

Culture, Colonization, and Policy Making: Issues in Native American Health

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Introduction

The scope of health problems in Native American is overwhelming as we enter the new millennium. Native Americans are often listed as the sickest minority population in America, with some of the highest rates of diabetes, cancer, substance abuse, suicide, pulmonary disease, and cardiovascular problems (Trafzer & Weiner 2001). To address these health issues, many policies and interventions have been developed at the national and local level, through agencies such as the Bureau of Indian Affairs and the Indian Health Service. While some of these initiatives have been moderately successful, the rates of diabetes, cancer, and alcoholism in indigenous populations continue to increase throughout North America. Furthermore, focusing on diseases in an individualized health care approach is inadequate for Native Americans whose health and well being is inexorably interwoven with their cultural survival. For this reason, the term *cultural wellness* is employed as a concept to index the connection between personal health and cultural continuity in indigenous populations.

To improve health care, education, and prevention, a larger cultural and historical contextual framework is needed which pays heed to the impact of colonization and its effects on Native peoples. Such a holistic framework evaluates the long-term impact of introduced diseases and the cultural trauma caused by the removal of Indians to reservations (Jaimes 1992), the boarding school era (Johansen 2000), and the forced sterilizations of Native women (Carpio 1995; Torpy 1998). Racism and discrimination in mainstream medical systems and American culture continue to impact Native health, but are rarely addressed in wellness programs and health policies. The struggles of Native people to have treaty rights honored for land, hunting, and fishing also have repercussions for health and cultural wellness. It follows that health care policies for Native Americans should also include reparations policies, as Canada has done by setting up a \$350 million healing fund for the survivors of the boarding school era (Macqueen 2000). This fund is meant to deal with the emotional, physical, and cultural trauma that came from the sexual and emotional abuse within those institutional contexts purporting to “educate” Native Americans.

In addition to thinking more broadly about health care policies as reparations policies, attention also needs to be given to health programs developed and overseen by Indian people. A review of Native Wellness programs across the country reveals that the most successful intervention and education efforts are those developed and implemented by Native people in local communities (Heath et al. 1987; Macaulay 1997; Olson 2001; Olson 1999). However, lack of economic and political power hinders the efforts of Native Americans to address health and wellness issues and develop programs.

Based on a review of these broad issues, there are two major areas which need to be considered in order to make substantive improvements in Native American health care and cultural wellness: 1) national policy making organizations need to develop better understandings of the cultural and historical causes of Native American health problems and address these causes in policy making and implementation of programs; and 2) grassroots and collaborative initiatives for Native wellness promotion need to be encouraged, especially projects that emanate from Native Americans and incorporate local cultural issues and sensitivities.

The Backdrop of Native American Health Problems: The Establishment of Cultural Risk Through Colonialism and Neo-Colonialism

The perspectives of anthropology are useful when considering the total context of Native health issues. Anthropologists typically include in their analyses the frames of history, culture, political economy, and experience, among other viewpoints. When examining Native American individual and cultural sickness, there must be an assessment of the effects of colonization, which entailed massive land loss, genocide, epidemics, racism, and ecocide, or the degradation of Native lands (Grinde & Johansen 1995).

While these processes have their roots in the first contact between Europeans and indigenous people, they were intensified in the 1800s with the political, economic, and cultural appropriation of Native life, land, and culture as embodied through Manifest Destiny. Ethnocentric assumptions and stereotypes of Native people were used by non-Natives throughout the nineteenth century to remove Indians from their cultural landscapes, confine them on reservations, eviscerate their language and culture through the boarding schools, and, in some instances, simply massacre them to remove them from the steam-roller of white “progress.”

