
CROW 印第安民族国家

“定义本土医学，许可替代执业医师”

CROW 印第安民族国家最近成为第一个对土著医学实践行使管辖权的美洲土著部落，大胆地援引美国宪法和条约承认和保护的部落主权，这是美国其他土著民族或州以前没有做过的。几个世纪以来的经济匮乏、贫困、社会动荡和压迫，导致了对部落认同和政治制度的需求重新抬头，这些制度将以一种能够刺激强大经济和民族健康的方式服务于印度民族。乌鸦部落的部落主席，阿尔文不害怕, Jr., 通过承认美国 560 多个联邦承认的部落自治权来援引这个复兴的基础。自 20 世纪 60 年代以来，这种“自治”或主权一直得到美国每一位总统的支持。根据《部落主权的神话与现实：印度自治的法律与经济学》，哈佛大学约翰肯尼迪商学院的白皮书《联邦法院裁决与国会政策的结合》，部落自治主权已被证明是唯一一项在打破经济对联邦开支计划的日益衰弱的经济依赖和补充能够支持充满活力和健康的社区和家庭的社会和文化结构方面取得具体成功的政策。”2018 年 7 月，代表 Crow 民族签署了一项决议，将土著医药定义如下：

“本土医学是基于本土文化的理论、信仰和经验的的知识、技能和实践的总和，无论这些理论、信仰和经验是否可解释，用于维持健康以及预防、诊断、改善或治疗身心疾病，包括：，但不限于替代性、互补性、整体性和综合性方法。”

世界卫生组织（WHO）对传统医学的定义中也有这种语言。根据世卫组织的说法，传统医学也被称为土著医学或民间医学，包括现代医学时代之前各个社会世代发展起来的传统知识的医学方面。印地安人尊崇祖先的智慧、悠久的医疗实践和文化的习俗反映在“不管是否可以解释”这一短语的使用上，混淆了满足目前“以证据为基础”和迅速过时的安慰剂为基础的繁琐、可疑标准的必要性，随机对照

试验既大胆又富有远见。进一步将部落医学定义为本土医学，而非传统医学，将其作为土著美国人起源的实践依据。

“勇敢， Jr”，然后签署了一项决议，正式承认第一国家医学委员会（FNMB）为其本土医学实践的医疗机构。丹尼尔·罗亚尔（Daniel Royal）， DO， CTP， JD， 追随他的热情，与 Crow Nation 合作，让更多的替代医学从业者获得合法执照，在保留地内外为特定的成员群体实施治疗模式。医生，对抗疗法的医生，可以双重许可在他们的实践中使用医疗替代品，并受到国家医疗委员会的保护。

9 月， Royal 代表 FNMB 向内华达顺势疗法综合医学协会发表了讲话。罗亚尔解释了印度主权豁免权是如何保护、保护和促进本土医学实践的。在一次专访中， Royal 提出了他对这个许可证委员会如何影响寻求综合护理的从业者和患者的观点。他说， FNMB 既为医疗替代品供应商提供医疗许可，也为寻求健康优化和健康的患者提供公共会员资格。

希望从事本土医学的医生可以在 FNMB 网站上找到更多信息和费用。FNMB 定义了四种许可证类型，认证部落从业者、认证部落治疗师、认证部落技师和传统部落治疗师，所有这些都不同的教育和专业要求。例如，经过认证的部落从业者必须拥有博士学位，并接受过 IVs 和注射等侵入性治疗方面的培训。经过认证的部落治疗师必须接受博士或研究生培训，并使用非侵入性方法，如营养和顺势疗法。后者将适用于综合医疗的大多数学科。

罗亚尔解释说，克劳民族的经济计划将通过申请部落许可证而受益。此外，在所有 50 个州，将为中西医结合从业者提供保护，使其免受 FNMB 的影响。设立该委员会的预期结果是， FNMB 提供者的数量将增加，这样患者成员将有更多的机会获得在整合医学中使用的设备、疗法和物质，否则他们将无法获得这些设

备、疗法和物质。他期望结果是寻求自然疗法和产品的会员建立一个综合医学提供者网络，从而有助于改善使用综合医学服务的会员的最佳健康和福祉。

罗亚尔说，他非常兴奋的是，通过向 FNMB 的本土医学机构审查委员会 (IMIRB) 提交标准化的研究方案，让中西医结合医生们有机会帮助推进医学科学的发展，从而可以用来记录本土医学的有效性。在呼吁用非药物替代类阿片的时候，特别明显的是，要资助的示范项目必须来自传统的场所，如大学、医学院或医院。替代疗法并不存在于这些传统医学的堡垒里，他们也不欢迎在那里进行临床研究。这种想法源于一句格言：你没有经验，所以不能得到这份工作，但要获得经验，你就必须得到这份工作。

替代医学之所以被排除在外，是因为传统医学的人声称它没有足够的研究，也没有起作用。因此，这是一个危险的未知之地，被称为“第三轨”，不可触碰，不值得临床试验资助。顺势疗法药物，当然，是世界上第二大医学形式，根据世界卫生组织的定义，在美国正呈指数级增长。第一国家医学委员会的许可证提供了一个不可言喻的机会，最大限度地提高国家的最佳健康和福祉，并为整个国家和世界的利益为治疗证据的科学基础作出贡献。

CROW NATION

"DEFINES INDIGENOUS MEDICINE, LICENSING ALTERNATIVE PRACTITIONERS"

(Nancy Gahles, www.integrativepractitioner.com, February 8, 2019)

The Crow Nation recently became the first Native American tribe to exercise its jurisdiction over the practice of indigenous medicine, boldly invoking the tribal sovereignty that is recognized in and protected by the United States Constitution

and treaties, which no other Native American nation or state in the U.S. has done before. Centuries of economic deprivation, poverty, social turmoil, and oppression has led to a resurgence of the need for tribal identities and political systems that serve the Indian nations in a way that will stimulate a robust economy and the health of their nation. Tribal Chairman of the Crow Nation, Alvin Not Afraid, Jr., invoked the foundation of this resurgence by acknowledging the right of self-government by more than 560 federally recognized tribes in the United States. Such “self-rule” or sovereignty has been supported by every President of the United States since the 1960's.

