



Food at ARJCCC
from 5pm-7pm

Presentation at 6pm

March 26

livestreamed on FB

Sign in
Here or at
the Front:



COMMUNITY DISCUSSION

Data Sovereignty & Healthcare Data



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Data Sovereignty & Healthcare Data



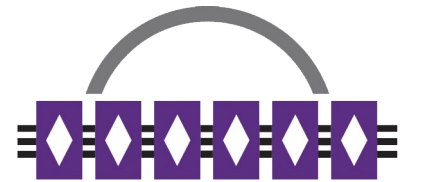
Introduction

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ONEIDA



Introduction

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Introduction

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School of Medicine
and Public Health
UNIVERSITY OF WISCONSIN-MADISON

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Comprehensive
Health Division



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WISCONSIN
MADISON

Housekeeping

Meeting Format

Streamed & Recorded

Restroom Locations

Light Meal

Staff Available to Assist

Program Leadership Available Post-Meeting

A good mind. A good heart. A strong fire.



Agenda

Food available from 5pm-7pm

**Please sign in via this QR code or
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have not yet!**



Presentation QR Code



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Vision: A Progressive Sustainable Health System That Promotes Tsi?niyukwalihot^Λ (Our Ways)

Mission: We Provide the Highest Quality, Holistic Health Care to Ensure Wellness for OUR Oneida Community

Values:

Responsive Leadership
Communication
Trust is the Foundation

Safety
Culturally Sensitive
Respect

Five Principles Nation Building

Transformational Leadership

Strong Governing Systems

Cultural Relevancy

Strategic Outlook

Sovereignty

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Nation Building Themes

Use Relevant Data for Decision-Making

Integrate Oneida Values into Healthcare

Strengthen Healthcare Collaboration

Create a Sustainable Health System

Advance Community Engagement

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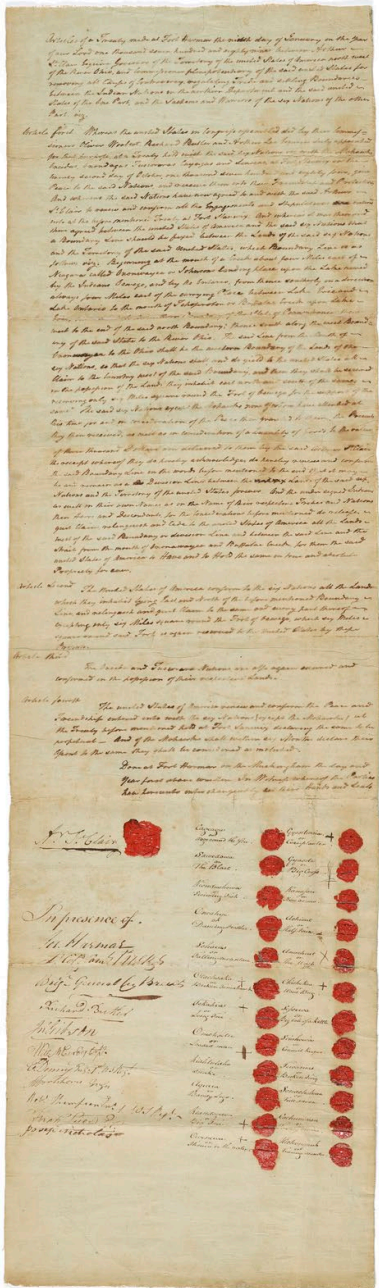


Treaties and Trust Responsibility of the U.S.

