Indigenous Mental Wellness Toolkit.
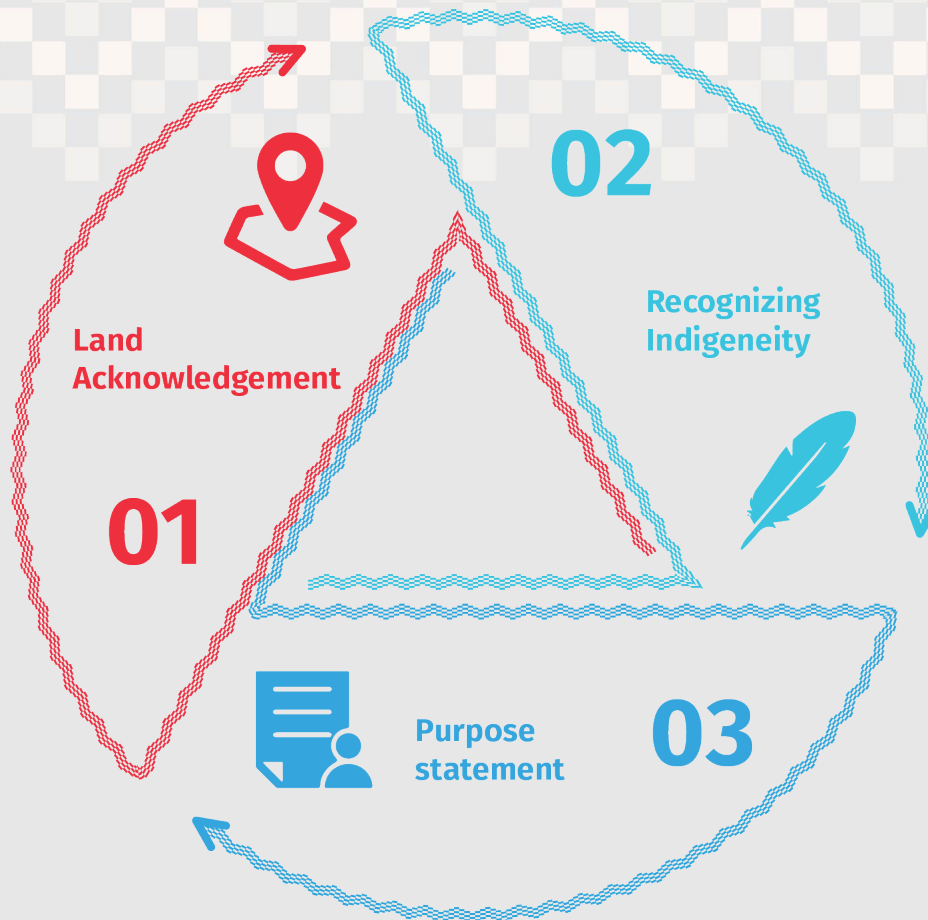
Indigenous Circle of Wellness
Individual, Couple, Family Counseling

LACDMH American Indian/Alaska Native UsCC

MENTAL HEALTH SERVICES ACT
PROPOSITION 63
CALIFORNIA

WELLNESS • RECOVERY • RESILIENCE

COUNTY OF LOS ANGELES
CALIFORNIA

LOS ANGELES COUNTY
DEPARTMENT OF MENTAL HEALTH
hope. recovery. wellbeing.

Need to be connected to mental health services? Call 800-854-7771
(ext. 1) for mental health referrals and crisis services.

01 Land Acknowledgment

We acknowledge and thank our Tongva, Tataviam, and Chumash relations on whose ancestral lands we reside, gather, and pray. We honor all of the ancestors and their descendants here today and the contributions of all of our relatives, past, present and future.

02 Recognizing Indigeneity

It is important to note that many cohort members utilized terms American Indian/Alaska Native, Native American, First Nations, and Indigenous interchangeably. Cohort members collectively created the following definition of Indigenous: *describing or pertaining to the original caretakers (keepers) of the lands; including the ancestors and their descendants, with holistic inclusion of their unique relation to land, knowledge systems, ceremonies, traditions, and worldview.*

03 Purpose statement

In July and August of 2021, 25 Indigenous community members met weekly as a cohort to support the development of an Outreach and Engagement Toolkit, Training Video, and Community Forum. Cohort members represented over 20 Indigenous tribes, nations and backgrounds and joined from all areas of Los Angeles County to share their experiences, strengths and resources to help shape mental health services offered for Indigenous community members. We are indebted to each and every cohort member for their input, energy and time devoted to creating this wellness resource with and for the Indigenous community.

Community Agreements.

Cohort members created the following Community Agreements to help guide dialogue and hold space for personal and difficult conversations:

- Speak from your heart and listen with your heart
- Speak with respect and listen with respect
- Honor relations and honor privacy
- Use I statements
- Practice the Four Agreements:

  - Be impeccable with your word
  - Don't take anything personally
  - Don't make assumptions
  - Always do your best

- Integrate an oops/ouch approach (calling in)
- Close on a positive note

Contents.

