



*“Indians were not born vulnerable; they were made vulnerable.”*

**Examining why American Indians and Alaska Natives have been disproportionately affected by the Covid-19 pandemic.**



A thesis submitted in partial fulfilment of a master's degree in International Relations in Historical Perspective.

**Carys Elinor Flew**

Supervisor: Dr. Ozan Ozavci

Word Count: 15,822

15 June 2021

***Author***

Carys Elinor Flew

Utrecht University

[c.e.flew@students.uu.nl](mailto:c.e.flew@students.uu.nl)

5021154

***Supervisor***

Dr. Ozan Ozavci

***Cover Page***

Quote: David Jones, “Death, Uncertainty and Rhetoric”, in *Beyond Germs: Native Depopulation in North America*, (eds.) Catherine M. Cameron, Paul Kelton and Alan C. Swedlund, (Arizona: University of Arizona Press, 2015), 25.

Photograph: Chip Thomas, Photographer. “*Diné* COVID PSA [Public Service Announcement]”, 24 April 2020, Photograph, <http://artjournal.collegeart.org/?p=13396>

## *Abstract*

The primary aim of this thesis is to examine why American Indians and Alaska Natives have been disproportionately affected by the Covid-19 pandemic; both in terms of disease incidence and mortality. The main contention of this study is that structures of settler colonialism have both historically and contemporaneously affected the health security of indigenous American peoples, which has made them more vulnerable to epidemics and pandemics. Although a great deal of research has been undertaken into how the structures of *European* settler colonialism affected indigenous health security from the sixteenth to the eighteenth centuries, far less scholarly attention has been paid to investigating the impact of federal policies implemented by the *American* settler state on American Indians and Alaska Natives, and how these policies continue to affect present-day indigenous health security. This thesis therefore examines how, in the United States, disruptions in land, place, sovereignty and culture have tangibly affected indigenous health security. This thesis uses the concept of contrapuntal reading – pioneered by Edward Said in 1993 – as its main conceptual framework. To achieve this, primary sources created by American Indians and Alaska Natives have been utilised to the greatest extent possible. Such sources amplify indigenous perspectives – viewpoints that have been marginalised for far too long – whilst simultaneously challenging the dominant narrative surrounding indigenous health security. By closely analysing the way federal policies have intersected with epidemics and pandemics – including Covid-19 – and how the concussions of key events have negatively affected indigenous health security, this thesis presents a novel way of understanding why American Indians and Alaska Natives have been unduly affected by the Covid-19 pandemic in comparison with the white American population.

*Keywords:* Indigenous health security; epidemics; pandemics; settler colonialism; American Indians and Alaska Natives.

## *Acknowledgements*

I would like to express my gratitude to my supervisor Dr Ozan Ozavci. His advice, encouragement and guidance has proved to be invaluable over the course of researching and writing this thesis. Thank you for encouraging me to always have the courage of my convictions.

I am also greatly indebted to the members of my peer review group. To Bryony, Isabel, Jeroen and Malina, thank you for your sage counsel and unwavering support throughout. Without you all, this entire process would have been far lonelier, and this thesis would undoubtedly be all the poorer as a result.

## ***Table of Contents***

<b><i>Introduction</i></b>	<b>6</b>
1.1. Historiography	9
1.2. Conceptual Frameworks	12
1.3. Methodology	15
1.4. Structure	16
<b><i>Chapter One – Settler Colonialism and Indigenous Health Security</i></b>	<b>18</b>
2.1 From Removal to Assimilation (1830-1880)	21
2.2. Tuberculosis Epidemics among American Indians and Alaska Natives (1880-1930)	23
2.2.1. The General Allotment (Dawes) Act	24
2.2.2. The ‘Model Home’ Campaign	26
2.3. Education as Assimilation	29
2.3.1. Poor Policy, Poor Conditions, Poor Health	31
2.3.2. Pandemic Influenza and Boarding Schools (1918-1919)	32
2.4. Conclusion	35
<b><i>Chapter Two – Covid-19: Exposing Settler Colonial Trauma and Enduring Inequities</i></b>	<b>37</b>
3.1. From Assimilation to Self-Determination (1934-1975)	39
3.2. The Embodiment of Settler Colonial Trauma	42
3.2.1. The Land-Health Nexus	45
3.3. Enduring Inequities	47
3.3.1. The Underfunded Indian Health Service	49
3.3.2. Sovereignty and Covid-19	51
3.4. Conclusion	53
<b><i>Conclusions and Reflections</i></b>	<b>55</b>
4.1. “Indians were not born vulnerable; they were made vulnerable.”	55
4.2. Future Research	57
<b><i>Bibliography</i></b>	<b>59</b>

## *Introduction*

“Like the binding vine of genocide that rooted onto Indigenous soil, this viral invasion exposed centuries of unjust practices so deeply intertwined with this country’s belief and value systems.”<sup>1</sup>

Esther Belin, *Diné* (Navajo) Tribal Member, Poet and Writer

20 September 2020

It is distinctly disconcerting to note that the 5.2 million indigenous peoples living within the United States (US) – the richest country in the world – are among its poorest and most insecure citizens, especially with regards to health.<sup>2</sup> Modern day health disparities between reservation-based American Indians and Alaska Natives and non-indigenous Americans are striking: American Indians and Alaska Natives are 750 percent more likely to die from tuberculosis and 293 percent more likely to die from diabetes.<sup>3</sup> Moreover, their average life expectancy is five years shorter than that of the average American.<sup>4</sup> The evident health insecurity of indigenous peoples living within the United States has been further exacerbated by the advent of the Covid-19 pandemic. On 20 January 2020, the first case of novel coronavirus disease 2019 (Covid-19) was recorded in the US.<sup>5</sup> The disease Covid-19 is caused by the novel virus SARS-CoV-2 and is primarily spread when an infected person coughs or sneezes in close proximity to others.<sup>6</sup> The Covid-19 pandemic has threatened the health security of numerous peoples and groups in America, but most notably indigenous peoples. Although American Indians and Alaska Natives only account for 1.4 percent of the total US population, at least 1.3 percent of all Covid-19 cases in the US have been among this group.<sup>7</sup>

---

<sup>1</sup> Esther Belin, “Introductory Letter”, in “Pandemic Chronicles: Volume I”, edited by Chip Thomas, *Art Journal Open*, 19 November 2020, <http://artjournal.collegeart.org/?p=14294>

<sup>2</sup> Oksana Buranbaeva et al., *State of the World’s Indigenous Peoples: Indigenous Peoples’ Access to Health Services, Volume II*, (United Nations Department of Economic and Social Affairs, 2013), 107 and 110, <https://www.un.org/development/desa/indigenypeoples/publications/state-of-the-worlds-indigenous-peoples.html>

<sup>3</sup> Relative to non-Indigenous white populations.

<sup>4</sup> Buranbaeva et al., *State of the World’s Indigenous Peoples*, 114.

<sup>5</sup> Michelle L. Holshue et al., “First Case of 2019 Novel Coronavirus in the United States”, *The New England Journal of Medicine*, Vol. 382 (5 March 2020), 929.

<sup>6</sup> “Coronavirus”, World Health Organisation, [https://www.who.int/health-topics/coronavirus#tab=tab\\_1](https://www.who.int/health-topics/coronavirus#tab=tab_1) [Accessed 03.05.21].

<sup>7</sup> Sarah Hatcher et al, “COVID-19 Among American Indian and Alaska Native Persons – 23 States, January 31–July 3, 2020”, *U.S. Department of Health and Human Services: Morbidity and Mortality Report*, Vol. 69, No. 24 (28 August 2020), 1166. It is highly likely that American Indians and Alaska Natives account for more than 1.3 percent of Covid-19 cases in the US. However, only thirty-eight states disaggregate their Covid-19 data sufficiently to include American Indians and Alaska Natives as a separate category. The remaining twelve states

Such a high incidence of Covid-19 among American indigenous communities has resulted in devastating losses, at both individual and community levels. Testimony from Dr. Desi Rodriguez-Lonebear (a Northern Cheyenne tribal citizen) provides some insight into the magnitude of the loss: “If you actually look at the proportion of people we have lost to Covid in our community, it would equal about 1.3 million Americans.”<sup>8</sup>

Reports from the Centres for Disease Control and Prevention (CDC) further highlight the disproportionate impact of Covid-19 on indigenous communities within the US. In twenty-three states that had sufficient race and ethnicity data, the CDC determined that “the overall incidence of Covid-19 among AI/AN persons [American Indians and Alaska Natives] was 3.5 times higher than that among white persons.”<sup>9</sup> Specifically, for every 100,000 indigenous peoples, 594 of them would test positive for Covid-19, compared with only 169 positive tests per 100,000 white people.<sup>10</sup> Given that this data only reflects twenty-three of the fifty states, it is reasonable to infer that the actual incidence of Covid-19 among American Indians and Alaska Natives is even higher than suggested by these numbers.

Moreover, CDC data demonstrates that Covid-19 is causing disproportionate mortality amongst indigenous peoples too. It has been found that the Covid-19 mortality rate for American Indians and Alaska Natives is 1.8 times higher than in white populations.<sup>11</sup> A closer examination of the data reveals even greater discrepancies. American Indians and Alaska Natives falling within the ages of twenty to twenty-nine, thirty to thirty-nine and forty to forty-nine are 10.5, 11.6 and 8.2 times more likely to die from Covid-19 than white people in the same respective age groups.<sup>12</sup> The only age categories in which white populations have a higher mortality rate is sixty-five-plus – this is primarily because, on average, white people live longer than indigenous peoples.<sup>13</sup> This data clearly demonstrates that American Indians and Alaska Natives have been disproportionately affected by the Covid-19 pandemic. The

---

categorise American Indians and Alaska Natives as ‘Other’ (along with many other minority ethnic groups) thus meaning that their data is ‘lost’.

<sup>8</sup> “Why are so many Native Americans dying of Covid?”, American Indian Studies Centre, 30 September 2020, [https://www.aisc.ucla.edu/news/newsday\\_drl.aspx](https://www.aisc.ucla.edu/news/newsday_drl.aspx)

<sup>9</sup> Hatcher et al., “COVID-19, 23 States”, 1167.

<sup>10</sup> Hatcher et al., “COVID-19, 23 States”, 1166.

<sup>11</sup> Jessica Arrazola et al., “COVID-19 Mortality Among American Indians and Alaska Native Persons – 14 States, January-June 2020”, *U.S. Department of Health and Human Service: Morbidity and Mortality Report*, Vol. 69, No. 49 (11 December 2020), 1853.

<sup>12</sup> Arrazola et al., “COVID-19, 14 States”, 1853.

<sup>13</sup> Arrazola et al., “COVID-19, 14 States”, 1854.

crucial question is *why*. **Why have American Indians and Alaska Natives been disproportionately affected by the current Covid-19 pandemic in comparison with the white American population?**

The issue of health – particularly indigenous health – is highly complex, being continually shaped by a variety of historical and contemporary factors that intersect and overlap. Consequently, it is vital to place present-day health inequities, such as those observed among American Indians and Alaska Natives during the Covid-19 pandemic, within their historical context, as this allows for a much fuller understanding to be reached. Therefore, this thesis also addresses four subsidiary research questions. The first two questions focus on historical events:

- How have American Indians and Alaska Natives been affected by previous pandemics and epidemics?
- How have US federal government policies historically affected the health security of American Indians and Alaska Natives?

The remaining questions explicitly examine contemporary processes linked to the Covid-19 pandemic.

- How have American Indians and Alaska Natives been affected by Covid-19?
- Has the health security of American Indians and Alaska Natives improved since the advent of the self-determination era in 1975?

In addressing the above questions, this thesis eschews explanations which suggest the susceptibility of indigenous peoples to disease is “inevitable” or “natural”.<sup>14</sup> In doing so, it extends the existing body of scholarship which maintains that centuries of oppression, persecution and discrimination engendered by settler colonialism have negatively impacted the health security of indigenous populations. However, this study also takes existing work further, as it analyses how specific policies implemented by the federal government – both historically and in the present day – have exacerbated indigenous health insecurity, which in turn has caused American Indians and Alaska Natives to be more vulnerable to communicable diseases such as Covid-19.

---

<sup>14</sup> Thomas (ed.), “Pandemic Chronicles.”



