Why the World Will Never Be Tobacco-Free: Reframing "Tobacco Control" Into a Traditional Tobacco Movement

Gina Boudreau, BA, Carol Hernandez, BA, Donna Hoffer, MA, Kathleen Starlight Preuss, BA, Linda Tibbetts-Barto, MS, Nicole Toves Villaluz, BA and Sheryl Scott, MPH

As successes mount in reducing commercial tobacco use, an alarming disparity has taken shape in Minnesota. Recent studies revealed that overall smoking rates have dropped to 14%, whereas American Indians' rates remain higher than 50%. With support from ClearWay Minnesota, the organization created from the state's tobacco settlement, advocates working within sovereign tribal governments to create smoke-free policies came together to discuss effective strategies within tribal Nations. We discussed the history behind mainstream tobacco control's failure to resonate with Native audiences and the need to reframe the movement to a goal of restoring traditional tobacco practices. We share our insights on this critical area for achieving health equity and provide recommendations for tribes, non-Indian advocates, and funders, with a plea for tribal inclusion in commercial tobacco "end-game" strategies. (*Am J Public Health.* 2016;106:1188–1195. doi:10.2105/AJPH.2016.303125)

> It is important to understand that traditional tobacco will always remain in use by Minnesota Indian tribes. Tobacco was one of the first gifts from the Creator; its use by Minnesota Indian people is a means of spiritual connection offered during prayer. Children are taught at a very early age the importance of offering tobacco, and it is not uncommon for children to have a pouch of tobacco readily available. Tobacco is sacred to me, my family, and Minnesota American Indians. Our use of tobacco will continue.
>
> —*Carol Hernandez, Anishinaabe*

This article contains the terms "American Indian," "Native American," "Native," "tribe," "tribal nations," and "reservations." This reflects the reality in the community where different terms are used and preferred by different tribes and even individuals within those tribes.

As part of a collaborative evaluation with tribal Nations to understand policy work to address the harms caused by commercial tobacco, a panel of tribal tobacco program advocates (4 Anishinaabe/Ojibwe, 1 Dakota, and 1 Hidatsa/Assiniboine/Chamorro) sponsored by ClearWay Minnesota convened in 2014 to explore a dilemma encountered in our work: the restoration of our culture, including the use of tobacco for prayer and ceremony, is necessary for achieving health equity, yet colonization restricted access to our original tobacco plants leaving us to substitute with commercial tobacco. This substitution led to very high rates of commercial tobacco use, especially cigarettes, which causes great harm among American Indians in Minnesota. As health advocates, we are challenged to reduce commercial tobacco addiction and restore tradition, all within a context of campaigns used in non-Indian tobacco control (e.g., World No Tobacco Day), which cause great consternation and are rejected by American Indian people. "Tobacco" is not the original word for us, so to distinguish use some people say "traditional tobacco" and some say "sacred tobacco." Some simply say "tobacco," believing all tobacco should be used traditionally. Our original language terms are *asemaa* (Anishinaabe) and *cansasa* (Dakota). For convenience, we use the term "traditional tobacco" in this article.

As successes mount in reducing commercial tobacco use among the general population, the disparity with American Indians grows dramatically. Settlement resources that fund successful mainstream tobacco control efforts have not reached American Indians.[1] Over the past 15 years, tobacco control efforts in Minnesota, funded by various sources and driven by the historic state tobacco settlement, brought the state's general population smoking rate to 16% in 2011 and 14.4% in 2014.[2,3] By contrast, surveys conducted in partnership with Minnesota tribal nations during 2010 to 2012 found a 59% statewide smoking rate among American Indians, with little variation between tribal nations and urban areas.[4] As predicted by analysts, the population-based approach to public health is not reaching vulnerable populations—e.g., Minnesota's American Indian communities—and instead is widening the disparities gap.[5] Minnesota tribal nations are sovereign, with our own governments and policies. We do not follow state law and must develop our own initiatives to create smoke-free policies on tribal lands.

As health advocates working full time within tribal Nations, we decided to share our insights on tobacco policy work, which reflect our personal experiences, with the wider

ABOUT THE AUTHORS

Gina Boudreau is with White Earth Band of Ojibwe, White Earth, MN. Carol Hernandez is with Mille Lacs Band of Ojibwe, Onamia, MN. Donna Hoffer and Linda Tibbetts-Barto are with Bois Forte Band of Chippewa, Nett Lake, MN. Kathleen Starlight Preuss was with Upper Sioux Community, Granite Falls, MN. Nicole Toves Villaluz is with ClearWay Minnesota, Bloomington. Sheryl Scott is with Scott Consulting Partners, Richland Center, WI.

Correspondence should be sent to Sheryl Scott, MPH, PO Box 452, Richland Center, WI 53581 (e-mail: sherscott@earthlink.net). Reprints can be ordered at http://www.ajph.org by clicking the "Reprints" link.

This article was accepted February 6, 2016.

***Note**. The opinions expressed in this article are those of the authors alone and do not represent their respective tribal Nations or ClearWay Minnesota.*

doi: 10.2105/AJPH.2016.303125

community. Through a process of 3 in-person meetings and 2 conference calls, we forged consensus on key points and recommendations. We included quotes to provide individual perspectives along with the group consensus. An evaluation partner was responsible for taking notes, summarizing discussions in writing, coordinating the review process, and preparing background research references.

