COQUILLE INDIAN TRIBAL CODE

Chapter 146
Part 1 – General Governmental Affairs

Indigenous Determinants of Health Ordinance

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146.010 Purpose

In the millennia before Euro-American settlement, the Coquille Indian Tribe ("Tribe") traversed and inhabited well over 1 million acres, managing the resources to promote healthy ecosystems and prosperous communities. Since then, the Tribe has experienced centuries of intergenerational health impacts due to settler colonialism, disease, trauma, displacement from ancestral homelands, restrictions on traditional and contemporary culture, environmental justice impacts, federal termination, poverty, loss of lifeways and community (including language), and multiple other external causes. For centuries the health of the Tribe and its members have been determined by the actions of non-tribal actors, such as the federal government, state government, and non-Native American settlers.

Even before contact, foreign diseases decimated the Coquille people. European fur traders began visiting the Coast of Oregon in the late 1700s, and as their wares spread through the region, so did European diseases: smallpox, malaria, measles, influenza, dysentery, whooping cough, typhoid fever and more. Lacking antibodies against these unfamiliar organisms, Native Americans throughout the region were defenseless before the new contagions. Various "fevers" reportedly reduced village populations by as much as 90 percent. The surviving remnants of a once-flourishing culture offered little cultural resistance to the miners and settlers who flooded the area in the 1850s.

In the 19th century, settlers occupied Coquille lands and waters, consumed our resources, and stole cultural items without the Tribe's free, prior, and informed consent. This period of relentless theft eroded the Tribe's ability to practice its culture, spirituality, and lifeways. The Tribe signed two treaties in 1851 and 1855. However, those two signed treaties were never ratified by the United States Senate, and the Tribe was ultimately unlawfully dispossessed of its lands by non-Native American settlers encouraged by pro-settlement federal policies. In an attempt to ethnically cleanse their ancestral lands, Coquille ancestors were forcibly marched hundreds of miles without adequate food, shelter or clothing. Many Coquille ancestors suffered and died during this time, those that did survive raised children that either perished to disease, or were kidnapped by Indian agents to forcibly ship to Indian boarding schools. However, these efforts failed to stop those ancestors from living and identifying as Coquille. The continued existence of the Tribe was made possible by proud and resilient survivors, including those who remained on Coquille ancestral lands, the reservation returnees who joined them, and those who hid and survived.

The Coquille people who survived this clear violation of their fundamental rights, were then forced into various paternalistic, anti-Native American and cruel institutions, with initiatives designed to assimilate them into settler society. These involuntary impositions included federally operated boarding schools, falsely promised allotment lands, and meagre subsistence allowances controlled by non-Native American Federal Department of War officials. These initiatives aimed to destroy and replace traditional diets, lifeways, educational and child rearing practices, languages, communities, and subsistence activities with universally deficient alternatives. Despite the government's assimilative efforts, however, our people and culture persisted.

Government boarding schools such as Chemawa Indian School, established in the late 19th and early 20th centuries aimed to assimilate Coquille children into mainstream life. Forcibly separated from their families without parental consent, children were forbidden to speak their language and were forced to abandon their identities and culture. Children were subject to rigorous and sometimes deadly labor standards that resulted in death of many children at these schools. Many Coquille children that died at Chemawa Indian School and remain buried in unmarked graves. These children are unable to return to their ancestral homelands without repatriation. This tragic and insulting doctrine, implemented by these institutions, had and continues to have lasting impacts on the Tribe.

Then, on August 11, 1954, the U.S. Congress adopted the Western Oregon Termination Act (Pub. L. No. 588, 68 Stat. 724 (1954)), which terminated federal recognition of the Coquille Tribe and dispossessed the Tribe of all of its resources. The Tribe and its members were deemed no longer to be Native Americans as the federal government saw it, and their ability to access health care, social services and other resources were abruptly cut off. Today the Tribe recognizes that termination marks the most modern effort by the federal government to commit genocide against Native American people. Termination caused even more poverty and social problems for Coquille citizens. It forced many to relocate to other locations to find work for wages, severing the most intimate connection to spiritual beliefs, land, culture, language, and each other.

Although these shameful policies, leveraged for centuries against the Coquille people, failed to achieve their genocidal purpose, they caused numerous intergenerational challenges that the Tribe and its citizens contend with even today. These challenges manifest in various and sometimes even unexpected parts of Coquille people’s lives, but they individually and collectively lead to one shared outcome: diminished health and wellness outcomes.