Legally binding agreements between sovereign nations

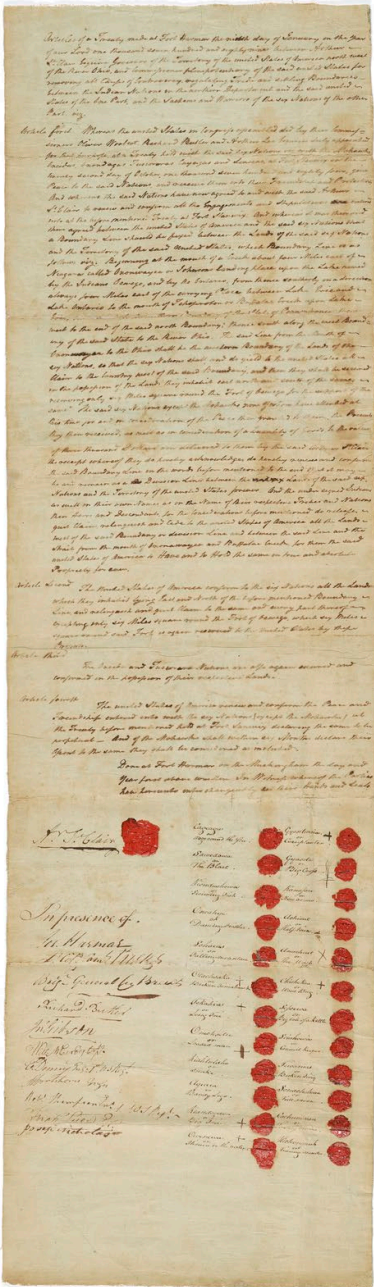
The United States of American (U.S.) and a Tribal Nation

Akin to the Constitution and Bill of Rights, but confirm a Nation's rights and privileges that already existed



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Treaties and Trust Responsibility of the U.S.

A Tribal government having relations with the U.S. federal, state, and local governments is based in treaty and trust responsibility of the U.S.

Not all Tribes have treaties with the U.S.

The federal Indian trust responsibility is a legally enforceable fiduciary obligation of the U.S. to support the self-determination of federally recognized Tribes

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British, New York, and U.S. Treaties with Oneida

- 1722 Great Treaty of 1722 (with Five Nations) / Treaty of Albany
- 1744 Treaty of Lancaster (with Six Nations)
- 1752 Treaty of Logstown (with Six Nations)
- 1754 Treaty of 1754 / The Albany Congress / Albany Plan of Union (with Six Nations)
- 1760 Treaty with the Six Nations
- 1768 Treaty of Fort Stanwix / Grant from the Six Nations to the King and Agreement of Boundary Line (with Six Nations, Shawnee, Delaware, and Mingoes of Ohio)

British, New York, and U.S. Treaties with Oneida

1784 Treaty with the Six Nations

Hostages; peace → land secured; goods provided

1785 Treaty of Fort Herkimer (Land)

1788 Treaty of Fort Schuyler (Land)

1789 Treaty with the Six Nations

Land westward; peace; criminals punished if applicable → land secured (again); criminals punished if applicable

1794 Treaty with the Oneidas, etc. (Stockbridge, Tuscarora)

Support during the revolutionary war → \$5,000; mills and millers provided; church made

British, New York, and U.S. Treaties with Oneida

1794 Treaty with the Six Nations

Peace; random land claims; roadway → land secured (again); \$10,000 in goods; \$4,500 **annually** (“other utensils suited to their circumstances, and in compensating useful artificers, who shall reside with or near them, and be employed for their benefit”)

1798 Treaty with the Oneida

Land of specific village → \$300; \$200; \$700 **annually**

1802 Treaty with the Oneida

Land of specific settlement → \$300; \$600; \$300 **annually**; land secured (again)

1800s Treaties with New York State for Land

British, New York, and U.S. Treaties with Oneida

1822 Treaty with the Stockbridge, Munsee, Oneida, Menomonee, Mohawk, Tuscarora (*not ratified by U.S.*)

\$1,000; \$1,000 in goods → land secured

1831 Treaty with the Menominee

Land → 500,000 acres, timber, highways

1832 Treaty with the Menominee

Less land → change in location of acres

1836 Treaty with the New York Indians in Wisconsin (*not ratified by U.S.*)

Land; peace → \$96,000 (\$36,800 to Oneidas); \$250,000 for moving; \$50,000 for a school and “assistance of the aged, infirm and orphans” with investment in stocks where interest provided **annually**; land secured (again)

British, New York, and U.S. Treaties with Oneida

1838 Treaty with the New York Indians

Land; peace → \$400,000 “from time to time”; “assist them in education” and other aid

1838 Treaty with the Oneida

Land → 100 acres per individual; \$33,500; current land

1863 Treaty with the New York Indians in Kansas (*not ratified by U.S.*)

Land → payment for deaths by U.S. citizens; land exempt from taxation; land secured (again); \$70 per individual