Moreover, by expanding the literature on indigeneity and health insecurity, this research will help spotlight the importance of safeguarding these communities against future pandemics. As Laurie Garrett has highlighted, the world is only becoming more vulnerable to both the spread of novel viruses and long-standing infectious diseases that have circulated for centuries.<sup>15</sup> Thus, it is not unreasonable to posit that threats to health security such as Covid-19 are likely to manifest again in the near future. When that time comes, the global health community needs to be better prepared and better able to provide adequate health care for all.

## 1.1. Historiography

At the nucleus of this historiography is the relationship between indigenous peoples and health. The main academic debate for this particular strand of historiography centres around the fact that health disparities among American Indians and Alaska Natives are not a recent phenomenon – they have existed in some capacity for the past 500 years. From the years of settler colonialism onwards, indigenous peoples have consistently been disproportionately affected by a myriad of diseases such as smallpox, influenza and tuberculosis.<sup>16</sup>

The majority of existing scholarship that pertains to North American indigenous peoples and health has focused on the effects of European settler colonialism on indigenous health. Alfred Crosby was one of the first modern historians to extensively examine this issue, and he published key works throughout the 1970s and 1980s. His central contention was that the immense spike in indigenous mortality after European contact was due to the relative isolation of Native American tribes when compared with Europeans. According to Crosby, indigenous communities were: “Immunologically almost defenseless” as they had “no previous contact with the diseases” brought by European settlers.<sup>17</sup> Biologically deterministic research such as this increased throughout the 1990s, rooting the idea that American Indians and Alaska Natives were genetically predisposed to succumb to ‘European’ illnesses firmly within the literature.

---

<sup>15</sup> Laurie Garrett, *The Coming Plague: Newly Emerging Diseases in a World Out of Balance*, (New York: Farrar, Straus and Giroux, 1994), xi.

<sup>16</sup> David Jones, “The Persistence of American Indian Health Disparities”, *American Journal of Public Health*, Vol. 96, No. 12 (December 2006), 2122.

<sup>17</sup> Alfred Crosby, “Virgin Soil Epidemics as a Factor in the Aboriginal Depopulation in America”, *The William and Mary Quarterly*, Third Series, Vol. 33, No. 2 (April 1976), 289.

However, in 1994, Stephen Kunitz posited a new theory, which partially challenged the biological theses of Crosby and his disciples. In *Disease and Social Diversity*, he argued that “...many factors shape the patterns of disease and death.”<sup>18</sup> Moving away from Crosby’s biological determinism, Kunitz tentatively posited that the ‘main killers’ were not pathogens, but actually the effects of colonisation. He stated: “In general, the most devastating situations [in terms of mortality] seem to have been associated with dispossession from the land...[it is therefore] *necessary to understand the many ways in which human beings live on the land and with one another.*”<sup>19</sup> Kunitz’s work heralded the start of a turn in the historiography, with scholars increasingly moving away from the biological and environmental explanations that had been dominant since the 1970s. Building on Kunitz’s work, Suzanne Austin Alchon argued in *A Pest in the Land* that the disproportionate deaths of American Indians and Alaska Natives during the years of European settler colonialism were caused by the *practices* of European colonialism rather than the diseases brought by the colonisers.<sup>20</sup> She highlighted that during the colonial period, “warfare and other forms of violence claimed the lives of significant numbers of natives; abusive labour practices, including slavery, significantly exacerbated indigenous mortality rates over the long term.”<sup>21</sup> Austin Alchon’s socio-cultural explanation of indigenous mortality heralded a substantive shift in the historiography.<sup>22</sup>

Although a great deal of research has been undertaken examining indigenous health in the colonial period, far less attention has been paid to the impact of post-empire US federal policies on indigenous health and health security. However, in the last fifteen years, historians, specialists in social policy and several key indigenous scholars have begun to explore how settler colonialism (which many of them define as extending beyond the colonial era and into the nineteenth, twentieth and twenty-first centuries) has specifically affected the health of American Indians and Alaska Natives in the present and more recent past.<sup>23</sup> The impetus

---

<sup>18</sup> Stephen J. Kunitz, *Disease and Social Diversity: The European Impact on the Health of Non-Europeans*, (Oxford: Oxford University Press, 1994), vii.

<sup>19</sup> Kunitz, *Social Diversity*, 178 and 188. (Emphasis my own).

<sup>20</sup> Suzanne Austin Alchon, *A Pest in the Land: New World Epidemics in the Global Perspective*, (Albuquerque: University of New Mexico Press, 2003), 3.

<sup>21</sup> Austin Alchon, *A Pest in the Land*, 3.

<sup>22</sup> In 2004, David S. Jones advanced a very similar argument to Austin-Alchon’s in his monograph, *Rationalising Epidemics*. His work has been equally as significant as Austin-Alchon’s and demonstrates the surge in popularity at the turn of this century for socio-cultural explanations for indigenous mortality: “Europeans brought new pathogens to the Americas and triggered the conditions that made them so destructive.” David S. Jones, *Rationalising Epidemics: Meanings and Uses of American Indian Mortality since 1600*, (Cambridge, MA: Harvard University Press, 2004), 4.

<sup>23</sup> In American history, the labels of ‘settler colonialism’ and ‘the colonial period’ have traditionally only been associated in with the time between European contact in the sixteenth century and the signing of the Declaration

behind this particular historiographical turn came from the knowledge that whilst colonialism has been a “commonly deployed trope” within public health discourse, there has been limited attention paid to “precisely how colonial processes contribute towards contemporary disparities in health.”<sup>24</sup>

Paul Hackett contributed towards the development of this new strand of historiography in 2005, as his work drew attention to the “under-utilised” area of history and how “the past often has something to say about the present.”<sup>25</sup> In 2010, Margaret Moss furthered this line of argumentation, maintaining that indigenous health disparities were not only caused by the effects of settler colonialism, but also through the “unique...political history” between native tribes and the US federal government.<sup>26</sup> She contended that American Indians and Alaska Natives are more than a minority ethnic group, as “being ‘Indian’ in the US is a political determination and not simply a racial category.”<sup>27</sup> Her argument has been central in cultivating the view that indigenous health insecurity is not merely a by-product of the usual social determinants of health (such as economic stability and access to education), but rather a result of their turbulent history with the American settler state.<sup>28</sup>

Both Maria Yellow Horse Brave Heart and Karina Walters have conducted pioneering research empirically examining how the structural violence of federal policies has led to short and long-term suffering amongst indigenous peoples. Brave Heart’s research paved the way for understanding the connections between “historical unresolved grief” and “social problems among American Indians.”<sup>29</sup> Building upon Brave Heart’s work, Walters has investigated the significance of the “land-health nexus” to indigenous peoples, and how this concept is intrinsic

---

of Independence in 1776. However, from the late 1990s onwards, academic scholarship started to acknowledge the continuing effects of settler colonialism from the nineteenth century onwards. Indeed, some scholars – indigenous and otherwise – maintain that settler colonialism is still actively being upheld in the present day. For more on this, see Stephen Howe, “Native America and the Study of Colonialism, Part 1: Contested Histories”, *Settler Colonial Studies*, Vol. 3, No. 1 (2013): 102-126; Lorenzo Veracini, *The Settler Colonial Present*, (London: Palgrave Macmillan, 2015).

<sup>24</sup> Yin Paradies, “Colonisation, Racism and Indigenous Health”, *Journal of Population Research*, Vol. 33, No. 1 (2016), 83.

<sup>25</sup> Paul Hackett, “From Past to Present: Understanding First Nations Health Patterns in a Historical Context”, *Canadian Journal of Public Health*, Vol. 96, Supplement 1 (2005), S17.

<sup>26</sup> Margaret Moss, “American Indian Health Disparities: By the Sufferance of Congress?”, *Journal of Public Law and Policy*, Vol. 32, No. 1 (Autumn 2010), 59.

<sup>27</sup> Moss, “Sufferance of Congress?”, 63.

<sup>28</sup> Moss, “Sufferance of Congress?”, 64.

<sup>29</sup> Maria Yellow Horse Brave Heart and Lemyra M. DeBruyn, “The American Indian Holocaust: Healing Unresolved Historical Grief”, *American Indian and Alaska Native Mental Health Research*, Vol. 8, No. 2 (1998), 56.

to understanding indigenous health and well-being.<sup>30</sup> She has argued that contemporary health disparities among American Indians and Alaska Natives can be explained through exploring historical “disruptions tied to place or land”, as place and space are elements intrinsic to indigenous health and well-being.<sup>31</sup> It is this element of the historiography that this research hopes to extend and expand. This thesis is rooted in literature that explores how settler colonialism has affected the health and well-being of indigenous peoples. However, by closely analysing the way federal policies have intersected with epidemics and pandemics – including Covid-19 – and how this confluence of events has negatively affected indigenous health security, this thesis presents a novel way of understanding why American Indians and Alaska Natives have been disproportionately affected by Covid-19.

Within the larger debate about the nature of the origins and causes of health disparities for American Indians and Alaska Natives lies a more specific and nuanced discussion. It revolves around the issue of responsibility. As Garrett has perceptively stated: “We always want to believe...that somehow we are outside history, rather than enmeshed within it.”<sup>32</sup> Explanations of indigenous disease susceptibility that do not account for the effects of settler colonialism allow for an alternative history to be written; one that de-centres human involvement, and instead places the responsibility for these visible health disparities onto “morally neutral” disease pathogens.<sup>33</sup> As David Jones has poignantly remarked: “Indians were not born vulnerable, they were made vulnerable.”<sup>34</sup> This thesis will actively work to avoid drawing conclusions that absolve humans of their share of responsibility, as it is only through acknowledging and understanding the impact of prior actions can changes be made in health policy.

## 1.2. Conceptual Frameworks

As referenced in the historiography, there has been a tendency to write histories of disease and indigeneity as “natural, ahistorical events, thus absolving the historian from further

---

<sup>30</sup> Karina L. Walters et al., “Dis-placement and Dis-ease: Land, Place and Health Among American Indians and Alaska Natives” in *Communities, Neighbourhoods and Health: Expanding the Boundaries of Place*, (eds.) L. M. Burton et al. (New York: Springer, 2011), 165.

<sup>31</sup> Walters et al., “Dis-placement and Dis-ease”, 166.

<sup>32</sup> Garrett, *The Coming Plague*, xi.

<sup>33</sup> Jones, “Death”, 24.

<sup>34</sup> Jones, “Death”, 25.

analysis” and eliding the powerful and enduring effects that European colonisation and US federal policies have had on the health security of American Indians and Alaska Natives.<sup>35</sup> This falls into a more general trope that Tarak Barkawi highlighted in 2010: “International Relations and Security Studies...[has failed to] orientate enquiries around hierarchy and domination...[this] is not adequate for the experiences and histories of most of the people and places on this planet.”<sup>36</sup> This research will help remedy this shortfall by using the lens of contrapuntality as the primary conceptual framework. The concept of contrapuntal reading was pioneered by Edward Said, most notably in his 1993 work, *Culture and Imperialism*. In this book, he developed the idea of contrapuntality, by ‘reading’ two literary texts that were contemporaneous – both in terms of time and geographic location – in order to reveal the dichotomies in narrative that existed between the perspectives of the coloniser and the colonised.<sup>37</sup>

Although Said initially used contrapuntality as a way to read “what is forgotten or ignored” back into fictional, literary texts, the concept has been used by several IR scholars in a bid to rectify the glaring omissions of IR that Barkawi highlighted in 2010.<sup>38</sup> Said’s notion of contrapuntal reading is particularly useful as a framing device within IR as it enables “the intertwined and overlapping histories of the colonizer and the colonized” to be grasped.<sup>39</sup> It does not prioritise one narrative over the other, but instead enables the researcher to demonstrate how the privileged, dominant class and the subaltern are enmeshed within each other.<sup>40</sup> This way of presenting history is of great utility to this thesis as it allows a narrative to be produced that showcases a cognisance of the numerous perspectives on indigenous health security.<sup>41</sup>

---

<sup>35</sup> Massimo Livi-Bacci, “The Demise of the American Indians”, *Population and Development Review*, Vol. 37, No. 1 (2011), 163.

<sup>36</sup> Tarak Barkawi, “Empire and Order in International Relations and Security Studies”, in *The International Studies Encyclopaedia Vol. III*, (eds.) Robert A. Denemark, (Chichester: Wiley-Blackwell, 2010), 1361.