Although we are place-based, tribal people located in Minnesota, we recognize that some of these lessons may resonate with other tribes' experiences, especially in Great Lakes and Northern Plains lands.[6] However, variations among tribes must be respectfully considered.[7] In fact, we found this to be a lively topic even among our group with individuals from different bands within the same tribe.

MEANING OF TRADITIONAL VS SACRED TOBACCO

> When Tobacco is burned, the smoke rises, which provides us a link to all the spirits beyond the sky and our Creator. Tobacco in its original form had both honor and purpose and did not contain all the chemicals that are now put into commercial tobacco. Traditional Tobacco is a Healer. It shows us Wisdom, Love, Respect, Bravery, Honesty, Humility, and Truth. When a Sacred Pipe Ceremony is conducted, we fill the pipe with Sacred Tobacco and offer it to Grandfather, the Great Spirit, then to the spirits of the East, South, West, and North, and then finally to Mother Earth. Taking part in this ceremony allows us to become centered in this life. —*Kathleen Starlight Preuss, Dakota*

> In the past, Minnesota tribes used noncommercial tobacco for ceremonial use. Some tribes used kinnikinnick ("that which is mixed") with red willow bark often mixed with plants such as bearberry. Others used *asemaa*, which is a plant in the *Nicotiana rustica* family. Today, *Nicotiana tabacum* (commercial tobacco) is used by many American Indians as a substitute for the *Nicotiana rustica*. —*Carol Hernandez, Anishinaabe*

Most tribal people have a story about how and why we were given the revered plant that non-Indians called "tobacco." These stories vary by tribe and place.[7–9] In Minnesota's tribes of Anishinaabe (Ojibwe) and Dakota, tobacco is a sacred gift used for spiritual, cultural, and ceremonial practices.[10–13] To illustrate, we have compiled examples of how we use tobacco in our communities (Box A, available as a supplement to the online version of this article at http://www.ajph.org). Such traditional use ensures the continuity of our way of life.

Before Europeans arrived, tribes used traditional tobacco according to strict codes and traditional protocols, not casually. Each tribe, and even bands within tribes, varied with their protocols.[7,10,11] Traditional protocols served as our indigenous form of "tobacco control"—recognizing the powerful nature of this plant and guiding its use. However, the term "control" is problematic for us. Control implies dominance in American culture, and our history is replete with trauma caused by outsider control, so the terms "tobacco guidance" or "restoration" would be more appropriate for our communities.

HOW WE CAME TO USE COMMERCIAL TOBACCO

> I have heard many ask, "Why is the use of commercial tobacco so high?" We have been taught that cigarettes are traditional tobacco. Our knowledge of traditional tobacco has been lost. For many years it was against the law to practice our tradition. It was not until 1978, when the United States government passed the American Indian Religious Freedom Act, could we practice our traditions. For many years natives referred to the cigarette as "the little pipe." Our People were confused and used what was made available to them. . . . The only tobacco was cigarettes. The US government, along with tobacco companies, encouraged this use. They even went so far as to put American Indians on the cover and tell us it is Traditional Tobacco . . . "like our ancestors used." This propaganda has been put in our face; no wonder it is confusing to the people in our tribal communities! —*Kathleen Starlight Preuss, Dakota*

As tobacco origin stories vary by tribe and place, so do stories regarding the introduction of commercialized tobacco. The overarching story is of colonization. Early colonial capitalists chose and manipulated the *Nicotiana tabacum* species specifically to encourage recreational use, mass production, and international trade. The tobacco product was a fundamental driver of capital acquisition and westward expansion, as well as a massive increase in African slave trading.[14,15] Ironically, as commercialized tobacco products were promulgated, government suppressed traditional use because of fears of Indian gatherings, especially religious ceremonies.[16,17] Following a "Kill the Indian, save the man" philosophy of the late 19th century,[18] government-sponsored missionaries removed children from parents and grandparents in an aggressive effort to destroy traditional practices. Between 1880 and 1902 alone, 20 000 to 30 000 American Indian children were abducted from their homes and sent to boarding schools where they were punished for using tribal languages and religious ceremonies, which were replaced by English and Christianity.[19] Although Minnesota statistics are limited, a 1929 Red Lake document lists 200 children who were scattered into the Dakotas and as far away as Pennsylvania.[20] For many, the experience in the boarding schools had lifelong, negative health impacts, and created intergenerational trauma with effects to the present day.[21,22]

The schools were so proud of this indoctrination that they took hundreds of "before and after" photos, which provide a window on how tradition, including the use of tobacco, was lost to those generations (Figure 1). Despite this attempt to eradicate traditional tobacco, we endured, through secret practices conducted "out of sight" of federal officials, and through "hiding in plain sight." In the latter case, because our people were relocated away from traditional plant sources and could not openly practice ceremonies, they began carrying commercial tobacco to substitute for the *asemaa* or *cansasa* used for daily offerings and ceremonies. For example, at Ojibwe funerals, traditional tobacco carries prayers to the Creator for a safe journey for our relatives. To continue this tradition when tobacco was prohibited, a birch basket of cigarettes was passed among attendees who would pick 1 to light and smoke as a group so the tradition of prayer survived. However, substituting commercial tobacco contributed, and still contributes today, to high prevalence of addiction to cigarettes. In 1978, the American Indian Religious Freedom Act acknowledged the reality of the oppression of our practices[23]; however, it is still difficult for some people to talk about tobacco traditions because they

have an internalized fear of revealing details of our religious protocols. Another chapter in our history with commercial tobacco is that many American Indians became addicted to cigarettes while serving in the military. Many Americans are unaware of our record of warriors and soldiers serving in the US military, at higher rates than other racial groups.[24]

OUR COMPLEX RELATIONSHIP WITH COMMERCIAL TOBACCO

The American Indian relationship with commercial tobacco has yielded a deeply complex web of negative and positive effects.

