

Social Welfare Policies and Native Americans: Future Challenges

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This paper examines some of the social welfare policy challenges facing Native Americans in the years ahead:

1. War on Terrorism and Increasing Military Expenditures
2. Growth in the Needs of an Expanding Aged Population, and Growing Health Policy Challenges
3. Growth in the Size of Other Ethnic Populations, and the Relatively Small Size of Native American Populations in Comparison
4. Questionable Commitment on the Part of the U.S. to Social Welfare
5. Growing Inequality Among Native Americans, and in the Population as a Whole
6. Urban Native Americans Continue to Grow in Number, yet the Bias of Policies Has Not Been Favorable to Them

This paper does not pretend to cover all the social welfare challenges facing Native Americans. Pressing topics such as substance abuse, suicide, health and mental health, child welfare, housing, and others are not covered in any depth, nor was there any intention to do so. Rather, the focus here is on some of the challenges facing Native Americans in the years ahead, particularly in the socio-political arena, where competition for scarce social welfare dollars will be seen. Of this much we can be certain: diminishing budgets and increasing social welfare challenges in the years ahead will be an ever present reality for Native Americans. Overlooked, unfortunately, will be the special status that Native Americans occupy, or should be occupying, in respect to their relationship with the federal government and in respect to their being the original inhabitants of the land.

By “social welfare policy” we mean the “regulation of the provision of benefits to people who require assistance in meeting their life needs, such as for employment, income, food, health care, and relationships” (Karger and Stoesz 2006, 498). There are a number of institutions affecting social welfare policies and Native Americans, including the Bureau of Indian Affairs (BIA), the Indian Health Service (IHS), the Department of Housing and Urban Development (HUD), and institutional policies of individual tribes. Many of the agencies involved with Native Americans are at the federal level, due to the unique relationship between the U.S. government and Native Americans. The policies carried out by individual tribes are important in respect to social welfare policy because of the historical shift on the part of the federal government (in the 1970s in particular), “away from termination and toward self-determination” (Gross 1989, 12). The role of the

private sector must also be part of the social welfare policy equation vis à vis Native Americans.

War on Terrorism and Increasing Military Expenditures

The war on terrorism in the U.S. took on a new face after the 9/11 terrorist attacks on U.S. soil. The U.S. increased its military and defense expenditures, from the wars in Iraq and Afghanistan to security services in general. The share of the total budget consumed by the war on terror and military expenditures is significant. A “guns or butter” debate develops here, with guns winning out. The costs of the two wars in Iraq and Afghanistan have escalated steadily: \$48 billion in 2003, \$59 billion in 2004, \$81 billion in 2005, and an anticipated \$94 billion in 2006 (Weisman 2006). Kendall (2001, 373) observes, “As collective violence, terrorism shares certain commonalities with war.... Terrorism and war also extract a massive toll on individuals and societies....” Supporting military expenditures and social welfare expenditures at the same time represents a considerable challenge. Certainly Israel is a country that has had a lot of experience in this area.

Growth in the Needs of an Expanding Aged Population, and Growing Health Policy Challenges

The aged population has been expanding at a rapid rate. There were 31.2 million people in the U.S. over age 65 in 1990, and that increased to 35.0 million in 2000. The fastest growing segment of the aged population is among the oldest age groups, those 85 and older (U.S. Bureau of the Census 2001, 1-2). For 3 of the 5 disabilities measured by Census 2000, the “disability rate of the population 65 and over was at least 3 times the rate of the total population” (U.S. Bureau of the Census 2004, 11). The aged understandably consume more health care and social insurance dollars than the general population. Projections of federal spending for Medicare indicate an increase from \$254 billion in 2002 to \$421 billion in 2010. Old Age, Survivors, and Disability Insurance (OASDI) is projected to increase from \$452 billion in 2002 to \$670 billion in 2010 (U.S. House of Representatives 2004, I-2 and I-8). The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 was enormously expensive, exceeding original cost estimates by a considerable amount. This legislation has been described by supporters as a help to seniors burdened by high prescription costs. It has been described by critics as being “more a windfall for the pharmaceutical and insurance companies than a program to protect seniors” (Van Wormer 2006, 376).

So large is the Medicare program (which has been estimated to be even a greater challenge than Social Security in the years ahead) that, after Social Security, it is now the largest social insurance program in the U.S., and the largest public payer of health care (about 1/5 of all health care spending in 2000) (Karger and Stoesz 2006, 304). Medicaid is another rapidly growing program, and an increasingly burdensome one both for the states and the federal government as well.

Social Security is another program that will demand increased federal government attention. The Social Security Administration (2004, 38) states clearly the dilemma faced in the years ahead:

Today about 3.3 people pay into Social Security for every one person receiving benefits. By 2030, this ratio is expected to decline to about 2.2 to 1. SSA now collects more in taxes than it pays out in benefits. According to the 2004 Trustees Report, Social Security expenditures are expected to exceed tax revenues starting in 2018. If there are no changes in the law, the trust funds are projected to become exhausted in 2042 and the taxes would thereafter be insufficient to cover the full cost of the program.

