MISSING AND MURDERED INDIGENOUS PEOPLE

ARE A HEALTHCARE ISSUE

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MISSING AND MURDERED INDIGENOUS PEOPLE

84% of Native American women experience violence in their lifetime, facing murder rates at almost three times that of White women. On some reservations, homicide rates for Native women are more than 10 times the national average.

Some are domestic violence cases where women suffer at the hands of a partner; others are targeted by strangers. Some women simply disappear. Many people have heard of the Highway of Tears, a remote stretch of Highway 16 where many Indigenous people have gone missing or been murdered. These crimes often go uninvestigated and many remain unsolved. Collectively, we call this phenomenon Missing and Murdered Indigenous Women (MMIW).

While women represent the majority of victims, it's not just women who go missing. In one survey, 60% of Native American people who identify as LGB or TGNB reported experiencing domestic violence and nearly all reported sexual assault.

Peggy Abrahamson-Syverson, RN, has served at multiple Indian Health Service and Tribally operated healthcare facilities, some near South Dakota highways popular in human trafficking. She spoke of the many posters she's seen for missing people. "Every deployment, it's the same thing," she said. "Posters are for a mix of ages and genders, but mostly females. One was for a young boy. Many of these people are never found."

Unlike the coverage of Gabby Petito and Natalie Holloway, Indigenous women can disappear without any news coverage at all. A recent study found that missing and murdered Native women don't get proportionate media attention - and coverage often portrays them in an "unsympathetic narrative," such as implying victims chose to be in unsafe environments.

"These missing people are invisible to the outside world," said Abrahamson-Syverson. "It's right under your nose, but no one knows because it's not portrayed in news like it should be."

There's also a more complex chain of command in reporting and investigating incidents, from Tribal police to the Bureau of Indian Affairs to the FBI. By the time a case makes its way through red tape, the perpetrator is often long gone and trail gone cold.

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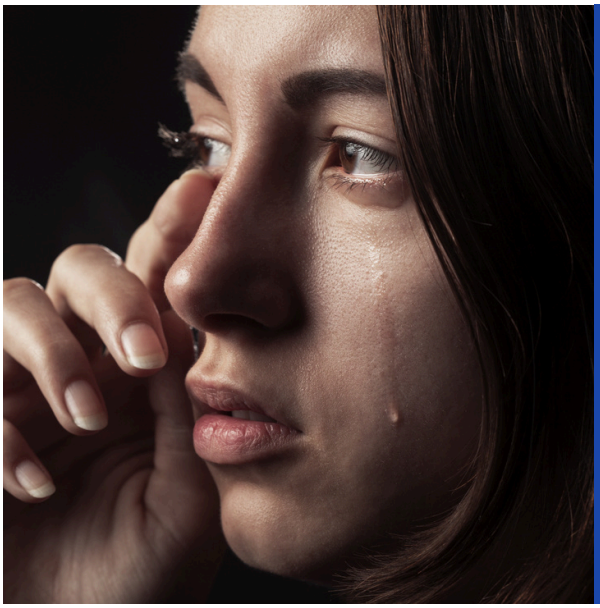
FROM ANGUISH TO ACTION

States with significant Native American populations have launched task forces to address MMIW. Interior Secretary Deb Haaland, the first Native American Cabinet secretary in U.S. history, formed a new Missing and Murdered Unit within the Bureau of Indian Affairs to put the "full weight of the federal government" into investigation. The 2019 Not Invisible Act, which Haaland sponsored while serving in Congress, established best practices to improve intergovernmental coordination to address missing Indigenous people.

These efforts typically examine the racism, jurisdictional confusion, and poor data collection that can corrode investigative work. But these task forces tend to involve Tribal and community representatives, lawmakers, law enforcement, and advocates for Indigenous women and girls. It's rare that a healthcare leader is involved.

Yet MMIW is very much a healthcare issue as well – a neglected aspect in the national dialogue. Front-line clinical staff are positioned to spot warning signs of intimate partner violence and trafficking. Violence and trauma are community issues, correlated to socioeconomic health, education, and family stability.

In short, MMIW is a public health issue requiring the same strategies, programs, and campaigns as an infectious disease outbreak or the opioid epidemic.



> "These missing people are invisible to the outside world. It's right under your nose, but no one knows because it's not portrayed in news like it should be."