Major Cause of Mortality and Morbidity

> Our ancestors lived off the land; we were pure, in a sense, by eating and drinking all-natural food, e.g., deer, wild rice, blueberries, maple sugar, rabbit, moose, and swamp tea (one of my mom's favorites), until commercial tobacco, alcohol, and other drugs became known to Indians. The White man added the chemicals to tobacco to make it a commercial product, a cigarette, and these chemicals cause cancer and other illness, and now it is the leading cause of death in Indian Country. —*Donna Hoffer, Anishinaabe*

> Commercial tobacco use in American Indian communities is at an alarmingly high rate in Minnesota, and the tobacco industry has continued promoting tobacco as "natural." Through historical trauma such as boarding schools, genocide, and being forced off of the land, our sacred medicine became manipulated and now leads to the overall high rates of commercial tobacco. —*Nicole Toves Villaluz, Hidatsa, Assiniboine, and Chamorro*

As the racial group with the highest rate of commercial tobacco use, American Indians have a concomitant health burden,[25] including some of the highest rates of heart disease, cancer, and postneonatal mortality found in the United States.[26–33]

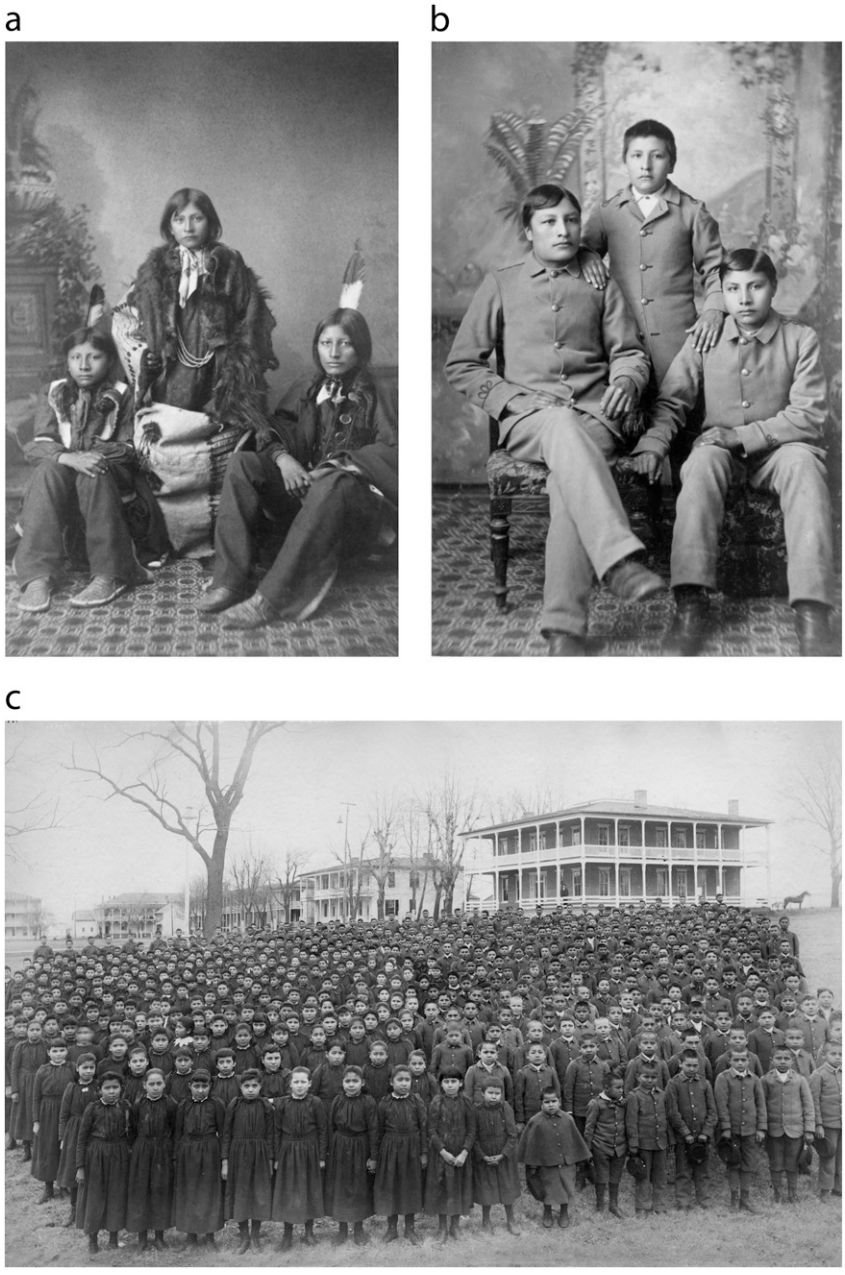

FIGURE 1—Indoctrination of Indian Children Against Traditional Culture: Photos of Richard Yellow Robe, Henry Standing Bear, and Chauncey Yellow Robe (a) "Before," (b) "After," and (c) in a Group Photo at the Carlisle Indian School, Whose Motto Was "Kill the Indian, Save the Man"