Myths and facts regarding the AI/AN community.

Introduction

Indigenous people have been deeply impacted by historical trauma caused by genocide, colonization, missionization, ongoing assimilation attempts, consistent erasure, appropriation, fantization, as well as federal and state policies. These policies have had detrimental impacts on Indigenous knowledge systems, language, culture and ceremonies. It is critical for wellness providers to see how this history continues to impact our communities' wellness.

Stereotypes, Myths and Assumptions

Many of the stereotypes, myths and assumptions that arose during cohort meetings may be categorized through five interconnected, systemic areas: (1) lack of understanding tribal diversity, (2) colonization and erasure (3) racism and sexism (4) educational systems and (5) economic realities.

1. Awareness of the diversity of Indigenous peoples' cultures and appearance

There is very limited knowledge of the diversity of our tribal nations including how our experiences vary depending on setting: whether we are from rural, reservation, rancheria or urban settings. It is critical for providers to understand we are not one homogeneous group. Examples shared include assumptions that all Native Americans:
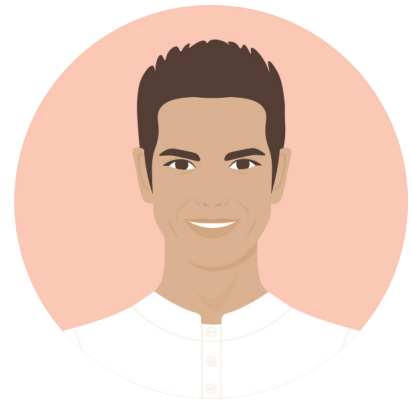
- Speak the same language
- Wear headdresses
- Practice the same spirituality and ceremonies
- Use tipis and dreamcatchers
- Have similar characteristics or should look a certain way

2. Awareness of the ongoing impact of colonization and erasure

Due to the erasure of our experiences, histories and communities in K-12 curriculum, mainstream media, government, and other leadership areas, our community is virtually written out and deemed invisible. Examples shared include:

Non-Indigenous individuals using phrases such as,

"Native people lost their land and treaties."

"Natives are extinct."

"Native people all reside on reservations."

"Native people all reside on reservations."

"Reservations are all traditional homelands"

"Native people were not civilized before contact."

"Red dot or feather?"

- Internet searches that include antiquated images of Natives
- Low visibility of Natives on billboards, on TV, on radio stations, etc.
- Lack of resources and funding allocated for community development, wellness, housing, etc.
- Assumptions that Natives on their reservations have access to traditional resources and can engage in cultural practices
- Assumptions around blood quantum, enrollment or DNA tests
- Myths that Indigenous people represent such a small population they do not need resources in comparison to other groups

3. Awareness of racist and sexist actions

Racist and sexist actions impact Indigenous peoples' sense of safety, identity development and mental wellness. Daily reminders of such racist and sexist values exist through the following examples:

- Cultural appropriation such as costumes and fake regalia
- School and sports teams that utilize racist names and mascots
- Artificial chants, war cries or songs
- Hypersexualization and objectification of Native women
- Assumptions that Natives are all alcoholics/substance users
- Assumptions that all Natives have dark skin
- Experiences with colorism

4. Awareness of educational experiences and professional opportunities

There are many assumptions about Native peoples' knowledge systems, educational capacity and economic opportunities. Lack of research and connection with Indigenous educators and traditional ways of teaching outside of Western perspectives as well as the lack of inclusion and diverse required readings within K-12 all contribute to these challenges. These include ideas that:

- Residential/Boarding schools existed a long time ago; it's history
- Native people are unintelligent and inferior
- Native people are "low class"
- Native people engage in "backward or unadvanced" practices
- Native people have access to wifi and remote education
- Native people attend higher education for free
- Native people have access to several higher education opportunities and only attend Tribal Colleges and Universities
- There are no Native people with the proper skills to fill a job position and/or they do not want to pursue advanced positions

5. Awareness of economic realities

- Myths include ideas that all Natives or Tribes:

Receive a large monthly check or per capita

Have a casino

Do not pay taxes

Receive free health care

Closing Summary:

We recognize our collective histories, strengths and ways of being started long before settlers arrived at Turtle Island (North America). Native people have a long history of studying astronomy, math, and ecological stewardship to build and protect communities. We see the ongoing connection to the past and the resiliency of our collective peoples through movements and advocacy including efforts at Maunakea, the Amazon rainforest, Bolivia, Mashpee Wampanoag homelands, Yurok/Kurok territory, Residential/Boarding Schools and efforts in Oklahoma, among others. Our communities are still actively healing and growing to protect the sacred and ensure teachings continue with our future generations.

