



AUG 2 2012

Dear Tribal Leader:

I am writing to request your input on **how to improve the promotion of and access to Traditional Health Care Practices within the Indian Health Service (IHS).**

In 1994, the IHS Director, Dr. Michael Trujillo, issued a Special General Memorandum with a Statement of Policy for the IHS Traditional Cultural Advocacy Program and referenced IHS policy that was issued by IHS Director Dr. Emery Johnson. I have attached these documents for your reference. These documents have helped to guide all IHS facilities and their staff over the years and some IHS and Tribal facilities have developed local policies and programs to promote Traditional Health Care Practices. In my meetings with Tribal leaders, I hear often that Tribes would like to discuss this topic and make further recommendations.

I am requesting your input and recommendations on how the IHS should continue to support and promote access to Traditional Health Care Practices within the IHS. I have listed some questions for your consideration below and look forward to discussing this important subject with you.

1. How should the IHS improve the promotion of and access to Traditional Health Care Practices in the work of the Agency?
2. What should the IHS consider as it updates its national and local policies on Traditional Health Care Practices?
3. Do you know of any innovative strategies or best practices in Traditional Health Care Practices in partnership with IHS or Tribal facilities? Please share any information you have on these best practices and how they inform our future work.
4. What innovative strategies can you suggest for assuring culturally-appropriate facilities and spaces are available in which to provide Traditional Health Care Practices?

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Please submit your Traditional Health Care Practices recommendations in writing to me by September 30, 2012, at either of the following addresses:

By e-mail to consultation@ihs.gov, or by postal mail to Yvette Roubideaux, M.D., M.P.H., Director, IHS, 801 Thompson Avenue, Suite 440, Rockville, Maryland 20852.

Thank you for your input on Traditional Health Care Practices.

Sincerely,

/Yvette Roubideaux/

Yvette Roubideaux, M.D., M.P.H.
Director

Enclosure

Special General Memorandums (SGMs)

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service

Indian Health Service
Rockville MD 20857

SGM 94-08

JUL 29, 1994

TO: All Employees
FROM: Director
SUBJECT: Statement of Policy for the Traditional Cultural Advocacy Program

This memorandum is to affirm my commitment to protect and preserve the inherent right of all American Indians and Alaska Natives (AI/AN) to believe, express, and exercise their traditional religions. Within the Indian Health Service (IHS), the Traditional Cultural Advocacy Program (TCAP) is an important means of ensuring that traditional healing practices are respected by IHS employees in all our services and programs. The Agency's official policy statement on TCAP is attached for your reference.

The current IHS policy and procedures on traditional healing and religious practices, in accordance with the American Indian Religious Freedom Act of 1978 (Public Law 95-341, as amended), will continue until superseded by revised policy and procedures. A copy of our current policy and procedures is also attached. In the near future, the Office of Health Programs, in cooperation with the TCAP, will research and develop specific IHS policies and procedures to ensure that AI/AN cultural values, beliefs, and traditional healing practices are respected and affirmed by AI/AN health care systems. These policies and procedures will be established in accordance with the Indian Health Manual.

/Michael Trujillo/
Michael H. Trujillo, M.D., M.P.H.
Assistant Surgeon General

Attachments



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service

Indian Health Service
Rockville MD 20857

JUL 29, 1994

TRADITIONAL CULTURAL ADVOCACY PROGRAM
POLICY STATEMENT

The Indian Health Service (IHS) recognizes the value of traditional beliefs, ceremonies, and practices in the healing of body, mind, and spirit. The IHS encourages a climate of respect and acceptance in which traditional beliefs are honored as a healing and harmonizing force within individual lives, a vital support for purposeful living, and an integral component of the healing process. It is the policy of the IHS to facilitate access to traditional medicine practices, thereby protecting the right of American Indian and Alaska Native people to their beliefs and health practices as defined by the tribe's or village's traditional culture. This policy is meant to complement and support previously stated IHS policy for implementing the American Indian Religious Freedom Act of 1978 (Public Law 95-341, as amended).

/Michael Trujillo/
Michael H. Trujillo, M.D., M.P.H.
Assistant Surgeon General
Director

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH SERVICES ADMINISTRATION
ROCKVILLE, MARYLAND 20852

INDIAN HEALTH SERVICE

Policy and Procedures in reference to P.L. 95.341

Purpose:

Report to the Task Force to Prepare the Report to the Congress on Implementation of the American Indian Religious Freedom Act of 1978 (P.L. 95-341)

Policy:

1. The policy of the Indian Health Service during the course of administering health services to American Indians and Alaskan Natives (referred jointly as Native Americans) is to protect and preserve the inherent right of all Native Americans to believe, express and exercise their traditional religions.
2. The Indian Health Service has continued to recognize the value and efficacy to traditional beliefs, ceremonies and practices of the healing of body, mind and spirit. Faith is most often an integral part of the healing process and provides support for purposeful living. It is, therefore the policy of the Indian Health Service to encourage a climate of respect and acceptance in which an individual's private traditional beliefs become a part of the healing and harmonizing force within his/her life.

Procedures:

1. The Indian Health Service Staff has been instructed to inform patients they have the freedom to practice native religion when desired by the individual, member of their family in case of minors, or when the patient's condition is such that he/she can not make the request.
2. When an Indian Health Service patient (guardian-family member) request assistance in obtaining the services of a native practitioner, every effort will be made to comply. Such efforts might include contacting a native practitioner, providing space or privacy within a hospital room for a ceremony, and/or the authorization of contract health care funds to pay for native healer consultation when necessary.
3. Each Area Office of the Indian Health Service has the responsibility to consult with the Native Americans within their respected area as to the desire of each tribe in relation to their religious beliefs concerning Autopsy and other Postmortem operations disposition of dead body, disposal of a limb, disposal/burial of fetus, and comply in respect to the belief. Individual consent is required by the Indian Health Service before action on any of the above can be made.

4. Since a person's religious and native beliefs are often very personal, the patient's right to privacy must be respected in these matters. No Indian Health Service employee should be guilty of uninvited probing or interference in the patient's private beliefs. Many Indian patients prefer to say nothing about these native beliefs and practices. This is a right that must be respected.
5. Within this policy, Indian Health Service staff must continue to be aware of, sensitive to, and respectful of traditional beliefs and practices of the Native Americans. Procedures which would tend to interfere with, dilute, or modify these historic beliefs and practices must be avoided. Carefulness must be exercised so that Indian Health Service support, in whatever form it takes, does not become a wedge which creates dependency or wrests control from the chosen and honored native practitioners of ancient and effective healing practices. The goal is that there be respect and complimentary interface between the two systems of medicine and religion. Care must be taken that apparent Indian Health Service and federal beneficence does not become a means of destroying a system of healing which has both a long history and contemporary relevance.

/Emery A. Johnson, M.D./
Assistant Surgeon General
Director, Indian Health Service

cc: David Lester Jim Kissco

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