In the twentieth century, the Indian Boarding Schools continued, Native lands and cultural practices were still being eroded through state and federal policies, and thousands of Native American women were sterilized without their consent in a eugenics attempt by Indian health care clinics and agencies (Carpio 1995; Jaimes & Halsey 1992; Torpy 1998). Government policies in the twentieth century profoundly compromised the cultural wellness of Native Americans through undermining sovereignty, testing nuclear weapons on the lands of nations such as the Goshutes and Shoshone (LaDuke 1999), and relocating Native people for projects such as the Kinzua Dam, which flooded the arable basin of the Allegany Seneca reservation in southern New York in the mid-1960s (Bilharz 1998). All of these processes have had a myriad of effects on the health status of Native Americans through emotional, physical, and cultural trauma.

Neo-colonialism and ethnocentrism continue today through degradation of Indian lands, political struggles, economic discrimination, and institutionalized racism in education and medicine. This brief assessment should leave little doubt as to why Native Americans are among the sickest and most stressed populations in the U.S. As Klyde (1994: 701) summarizes,

Why are Native Americans so sick? Suppression of cultural traditions, language, and spirituality, combined with a depressed socioeconomic situation has created an apathy so deeply embedded in the psyche of Native Americans that many attempt to escape reality through alcohol, drugs, or suicide.

As evidenced in this discussion, the risks to Native health are historically rooted in colonialism and they persist in neo-colonialist attitudes and policies today involving Indian health care and culture. These risks are off-set to some degree by the revitalization efforts of the last several decades which have given Indian people a renewed sense of hope for healing the past and the continuity of their cultures in the future. One area of cultural revitalization is health and wellness promotion undertaken by Native people which utilizes cultural foods, practices, and rituals as potent forms of healing today (Olson 2001; 1999). In the next section, I explore a case example of an indigenous healing workshop that aimed to educate Onondaga Nation members about the risks and signs of generational trauma so they could address the root causes of imbalance in their lives. Such programs reaffirm that Native wellness needs to emanate from a place of recognition of the cultural trauma experienced by Native Americans.

Healing the Past from Generational Trauma: The Legacy of Indian Boarding Schools

An important aspect of addressing health issues is acknowledging the complex causality of such problems, by both Native Americans and health care personnel. In Native America, the concept of generational trauma as a causal factor in cultural sickness has a broad base in the many aforementioned traumas that have befallen Indian peoples. It is perhaps embodied in the last three generations most profoundly in the Indian boarding school era. Beginning with Carlisle Institute in Pennsylvania in 1879, the federally sponsored schools would come to number over 500, which does not include church run schools (Johansen 2000). Thousands upon

thousands of Indian children were enrolled and coerced into these schools that operated under a militaristic, patriarchal, and ethnocentric structure. Children were shaved, deloused, re-named with a “white” name, and forbidden to speak their languages and practice their cultures. They were often prevented from visiting their families during holidays and summer breaks. The majority of children in these institutions were sexually, physically, and emotionally abused, as well as being victims of ethnocide in an attempt to “kill the Indian, save the man” (Barriero 2000; Johansen 2000; Maqueen 2000)

The immediate effects of the boarding schools were many: depression, shame, emotional illness, rape trauma, substance abuse, suicide, and homicide. The long term effects have become known as the “lost generation.” This phrase refers to three generations that grew up in militaristic institutions where they learned physical punishment and their “place” in the American social order, which was the lower strata of the wage labor force (Johansen 2000). This left immense numbers of Indian adults with little or no parenting skills and a profound disconnection from the cultural resources of their people. Australian Aborigines in Australia have faced similar traumas in their history regarding boarding schools, leading to what has been called the “stolen generation” (McIntosh 2000; 2002).