Tools to identify implicit bias and privilege.

What is bias?

Bias is a tendency to favor one explanation, opinion, or understanding over another perspective that is potentially equally valid. Everyone operates with some degree of bias which can greatly influence how we see the world. Individuals are much more likely to accept information that aligns with their worldview than information that undermines it. There are also various forms of bias including:

Confirmation bias: The tendency to notice information that supports one's beliefs and ignore information that does not. For example, a researcher who believes women are not as physically strong as men might not use studies that highlight women's strength or may explain information differently than a researcher that does not have this same bias.

Political and religious biases: This refers to biases in favor of shared political or religious beliefs. For example, a person who believes that God answers prayers is unlikely to abandon this belief even when their prayers are not answered.

Positivity bias: A cognitive bias that contributes to the tendency to overlook negative patterns or behaviors and instead focus on the positive. For example, seeing everything with "rose colored glasses."

Selection bias: A tendency in scientific research to select study subjects who confirm a researcher's biases and that are not part of the general population. For example, a researcher who believes that men are less verbal than women might choose men who are less verbal than average.

Negativity bias: A negativity bias is a cognitive bias that contributes to the tendency to notice and dwell on negative information while neglecting positive information. Negativity bias can affect decisions, emotions, and even the ability to learn new information.

What is privilege?

Privilege is a right or benefit, advantage, or favor that is given to some people and not others (Merriam-Webster). There are specific privileges and biases associated with varying aspects of our identity, including: race, age, gender, sexual orientation, gender identity, neurology, citizenship, religion, physical ability, health, level of education, and others.

What are causes and effects of implicit bias and privilege?

Our personal implicit bias and privileges cause us each to see and navigate the world through different lenses. We all have different experiences and biases that inform how we move through the world.

Our personal bias and privileges effect how we see ourselves, how we interact with others, and also cause us to make assumptions. On a structural level, biases and privileges influence how resources are allocated to communities.

How can we identify implicit biases and privilege?

Prevention includes consistent research, education and training to build awareness of evolving privileges and biases. It is important to ask questions, reflect, recognize and hold space for various perspectives or possibilities. At the same time, it is essential to maintain transparency and communicate when we are biased. This is critical for our personal relationships and even the perspectives that we hold for ourselves. Cohort members recognized the following biases that impact many Indigenous communities and their access to therapy and other services that impact their wellness:

- Mistrust in governmental structures, policies, resources and processes
- Stigma associated with healthcare, wellness and educational systems
- Traumatic initial experiences with mental health providers that deter them
- Doubt in regards to banking, financial structures and housing systems
- Uncertainty associated with tribal and US citizenship as well as enrollment status

Cohort members recognized that through the pandemic some tribes had increased access to COVID vaccinations and jurisdiction to maintain safety of residents on tribal lands while other tribes experienced detrimental impacts. These include difficulty accessing ventilators, hospital beds, Personal Protective Equipment (PPE) and access to healthcare as well as significant loss of elders, parents and even young people.

Cohort members also recognized difficulties in the following items related to understanding implicit bias and privilege:

Desire to have therapists that are receptive to unpacking their own privilege and biases while also actively working on addressing such biases

Therapists having an understanding of Indigenous cultures and offering culturally inclusive services

Knowing how to navigate wellness systems, access to health care and insurance

Lack of understanding and awareness of areas that would help our communities thrive such as financial literacy training, entrepreneurship, home loans and equity, etc.

Communicating the privilege of having access to therapy

Difficulty in having conversations about bias, privilege and mental health with family or friends; recognizing the impact of having a supportive, receptive family