We have never seen an aged population this size before (both Native American and in the general population). The demands on social welfare policies will be enormous. The aged are living longer than ever before, and medical technology may be expanding average life spans even further in the future.

As Michael Harrington once said, medical technology is marvelous, but it somehow comes back to haunt us. Medical technology, increasingly more advanced, is very expensive. A medical exam several years ago would not have included as many sophisticated medical tests as is the case today. Thus, medical exams are more expensive today. Medical testing in general is more complex, developed, and expensive. The number of prescription drugs available has expanded enormously in number and in cost. All of this (plus other elements not mentioned here) have contributed to driving up health care costs. Medicare, Medicaid, the Indian Health Service, and other programs and agencies have struggled to keep up. Kotlikoff and Burns (2004, 130) have stated that Medicare benefit payments have consumed an ever larger percent of Gross National Product (GDP) over the years, rising from .74 percent in 1970 to projections of 4.7 percent in 2030, and 9.0 percent in 2075. In the U.S. health care costs have risen even further because of the lack of a national health insurance program, the many individual payers, medical malpractice coverage, and other aspects. The “health industry” in the U.S. is massive, complex and expensive.

Growth in the Size of Other Ethnic Populations, and the Relatively Small Size of Native American Populations, in Comparison

The projected population of the U.S. from 2000 to 2050 presents some interesting information of relevance to our discussion. The “all other races” category, which includes American Indian and Alaska Native, Native Hawaiian and other Pacific Islander, and “two or more races” (Census Bureau designation) states that 2.5% fell in this category in 2000. By 2050 the number is projected to increase to only 5.3%. Native Americans have a high fertility rate, but they are beginning from a low percentage of the population. Contrast this with the Hispanic population, already the largest ethnic minority population in the U.S. and projected to be even larger in the future. In 2000 Hispanics represented 12.6% of the population, but by 2050 they will be an estimated 24.4% of the population (nearly $\frac{1}{4}$ of the U.S. population). African Americans, 12.7% of the population in 2000,

will be an estimated 14.6% of the population in 2050. Asian Americans will increase from 3.8% to 8.0% (U.S. Census Bureau 2004). If social welfare and budgetary resources grow slimmer, those ethnic groups with the largest numbers (Hispanics) will likely wield the most significant political clout to influence social welfare legislation and programs. The just claim by Native Americans that they occupy a unique, special status among other ethnic groups is clear to us, but unfortunately may not be clear to other ethnic groups competing for diminishing social welfare dollars.

Questionable Commitment on the Part of the U.S. to Social Welfare

Gilbert (2002), in a thoughtful analysis of the current state of social welfare, refers to the “silent surrender of public responsibility.” Stoesz (2002) refers to the “American welfare state at twilight,” and in a recent book (2005) raises a number of questions about the future of social welfare policy. Freeman years ago (1981) referred to a “wayward welfare state.” Social welfare has been critiqued in recent decades, and just as frequently misunderstood. Two developments here make it difficult to converse intelligently about the future of social welfare policy: (a) an assumption that the government is already doing too much in social welfare, which must be curtailed (compared to many European welfare states, this is not the case); and (b) diminishing budgetary resources that prohibit virtually any new, comprehensive social welfare initiative. Couple all of this with attitudes toward “welfare” impacted by views about race, social class, gender, and other aspects (Ryan 1976), and there is little hope of good, enlightened social welfare solutions. The U.S. government, with a weak commitment to social welfare to start with, would hardly seem to be a steady rock of support for Native Americans, honoring the special status of Native Americans in a meaningful way.

Growing Inequality Among Native Americans and in the Population as a Whole

“Wealth has become more concentrated in the United States, with the top 1 percent of households now commanding a bigger share of the nation’s prosperity than at any time since the 1920s,” notes Greenblatt (2005, 371), but “average middle-class family incomes, meanwhile, have been mostly stagnant for more than 30 years.” Inequality has grown in the society as a whole and within all ethnic groups, as evidenced by the U.S. Census Bureau (2005), which publishes historical income tables that portray the share of aggregate income received by each fifth and the top 5 percent of households, 1967-2003. Native American communities exhibit similar inequalities. Some tribes seem to benefit economically from gaming, some are not. Some tribes have more natural resources and economic resources, and some do not. Some individual Native Americans are making it, some are not. Native Americans, a communal, tribal people historically, have had to engage in capitalist, free market, competitive economic activities, where there are winners, and losers.