1909 Agreement with the Oneida of Wisconsin (*not ratified but considered valid*)

1794 annual payment of \$4,500 (\$1,000 to Oneida) → change to “a cash payment in full”; allotment of land

Tribal Sovereignty: authority to self-govern

“the Indians have often surrendered claims to vast tracts of land and have accepted life on government reservations. In exchange, the government has agreed to provide **community services such as health, education and public safety**—services that would presumably allow Indian communities to enjoy a standard of living comparable to that of other Americans”

President Nixon, 1970

see a more detailed overview here:



Tribal Sovereignty: the Snyder Act of 1921

Congressional approved budgets “appropriate for the benefit, care, and assistance of Indians throughout the United States” for the purpose of health and other items

Tribal governments receive some federal funding for programs operated by the Tribal government, including health programs

Federal funds often come from the non-defense discretionary portion of the U.S. federal budget, which includes funds for the Indian Health Service (IHS), and is approved in annual appropriation bills

Tribal Sovereignty: the Snyder Act of 1921

Right now, separate funds for Medicare, Medicaid, and some other health care programs are governed by existing laws and considered mandatory spending, which are separate from IHS funding

IHS is part of the U.S. Department of Health and Human Services and provides basic health services, including medical (internal medicine, family practice, obstetrics/gynecology, pediatrics, diabetes care, podiatry, labs, scans, etc.), dental, optical, therapy, behavioral health, pharmacy, community health, employee health, telehealth, and skilled nursing care services

Tribal Sovereignty: Indian Self-Determination and Education Assistance Act (ISDEAA)

The Bemidji Area of IHS supports the Oneida Tribal health services and programs through a compact based on public law 93-638: the 1975 Indian Self-Determination and Education Assistance Act (ISDEAA)

“The Secretary is prohibited from waiving, modifying, or diminishing in any way the trust responsibility of the United States with respect to Indian tribes and individual Indians that exists under treaties, Executive orders, other laws, or court decisions.”

25 U.S.C. § 458aaa-6(g)

Tribal Sovereignty: ISDEAA

Oneida entered into the compact with the Secretary of the U.S. Department of Health and Human Services for IHS services in 1997

Oneida assumes full funding and control over programs, services, functions or activities or portions of these programs, services, functions or activities that IHS would otherwise provide

Oneida has sovereign control of health programs, services, functions or activities taken over from IHS

see more
information
from IHS
here:



Data Collected in Healthcare

We have been collecting data forever

“Data are not a foreign concept in the Indigenous world. Indigenous peoples ‘have always been data creators, data users, and data stewards. Data were and are embedded in Indigenous instructional practices and cultural principles.’”

– Stephanie Russo Carroll

Data are our relations and are part of our healing journey



Data Collected in Healthcare

What is Tribal data?

Data, information and knowledges, in any format, that impacts Native people, Tribal Nations, and our communities at the collective and individual levels:

Data about our non-human relations

Data about us as individuals

Data about us as collectives



Data Collected in Healthcare

What is Tribal healthcare data?

Genetic information, biological specimens like saliva, urine, blood, etc.,

Cognitive and social assessments

General health information including medications, supplements, exercises

Other information like formal education years and family size, as well as other medical data like height, weight, and blood pressure



Traditional knowledge



Biospecimens



Demographics



Healthcare stories

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Data Collected in Healthcare

Why is Tribal healthcare data important?

Data for whose benefit?

