Indigenous Peoples Task Force
Creating Healthier Policies in Indian Casinos
Tribal Report

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While tribal economic well-being is improving, the health of our people continues to be a major challenge. Heart disease and lung cancer are the top two killers of Minnesota American Indians.

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Introduction

Prior to the development of casinos, virtually every reservation in Minnesota had unemployment rates ranging from 50 to 95%. Today, tribally operated casinos in Minnesota are among the state's largest employers producing 12,900 tribal casino jobs.[1] In Minnesota 78% of casino employees are non-Indian and 22% are American Indian. In many instances, employment at the casinos is a foothold out of poverty for Native and non-Native people. While tribal economic well-being is improving, the health of our people continues to be a major challenge. Heart disease and lung cancer are the top two killers of Minnesota American Indians.

This project began out of our concern over the health burden borne by Native communities from addiction to commercial tobacco and exposure to secondhand smoke. Estimates are that 52% of all Minnesota American Indian adults smoke cigarettes compared to 21% of the general population in Minnesota.[2] When workers work in an environment where smoking is allowed, coupled with smoking rates and exposure to secondhand smoke eight hours per day, five days per week, the price that our people pay in health risks become even more exaggerated.

This report aims at providing tribal leaders background information to the complex issue of smoke-free policies in tribal casinos in order to stimulate dialogue and action amongst themselves and the communities they represent. As we began this work we were aware of the issues surrounding secondhand smoke and tribally operated casinos. We know that casinos are perhaps the most important economic tools for Minnesota tribes today and as such need to be protected from the encroachments of state governments and others. After all, our tribal nations have been under attack since Europeans began their immigration to our lands. With this in mind, we are very clear that as enrolled members of tribal governments, it is our responsibility to uphold the sovereignty of our tribal nations.

Tobacco, Religion and Sovereignty for Minnesota Tribes

As we embarked on this journey fraught with social and political quicksand, we knew that in order for this research to be valid, we needed to present our recommendations in a clear and non-judgmental manner. We also knew that we must acknowledge the history which has led us to our situation today.

Our people, including Ojibwe and Dakota of Minnesota, were health conscious people. We had an abundance of foods in our lands; we had wild rice, various berries, maple syrup, deer, moose, fish and rabbits, as well as medicines. Before any of the foods were harvested, we made offerings to the spirits of those we were going to consume, giving thanks to them for their sacrifice so that we could live.

In 1883, the Department of Interior put the practice of American Indian "religion" in the criminal code, and in 1921, "engaging in specified dances and ceremonials was made punishable, subjecting offenders to fines and imprisonment. These practices remained against the U.S. law until the Congress passed the Freedom of Religion Act in 1978."[1] When these laws were first passed, it was at a time in the history of the U.S. when the Calvary was afraid of our ceremonies, in particular, the Ghost Dance Religion. This was the first pan-American Indian ceremony to occur. It came at a time when the Native people had been removed to reservations west of the Mississippi.

On reservations, the people were unable to continue their healthy way of life; tribes who were farmers were put on lands unsuitable for farming, people who were hunters and gatherers lost their places to find their traditional foods. Many tribes/nations were decimated by disease and warfare. We could no longer use our sacred tobacco and plants in our ceremonies. Tecumseh and his brother, the Prophet, made an attempt to create a North American Confederacy to save the lands, however that attempt was unsuccessful. In 1889, Wovoka, the Pauite had a dream during the full eclipse of the Moon on New Year's Eve. This Native leader had a vision where he saw the Europeans vanquished, and all the Natives who had

Our people, including the Ojibwe and Dakota of Minnesota, were health conscious people. But, on reservations, the people were unable to continue their healthy way of life…

been killed were resurrected, and the lands restored, when Tribal people sang the Ghost Dance songs and wore the Ghost Dance shirts. This prophecy swept across the lands and people began holding Ghost Dance ceremonies. The Ghost Dance represented hopefulness to people who had been marched thousands of miles to reservations, removed from their own lands. Unfortunately, this hopefulness led to tragedy: it was this last bit of rebellion that the US government needed to squash, which they did by massacring 290 Lakota people at Wounded Knee on December 29, 1890.