In 1973, the U.S. began to restore recognition to many tribes, but not the Coquille Indian Tribe. And yet, the identity, continuity, and vitality of the Coquille people survived. Coquille ancestors collectively determined that only they can protect their sovereign right to self-determination, including the right to determine the holistic inputs and outcomes necessary to restore individual and community health. These ancestors exercised their collective agency to develop a vision of Coquille Tribal restoration. They then transformed their vision into a well-coordinated and intensive series of Tribal citizen-led actions, which culminated on June 28, 1989, when Congress restored federal recognition to the Tribe and tasked the Department of the Interior to help the Tribe to achieve economic self-sufficiency. Congress, through the Coquille Restoration Act ("CRA"), restored certain rights and privileges to the Tribe and designated a five-county service area in the Oregon counties of Coos, Curry, Douglas, Jackson, and Lane ("Service Area").

Since the passage of the CRA, the Tribe has exercised its power as a sovereign, self-governing entity dedicated to preserving its culture and tribal identity, promoting the social and economic welfare of its people, enhancing shared resources, maintaining peace and order, and safeguarding the individual rights of tribal members within and beyond its Service Area. The Tribe continues to exercise its power as a sovereign by strengthening and expanding its Self-Determination. Such exercises include regained ancestral forestlands and programs renewing native languages, healthcare benefits, education assistance, food subsistence, housing and elder care.

The Tribe adopts this ordinance to refine its vision of Coquille Self-Determination through multiple holistic initiatives designed to promote a healthy Coquille community, including Tribal citizens and families residing on and off its Reservation. This Ordinance reflects the Tribe's commitment to reassume responsibility for the health of its members and their families, exercising its rights to self-determination and self-governance.

Since our creation, Tribal leaders have always recognized and prioritized the needs of their people. Those priorities consistently have been to ensure health and safety; to care for Elders; to teach young people; and to offer opportunities for Coquille people to stay strong, healthy and proud of their heritage. As a government that has been frequently deprived of community needs, the Tribe has always understood the concept of "health" to reflect a state of balance, where individual and community needs are met, while maintaining an equilibrium with its lands and resources; where tribal citizens, families, resources, and culture are resilient to adversity and grounded in spirituality, language, culture and shared through generations. The Tribe is dedicated to a future in which tribal families have the capacity to engage in healing practices to perpetuate and restore such resilience and continuity.

This Ordinance memorializes the policies and practices used by the Tribe to determine its unique and specific conditions that impact health and wellbeing. These Indigenous Determinants of Health (IDH) (also sometimes referred to as “Tribal Social Determinants of Health”) reflect a culturally grounded and rights-based approach to wellness. They are distinct from but complementary to federally identified SDOH and they center on the Tribe’s knowledge systems, governance, and relational worldview.

Health and well-being within the Tribe is bolstered by activities, including but not limited to, efforts to recover lost resources and capacity, such as ties to lands of historic and modern interest, the intergenerational transfer of knowledge, cultivation, harvest and use of traditional foods, medicines, and materials, restoration of ceremonial practices and traditional languages, and the adoption of empirical and non-empirical measures of health that are appropriate for Indigenous communities generally and for the Tribe specifically.

Because the Tribe is a growing and dynamic organization that aims to restore its culture and lifeways in the context of a dominant non-Native American culture, it reserves the right to identify which IDH it will invest in based on needs, resources, and context. No other party is qualified to make this determination for the Tribe.

This Ordinance does not claim to set forth a comprehensive list of all IDH. Instead, this Ordinance establishes a framework for the Tribe to update its IDH as various circumstances warrant and health-related data and needs emerge.

This ordinance reflects enhancements introducing the IDH framework, in alignment with guidance from IDH studies prepared by the United Nations Permanent Forum on Indigenous Issues (U.N. Docs. E/C.19/2023/5, E/C.19/2024/5, & E/C.19/2025/5). It reframes Tribal SDOH as a culturally safe, rights-based, restorative, and sovereignty-affirming framework for understanding and advancing Coquille wellness and self-determined health systems.

146.100 Background and Intent

Historically, the Tribe has faced numerous external challenges that have contributed to the intergenerational health disparities of its members. The Tribe finds that these health disparities are caused by a variety of determinants. A person could experience poor health outcomes because of unmet basic needs, a lack of cultural and social connection, a lack of access to services, infrastructure or livelihood opportunities, for example. Such determinants bear a substantial relationship to individual and community health and resilience.