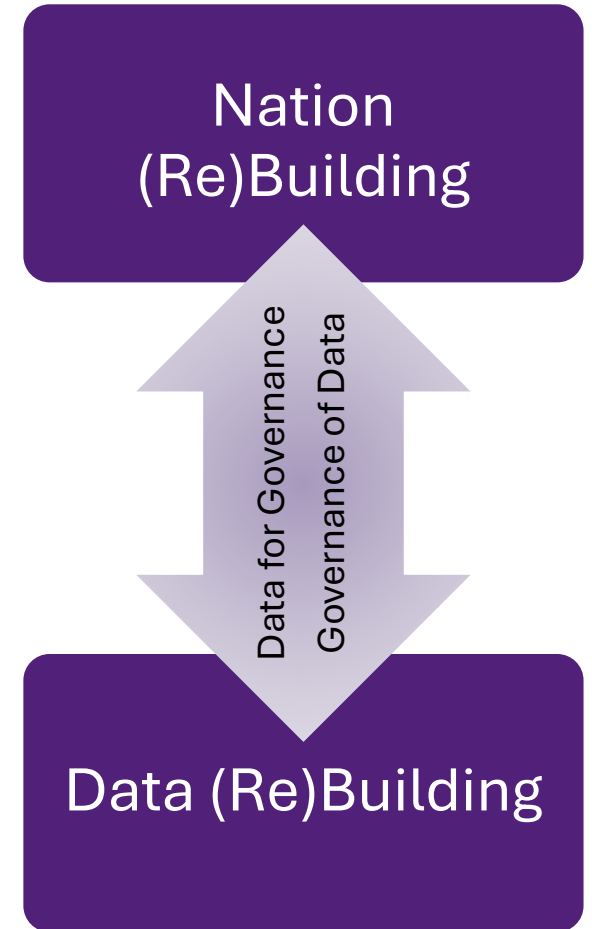


Data Sovereignty

Indigenous or Tribal data sovereignty in literature and national conversation

The right of Tribal Nations to govern the collection, ownership, and application of their own data

Genesis in traditions, roles, and responsibilities for the use of community held information



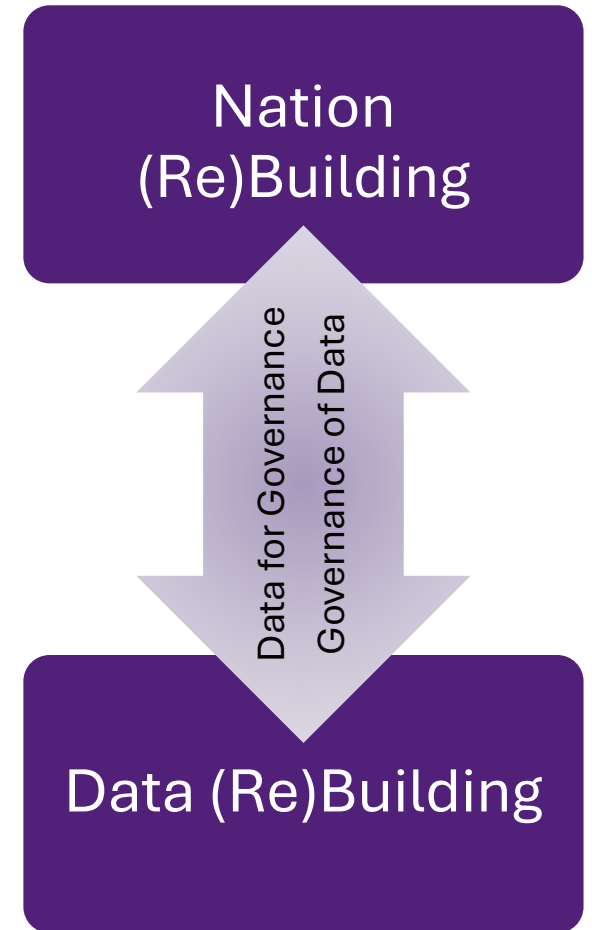
Data Sovereignty

Knowledge belongs to the collective and is fundamental to who we are and how we operate