Among the Ojibwe people, tobacco or asehmaa is part of every ceremony. At the beginning of every ceremony, first the area and the people are purified by burning sage, sweetgrass, or cedar. The next step is to offer tobacco/asehmaa to the Great Spirit/Gitchi Manitou as a form of prayer. This tobacco may be offered in several ways. It might be burned, made into prayer ties or smoked in a pipe. The smoke is what carries our prayers through the realms above the earth to above, the sky realm to where the Creator resides. When the government stopped tribal people from practicing their religions, especially the ceremonies using sacred tobacco that allowed us to send our relatives to the next world in a good way, this was a terrible blow to Native people. Indeed, the only ceremonies allowed for funerals were Judeo-Christian services. Today, it is common to see cigarettes distributed to all at a funeral. At some point, the person leading the ceremony will instruct all to "light their cigarette." In this way, each person present at the ceremony is assisting the deceased to enter the next world.

It is no wonder that Native people began smoking cigarettes. It was by smoking cigarettes that we could continue to practice our spiritual ways. Our traditional use of tobacco for religion was prohibited, yet the new government provided us their addictive tobacco product - it was actually a provision in many of the treaties. The tobacco given to our people was not the tobacco that was indigenous to North America, it was tobacco that was imported from the Caribbean. This large leaf tobacco was milder to the throat than the smaller leaf tobacco grown

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here, and used as a product that made the European immigrants wealthy. It was in this way and through this history that Native people, particularly, those of us in the Midwestern states came to have such high rates of smoking.

Today, tobacco-related illnesses (cancers and heart disease) kill more of our Native people in Minnesota than any other cause. Today, the tobacco we are smoking is manufactured and sold to us as a product - it is nothing like the tobacco our people used to make offerings. Today, the tobacco has been changed to contain over 4,000 carcinogens including formaldehyde, arsenic, and many other toxins.

But today, we also have good news: our tribal governments are exercising their sovereignty to help us prosper and bring back the healthy traditions and knowledge of our ancestors.

Tribal Sovereignty and Secondhand Smoke

One critical role of tribal government leaders is the strengthening of our sovereignty to protect the health and well being of our people. Sovereignty for tribal governments is constantly under attack on a variety of issues from land, hunting and fishing rights to the more recent issue of smoke-free policies. As statewide smoke-free legislation increases across the country, tribal sovereignty has come into question because casinos and other tribal businesses are exempt from state smoke-free legislation. This issue has the potential to strengthen or weaken our relationships with other governments.

In many instances, it has caused major tension amongst tribal and state leaders. One example: after Washington state's smoke-free legislation was passed in December of 2005, the Tacoma-Pierce County Health Department cited the Puyallup tribe's Emerald Queen Casino for violation of the state smoking ban. The county's act only created tension amongst the tribe and the state, which was

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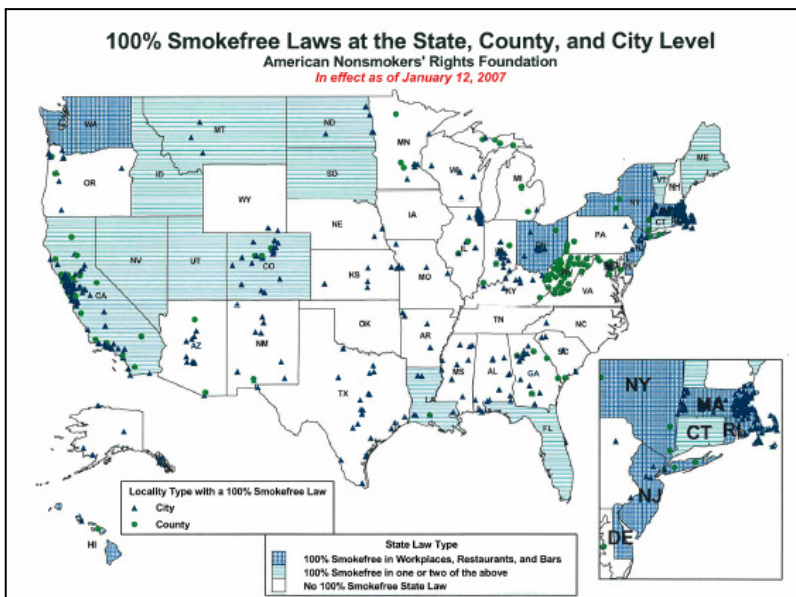
inevitable as the county did not respect the sovereignty of the Puyallup tribe to enact smoke-free legislation on their own accord.

