



In the Heart of Wyoming is Indian Country:

Home to the Eastern Shoshone and Northern Arapaho Tribes

Rich with Beauty, Spirituality, Families and Tradition

2016



What do you know?

1. Native Americans became U.S. citizens in:
 - a. 1859.
 - b. 1905.
 - c. 1924.
 - d. 1965.
2. The median age on the WRR is about:
 - a. 21 years old.
 - b. 31 years old.
 - c. 36 years old.
 - d. 39 years old.
3. The rate of infant mortality for Native Americans in Wyoming in relation to Whites in Wyoming, 2006-2011 is:
 - a. About the same.
 - b. 50% greater.
 - c. 75% greater.
 - d. More than 100% greater.
4. The mortality rates in Wyoming for Native Americans compared to others:
 - a. Exceed 4½ times higher from diabetes.
 - b. Exceed twice as high for accidents and other adverse effects.
 - c. Exceed 8 times higher for chronic liver disease.
 - d. All of the above are true.
5. Those living on the Wind River Indian Reservation who drink alcohol in relation to statewide is:
 - a. Significantly higher.
 - b. Significantly lower.
 - c. About the same.
6. The rate for those who drink alcoholic beverages and drink to excess on the Wind River Reservation in relation to statewide is:
 - a. Significantly higher.
 - b. Significantly lower.
 - c. About the same.
7. The median household income in 2010 on the WRR was:
 - a. About \$54,000, the same as for the general population in Wyoming.
 - b. About 70% of the general population in Wyoming.
 - c. Less than one-half as for the general population in Wyoming.
 - d. Below \$7,000 for 22% for Northern Arapaho and 15% for Eastern Shoshone.
8. Members of the Eastern Shoshone and Northern Arapaho receive monthly *per capita* checks. The source of these funds is:
 - a. A guaranteed minimum income paid from federal tax dollars.
 - b. Earnings from minerals extracted from tribal land.
9. Which is true regarding taxes?
 - a. The State and Fremont County derive over \$10 million annually from severance taxes, ad valorem, and sales taxes from residents and entities on the WRR.
 - b. Native Americans shopping at businesses outside the WRR must pay sales taxes.
 - c. Non-Natives shopping at businesses on the WRR do not pay sales taxes.
 - d. All of the above are true.
10. Health care for Native Americans on the WRR:
 - a. Is based on the “trust responsibility” doctrine that arose from treaties in exchange for land.
 - b. Relies substantially on third party payments through Medicaid, Medicare and other third party payments.
 - c. Is a challenge because of a lack of transportation on the WRR.
 - d. All of the above.

Answers: 1-c, 2-a, 3-d, 4-d, 5-b, 6-a, 7-c and d, 8-b, 9-d, 10-d



Central: Family and Tradition

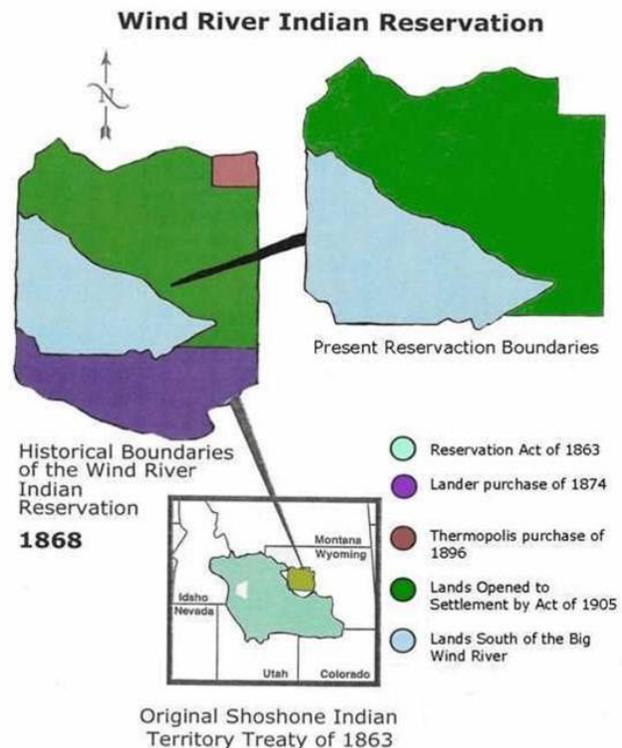
The Wind River Reservation (WRR) is home to two federally recognized tribes, the Northern Arapaho Tribe and the Eastern Shoshone Tribe. They are two of the 566 Indian tribes with formal recognition by the U.S. Department of Interior. The WRR is the only Indian reservation in Wyoming. Wyoming is fortunate to have two strong tribes living within the state, sharing their traditions, culture, and resources. The WRR is the heart of Wyoming's history and culture.