<sup>37</sup> Alice Kouzmenko, “Edward Said’s Contrapuntal Reading Method”, Writing Portfolio. Available at: <https://alicekouzmenko.wordpress.com/2017/06/23/edward-saids-contrapuntal-reading-method/> [Accessed 04.02.21].

<sup>38</sup> Edward Said, “On Defiance and Taking Positions”, *American Council of Learned Societies, Occasional Paper No. 31*, 1-5. Cited in Geeta Chowdhry, “Edward Said and Contrapuntal Reading: Implications for Critical Interventions in International Relations”, *Millennium: Journal of International Studies*, Vol. 36, No. 1 (2007), 116.

<sup>39</sup> Edward Said, *Culture and Imperialism*, (London: Vintage Books, 1993), 81.

<sup>40</sup> Chowdhry, “Edward Said and Contrapuntal Reading”, 105.

<sup>41</sup> Pinar Bilgin, “‘Contrapuntal Reading’ as a Method, an Ethos and a Metaphor for Global IR”, *International Studies Review*, Vol. 18 (2016), 142.

Furthermore, the contrapuntal approach is conceptually useful in another way, as it mirrors the unique political and social position that American Indians and Alaska Natives occupy within the United States. Postcolonial scholars have long since highlighted the fluidity of the boundaries that exist between certain groups and communities; for instance, the presence of impoverished indigenous populations existing within ‘First World’ nation states (as is the case in the US).<sup>42</sup> Recognition of the fluidity of group boundaries and the resulting dichotomy within nation-states is often not realised when using more classical, state-centric IR theories such as realism or liberalism.<sup>43</sup> However, a contrapuntal reading allows for these so-called ‘Fourth World’ tribal nations to be seen and analysed as opposed to being exiled and subsumed beneath the dominant narrative.<sup>44</sup>

Another pivotal concept that this thesis will use is that of indigenous health security. Health security has a very fluid definition, as there is little consensus at the international level upon its meaning. Some conceive ‘health security’ as safeguarding vulnerable groups against epidemic disease and starvation, while others perceive ‘health security’ to mean state-level protection from bio-terrorism.<sup>45</sup> This thesis will employ a definition of health security which is conceived at a human, rather than a state level. In this, it follows the influential 1994 United Nations Development Programme (UNDP) report, *New Dimensions of Human Security*, which has been central in “linking health concerns to human security” as opposed to state security.<sup>46</sup> Moreover, this thesis recognises that many American Indians and Alaska Natives employ a more expansive definition of health and wellness than most. Their conception reflects their cultural worldviews and traditional knowledge systems; it goes far beyond understanding health as merely “the absence of disease”, instead viewing it as a synonym for “being alive well.”<sup>47</sup> For this holistic ideal to manifest, the five elements of life – physical, emotional, mental, spiritual and environmental – must all be in balance with each other.<sup>48</sup> Therefore, this thesis examines how historic disruptions in land, place, sovereignty and culture have affected

---

<sup>42</sup> Shampa Biswas, “Postcolonialism”, in *International Relations Theories: Discipline and Diversity*, (eds.) Tim Dunne, Milja Kurki and Steve Smith, (Oxford: Oxford University Press, 2016), 223.

<sup>43</sup> Biswas, “Postcolonialism”, 223.

<sup>44</sup> Kunitz, *Disease and Social Diversity*, 22. Stephen Kunitz uses the term ‘Fourth World’ as a way to group the various indigenous peoples of Australia, Canada, the United States and New Zealand. He states that all of these indigenous peoples have something in common: “Indigenous peoples submerged by an invading society.”

<sup>45</sup> William Aldis, “Health Security as a Public Health Concept: A Critical Analysis”, *Health Policy and Planning*, Vol. 23, (2008), 371.

<sup>46</sup> Aldis, “Health Security”, 370.

<sup>47</sup> Malcom King, Alexandra Smith and Michael Gracey, “Indigenous Health Part 2: The Underlying Causes of the Health Gap”, *The Lancet*, Vol. 374 (2009), 76.

<sup>48</sup> Walters et al., “Dis-placement and Dis-ease”, 164-165.

that balance (and thus indigenous health security), thereby making American Indians and Alaska Natives more vulnerable to epidemics and pandemics.

### 1.3. Methodology

In 1988, Gayatri Chakravorty Spivak vocalised the necessity for researchers to always be aware of the subaltern voice – indigenous voices in this instance – and not inadvertently silence them by speaking ‘for’ them, however well-intentioned this may be.<sup>49</sup> Consequently, the methodology for this thesis has been constructed to be as mindful of this as possible. A proportion of the secondary literature pertaining to this thesis has been created by Western academics and is largely based on Western epistemologies. However, there is a growing group of indigenous scholars who employ indigenous epistemologies when investigating and exploring indigenous histories, and this thesis will draw from these works also, so as to mitigate – as far as possible – the impact of the necessary inclusion of Western secondary literature.

In order to convincingly argue that American Indians and Alaska Natives have been “made vulnerable” and had their health security compromised through the processes and consequences of post-empire settler colonialism, formal primary sources detailing and reviewing specific federal policies will be utilised. A 1928 report entitled *The Problem of Indian Administration* and a 2018 report called *Broken Promises* are both good examples. Reports and data sets from the CDC and the Indian Health Service (IHS) will also be used, alongside sources from digital collections within the Heard Museum and the Library of Congress. These sources are necessary to highlight the way federal policies have intersected with epidemics and pandemics – including Covid-19 – and how this confluence of events has negatively affected indigenous health security.

As Christine DeLucia has highlighted, it is vitally important to not essentialise the experiences of indigenous peoples. They should not be “left faceless and nameless, subsumed within generalisations about ‘Indians’.”<sup>50</sup> Therefore, to avoid speaking ‘for’ indigenous peoples, or simplifying their experiences, this thesis also draws upon primary sources created

---

<sup>49</sup> Gayatri Chakravorty Spivak, “Can the Subaltern Speak?” in *Marxism and the Interpretation of Culture*, (eds.) Lawrence Grossberg and Cary Nelson, (Urbana-Champaign: University of Illinois Press, 1988), 295.

<sup>50</sup> Christine DeLucia, “The Vanishing Indians of “These Truths”, LA Review of Books, 10 January 2019, <https://lareviewofbooks.org/article/the-vanishing-indians-of-these-truths>

by American Indians and Alaska Natives as much as is possible – oral testimonies, poetry, visual art and media – pulling common threads of understanding from these personal, narrative sources. In doing so, these sources will build a picture of indigenous experiences of historic epidemics and pandemics, as well as the current Covid-19 pandemic. Such sources can illustrate whether indigenous peoples believe their unique history with the US federal government has any bearing on the current status of their health security. By examining sources of this nature, this thesis will be able to gain insight into the subjective, lived experience of these various individuals in a way that would be impossible via data-driven reports. Sources like this are the optimal way to discern how American Indians and Alaska Natives understand their experiences of settler colonialism to have amplified their health insecurities. To ignore such sources on the grounds of objectivity would be to mute the voices of this group, something that runs counter to the purpose of this thesis.

#### **1.4. Structure**

The main body of this thesis is divided into two chronologically distinct chapters. Chapter One examines the historic impact of US assimilationist federal policies on American Indians and Alaska Natives from the 1880s to the mid-1930s. It explores links between the implementation of specific policies – such as the General Allotment Act of 1887 which fractured tribal land holdings – and incidences of tuberculosis epidemics and pandemic influenza among American Indians and Alaska Natives. It answers the first two subsidiary research questions which focus on historic federal policies, epidemics and pandemics. This chapter also lays the foundations for answering the central research question, which queries why indigenous peoples have been unduly affected by the Covid-19 pandemic. Chapter Two pertains to the current self-determination era, which began in 1975; inspired in large part by the momentum of the Civil Rights Movement.<sup>51</sup> It examines whether an increase in self-determination and sovereignty has actually improved the health security of American Indians and Alaska Natives. Although there has been a discernible improvement in the health of indigenous peoples since self-determination, data and testimonies about Covid-19 would suggest that their overall health security is still inherently fragile. Chapter Two attends to the latter two subsidiary research questions which focus on the effects of Covid-19 and

---

<sup>51</sup> Eric Foner, *Give Me Liberty! An American History*, Fifth Edition, (New York: W.W. Norton and Company, 2016), 1019.



conclusively answers the central research question. The final section – entitled Conclusions and Reflections – contains a summary of the thesis, provides a definitive answer to the central research question and outlines potential avenues for future research.

## ***Chapter One – Settler Colonialism and Indigenous Health Security***

“Our identity as human beings remains tied to the land, to our cultural practices, our systems of authority and control, our intellectual traditions, our concepts of spirituality, and to our systems of resources ownership and exchange. Destroy this relationship and you damage – sometime irrevocably – individual human beings and their health.”<sup>52</sup>

Patricia Anderson, *Alyawarre* Tribal Member and International Advocate for Indigenous Health.

Scholars of early American history have long established the impact that settler colonialism had on the health security of American Indians and Alaska Natives from the sixteenth to eighteenth centuries, when America was a colony of Spain, France and England. Settler colonialism in what is now the United States is broadly understood to have begun in 1508, with the creation of the first permanent Spanish colony in Puerto Rico.<sup>53</sup> From Puerto Rico, Spanish *conquistadores* expanded their claim to indigenous land and territory in the South and Southwest of America.<sup>54</sup> It took until the seventeenth century for France and England to successfully establish their own permanent colonies in North America.<sup>55</sup> However, they soon began to employ the practices of settler colonialism too, implementing and upholding its structures.

The work of late anthropologist Patrick Wolfe has been fundamental in developing the concept of settler colonialism, which he defined as a “land-centred project that co-ordinates a comprehensive range of agencies, from the metropolitan centre to the frontier encampment, with a view to eliminating Indigenous societies.”<sup>56</sup> According to Wolfe, the acquisition of territory from indigenous peoples and the accompanying cultural erasure is the “specific, irreducible element” of settler colonialism.<sup>57</sup> A targeted focus on land acquisition and

---

<sup>52</sup> Patricia Anderson, “Priorities in Aboriginal Health”, in *Aboriginal Health, Social and Cultural Transitions*, (ed.) Gary W. Robinson, (Darwin, NT: Charles Darwin University Press, 1996), 15.

<sup>53</sup> Foner, *Give Me Liberty!*, 29.

<sup>54</sup> Foner, *Give Me Liberty!*, 31.

<sup>55</sup> Foner, *Give Me Liberty!*, 55. The Netherlands was also a notable colonial power at this point in history, and there was interest in incorporating North America into the overseas Dutch empire. However, unlike Spanish, French and English colonists, the Dutch primarily came to North America to trade, not to conquer and settle. They were less interested in acquiring and exploiting land and more interested in the mercantile trade and developing commercial relations with Indigenous peoples. For this reason, Dutch colonial practices fall outside the land-centred definition of settler colonialism used in this chapter.

<sup>56</sup> Patrick Wolfe, “Settler Colonialism and the Elimination of the Native”, *Journal of Genocide Research*, Vol. 8, No. 4 (2006), 393.

<sup>57</sup> Wolfe, “Settler Colonialism and Elimination”, 388.

settlement can be seen in the colonial ventures of these three European powers, as land was perceived as the best way for settlers to establish their liberty in this ‘new’ country.<sup>58</sup> Land gave settlers direct control over labour, access to profits and often also granted them suffrage.<sup>59</sup> This central focus on land meant that for American Indians and Alaska Natives, one of the most visible and enduring effects of settler colonialism was their displacement from ancestral lands and the subsequent drastic decline in their population by ninety to ninety-five percent.<sup>60</sup>

However, the “structure of domination” engendered by settler colonialism did not end with the advent of American independence in 1776.<sup>61</sup> Indeed, as Wolfe highlighted: “When invasion is recognised as a structure rather than an event, its history does not stop.”<sup>62</sup> Although the ‘colonial era’ may have ended for white Americans, it continued for American Indians and Alaska Natives, as the destructive structures created and perpetuated by European colonialists were upheld and furthered in post-empire America. A prominent example of this was the passing of the Indian Removal Act in 1830. This act coercively ensured that many tribal nations were dispossessed of their ancestral homelands in the southeast and removed westwards.<sup>63</sup> By ‘relocating’ many of the south-eastern tribal nations, the federal government was able to open up approximately 40,000 square miles of land for settlement and expropriation by white settlers.<sup>64</sup> Despite this overt continuation of settler colonialism, and growing acceptance of the idea that the erosion of indigenous peoples’ identity is “a root cause of a myriad of health problems”, limited scholarly attention has been paid to understanding exactly how the structures of settler colonialism have affected indigenous health and health security in post-empire America.<sup>65</sup>

This chapter will analyse how specific federal policies introduced by the US federal government and upheld by the Bureau of Indian Affairs (BIA) sought to disrupt and erase indigenous identities, and how this negatively affected indigenous health security. Created in 1824, the BIA is one of the oldest federal bureaus. It was initially located within the Department

---

<sup>58</sup> Foner, *Give Me Liberty!*, 55.