On the other hand, in Canada, shortly after the province of Ontario enacted smoke-free legislation, the First Nations of the Mississaugas and Mnjikaning enacted their own smoke-free legislation on their reserves that covered their casinos. Their action was a result of an understanding of the benefits and risks of developing smoke-free policies in their businesses and public places, as well as the history that has brought Native people to have the highest rates of tobacco addiction that we are facing today. They exercised their tribal sovereignty and recognized their responsibility as tribal leaders to fully understand the history that has endangered the health, wellness, and livelihood of our people and future generations.

Smoke-free Policy Trends in the United States

Because of the growing concern over economic and health costs of exposure to secondhand smoke (detailed below), efforts have increased across the United States to make local communities and states a healthier environment for their citizens and workers by expanding the coverage of smoke-free legislation.

Thirty-five states and the District of Columbia, as well as 8,178 municipalities, have local laws in effect that require 100% smoke-free workplaces and/or restaurants and/or bars (Figure 1).

> The First Nations of the Mississaugas and Mnjikaning enacted their own smoke-free legislation on their reserves that covered their casinos.

Arizona, Montana, and Utah, have enacted smoke-free laws that will go into effect at a future date.[2]

Minnesota will soon be added to the list of states with smoke-free policies. Public support for smoke-free venues has continued to grow: in Minnesota communities that went smoke-free in 2005/06, support for ordinances exceeds 70%. More than 80% consider secondhand smoke a health hazard, and more than 70% strongly agree that restaurants and bars are healthier."[3] [4]   The Minnesota Freedom to Breathe Act of 2007, will eliminate smoking in indoor workplaces and on public transit. This is a part of the national, as well as global trend of moving towards increasing the number of smoke-free spaces.

Global Smoke-free Policy Trends

Internationally, leaders of a growing number of nations have been compelled by the evidence showing the tremendous health consequences of secondhand smoke to push forth legislation for smoke-free work and public places. The list of countries that have established nation-wide laws that prohibit smoking in enclosed workplaces and public places is growing (see Box).

Ireland was the first country to establish a smoke-free provision in March 2004. Many people were shocked that Ireland, a rural country known for its friendly gatherings at smoke-filled pubs, was the first to make this decision. The Health Minister

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Smoke-free Countries
Blue is enacted, Green is pending

First Nations (Canada)
Mnjikaning
Canada
Manitoba
New Brunswick
Newfoundland & Labrador
Nunavut
Northwest Territories
Nova Scotia
Ontario
Saskatchewan
Quebec
South America & Caribbean
Cuba*
Uruguay
Europe
Iceland
Ireland
Lithuania
Malta
Northern Ireland
Norway
Scotland
England
France
Italy, Sweden, Finland*
Africa
Kenya
Uganda
South Africa*
Middle East
Islamic Republic of Iran
South Asia
Bhutan
Maldives
East Asia and Western Pacific
New Zealand
Australia
Capital
New South Wales
Queensland
South Australia
Tasmania
Victoria
*allow separately ventilated smoking area away from food service
(Source: http://www.ash.org.uk/)

of the country, Michael Martin, reviewed the evidence and could only conclude "This is a positive, progressive health and safety measure which will bestow positive benefits to workers and the general public." Mr. Martin said. "The bottom line is you don't have to be a smoker to get cancer from cigarette smoking, you can get it if you were never a smoker. You can get it from other people's smoke."

Additional countries that were the first to lead the way on these policies include: New Zealand, Bhutan, Uruguay, Scotland, Singapore, and Lithuania. These governments made the decision to go smoke-free, primarily taking into account health efforts and the economic costs of commercial tobacco use detailed below.

Reasons Governments have Enacted Smoke-free Policies
Reason: Health Costs
It is a well known fact that cigarette smoking is the number one cause of preventable death in world, but what is less well known is that smoke-free policies are the most effective way to help people quit, and at minimum, to reduce their amount of smoking. Some key facts:

- We lost 317 Minnesota American Indians from 2002 and 2004 because of three causes directly related to smoking and secondhand smoke: lung cancer, heart diseases, and respiratory disease.[5]

- Nearly two out of five American Indian deaths are caused by smoking cigarettes or by breathing secondhand smoke.[6]

- More than 50,000 lives will have been saved by the year 2010 in California because of statewide tobacco control policies, according to a 2007 study by economist Dr. David Levy of the Pacific Institute for Research and Evaluation.

