Sovereignty, Rights, and the Well-Being of Indigenous Peoples living in the United States

## 2 **ISSUE STATEMENT**

- 3 This policy statement focuses on Indigenous Peoples living in the United States, its territories,
- 4 commonwealths, and Micronesian nation states affiliated through the Compact of Free
- 5 Association (COFA): Native American/First Nations Peoples living within the geographical
- 6 boundaries of the continental United States; Alaska Native Peoples, Kanaka Maoli (Native
- 7 Hawaiians); Taino Indians (Puerto Rico); CHamorus of Guahan (Guam) (although both
- 8 "Chamorro" and "CHamoru" can be used, "CHamoru" is the preferred Indigenous spelling
- 9 referring to both people and language); Indigenous Peoples of the Federated States of Micronesia
- (FSM), Republic of Palau (ROP), and Republic of the Marshall Islands (RMI); and Samoans
- 11 (American Samoa). Indigenous Peoples from nations beyond those included in this statement
- may not be recognized by the United States, but their stories are akin and powerful and are
- acknowledged through this statement.
- Because the terminology of Indigenous identification differs among individuals and
- groups and places, it is common practice to use preferred names of the First Peoples who live in
- a particular place. For the purposes of this policy statement and aligning with the United Nations
- (UN), the term "Indigenous" is used to refer to all First Peoples.
- 18 Common to all Indigenous Peoples are cultural strengths of reciprocity, respect for the
- land, inclusivity among all people, and a connection to a spiritual power. Simultaneously, these
- 20 Indigenous Peoples have parallel histories of colonization and dispossession of land and natural
- 21 resources that limited the inherent right to self-determination and sovereignty (UN, 2007).
- 22 NASW dedicates resources for redressing social injustices and oppressions wherever present.
- NASW is actively engaged in hearing the voices of these populations through policy engagement

and advocacy efforts.

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The issue of sovereignty and the rights to self-governance are continually debated to the point of inquiry regarding what sovereignty means from personal perspectives, community standpoints, and national outlooks. Indigenous populations confer that sovereignty is an opportunity for decolonization—the repatriation of life and land, active self-governance, and restoration of tribal government. Sovereignty implies precedence for reestablishment of hope and healing not only for a tribe but a tribal nation. Reparative justice involves an Indigenous decolonized mind-set that eliminates dependency and hierarchy. True national sovereignty raises the constructs of equality, harmony, and balance in which a tribal nation inspires a just movement toward restoration. A prime example of restoration is political advocacy to correct historical inaccuracies such as repealing Columbus Day and renaming it National Honor of Indigenous Peoples Day. Such movement of the Indigenous tribal nation could dissipate the historical suffrages of oppression, discrimination, and trauma. Intentional dialogue recognizing Treaties as the supreme law of the land rather than the misnomer that the U.S. Constitution holds precedence is imperative toward decreasing social injustices. Such open communication is a forward step for Indigenous rights and the intent of sovereignty.

Currently, sovereignty is a construct existent within the individual and community narrative. With such presence, the Indigenous populations are setting markers toward their health and well-being. An important factor for Indigenous sovereignty is reviving and cultivating a generation of people deserving separation from disparity outcomes.

Resilience of Indigenous Peoples is expressed by their active participation and involvement in traditional cultural norms and practices. The inclusion of the medicine wheel, storytelling, natural healing and cleansing, environmental sustainment, powwows, hui, talking

circles, and Indigenous passports as an expression of sovereignty among the Haudenosaunee, adds meaning and essence to life sustainment.

Indigenous Peoples have demonstrated resilience in overcoming many adversities. Today, there are initiatives promoting cultural revitalization and celebration. For example, more and more Indigenous languages are becoming official and are equal in status to the English language.

There are many Indigenous language programs in schools and communities for children.

