (Tuscarora Nation of Indians) [7]. The act affects a community of American Indians along the Roanoke River who were granted that land in 1718.

In April 2021, Representatives Charles Graham (D-Robeson-47), Dennis Riddell (R-Alamance-64), and Ricky Hurtado (D-Alamance-63) introduced H600, An Act Amending the State Recognition of the Occaneechi Band of the Saponi Nation of North Carolina [8]. The bill impacts an American Indian community in Pleasant Grove Township, Alamance County, who are descended from the Saponi Indians who were part of the Treaties of Middle Plantation in 1677 and 1680.

Women's And Children's Health

In May, North Carolina Representatives Becky Carney (D-Mecklenburg-102), Mary Belk (D-Mecklenburg-88), Kristin Baker (R-Cabarrus-82), and Susan C. Fisher (D-Buncombe-114) sponsored An Act to Create the North Carolina Women's Cancer Research and Prevention Task Force [9]. The goal of the task force, according to the bill (HB 800), would be to

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Address correspondence to Kaitlin Ugolik Phillips, 630 Davis Dr, Morrisville, NC 27560 (kaitlin_phillips@nciom.org).

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study and make recommendations for improving breast and cervical cancer health among women in the state, especially those in historically marginalized communities, including African American, Hispanic, and American Indian women. The task force would work with state agencies, colleges and universities, and other stakeholders to investigate incidence and causes of cancer deaths among women in these communities, identify evidence-based strategies for preventing cancer in these women, and adopt a new Women's Cancer Prevention Plan. The bill was referred to the Committee on Health in May.

The "Mominibus Act," HB 507, would, among other things, fund the North Carolina Department of Health and Human Services to partner with 34 subgrantees to collect data on the impact of COVID-19 on pregnant and postpartum patients from historically marginalized populations and their newborns [10]. The language in the bill specifies support for the state's recognized tribes to do this data collection, as well as to provide guidance to families and health care providers within their communities about how to reduce risk in these populations. The bill also called for the establishment of a Task Force on Birthing Experience and Safe Maternity Care During a Public Health Emergency, to include two representatives of a federally recognized tribe to be appointed by the governor. The task force report would include recommendations for "improving the distribution of public health funds, data, and information to Indian tribes and tribal organizations with regard to maternal health during a public health emergency." The bill was referred to the Committee on Rules in April.

Equity, Education, and Cultural Competence

In This Issue

Researcher Dr. Tracie Locklear describes the work of the Advanced Center for COVID-19 Related Disparities (ACCORD) at North Carolina Central University and Building Resilience and Vital Equity (BRAVE), initiatives focused on reducing rates of COVID exposure in historically marginalized populations, the latter specifically focused on American Indian communities [11].

Substance use epidemiologist Mary Beth Cox

discusses the importance of culturally appropriate, community-driven approaches to combating overdose, encouraging harm reduction, and establishing access to treatment and social support services [12]. Cox also calls for more resources dedicated to culturally specific, tailored supports, such as housing and employment services in AI (and other historically marginalized) communities.

Education expert and podcaster Hunt also calls for improvements to education about American Indians in North Carolina's public schools, including teaching on nations and societies pre-colonization and the impact of colonization on American Indian tribes [1]. She also recommends education and policies that put the onus of stopping domestic and sexual violence on the men who perpetrate these crimes.

Pediatrician Dr. Joseph Bell calls for efforts to increase the number of Native students in medical school, highlighting recent examples such as the collaboration between the Oklahoma School of Osteopathic Medicine and the Cherokee Nation of Oklahoma, as well as ECU's virtual preadmissions workshop for Native students [13]. UNC-Pembroke dean and professor Cherry Beasley highlights the National CLAS Standards, which direct individuals and health care organizations in best practices for implementing culturally appropriate care and services [14].

In The Legislature

The pending state budget includes funding for the creation of a North Carolina Advisory Council on the Eastern Band of the Cherokee, the purpose of which would be to study the tribe's relationship to the state and resolve any of the Cherokees' concerns about that relationship [15]. As of this writing, the latest budget resolution eliminates the duty of the council to make a biannual report to state and tribal officials with recommendations.

Relevant Recent Policy From Other States

North Dakota

SB 2304, signed by Governor Doug Burgum (R) on April 23, 2021, amends the North Dakota Century Code to require elementary and secondary public and nonpublic schools to include curriculum on Native American history [16].

Oklahoma

SB 172: *Ida's Law*, approved by Governor Kevin Stitt (R) on April 20, 2021, directs the Oklahoma State Bureau of Investigation to work with the US Attorney's Office and Department of Justice to create an Office of Liaison for Missing and Murdered Indigenous Persons [17].

Also approved on April 20, 2021, HB 1104 modifies the definition of student data to include tribal affiliation, enabling better data collection [18].

Utah

HB 41, signed by Governor Spencer Cox (R) on March 17, 2021, allows for the creation of the Murdered and Missing Indigenous Women and Girls Task Force [19].

SB 5068, which went into effect July 25, 2021, aims to improve maternal health outcomes by extending Medicaid coverage in the postpartum period, specifically highlighting the disproportionate burden of maternal mortality borne by American Indian and Alaska Native women in the state [20].

Maine

HB 1548, passed in concurrence on June 10, 2021, aims to alleviate the disproportionate impact of COVID-19 on historically marginalized populations, including American Indians [21]. NCMJ

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