- Prohibiting smoking in the workplace can have an immediate and dramatic impact on the health of workers and patrons. A study conducted in Helena, MT, found that the number of heart attacks fell by 40% during a six-month period in 2002 when the city's comprehensive smoke-free air law was in effect.[7]

- People smoking in casinos expose patrons and workers to high levels of dangerous toxins. In 2003, a study was conducted on the effects of

In Minnesota, our Indian communities suffer terribly over the loss of loved ones from addiction to commercial tobacco or exposure to the toxins in smoke. In 2004:

Every 5 days, we lost a loved one to heart disease

Every 10 days, we lost a loved one to lung cancer

secondhand smoke in nonsmokers who visited casinos for an average of a little over four hours. The study measured a tobacco specific carcinogen, NNK. "The study found that, on average, the levels of NNK metabolites were increased two fold (112%) demonstrating that exposure of nonsmokers to ETS [secondhand smoke] in a public setting results in uptake of a tobacco-specific lung carcinogen." This study is evidence that customers, employees, and tribal members are being subjected to known carcinogens that cause illnesses and death. This exposure has the potential to be prevented with the expansion of smoke-free policies. With 79% of Minnesotans as nonsmokers, their visits to casinos are subjecting them to carcinogens that are harmful to their health.[8]

Reason: Financial Burden

The illness and death toll due to commercial tobacco use for tribal health providers, the Indian Health Service, the state and individual citizens is costly. "Research shows that …if a health plan had no smokers, estimated savings would be approximately $1.3 million per year per 10,000 smokers, according to a healthcare actuarial study conducted on behalf of the Colorado Clinical Guidelines Collaborative. That study showed smokers add approximately seven percent to the total cost of healthcare by using tobacco. Individual smokers average 30 percent higher healthcare costs than nonsmokers."[9]   Smoking clearly costs employers money: Employers bear direct and indirect costs as a result of employees' smoking, including:

- More employee absenteeism
- Decreased productivity on-the-job
- Increased early retirement due to ill health
- Higher annual health care costs for smokers and higher health insurance costs
- Higher life insurance premiums
- Higher maintenance and cleaning costs
- Higher risk of fire damage, explosions and other accidents related to smoking
- Higher fire insurance premiums.[11]

Businesses that provide insurance, such as tribal casinos, pay an average of $2,189 in workers' compensation costs for smokers compared with $176 for nonsmokers.[10]

Secondhand smoke, in particular, is becoming more and more of a concern in terms of its major financial burden to society.

- Each year, secondhand smoke is responsible for $215.7 million (in 2006 dollars) in excess medical costs in Minnesota—costs borne by individuals, businesses, and government. This estimate is conservative; it does not include costs for long-term care, nor does it consider the significant economic cost of lost productivity due to the more than 66,000 individuals suffering from these diseases caused by secondhand smoke.[11]

- The Society of Actuaries has determined that secondhand smoke costs the U.S. economy roughly $10 billion a year: over $5 billion in direct medical costs associated with secondhand smoke exposure, and another $5 billion in indirect costs. This estimate does not include youth or pregnant women's exposure to secondhand smoke.[12]

Although access to costs incurred by the Indian Health Service, tribal health providers and tribal business operations are not publicly available, they are sure to be costly, and increasing annually. Such strains on many tribal health providers can be devastating to already under-funded services. Unless commercial tobacco use decreases, medical expenses related to commercial tobacco use and illness is likely to increase.

Reason: People support efforts to address addiction and exposure to toxins

Eighty three percent of Leech Lake tribal members surveyed in 2006 believed that secondhand smoke is a problem in Leech Lake. Of these, 93% felt that secondhand smoke had harmful effects on youth, elders, children, pregnant women, and adults.[13] From the urban American Indian perspective, 90% surveyed in the *2005 Tobacco Use & Abuse* report, believe smoking cigarettes is a problem in the Indian community. In the same survey, of the smokers surveyed, 68% reported that they want to quit.[14] In general, American Indians report a strong desire to quit, but the least ability to do so compared to the general population. American Indians often have to live and work in smoky environments, and in research conducted by the Indigenous Peoples Task Force, interviewees said that when attempting to quit smoking, being around smokers lead them to relapse.