Cultural events that celebrate the unique strengths among Indigenous Peoples are rich and diverse. Among these are the annual World Championship Hoop Contest, annual World Eskimo Indian Olympics, National/Flag Day, and Merrie Monarch Festival. These events are collective celebrations to promote Indigenous cultural values and traditions.

Cultural celebrations reflect the circular perspective of wholeness, balance, harmony, family, and community. In addition, there is the consolation of oneness with the "Mother Earth" and thanksgiving to the "Great Creator." Giving thanks and prayer for all that has been, is, and is to come entails acknowledging the importance of equality in an ever-changing society. The cultural celebrations are fundamental in the overall health and well-being of a people.

Consequently, these cultural celebrations, on a whole, reflect the mission of social work.

Combining the western (linear) and ecological (circular) models raises awareness of policy issues, intervention practices, and cultural mindfulness (Willis, DeLeon, Haldane, & Heldring, 2014). The understanding of the ecological perspective mirrors the circular approach wherein culture, family, community, and land are precedent; this view of inclusion is vital to the overall well-being of the Indigenous Peoples.

The social work profession highlights critical thinking in discourse salient to societal concerns. Such concerns give impetus to fill professional knowledge gaps. For instance, social

work programs have included social work curricula focusing on practice with Indigenous populations. In addition, some social work textbooks provide specific information on Indigenous Populations, including their histories, cultures, social issues, and expansive strides in resilience.

Indigenous Peoples are accorded legal recognition as social, cultural, and political communities under international human rights law. The UN Declaration on the Rights of Indigenous Peoples (UNDRIP) recognizes "that Indigenous Peoples possess collective rights, which are indispensable to their existence, well-being, and integral development as Peoples" (UN, 2007, p. 4). UNDRIP advanced from the Universal Declaration of Human Rights, which was adopted by the UN in 1948.

Indigenous Peoples endured historical trauma through colonization by the United States and other nations. These colonial histories reflect a multiphase phenomenon. First, "the dominant culture perpetuates mass trauma on a population in the form of colonialism, slavery, war or genocide"; second, "the affected population shows physical and psychological symptoms in response to the trauma"; and, third, "the initial population passes these responses to trauma to subsequent generations" (Pember, 2015, pp. 8–9). Intergenerational trauma accounts for epigenetic changes among future generations of Indigenous Peoples (Pember, 2016).

Being historically deprived of the right to self-governance, to cultural practices and traditional language and lifestyles, to protection of resources essential to their holistic health and well-being, and oppression in their own lands have resulted in overall burden of disproportionate poor health and compromised well-being. According to the UNDRIP (UN, 2007), Indigenous Peoples have the equal right to enjoy the highest standard of health. This includes, but is not limited to, the ability of Indigenous Peoples to have full management of their lands and natural resources as well as possess all the rights inherent in that management.

Land and the environment are intrinsic to the health of Indigenous Peoples. The environment provides the foundation on which Indigenous knowledge, cultural practices, and social institutions are based. Management of these resources by Indigenous Peoples enables the preservation and strengthening of Indigenous knowledge, practices, and institutions as well as the promotion of health and well-being. Indigenous Peoples are best positioned to make their own choices in accordance with their own values and beliefs (UN, 2007).

In spite of the multifaceted challenges, robust advocacy efforts reveal progression toward understanding the historical complexities experienced by Native American/First Nations People (Berger, 2019). Furthermore, despite these ongoing challenges (such as criminal justice system involvement, substance use, child welfare, domestic violence, education, poverty, and identity deconstruction) efforts toward decolonization have intensified across Indigenous populations. For example, research among native elders (Rowe, Baldry, & Earles, (2015) and youths (Yuen, Linds, Goulet, Schmidt, Episkew, & Rittenburg, 2013) reveals ongoing resilience for survival despite the continuing social injustices. As a whole, regaining indigeneity is a strength factor for this population.

