

MYTH: Most American Indians live on reservations.

**FACT:** Despite widespread misconceptions. approximately 78% of the American Indian population in the U.S. resides off reservations and in urban areas<sup>1</sup>. In California the percentage is higher, with only 3% of American Indians residing on reservations. Some of the largest groups of American Indians in the country live in California cities.

MYTH: American Indians are simply a racial minority.

**FACT:** The United States has a unique legal and political relationship with American Indians established through and confirmed by the Constitution, treaties, statutes, executive orders, and judicial decisions.

MYTH: American Indians are rich from casino money.

**FACT:** This is one of the most misleading and obstructive assumptions about the American Indian population. Only 8% of American Indians benefit from gaming money. Of that 8%, less than 2% are enrolled in tribes that generate over \$100 million in annual casino revenue<sup>2</sup>. In California the percentage of American Indians who benefit from casino revenue is lower, with 4% of tribal members receiving direct payments from gaming. It is also important to note that any individual profit from gaming is subject to federal and state taxes.

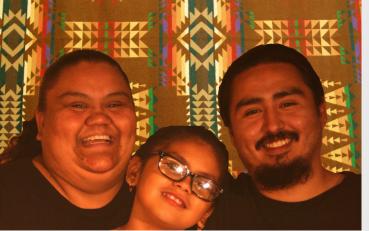
MYTH: American Indians do not pay taxes, and receive free education from the government.

**FACT:** American Indians pay income tax and sales tax like any other citizen of their state. Public education is free for American Indians from kindergarten through twelfth grade, as it is for other citizens. A college education is not free. American Indians must pay tuition to go to private schools, community colleges, or universities.

<sup>2</sup> National Indian Gaming Commission



<sup>2010</sup> U.S. Census



MYTH: Urban Indians are no longer connected to culture. FACT: Intertribal cultural revitalization began occuring in urban areas in the 1950s, and continues at Urban Indian Health Organizations and community centers. Many Urban Indians also maintain strong connections to their tribal traditions.

## MYTH: American Indians have the highest rates of alcoholism.

**FACT:** When socioeconomic factors are accounted for, the alcoholism rates for American Indians are no different than other ethnic or racial groups. While many American Indian communities struggle with the negative effects of alcohol abuse, what is far less known and acknowledged is that American Indians have the highest rate of complete abstinence from alcohol<sup>1</sup>.

## MYTH: Urban Indian health clinics only serve American Indian patients.

**FACT:** There are no tribal or ethnic requirements to use Urban Indian health clinics in California. While these organizations receive funding from the Indian Health Service that can only be used for American Indian patient services, they also accept Medi-Cal, Medicare, Covered California, private insurance, and offer sliding scale fees based on income and low income programs. Urban Indian health providers are community health clinics and consider themselves a gift from the Native community to the local community.

MYTH: American Indians have free health insurance through the Indian Health Service.

**FACT:** The Indian Health Service (IHS) is the principal federal health care provider and health advocate for American Indian people, but it is not a health insurance program. Due to funding deficiencies and the geographic dispersion of the American Indian population, the IHS is unable to provide a consistent and comprehensive health benefits package to its beneficiaries. The IHS is the payer of last resort.

While the IHS has a direct impact on the provision of health services to American Indians, it is the public health care system, specifically Medicaid and Medicare, that assumes a large percentage of the health care costs for American Indians who lack private insurance coverage. Like other low-income and uninsured individuals, American Indians suffer from a lack of comprehensive and specialty health care options and are dependent on the safety-net system.

Department of Alcohol and Drug Programs

April 2015