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Tribal Smoke-free Policies

In terms of smoke-free policies, despite overwhelming evidence on negative health effects, tribal governments must still grapple with the issue of balancing the protection of employees' and customers' health with maintaining their economic well being. Because many tribal governments have become major employers of Indian people as well as non-Indians, these issues are coming more into focus. Unfortunately, little is known about tribal governments' decision-making processes regarding smoking policies in worksites and public places. Thus, we initiated this study to find out more about current policies in tribal establishments and tribal leaders' opinions about creating new policies to reduce secondhand smoke and address addiction to commercial tobacco use.

Research Methods

We used the following methods to collect information:

1) **Background research** – In order to understand the current issues and pressures faced by tribal leaders and casino management, we conducted internet searches for news articles, reports and tobacco industry documents that related to Indian casinos.

Table 1. Interviews with Tribal Management on Smoke-free Policies

Casino	Participants	Policy Decision
In-person		
Blue Heron, Canada	(2) First Nation Chief & Legal Council	Created tribal ordinance on smoke-free worksites
Casino Rama, Canada	(7) First Nation Chief, Council member, Cultural Worker, Health Director, Tobacco Education Specialist, Communications Coordinator, Tribal Administrator	Created tribal ordinance on smoke-free worksites
Taos, NM	Marketing Director	Opened smoke-free casino
Valley View, CA	Ex VP of Marketing	Created separate smoke-free pavilion
Spirit Mt, OR	(2) - HR & facilities manager	Created separate smoke-free area within larger smoking casino
Telephone Interview		
Cherokee, NC	VP Operations	Created separate smoke-free casino building
Sho Ka Wah, CA	General Manager	Created smoke-free gaming area
Wildhorse, OR	General Manager	Made restaurant smoke-free

2) **Interviews with Casinos with Smoke Free policies** - We completed five in-person interviews and three telephone interviews with casino management from casinos across the country and in Canada that had made significant

policy changes to go smoke-free (see Table 1). We used a survey questionnaire with common questions; the managers were very helpful and shared their experiences.

3) **MN Tribal Casino Assessments** – After receiving permission from a tribal or casino administrator, we conducted 11 telephone interviews with casino managers from six tribes. We used a standard questionnaire to assess smoke-free areas and cessation services for employees at the casinos.

4) **MN Tribal key leader interviews** –We conducted in-person interviews with six key leaders (a tribal council member, a casino manager and a health director) from two Minnesota tribes (Leech Lake and White Earth) who agreed to participate in our study. We developed a special questionnaire for each leader to capture their thoughts and feedback on issues facing tribes, priority health issues, smoke-free policies and cessation services at Indian casinos.

Results

Casinos with Smoke-Free Policies

In the U.S., the Taos Mountain Casino in New Mexico and the Lucky Bear Casino in California are 100% smoke-free. In 2006, the Muckleshoot Tribe in Washington opened a smoke-free casino building. The Mohegun Sun in Connecticut, Foxwoods in Connecticut, Spirit Mountain in Oregon, Seven Feathers in Oregon, Harrah's Cherokee in North Carolina, and Cherokee in Oklahoma all have created separate large smoke-free areas in their casinos. Additionally all Delaware casinos are smoke-free although not operated by any tribal nation. Casinos in Canada that are smoke-free are all Ontario casinos including First Nation Casino Rama and the Great Blue Heron Charity Casino, all four Edmonton Casinos in Alberta, the New Brunswick Casino, all three Quebec casinos, and Casino Regina and Casino Moose Jaw in Saskatchewan.

Tribal Casinos. Nationally and in Canada, we conducted site and telephone interviews with nine casinos that had a smoke-free policy. When inquiring about

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"Look at the…bylaw, that should convince any tribal government - it talks about the health of the people."

Sharon Hinsley Mnjikaning Nation President on going smoke-free

what prompted their decisions to create and maintain smoke-free gaming areas they mentioned customer demand, market research, community health issues from commercial tobacco use, management preference, management initiative, employee complaints, high levels of local support, and support/compliance with state/provincial efforts of smoke-free policies.