The UN Permanent Forum on Indigenous Issues (UNPFII) held its 18th session in April 2019. This session focused on Indigenous Peoples nationally and internationally. The UNPFII (2019) reported ongoing health concerns and disparities, specifically stating that "scant attention has been paid to the health issues of Indigenous Peoples, and the occasional studies on the subject have focused on mental health and maternal and child health" (p. 3). Overwhelming concerns are unremitting global suffering of disproportionate social issues.

## **Native Americans (First Nations Peoples)**

Since the earliest contact with Europeans at the end of the 15th century, Native Americans were

subjugated to the laws of colonization and denied tribal sovereignty that is the basis of tribal government (Wilkins, 2009). The number of Native Americans, estimated at about 10 million in 1500, gradually decreased as their food sources disappeared and they fell victim to diseases such as measles, smallpox, and influenza. By 1800 the Native American population was about 600,000, and by 1900 it had been reduced to less than 250,000. Native tribes differed substantially in regard to religious beliefs and practices, language, dress, hairstyles, political organization, social structures, gender roles, worldview, and living conditions in response to the environment, which varied from forests, deserts, mountains, plains, and coasts to subarctic and arctic areas (Hall, n.d.).

U.S. policies ranging from the Indian Removal Act in 1830, various treaties negotiated with individual tribes, the 1887 Dawes Act (or General Allotment Act), the Indian Reorganization Act of 1934 (P.L. 73-383), and the Termination Act of 1953 further stripped away much of the history, geography, political life, and traditions from Indigenous Peoples to produce an abstract perception (Konkle, 2008) of the immensely significant cultural, family, and spiritual life that defines Native Americans. Each policy was designed to achieve progressive acculturation and final assimilation of the Native American into the "white" culture. Influenced in part by the Pan-Indian movement of the 1960s and 1970s, the passage in 1978 of both the Indian Child Welfare Act (ICWA) (P.L. 95-608) and the American Indian Religious Freedom Act (P.L. 94-341), and later the Native American Graves Protection and Repatriation Act of 1990 (P.L. 101-601), were attempts to make some reparation for the mistreatment of Native Peoples over the previous 500 years.

Today, the estimated 5.2 million Native Americans (Humes, Jones, & Ramirez, 2011) are still burdened with extensive unemployment and health and mental health disparities including

diabetes, cancer, substance abuse, and suicide (Indian Health Service, 2007) and remain one of the poorest races as a direct result of the U.S. policy (and subsequent interventions) toward Native Americans (Rodgers, 2008).

Reparation attempts such as ICWA have shown decreased numbers of children removed from their biological families and placements outside of their native culture. The Guidelines for the ICWA, released in 2016, speaks to policy initiatives needed for clarification and applicability of the ICWA process. Unfortunately, important stakeholders were left out of the proceedings of the amended guidelines (American Academy Adoption Attorneys, 2015). The Religious Freedom Act brought positive results as well. Regrettably, the Native American Graves Protection Act of 1990 lacks enforcement in providing full protection of said sacred lands.

The historical experiences of grief and trauma are realities for all Native American/First Nations people regardless of tribal territory and federal recognition, private lands, and state recognition (or lack thereof). Social injustices exist nationally and internationally; time, place, or native affiliation holds no partiality in reference to inequalities and imbalances. Research is on the horizon for further study on the depth of inherited resilience (Pember, 2016). The resilience concept, as coined by Oré, Teufel-Shone, and Chico-Jarillo (2016) echoes the circular perspective, which is woven with internal and external meaning of families, communities, culture, environment, and spirituality. There is growing awareness among professional service providers and researchers that Native American healing embraces the traditional Indigenous model of the medicine wheel. The integration of traditional healing practices demonstrates cultural competence and humility (Flint, 2015).