Today there are approximately 10,000 enrolled Northern Arapaho and 5,000 Eastern Shoshone. Not all live on the Wind River Reservation, but likely consider it home. Many live in the cities of Riverton and Lander. An estimated 2,000 other Native Americans live on the WRR who are not enrolled members of any tribe or who are enrolled in other tribes.

Where the WRR was and is:

The WRR lies mostly within Fremont County in west central Wyoming. Before there was the reservation, the two tribes spanned from west of the Rockies and east to the Great Lakes and south to the Gulf Coast. The Shoshone lived in the West; the Arapaho, in the Central Plains.

The reservation boundaries have varied since the 1863 Fort Bridger Treaty with the Shoshone which provided 44 million acres that covered much of western Wyoming and parts of Idaho, Utah, and Colorado. The WRR is now less than 3 million acres. Jurisdictional and boundary issues are still unresolved from when lands were opened for outside settlement by the U.S. Congress in 1905.





WRR Home for Two Tribal Nations

In 1878, the Northern Arapaho were escorted by the U.S. military to the WRR after conflicts with the U.S. Cavalry. The Arapaho had reservation land in Colorado under the Fort Laramie Treaty of 1851 but were removed when gold was discovered. The Sand Creek Massacre occurred in November 1864 at an encampment that was to have been under military protection in southeast Colorado.

The Shoshone and Arapaho have different unrelated languages, different cultures, and different histories. In 1924, the Northern Arapaho became joint owners of the reservation, but each tribe retained a separate identity. The Northern Arapaho and the Eastern Shoshone each are sovereign nations with governing bodies and tribal courts. The members of each tribe elect their own Business Council, each with six members, and have a General Council made up of all members over the age of 18. With a quorum the General Council can make governing and policy decisions. A Joint Business Council existed for some time, but in September 2014, the Northern Arapaho Business Council dissolved it as a way to gain autonomy in decision-making.



Proudly Serving the U.S. Military

Some 12,000 Native Americans volunteered for military service in 1914 when World War I began although they were not eligible for the draft; they were not considered U.S. citizens until ten years later in 1924. More than 700 Eastern Shoshone and Northern Arapaho are veterans or currently serving in the military. There are 156,515 Native American veterans in the U.S., making Native Americans the highest per capita commitment of any ethnic group in the U.S.

Rivers, Streams and Lakes

On the WRR are over 200 lakes and hundreds of miles of rivers and streams. Water is a valuable resource and critical to a healthy future. Children enjoy summer days swimming in the Wind River. Wildlife and fish (which maintains sustainability for Native Americans living on the WRR) relies on quality water.



Health Disparities:

In Wyoming, infant mortality for Native Americans is 12.5 and for Whites is 5.8 per 1,000 live births, 2006-2011.

Source: Wyoming Vital Statistic

Cause of Death	Native American	White
Cancer	191.5	156.5
Heart Disease	247.1	204.1
Accidents and Adverse Effects	127.5	65.1
Pneumonia and Influenza	59.3	20.2
Diabetes	87.4	19.0
Chronic Liver Disease	106.4	13.1
Homicide and Legal Intervention	27.6	3.4
Source: Wyoming Vital Statistics		

Average Age of Death:

General Population in Wyoming	71.0
Native Americans in Wyoming	56.0
General Population in Fremont County	68.5
Native Americans in Fremont County	54.7

Source: Wyoming Vital Statistics

Health Care Resources for the WRR

The main health care resource for Native Americans has been Indian Health Services (IHS). However, IHS was only funded at about 45% of the need. IHS would have to resort to providing health care only to “save limb or life” when funding was becoming depleted each year. The building for the IHS clinic in Fort Washakie is the oldest IHS clinic in the nation, built in 1814 as a Calvary commissary.