We found that these decisions fell into 4 major groupings: customer driven, employee driven, health/community driven and revenue driven. Customer driven was the most common reason. Casino managers and tribal administrators are very aware of the importance of the casino as a business enterprise, and the growing demand for clean air since the majority of customers are non-smokers.

Costumer comment cards and the expansion of their casino prompted the Spirit Mountain Casino in Oregon to create a smoke-free gaming area. All of their

eating areas and majority of their hotel rooms were already smoke-free, but initially as a response to customer and employee complaints of secondhand smoke, the casino installed a costly ventilation system which continues to require costly maintenance. They recently opened a separately ventilated smoke-free gaming room.

> **_Sample Reasons for Tribal Smoke-Free Policies_**
>
> **_Customer Driven_**
> "Always has some smoke-free but not really separate. . ….Came from the [customer] complaints."
>
> "Really started with market research. [We] hired a marketing firm to do an assessment for expansion, what customer amenities were desired……Customer dislike of smoke filled rooms emerged as a priority."
>
> **_Employee Driven_**
> "It's [the] politics of public health… It's an occupational health and safety issue."
>
> **_Health Driven_**
> "Look at the first three sections in the bylaw, that should convince any tribal government; it talks about the health of the people. Show how many people in the community have lung cancer. [The] Health Department gathered statistics that showed how many kids were missing from school from living with smokers. Children are the future."

At the Casino Rama in Ontario, the decision to make the casino smoke-free in accordance with their reserve bylaw was based on balancing economics and health. Their health department gathered community specific statistics of the effects of secondhand smoke. When council

members saw the effect of commercial tobacco use in their community, they were in support of passing the bylaw. It is important to note that this was a decision reached shortly after Ontario enacted provincial smoke-free legislation. The First Nation mentioned that they did not want the province dictating how they should go about the issue, and they passed the bylaw on their own accord recognizing the cultural and spiritual significance of traditional tobacco.

The Blue Heron Casino was prompted to go smoke-free upon complaints from employees about the secondhand smoke. Their decision was made in the light of the complaints being occupational health and safety issues for their employees, especially in regard to secondhand smoke. The First Nation also did not want to be the only place in Ontario where smoking was allowed so they looked into the issue and passed their own code on their own accord.

Employees also drive smoke-free policy decisions for non-health reasons. For example, in one casino restaurant, wait staff wanted to reduce the amount of smoking area to move more customers through the space and reduce lines. In other cases, there were complaints from employees and concerns about safety in terms of exposure to secondhand smoke. While health/community driven was not a common decision, where it occurred it was responsible for a very strong policy, in fact, the only First Nation with a bylaw comparable to a federal or statewide ordinance against smoking in all public spaces.

During one interview with a casino marketing director he summarized the key reasons why they keep their casino smoke-free:

- Less illness
- Healthier employees
- Payroll is less expensive
- Customer service increases
- Cost efficiency of operating a smoke-free casino
- The savings on discretionary insurance (in his case 25%)
- Health Management Organization (HMO) savings
- No costs on a sprinkler system

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- Slots, walls and carpets are cleaner and easier to maintain
- Cost savings from not having to buy ashtrays or matches
- Bar stools, blackjack tables, waste baskets, and tables do not have to be replaced as often because of burn marks

Overall, this marketing director clearly felt that a 100% smoke-free casino saves money.

Minnesota Tribal Casino Assessments

Statewide today there are 21 American Indian operated casinos that are located on Indian land or land that is under Indian government jurisdiction. Minnesota's tribal gaming operations include slot machines, blackjack, craps, poker and bingo. We conducted assessment surveys with casino managers at 11 out of 21 Minnesota casinos and found that most (eight) have at least some non-smoking area within their dining and hotel rooms (Table 4). However after interviewing the Red Lake Casino staff, the tribal council declined to further participate in this study, so the Red Lake's three casinos are not included in the Table.