One of the first steps in trying to deal with the continued legacy of the boarding schools is understanding and recognizing what these effects are, both locally and globally. A recent workshop titled *Nightmare to Vision* at the Onondaga Nation (June 23-25, 2000), just south of Syracuse, N.Y., took this first step in acknowledging boarding school trauma. The workshop explored how the boarding schools have affected Native people and their families and highlighted the concept of generational trauma. The basic premise is that traumas such as wars, enslavement, holocausts, suicides, or epidemics, are not just experienced by the first generation, but the aftereffects are felt in the second and third generations as well. In response to the question of how the boarding school experience changed their lives, participants in *Nightmare to Vision* responded that the experience made them feel stupid, dependent, ashamed to be Native, angry towards authority figures and white people, and more prone to family break ups. They also reported low self esteem, loss of respect for women, difficulties with sexual abuse, disconnection from community, loss of identity, alcoholism, and pride in being a survivor. The workshop further delved into the cycle of trauma through the generations and how to recognize the patterns and triggers so they can be confronted and transformed. In this case, recognition of the embedded problems is a huge first step in recovering individual and cultural wellness.

Health care policies set by the federal government, the Indian Health Service, and state and local agencies need to adopt such encompassing frameworks to understand and address Native American health problems. In the next section, another major area of generation trauma is examined that has direct relevance for supporting the idea that health care policies should include reparations policies for the removal and disconnection of Native people from their land.

Native Lands, Native Culture, and Native Wellness: The Impact of Removal on Cultural Wellness

Another profound source of generational trauma is the disconnection from land that indigenous people have endured over the last centuries. In the twentieth century alone, the profound effects of this can be demonstrated in the following cases.

- Dine (Navajo): Following the 1974 Congressional Resettlement Act that mandated the removal of 10,000 Navajos, twenty five per cent of the first group of Navajo adults were dead within six years (Broken Rainbow video; Schwarz 1997). Federal court decisions have led to the persecution of Navajo people who continue to live in the removal zone and who are denied social and medical services.
- Guarani of Brazil: Before they repossessed their homeland they experienced crippling rates of suicide; after they repossessed their land in the 1990s there was a 0% suicide in their homeland (Funari & Hanna 2001).

- Davis Inlet Innu of Canada: After a mandatory government sponsored relocation in 1967 to Davis Inlet, the Innu experienced profound individual and collective trauma, evidenced by the statistic that every adult had contemplated suicide, and every second person had attempted it in the years following relocation (Bilharz 1998; LaDuke 1999).
- Dogrib of Canada: In the relocation from the bush settlements to towns and cities, the Dogrib exhibited a reduced ability to assimilate blood glucose which was related to dietary changes and stress-related hormones that inhibit insulin production and utilization (Szamary & Ferrell 1990). This situation leaves Native people more prone to diabetes, a disease that is crippling many Native communities.
- Cayuga of Upstate New York: In phase two of the land claim trial of the Cayuga Nation in the Federal District Court in Syracuse (2000), Bernadette “Birdie” Hill (Cayuga Heron Clan Mother) spoke of the long term loss and damage the disconnection from their homeland has taken. The Cayuga are the only one of the Haudenosaunee (Iroquois) Nations who were left with no reservation land after the Revolutionary War. For over 200 years, they have not lived in their homeland, conducted their own ceremonies on their own land, nor been in frequent contact with their sacred sites and burial grounds (Birdie Hill, personal communication).

The sense of loss that Native people feel is profound when dispossessed of the ethnoscaapes, or culturally essential landscapes, where their cultures are rooted (Cartwright 1998). Many Native American leaders in the nineteenth century spoke of this in the Indian removal era, including the Lakota leader, Crazy Horse, who fought mightily to retain Lakota lands, and Chief Seattle, who made the oft quoted speech about the profound connection of Indians to the land (Suzuki & Knudtson 1992). Basso has written about the Apaches and how they use their homeland and the features in it as a mnemonic device to remember the stories and morals of their culture (Basso 1996). One Apache man explained it to Basso this way:

Wisdom sits in places. It’s like water that never dries up. You need to drink water to stay alive, don’t you? Well, you also need to drink from these places. You must remember everything about them. You must learn their names. You must remember what happened at them long ago. You must think about it and keep on thinking about it. Then your mind will become smoother and smoother. Then you will see danger before it happens. You will walk a long way and live a long time. You will be wise. People will respect you. (Basso 1996: 127).