Challenges in discussing biases associated with gender, sexuality and identity even though many of our communities embrace fourth genders & Two Spirit identity
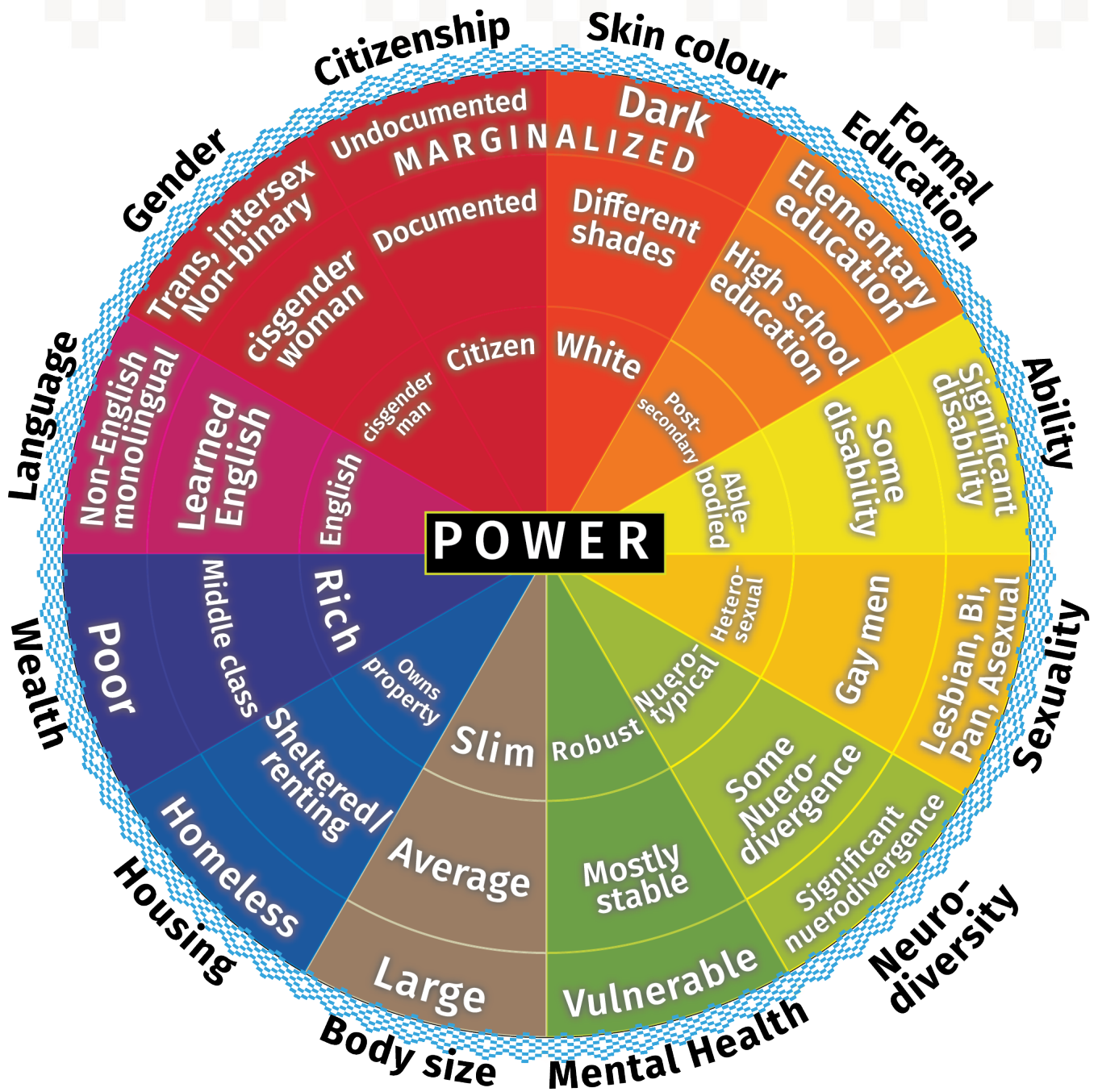
Experiences first-generation college students face as they are immersed in systems that value independence and may not provide safety or financial support

Understanding how these biases have significant impacts on identity development

A significant finding throughout our discussion was the mutual understanding that it is important for therapists to start their relationships with clients by recognizing and vocalizing that they may not be the best fit for the client, and that is okay. Ultimately, clients must be empowered to advocate for themselves in identifying what they need and what is working for them on their wellness journey. Providers should also build meaningful relations with Indigenous organizations and wellness providers so they may learn, reciprocate, and refer clients as needed.

Wheel of Power/Privilege

POWER (center)

Citizenship: Undocumented, Documented, Citizen
Skin colour: Dark, Different shades, White
Formal Education: Elementary education, High school education, Post-secondary
Ability: Significant disability, Some disability, Able-bodied
Sexuality: Lesbian, Bi, Pan, Asexual; Gay men; Hetero-sexual
Neuro-diversity: Significant nuerodivergence, Some Nuero-divergence, Nuero-typical
Mental Health: Vulnerable, Mostly stable, Robust
Body size: Large, Average, Slim
Housing: Homeless, Sheltered/renting, Owns property
Wealth: Poor, Middle class, Rich
Language: Non-English monolingual, Learned English, English
Gender: Trans, intersex Non-binary; cisgender woman; cisgender man

MARGINALIZED

adapted from ccrweb.ca | @sylviaduckworth

Psychosocial struggles specific to the AI/AN community.

Psychosocial struggles specific to the AI/AN community

Our community is effected in various unique ways by social and structural determinants that influence where we eat, work, play and pray. General health determinants include discussions around socioeconomic status, genetic predispositions, and numerous environmental factors. Psychosocial factors impact communities of color causing increased disparities in relation to chronic health issues such as cancer, diabetes, heart disease, thyroid issues, migraines, chronic liver disease, respiratory disease or stroke. Collectively, psychosocial struggles impact our communities' ability to continue generational teachings such as eating traditional foods and engaging in cultural practices that strengthen our mental health.