To meet the federal obligation of trust responsibility, Medicaid was made available to qualifying Native Americans at 100%, instead of the 50/50 match requirement for the state. Also, the Affordable Care Act has provisions to provide access to health care to Native Americans, including no time restrictions for enrollment.

An 1115 Medicaid waiver was approved by the Wyoming State Legislature in 2015 and, if approved through the Centers of Medicaid and Medicare Services (CMS), will save money and allow more flexibility in expenditures for prevention and early intervention.

A recent study by the Annie E. Casey Foundation reveals that Native children are twice as likely not to have insurance. Third party payments through insurance are still needed to provide access to quality health care to Wyoming’s Native Americans.

Health Care through “638”

“Section 638” refers to a section of the *Indian and Self Determination Act of 1975* whereby a tribe may take on responsibility for a program directly. In other words, “638” allows local control. The health care facility in Arapahoe is now under a “638” program through the Northern Arapaho Tribe, called the Wind River Family & Community Health Care.





Photo by Matthew Copeland, WyoFile

2015 Native American Health Equity Conference

The 2015 Native American Health Equity Conference took place on June 10-11 on the WRR with 140 registered participants including tribal agency employees, tribal youth, nonprofits, health care providers, as well as state and federal leaders including the HHS Office of Minority Health, Regional 8 Health Equity Council and the HHS Indian Health Service.

Conference topics included exploration of health equity, historical overview of the Wind River, the Wind River Native Advocacy Center, integrated health demonstration, Northern Arapaho Horse Culture, Indian Self Determination Act (P.L. 638), federal trust responsibility; and drug and alcohol prevention.

Wind River UNITY Council, ESCAPE (Eastern Shoshone Cross Age Peer Education), White Buffalo Recover Center Youth Prevention Program, and Generation 8 Society Youth Program participants performed a dramatization of integrated health care illustrating that broader social, economic, and environmental risk conditions can impact health care access, choices, and outcomes.

What is the Trust Responsibility for Health Care?

The U.S. Supreme Court, as recently as 2011, confirmed a general trust relationship between the United States and Native Americans (*United States vs. Jicarilla Apache Tribe*, 131 S. Ct. 2313, 2324 (2011)). The court held that the federal government has moral obligations to the highest responsibility. The trust responsibility arose from treaties of which both the Shoshone and Arapaho were parties, where in exchange for land and an absence of warfare, the federal government would reserve designated parcels of land for the tribes, respect tribal sovereignty, provide protection, and provide the tribes with necessities, including health care.

Since 1975, the federal government has created programs in an effort to fulfill this opportunity. Consultation is a critical part of the doctrine of trust responsibility.

The trust responsibility obligation follows federal funds that come through the states, so that states also must comply with requirements for meaningful consultations with the tribes when federal funds are involved. The Wyoming Department of Health has begun this process.



The Numbers Tell the Story for the WRR

Hunger and Food:

- 23.6% indicate that they do not have adequate funds for food.
- 13.1% said that during the past year, not everyone in their household had enough to eat.
- Fresh fruits and vegetables are harder to obtain on the WRR.
- Fry bread is not a Native food, but invented to make use of government commodities. It is low in nutritional value and contributes to obesity.
- Diabetes was not a disease found in the Native American population prior to the influx of Europeans. It is now the 3rd leading cause of death on the WRR.



Housing and Heat:

- Households with 6 or more people in the home increased from 13% to 22% for Northern Arapaho and 6% to 11% for Eastern Shoshone from 1998 to 2010.
- 22% of Native households respond that their household needs are inadequate.
- Propane is the major source of heat; electric heat is the second highest source; natural gas ranks third and wood or coal are last.
- 18.5% say they do not have adequate heat for the winter.
- 38% request financial help with utilities.
- Homelessness, “couch surfing,” and over-crowding are concerns for families on the WRR.

