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Rape, Pillage, and Ignore

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"Carole" (not her real name) was brutally raped in Fairbanks, Alaska, in July 2006. She reported the crime right away, telling the police she had been raped by a non-Native man. The city police officers took her description of the perpetrator and said they would go look for him. Carole waited for them to return. When they didn't, she went to the emergency room to seek treatment. She had bruises all over her body, and she was so traumatized that she was speaking very quickly, a support worker reported. The medical staff assumed she was drunk.

"[They] treated her like a drunk Native woman first and a rape victim second," the support worker said. The hospital workers gave her some painkillers and money to go to a non-Native shelter. But the shelter turned her away because they too assumed she was drunk.

Ill-equipped to help

One in three Indian women will be raped or sexually assaulted in her lifetime -- a rate 3.5 times higher than any other racial groups. Many women who are raped do not have access to basic health resources in Indian country. They travel long distances to Indian Health Service hospitals expecting to receive physical and mental health services only to find that there is no staff trained to treat sexual assault victims, says the Native American Women's Health Education Resource Center (NAWHERC). Many can't even get rape kits, the exams used to collect evidence after a rape. With no forensic evidence, rapists are free to rape again. This is part of the reason that the number of rapes is so high.

The Indian Health Service is the federal agency, within the Department of Health and Human Services, responsible for administering health care to Native Americans. Fewer than ten IHS hospitals have trained personnel, including sexual assault nurse examiners (SANE), to perform emergency services in the event of a rape. The 2005 NAWHERC report, "A Survey of Sexual Assault Policy and Protocols within Indian Health Service Emergency Rooms," found that about 30 percent of IHS service units

do not have sexual assault protocols in place. Of the units that do, only 56 percent have protocols actually posted and accessible for staff members; this means that over half of the units have sexual assault policies that are not even being implemented.

IHS is so ill-equipped that many hospitals do not offer rape victims screening for sexually transmitted infections, emergency contraceptives, and/or the post-exposure-prophylaxis (PEP) used to reduce the transmission of HIV, the NAWHERC report found.

What's not being done

Sexual violence is a human rights abuse, says Amnesty International. AI's April 2007 report, Maze of Injustice, finds that the United States is failing to act with due diligence to prevent, investigate and punish sexual violence against Native American and Alaska Native women. Native women are currently not being granted equal protection under the law, promised by the 14th Amendment of the Constitution. The U. S. government has a constitutional obligation to respond to sexual violence against Native women just as it responds to sexual violence against other Americans.

Indian women have been working on this issue for decades. Their work and their data provide the foundation for AI's report. While there is consensus that the federal government is failing to address this epidemic, there is some debate among Native advocates and human rights workers over the role of the Indian Health Service itself. Undoubtedly, the federal government seriously underfunds the IHS. But many experts say that the IHS does not make sexual violence a priority in the first place. The IHS has the power to provide health and legal resources for rape and sexual assault victims, says Charon Asetoyer, director of NAWHERC.

"The Indian Health Service director, Dr. Charles Grim, has done nothing to advance the services for women who have been sexually assaulted," says Asetoyer. "Senate committee hearings are being held on the fact that IHS has such high sexual assault rates and that they don't have any sexual assault policies and protocols in place." WireTap tried several times to contact the Indian Health Service, but was told Director Charles Grim and other officials were all on leave.

Indian Health Service could dramatically reduce the number of sexual assaults by placing trained SANE staff and a sexual assault response team (SART) in every service unit, says Asetoyer. One main problem is that many IHS service units contract these health services to other emergency rooms. "In our case, we have to go 86 miles to have a rape kit done," says Asetoyer, referring to her community on the Yankton Nakota reservation. "In Albuquerque, they may have to go to 150 miles, depending on what part of the reservation they're coming from. In very rural states like Alaska, it can take days. So most women will not opt to have that exam because they have to travel

so far. It's revictimizing women."

Sexual violence should also be a top priority, she says, because there is a connection between sexual assault and other health care problems such as drug and alcohol addiction. "Women who've been raped, in order to mask the pain and the trauma, will often times turn to alcohol and drugs, and those are horrendous problems within our community."