Social Determinants of Health

Social determinants of health: A range of personal, social, economic, and environmental factors that contribute to personal and population health. The conditions in which people are born, grow, live, work, and age.

https://www.cdc.gov/publichealthgateway/sdoh/index.html

Biopsychosocial Model of Health

physical health

disability

Biological

genetic vulnerabilities

drug effects

temperament

IQ

peers

Mental Health

self-esteem

Social

Psychological

family relationships

family circumstances

coping skills

trauma

school

social skills

In seeking mental health support it is important to understand what a diagnosis is and how this term in particular resonates with Indigenous community members. This section includes examples of how to help reduce stigma and increase awareness of psychosocial challenges specific to the Indigenous community in order to increase effectiveness of wellness services.

What is a diagnosis?

The process of identifying a disease, condition, or injury from its signs or symptoms

Diagnosis is determined by a provider interviewing a client about their history of symptoms or other information including biopsychosocial information

A diagnosis can be incorrect

With proper support, we can respond, heal and work toward balance after receiving a diagnosis

What does it mean to have a mental health diagnosis?

Treatment is tailored to support the diagnosis

A mental health diagnosis becomes a part of your medical record

Not everyone fits criteria for a mental health diagnosis but may still experience symptoms or need support

Medical insurances usually require a diagnosis or will not pay for services; there must be a medical necessity

Many diagnoses may be removed over time (such as no longer fitting the criteria or diagnosis might change)

Cohort members repeatedly noted how distressing the term 'diagnosis' is and emphasized that this term alone contributes to stigma around seeking services. Example statements expressing this sentiment are as follows:

The word pisses me off. From a trauma standpoint [providers] don't think of the trauma our ancestors had to go through. They don't take it into account.

A diagnosis can feel like a sentence.
An official label of what is wrong or why someone is not normal.

The term makes me feel scared that something is wrong with me.

It makes me think about treatment and medication.

That word diagnosis, when I hear it, brings back trauma automatically. It takes me back to that, those tests. It takes me back to them telling me, "We know that's wrong with you and this is what you're going to do."

Cohort members noted the following psychosocial factors that have impacted their own experiences and families:

Imposter syndrome due to loss of identity as result of colonization, "I'm not Native enough"

Degrading experiences in education such as inappropriate teachings about Native people, teasing about hair and/or names and misplacement in special education

Lack of access to appropriate educational resources

Traumatic experiences in foster care and/or group homes

Inability to consistently grow or purchase healthy foods and make home-made meals which leads to consumption of high sugar, processed meals

Challenges in relation to substance and alcohol use, domestic violence and poverty

"*When it came to diagnosis for a medical field like that, we were told not to disclose a lot of our gifts. I know a person who can see auras around certain people. I know people who can see things that are going to happen, like someone is going to get sick in the future. A lot of Native Americans are supposed to be considered to have their own, personal gifts. And if you disclose it to what they call the white man's world, they might see you as off, crazy, or mental, because you have that certain gift. Native people in my family have always seen that term 'diagnosis' in a negative connotation. Because instead of going to the hospital and getting mental help, you went to the kiva and it was dealt with there and then you came home. It was totally different.*"

"*I was in kindergarten. I was very shy and I didn't talk. [Educators] put me in an ESL class because they assumed that I didn't speak English. I was in classes and I could read everything and I was kind of confused, like why I wasn't with my friends? I told my mom. We asked to take the test over again. I actually placed at the 5th grade reading level. I always kind of felt really insecure. Luckily, I was able to work through it. But still, to this day, I still suffer with imposter syndrome where I'm like, oh, I'm not smart enough to be in this room or have this job.*"

How can providers contribute to building resiliency among Indigenous community members?

Make time to provide consultations that help community members navigate systems: Ex. explain billing and insurance processes and alternative options

Empower community members to ask questions, to advocate, and build awareness of resources

Encourage community members to share about their wellness needs/goals and their financial situation and explain which resources they may access

Reframe the term diagnosis to help others recognize this is a source of support

Build meaningful relationships with Indigenous community-based organizations and mental health providers

Learn about historical trauma and reframing to build intergenerational resiliency

Recognize the power of cultural connection and culturally inclusive services

Integrate various learning strategies and various types of teaching or explaining

Explain that community members may find mental health support without receiving a diagnosis through seeking services via private practices, organizations with prevention services, Employee Assistance Programs (EAPs) and through Flexible Spending Accounts (health savings accounts through employers)

The Medicine Wheel

It is important for providers to offer a holistic approach to mental health services with intentional learning and integration of how teachings such as the Medicine Wheel inform our wellness. Providers must recognize the importance of finding balance among these four areas and also must understand that Indigenous wellness is prevention.