Sovereignty and Economic Impacts on Tribal Nations

> We are sovereign nations; therefore, we are not subject to state law, including the law restricting smoking tobacco products in public places. Although we have done the groundwork, which includes various surveys in our communities, education on traditional versus commercial tobacco, the effects of secondhand smoke, etc., tribal change comes slower than outside society has the patience for. Tribal leaders fear anger in their voting constituents as well as losing revenue in their casinos. We need to continue providing results that prove that the public is highly in favor of breathing smoke-free air and that casino revenue won't be adversely affected in order to convince our tribal leaders to help us in our smoke-free policy work. —*Gina Boudreau, Anishinaabe*

Tribal self-government, or sovereignty, is fundamental to health equity. Tribal nations are creating policies to develop economic stability and provide education, jobs, and health services.[34,35] Yet, there are frequent

attacks on tribal sovereignty by the media, state governments, public health advocates, and anti-Indian groups, including court decisions limiting tribal jurisdiction and legislative efforts to restrict tribal control of our land use and taxation.[36] We have become very protective and tired of defending tribal sovereignty. Unfortunately, tobacco companies have been one of the only groups that have strongly supported tribal sovereignty and economic development.[37,38] Many tribes use casino profits to build infrastructure, create jobs, and provide services including education, health care, small business loans, and housing,[37,39,40] and tobacco companies have worked with tribes to increase these revenues. Philip Morris and RJ Reynolds are long-standing supporters of American Indian colleges and casinos.[41,42] This relationship building from the tobacco industry means that our leaders and members see positive aspects of the industry rather than negative impacts. At the same time, public health groups have not made efforts to build relationships with our leaders and have even supported efforts to restrict tribal decision-making on gaming, land use, and taxation. This makes it more challenging for us to reframe tobacco from a health rather than economic perspective.

Misappropriation and Stereotyping

> Tobacco companies have targeted our people specifically because they know tobacco means something to us in our traditions and our culture. They have targeted our people in their advertisements and labeling, using Native American pictures and Native American slogans on their packaging. This has a negative impact on our people. —*Linda Tibbetts-Barto, Anishinaabe*

Although the tobacco industry supports sovereignty, at the same time they show no reluctance in exploiting our culture to sell destructive products, leaving the world with a distorted image of who we are as people. American Indian tradition is not to sell a sacred plant or use it to generate profits. The tobacco industry uses images such as war bonnets and pipes to sell products and perpetuate stereotypes (Figure 2).[43] Some tribal traditions prohibit images of spiritual items, yet we have no control of outsiders who use our images. These tobacco industry practices

FIGURE 2—Examples of Indian Images on Tobacco Products

contribute to ignorance among non-Indians regarding Indian people, and also encourage addiction among our own people through brands such as American Spirit and Red Man.[44] "Indian" brands, including Seneca, Smokin' Joe's, and Geronimo are promoted heavily on reservations in ways that appeal to our sense of pride and desire for visibility.

STRATEGIES FOR A TRADITIONAL TOBACCO MOVEMENT

Addressing the complexity of 2 tobaccos requires shifting our paradigm and supporting new strategies.[45]

Increasing Traditional Use

> Learning from our spiritual leaders how to gather and grow this sacred medicine and how to use it in a good way has been an important strategy for all of us. We need to share the teachings with our families. The challenges are that community members don't understand its traditional relevance. It is hard to connect with our families about the teachings and traditional ways. Change in community norms come slow because there are so many hardships in Indian Country. We also have to seek out our spiritual leaders and utilize them as much as possible to bring the teachings to our children of how tobacco ties into our seven values as Anishinaabe. The seven teachings being: *Nibwaakaawin*—Wisdom: To cherish knowledge is to know Wisdom; *Zaagi'idiwin*—Love: To know peace is to know Love; *Minaadendamowin*—Respect: To honor all creation is to have Respect; *Aakode'ewin*—Bravery: Bravery is to face the foe with integrity; *Dabaadendiziwin*—Humility: Humility is to know yourself as a sacred part of Creation; *Debwewin*—Truth: Truth is to know all of these things; *Gwayakwaadiziwin*— Honesty: Honesty in facing a situation is to be brave.
>
> Our children are hungry to hear the teachings. —*Gina Boudreau, Anishinaabe*

Traditional tobacco as understood and named by our people—*asemaa*, *cansasa*, *kinnikinnick*—will continue to be an integral component of our way of life. Along with our original languages and traditions, we will restore protocols for traditional tobacco use and bring healing to our people. We also believe that a focus on restoring traditional tobacco will help reduce high rates of cigarette addiction, a strategy that has only recently received research attention.[46]

Confronting the Complex Context of 2 Tobaccos

> Historically, tobacco has been given as a way of honoring someone. We give tobacco to our drummers at *Wacipis* (powwows). But, instead of traditional tobacco, we now give cigarettes,

> thinking it's traditional tobacco. The Creator did not make tobacco to be smoked in a cigarette stick and held away from our bodies, then drop the ashes on the ground and smash the butts with our foot. This is NOT tradition! Many of our community members think that smoking cigarettes is like smoking traditional tobacco. They are confused in their thinking that it is all the same. —*Kathleen Starlight Preuss, Dakota*

As advocates, we have had to navigate through the discomfort and complexity of promoting traditional tobacco use only in a context in which the majority of people are still addicted to commercial tobacco. Successes come from the courage to bring forth teachings of traditional tobacco while facing criticism from those who identify with the status quo and reject the reality of how commercial tobacco harms our people. This requires persistence, patience, and continual reminders of the many tobacco-related diseases we face. By taking on this role, we have shaped change from within, bringing along leaders, colleagues, and decision-makers to forge healthier norms.