Basso also describes the disorientation and cultural disconnection that happens as people move away from the Apache homeland and lose their way without the anchor of the land. In upstate New York, the Cayugas have not had that anchor for over 200 years, as mentioned in the case example above. The area around Aurora, N.Y., was the center of the ancestral homeland of the Cayuga people. In 1779, George Washington sent troops throughout the Finger Lakes area in a scorched earth genocide campaign to eradicate the area of what he termed “hostile Indians.” This has earned Washington the name “town destroyer” by Native people. Most of the Cayuga people were forced to flee their homeland. Bernadette “Birdie” Hill, the Heron Clan Mother of the Cayuga Nation, gave this emotional statement about how the loss of this land has affected her and her nation:

For as long as I can remember, I had been told that there was this beautiful place that was our homeland. Our ancestors lived around this lake with crystal clear waters, which were abundant with fish. There were many of us, numbering up into the thousands. All around the lake, there were fields and fields of our crops – corn, beans, squash. Fruit orchards and nut trees were plentiful.

When I was younger I would ask, “Why aren’t we living there now?” The reluctance of our elders to answer this question only peaked my curiosity. It wasn’t until I was older that I finally learned of the Sullivan Campaign and how our people were forcefully removed from our territory. Today our people are living throughout the country, but mainly in western New York.

Because we do not have a home base, our people have not had the opportunity to live our lives the way we were meant to live, to care for Mother Earth as we are to care for her. I have a desire to have all of our people return to our homeland and live the way we were meant to live and to care for Mother Earth the way we were supposed to care for her. Our language has been lost. Only a very few know our Native tongue. Our ceremonies have been lost. We have had to participate in other Long House ceremonies on other territories. To return home will mean having our own Cayuga ceremonies once again. (personal communication, 2001)

As evidenced in Birdie's statement, the lack of access to ancestral land and sacred sites that are fundamental to cultural wellness can produce emotional and cultural trauma. Trauma can also be suffered in a direct physical manner through environmental degradation that is too common an occurrence in Indian country (Grinde & Johansen 1995; LaDuke 1999). This is also a matter of great concern to Birdie, as demonstrated in her work for many years with the Haudenosaunee Environmental Task Force, whose responsibility it is to monitor environmental threats from landfills, industrial waste, illegal toxic dumping, and other assaults to Indian lands that damage the health of the people and the ecosystem. These threats to health and environment are often borne disproportionately by Native Americans and other minority groups, and such environmental racism contributes significantly to the compromised health status of Native people.

Health Care Policies as Reparations Policies: The Politics of Accountability

Given the aforementioned issues of colonization, assimilation, and discrimination against Native Americans, it is clear why their cultural and personal wellness has been compromised. To fully address this situation, health care policies should include the concept of the politics of accountability. This entails: 1) understanding the broad scope and foundation of Native American health problems, as I have done in the first part of this paper; and 2) addressing these issues fully in policy making, health education, and wellness promotion. Including the idea of reparations in Native American health care may be a foreign concept to health policy makers, but it is paramount if the cultural trauma of the past is to be healed. Parallels to including reparations as a form of healing can also be seen in the movement by African-Americans to petition for reparations for the generational trauma instigated by the slave era in America (Raspberry 2002; Teepean 2002).

Reparations in some instances may include financial compensations that provide resources to Native people. One example of this is the \$350 million "healing fund" that was set up by the federal minister of Indian affairs in Canada in 1998 to address the "cultural genocide" of the Canadian boarding schools (Macqueen 2000). These funds are earmarked for "social projects" in Indian communities and are not for individual compensation or use. In addition to such monetary reparations, such acknowledgments of cultural genocide have a lot of symbolic capital among indigenous peoples when they hear government officials and agencies admit what they have done to Native people. This is also part of the healing process. Unlike the Canadian example, however, the U.S. government, and the various church organizations involved in the boarding schools, have thus far neither issued an apology nor set up any kind of reparations or healing fund for the victims and survivors of Indian boarding schools in America.