Urban Native Americans Continue to Grow in Number, yet the Bias of Policies Has Not Been Favorable to Them

Most Native Americans live in urban areas, yet policies have still not caught up with that reality. Urban Native Americans do not receive the same social welfare attention as those living on reservations. When the IHS (Indian Health Service) was established in 1955, more than 95% of all Native Americans lived on or near their home reservations. Today, more than 60% reside outside their home reservations at least part of the year, but only 1% of the IHS budget is earmarked for urban Indian health care. AIAN per capita funding does not follow individuals off the reservation (Duran 2005). Urban Native Americans feel “cut off” from their reservation roots in a number of ways. Sorkin’s book on urban Native Americans still echoes true today, when he notes that the federal government has a “moral and legal obligation to all Native Americans regardless of where they happen to reside” (Sorkin 1978, 148).

Native Americans may find themselves in increasing competition for scarce social welfare resources in the years ahead. Calls for indigenization from the likes of Churchill (1996) and others may be swamped to some extent by these developments. McCovey (1998, 86) notes that Native Americans “cannot fight physically, because we are outnumbered.” Instead, she states, Native Americans must fight spiritually. The needs are significant: family income in Indian country “remains just one-half of the national average” (Wilkinson 2005, 349). The suicide rate among Native Americans is high (Echo Hawk 1997). Domestic violence, substance abuse, housing, child welfare, and a number of other social welfare areas need attention. Native Americans will have to be ever more vigilant, organized, and persistent in the social welfare arena in the years ahead. The social problems in Indian country are significant, and call for a response equivalent to the obvious severity of the needs. Unfortunately, prevention has not been stressed as much as trying to “pick up the pieces” after the damage has been done.

Wahab and Olson (2004) state that previous studies indicate that Native American women experience the highest rate of violence of any ethnic or racial group in the U.S. Closely connected to domestic violence in many respects is substance abuse. Noted authority on Native American substance abuse Lawrence Armand French states (2004) that Native Americans have the highest addiction rate of any group in the U.S., while at the same time having one of the most difficult treatment records. Fetal alcohol syndrome and fatal alcohol effect are continuing problems, as is tobacco use (*Study Assesses What Factors Impact Tobacco Use in American Indians* 2005) and other addictions. Still, there are culturally anchored approaches that offer some hope for the future. The Wellbriety Movement draws on the needed wisdom and participation of traditional elders (Coyhis & Simonelli 2005).

Health continues to be a problem that needs addressing. Schneider (2005, 766) has noted that the “financing of Indian and Alaska Native (AIAN) health care is broken and needs to be fixed.” A report from the Indian Health Service (2005) asserts that the “disproportionate incidence of disease and medical conditions experienced by the Indian

population raises the costs” (of health services). To this we could add the old dictum that an ounce of prevention is worth a pound of cure. In general, there is not a lot of true prevention going on in Indian country vis à vis health (and in other areas).

The Indian Health Service states further (2005) that American Indians and Alaska Natives “die at higher rates from alcoholism (517%), tuberculosis (533%), motor vehicle crashes (203%), diabetes (210%), unintentional injuries (150%), homicide (87%) and suicide (60%).” Despite these troubling figures, the Indian Health Service (which celebrated its 50th anniversary in 2005) has made some progress, noted IHS Director and Assistant Surgeon General Charles W. Grim (Indian Health Service 2005, 10). One can only reflect upon how much more progress could have been made with adequate funding over the years.

Mental health problems need attention. Depression, which has sometimes been referred to as the common cold of mental health, is surely a problem. A national survey on the prevalence of Major Depressive Disorder (MDD) in the U.S. (National Depression Survey 2005) demonstrated the extent of the problem, interestingly pointing out that African-Americans, Asians, and Hispanics seem to show more resistance against MDD than do Native Americans.

Education is an area that has long been neglected, and still needs attention. As in so many other human service areas, funding is a continuing concern. There are some rays of hope. One report found that on a few education indicators Native Americans are actually performing at a higher level than some other ethnic minority groups (Zehr 2005). However, Champagne (2005) noted that American Indian Studies programs on college campuses are sometimes makeshift and often have a patchwork-quilt look.

The above represents only a brief look at some of the social problems facing Native Americans. Native Americans are an oppressed, indigenous people living in a modern state. Champagne, Torjeson, and Steiner (2005) provide a somewhat uplifting note, when they point out that the structure of the modern multinational state has the potential to create more just and equal communities for Native peoples world-wide. Churchill (1996) advocates indigenism, as do others. There are many parallels here with feminist analysis, as Geib points out (2002). Geib states that the indigenist approach “is not grounded solely in the individual as the unit of analysis, or in the Western adherence to rational, as opposed to altruistic, behavior” (244). Winona LaDuke in her various works (1997, 1999, 2005, etc.) echoes similar themes, as do the songs and commentary of Buffy Sainte-Marie, as well as the work of others.