Drawing on Tribal Identity and Relations to Create Policies

> This work helps us as a tribe to acquire healthier air, create smoke-free policies, and enforce policies that have been passed. The education we provide and the decisions we make as tobacco educators include our tribal leaders who base their decisions on what they believe is best for the tribe as a whole. —*Gina Boudreau, Anishinaabe*

> Elders are key stakeholders on the reservation. These elders are individuals who are often sought out for wisdom and knowledge. In one particular situation, an elder woman provided the advice of making smoke-free foster care homes on the reservation where there was no enforcement of this kind. Acting on this elder's wisdom made a major change for future foster children of this reservation. —*Donna Hoffer, Anishinaabe*

As members of our tribal nations, we have influence on our tribal governments and can work directly to develop policies reflecting community values we want to see. Often, we have direct access to our elected leaders to request policy and program changes. However, some of our governments are less accessible, and there we begin with smaller steps to build support with service providers and program directors. We know our elders, and respecting their key role in our communities, seek their guidance and support.

As advocates, we have successfully passed policies to reduce our tribal members' and employees' (both Indian and non-Indian) exposure to secondhand smoke at worksites, elder housing units, casinos, hotels, powwows, and foster homes. Some of us have passed smoke-free buffer zones around tribal buildings that are more stringent than statewide bans. However, we pass policies through a different process than mainstream tobacco control; that is, we do not work with non-Indian health advocacy groups or use confrontational media tactics. This is critical for us because of the history of oppression by outside forces and also because of the reality of continued attacks on sovereignty. Even when working from within as tribal members, we must remember the repercussions of our history. Building trust is essential for any leader, program manager, or individual who plans on proposing tribal policy change. It is imperative that the person proposing change have the trust and respect of tribal members. As a closely connected community, we must proceed carefully and consider unintended consequences. For example, will a smoke-free foster home policy negatively affect our ability to find American Indian foster families, given we cannot find enough families to meet the need as it is?

Building New Social Norms Through Education and Positive Messaging

> We know that smoking leads to higher rates of disease and earlier death. However, we have to remember that smoking has become one of the coping skills that go along with the many difficult choices that our people make daily. Historical trauma, adverse childhood experiences, drug and alcohol abuse, and poverty all play a role. Changing community norms is not an easy job in Indian Country because smoking cigarettes is widely accepted and far too common. —*Gina Boudreau, Anishinaabe*

Federal and state governments forcefully removed us from our homelands and attempted to erase our identity. Through this, we have become used to depression, suffering, and shame. Our elders and spiritual leaders tell us that it is time to heal, and to celebrate our survival with hopefulness in our messaging. Even under all the oppression, we held on to our sacred tobacco. Traditional tobacco is a powerful part of our culture, and we bring hope to our people through its restoration.

We have had successes in growing and gathering traditional tobacco that families can use instead of commercial tobacco at important moments such as naming ceremonies, powwows, and funerals. We are a tribal people and social norms are very important for creating change. For example, powwows are prominent and public social gatherings where we can address traditional versus commercial use. In 3 communities, we have succeeded in getting smoke-free areas and messaging on traditional use at powwows. We are working toward having enough traditional tobacco to replace the commercial tobacco now used as the offering to the Creator during our ceremonies.

We have found that it is critical for us to be a presence in our communities. We acknowledge the past and current suffering of our people and listen to their stories. We also recognize that scare tactics do not work, for many of our people do not fear death, seeing it so often among their loved ones. We continue to seek effective tobacco-related tools and messages from the non-Indian public health world, but also for ways to blend the messages of harm with messages of hope and healing through a traditional tobacco movement.

RECOMMENDATIONS TO MAJOR STAKEHOLDERS

The disparities resulting from commercial tobacco use between American Indians and the general population are alarming. Much is at stake as we recognize that reducing high rates of commercial tobacco use will be necessary to achieve health equity. As we contemplate the work that we are doing in our communities, we offer recommendations regarding how tribal leaders, tribal members, non-Indian advocates, and funders can support the vision of a paradigm shift from "tobacco control" to a "traditional tobacco movement" (Box B, available as a supplement to the online version of this article at http://www.ajph.org).

Tribal Elected Leaders

Commercial tobacco is killing our people. Tribal leaders in Minnesota have already passed important policies including smoke-free buildings, powwows, and foster homes. We recommend that they continue to consider the health of the people, understanding that expanding these policies is their legacy for ensuring thriving future generations. It is tempting to establish policies that provide immediate economic benefits. However, we may be more effective at protecting the next generations if we use our sovereignty to create policies by using a lens focused on health. As noted by researcher Nez Henderson, MD, MPH, "with sovereignty comes responsibility, responsibility of the health of our people."[47] This may mean protecting employees from secondhand smoke even when the business implications are unclear. It may mean eliminating the sales of cheap cigarettes, which will increase quitting and reduce the number of young people who initiate a lifelong habit. We invite debate on whether money made from selling "Indian" brands is worth the harms caused by both keeping our people addicted and exploiting our own sacred cultural icons to do so.