The CRA and the Constitution of the Coquille Indian Tribe (Constitution) both prioritize the self-sufficiency of the Tribe and its members. Specifically, the Preamble of the Constitution identifies that the Tribe has always been a sovereign self-governing power dedicated to the preservation of Coquille Indian Culture and Tribal Identity, the promotion of social and economic welfare of Coquille Indians, the enhancement of common resources, the maintenance of peace and order, and the safeguarding of individual rights of tribal members. Coquille Indian Tribe Const. (Preamble) (2017).

This Ordinance recognizes, acknowledges and addresses unique risk and protective factors that determine the health and wellbeing of its citizens, that is their IDH. This Ordinance should be read with an understanding of, and as a response to, the Tribe's particular history and geographic, demographic, political, social and temporal context. Furthermore, this Ordinance provides a framework for operationalization and evaluation of health determinants to be identified through procedures identified below.

146.150 Federal Recognition

This Ordinance is also consistent with other authorities, such as those set forth by the federal government's acknowledgement of the long-standing health care needs for Native communities, and that tribes themselves are best suited to address those needs. By adoption of this Ordinance, the Tribe asserts its sovereign right to carry out and enforce these federal promises.

Without limitation, the Tribe asserts its right to collect and use third party revenues (Medicare, Medicaid, and CHIP payments per 25 U.S.C 1641§ (d)) by tribal health programs for the purpose of making any improvements in facilities of the tribal health program that may be necessary to achieve or maintain compliance, to provide additional health care services, to make improvements to health care facilities and programs, for health care related purposes, or otherwise to achieve the objectives provided in 25 U.S.C § 1602 and other authorities.

In this regard, there are other authorities to support this Ordinance, both Federal and non-Federal. For example, Congress has specifically declared that it is the policy of the Unites States, in fulfillment of its special trust responsibilities and legal obligations to Indians, to ensure the "highest possible health status" for Indians and urban Indians "and to provide all resources necessary to effect that policy", to raise the health status of Indians and urban Indians, and to ensure maximum Indian participation in the direction of health care services so as to render the persons administering such services and the services themselves more responsive to the needs and desires of Indian communities. 25 U.S.C. § 1602.

This Ordinance is further supported by Congressional findings that "Federal health services to maintain and improve the health of the Indians are consonant with and required by the Federal Government's historical and unique legal relationship with, and resulting responsibility to, the American Indian people", with a major national goal to provide resources, processes, and structure that will enable Indian tribes and tribal members to obtain the quantity and quality of health care services and opportunities "that will eradicate the health disparities" between Indians and the general population of the United States, while recognizing that "the unmet health needs of the American Indian people are severe and the health status of the Indians is far below that of the general population of the United States." 25 U.S.C. § 1601.

The Tribe further notes that Congress has specifically acknowledged that "the prolonged Federal domination of Indian service programs has served to retard rather than enhance the progress of Indian people and their communities ... and has denied to the Indian people an effective voice in the planning and implementation of programs for the benefit of Indians which are responsive to the true needs of Indian communities." 25 U.S.C. § 5301.

This Ordinance is intended to assist the Tribe in responding to these recognized needs and goals.

146.200 Jurisdiction

[Reserved].

146.300 Definitions

1. **Constitution** means the Constitution of the Coquille Indian Tribe.
2. **Federally Established SDOH** means access to education, access to health care, economic stability, neighborhoods/built environment, and social-cultural context as defined by the United States Centers for Disease Control and Prevention.
3. **Citizen(s)** shall mean enrolled members of the Tribe and such other individuals who may be treated as members for Assistance as determined by the Tribal Council in accordance with the laws, customs, culture, and traditions of the Tribe. The term "Tribal member" or "Member" shall also refer to "Citizen".
4. **Tribal Council** or **Council** means the Coquille Indian Tribal Council.
5. **Indigenous or Tribal Determinants of Health (or "IDH/TDH"):** For the purposes of this definition both Indigenous and Tribal Determinants of Health may be used interchangeably. The identified conditions (including but not limited to social, political, environmental, cultural, spiritual, and economic conditions) that influence the health of Indigenous Peoples are grounded in self-determination, collective rights, intergenerational knowledge, and relational accountability. This framework, divided into four categories: Holistic Intergenerational Healing, the Health of Mother earth, decolonizing and Re-Indigenizing Culture, and Compliance with Indigenous Rights. These categories reflect domains such as land and territory, cultural identity, food and medicine sovereignty, language, traditional knowledge systems, and governance.