<sup>59</sup> Foner, *Give Me Liberty!*, 55.

<sup>60</sup> Mikaëla M. Adams, “‘A Very Serious and Perplexing Epidemic of Grippe’: The Influenza of 1918 at the Haskell Institute”, *The American Indian Quarterly*, Vol. 44, No. 1 (Winter 2020), 1.

<sup>61</sup> Patrick Wolfe, *Settler Colonialism and the Transformation of Anthropology: The Politics and Poetics an Ethnographic Event*, (London: Cassell, 1999), 163.

<sup>62</sup> Wolfe, “Settler Colonialism and Elimination”, 402.

<sup>63</sup> Walters, “Dis-placement”, 178.

<sup>64</sup> Walters, “Dis-placement”, 178.

<sup>65</sup> Buranbaeva et al., *State of the World’s Indigenous Peoples*, 125.

of War but was moved in 1849 to the newly established Department of the Interior (DOI), where it has since remained.<sup>66</sup> The BIA's primary function was – and still is – to act in the best interest of those over which it has a duty of care: American Indians and Alaska Natives. However, as an agency of the federal government, this fiduciary obligation was often warped by the paternalistic intentions of lawmakers in Congress in the nineteenth and early twentieth centuries. This resulted in the BIA frequently upholding policies which worked against the best interests of indigenous peoples.<sup>67</sup>

This chapter will examine two specific case studies in detail: the repeated tuberculosis epidemics on Indian reservations from the 1880s to the 1930s and the more acute influenza pandemic of 1918-1919 and its manifestation in BIA-run boarding schools for indigenous children. The tuberculosis epidemics and the influenza pandemic coincided with the peak of the US government's intrusive assimilationist policies, which had been explicitly designed to overthrow traditional indigenous cultures, impose 'civilised' white ways of living in their place and further erase indigenous lifeways through the forced 'education' of indigenous children in BIA-run residential schools.<sup>68</sup> Due to the paucity of digitised primary sources created by American Indians and Alaska Natives in this time period, a true contrapuntal analysis – which would explicitly highlight what indigenous peoples felt about these federal policies and how they experienced them – is largely unattainable. Nevertheless, this chapter will engage with the spirit of contrapuntality by revealing how detrimental these federal policies were to indigenous health security. It will achieve this by juxtaposing the narrative of the federal government with the reality of indigenous experiences. This chapter will argue that the introduction and implementation of harmful assimilationist policies have a direct correlation with the notable decline in the health of American Indians and Alaska Natives and a consequent increase in their susceptibility to tuberculosis and pandemic influenza.

---

<sup>66</sup> "History of the Bureau of Indian Affairs", US Department of the Interior (Indian Affairs), <https://www.bia.gov/bia> [Accessed 27.05.21].

<sup>67</sup> "History of the BIA."

<sup>68</sup> Frederick E. Hoxie, *A Final Promise: The Campaign to Assimilate the Indians, 1880-1920*, (Lincoln: University of Nebraska Press, 1984), 67.

## 2.1 From Removal to Assimilation (1830-1880)

Prior to 1880, the primary ethos guiding federal policy towards indigenous peoples had been one of relocation and separation. With the 1830 Indian Removal Act, south-eastern tribal nations were forcibly relocated by BIA officers to unoccupied territory west of the Mississippi River, leaving their desirably located ancestral homelands open for settlement by whites. Reservations with strict boundaries were created for all indigenous tribes, where it was believed they could stay until they were suitably ‘civilised.’<sup>69</sup> Although the reservations lacked the cultural and spiritual significance of the ancestral homelands, many tribes still valued them, as these reservations “allowed Native Americans to separate themselves from the white majority and maintain many of their traditional lifeways.”<sup>70</sup> Moreover, at this juncture, American Indians and Alaska Natives still controlled a sizeable proportion of territory, with 245,544 square miles still under tribal control.<sup>71</sup> However, in the post-Civil War years, the population of land-hungry white settlers increased exponentially.<sup>72</sup> To accommodate a booming – white – nation, and to satisfy their continuing desire for land, the government tried to squeeze tribal nations into ever diminishing areas of the West. However, the supply of supposedly ‘vacant’ land continued to be reduced as white populations persisted in settling westwards.<sup>73</sup> This confluence of events meant that the policy of relocation and separation was no longer a viable strategy for the federal government.

Consequently, from 1880 onwards, the notion of assimilation became prevalent in federal thinking and rapidly infiltrated every facet of policy pertaining to indigenous peoples. In general terms, the ultimate goal of assimilation was to successfully draw indigenous peoples “into the social and economic life of the prevailing civilisation as developed by...whites”, thereby negating the necessity for reservations altogether.<sup>74</sup> However, under the broad umbrella of ‘assimilation’ lay a very insidious and destructive mandate. As Katherine Ellinghaus has noted: “The assimilation period is a story of settler colonial power trying to pin down people’s identities.”<sup>75</sup> Assimilation aimed to detach tribes from their past, supplanting indigenous

---

<sup>69</sup> Hoxie, *A Final Promise*, 2.

<sup>70</sup> Hoxie, *A Final Promise*, 42.

<sup>71</sup> Hoxie, *A Final Promise*, 42.

<sup>72</sup> Hoxie, *A Final Promise*, 43.

<sup>73</sup> Wolfe, “Settler Colonialism and Elimination”, 399.

<sup>74</sup> Lewis Meriam et al., *The Problem of Indian Administration*, (Baltimore, MD: John Hopkins Press, 1928), 86.

<sup>75</sup> Katherine Ellinghaus, *Blood Will Tell: Native Americans and Assimilation Policy*, (Lincoln: University of Nebraska Press, 2017), xxviii.

teachings with white education and imposing European Christian ideas of family onto American Indians and Alaska Natives.<sup>76</sup> These assimilationist policies were deeply destructive to indigenous ways of living and subsequently, indigenous health.

Table 1 details the reported population of American Indians and Alaska Natives as recorded by the US census in the years from 1890 to 1970. The first US census was taken in 1790, however it took until the eleventh census in 1890 for the entire American Indian and Alaskan Native population to be included.<sup>77</sup> In Table 1, The years shaded in grey (1890-1930) are the years of the tuberculosis epidemics and the influenza pandemic. These same years also delineate – approximately – the period of time in which the US federal government implemented its programme of assimilationist policies.

Table 1: American Indian and Alaskan Native Population, 1890-1950			
YEAR	NUMBER	DECADAL DIFFERENCE	% DECADAL DIFFERENCE
1890	248,253	-	-
1900	237,196	-11,057	-4.45
1910	276,927	+39,731	+16.75
1920	244,437	-32,490	-11.73
1930	343,352	+98,915	+40.47
1940	345,252	+1,900	+0.55
1950	357,499	+12,247	+3.55
1960	523,591	+166,092	+46.46
1970	762,730	+239,139	+45.67

**Table 1:** Data from Russell Thornton, *American Indian Holocaust and Survival: A Population History since 1492*, (Norman: University of Oklahoma Press, 1987), 160. (Presentation my own).

As can be seen in Table 1, the population of American Indians and Alaska Natives was in a troubling position at the turn of the twentieth century, reaching its lowest ever recorded point in 1900, with indigenous peoples numbering only 237,196. Between 1890 and 1920, the population remained small, and it took until 1930 for the indigenous population to climb above 300,000 persons. It is likely that the small population increase recorded in 1930 reflects the decline in momentum of assimilationist policies, as the assimilation era formally ended in 1934.

<sup>76</sup> Ellinghaus, *Blood Will Tell*, xvi-xvii.

<sup>77</sup> Margaret M. Jobe, "Native Americans and the US Census: A Brief Historical Survey", *Universities Libraries Faculty and Staff Contributions*, Vol. 28 (Spring 2004), 9.

However, it took until 1960 for the population size to increase markedly. The percentage difference in population between 1950 and 1960 (+46.46%) is the greatest decadal population increase in this entire eighty-year period, with the second greatest percentage increase coming in the subsequent decade (1960-1970), with a decadal increase of +45.67%. Joane Nagel has argued that the “resurgence of the Indian population” over this period is inextricably linked to the “renaissance in Indian culture” that concurrently occurred.<sup>78</sup> This census data, coupled with Nagel’s assertion, therefore broadly supports the argument that assimilationist policies introduced by the federal government and their ensuing destruction of indigenous culture were detrimental to the overall health of indigenous peoples. However, the primary focus of this chapter is on the effect specific assimilationist policies had on indigenous peoples and how they made these groups more vulnerable to tuberculosis epidemics and the 1918-20 influenza pandemic. It is to these two case studies that this chapter will now turn.

## **2.2. Tuberculosis Epidemics among American Indians and Alaska Natives (1880-1930)**

Tuberculosis – caused by the bacteria *Mycobacterium tuberculosis* – is a communicable, respiratory disease, predominantly spread when a person with ‘active’ tuberculosis in their respiratory system sneezes or coughs in close proximity to others.<sup>79</sup> Records reveal that tuberculosis was observed by settlers to be present among indigenous peoples from the 1630s onwards, but it was only identified as a significant health concern among the American Indian and Alaska Native population from the 1870s onwards.<sup>80</sup> By the 1880s, it became increasingly evident it was reaching epidemic proportions on indigenous reservations.<sup>81</sup> An 1886 report published in the journal of the *American Climatological Association* by American ethnographer, Washington Matthews, reveals the varying impact of tuberculosis: “...the death rate [from tuberculosis] – i.e. the number of deaths during the year

---

<sup>78</sup> Joane Nagel, *American Indian Ethnic Renewal: Red Power and the Resurgence of Identity and Culture*, (Oxford: Oxford University Press, 1997), 5.

<sup>79</sup> “Causes: Tuberculosis”, National Health Service. Available at: <https://www.nhs.uk/conditions/tuberculosis-tb/causes/> [Accessed 01.04.21].

<sup>80</sup> George M. Kober, *Tuberculosis among the North American Indians: Report of a Committee of the National Tuberculosis Association*, (Washington, DC: Government Printing Office, 1923), 38. It is highly likely that tuberculosis was prevalent among American Indians and Alaska Natives well before this date, but the available documentary record is less robust.

<sup>81</sup> Christian McMillen, “‘The Red Man and the White Race’: Rethinking Race, Tuberculosis, and American Indians”, *Bulletin of the History of Medicine*, Vo. 82, No. 3 (Autumn 2008), 618.

to one thousand of population – is for the three races as follows: Europeans, 17.74, Africans, 17.28, Aboriginal Americans, 23.6.”<sup>82</sup> Although the overall mortality rate of tuberculosis dropped in the twentieth century, the disparity continued to widen. By 1912, the tuberculosis death rate among indigenous peoples was recorded as 10.42 per 1000, compared to just 1.45 per 1000 among the white population.<sup>83</sup>

The dominant contemporary narrative in the majority of scientific journals explained this disproportionate mortality with arguments of inherent racial susceptibility. In 1887, the physician on the Yakama Reservation in Toppenish, Washington, opined that the reason for such high rates of tuberculosis was due to “... [indigenous peoples’] powers of resisting disease [being] inferior to any race of whom I have any knowledge.”<sup>84</sup> Such was the lure of racial explanations, that even in 1951, two doctors argued in the *American Journal of Public Health* that there was an “ethnic reservoir of tuberculosis...among the Indians.”<sup>85</sup> However, there was also a small minority who advocated for different explanations of indigenous ill-health and mortality. One such advocate was Matthews, who argued that it was “evident that consumption [tuberculosis] increased among Indians under *civilising influences*.”<sup>86</sup> His emphasis on the effect of “civilising influences” is instructive, as it points towards external factors – specifically the actions of white settlers and destructive assimilationist policies implemented by the BIA – affecting indigenous health security, as opposed to indigenous peoples having some inherent racial susceptibility to disease.