We recommend that tribal leaders improve cessation services for members and allocate tribal land for traditional tobacco gardens. We would like to see culturally specific programming that incorporates *asemaa* or *cansasa* across tribal departments to enhance our ability to collaborate. Alternatively, tribal leaders could support a holistic approach through a department dedicated to cultural teachings, integrating the use of *asemaa* or *cansasa*. Tribal nations could fund these initiatives by earmarking cigarette taxes, following the example of other nations, including Turtle Mountain Ojibwe, Sault Ste. Marie Tribe of Chippewa Indians, and Muscogee Creek.[48]

For American Indians, role models are important, and tribal leaders are arguably the most important of all. Leaders often reference culture and tradition as part of their election campaigns. But not all are aware of the dangerous mixed messages that they promulgate when commercial tobacco is conflated with tradition. Role modeling of traditional tobacco use only by leaders will be instrumental in restoring our tradition.

Tribal Community Members

We ask that community members open their hearts and their minds to using tobacco only in a good way. We would like them to join us in our traditional tobacco movement, as messengers and advocates, to grow a groundswell against commercial products that manipulate our tradition. Together, we can transform our community norm from harmful cigarettes to healing traditional tobacco. We ask that more of our community members reach out for help and support their loved ones to take advantage of quitting resources.

We see an increasing number of spiritual and cultural leaders talking about traditional tobacco at community events. We encourage more leaders to collaborate with us to advocate on tobacco issues and help identify ways to educate the community. We respectfully request that those of us with knowledge overcome our fears of cultural theft and repression to share and transfer this legacy to our younger people so they can embrace their culture to build a healthier future.

Non-Indian Tobacco Control Advocates

The need for understanding and support of our sovereignty cannot be overstated. Sovereignty is the basis for a healthy tribal nation and a core social determinant of health. We need non-Indians to not just support, but also to champion, efforts to use resources that we were guaranteed in treaties, and to speak out publicly against non-Indian attempts to attack tribal nations and treaty obligations. It is affirming when our colleagues recognize how we have had to hide our tobacco tradition and publicly acknowledge the traditional role for tobacco.

As a community that has resisted continued attempts at assimilation, we have often been forgotten or remembered only when we attempt to assert our sovereign rights. We encourage non-Indian supporters, especially public health advocates, to learn more about our culture, history, and current situation and to meet tribal leaders with no agenda other than building trusting relationships. Even though we may seem wary of support given the history of our people, we deeply appreciate partners who can stand beside us as we negotiate the complexities of tobacco, cultural restoration, and healing. However, we do warn against tokenism. It may seem expedient to choose 1 person to work with, but this shortcut can lead to important gaps in knowledge and partnerships. Tribal nations are diverse and 1 person can never speak for all of us.

Funders

We request that funders consider "cultural equity" as a core component of health equity, and support creative, long-term, community-generated strategies that honor the reality that traditional tobacco will never be eliminated from our world. In recent years, funders, including ClearWay Minnesota, have stepped up to work with us in this way, and we appreciate these efforts as we recognize that they have not been without challenges.

A cookie-cutter approach does not work for us. Although other communities have benefited from campaigns such as World No Tobacco Day, we will never be able to participate with such a slogan. We need to have the flexibility to develop our own strategies and outcomes that will work for us. We request that funders allow us to develop our strategies to work within our communities knowing that we share the same mission and desire to reduce disparities from the toll of commercial tobacco, yet we also know the complexities we face in doing so. Current funding restrictions, especially on tobacco gardens, present major barriers to our progress.

CONCLUSIONS AND APPEAL

As public health at large begins planning a new phase in tobacco control—with the "end game" of eliminating commercial tobacco taking center stage—it is important to note that we do not see our issues reflected in these discussions.[49–51] To truly fulfill our quest to achieve health equity, this must change, and we appeal to be included. Our tribal advocates and governments are essential partners if public health wishes to be successful

at seeing the end game for commercial tobacco products. If we are not included as sovereign negotiators for new laws and regulations, we foresee unintended consequences for tribal nations, such as increased disparities and increased influence of tobacco industries intent on finding avenues to continue profiting from commercial products.[44,52] We also envision losing ground on eliminating contraband activity, such as smuggling through reservations, which has had an inordinately negative impact on tribal nations.[38] To avoid such disastrous consequences when our mission is truly shared, we must work together to support American Indians to persist with this work. Only through authentic partnership that recognizes traditional tobacco as a gift from our Creator will we strengthen our shared public health capacity to reach the end-game goal of eliminating commercial exploitation of a sacred plant that was meant to heal, not harm. AJPH

CONTRIBUTORS

All authors participated in writing retreats, reviewed the article revisions, and approved the final article. G. Boudreau, C. Hernandez, D. Hoffer, K. Starlight Preuss, and L. Tibbetts-Barto all serve or served as Tribal Tobacco Education and Policy Coordinators for their respective tribal Nations.

ACKNOWLEDGMENTS

ClearWay Minnesota funded the tribal tobacco projects, the writing retreats, and the participatory evaluation contract for S. Scott.

