

TRIBAL SOVEREIGNTY AND LEGAL PROTECTIONS FOR AMERICAN INDIANS AND ALASKA NATIVES

The Seattle Indian Health Board is alarmed by the Trump administration's recent efforts to roll back decades of hard-fought protections for American Indian and Alaska Native people by re-classifying AI/ANs as members of a racial group, rather than as enrolled members of sovereign governments. The administration's view is that AI/AN people cannot receive "different" treatment under federal law because this would raise constitutional and federal civil rights concerns. But this view is completely at odds with the federal Constitution and with hundreds of years of statutes and jurisprudence.

1. The Federal Trust Responsibility

The 1921 Snyder Act

The Snyder Act¹ authorizes the Congress to "expend such moneys as Congress may from time to time appropriate, for the benefit, care, and assistance of the Indians throughout the United States for...relief of distress and the conservation of health." This Act enshrines the federal Trust Responsibility to provide health care *specifically* for AI/AN people.

The 2010 Indian Health Care Improvement Act (IHCIA)

In recognition of the health disparities faced by AI/AN people, the Indian Health Care Improvement Act² declares that it is the policy of the United States "to ensure the highest possible health status for Indians and urban Indians and to provide all resources necessary to effect that policy." The IHCIA acknowledges the unique history of AI/AN people and the government's obligation to address past mistreatment and neglect.

2. Morton v. Mancari (1974)

The Supreme Court in *Morton v. Mancari*³ held that the federal government could lawfully treat Indians and Indian tribes differently from other groups in carrying out the trust responsibility without running afoul of United States Constitution's equal protection clause. The Court explained that such treatment is not directed at a suspect racial classification but rather at a unique and non-suspect class that is based on a political relationship with tribal entities recognized as separate sovereigns in the Constitution. The Court noted that "there is no other group of people favored in this manner."⁴

References.

1.25 U.S.C 13

2.25 U.S.C 1601, et seq

3.417 U.S. 535 (1974)

4."Memo on the Constitutionality of the Indian Health Care System," prepared by Hobbs Straus Dean & Walker for the National Indian Health Board



Seattle Indian Health Board
For the Love of Native People

Seattle Indian Health Board is a UIHP and a 330 Federally Qualified Health Center. SIHB provides medical, dental, mental health, substance abuse, nutrition, pharmacy, and traditional health services to more than 4,000 AI/AN people annually, from more than 250 tribes.



Urban Indian Health Institute
A Division of the Seattle Indian Health Board

Urban Indian Health Institute is a division of the Seattle Indian Health Board and supports the health and well-being of urban Indian communities through information, scientific inquiry, and technology.

3. Washington State Centennial Accord

In August 1989, the State of Washington and the state's federally-recognized tribes executed the Centennial Accord which provides a "framework for [a] government - to-government relationship," with "each party to the Accord respect[ing] the sovereignty of the other." Since then the State of Washington and the 29 federally-recognized tribes have cooperated to improve the health and well-being of the state's tribal members. The State has long recognized that tribes are sovereign governments and that tribal members belong to a distinct political group, not a racial or ethnic category. This political designation underlies the unique protections provided to AI/AN people as the federal and state government carry out their obligations under the Trust Responsibility.