Emotional (feel)

Spiritual (connection)

BALANCE

Mental (thinking)

Physical (movement)
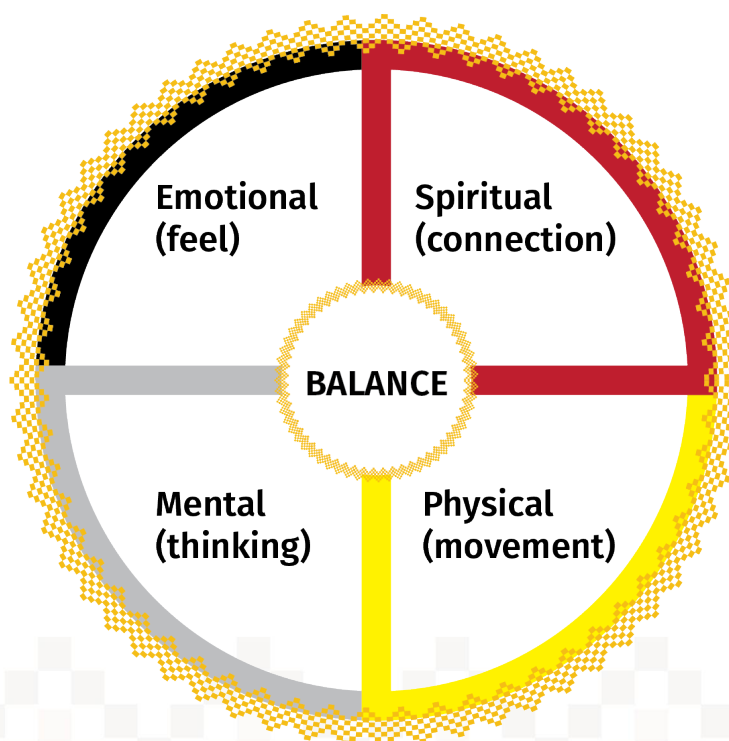
I think that it's building our kids up and connecting with them in a way that their spirit recognizes. Being outdoors, being silly or having puppet or animal shows. Telling children how special they are and where they come from, about their ancestors and relatives. Being the type of person that is an example that you don't have to be a mean, bad, person to be powerful. You can be tough and you [are capable of completing] hard things.

Telling our children, 'There is nothing you can't do, you don't even know.' Let's find out. What is it that you like? Let's do it. Let's get into it. [As adults we also can't be] afraid to also do work around our inner child around these children, our nieces, nephews, cousins, all these kids. Just getting them together and having them experience nature, love, power and teaching them mindfulness and grit.

Cultural Competence, Responsiveness, and Culturally Inclusive Services

Providers must understand the distinctions between cultural competence, responsiveness and culturally inclusive services to identify the best approach when supporting Indigenous community members.

Cultural Competence is the integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices, and attitudes used in appropriate cultural settings to increase the quality of services and produce better outcomes (National Prevention Information Network of the CDC).

Principles of cultural competence include:

1. Define culture broadly
2. Value clients' cultural beliefs
3. Recognize complexity in language interpretation
4. Facilitate learning between providers and communities
5. Involve the community in defining and addressing service needs
6. Collaborate with other agencies
7. Professionalize staff hiring and training
8. Institutionalize cultural competence

Culturally Responsive instruction and modalities refer to approaches that empower participants intellectually, socially, and emotionally by using cultural references to impart knowledge, skills, and attitudes.

Principles of cultural responsiveness include:

- This competency also includes having an awareness of one's own cultural identity, community norms and views about difference

- This includes the ability to understand the within-group differences that make each person unique, while celebrating the between-group variations that make our diverse community a tapestry

- Views cultural differences through an asset-based lens

- Values equity and is dependent upon cultural competence

- Culturally responsive leaders need to continuously support minoritized students through examination of assumptions about race and culture

Culturally Inclusive wellness services refers to support grounded in mutual respect, effective relationships, clear communication, mindful language, explicit understandings about expectations and critical self-reflection.

It is crucial for providers to reaffirm that these psychosocial struggles have direct impacts on community members individually, as well as in our roles as community leaders, community members, aunt, uncles, cousins, etc. Wellness providers must be committed to cultivating a supportive environment that is inclusive of holistic wellness while also recognizing that tribal elders, spiritual leaders and general community members are essential in supporting the healing process. Providers must be comfortable to do their research, recognize limitations, and refer clients as needed.

Outreach and engagement interventions and techniques.

Uplifting word choice and imagery that includes contemporary reflections of Indigenous people, communities, art, and land help to increase outreach efforts. Such visuals also contribute to reducing stigma associated with even learning about mental wellness services.

Cohort members shared the following suggestions to develop more culturally-inclusive outreach and engagement interventions and techniques:

Partner with Indigenous wellness providers, community advocates and/or grass root organizations to learn about the communities' existing services and outreach

Hire Indigenous artists, organizations, muralists and graphic artists

Integrate modern imagery that reflects community members today

Include visuals of community gatherings and solidarity

Incorporate vibrant colors, images of land and city, animals, artwork, and plants

Utilize specific words: Native American, American Indian/Alaska Native, Indigenous, First Nations, Pacific Islander, etc.