## **Alaska Native Peoples**

Beginning in the 1750s, the exploitation of natural resources in Alaska first began by the

Russians, then in the 1850s by the Americans. In 1867, Alaska was purchased by the United States from Russia and the exploitation continued. The "first European contact in 1492 brought diseases to the Americas which devastated the native population" (Koch, Brierley, Maslin & Lewis, 2013). The Alaska Native Land Claims Settlement Act of 1971, PL 92-203, established a capitalistic structure through which U.S. and international corporations established access to oil deposits in the northern region. The act provided the title of 14 million acres to state-chartered Native corporations, required Native people to set up village and regional corporations, and transferred land ownership to corporations and not individual Alaska Native Peoples. Despite these significant improvements regarding legal and land rights, decisions on sovereignty and subsistence often pit Alaska Native Peoples against state and federal authorities (Hunhdorf & Huhndorf, 2011).

Discrimination and racism still remain, despite gains made through the past four decades. Although 16 percent of Alaska's population identifies as solely Alaska Native, 84 percent of the state's population are primarily U.S. citizens, often from the lower 48 states (Thompson, 2008). Similar to Native Americans in other U.S. states, four generations of Alaska Native children were forced to attend mission and government-run boarding schools. The U.S. policy at that time was to remove their cultural identity and make these children a viable workforce for the populations coming into Alaska.

In 2008, 28 percent of Alaska Natives Peoples reported not completing high school as compared with less than one out of 12 (7.5 percent) white people in the United States.

Unemployment rates are up to three times higher among Alaska Native Peoples (21 percent in some regions) compared with the white population (6.6 percent). The poverty rate is estimated at 22 percent among the Alaska Native population as compared with 13 percent of all Americans

(Martin & Hill, 2009).

Health disparities continue among Alaska Native Peoples, and even though they have a lower rate of diabetes than the U.S. non-Hispanic population. Between 1997 and 2003, the prevalence of diabetes increased by 41 percent in the population served by the Indian Health Service. Fetal alcohol syndrome cases have been reported at a rate of 5.6 per 1,000 in Alaska, well above the rate for other races or ethnicities. Other health conditions associated with mortality rates among Alaska Native Peoples include heart disease (236.2 in 100,000), malignant neoplasms (183.5 in 100,000), and unintentional injuries (90.1 in 100,000) (Indian Health Service, 2007).

### **Taino**

The Taino Peoples are the Indigenous people of the Caribbean, tracing their origins to South America. In the 15th century, Taino people migrated and broke into different groups throughout the Caribbean islands of Cuba, Hispaniola (the Dominican Republic and Haiti), Jamaica, Puerto Rico, the Bahamas, and northern Antilles. Upon Christopher Columbus's arrival in 1492, the Taino people were thriving with a rich history and appreciation of artistry, a cultural identity, spiritual and religious beliefs, harvesting of the land, and a thriving society. However, with this arrival of the Spaniards, the Taino people suffered warfare and enslavement by these colonists, much like the experiences of other Indigenous Peoples (Collazo, 2018).

Despite a history of near extinction, over the past four decades there has been a regeneration and revitalization of Taino identity within the racially mixed and culturally blended Indigenous people of Cuban, Puerto Rican, and Dominican societies both here and in the continental United States.

# Kanaka Maoli (Native Hawaiians)

Kanaka Maoli are the aboriginal people of Hawai'i. The first foreigners to establish themselves in Hawai'i in 1778 were western traders seeking commercial gain, then Christian missionaries seeking religious conversion. In the first 150 years of contact, Kanaka Maoli faced physical extinction from foreign diseases and cultural genocide from laws and practices that favored foreign interests. Laws were enacted that subverted the traditional system of land tenure from collective stewardship to private property, dispossessing Kanaka Maoli from their source of sustenance and well-being. In 1893, American industrialists and U.S. Marines overthrew the lawful Hawaiian government, gave lands to the United States without compensation, and imprisoned and dethroned Hawai'i's last ruling monarch, Queen Lili'uokalani (Kaholokula, Nacapoy, & Dang, 2009; Kamau'u, 1989). In 1898, Hawai'i was annexed as a U.S. territory. Consequently, for Kanaka Maoli overwhelming loss of land, language, and cultural traditions followed. These many devastating losses caused cultural trauma and influenced many of the socio-economic problems experienced by Kanaka Maoli in contemporary times (Ka'opua, Braun, Browne, Mokuau, & Park, 2011; Office of Hawaiian Affairs, 2010).

