The National Congress of American Indians
Resolution #TUL-05-101

TITLE: Support for the Development and Implementation of Sexual Assault Policies and Protocols within Indian Health Service Emergency Rooms and Contract Health Care Facilities/Providers

WHEREAS, we, the members of the National Congress of American Indians of the United States, invoking the divine blessing of the Creator upon our efforts and purposes, in order to preserve for ourselves and our descendants the inherent sovereign rights of our Indian nations, rights secured under Indian treaties and agreements with the United States, and all other rights and benefits to which we are entitled under the laws and Constitution of the United States, to enlighten the public toward a better understanding of the Indian people, to preserve Indian cultural values, and otherwise promote the health, safety and welfare of the Indian people, do hereby establish and submit the following resolution; and

WHEREAS, the National Congress of American Indians (NCAI) was established in 1944 and is the oldest and largest national organization of American Indian and Alaska Native tribal governments; and

WHEREAS, a historic convening of Indigenous women, the Dakota Roundtable, took place on June 10, 2005 to June 11, 2005 at the Alma de Mujer Retreat Center, owned and operated by the Indigenous Women’s Network in Austin, Texas with the following Tribal Nations and Organizations participating:

Tribal Nations: Comanche Nation, Sicangu Nation, Sicangu Lakota Nation (RST), Oglala Lakota Nation, Navajo Nation, Tlingit Nation, Ilokano/Heiltsuk, Ho Chunk Nation, Ojibwe/Algonquin Nation, Pauma-Yuima Band of Mission Indians Nation, Shoshone/Paiute Nation, Crow Creek Sioux Tribe, Wichita and Affiliated Tribes/Caddo Nation, Tohono O’odham Nation;

Organizations: Native American Women’s Health Education Resource Center, Tribal Law & Policy Institute, Indigenous Women’s Network, Cangleska, Inc., National Congress of American Indians, Alaska Native Women’s Coalition, Great Basin Coalition, South Dakota Coalition Against Domestic Violence and Sexual Assault, Hope House Family Violence Prevention Program, Tohono O’odham Justice Center, Red Sun Institute; and

WHEREAS, a roundtable was convened to discuss the report, Indigenous Women’s Reproductive Justice: A Survey of Sexual Assault Policies and Protocols Within Indian Health Service Emergency Rooms done by the Native American Women’s Health Education Resource Center, based in Lake Andes, South Dakota on the Yankton Sioux Reservation, released in January 2005 (Attachment A); and
WHEREAS, this survey documents substantial critical health care services for Indigenous women seeking treatment for rape, incest and sexual assault within Indian Health Services Emergency Rooms and contract health care facilities/providers that are not being provided; and

WHEREAS, according to the Department of Justice statistics, rape in American Indian and Alaska Native communities is 3.5 times higher than among all other racial groups. “American Indians and Alaska Natives suffered 7 rapes or sexual assaults per 1,000 compared to 3 per 1,000 for African Americans and 2 per 1,000 for Whites and 1 per 1,000 for Asian Americans” (Department of Justice, 1999); and

WHEREAS, the Bureau of Justice Statistical Profile indicates that the violent victimization among American Indian and Alaska Native women was more than double that among all women. Further American Indians and Alaska Native women were more likely to be victims of assault and rape/sexual assault committed by a stranger or acquaintance rather than an intimate partner or family member. Approximately 70% of perpetrators are non-Native while approximately 60% are White (American Indians and Crime, A BJS statistical profile, 1992-2002); and

WHEREAS, 92% of American Indian girls who have had sexual intercourse reported having been forced against their will to have sex. 62% of those girls reported to have been pregnant by the end of the 12th grade. 27% of American Indian youth reported having received no routine health care in the last 2 years. 41% of American Indian youth reported having no health insurance at all (Native American Women’s Health Education Resource Center); and

WHEREAS, 44% of Indian Health Service emergency rooms reported not having an accessible protocol, or trained personnel in place for sexual assault (Survey of Sexual Assault Policies and Protocols Within HIS Emergency Rooms – 2005). For facilities that do not provide services to sexual victims, women are required to travel an average of 28 miles, and some as far as 150 miles to obtain services (Survey of Sexual Assault Policies and Protocols Within HIS Emergency Rooms – 2005). In Alaska, women from villages that are inaccessible by car are required to travel greater distances either by plane, boat, or snow machines to receive services for rape/sexual assault; and

WHEREAS, this historic convening of Indigenous women assembled to discuss the impact of the findings of this survey within their communities and across the Indigenous lands of North America. The discussions concurred with the findings of the survey and expanded to include a set of recommendations to improve the level of rape, incest and sexual assault services provided by Indian Health Service Emergency Rooms and contract health care facilities/providers; and

WHEREAS, a plan of action was laid out that would establish a working group whereby this body would partner with the National Congress of American Indians and their Tribal Leaders to assist with moving forward policy recommendations supported by the National Congress of American Indians to Indian Health Service for implementation and any other governmental agency or body that would work toward ending rape, incest and sexual assault against Indigenous women.
NOW THEREFORE BE IT RESOLVED the working group of Dakota Roundtable has laid out the framework for a national public education campaign for the prevention of rape and sexual assault of American Indian and Alaska Native women; and

BE IT FURTHER RESOLVED, the working group of the Dakota Roundtable, Native American Women’s Health Education Resource Center Reproductive Justice Coalition and the Tribal Domestic Violence & Sexual Assault Coalitions will partner with the National Congress of American Indians Violence Against Women Task Force, providing them the necessary information: the national policy/protocols on rape and sexual assault and a national public education campaign for the prevention of rape and sexual assault; and

BE IT FURTHER RESOLVED, that the National Congress of American Indians will urge the adoption and implementation of the national policy and protocols on rape and sexual assault within the Indian Health Service Unit emergency rooms and Contract Health Care facilities/providers; and

BE IT FURTHER RESOLVED, that funding be appropriated by the U.S. Congress for collaborative efforts between the Dakota Roundtable, sexual assault advocates, tribal, state and federal prosecutors, the NCAI Violence Against Women Task Force, tribal, state and federal courts, tribal domestic violence and sexual assault coalitions and community based non-profits working with American Indian and Alaska Native women to assist Indian Health Services and contracted facilities in the development and implementation of comprehensive sexual assault policies and protocols within Indian Health Service emergency rooms and contract health care facilities/providers; and

BE IT FINALLY RESOLVED, that this resolution shall be the policy of NCAI until it is withdrawn or modified by subsequent resolution.

CERTIFICATION

The foregoing resolution was adopted at the 2005 Annual Session of the National Congress of American Indians, held at the 62nd Annual Convention in Tulsa, Oklahoma on November 4, 2005 with a quorum present.

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Joe Garcia, President

ATTEST:

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Juana Majel, Recording Secretary

Adopted by the General Assembly during the 2005 Annual Session of the National Congress of American Indians held from October 30, 2005 to November 4, 2005 at the Convention Center in Tulsa, Oklahoma.