Reparations should also include the repatriation of sacred items, the ancestor's bones, medical samples, and land. Repatriation means to return home. Many Native people have been working for decades to return integral parts of their culture back to the people, from institutions such as the Smithsonian, and other museums and research laboratories. These items include sacred healing masks, medicine bundles, and other objects viewed as critical for cultural revitalization and Native wellness. To assist in this process the federal government did pass an act in 1990, the Native American Graves Protection and Repatriation Act (NAGPRA), which states that federally funded museums, universities, and organizations are obligated to contact the descendants of the cultures from which they have bones or artifacts. NAGPRA, however, only applies to organizations with federal funding, giving no recourse to obtain sacred items from individual and private owners. NAGPRA also is rather loose in the way the act is interpreted by different states, hence providing many loopholes for non-compliance (Jack Rossen, personal communication, 2002). Public policies aiming to address wellness issues for Native Americans need to broaden the scope and applicability of acts such as NAGPRA.

More recently, indigenous peoples have become more concerned about medical samples and having them returned because of fears of scientific experimentation and genetic alteration of DNA. This issue has been most recently highlighted by the Yanomami of South America and their journey to the United States in the Spring of 2002 to collect over 6,000 vials of blood that were taken from them by medical researchers and

anthropologists in the 1970s and 1980s (Tierney 2001; Turner 2001). Some Native people have informed me that the issue of medical experimentation and unauthorized experiments on Indian bodies and tissue samples will be the next major untold story to emerge from Native America (Tim Warner, personal communication).

In addition to the repatriation of material objects and the bones of the ancestors, land can also be repatriated to deal with the issue of dispossession from homeland for groups like the Cayuga. While this is sometimes addressed in a different arena, in the land claims court cases, it needs to be recognized as a fundamental component of cultural wellness too because of the inexorable links with cultural revitalization for Native people. Birdie Hill has spoken often of the pain that dispossession has caused her and her people and of the hope she has of healing when the people are able to return to the homeland. More specifically, regarding the Cayuga Nation, we could ask the rhetorical question, how can you be well when you have not been able to conduct the ceremonies that are deemed essential for cultural survival in over 200 years? Related to this area of reconnecting with sacred ethnoscaples (Cartwright 1998) is the issue of demanding more policies geared towards environmental and cultural justice. This requires putting more pressure on federal and state agencies to clean up the uranium on the Navajo Nation, the PCBs that Mohawk children swim in at Contaminant Bay on the Akwesasne Mohawk Nation Territory, and the dioxins from America that poison the breast milk of Inuit women in Nunavut, Canada (LaDuke 2000; 1999).

Local Initiatives to Promote Cultural Wellness: The Haudenosaunee Whole Health Initiative and SHARE

In addition to understanding the larger scope of Native American health issues, more programs need to be developed that enhance cultural wellness. Throughout this paper, I have made recommendations for national policy making in Native health through highlighting the foundations of indigenous health problems. Another import arena where more immediate action can be taken is in supporting local grassroots initiatives that enhance the cultural wellness of Native American people. Many Native American Nations and communities have launched their own locally based projects for cultural revitalization and health care (in reference to diabetes programs, see Olson 1999), such as the Haudenosaunee Whole Health Initiative (HWHI).