Today, Kanaka Maoli continue to struggle with the outcomes of denied stewardship over ancestral land which nurtures wholeness, well-being, and spiritual connection. Consequential harms for Kanaka Maoli include prevalence of homelessness in their own land; higher rates of cancer, heart disease, and diabetes than those of the general U.S. population; higher rates of substance abuse and domestic violence; lowest life expectancy in the State of Hawai'i; and higher number of children in foster care for longer periods and reentry rate (Martin, Paglinawan, & Paglinawan, 2014).

Despite the devastating consequences of historical trauma, Kanaka Maoli possess cultural strengths that can inform policy, practice, and education which includes <u>aloha 'āina</u>, strong

family or 'ohana, prominent place of children, respect for the elders or kupuna and experts or kahuna, and a resilient, reciprocal and interdependent worldview of spirit, people, and environment as core for wellness. For the benefit of future generations, Kanaka Maoli continue to engage deeply in culture revitalization relative to Indigenous language, values, practices, skills, knowledge (Martin, Paglinawan, & Paglinawan, 2014), and the protection of land and sacred spaces such as Mauna Kea.

## **CHamorus**

CHamorus of Guahan have experienced the longest history of colonization without recognition of sovereignty. In 1521, Magellan's arrival on Guahan marked CHamorus' first contact with the western world. Over the next 200 years, as a result of the introduction of western diseases and warfare, Guahan suffered a population collapse from 50,000 to 3,500 (Hattori, 2004).

Guahan was a spoil of the Spanish-American War given to the United States in the Treaty of Paris in 1898. At this time, CHamorus were politically divided, with those living in the Commonwealth of the Northern Mariana Islands (CNMI) falling under the administration of the Germans. Hattori (2004) reported that on Guahan, language and health reform policies that were implemented adversely affected CHamorus' lives and culture. Japan occupied Guahan from 1941 to 1944, then the United States took control again, seizing 42 percent of the landmass that displaced the CHamoru people. The 1950 Organic Act of Guam granted the CHamorus a limited form of U.S. citizenship.

The proposed U.S. military buildup on Guahan threatens further dispossession of CHamorus and continual denial of their inalienable right to self-determination. CHamorus in the CNMI have lived under Spanish, German, Japanese, and American colonial rule. Their current political status is that of a commonwealth of the United States, which was created in 1976. In

CNMI, U.S. sovereignty is acknowledged, but certain federal laws have only limited applicability. The federalization of the CNMI's immigration policies in 2009 has resulted in the further colonization of CHamorus living in the CNMI. CHamorus have become a political minority in their homeland, comprising 21.3 percent of the total population (U.S. Census Bureau, 2000).

Current status of grave health disparities, altered identity, extreme poverty, and political disempowerment among CHamorus is the result of these historical attacks. Decolonization efforts continue to be challenged by historical disregard for Indigenous beliefs and practices and elimination of Indigenous health practitioners; militarization; environmental degradation and exposure to radiation without redress; and health issues including cancer (second leading cause of death), diabetes, mental illness, and suicide (Natividad & Lizama, 2014).

Nonetheless, the resilience of CHamorus, adaptability to change, and endurance in perpetuating cultural values and practices have not led to extinction but rather the beginning of revitalization of the Indigenous culture. Cultural strengths include a healing process that connects the Indigenous spirit to Indigenous identity; matrilineal hierarchy in which women are an integral part of the decision-making process; spirituality and connection to the land; language as part of one's identity; critical role of the family; and core values of reciprocity and respect. After 4,000 years as Indigenous people of Guahan, CHamorus are revaluing, rediscovering, and reconnecting to their Indigenous ways (Natividad & Lizama, 2014).