Indigenous or Tribal data governance

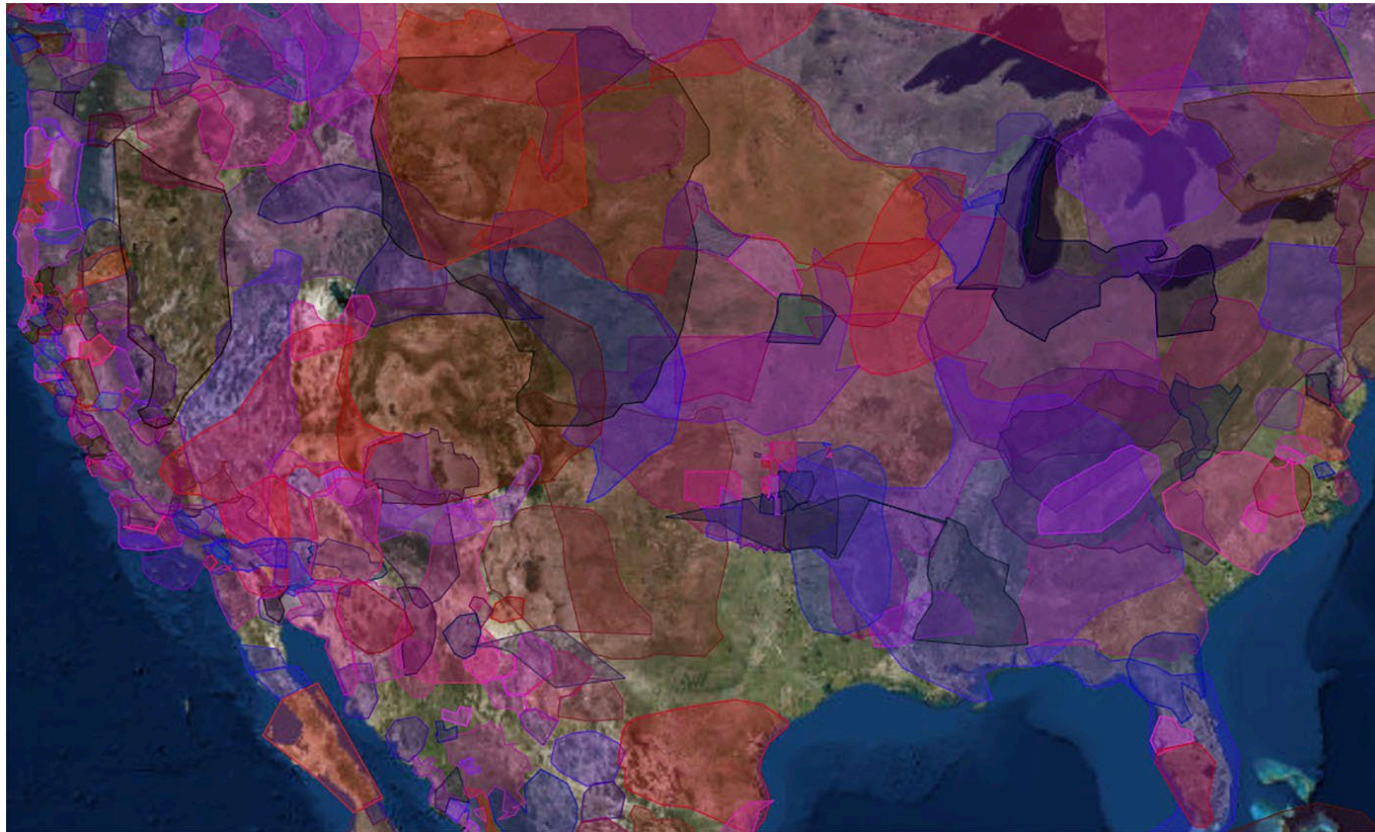
A way of implementing and actualizing data sovereignty