### 2.2.1. The General Allotment (Dawes) Act

The first landmark piece of assimilation legislation was the General Allotment Act, which was passed by Congress in 1887. This act set the tone of the assimilation era, and it provides insight into the degree of systematic cultural destruction that the BIA unleashed upon American Indians and Alaska Natives during this period. Under the terms of this act, the land that had previously been set aside for tribes in the form of reservations was broken up into

---

<sup>82</sup> Washington Matthews, “Consumption Among the Indians”, *Transactions of the American Climatological Association*, Vol. 3 (1886), 234.

<sup>83</sup> H. DeLien and Arthur W. Dahlstrom, “An Ethnic Reservoir of Tuberculosis”, *American Journal of Public Health*, Vol. 41 (May 1951), 528.

<sup>84</sup> William G. Coe, “Sanitary Report, Yakama Reservation”, 1887, 306. Cited in McMillen, “The Red Man”, 618.

<sup>85</sup> DeLien and Dahlstrom, “An Ethnic Reservoir”, 528.

<sup>86</sup> Matthews, “Consumption”, 235-236. (Emphasis my own).



small, ‘allotted’ parcels.<sup>87</sup> The purpose of the act was to promote the dissolution of the reservation-based tribal nations and to push American Indians and Alaska Natives towards using land for agricultural purposes, as white settlers did.<sup>88</sup> Heads of families were eligible to hold 0.25 square miles of tribal land, with individuals over the age of eighteen being eligible for 0.125 square miles.<sup>89</sup> A pivotal element of this act was that it required natives to claim their allotted piece of land as private individuals, thereby preventing the land from remaining under tribal control. Once families had claimed their personal allotments, the remaining ‘surplus’ land was made available to white settlers.

For the US government, this policy was a positive step towards dealing with “the Indian problem.”<sup>90</sup> The act ensured that tribal land holdings were fractured and substantially reduced, meaning that reservations no longer served as bastions of tribal traditions and culture. However, for the majority of indigenous peoples, the implementation of the Allotment Act was catastrophic, as it resulted in the disintegration of the social and political structures of tribes, and erasure of their indigenous identity.<sup>91</sup> By the end of the assimilation era in 1934, approximately 13, 4375 square miles of land had been stripped from tribes.<sup>92</sup> The efforts of the BIA to end tribal rituals and traditional ways of living *with* the land – as opposed to profiting from it – had serious effects, affecting tribal members both physically and mentally. In engendering this cultural disruption, BIA agents made American Indians and Alaska Natives far more susceptible to disease, notably tuberculosis. Indigenous scholar Gregory Cajete has asserted that the reason for this is because land is perceived as a “metaphoric extension of their bodies”, whereby the indigenous person is inextricably intertwined with the land they are situated upon.<sup>93</sup> Thus, if the land is affected or disrupted – in this case through the allotment process – so too is the well-being of the indigenous peoples who are relationally linked to it.<sup>94</sup>

---

<sup>87</sup> Foner, *Give Me Liberty!*, 625.

<sup>88</sup> “The Dawes Act”, National Parks Service, <https://www.nps.gov/articles/000/dawes-act.htm> [Accessed 01.04.21].

<sup>89</sup> “The Dawes Act”, National Parks Service.

<sup>90</sup> “The Dawes Act and Commission: Topics in Chronicling America”, The Library of Congress, <https://guides.loc.gov/chronicling-america-dawes-act-commission> [Accessed 01.04.21].

<sup>91</sup> Foner, *Give Me Liberty!*, 625.

<sup>92</sup> Foner, *Give Me Liberty!*, 625.

<sup>93</sup> Gregory Cajete, *Native Science: Natural Laws of Interdependence*, (New Mexico: Clear Light Publishers, 2000), 185.

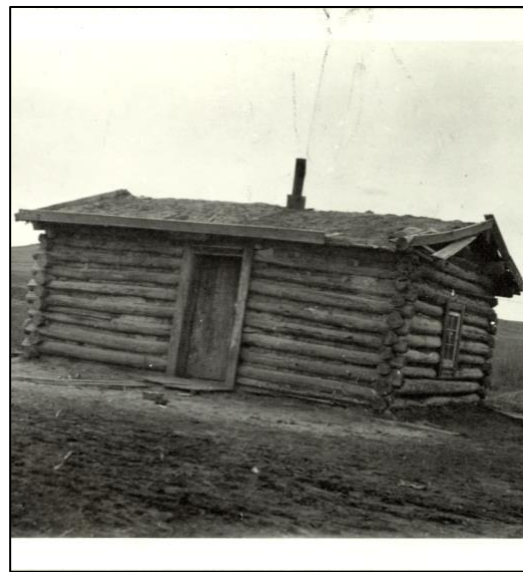
<sup>94</sup> Joe Watkins, “Place-meant”, *American Indian Quarterly*, Vol. 25, No. 1 (Winter 2001), 41.

### 2.2.2. The ‘Model Home’ Campaign

After the passing of the General Allotment Act in 1887, the BIA implemented more policies intended to accelerate indigenous assimilation.<sup>95</sup> One such policy was the development of a “model-home campaign”, which had been designed to “correct the bad housing” among some American Indians and Alaska Natives.<sup>96</sup> The majority of American Indians and Alaska Natives lived in traditional temporary homes such as tepees or tents (see Figure 1). Although perceived as ‘unsanitary’ and ‘uncivilised’ by the majority of settlers, the temporary nature of these homes enabled indigenous peoples to manage disease and infection very effectively, as the homes were well-ventilated and would be moved or burned before disease could set in.<sup>97</sup> However, the introduction of permanent frame houses (see Figure 2) among tribes that were unused to living in permanent abodes proved deadly, as they were unused to maintaining good hygiene in such homes.<sup>98</sup>



**Figure 1:** Christian Christiansen, Photographer, “Indian Home: Chippewa Family”, 1915. Photograph, <https://www.loc.gov/resource/ds.14373/>



**Figure 2:** Anon., “Isaac Blackbird: Home Industrial Surveys”, 26 April 1924. Photograph, <https://catalog.archives.gov/id/106755736>

Across the country, a pattern developed: among tribes where the ‘model-home campaign’ had been implemented, tuberculosis became a very prevalent disease and cause of

<sup>95</sup> David H. DeJong, *‘If You Knew the Conditions’ – A Chronicle of the Indian Medical Service and American Indian Health Care, 1908-1955*, (Lanham, MD: Lexington Books, 2008), 18.

<sup>96</sup> Meriam et al., *Problem of Indian Administration*, 220.

<sup>97</sup> Meriam et al., *Problem of Indian Administration*, 219-220.

<sup>98</sup> Meriam et al., *Problem of Indian Administration*, 4.

death. This was observed among both the Sioux peoples and the Paiutes of California.<sup>99</sup> A report published by the National Tuberculosis Association noted that cases of tuberculosis among the Paiutes were only observed after they “had exchanged their tepees for badly constructed and insanitary [permanent] dwellings.”<sup>100</sup> A similar statement was made by Dr. Charles E. Woodruff, a surgeon with the US Army, who remarked that the Hupa peoples – also of California – only reported sustained cases of tuberculosis after “the advent of whites.”<sup>101</sup> In his research investigating early twentieth century health care for American Indians, David DeJong uncovered the notable case of the Red Lake Chippewa tribe, located in Minnesota. Like the Sioux and Paiutes, the Chippewa traditionally lived in temporary homes which were periodically moved for sanitation reasons. Due to BIA policy, these homes had been supplanted with small, wooden permanent houses which were poorly ventilated and let in minimal light.<sup>102</sup> At the turn of the twentieth century, a tuberculosis epidemic broke out among the Chippewa, with nearly a quarter of the tribe being infected. The cause of the outbreak was deemed to be “the introduction and proliferation of civilised housing”, as they encouraged “close personal contact in overcrowded, poorly constructed...non-traditional dwellings.”<sup>103</sup> This evidence demonstrates a clear link between the introduction and implementation of a culturally destructive federal policy, and a decline in the health of indigenous peoples affected by the policy, thus increasing their susceptibility to tuberculosis.

It is revealing to compare the incidence of tuberculosis with tribes where the ‘model-home’ programme was not introduced. The campaign was not rolled out nationally, primarily due to funding constraints, but also due to the fact that a minority of North American tribes already lived in permanent homes. These tribes were more likely to avoid the implementation of the policy, as their homes aligned more closely with settler ideas of what a ‘civilised’ home should be. The Pueblo tribes in New Mexico were one such group (see Figure 3). Their traditional homes were – and still are – permanent, ancestral dwellings, made of adobe – a sun-dried mud and straw brick - which they routinely repaired.<sup>104</sup>

---

<sup>99</sup> Jones, “Persistence of Disparities”, 2127.

<sup>100</sup> Kober, *Tuberculosis among North American Indians*, 8. Cited in DeJong, ‘*If You Knew*’, 18.

<sup>101</sup> Kober, *Tuberculosis among North American Indians*, 8.

<sup>102</sup> DeJong, ‘*If You Knew*’, 18-19.

<sup>103</sup> DeJong, ‘*If You Knew*’, 18-19.

<sup>104</sup> Meriam et al., *Problem of Indian Administration*, 220; “Preservation of Historic Adobe Buildings”, National Parks Service: US Department of the Interior, August 1978, <https://www.nps.gov/tps/how-to-preserve/briefs/5-adobe-buildings.htm> [Accessed 26.04.21].



**Figure 3:** Anon., “Hopi Indian Pueblo – Southwest United States”, 13 October 1913. Photograph, <https://www.loc.gov/resource/cph.3b10612/>

Due to these permanent homes being a central element of their cultural traditions, they kept the houses clean and tidy. They also ensured that good air flow and ventilation was maintained throughout the home “by means of the corner fireplace found in every room.”<sup>105</sup> The Pueblo tribes were not able to avoid all forms of disease and ill-health, but their communities did not fall victim to large, uncontrolled epidemics of tuberculosis, as had happened among the Sioux, Paitues and Chippewa. Reflecting on this discrepancy, a contemporary report concluded that this was due to temporary homes being “more sanitary than the permanent homes that have replaced them.”<sup>106</sup> Thus, it is very reasonable to posit that the reason for this lower incidence of tuberculosis among the Pueblo tribes is due to the lack of federal interference in their housing and ways of living. Within contemporary discourse, many narratives state that the reason for indigenous ill-health and the outbreak of tuberculosis within homes was due to a lack of hygiene and an inability to be ‘civilised.’<sup>107</sup> However, as this analysis has shown, this account does not reveal the whole picture – lack of cleanliness and good hygiene was more to do with the interference of the federal government in indigenous ways of living.

---

<sup>105</sup> Meriam et al., *Problem of Indian Administration*, 220.

<sup>106</sup> Meriam et al., *Problem of Indian Administration*, 4.

<sup>107</sup> Meriam et al., *Problem of Indian Administration*, 219-220.

### 2.3. Education as Assimilation

Education was another cornerstone of assimilation policy. It was not sufficient to attempt to alter tribal relationships with land, try to ‘civilise’ indigenous peoples’ ways of living. Education of children was intrinsic to assimilation, as this would ensure that indigenous culture, teachings and language would be eroded over time, supplanted by more ‘civilised’ practices. A report in the *North Platte Semi-Weekly Tribune* confirms this: “The [indigenous] boys and girls must be trained along lines running diametrically opposite to those followed by their ancestors.”<sup>108</sup> All aspects of indigenous identity and difference would be erased, thereby enabling full immersion into white society. Christian missionaries had long since taken it upon themselves to teach and educate American Indian and Alaska Native children, but it took until 1879 for the US federal government to formally insert itself into the process of educating indigenous children.<sup>109</sup>

In 1879, the Carlisle Indian Industrial School was established near Harrisburg, in Pennsylvania. It was the first off-reservation government-run boarding school for indigenous children, and it served as a template for all future government-run boarding schools. The school had previously been Carlisle Barracks – a little-used military post – and on the initiative of Lieutenant Colonel Richard Henry Pratt the barracks were transferred from the War Department to the BIA for use as a trial boarding school.<sup>110</sup> This quote from Pratt exemplifies the ethos that informed the creation of the boarding schools and guided the mentalities of a majority of the superintendents who ran and managed the schools.