Four casinos have poker rooms, and all are smoke-free. All but two of the seven casinos with recreational areas (pools/arcades) prohibit smoking in these areas. The Shooting Star (White Earth), Northern Lights and Palace (Leech Lake) all have substantial areas designated smoke-free, including over 50% of hotel rooms, over 50% of dining and all meeting rooms. Grand Casino Onamia (Mille Lacs) also reported the majority of hotel rooms, dining, meeting rooms, and 15% of blackjack tables designated smoke-free. The project team noted that a key reason the hotel part of the casino may have a higher percentage of their space designated smoke-free compared to the gaming areas may be because hotels have customer surveys and comment cards readily available to the guests while the gaming area does not. There seems to be a demand for increasing the total number of non-smoking rooms as they fill up the fastest.

The managers also reported interest in smoking cessation, and while all offered health insurance, only three managers described specific cessation services

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offered to employees. Although some casinos offer non-smoking playing areas, many in the state do not. Overall, when non-smoking gaming areas are compared to the total gaming area, they tend to be relatively small in comparison to the overall gaming area. In one instance there were smoke-free black jack tables offered to customers but they were amongst smoking tables with no real ventilation separation.

Table 4. Minnesota Tribal Casino Smoke-Free Areas			SMOKE-FREE AREA					
CASINO	TRIBE	LOCATION	Slot / Blackjack	Poker Room	Pool & Rec area	Hotel Rms	Dining	Meeting Rooms
Fortune Bay	Bois Forte Ojibwe	Lake Vermillion	40 slots		Smoking allowed	58 (50%)	Tamarack (67%) & Grill (100%)	7 on request
Grand Casino	Mille Lacs Ojibwe	Hinkley	4130 sq ft ~325 slots, no blackjack	100%	Non smoking	120 (18%)	Grand Grill (60%) & Buffet (50%) Cherry's (50%) & Deli (50%)	6, all smoke free
Grand Casino	Mille Lacs Ojibwe	Onamia	1900 sq ft 100 slots, 15% blackjack tables	100%	Non smoking	319 (65%)	Woodlands Steak (80%) Buffet (90%)	4 smoke free, 3 on request
Grand Portage Casino	Grand Portage Ojibwe	Grand Portage	1100 sq ft		Smoking allowed	50 (53%)	Island View (65%) Hot Stuff (100%)	4 on request
Northern Lights	Leech Lake Ojibwe	Walker	None		Non smoking	~80% (4 of 5 floors)	Dancing Fire & North Start (both 100%)	10, all smoke free
Palace	Leech Lake Ojibwe	Cass Lake	1200 sq ft		Non smoking	20 (25%)	Red Cedar Grill (100%)	5, all smoke free
Shooting Star	White Earth Ojibwe	Mahnomen	500 sq ft slots 4 (of 12) blackjack tables	100% 6 tables	Non smoking	273 (59%)	Delights Deli & Reflections (both 100%) Whispering Winds & Binigen Buffet (both 50%)	17, all smoke free
White Oak	Leech Lake Ojibwe	Deer River	None	100%	(no pool)	No hotel	None	Use poker room

After conducting these interviews, the project coordinator felt that five of the casino managers could be classified as supportive of more smoke-free areas, two as possibly supportive, two possibly unsupportive, one neutral and one unsure. Although most Minnesota casinos have some type of non-smoking space in their casino, there is still a need for an expansion of those policies. Tribal leaders are faced with critical decisions on how best to create healthier environments, and

finding out more about their decision making challenges is important for Minnesota.

MN Tribal Key Leader Interviews

In pilot interviews for the project, we interviewed a tribal council member, health director and casino manager from two Minnesota tribes, both with representatives active in the Minnesota Native American Council on Tobacco. During the interviews regarding questions spanning from their professional experience, tobacco use in their community and their opinions on smoke-free policies in tribal casinos, all expressed concern about the health effects of secondhand smoke and were very open to discussing the issues with our interviewers. The main health issues of concern included heart disease and cancer, both of which are related results of commercial tobacco use.

During our interviews, a tribal council member from one reservation expressed great concern for the future of the band, particularly the youth. The council member volunteers time with youth on the reservation and clearly expressed that if we want our youth to grow up to be responsible adults in our communities, we need prevention programs with adults to role model appropriate cultural activities, including using asehmaa only in the traditional ways. The council member is a non-smoker who has work experience in other capacities within the tribe including gaming management, so was well informed about the tribe's smoking policies. The casinos are of great economic importance to the development of the tribal infrastructures, and while this council member expressed concern for health care and the youth, this person was unwilling to commit their reservation casino to going smoke-free until there was evidence that this would not hurt the fragile economy of the person's tribe.