HEALTHCARE TAKES A SEAT AT THE MMIW TABLE

To understand the heightened vulnerability of Native communities, providers must understand historical trauma and its impact. Genocide, poverty, racism, and the opioid epidemic, among other factors, have put Indigenous people at risk for violence. These factors can blur together, with childhood abuse spilling into adolescent substance addiction, leading to survival sex work or trafficking. Multiple experiences can drive future incidents; the CDC notes that people who survive one type of violence are more likely to experience other types of violence.

Many of these survivors will visit an emergency room, which positions healthcare professionals for a seat at the MMIW movement table in two ways:

01

Recognizing Risk Factors

Clinicians may be the first – and only – witnesses who can intervene for a person at risk.

- Studies show that women who experience partner violence are likely to seek health services.
- Before they are murdered or go missing, many women seek clinical care.
- Assault injuries, sexually transmitted infections (STIs), digestive disorders, disturbed sleep patterns, headaches, anxiety, and depression are common to survivors of assault or domestic violence.
- Substance misuse and overdoses can indicate high vulnerability to exploitation.

02

Providing Trauma-Centered Care

Just as we now train providers in recognizing and addressing social determinants of health, it's time to connect MMIW to delivery of care.

Trauma-informed care must reflect the genocide and historical trauma affecting Indigenous culture and community. Displacement and racism have helped fuel poverty conditions for many Tribal nations; the opioid epidemic has hit these communities especially hard. Depression, anxiety, substance abuse, and other mental health issues can place Indigenous women in the crosshairs of exploitation and crime.

Preventive, medical, and behavioral care services are essential to lower the risk of abuse and violence.

8 WAYS HEALTHCARE CAN HELP

Healthcare workers serving in Indigenous communities often feel helpless in the face of a deeply entrenched juggernaut like MMIW. Barriers such as underfunding, lack of resources, and staff shortages can further tie their hands. Another factor: a history of unethical medical practices from the U.S. government has fostered significant Indigenous distrust toward traditional medical programs. Patients may be unwilling to engage with the resources built to help them.

But 8 practices can drive radical change.

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01 TRAIN STAFF TO RECOGNIZE RISK FACTORS AND SYMPTOMS

State medical boards often requires training in recognizing sex trafficking - but that training rarely mentions MMIW and Native community dynamics. Staff must be trained to recognize and treat survivors of domestic violence, intimate partner violence, and trafficking. Someone may not identify themselves as a sex worker but describe those behaviors; a domestic violence survivor may present next to her abuser, who supervises her interactions with providers.

In one case, our Medical Director treated an underage patient in police and discovered she had 5 sexually transmitted infections – a strong indicator of sex trafficking. He notified police.

"Look for vulnerabilities," said Peggy Abrahamson-Syverson. "Children of parents who are addicts of drugs and alcohol are not being parented due to their addictions - leaving kids vulnerable to extreme depression, hopelessness, misuse of drugs, suicide, and risk of being trafficked by parents and other predators."

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02 RECOGNIZE THE VULNERABILITY OF MENTAL ILLNESS

The connection between abuse and mental illness runs in two directions. The majority of people diagnosed with severe mental illness have experienced either physical or sexual abuse, often as children or in association with substance misuse.

At the same time, they may be predisposed to experiencing future violence. Studies have revealed that women with depressive disorders, anxiety disorders, and PTSD are at increased risk of experiencing domestic violence when compared to women without mental disorders.

Behavioral health and addiction specialists can help their patients by learning the specific vulnerabilities associated with mental illness and substance misuse - and proactively addressing those factors.

03 CREATE FOLLOW-UP SERVICES FOR SURVIVORS

Survivors need care. Domestic violence and sexual assault are linked to poor self-esteem, alcohol and drug abuse, eating disorders, obesity, self-harm, depression, anxiety, and suicidality. Clinicians should provide referrals and/or build systems to support survivor recovery and address long-term impacts.

"Assess your capabilities," advised Abrahamson-Syverson. "Do you have a clinic for sexual assault? Are your staff trained?"

Resources for family members of the missing and murdered can help build community awareness and action as well. Counseling, support groups, behavioral health services, and educational literature can help survivors build emotional support networks and share information within their community.

04 BOOST COMMUNITY TRUST IN HEALTHCARE RESOURCES

Trust isn't given – it's earned. When Tribal members know their local facility is short-staffed, with long waits and limited equipment, and providers who disregard their culture, they're less likely to engage with formal healthcare - even in crisis.