A great general has said that the only good Indian is a dead one, and that high sanction of his destruction has been an enormous factor in promoting Indian massacres. In a sense, I agree with the sentiment, but only in this: that all the Indian there is in the race should be dead. *Kill the Indian in him, and save the man.*<sup>111</sup>

Rather than overtly eliminate American Indians – as had previously been the customary practice – this policy reflected a more insidious form of elimination: elimination of the

---

<sup>108</sup> Edward B. Clark, “Uncle Sam’s Indian Wards”, *The North Platte Semi-Weekly Tribune*, 25 February 1916. Newspaper, <https://chroniclingamerica.loc.gov/lccn/2010270504/1916-02-25/ed-1/seq-6/>

<sup>109</sup> Hoxie, *A Final Promise*, 53.

<sup>110</sup> “Past”, The Carlisle Indian School Project, <https://carlisleindianschoolproject.com/past/> [Accessed 28.03.21].

<sup>111</sup> Richard Henry Pratt, “*Official Report of the Nineteenth Annual Conference of Charities and Correction*”, 1892, Manuscript, <http://carlisleindian.dickinson.edu/teach/kill-indian-and-save-man-capt-richard-h-pratt-education-native-americans> [Accessed 28.03.21]. (Emphasis my own).

indigenous soul, instead of the body. Indeed, as Mikaëla Adams has summarised: “Federal Indian policy...underwent a Foucauldian shift from the physical punishment of Indigenous bodies to a psychological assault on Indigenous souls through assimilationist programs.”<sup>112</sup> In the boarding schools, children were dressed in non-traditional clothing, given Christian names, forbidden from speaking their native language, had their diet altered and were educated in ‘white’ ways.<sup>113</sup>

The cartoon shown in Figure 4, created in November 1906, pictorially demonstrates the ideal manifestation of Pratt’s paternalistic vision. The left-hand pane stereotypically depicts American Indians of the supposed ‘past’ and the right-hand pane nominally depicts American Indians of the ‘present.’



**Figure 4:** Albert Levering, Artist, “The American Indian: Past and Present”, Photograph, <https://www.loc.gov/resource/ds.03750/>

Those in the right-hand pane are depicted as successful ‘products’ of the boarding school system. Rather than violently fighting against settlers, they instead productively channel that aggression by playing the most quintessentially American sport: American football. Instead of maintaining their traditions and tribal dress, they have assimilated into white American society, adopting the clothing and past-times of white settlers. In the background of the right-hand image, the Carlisle School pennant waves in the wind, claiming ownership of this

<sup>112</sup> Adams, “Serious and Perplexing Epidemic”, 2.

<sup>113</sup> Foner, *Give Me Liberty!*, 625.

‘transformation.’ Such was the perceived success of Carlisle, twenty-five ‘off-reservation’ boarding schools were established by 1909.<sup>114</sup> The BIA pushed for schools to be established ‘off-reservation’, so the children would be far away from the potential ‘negative’ influence of their tribes and parents.<sup>115</sup> However, by 1900, the cost of running these ‘off-reservation’ boarding schools was deemed to be prohibitive, and any new boarding schools that were set up after 1900 were based ‘on-reservation’, with 157 such schools being set up in the following ten years.<sup>116</sup>

### 2.3.1. Poor Policy, Poor Conditions, Poor Health

The paternalistic rhetoric of Pratt and his disciples did not translate well to reality. The majority of the boarding schools were chronically underfunded and deeply unsanitary places to live and learn.<sup>117</sup> Findings from an Institute for Government Research report (colloquially known as the Meriam Report) “frankly and unequivocally” condemned the superintendents of the schools due to “provisions for the care of Indian children...[being] grossly inadequate.”<sup>118</sup> Dormitories were habitually filled beyond their stated capacity, with beds tightly packed together, mere inches from each other. Two children were also routinely allocated to a single bed, as there was simply no space for additional beds.<sup>119</sup> The reason for overcrowding was due to two interlinked factors. In 1891, the Compulsory Attendance Law was passed, empowering BIA officers to forcibly remove indigenous children from their homes to be placed in boarding schools, irrespective of the wishes of their parents.<sup>120</sup> Furthermore, Congress approved funding for the boarding schools based on the average attendance for each school. Superintendents regularly prioritised this financial incentive over the safety and well-being of their charges.<sup>121</sup>

Poor diet contributed to the poor health of the children living at the schools. The Meriam Report found that on average, schools allocated a meagre eleven cents per child for

---

<sup>114</sup> Andrea Smith, *Indigenous Peoples and Boarding Schools*, E/C.19/2009/CRP. 1, 26 January 2009, 4, [https://www.un.org/esa/socdev/unpfii/documents/IPS\\_Boarding\\_Schools.pdf](https://www.un.org/esa/socdev/unpfii/documents/IPS_Boarding_Schools.pdf)

<sup>115</sup> Foner, *Give Me Liberty!*, 625.

<sup>116</sup> Smith, *Indigenous Peoples*, 4.

<sup>117</sup> Adams, “Serious and Perplexing Epidemic”, 2.

<sup>118</sup> Meriam et al., *Problem of Indian Administration*, 11.

<sup>119</sup> Meriam et al., *Problem of Indian Administration*, 315-316.

<sup>120</sup> R.G. Stillman and Anton George, *A Picture of Northwest Indians*, Washington, 1938, Manuscript/Mixed Material, 10, <https://www.loc.gov/resource/wpalh3.38071813/?sp=13> [Accessed 30.03.21].

<sup>121</sup> Mikaëla M. Adams, “Social Distancing in the Age of Assimilation: The Influenza Pandemic of 1918-20 in Indian Country”, *Centre for the Study of the American South*, 16 April 2020, <https://south.unc.edu/2020/04/16/covidinthesouth-social-distancing-in-the-age-of-assimilation/>

food rations, which resulted in the food being “limited, not only in variety but also in amount.”<sup>122</sup> The limitations of this poor diet affected both the physical and emotional health of the children, and further contributed to their sense of cultural dislocation. This is evidenced by this testimony from Luther Standing Bear (an Oglala Lakota Sioux tribal member), who attended the Carlisle Boarding School from 1879 to 1885.

Of all the changes we were forced to make, that of diet was doubtless the most injurious, for it was immediate and drastic. White bread we had for the first meal and thereafter, as well as coffee and sugar. Had we been allowed our own simple diet of meat, either boiled with soup or dried, and fruit, with perhaps a few vegetables, we should have thrived. *But the change in clothing, housing, food and confinement combined with the lonesomeness was too much*, and in three years nearly one half of the children from the Plains were dead.<sup>123</sup>

This personal testimony by Luther Standing Bear makes explicit how the multitude of assimilation policies imposed upon him while at Carlisle tangibly affected his well-being, but also the well-being of his peers. His emphasis on “the change in clothing, housing, food and confinement...[and] lonesomeness...” makes it abundantly evident that the poor diet added to the constellation of factors that caused physical and emotional trauma for these children; factors which also put them at greater risk of contracting and dying from contagious diseases. The cramped conditions of the schools propagated a variety of diseases, which often spread rapidly, especially given the poor bodily and mental health of the children. Consequently, death was a regular occurrence in these boarding schools and nearly every BIA-run school had its own cemetery.<sup>124</sup>

### 2.3.2. Pandemic Influenza and Boarding Schools (1918-1919)

The arrival of pandemic influenza in 1918 both highlighted and preyed upon these unacceptable living conditions. This was the most virulent pandemic in modern history, with approximately one-third of the global population being infected in total. It is thought that fifty million people were infected worldwide with this particular H1N1 virus, with approximately 675,000 deaths transpiring within the US alone.<sup>125</sup> As with the current Covid-19 pandemic,

---

<sup>122</sup> Meriam et al., *Problem of Indian Administration*, 327.

<sup>123</sup> Luther Standing Bear, 1885, Manuscript. Record held at: The Heard Museum, “Away from Home: American Indian Boarding School Stories” Exhibition, <https://heard.org/boardingschool/health/> [Accessed 30.03.21]. (Emphasis my own).

<sup>124</sup> “Health and Running Away”, The Heard Museum, <https://heard.org/boardingschool/health/> [Accessed 30.03.21].

<sup>125</sup> “History of the 1918 Flu Pandemic”, Centres for Disease Control and Prevention: National Centre for Immunisation and Respiratory Diseases, 21 March 2018, <https://www.cdc.gov/flu/pandemic-resources/1918-commemoration/1918-pandemic-history.htm>



some groups of people were more affected by the influenza pandemic than others. Again, paralleling the current circumstance, American Indians and Alaska Natives were disproportionately affected by this influenza pandemic, with a mortality rate four times higher on average than that of the general American population.<sup>126</sup> However, this average conceals the exceptionally high mortality rates that occurred in particular locations: in Alaska for example, eighty percent of the influenza death toll was exclusively comprised of Alaska Natives.<sup>127</sup> With vaccine science still in its relative infancy, no vaccine was available to immunise people against this strain of the H1N1 virus, and so medical professionals primarily relied upon quarantine, the isolation of infected individuals, limited public gatherings and the maintenance of good health and sanitation to curtail the spread of the pandemic.<sup>128</sup> These measures often proved impossible to implement in the boarding schools due to the poor baseline health of their students, the lack of functional bathrooms and the overcrowding of dormitories.

The Haskell Institute in Lawrence, Kansas was the largest and most prominent off-reservation boarding school in America. It recorded its first wave of pandemic influenza in mid-March 1918.<sup>129</sup> On 15 March 1918, one student was admitted to the school's hospital with influenza-like symptoms, and the following day thirty-six new children were admitted to the hospital.<sup>130</sup> By the end of March, over one third of the student body – approximately two hundred children - had been admitted to the school hospital, which had been designed to accommodate only fifty patients.<sup>131</sup> By the time of the first wave of the pandemic had passed through Haskell, seventeen students had died.<sup>132</sup> This was a pattern that was repeated in boarding schools across the country. At the Chemawa boarding school in Salem, Oregon, the head nurse at the school's hospital recorded 250 cases of influenza, with thirteen children dying.<sup>133</sup>

---

<sup>126</sup> Benjamin R. Brady and Howard M. Bahr, "The Influenza Epidemic of 1918-20 among the Navajos: Marginality, Mortality and the Implications of some Neglected Eyewitness Accounts", *American Indian Quarterly*, Vol. 38, No. 4 (Autumn 2014), 459.

<sup>127</sup> Talha Burki, "COVID-19 Among American Indians and Alaska Natives", *The Lancet: Infectious Diseases*, Vol. 21, No. 3 (March 2021), 325.

<sup>128</sup> "History of the 1918 Pandemic", Centres for Disease Control and Prevention.

<sup>129</sup> Adams, "Serious and Perplexing Epidemic", 2-3.

<sup>130</sup> Adams, "Serious and Perplexing Epidemic", 5.

<sup>131</sup> Adams, "Serious and Perplexing Epidemic", 6.

<sup>132</sup> Dana Hedgpeth, "Native Americans Were Already Being Wiped Out. Then the 1918 Flu Hit", *The Washington Post*, 27 September 2020, <https://www.washingtonpost.com/history/2020/09/28/1918-flu-native-americans-coronavirus/> [Accessed 30.03.21].

<sup>133</sup> Hedgpeth, "Native Americans Already Wiped Out."

Cecilia Nye was one of the children to die at Chemawa. The superintendent of the school wrote to Cecilia's mother, Grace, on 29 October 1918, informing her of her daughter's death:

I was so extremely busy that it was impossible for me to tell you the particulars in connection with the death of Cecilia... This plague attacked the school on the 13<sup>th</sup> of October. It was brought here by new students coming in and it spread rapidly until we had about 250 cases.<sup>134</sup>

This letter notably reveals that all the boarding schools were kept open during the pandemic and that schools did not curtail their admissions of new students. The boarding schools managed by the BIA were alone in this policy. By contrast, local authorities across the country closed other public schools at the peaks of the pandemic in a bid to reduce transmission by avoiding large concentrations of people in confined spaces.<sup>135</sup> The BIA defended this divergent policy on the basis that the children had "as good a chance to escape the disease in a boarding school as they [had] in their reservation homes" and also "...having a better chance of recovery at school than at home."<sup>136</sup> However, as these infection rates at Haskell and Chemawa demonstrate, the boarding schools were hardly a sanctuary from disease. Moreover, by preventing children from returning home to their parents, the boarding schools increased the children's emotional and physical trauma by cutting them off from their tribes, cultures and traditions.