Include the Indigenous suicide prevention lifeline and other resources

Learn and be mindful of small details such as the importance of how arrowheads are pointed which may reflect concepts of friendship

Include videos with closed captioning and infographics that are artistically created and articulate facts

Provide space for community to be involved in the process and share their knowledge

The following reflects suggestions made in regards to how physical spaces, approaches/services and processes may increase outreach and engagement with the community:

- Have clean, smell-good blankets as well as water, coffee, and tea in the space

- Include art, articles, posters, coloring books, and literature by Indigenous authors

- Have symbolic imagery that reflect support for areas that are impacting our community such as MMIWGR, food sovereignty and land protection movements

- Include rainbows and various identity flags to promote inclusion

- Invite light through natural sources, lamps, and candles

- Integrate sounds such as water, rain, flute and white noise

- Offer accommodating seating, ensure accessibility, include indoor/outdoor spaces

- Understand that sacred medicines such as sage have specific uses

- Welcome children, offer childcare or a dedicated space with toys for children

- Welcome service animals

- Maintain a transparent grievance process and ensuring clients may file complaints to keep folks accountable and generate safety; reassurance that misconduct and mistreatment will be addressed

- Ask how community members identify both in terms of indigeneity and also in regards to which pronouns they use

- Offer bus passes or designated transportation services

- Acknowledgement of community agreements especially in online spaces

- Recognize that clients are the knowledge keepers

Cohort members also suggested the following outreach efforts to help providers include families or extended relations:

Arts-focused approaches to healing where community members lead space

Clear representation of humanistic/holistic therapy models and treatment such as knowing the meaning of the Medicine Wheel and how this reflects balance

Presence in community spaces outside of therapy to help connect clients with local culturally inclusive prayer and medicine circles

Integrate technology (smart devices and wifi) and have service providers provide training/ technical assistance

Dedicated staff to help community members to walk through registration process

Ensure the right people hold space; ensure they are ready and willing to hold others accountable

Hold communication guidelines as living documents that provide structure

Incorporate restorative/ transformative justice circles

Cohort members reiterated the importance of Indigenous and non-Indigenous providers maintaining openness to continuous training and education around culturally inclusive outreach and evolving messaging. A flexible stance and receptiveness will help providers and organizations establish themselves as trusted spaces within the community. Cohort members also emphasized the need to integrate community members as leaders and also reiterated the need to lead intentional work through genuine, community-centered, strengths-based approaches.

Homelands of Cohort Members now residing in Los Angeles.

- Assiniboine & Gros Ventre
- Aztec from Tenochtitlan
- Cherokee Nation
- Chiricahua Apache
- Dakelh from Nak'azdli
- Whut'en First Nations
- Hopi Nation
- Kanien kehá:ka from
- Kahnawá:ke First Nations
- Lipan Apache
- Mayan Tribes
- Menominee
- Mescal Valley Otomi
- Mexica
- Navajo Nation
- Pascua Yaqui Tribe of Arizona
- Pima, Gila River
- Purépecha
- Santa Clara Pueblo
- Santo Domingo Pueblo
- Seneca
- Standing Rock Sioux Tribe
- Tohono O'odham
- Winnebago
- Yaqui
- Ysleta Pueblo
- Zapotec

Shared Resources.

Advocacy and Awareness Organizations and Educational Resources

- United American Indian Involvement Red Pages
- Los Angeles County Department of Mental Health, Underserved Cultural Communities (UsCC)
- Indigenous Pride LA
- IllumiNative Infographics

    Ecological Grief Resources:
    - Thursday, April 22, 2021 – Grieving ecological loss
    - Indigenous Peoples and Climate Justice in the Arctic
    - The Impact of Climate Change on Mental Health: A Systematic Descriptive Review

- United Nations Permanent Forum on Indigenous Issues Fact Sheet
- Implicit Association Test (IAT)

YouTube

- Documentary on Indigenous Music - RUMBLE: The Indians Who Rocked The World (Official Trailer)
- The Wellbriety Movement and Intergenerational Trauma
- Native Wellness Institute - Daily Power Hour on Facebook and YouTube

Books:

- *Decolonizing Trauma Work* by Renee Linklater
- *An Indigenous Peoples' History of the United States* by Roxanne Dunbar-Ortiz
- *Braiding Sweetgrass* by Robin Wall Kimmerer
- *Custer Died for Your Sins: An Indian Manifesto* by Vine Deloria Jr.
- *We Had a Little Real Estate Problem: The Unheralded Story of Native Americans & Comedy* by Kliph Nesteroff
- *Radical Hope: Ethics in the Face of Cultural Devastation* by Jonathan Lear
- *Transcend* by Scott Barry Kaufman