Recommendations on social welfare policies and Native Americans are not easy to formulate. As discussed earlier, Native Americans face considerable obstacles, both because they are a small minority of the population (alongside Hispanics and African-Americans) and because of the enormity of the social problems facing them. First, one must begin with spiritual and cultural renewal. Spiritual and cultural renewal are intertwined. It is difficult indeed to speak of either one in isolation. If one searches for a separate category of spirituality in Native American cultures, then it will not be found

(Momaday 1998). Spirituality and life are intimately intertwined. Cultural dimensions are again intertwined with the fabric of life itself. Language is certainly a key element of culture, and the renewal of interest in Native American languages is a positive sign of cultural renewal. Gill (1982, 171) notes that language “plays a central role in the maintenance of tradition.” Gill goes on to say that centuries ago the Jesuits seemed to have a better understanding of this than the Franciscans. The Franciscans “generally did not learn the Pueblo languages, and their greater hostility to native religious practices is compatible with that disinterest” (171-172). In contrast, the Jesuits took a quite different approach. Language is the connective glue linking up religious practice, culture, tradition, and much more. Interestingly, McNickle (1975, 18) points out that it “has even been suggested that Kant’s *Critique of Pure Reason* could be translated more readily into the Achomawi language of northern California than into English, because the Indian tongue handled abstract thought with greater ease.” Thus, the maintenance of beautiful and complex Indian languages must be fostered as part of cultural and spiritual removal. Before anything else can transpire, spiritual and cultural renewal need to be further developed and fostered with a people so imbued with spirituality in all its dimensions.

A second element here is further development of indigenism as a theoretical construct. Indigenism rests to some extent on a theory of Native American cultures, one that can be said to be influenced by the laudatory conception of Native American peoples and civilization made by the great Dominican priest, Fray Bartolomé de las Casas (1484-1566). It has been noted that “the great social and political movements of the twentieth century, the century par excellence of anti-racism and anti-colonialism, are confirming the truth of Las Casas’ doctrines — that life is transforming his ‘utopian’ ideals into reality” (Freide and Keen 1971, 3). Indigenism began to be discussed more earnestly in the midst of the social reform efforts of the International Labor Organization in the 1950s (Niesen 2003). Indigenism holds promise as a theoretical underpinning for social welfare policy and Native Americans. Needing further exploration here is the relationship between indigenism and capitalism. Also, what is the relationship between indigenism and other ethnic populations, such as African-Americans and Hispanics? In this respect, more dialogue and exchange needs to take place between Native Americans and African Americans, Hispanics, and others.

A third element here is the need for a strong focus on economic and social development, self-sufficiency, and asset-based approaches. Chief Joseph once said, “Let me be a free man — to travel, free to shop, free to work, free to trade where I choose, free to choose my own teachers, free to follow the religion of my fathers, free to think and talk and act for myself — and I will obey every law, or submit to the penalty” (Moquin 1973, 251). Economic and social development and self-sufficiency will make it more likely that the dream of Chief Joseph can be realized. The heavy hand of paternalism that Native Americans have felt from the federal government has been maintained through the financial dependence and obligations that are an integral part of Native American and federal government relations. As the noted historian Francis Paul Prucha (1986, 402) has averred, “Only the future will show whether the heavy dependence of the Indians upon federal funds and federal management skills can be effectively lessened and whether the

destiny of the Indians as prosperous groups with separate identities within a pluralistic society can be attained.”

Native American tribes have been slowly moving toward more self-sufficiency in the last few decades. Gross (1989, 18) pointed out that elected officials “adopted a self-determination ideology as an operative policy-making principle during the seventies.” The Indian Self-Determination Act of 1975 and the Indian Child Welfare Act of 1978 were examples of self-determination (Karger and Stoesz 2006, 71) translated into legislation and policy. Gaming operations and other business ventures have given some tribes (but certainly not all) more economic self-sufficiency. More attention to asset-based approaches could be helpful to individual tribal members, as well as for tribes as a whole. The notion of individual development accounts (IDAs) was introduced by Sherraden (1991) as part of an asset-building strategy, designed to enable asset-poor individuals to increase overall assets through increased savings. Policies like these need more attention in Indian country, where the gap between rich and poor is often wide. This need not be a policy that contradicts Native American communitarian values. To the contrary, policies like these, designed to reduce inequalities, can contribute to communitarian values. This also should not in any way obviate the need for the federal government to be faithful to its historic commitments to Native Americans. Economic and social policy are conjoined (Boulding 1967), and that must be kept in mind in respect to any consideration of economic and social development policies, so very badly needed in Indian country.

Social welfare policies serving Native Americans in the years ahead will face a myriad of challenges. This treatment of this sizeable subject does not pretend to have covered every facet of it. Native Americans have survived much, and facing the challenges discussed here, though daunting, cannot be any greater than the challenges so courageously faced by Native Americans in the past.

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