The short end

Cecilia Fire Thunder, former president of the Oglala Sioux Tribe of South Dakota and sexual assault advocate, does not agree that the Indian Health Service is to blame. Instead, she says, Native women should look to their own communities for solutions. "I'm not going to buy into blaming Indian Health Service," she says. "We have to create a strategy of how we're going to respond to sexual assault resources. We have the solutions. We are in the process of developing a strategy of how to get it done."

Fire Thunder says the IHS currently lacks general health resources for even severely sick people. "There's not enough money in Indian Health Service to begin with," she says. "About 80 percent of the money that Pine Ridge gets for Indian health care gets spent -- it's already gone -- because of how our people are very, very ill. Twenty percent is left over for other services. We have to change the policy. We can point fingers all day long at Indian Health Service because it is their responsibility, yes. However, we also have to help generate the resources for emergency rooms. We have our answers in our own community, and it's different in every community."

Although the IHS certainly needs more funding, human rights workers find that the agency does currently have the resources at its disposal to establish standardized policies and procedures for rape victims in all hospitals. Michael Heflin, the campaigns director for Amnesty International USA, questions IHS's level of commitment to the crisis at hand. "I think that they have the resources to do a much better job than they're currently doing," he says. "There's been a lack of commitment within IHS to make sure that there are standardized protocols in place for how to handle sexual violence. There is a lack of commitment to having trained SANE staff and rape kits available."

Asetoyer says this is clear from the way IHS officials respond to the problem. IHS claims that the nurse shortage in Indian country explains the shortage of SANE staff. "There is a nurse shortage, but that's a 20 percent shortage. That means there's 80 percent of staff in place which could be trained as SANE staff. 80 percent is a lot better than nothing," says Asetoyer.

Staying SANE

IHS informed the U.S. Department of Justice that another reason they don't have more SANE staff in place is that there are not enough sexual assaults each year to keep SANE certification in place. "That's absolutely ridiculous because it only takes a few sexual assaults a year to keep SANE certification up," Asetoyer says. And NAWHERC's research disproves such a claim. In reservations with very high rates of sexual assault, there are very few IHS hospitals with SANE staff. "In fact, I don't think there is any service unit that doesn't have enough sexual assaults happening each year to compromise SANE certification," she says.

Even when there is SANE staff to carry out rape kits and collect forensic evidence, IHS presents obstacles to using that evidence to get convictions in rape cases. It is often difficult to get the IHS to approve subpoenaed staff members to appear in court as a witness, Asetoyer says. The process for approval is so bureaucratically cumbersome that it prevents key witnesses from testifying in a timely manner, critically hindering prosecution.

Each community faces its own obstacles in getting IHS resources. Sexual assault victims at Standing Rock Sioux Reservation in South Dakota must travel over an hour to get to the nearest IHS hospital, many of which cannot perform rape kits. Alaska Native women living in rural areas sometimes have to make the trip by plane and may be required to pay between $700 and $800 for an exam. In Oklahoma, women must report the rape to police to receive a free exam; this violates the national guidelines for responding to rape.

The lack of response to the crisis is the main reason that a large number of rapes go unreported. Jami Rozell, a 25-year-old teacher from Tahlequah, Okla., was raped four years ago after a college party. In her case, all the evidence was collected and she even went through a preliminary hearing. Two weeks after the hearing, though, the district attorney contacted her to say all the evidence had been destroyed in a routine police cleanup. She was advised to drop the charges.

Rozell says that it wasn't until she herself was raped that she realized just how many women in her community had suffered the same fate and never reported it. "Ladies I worked with would come up to me and say, you know that happened to me in high school, or that happened to my sister a year ago. But no one ever says anything because they know that nothing will ever happen."

A call to care

Indian communities need the resources to prevent rape, and they need the resources

to care for a woman after she has been raped. Rape survivors face barriers at every step in getting treatment and justice. Native advocates have long sought the help of the federal government, the Indian Health Service, and local and federal law enforcement. It's time that the United States recognizes the crisis and starts working with Indian communities to find solutions.

"What really upsets me as an Indian woman is that we have been raising the red flag of the high rates of rape of our women and no one paid attention to us until the non-Indian people of the Amnesty International [released their report]," says Fire Thunder. "What does that tell you? That no one cares."

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