146.500 Initial Indigenous Determinants of Health

Without limitation, the Coquille Indian Tribal Council acknowledges that at creation of this Ordinance, the following non-exhaustive list of IDH areas correspond to the health and well-being of its members, provided that nothing in this Ordinance limits the authority of the Tribal Council to use the process identified in CITC 146.600 to refine the IDH areas listed below at:

1. Intergenerational Holistic Healing
   (a) *Healthcare Services Access,* where the Tribe will ensure that all Members have equitable access to a holistic approach to healing in a comfortable, inclusive environment with a focus on protecting free, prior and informed consent from non-Native American governments.
2. The Health of Mother Earth
   (a) *Access to Traditional Foods, Medicines, and Materials*, where the Tribe recognizes the need to honor and exercise sovereignty over the individual's and community's cultivation, stewardship, propagation, restoration, gathering, preservation, use and sharing of traditional foods, medicines, and materials to promote physical, mental, emotional, and spiritual health.
   (b) *Land, Territory, and Environmental Sovereignty and Related* Rights, including but not limited to the provisions of Article I, Sections 1 and 2 of the Constitution and UNDRIP Articles 25, 26, 27, 29, and 32. Additionally, the importance of environmental factors such as clean water, air, sanitation, and traditional and modern land use, restoration and preservation practices in supporting the health of the Tribe.
   (c) *Honoring the Sacred Relationship with Land and Life*, where the Tribe recognizes this principle is grounded in the understanding that the land, the water, the flora, and the fauna have spirit, and they deserve our respect and honor as co-creators of life on this Earth. The land is recognized as our oldest relative and wisest teacher. The natural world, including the land, water, plants, and animals, carries powerful medicine and must be approached and consulted with reverence. We acknowledge that we are not separate from the land and the water; rather, we are creatures of Mother Earth, entrusted with a sacred responsibility to be wise and respectful stewards of our relationship with Her.
3. Decolonizing and Re-Indigenizing Culture
   (a) *Education and Knowledge*, where the Tribe recognizes that lifelong learning, including access to education and health literacy for all age groups, is foundational to long-term health.
   (b) *Cultural Continuity, Restoration and Identity* that includes but is not limited to traditional language, stories, music, religion, or community activities such as Potlatch, ceremonies, and traditional dances, the recovery of and restored connection to culturally significant places and practices, the preservation and understanding of the Tribe's history and its relationship to other tribal and non-tribal cultures.

4. Compliance with Indigenous Rights
   (a) *Self-Governance and Political Autonomy*, where the Tribe asserts decision-making authority over matters within the scope of its jurisdiction, including but not limited to programs that serve our citizens and communities that integrate with our citizens.
   (b) *Economic Security, Trade, and Jobs*, where much like natural resources, employment, employment training, contracting opportunities and business development for Coquille Tribal Members is a resource that must be invested in, cultivated, and encouraged to grow.

146.600 Process for Approval of New Coquille Tribal Social Determinants of Health and Policies

By resolution, the Tribal Council may approve and amend a list of Indigenous Determinants of Health (IDH) to be included as an appendix to the Ordinance. All proposed policies developed under this Ordinance and its Appendix shall undergo review by the Tribal Legal Department to ensure legal compliance. Upon completion of the legal review, these policies can only be approved by the Tribal Council, either by motion or resolution.

146.700 Coquille Determinants of Health Monitoring Requirements

The Tribal Council may identify an interval by which it will regularly review adopted Tribal Determinants of Health, provided that a failure to conduct such review shall not invalidate or repeal any previously approved Tribal Determinants of Health. The Tribe shall exercise data sovereignty in developing metrics aligned with IDH.

146.800 No Waiver of Sovereign Authority or Immunity

Nothing in this Ordinance is intended, nor shall be construed, to waive the sovereign immunity of the Tribe or the overall authority of the Tribal Council.

146.850 Emergencies

In the event of an emergency, the Tribal Council may suspend all or a portion of this Ordinance by duly adopted resolution.

146.900 Severability

If a court of competent jurisdiction finds any provision of this ordinance to be invalid or illegal under applicable tribal and or federal law, such provision shall be severed from this ordinance, and the remainder of this ordinance shall remain in full force and effect.

Revisions

History of Amendments to CITC Chapter 146 Indigenous Determinants of Health Ordinance

Date	Type	Resolution
7/11/2025	Approved	CY25085
9/12/2025	Adopted	CY25110