The HWHI is a program that was founded by Native people who are concerned about the state of health in their communities in and around New York State. Their goal to foster Haudenosaunee well being is founded on four principles: 1) Mental Well-Being: Restoring Haudenosaunee Thinking; 2) Physical Well-Being: Healthy Living; 3) Spiritual Well-Being: Assuring a Healthy Spirit; and 4) Social Well-Being: Health Community Living (Haudenosaunee Runner, Fall 2000; see also www.sixnations.org). According to the special edition of the Haudenosaunee Runner, Fall 2000, “these four components of well being will be at the center of our Whole Health Initiative. We only ask that you start thinking about these things, talking with others, and seeking practical ways in which you can do your part. We will be hosting a series of dialogues on these issues, and we need your input. We hope to have a summer youth program where we can share these ideals with our youth and empower the next generation to walk the Good Red Road to Haudenosaunee Well Being” (p. 4). The HWHI has also made connections with other local groups, such as SHARE, to collaboratively support the cultural wellness of the Haudenosaunee.

SHARE (Strengthening Haudenosaunee American Relations through Education) is a not-for-profit organization comprised of community members, Haudenosaunee people, anthropologists (including myself), and students, who have worked together over the past four years to educate about Native American cultures and issues (Olson, Rossen, & Olson 2001). All of the Haudenosaunee Nations (Seneca, Cayuga, Onondaga, Oneida, Mohawk, and Tuscarora) have nation territories in their homeland of New York State except the Cayuga. SHARE has worked to help reconnect Cayuga and Haudenosaunee people to the land (see www.share.clarityconnect.com) through the acquisition in April of 2001 of a 70-acre organic farm in Union Springs, N.Y., about forty minutes north of Ithaca, and in the center of the ancestral Cayuga homeland. The

SHARE farm has been the site for many Native gatherings, and it has featured a Three Sisters (corn, beans, and squash) garden over the past two summers.

SHARE's goals are to educate about Native issues and provide a site for projects that support Native culture and address of concern, such as the preservation of Native crop varieties and the reconnection of the Cayuga people with their homeland. SHARE works collaboratively with clanmothers such as Birdie Hill, chiefs, and faithkeepers to support cultural revitalization and cultural wellness. A main goal of SHARE is to raise \$250,000 to pay off the farm and turn it over to Cayuga people for the establishment of a home base for the first time in over 200 years. This type of repatriation is a significant contribution to cultural wellness because of the opportunities that are provided for the establishment of community, the growing of more nutritious Native crops, the revival of Cayuga ceremonies, and the re-connection with sacred places and sites in the area.

In the spring and summer of 2003, SHARE will be launching The Haudenosaunee Herb & Native Food Project. A primary objective of the project is the construction and maintenance of educational demonstration gardens at the SHARE Farm, where Native and non-Native people can come to learn about the role of plant medicines and indigenous crops in health care. To facilitate the community outreach component, three workshops on Native plants and foods will be scheduled for the summer. This project represents an integral part of cultural revitalization and wellness promotion, not just in Native communities, but also in the communities surrounding Cayuga Lake who will have the opportunity to tour the gardens and attend workshops on plants, Native crops, and health care.

Conclusion

Recommendations for Improving Native American Wellness

- Educate caregivers in all aspects of health care and wellness promotion to be cognizant of the impact of colonization, assimilation, and generational trauma on Native Americans.
- Empower indigenous and local initiatives. The comprehensive concept of cultural wellness is already exemplified in many programs developed and run by Native people
- Further engage in collaborative projects that address the broad foundations and scope of Indian health problems

Health promotion for Native peoples needs to encompass the larger framework of *cultural wellness*, a perspective that also resonates with the ways that many Native people view health, essentially as a concept that encompasses relations with kin, culture, and land. The concept of cultural wellness is a holistic framework. To fully address it, the deep historical, social, and cultural injustices that compromised it must be addressed. This includes an examination of the ways in which the United States systematically attempted to destroy Indian culture through federal policies of relocation, the boarding schools, and institutionalized racism in education and medicine. These views are inadequately addressed by federal and state health care programs that take a much more myopic view of health care that is individualized and depoliticized. Important strides are being made at the local level as Native Americans empower themselves to start wellness initiatives in their own communities that emanate from their particular history and culture. Fostering cultural wellness for Native Americans can also be achieved through collaborative efforts with local grassroots organizations such as SHARE.

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