We gratefully acknowledge the assistance of Barbara Schillo and Joanne D'Silva at ClearWay Minnesota for providing strong support for a culturally relevant dissemination process. We also wish to say *miigwech* (Ojibwe), *pidamayaye* (Dakota), and thank you (English) to the anonymous reviewers and to Steve Stewart and Kris Rhodes for their thoughtful comments. Their feedback greatly improved the final article. We would also like to acknowledge an ethical dilemma encountered when collecting permission for use of historical images. The ownership of hundreds of photos of Indian children currently lives with the Cumberland County Historical Society and the US Military archives, but not with the individuals in the photos. This is a prime example of the painful historical legacy of America Indian colonization and genocide. Although we did not receive direct permission from the individuals in the photos, we decided to include their names out of deep respect and immense gratitude to Chauncey Yellow Robe and Henry Standing Bear, who became important 20th century leaders for American Indian people.

HUMAN PARTICIPANT PROTECTION

This work did not include human participants; therefore, institutional review board review is not appropriate.

REFERENCES

1. Themba-Nixon M, Sutton CD, Shorty L, Lew R, Baezconde-Garbanati L. More money more motivation? Master Settlement Agreement and tobacco control funding in communities of color. *Health Promot Pract*. 2004;5(3 suppl):113S–128S.

2. Cigarette smoking and secondhand smoke exposure among adult Minnesotans continues to decline. Bloomington, MN: ClearWay Minnesota, Minnesota Department of Health; 2011.

3. Tobacco use in Minnesota: 2014 update. Minneapolis, MN: ClearWay Minnesota, Minnesota Department of Health; 2015.

4. Tribal Tobacco Use Project Survey Report 2013. Minneapolis, MN: American Indian Community Tobacco Projects; 2013.

5. Frohlich KL, Potvin L. Transcending the known in public health practice: the inequality paradox: the population approach and vulnerable populations. *Am J Public Health*. 2008;98(2):216–221.

6. Arndt LM, Caskey M, Fossum J, et al. Menominee perspectives on commercial and sacred tobacco use. *Am Indian Alsk Native Ment Health Res*. 2013;20(3):1–22.

7. Winter J. *Tobacco Use by Native North Americans: Sacred Smoke and Silent Killer*. Norman, OK: University of Oklahoma Press; 2000.

8. Nez Henderson P, Kanekar S, Wen Y, et al. Patterns of cigarette smoking initiation in two culturally distinct American Indian tribes. *Am J Public Health*. 2009;99(11):2020–2025.

9. *Anthology of Traditional Tobacco Stories*. Rockville, MD: National Cancer Institute; 1992.

10. Struthers R, Hodge FS. Sacred tobacco use in Ojibwe communities. *J Holist Nurs*. 2004;22(3):209–225.

11. Margalit R, Watanabe-Galloway S, Kennedy F, et al. Lakota elders' views on traditional versus commercial/addictive tobacco use; oral history depicting a fundamental distinction. *J Community Health*. 2013;38(3):538–545.

12. Nadeau M, Blake N, Poupart J, Rhodes K, Forster JL. Circles of tobacco wisdom: learning about traditional and commercial tobacco with Native elders. *Am J Prev Med*. 2012;43(5 suppl 3):S222–S228.

13. Brokenleg I, Tornes E. *Walking Toward the Sacred: Our Great Lakes Tobacco Story*. Eagle River, WI: Great Lakes Inter-Tribal Epidemiology Center; 2013.

14. Gately I. *Tobacco: A Cultural History of How an Exotic Plant Seduced Civilization*. New York, NY: Grove Press; 2001.

15. Kulikoff A. *Tobacco and Slaves: The Development of Southern Cultures in the Chesapeake*. Chapel Hill, NC: University of North Carolina Press; 1986.

16. Inouye DK. Discrimination and Native American religious rights. Reprinted in: *Native Am Rights Fund Leg Rev*. 1993:18(2):1–8.

17. Wunder J. *Native American Cultural and Religious Freedom*. New York, NY: Routledge; 2013.

18. Wallace DA. *Education for Extinction: American Indians and the Boarding School Experience, 1875–1928*. Lawrence, KS: University Press of Kansas; 1995.

19. Public Broadcasting Service. Indian country diaries, history, Indian boarding schools. Available at: http://www.pbs.org/indiancountry/history/boarding.html. Accessed March 24, 2016.

20. Child B. *Boarding School Seasons: American Indian Families, 1900–1940*. Lincoln, NE: University of Nebraska Press; 2000.

21. Kaspar V. The lifetime effect of residential school attendance on indigenous health status. *Am J Public Health*. 2014;104(11):2184–2190.

22. Brave Heart MY, DeBruyn LM. The American Indian Holocaust: healing historical unresolved grief. *Am Indian Alsk Native Ment Health Res*. 1998;8(2):56–78.

23. Canby JC II. *American Indian Law in a Nutshell*. St Paul, MN: West Publishing Company; 1988.

24. US Navy, Naval History and Heritage Command. Native Americans and the US Military. Available at: http://www.history.navy.mil/browse-by-topic/diversity/american-indians-in-the-navy/american-indians-us-military.html. Accessed March 24, 2016.

25. Jamal A, Agaku IT, O'Connor E, King BA, Kenemer JB, Neff L. Current cigarette smoking among adults—United States, 2005–2013. *MMWR Morb Mortal Wkly Rep*. 2014;63(47):1108–1112.