## **Peoples of Nations Affiliated with the United States through COFA**

The islands now known as FSM, RMI, and ROP, or the Freely Associated States (FAS) catapulted into U.S. view during World War II and confirmed the value of the islands' location to U.S. defense (Hezel, 1995; Ka'opua & Holden, 2010). In 1947, the United States became

administrator of the Trust Territory of the Pacific Islands (TTPI), committing to prepare the Indigenous people for self-governance and improve their health status. During this period, the United States executed nuclear testing of 84 bombs over Bikini and other atolls. Tests resulted in mass deaths, contamination of land and waters, radiation-related cancers, and birth defects (Ka'popua, 2007; Keever, 2004). Canned food and tobacco were introduced, increasing risk of chronic disease and resulting in mass outmigration to Hawai'i for health care and education (Ka'opua & Holden, 2010). TTPI informed development of COFA, defining U.S. relations with FAS. In exchange for exclusive military access to these nations, the United States provides economic aid and access to health grants. FAS citizens have U.S. citizenship status comparable with that of legal immigrants. In 1996, the Welfare Reform Act (Personal Responsibility and Work Opportunity Reconciliation Act of 1996) (P.L. 104-193) made FAS citizens ineligible for public assistance, and their access to Medicaid is uncertain.

Military oversight and forced shift in identity disconnected relationships among the person, family, and community, thus forcing an individualistic worldview that is counter to a collective subsistence lifestyle. Western influence disregarded Indigenous healing, spiritual practice, forms of art, role of elders as navigators of the family and community, and supported land development among foreigners. As new immigrants to the United States, these Indigenous Peoples must grapple with new location, trauma of relocation, isolation from family and support system, acculturation, economic stresses, and disproportionate health disparities (Hasugulayag, 2014; Howard & Kreif, 2014;).

Nonetheless, strengths of the people were evident in their resilience and ability to preserve Indigenous cultural identity, values, customs, and traditions while adapting to new life and space. They were the greatest ocean navigators in the Pacific, which facilitated seeking new

opportunities. Likewise, they are a very spiritual people with Indigenous medicines that have spiritual powers protected in the family. Women have important roles in these cultures. The identity of the people and their very survival is deeply rooted in the land, which is inclusive of the sea and everything in it, linking together family and community, and roles and responsibilities. Respect, cooperation, trust, reciprocity, collectivity, and relationship are core values to these cultures (Hasugulayag, 2014; Howard & Kreif, 2014).

## **American Samoans**

Dutch explorers made initial contact with Samoans in 1722. Business and military expansion by other western powers followed, with social disruption of the Indigenous cultural order and warfare. In 1827, the U.S. Navy occupied and began to use Pago Pago (Tutuila Island) as a fueling station. The United States, Germany, and Britain came into conflict during the Second Samoan Civil War, which resulted in the 1899 Treaty of Berlin and established the colony of American Samoa in the eastern Samoan archipelago. In 1929, the colony was annexed as U.S. flag territory. Through the covenant agreement binding the United States and American Samoa, the latter is subject to U.S. federal laws and has a nonvoting representative in the U.S. Congress. Currently, there are about 68,000 American Samoa residents, 96 percent of whom are of Samoan ethnicity. Economic activity remains strongly linked to the United States. Although culturally rich, American Samoa is resource poor, with about 73 percent of the Indigenous population living at or below the U.S. federal poverty level (American Samoa Office of the Governor, 2007).

A long and devastating history of colonization, military presence, and experiences of discrimination have led to a complex and complicated struggle to reconcile between a collective Indigenous culture and individualistic contemporary culture among Samoans. Although

migration to the United States was primarily for educational and career advancement, Samoans disproportionately experience health disparities and economic disparities, especially among new immigrants to the United States. Today, cancer is the leading cause of death among Samoans and they disproportionately suffer from chronic obesity, diabetes, anemia, and other health problems (Gabbard, 2014).