Poverty:

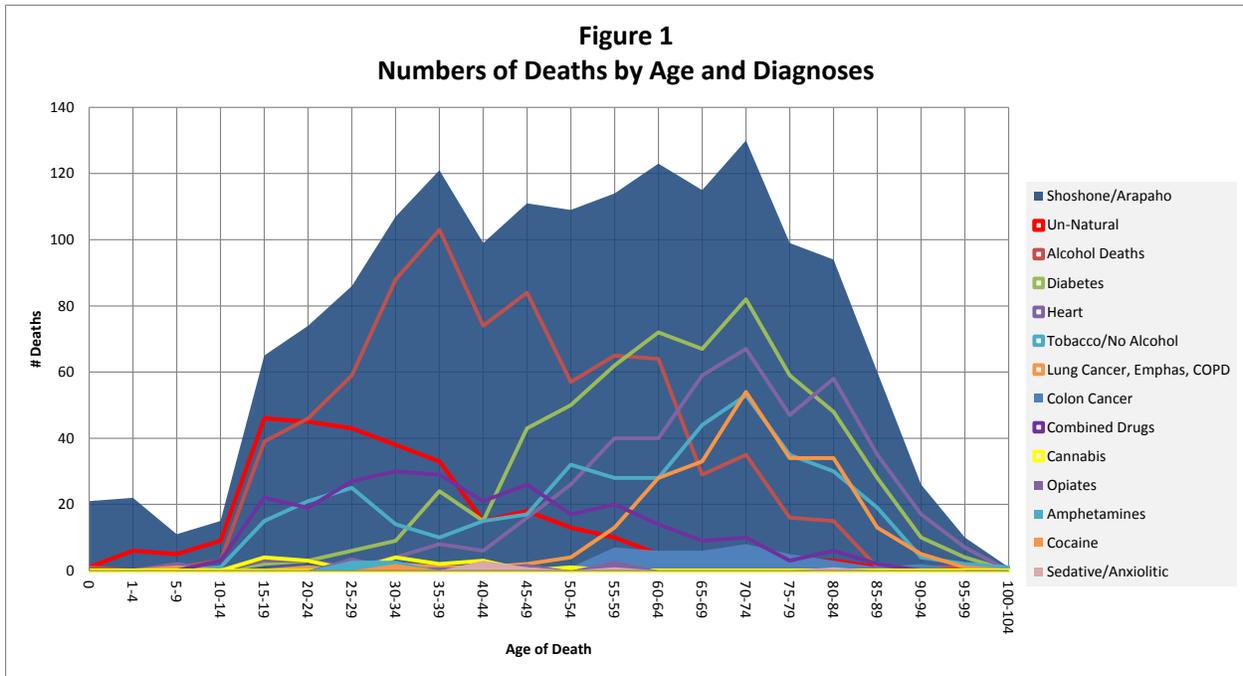
- 22% of Northern Arapaho and 15% of Eastern Shoshone household income is less than \$7,000 annually.
- The annual household income of the poorest 25% is less than \$9,000.
- The median household income is \$16,000 for Northern Arapaho and \$25,000 for Eastern Shoshone. This compares to \$54,000 for Wyoming.
- **Living below the poverty line:**

Northern Arapaho	62%
Eastern Shoshone	47%
Other Natives	57%
Non Natives on WRR	29%
Compared to statewide	11%

Alcoholic Beverage Usage

Many more Native Americans on the Wind River Reservation do not drink alcohol at all compared to the statewide general population. Only 28.5% of those on the WRR drank any alcoholic beverages in the last 30 days compared to 51% of the population statewide.

However, for those who do drink, drinking to an excess is more likely. The rates for women who drink 4 or more drinks and for men who drink 5 or more in a day, it was 18.6% for women and 25.3% for men on the WRR. This compares to 6.5% of women and 15.7% for men statewide.



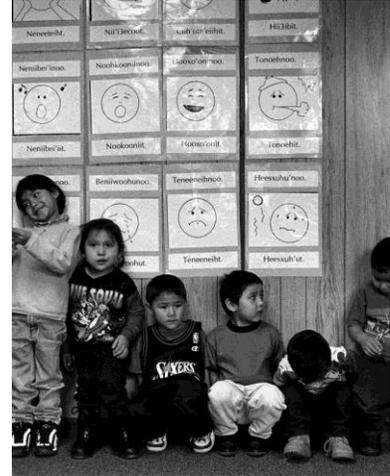
Prepared by Roland Hart, Psychologist, PhD, for the Wind River Reservation

Figure 1 shows that the use of alcohol and other drugs significantly increased the risk of premature deaths.