Data are critical to exercising sovereignty



Data Sovereignty

The landscape then

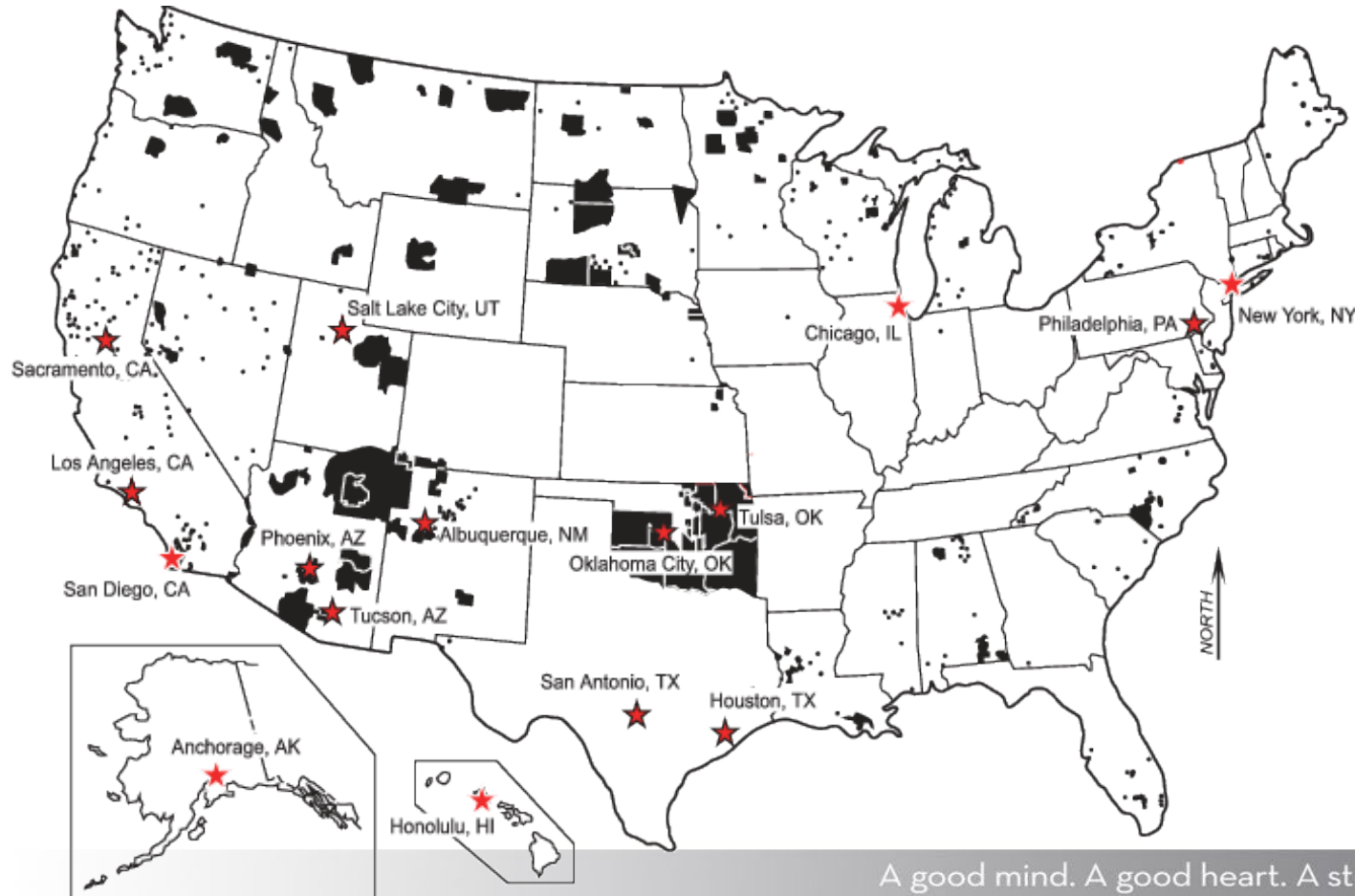


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Data Sovereignty

The landscape now



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Data Sovereignty and Colonization

Norse colonize in Newfoundland

Ottoman Empire closes the Silk Road increasing European travel to the west

Eventually Jamestown succeeds as a “permanent” colony in modern U.S.

European rulers and settlers desired to own Indigenous “nature” – minerals, land, water, forests, other relatives – to transform it into value

Now, DNA, biospecimens, and health data are being mined



Data Sovereignty and Scientific Colonization



Example: Removal of Wealth

Political colonialism: Exportation of raw materials and wealth from colonies for the purpose of processing it into manufactured wealth and or goods (gold, oil, etc.)

Data colonialism: Exporting raw data from a community for the purpose of processing it into manufactured goods (books, articles, wealth, patents, intellectual property rights, etc.)

Tribal Healthcare, Data Sovereignty, and National Updates

All of Us research program, funded by the NIH

“Join us to learn how you can be included in shaping the future of health care for you....We think one day health care should be tailored to you. This is called precision medicine. And research can help us get there. How? By creating a resource that may allow researchers to conduct thousands of studies on health and disease.”

Despite stating “All of Us will respect Tribal sovereignty by working with Tribal Nations,” the program has not meaningfully consulted with Oneida to date

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Tribal Healthcare, Data Sovereignty, and National Updates

Tribal healthcare is based in federal trust responsibilities to Tribes and has been reaffirmed in numerous treaties, Congressional acts, Supreme Court rulings, Presidential orders, and other laws and statutes

Data sovereignty is the right of Oneida as a Tribal Nation to govern the collection, ownership, and application of their data, including healthcare data

Meeting Survey QR Code



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Yawako

Questions, Request for Information, Comments:

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