



**Testimony of Maine Public Health Association in Support of:
LD 1970: An Act to Enact the Maine Indian Child Welfare Act**

Joint Standing Committee on Judiciary
State House, Room 438
Wednesday, May 31, 2023

Dear Senator Carney, Representative Moonen, and distinguished members of the Joint Standing Committee on Judiciary. My name is Rebecca Boulos. I am a resident of South Portland and executive director of Maine Public Health Association. MPHA is in support of LD 1970: “An Act to Enact the Maine Indian Child Welfare Act.”

MPHA is the state’s oldest, largest, and most diverse association for public health professionals. We represent more than 700 individual members and 60 organizations across the state. The mission of MPHA is to improve and sustain the health and well-being of all people in Maine through health promotion, disease prevention, and the advancement of health equity. As a statewide nonprofit association, we advocate, act, and advise on critical public health challenges, aiming to improve the policies, systems, and environments that underlie health inequities – but which also have potential to improve health outcomes for all people in Maine. We are not tied to a national agenda, which means we are responsive to the needs of Maine’s communities, and we take that responsibility seriously.

According to the American Public Health Association’s [Tribal Public and Environmental Health Think Tank 2018 report](#): “...the unique history of forced relocation, intolerance of cultural norms and practices, and discriminatory state and federal policies enacted over several generations has resulted in historical trauma, adverse childhood experiences, distrust, and societal alienation (among Indigenous communities).”¹ Historical and intergenerational trauma and discrimination, and systemic racism^a are intricately intertwined in public policies that influence determinants of tribal members’ health. These structural inequities^b are pervasive and cross-cutting, leading to differential health outcomes for tribal communities, and restricting their power to influence determinants of their health.

The Indian Child Welfare Act (ICWA) of 1978 was passed in response to decades of federal and state policies that encouraged systematically removing Indigenous children from their families and communities and forcing

^a The “system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call ‘race’), that unfairly disadvantages some individuals and communities, unfairly advantages other individuals and communities, and saps the strength of the whole society through the waste of human resources.” See Jones CP. 2018. Toward the science and practice of anti-racism: Launching a national campaign against racism. *Ethnicity & Disease*; 28(Suppl 1): 231–234.

^b The “personal, interpersonal, institutional, and systemic drivers—such as, racism, sexism, classism, able-ism, xenophobia, and homophobia—that make those identities salient to the fair distribution of health opportunities and outcomes. Policies that foster inequities at all levels (from organization to community to county, state, and nation) are critical drivers of structural inequities.” See National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Population Health and Public Health Practice; Committee on Community-Based Solutions to Promote Health Equity in the United States; Baciu A, Negussie Y, Geller A, et al., editors. *Communities in action: Pathways to health equity*. Washington (DC): National Academies Press (US); 2017 Jan 11. 3, [The Root Causes of Health Inequity](#).

assimilation into white, non-native families. The effects of these forced removals extended the intergenerational trauma of colonization. Children were stolen from their families, from their tribes, in an act of cultural genocide; and were raised without connections to their native cultures, traditions, kin, and language. Indeed, the intergenerational and damaging effects of these efforts persist in the health disparities experienced by tribal communities today.²

Our individual identity is connected to relationships with our families, our community, our land, our heritage, and our culture. ICWA serves as a model in child welfare legislation because of its recognition and prioritization of culture and connection in health and wellbeing. The law dictates that for Indigenous children in the adoption system, the first preference is to place them with their extended family, followed by other members of their tribe. The 2012 Annie E. Casey Foundation report, [Stepping up for Kids](#), found that “Kinship care helps children maintain familial and community bonds and provides them with a sense of stability, identity, and belonging, especially during times of crisis. Kinship care also helps to minimize the trauma and loss that accompany parental separation.” Kinship care is especially important for Indigenous children, as “[f]or many Indigenous people, the almost complete lack of recognition of culture as a determinant of health and the lack of access to culturally competent care results in an alienating and disheartening experience.”³

In June, the United States Supreme Court will decide on *Brackeen vs. Haaland*; this case is attempting to overturn ICWA. Ensuring that ICWA protections are enshrined in state law, as this bill will do, will help protect future generations of Indigenous children, families, and communities from the trauma of forced removal and assimilation.

We respectfully request you to please vote LD 1970 “Ought to Pass.” Thank you for your consideration.

¹ Tribal Public and Environmental Health Think Tank. [Priorities in Tribal Public and Environmental Health](#). American Public Health Association. 2018.

² Native Child Advocacy Resource Center. [Practice Brief 3: Tribal Children and Forced Assimilation](#). September 2022.

³ Roundtable on the Promotion of Health Equity and the Elimination of Health Disparities; Board on Population Health and Public Health Practice; Institute of Medicine. *Leveraging Culture to Address Health Inequalities: Examples from Native Communities: Workshop Summary*. Washington (DC): National Academies Press (US); 2013 Dec 19. A, Culture as a Social Determinant of Health. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK201298/>