The extent to which commercial tobacco use has been discussed among Minnesota casino mangers varied but it was mentioned during a few interviews that smoke-free legislation trends in counties and states had been a topic of

It is unlikely that the industry can sustain [smoking ban] exemptions over the long term unless it takes more proactive steps to provide significantly improved air quality in its casinos and to make the issue one of primary concern.

…More important, the industry must address the health issues raised by the continued exposure of employees and customers to secondhand smoke.

American Gaming Association, White Paper, 2006

conversation at some point. It was also mentioned that there was a workshop on smoke-free legislation at the National Indian Gaming Conference one year. When the topic arose with one tribal council, they did not feel it applied to them or was relevant to their scope of work. Creating a completely smoke-free casino was mentioned as unlikely at the moment but leaders did believe that there would be some level of support for such policies, more likely in the form of creating or expanding smoke-free areas. One tribal council member said that they would consider going completely smoke-free, but only if other casinos in the state did so at the same time. A concern was losing customers to nearby casinos.

However, we believe that this issue can be paralleled to the selling of alcohol in Indian casinos. Mystic Lake Casino provides an alcohol-free gaming environment while the nearby Treasure Island casino allows for the sale of alcohol in its casino. Despite its alcohol-free policy, Mystic Lake Casino has been able to successfully maintain its customer base and revenues.

Tribal leaders noted that motivation for creating smoke-free policies would be recommendations coming from the Gaming Commission or administrations, market research supporting such moves, health care cost savings, community specific statistics on tobacco health costs and supporting smoke-free legislative trends. Key people mentioned as needed to support new policies within their tribe were tribal directors, council members, elders, spiritual leaders and the church. All expressed interest and support, recommending increasing tobacco education awareness.

Next Steps

Tribal council members, tribal health directors and casino managers all have made it clear that they are truly concerned with the future of the tribal members and the communities they represent. Major concerns of tribal leaders were their community's health and wellness, preserving and promoting traditional values and ways of life, and stimulating economic development. All concerns are vital

Tribal leaders believed that key people needed to support new policies within their tribe would be tribal directors, council members, elders and the church.

to the future of Native communities in Minnesota. There are different questions leaders can ask themselves regarding smoke-free policy for their community.

1)   Do tribal business patrons, including Indian people, prefer smoke-free environments? If so, will smoke-free policies impact tribal businesses?

2)   What priority is it to provide casino employees, customers and tribal members clean air to breathe?

3)   How do the effects of commercial tobacco use effect business (consumer preferences, insurance premiums, and maintenance costs)?

4)   What health issues are associated with exposure to secondhand smoke in the casino?

5)   When smoke-free legislation passes in Minnesota do we want to take this opportunity to pass similar acts concurrently to provide similar policies that secure clean air in casino settings?

6)   Could the Minnesota Native American Council on Tobacco serve as a resource on tobacco education, research, cessation and policies?

It is clear that tribes need to weigh the decisions of health costs, financial costs, and their roles as employment leaders. This report aims at preparing them to make informed decisions on this matter.

As Native people we prioritize preserving our rich cultural heritage that has allowed us to survive over 500 years of genocide and extermination policies. As a part of preserving our culture, we need to respect tobacco and treat it in a sacred way as one of our first medicines. Tobacco is at the beginning of all our ceremonies. If we allow it, commercial tobacco use may do to us what extermination policies have not been able to achieve, the continuation of death and disease amongst our people.

Migwitch / Pidamaya!

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Migwitch / Pidamaya to the following Nations and / casinos:

Bois Forte / Fortune Bay Casino
Grand Portage / Grand Portage Casino
Leech Lake / Palace, Northern Lights & White Oak Casinos
Mille Lacs / Grand Casinos
White Earth / Shooting Star Casino

Harrah's Cherokee Casino
Mississaugas Nation / Casino Rama
Mnjikaning Nation / Blue Heron Casino
Sho-Ka-Wah Casino
Spirit Mountain Casino
Taos Mountain Casino
Wildhorse Casino

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ClearWay Minnesota

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