Culturally sensitive care that aligns with Indigenous values and traditions can go a long way to rebuilding that trust. Also helpful: quality improvements that transform facility performance. By aligning with national standards for care, facility leaders can improve lengthy wait times, low morale, turnover, poor service quality, and other areas that impact patient care. Training can upskill staff and reduce patient transfers so they receive care in their own community. As local residents grow more confident in their healthcare resources, they're more likely to seek care and follow advice on making lifestyle changes.

05 DEVELOP PATHWAY MESSAGES

Hospital and clinic websites, newsletters, posters, invoice flyers, and automated reminder systems all offer opportunities to get the message out. Consider creating microsites, hotlines, waiting room brochures, and other channels to help educate patients on MMIW risk. These messages can connect them discreetly to life-saving resources, such as suicide prevention hotlines and violence survival shelters.

One caveat: remember that some Tribal nation areas don't have Internet access – so include print resources as well.

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06 TRAIN STAFF IN DOCUMENTATION

When it comes to pressing charges, winning a court case, or keeping children away from an abuser, medical records play the hero's role. Ensure your staff carefully document all injuries, whether or not the patient reports abuse.

That means taking photographs, recording any threats or reports of emotional abuse, and creating organized, legible records with body maps that note the extent and location of injuries.

07

PRACTICE ACCURATE DATA COLLECTION

Data is key to helping Tribal nations, policymakers, and public health researchers identify and address issues – but unfortunately, many Native patients are misclassified as white or Hispanic. Even an undocumented Tribal affiliation can block community advocates from connecting the dots.

Accurate, synchronized data collection and analysis can build a clear picture of risk factors and incident patterns, as well as possible solutions. Check data collection practices at your facility and see how they can be synchronized—which will probably mean building alliances between different resources. Publishing and sharing your analysis, from risk factors to criminal patterns, with community leaders can help them craft outreach and prevention strategies.

46%

of Native Americans are classified as another race on their death certificate.

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08 WORK WITH LAW ENFORCEMENT AND COMMUNITY

Tribal police, non-Tribal law enforcement, Indian Bureau of Affairs, and even the FBI can get involved in investigations and reporting, which can make it tough to clarify jurisdictional ownership. To ensure cases don't fall into cracks, map out clear reporting pathways in your facility and work with law enforcement to determine how you can best supplement their protocols.

It's common for survivors to recant testimony from fear of retaliation. "In one case, I wanted to call police but I was told 'women here know more about how to stay alive' than I did," said Medical Director Dr. Thomas Barrows. While he does call police when treating survivors, he noted that often police will walk in and walk out 30 seconds later because the patient is afraid to talk.

“The playing field isn't level. Law enforcement needs to catch up,” Dr. Barrows said. “When the law requires the woman to testify to press charges or hold him accountable, she's a victim twice.”

Hospitals can play a valuable role in supporting their community as well. Hiring local workers and paying their tuition for degree programs can boost the economy and support family stability. Hospitals can also help fund Indigenous-specific domestic violence shelters, 24-hour support lines, and health fairs on the impacts of intergenerational trauma and its connection to violence.

INTERVIEW WITH DEBBIE NEZ-MANUEL

Debbie Nez-Manuel is a social worker, community leader and activist who leads MMIW mobilization in Arizona. Nez-Manuel sees an opportunity for healthcare workers to play a bigger role in prevention, education, and intervention, saying, "MMIW should be a prioritized health issue. Lives are ending. People immediately associate it with protection and safety but it is very much a health issue, like suicide."

Raised on the Navajo Nation in northern Arizona, today Nez-Manuel is based in the Phoenix metro area. She was instrumental in the unanimous passage of HB 2570, which established a committee on Missing and Murdered Indigenous Women and Girls. The bill was the first of its kind in the nation – and in January 2020, Nez-Manuel became the Arizona Democratic Party's first Indigenous National Committee Person.

Nez-Manuel has a personal connection to MMIW that has fueled her groundbreaking achievements. Here's her story.

Debbie, how did you get started in this work?

It goes back to when I was 3. My father had taken our family truck in a border town of Navajo nation and my mother needed it to get to work on Monday. So she set out on foot to look for my father, leaving my two brothers and I with her younger sister. She never came home. A week later, her remains were found in the border town. She had been sexually assaulted and left to die, with four sets of footprints around her. She was brought home to our community to be buried.

As a child of a mother who went missing, it's hard to grasp the circumstances when you're young. But then you become a young woman and you're looking for a mother's guidance to raise your own children.