Adams has asserted that rather than misguidedly protecting their charges, the BIA and school superintendents were in fact more concerned about the pandemic curtailing their ability to continue their assimilationist educational mission; if they closed the schools and sent children back home, they would risk losing their congressional funding. In doing so, the BIA prioritised the "survival of their assimilationist program" above "the survival of actual Indian people."<sup>137</sup> This incisive criticism by Adams is very likely to have been contemporaneously mirrored by parents of the children, who were concerned about the deplorable conditions in the boarding schools and also upset that their children were not permitted to return home during the pandemic. The closing lines of the superintendent's letter to Grace Nye seems to reflect a degree of awareness about this – very justified – criticism of BIA policy. "This disease which

---

<sup>134</sup> Superintendent of Chemawa Boarding School to Grace Nye, 29 October 1918, Letter, <https://www.archives.gov/exhibits/influenza-epidemic/records/superintendent-condolence-letter-l.jpg> [Accessed 30.03.21].

<sup>135</sup> Adams, "Social Distancing in the Age of Assimilation."

<sup>136</sup> E.B. Meritt to Reuben Perry, 21 January 1919, Letter. Cited in Adams, "Social Distancing in the Age of Assimilation."

<sup>137</sup> Adams, "Social Distancing in the Age of Assimilation."

has taken thousands upon thousands throughout the country was no worse here than elsewhere. It was not due to Chemawa.”<sup>138</sup> The tone of the superintendent is defensive and guarded – he seemed to be pre-empting the reaction of Cecilia’s mother upon receiving the letter and doing his utmost to shield his institution – and himself - from criticism.

## 2.4. Conclusion

Overall, it is abundantly evident that the assimilationist policies implemented by the US federal government in post-empire America were explicitly designed to eliminate the land holdings and identity of American Indians and Alaska Natives. From the colonists’ perspective, this was a vital step in educating and civilising American Indians and Alaska Natives so that they might become fully incorporated, productive members of white settler society.<sup>139</sup> However, a concurrent perspective exists that contradicts this narrative, that of indigenous peoples. As this chapter has revealed, for them, these policies were damaging and disintegrative. Owing to the implementation of these policies, indigenous peoples were “defined outside of themselves.”<sup>140</sup> The further dispossession of land enabled by the General Allotment Act of 1887, coupled with the forced assimilation of indigenous children into white ‘civilised’ society with the passing of the Compulsory Attendance Law in 1891 contributed towards the state-sponsored erasure of indigenous identity. Indeed, as Patrick Wolfe noted, assimilationist policies such as these perpetuated “a kind of death” for American Indians and Alaska Natives as they had the “settler world” foisted upon them, and “lost...[their] Indigenous soul” in the process.<sup>141</sup>

This metaphorical ‘death’ that Wolfe describes goes further than merely the death of indigenous identity, autonomy and culture. As this chapter has argued, in disrupting the unique relationship between indigenous peoples and their lifeways, these policies also irrevocably damaged the health and well-being of American Indians and Alaska Natives, undermining their health security and making them far more vulnerable to the tuberculosis epidemics that plagued the late nineteenth and early twentieth centuries, as well as the influenza pandemic of 1918-

---

<sup>138</sup> Superintendent of Chemawa Boarding School to Grace Nye, 29 October 1918.

<sup>139</sup> Meriam et al., *Problem of Indian Administration*, 8.

<sup>140</sup> Emma LaRocque, *The Path to Healing: Report of the National Round Table on Aboriginal Health and Social Issues*, (Ottawa: Canada Communication Group, 1993), [https://qspace.library.queensu.ca/bitstream/handle/1974/7733/Path\\_to\\_Healing.pdf;sequence=1](https://qspace.library.queensu.ca/bitstream/handle/1974/7733/Path_to_Healing.pdf;sequence=1) [Accessed 27.03.21].

<sup>141</sup> Wolfe, “Settler Colonialists and Elimination”, 397.

1919. The second half of this thesis will build upon this argument; deepening this understanding by examining how settler colonial structures continue to affect the health security of American Indians and Alaska Natives and why this has made them more vulnerable to Covid-19.

## ***Chapter Two – Covid-19: Exposing Settler Colonial Trauma and Enduring Inequities***

“The quickness of the coronavirus spread on the Navajo reservation reflected the cumulated onslaught of systemic fractures and open soul wounds across the United States...The overload amassed as a haemorrhage – floods and coagulations – disquieting, suffocating.”<sup>142</sup>

Esther Belin, *Diné* (Navajo) Tribal Member, Poet and Writer  
20 September 2020

“We have lost 1 out of 475 people to Covid this year. Think of that. 2 out of every 1000 Natives have died this year...We’re just as invisible as we ever were.”<sup>143</sup> This statement by Jonodev Chaudhuri – Ambassador for the *Muscogee* (Creek) Nation in Okmulgee, Oklahoma – highlights just how significantly American Indians and Alaska Natives have been affected by Covid-19, both in terms of mortality and incidence. The Colour of Coronavirus project has reported that the period between 5 January 2021 and 3 March 2021 was the deadliest tract of the pandemic yet for American Indians and Alaska Natives, with 973 deaths being reported over this eight week period.<sup>144</sup> Commenting on these figures, newspapers and political commentators alike have suggested that indigenous tribes are being “wiped out” by coronavirus.<sup>145</sup> Although the threat posed by Covid-19 to the well-being and longevity of tribal nations is genuine and should not be underestimated, such passive depiction of indigenous susceptibility to coronavirus is both disingenuous and disconcerting. It is reminiscent of more traditional biologically deterministic explanations for indigenous disease susceptibility. The framing places the onus on “morally neutral” disease pathogens, disavows human involvement and forestalls any investigation into *why* indigenous peoples are nominally being ‘wiped out’ by coronavirus.<sup>146</sup> To challenge this narrative, this chapter will use and draw from primary sources and secondary literature created by indigenous peoples. These sources will demonstrate

---

<sup>142</sup> Belin, “Introductory Letter.”

<sup>143</sup> Katty Kay and Carlos Watson, “Have Native Americans Been Let Down?”, 27 February 2021, in When Katty Met Carlos, produced by BBC World Service and OZY Media, podcast, 27:09, <https://www.bbc.co.uk/sounds/play/w3ct21m0>

<sup>144</sup> APM Research Lab Staff, “The Color of Coronavirus: COVID-19 Deaths by Race and Ethnicity in the US”, APM Research Lab, 5 March 2021, <https://www.apmresearchlab.org/covid/deaths-by-race>

<sup>145</sup> Chris Riotta, “Tribal nations could be ‘wiped out’ by coronavirus, governor warns”, The Independent, 31 March 2020, <https://www.independent.co.uk/news/world/americas/tribal-nations-coronavirus-new-mexico-navajo-people-wiped-out-pandemic-a9438576.html>

<sup>146</sup> Jones, “Death”, 24.

how American Indians and Alaska Natives understand these federal policies to have affected their health security, and how they shape their lives in the present day.

In probing more deeply into the issue of why Americans Indians and Alaska Natives have been disproportionately affected by Covid-19, the work of historian Frank Snowden provides a useful starting point. He asserts:

Epidemic diseases are not random events that afflict societies capriciously...on the contrary, every society produces its own specific vulnerabilities. To study them is to understand that *society's structure*, its *standard of living* and its *political priorities*.<sup>147</sup>

Applying Snowden's understanding of how epidemics manifest in modern society to the current circumstance, it can be suggested that the primary reason why American Indians and Alaska Natives have been so affected by the coronavirus pandemic is due to the US federal government's attitude towards and treatment of them. As discussed in Chapter One, the disproportionate effect that tuberculosis and pandemic influenza had on American Indian and Alaska Native peoples can be largely understood by examining the harmful assimilationist policies that were implemented and upheld by key figures within the BIA. Although self-determination legislation has replaced the culturally destructive policies of the assimilation era, American Indians and Alaska Natives are still affected by the structures of settler colonial society. As Lorenzo Veracini has made plain, settler colonialism is "not 'an event' that can be ascribed to a past" and treated as though it "no longer impinges upon the present."<sup>148</sup> This chapter will innovatively argue that settler colonial structures still affect the health security of American Indians and Alaska Natives in very fundamental ways, thereby making them more vulnerable to Covid-19. This chapter will analyse how their health has been tangibly affected by the legacies of settler colonial trauma. It will also examine the idea that they are not a political priority of the federal government, which has little interest in truly rectifying the unequal relationship that exists between indigenous peoples and the settler state.

---

<sup>147</sup> Frank M. Snowden, *Epidemics and Society: From the Black Death to the Present*, (New Haven: Yale University Press, 2019), 7. (Emphasis my own).

<sup>148</sup> Lorenzo Veracini, *The Settler Colonial Present*, (New York: Palgrave Macmillan, 2015), 8.

### 3.1. From Assimilation to Self-Determination (1934-1975)

The assimilation era – discussed in the previous chapter – formally came to an end in 1934, with Congress passing the Indian Reorganisation Act (IRA).<sup>149</sup> Known colloquially as the ‘Indian New Deal’, it aimed to partially restore the sovereignty and self-governance of tribes, creating a system of tribal-run councils and ending the forced dissolution of tribal lands, which had been engendered by the passing of the Dawes Act in 1887.<sup>150</sup> Although the implementation of the IRA did partially reaffirm tribal sovereignty and prevented tribal lands from further fracturing into individual allotments, it did not curtail other policies implemented during the assimilation era, such as the aforementioned Compulsory Attendance Law (1891).<sup>151</sup> Thus, while the IRA stabilised the land holdings of tribal nations and ended the most recent wave of land-based dispossession, it did little to rectify the social and cultural erasure of indigenous individuals by the state.

After the conclusion of the Second World War in 1945, many of the policies of Franklin Roosevelt’s administration were gradually rolled back, the IRA among them.<sup>152</sup> In 1953, a policy of ‘termination’ formally supplanted the IRA. This policy, encapsulated in House Resolution No. 108, ensured that “...Indians' status as government wards would be ended as soon as possible and Native Americans would assume all the responsibilities of full citizenship.”<sup>153</sup> Based on the premise of wishing to once again ‘assimilate’ American Indians and Alaska Natives into settler society, Congress ended the burgeoning autonomy and sovereignty that tribal nations had gained under the IRA. Resolution No. 108 also curtailed the ‘ward’ status of American Indians and Alaska Natives. Although ward status had originated from paternalistic ideals in previous centuries, it ensured that American Indians and Alaska Natives were nominally entitled to at least some degree of assistance from the federal government, mainly in the form of healthcare and economic support.<sup>154</sup> By removing this

---

<sup>149</sup> “The Self-Government Era (1934-53)”, Law Library: Howard University School of Law, <https://library.law.howard.edu/civilrightshistory/indigenous/selfgovernment> [Accessed 28.04.21].

<sup>150</sup> Stephen Howe, “Native America and the Study of Colonialism: Part 2 - Colonial Presents?”, *Settler Colonial Studies*, Vol. 4, No. 1 (2014), 105.

<sup>151</sup> Kay and Watson, “Native Americans Let Down?”.

<sup>152</sup> Howe, “Part 2 - Colonial Presents?”, 106.

<sup>153</sup> “Native American Voices: House Concurrent Resolution 108”, Digital History, [https://web.archive.org/web/20070608052514/http://www.digitalhistory.uh.edu/native\\_voices/voices\\_display.cfm?id=96](https://web.archive.org/web/20070608052514/http://www.digitalhistory.uh.edu/native_voices/voices_display.cfm?id=96) [Accessed 28.04.21].