Podcasts:

- All My Relations
- Well For Culture
- The Good "Tu'i: Medicine by Pete C. Rodriguez (@yaquivegan)
- IllumiNative On-Air
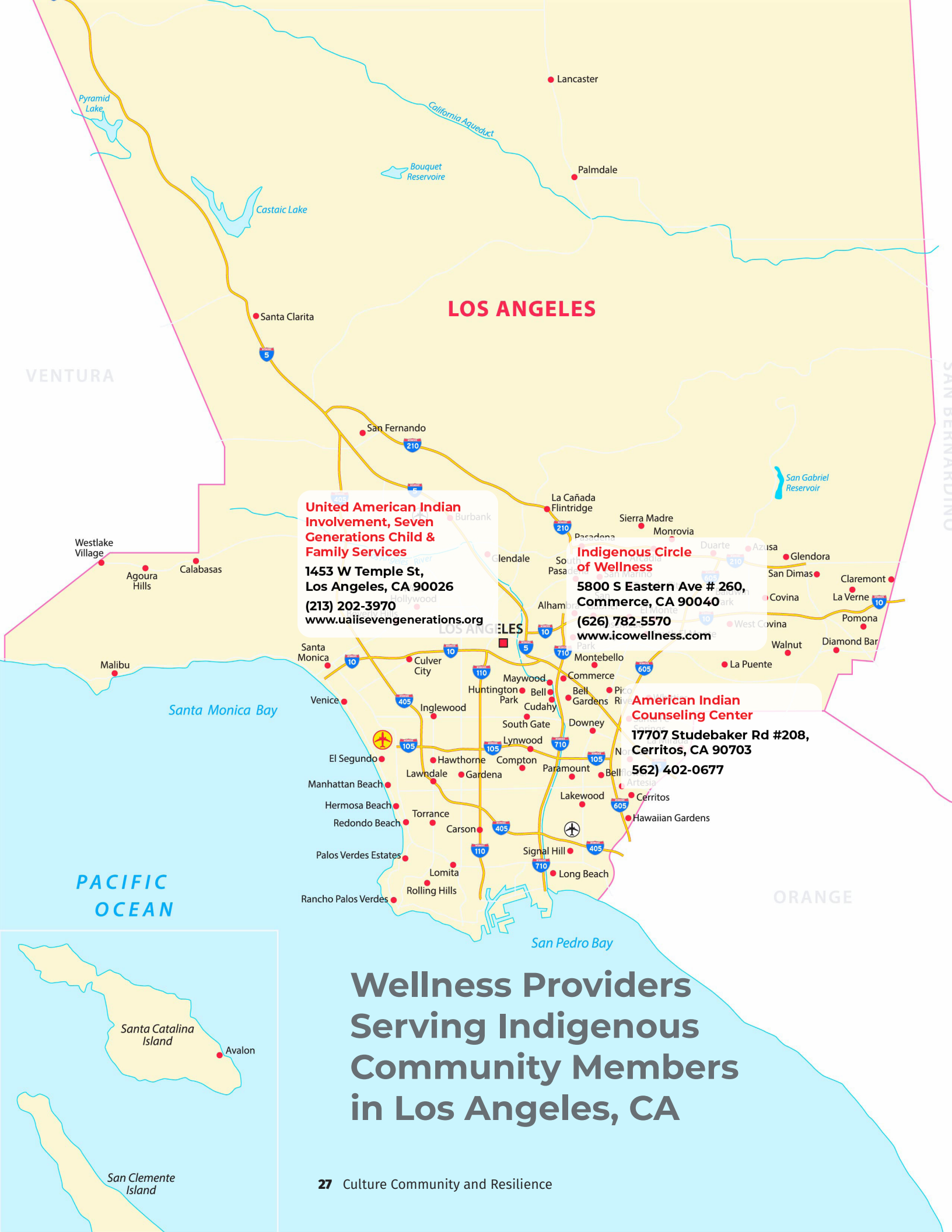
LOS ANGELES

United American Indian Involvement, Seven Generations Child & Family Services

1453 W Temple St, Los Angeles, CA 90026

(213) 202-3970

www.uaiisevengenerations.org

Indigenous Circle of Wellness

5800 S Eastern Ave # 260, Commerce, CA 90040

(626) 782-5570

www.icowellness.com

American Indian Counseling Center

17707 Studebaker Rd #208, Cerritos, CA 90703

562) 402-0677

Wellness Providers Serving Indigenous Community Members in Los Angeles, CA

Click to access

View the Indigenous Mental Wellness Training Video on the Los Angeles County Department of Mental Health American Indian/Alaska Native Underserved Cultural Communities website:

https://dmh.lacounty.gov/about/mhsa/uscc/american-indian-alaska-native-ai-an-uscc/

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