According to *Myths and Realities of Tribal Sovereignty: The Law and Economics of Indian Self-Rule*, a whitepaper from Harvard University's John F. Kennedy's School of Business, “a combination of federal court rulings and Congressional policies, tribal self-rule sovereignty has proven to be the only policy that has shown concrete success in breaking debilitating economic dependence on federal spending programs and replenishing the social and cultural fabric that can support vibrant and healthy communities and families.” In July 2018, Not Afraid, Jr. signed a Resolution on behalf of the Crow Nation defining indigenous medicine as follows:

“Indigenous medicine is the sum total of the knowledge, skills, and practices based on the theories, beliefs, and experiences indigenous to native cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement, or treatment of physical and mental illness including, but

not limited to alternative, complementary, holistic, and integrative approaches.”

This language is also in the definition of traditional medicine from the World Health Organization (WHO). Traditional medicine, according to WHO, is also known as indigenous or folk medicine, and comprises medical aspects of traditional knowledge that developed over generations within various societies before the era of modern medicine. The Indian custom of honoring their ancestors' wisdom, time-honored medical practices, and culture is reflected in the use of the phrase, “whether explicable or not.” Obfuscating the necessity of meeting the cumbersome, dubious standards of the current “evidence-based” and the fast-becoming-obsolete placebo-based, randomized controlled trials is both bold and visionary. Further defining tribal medicine as indigenous, rather than traditional, grounds the practice to their origination as Native Americans.

Not Afraid, Jr., then signed a Resolution that formally recognized the First Nation Medical Board (FNMB) as its healthcare agency for the practice of indigenous medicine. Daniel Royal, DO, CTP, JD, following his passion, started the process with the Crow Nation to get more practitioners of alternative medicine to be legally licensed to practice healing modalities on and off the reservation to a specific group of members. Physicians, allopathic medical doctors, can be dual-licensed for the use of medical alternatives in their practices and protected against state medical boards.

In September, Royal spoke to the Nevada Homeopathic Integrative Medical

Association on behalf of the FNMB. Royal explained how Indian Sovereign Immunity works to preserve, protect, and promote the practice of indigenous medicine. In an exclusive interview, Royal offered his perspective on the way in which this licensing board affects practitioners and patients looking for integrative care. The FNMB provides both medical licensing for providers of medical alternatives and public memberships for patients seeking health optimization and wellness, he said.

Practitioners looking to practice indigenous medicine can find more information and fees on the FNMB website. The FNMB defines four types of licenses, the Certified Tribal Practitioner, the Certified Tribal Healer, the Certified Tribal Technician, and Traditional Tribal Healer, all of which have different education and professional requirements. The Certified Tribal Practitioner, for example, must have a doctorate and trained in invasive therapies like IVs and injections. A Certified Tribal Healer must have doctoral or post-graduate training and use non-invasive methods such as nutrition and homeopathy. The latter will apply to most disciplines in integrative healthcare.

Royal explained that the economic development plan of the Crow Nation will benefit from the funding through applications for tribal licenses. Additionally, integrative medicine practitioners will be provided protection from FNMB as well as opportunity in all 50 states. The expected result of establishing this board is

that FNMB providers will increase in numbers, so that patient members will have greater access to devices, therapies, and substances used in the integrative medicine that would otherwise be unavailable to them. He expects the outcome to be an established network of integrative medicine providers for the members seeking natural treatments and products and thereby contribute to improving the optimal health and well-being of the members who utilize the integrative medicine services.

Royal said he is very excited about the preeminent opportunity for integrative medicine practitioners to help advance medical science by submitting standardized protocols to the FNMB's Indigenous Medicine Institutional Review Board (IMIRB) for clinical studies that can be used to document the effectiveness of indigenous medicine. It is particularly apparent at this time when the call for non-pharmacologic alternatives to opioids is made that the demonstration projects to be funded will have to emanate from the old guard traditional venues, such as universities, medical schools, or hospitals. Alternative therapies do not dwell in these bastions of conventional medicine and they are not welcome to conduct their clinical studies there. The thinking derives from something akin to the adage that you can't get the job because you have no experience, but to get the experience you need to get the job.

Alternative medicine has been excluded on grounds like that because it is claimed

by those in conventional medicine, that it doesn't have enough research and it doesn't work. It is therefore, a dangerous unknown, and has been called a "third rail", untouchable, not worthy of funding clinical trials. Homeopathic medicine, of course, is the second largest form of medicine in the world as per usage defined by WHO and is growing exponentially in the United States. Licensure by the First Nation Medical Board provides an untold opportunity to maximize the optimal health and wellbeing of the nation and contribute to the scientific base of therapeutic evidence for the good of the entire nation and the world.

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