Samoans are a proud and family-oriented people. In spite of historical trauma, Samoans have preserved and perpetuated their traditional culture of *fa'a Samoa* in which respect, mutuality and reciprocity, spirituality, strong work ethics, family ties, and community solidarity are at the core and heavily invested in by all (Gabbard, 2014). Indigenous Peoples are among designated health disparity populations in the United States (Agency for Healthcare Research and Quality, 2017). Achieving health equity will require a multidimensional approach that addresses not only individual factors (Alvidrez, Castille, Laude-Sharp, Rosario & Tabor, 2019) but also systems such as health care, social welfare, criminal justice, and education (Alegría, Araneta, & Rivers, 2019).

Social work and human services professionals acknowledge the necessity of sensitivity and unique approaches in understanding and addressing structural inequities. Professional approaches consisting of culturally and linguistically sensitive interventions and measurements are indicative of best practices. Ensuring ethical guidelines across diverse Indigenous individuals, groups, communities, and organizations strengthens capacity for health and wellbeing. The NASW policy standards call for scale-balancing on behalf of those who need advocacy from pandemonium to stability.

## **POLICY STATEMENT**

NASW acknowledges the uniqueness and strengths among Indigenous Peoples and communities.

Indigenous communities have distinct place-based histories, languages, and cultural values and practices that span across diverse geographies and have contributed positively to the world.

NASW recognizes the struggle of Indigenous Peoples for sovereignty and freedom from oppression, and that their struggle has origins in past practices of genocide and ethnic cleansing implemented as policies of the U.S. government and others around the globe. NASW condemns oppressive acts (for example, land acquisition with the use of imminent domain, environmental neglect, and degradation) by administering powers of government that exploit Indigenous Peoples.

NASW supports the following:

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- A sense of place often defined by land, people, language, and identity for Indigenous Peoples
  through inclusion at the center of national conversations
- The development of social policies and practices that promote the health, land and human rights of Indigenous Peoples living within U.S. boundaries and beyond
- Securing of resources for more effective policies on health care and education for the current generation of transnational, transcultural Indigenous Peoples
- The rights of Indigenous Peoples in their efforts to gain health and self-determination and sustain the physical, emotional, and spiritual health that are consistent with the principles, values, and roles of social work
- Education and training of all social workers on cultural competence and cultural humility,
  specifically with regard to value differences between the dominant culture and the cultures of
  Indigenous Peoples
  - Education and training of all social workers on the various social determinants that influence the health and well-being of Indigenous Peoples

369	• The preservation of traditional spiritual, health, and cultural strengths and practices of
370	Indigenous Peoples
371	Culturally and linguistically relevant practices and models that integrate Indigenous and
372	contemporary knowledge
373	• Funded efforts for decolonization and cultural revitalization among Indigenous Peoples in
374	terms of language, ceremonies, practices, healings, and strategies
375	• National Institutes of Health vision on minority health and health disparities research to
376	promote health equity among Indigenous Peoples
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378	"If, however, civilization meant an economic system in which there was no relative poverty, but
379	rather adequate food, shelter, physical security, and a social system in which all participate
380	equally and actively in the material and aesthetic standards of community life, then the people of
381	Micronesia were indeed civilized and had much to teach the rest of the world" (quoted by
382	Hanlon, 1998, p. 47)
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535	Policy statement approved by the NASW Delegate Assembly, Month 2020. This statement
536	supersedes the policy statement on Sovereignty, Rights, and the Well-Being of Indigenous
537	Peoples approved by the Delegate Assembly in August 2011. For further information, contact the
538	National Association of Social Workers, 750 First Street, NE, Suite 800, Washington, DC 20002-
539	4241. Telephone: 202-408-8600; e-mail: press@socialworkers.org