I learned it's a serious issue, that young women everywhere go missing – and when I heard a legislator put a bill together, I thought, "This is what happened to my mother." My three daughters are involved as well. They know their grandmother died this way. We can't overlook it or say, "This happened to someone else." We're caught in the middle of it.

How did it spark your career path?

Because my mother left behind life insurance, several of my relatives were eager to care for my brothers and I to access those funds. We wound up in difficult environments. I found the courage to call CPS and say I didn't want to go back to a certain relative's home. I was in a temporary foster home and then a longer-term foster home until I was 18. The woman who heard my plea about not going home, made me realize I could be what she was. She created a shift – and I wanted to be that shift for other children.

I learned about crisis intervention, working with first responders, and that led to clinical counseling, individual and group counseling, and prevention and education. Many tribes couldn't apply for these opportunities because of the type of crisis they had – but one tribe did and I took advantage of that experience.

At one point, I realized I had done every facet of social work – and that it was time to go into policy work.

In terms of policy and change - what's needed to improve things for Indigenous women?

Change is happening but slowly. A lot of education is needed. A lot of assumptions get made, but education helps people realize this is an issue. As Native people, we're missing from mainstream society. Rarely do our issues make the news – which is why having voices like Secretary Deb Haaland include MMIW is so important.

Policies need to be integrated to close the gaps in our system. Existing policies can be improved. Federal funding can support tribes – and state government can help too. Creating a state office is vital. We need an official Arizona office that addresses safety of Native women in Arizona.

What are some of the barriers?

One big misconception is that people think everyone talks to each other. They think all these jurisdictions are efficient and timely. But many tribal communities don't have resources to digitize information. There's often a backlog of paper and pen notes. And in remote geographic areas, it's hard to follow up and get everyone on the same page.

It's such a tragedy to look back at failures that have happened. Cohesion and collaboration are important, but tribes haven't always had the capacity to align services across federal, state, and Tribal organizations. There are cases where we need to know who was responsible, how we should proceed – but these different areas aren't talking to each other.

There can be a lack of trust when it comes to trusting systems to address Native issues. Our issues aren't prioritized; court cases can get backlogged. These systems were developed for western society, so Native people have to get educated about what they are and how to navigate them and push back when they don't work in our favor. But that can be difficult in Tribal nations that aren't as advanced or modernized. Some communities seem like they'll never get the help they need.

How can Tribal and non-Tribal hospitals work with the community and/or law enforcement?

Hospitals can have more community conversations around it. I've never seen a hospital make an announcement about MMIW or host an event about it. Bring doctors into the conversation – I've never seen doctors on a panel to support the community. I've lived in Phoenix for 30 years and never seen it.

How can the healthcare industry help in general?

They can set aside funding for health issues or funding from government. By reclassifying MMIW as a health or safety issue, health sectors can help us secure funding and help our communities keep women safe. For instance, working in Indian Health Service facilities, I know it's policy to ask patients, "Do you feel safe at home, do you feel a danger to yourself?" We were well trained to ask every patient in terms of self-harm and suicide. That became part of the policy, and that requires funding.

They can educate people about MMIW. So many people don't know. We have to educate people who are new to this issue, but they may not know how to have that conversation or ask questions. I make it a safe space for asking questions. My advice is, don't demean them, don't patronize them. Address myths about Native people. Creating that safe space is a game changer. Then you grow allies. That's the power of asking questions.

What about your average person? How can they help?

Overall, everyone can help by electing thoughtfully. Funding is one of the biggest sources required for change – and that's decided by congressional leaders. Who we elect is important.
Donating also helps. It's important for people to support local MMIW efforts. They are all volunteer, running all on donations – there's no funding. Everyone serves in different capacities, from boots on the ground education and prevention to tech support. There are days we send letters to the White House, days we send letters to the Governor, and days we work with Tribal Councils. All these MMIW teams are stretched thin. Just donating $25 a month can really help. Make it a habit.

Debbie Nez-Manuel can be contacted for training, education, events, and speaking engagements at debbienezmanuel.com.

REFERENCES AND SUPPORT

Want to donate to MMIW organizations? Consider one of the following:

Morningstar Leaders

Northeast Arizona Native Democrats

Indivisible Tohono

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Building a Brighter Future

Healthcare workers can't save the world by ourselves – but we can support prevention, education, and intervention in one of the most disturbing crises of our time.

Is your hospital or organization addressing MMIW? Working with community leaders, law enforcement, and schools to develop stronger programs and deeper insights? Reach out to Tribal Health for collaboration pathways and educational resources - and let us know how our healthcare team can support your efforts.

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