26. Groom AV, Hennessy TW, Singleton RJ, Butler JC, Holve S, Cheek JE. Pneumonia and influenza mortality among American Indian and Alaska Native people, 1990–2009. *Am J Public Health*. 2014;104(suppl 3):S460–S469.

27. Hutchinson RN, Shin S. Systematic review of health disparities for cardiovascular diseases and associated factors among American Indian and Alaska Native populations. *PLoS One*. 2014;9(1):e80973.

28. Kunitz SJ, Veazie M, Henderson JA. Historical trends and regional differences in all-cause and amenable mortality among American Indians and Alaska Natives since 1950. *Am J Public Health*. 2014;104(suppl 3):S268–S277.

29. Plescia M, Henley SJ, Pate A, Underwood JM, Rhodes K. Lung cancer deaths among American Indians and Alaska Natives, 1990–2009. *Am J Public Health*. 2014;104(suppl 3):S388–S395.

30. Scott S, Fogarty C, Day S, Irving J, Oakes M. Smoking rates among American Indian women giving birth in Minnesota. A call to action. *Minn Med*. 2005;88(12):44–49.

31. White MC, Espey DK, Swan J, Wiggins CL, Eheman C, Kaur JS. Disparities in cancer mortality and incidence among American Indians and Alaska Natives in the United States. *Am J Public Health*. 2014;104(suppl 3):S377–S387.

32. Wong CA, Gachupin FC, Holman RC, et al. American Indian and Alaska Native infant and pediatric mortality, United States, 1999–2009. *Am J Public Health*. 2014;104(suppl 3):S320–S328.

33. Arias E, Xu J, Jim MA. Period life tables for the non-Hispanic American Indian and Alaska Native population, 2007–2009. *Am J Public Health*. 2014;104(suppl 3):S312–S319.

34. Satcher D. Include a social determinants of health approach to reduce health inequities. *Public Health Rep*. 2010;125(suppl 4):6–7.

35. Carey G, Crammond B. Action on the social determinants of health: views from inside the policy process. *Soc Sci Med*. 2015;128:134–141.

36. Kalt JP, Singer JW. Myths and realities of Tribal sovereignty: the law and economics of Indian self-rule. Joint occasional papers in Native Affairs, the Harvard Project on American Indian Economic Development. Cambridge, MA: John F. Kennedy School of Government, Harvard University; 2004. KSG working paper no. RWP04–16.

37. American Cancer Society. Manipulating a sacred tradition. An investigation of commercial tobacco marketing and sales strategies on the Navajo Nation and other Native Tribes. Available at: http://action.acscan.org/site/DocServer/Industry_Influence-_Indian_Lands-_Indian_Gaming.pdf?docID=8902. Accessed March 24, 2016.

38. Poling J II. *Smoke Signals: The Native Takeback of North America's Tobacco Industry*. Toronto, ON: Dundurn; 2012.

39. Conner TW, Taggart WA. The impact of gaming on the Indian Nations in New Mexico. *Soc Sci Q*. 2009; 90(1):50–70.

40. Taylor JB, Kalt J. *American Indians on Reservations: A Databook of Socioeconomic Change Between the 1990 and 2000 Censuses*. Boston, MA: John F. Kennedy School of Government; 2005.

41. Craver R. Reynolds donate $10 million to nonprofits. *Winston-Salem Journal*. February 17, 2015. Available at: http://www.journalnow.com/reynolds-donates-million-to-nonprofits/article_abf23fce-8ced-53ff-821e-98a457cf1c68.html. Accessed March 24, 2016.

42. Phillip Morris supports teacher education. *Tribal College J*. 1999;10(3).

43. BlueEye L. Use of Native American imagery to sell tobacco. *J Okla State Med Assoc*. 2004;97(5):195–196.

44. Hodge FS, Geishirt Cantrell BA, Struthers R, Casken J. American Indian Internet cigarette sales: another avenue for selling tobacco products. *Am J Public Health*. 2004;94(2):260–261.

45. Hunter DJ. Leading for health and wellbeing: the need for a new paradigm. *J Public Health (Oxf)*. 2009;31(2): 202–204.

46. Daley CM, Faseru B, Nazir N, et al. Influence of traditional tobacco use on smoking cessation among American Indians. *Addiction*. 2011;106(5):1003–1009.

47. Nez Henderson P. Achieving health equity in treatment and prevention of diabetes in Indian Country. Oral presentation at: American Diabetes Association Disparities Partnership Forum; October 22, 2013; Arlington, VA.

48. Weber J. Promising practices for commercial tobacco prevention and control in Indian Country. Inter-Tribal Council of Michigan. Available at: http://keepitsacred.itcmi.org/wp-content/uploads/2015/06/PromisingPractices-for-Commercial-Tobacco.pdf. Accessed March 24, 2016.

49. Thomas BP, Gostin LO. Tobacco endgame strategies: challenges in ethics and law. *Tob Control*. 2013;22(suppl 1):i55–i57.

50. Warner KE. An endgame for tobacco? *Tob Control*. 2013;22(suppl 1):i3–i5.

51. Malone RE. Imagining things otherwise: new endgame ideas for tobacco control. *Tob Control*. 2010; 19(5):349–350.

52. Samuel KA, Ribisl KM, Williams RS. Internet cigarette sales and Native American sovereignty: political and public health contexts. *J Public Health Policy*. 2012; 33(2):173–187.