Peace March in Riverton, August 2015

Native Americans and non-Natives came together for a Peace March to demonstrate solidarity in the community following the shooting in July of two Northern Arapaho men staying at the Volunteers of America’s Center of Hope detox facility in Riverton. One was killed and the other critically injured from the gunshot wounds.





The Wind River Reservation has a young population.

- The median age for the tribes on the WRR is age 21 years compared to nearly age 37 for Wyoming.
- Over 11% of the population on the WRR is under the age of 5; while only 6.5% for Wyoming’s total population is under the age of 5.

Photo below by Matthew Copeland, Wyofile



This publication is a cooperative effort of the Wind River Native Advocacy Center, the Wyoming Association of Churches and the Wyoming Office of Multicultural Health of the Wyoming Department of Health. The purpose is to help educate the public about the Wind River Reservation in order to expand the appreciation for Indian Country in the heart of the State of Wyoming. Building understanding and cultural bridges through embracing diversity benefits all of us.

While the Eastern Shoshone and the Northern Arapaho are both strong tribal nations with rich cultures, we need to understand that the poverty and health disparities on the Wind River Reservation are preventing Native Americans from being all they can be. The data in this publication tells the story. The root causes are complex as to why the poverty and disparities are so great. Solutions lie not in perpetuating dependency, but in providing the means and the hope for institutional changes that foster healing, and self-determination.

Thanks goes to those who have shared information in preparation of this publication including Jason Baldes, Sergio Maldonado, Leslie Shakespeare, Melissa Friday, Glen Fowler, Cherokee Brown, Lillian Zuniga, and numerous others. Also, thanks to Matthew Copeland who wrote a series of articles in 2015 about the Wind River Reservation for *WyoFile*, a nonprofit online newspaper, about the health care issues for children on the Wind River Reservation. For those who would like a deeper understanding about these, you may find those articles and others about the Wind River Reservation at the *WyoFile* website.

Credits and a thank you for the photos used go to: Sara Wiles (all black and white photos in this document) of Lander, Matthew Copeland of Lander for *WyoFile* (individually credited) and Chesie Lee of Riverton (all other color photos unmarked).

The Wyoming Office of Multicultural Health provided funding and resources for this project.

Sponsors:



The Wind River Native Advocacy Center seeks to empower Wyoming's Ns for a strong voice with the vision of a community engaged in self-determination for education, health, economic development and equality for the Wind River Reservation.



The Wyoming Association of Churches promotes social and environmental justice in Wyoming. The vision is Wyoming's churches championing justice and to end racism in Wyoming.



The mission of the Wyoming Office of Multicultural Health is to minimize health disparities among underserved populations in the state through networking, partnerships, education, collaboration and advocacy and to promote culturally competent programs aimed at improving health equity.

Sources of Data Information:

What do you know? Quiz:

1. The Indian Citizenship Act, June 2, 1924
2. U.S. Census Data
3. Wyoming Vital Statistics
4. Wyoming Vital Statistics
5. WYSAC WINDS III, Technical Report No. SRC-1106, June 2011
6. WYSAC WINDS III, Technical Report No. SRC-1106, June 2011
7. WYSAC WINDS III, Technical Report No. SRC-1106, June 2011
8. U.S. Department of Interior, Bureau of Indian Affairs
9. Wyoming Department of Revenue
10. Indian Health Services Wind River Service Unit and Wind River Family & Community Health Care

Tribal Enrollment Data

Eastern Shoshone and Northern Arapaho Business Councils

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Health Disparities

Wyoming Vital Statistics

Health Care Resources

Tribal Health Agencies on the Wind River Reservation

2015 Native American Health Equity Conference

Wyoming Office of Multicultural Health

The Numbers Tell the Story for the WRR: Hunger and Food, Housing and Heat, and Poverty

WYSAC WINDS III, Technical Report No. SRC-1106, June 2011

Alcoholic Beverage Use

WYSAC WINDS III, Technical Report No. SRC-1106, June 2011

Roland Hart, Psychologist, PhD, Wind River Reservation

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U.S. Census Data



**Dedicated to a healthy future for the
Wind River Reservation.**