<sup>154</sup> Walter L. Hixson, “Adaptation, Resistance and Representation in the Modern US Settler State”, in *The Routledge Handbook of the History of Settler Colonialism*, (eds.) Edward Cavanagh and Lorenzo Veracini, (London: Routledge, 2017), 171.

support – however small – along with tribal self-governance, the federal government further prompted the erasure of indigenous rights and identity.<sup>155</sup>

Whilst the termination era was detrimental for many tribal nations, it accelerated and amplified indigenous calls for inalienable sovereignty and self-determination.<sup>156</sup> American Indian and Alaska Native activism gained significant momentum in the late 1960s and early 1970s, inspired in large part by the multitude of reform movements concurrently occurring; the Civil Rights Movement being just one example.<sup>157</sup> The American Indian Movement (AIM) was created in 1968, with the Native American Rights Fund (NARF) being set up two years later. These flagship organisations, in tandem with local activism, formed the core of the ‘Red Power’ movement.<sup>158</sup> This movement primarily called for a reinstatement of the economic resources stripped away during termination, as well as indigenous tribal sovereignty and the right of self-governance.<sup>159</sup>

Indigenous activism began to gain traction with federal policy makers in Washington, and the mid-1970s heralded the ratification of a multitude of significant laws that denoted bipartisan congressional endorsement of tribal self-determination.<sup>160</sup> As Walter Hixson has insightfully remarked: “Throughout American history, the law had served as a powerful engine of dispossession, but Indian [indigenous] activists and their allies now began to turn legal agreements against the colonizer.”<sup>161</sup> In 1975, the first landmark piece of legislation was passed: the Indian Self-Determination and Educational Assistance Act. This act reversed the trend of the federal government unilaterally implementing policies that affected the social, political and economic status of tribes.<sup>162</sup> Instead, tribes were empowered to enter into negotiations with the BIA, allowing tribes to administer social services to their members instead of the federal bureau. Moreover, this act finally gave tribes control over schools operated by the BIA and allowed parents of indigenous children to sit on school governing

---

<sup>155</sup> “The Termination Era (1953-1968)”, Law Library: Howard University School of Law, <https://library.law.howard.edu/civilrightshistory/indigenous/termination> [Accessed 28.04.21].

<sup>156</sup> Hixson, “Adaptation, Resistance and Representation”, 171.

<sup>157</sup> Foner, *Give Me Liberty!*, 1019.

<sup>158</sup> Hixson, “Adaptation, Resistance and Representation”, 172.

<sup>159</sup> Foner, *Give Me Liberty!*, 1019.

<sup>160</sup> Stephen Cornell and Joseph P. Kalt, “American Indian Self-Determination: The Political Economy of a Successful Policy”, *Joint Occasional Papers on Native Affairs*, Working Paper No. 1 (November 2010), 9.

<sup>161</sup> Hixson, “Adaptation, Resistance and Representation”, 172.

<sup>162</sup> Cornell and Kalt, “Self-Determination”, 17.



boards, thereby enabling them to shape the education and welfare of their children for the first time.

The Child and Welfare Act (1975) was passed in the same year, with the Native American Religious Freedoms Act (1978) following soon after.<sup>163</sup> The late 1980s and early 1990s saw another wave of legislation being approved: the Indian Gaming Regulatory Act was passed in 1988 and in 1990 the Native American Graves Protection and Repatriation Act and the Native American Languages Act were both passed.<sup>164</sup> All of these acts legally protected the cultural and religious traditions of indigenous peoples, thereby curtailing the overt state-sponsored oppression and persecution to which American Indians and Alaska Natives had been subjected in previous centuries.

The concept of self-determination practically translates into tribal nations having the same level of internal self-governance as the fifty US states. Although they are still subject to federal laws, tribal nations can create their own charters and constitutions, operate their own justice departments and levy their own sales taxes.<sup>165</sup> Tribes also have control over their entire tribal jurisdiction, and this sovereignty should not be overruled by the state or federal government.<sup>166</sup> However, unlike US states, the federal government also has a mandated fiduciary duty, whereby it is obligated to fund economic support and healthcare for tribal nations.<sup>167</sup> Although amendments to the self-determination acts have been passed and implemented over the years, the core principles that define this tribal-federal relationship have remained unchanged. This makes the self-determination era one of the most consistent periods of post-empire federal-tribal relations, surpassed only by the assimilation era.

As Chapter One made evident, centuries of federal persecution and paternalistic control resulted in American Indians and Alaska Natives being “the most distressed populations in the United States” which in turn led them to being disproportionately affected by tuberculosis and the 1918-19 influenza pandemic.<sup>168</sup> With the advent of self-determination, the health of this group has improved somewhat and this is broadly reflected in the population growth.<sup>169</sup> The

---

<sup>163</sup> Hixson, “Adaptation, Resistance and Representation”, 173.

<sup>164</sup> Hixson, “Adaptation, Resistance and Representation”, 173.

<sup>165</sup> Cornell and Kalt, “Self-Determination”, 3.

<sup>166</sup> Cornell and Kalt, “Self-Determination”, 4.

<sup>167</sup> Cornell and Kalt, “Self-Determination”, 17.

<sup>168</sup> Cornell and Kalt, “Self-Determination”, 27.

<sup>169</sup> Cornell and Kalt, “Self-Determination”, 27.

1990 US census recorded the population of American Indians and Alaska Natives to be 1.9 million.<sup>170</sup> In 2010, the census reported the population to be 5.2 million, an increase of 265% in twenty years.<sup>171</sup> However, these positive growth statistics belie the fact that health disparities between indigenous peoples and the settler population still remain. For example, American Indians and Alaska Natives are still three times more likely to have diabetes than non-indigenous people.<sup>172</sup> It would seem that although indigenous peoples are in a significantly better position than they were prior to self-determination, they have not yet gained parity with the non-indigenous population, especially in terms of health security.

Hixson has argued that the reason for the continued poor health and vulnerability of American Indians and Alaska Natives – when compared with the white population, as opposed to the historic health of American Indians and Alaska Natives – is because “settler colonialism entails structure...[so] its impact and legacy carry on well past the actual colonization phase.”<sup>173</sup> This idea is also reflected in the beliefs of *Diné* poet and writer Esther Belin. In explaining the prevalence of Covid-19 in Navajo Nation, Belin points to the “onslaught” of “open soul wounds” and “systemic fractures” present within indigenous communities across the United States.<sup>174</sup> Through the lens of Covid-19, this chapter will explore and investigate the legacy and the continued impact of settler colonialism on the health security of American Indians and Alaska Natives.

### 3.2. The Embodiment of Settler Colonial Trauma

The health disparities between American Indians and Alaska Natives and the white American population are evident and very well documented. There is an exceptionally high prevalence of high-risk conditions such as obesity and diabetes amongst indigenous peoples, as well as high rates of smoking, depression, anxiety and post-traumatic stress disorder

---

<sup>170</sup> US Department of Commerce – Economic and Statistics Administration, *1990 Census of Population: American Indian and Alaska Native Areas*, (Washington: US Government Printing Office, 1990), 1, <https://www2.census.gov/library/publications/decennial/1990/cp-1/cp-1-1a.pdf>

<sup>171</sup> Tina Norris, Paula L. Vines and Elizabeth M. Hoeffel, *The American Indian and Alaska Native Population: 2010*, US Census Bureau, January 2012, 1, <https://www.census.gov/prod/cen2010/briefs/c2010br-10.pdf>

<sup>172</sup> Indian Health Service, *Indian Health Disparities*, October 2019, 2, [https://www.ihs.gov/sites/newsroom/themes/responsive2017/display\\_objects/documents/factsheets/Disparities.pdf](https://www.ihs.gov/sites/newsroom/themes/responsive2017/display_objects/documents/factsheets/Disparities.pdf)

<sup>173</sup> Hixson, “Adaptation, Resistance and Representation”, 169.

<sup>174</sup> Belin, “Introductory Letter”.

(PTSD).<sup>175</sup> The majority of these underlying health conditions place American Indians and Alaska Natives at a much higher risk of developing complications and dying from Covid-19.<sup>176</sup> Although social determinants of health such as poverty and suboptimal housing partially account for these significant health disparities, scholars of indigenous health – such as Naomi Adelson – have long since concurred that the reason indigenous health disparities and insecurities have persisted for so long is because “the problems are entrenched in the history of relations between indigenous peoples and the nation state.”<sup>177</sup>

In the case of the United States, the relatively recent passing of legislation that nominally safeguards indigenous autonomy, sovereignty and tradition cannot undo the centuries of oppression and persecution American Indians and Alaska Natives have collectively experienced. Indeed, as indigenous scholar Billy-Rae Belcourt has noted: “Bad feelings do not just go away because a head of state asks them to, especially if the conditions under which they germinate are left intact.”<sup>178</sup> Thus, it is abundantly evident that for American Indians and Alaska Natives, the effects of settler colonialism and forced assimilation are not merely facts of the inert past. This runs counter to the perspective of many within white American society, who are often unaware of the extent of America’s settler colonial history, or believe that it is “a delinquent debt that can be made to disappear if only [they] don’t look.”<sup>179</sup> However, for many American Indians and Alaska Natives, this belief in an inert past is a fallacy, which does not reflect their lived experiences.

The words of Amber Crotty – a tribal council member for Navajo Nation – speak to the ongoing effects of settler colonialism: “They [settlers] killed our hearts and our minds and they broke families apart. And our families are still struggling to recapture what was taken from us. We call it intergenerational trauma.”<sup>180</sup> The theory of intergenerational trauma is based upon the premise that historical trauma is absorbed into a select group’s culture and then is passed

---

<sup>175</sup> Nicholas Spence et al., “The COVID-19 Pandemic: Informing Policy and Decision-Making for a Vulnerable Population”, *The International Indigenous Policy Journal*, Vol. 11, No. 3 (September 2020), 9.

<sup>176</sup> Vida Abedi et al., “Racial, Economic and Health Inequality and COVID-19 Infection in the United States”, *Journal of Racial and Ethnic Health Disparities* (2020), 732.

<sup>177</sup> Naomi Adelson, “The Embodiment of Inequity: Health Disparities in Aboriginal Canada”, *Canadian Journal of Public Health*, Vol. 96, Supplement 2 (March-April 2005), S45.

<sup>178</sup> Billy-Rae Belcourt, “Meditations on Reserve Life, Biosociality and the Taste of Non-Sovereignty”, *Settler Colonial Studies*, Vol. 8, No. 1 (2018), 4.

<sup>179</sup> Ta-Nehisi Coates, “The Case for Reparations”, *The Atlantic*, June 2014, <https://www.theatlantic.com/magazine/archive/2014/06/the-case-for-reparations/361631/>

<sup>180</sup> Kay and Watson, “Native Americans Let Down?”.

down between generations via maladaptive behaviours.<sup>181</sup> From the late 1990s onwards, research has examined how intergenerational trauma stemming from assimilation has affected the mental and physical health of indigenous peoples. Maria Yellow Horse Brave Heart was one of the first indigenous scholars to empirically examine this phenomenon. In her seminal work, she developed the concept of the “historical trauma response” and utilised it to explain the high rates of depression, suicidal ideation, suicide, upper-respiratory and cardiovascular diseases amongst Lakota peoples.<sup>182</sup> Her work set a precedent for understanding the link between historical trauma and present-day indigenous health, and it is now one of the most well-established ways of understanding how settler colonialism contemporaneously impinges upon indigenous peoples.<sup>183</sup>

Furthering the idea of present-day intergenerational trauma is the concept of embodiment. Embodiment was first posited as a construct key to social epidemiology in 1994, but it has only gained widespread acceptance since the turn of the present century.<sup>184</sup> Its rise in prominence is primarily owed to the work of social epidemiologist Nancy Krieger. Krieger has defined embodiment as being:

...how people literally embody and biologically express experiences of racial oppression and resistance from conception to death...It is about how the truths of our body and body politic engage and enmesh, thereby producing population patterns of health, disease and well-being.<sup>185</sup>

Krieger’s expansive definition – which goes beyond biologically deterministic explanations of disease – aligns with indigenous understandings of health and well-being. For American Indians and Alaska Natives, “wellness involves the physical, emotional, mental and spiritual aspects of a person” being in balance and is always predicated upon “connection to his or her family and community.”<sup>186</sup> By understanding embodiment, the history of indigenous interactions with the American settler state can be used to explain “the high rates of chronic

---

<sup>181</sup> Amrita Roy, “Intergenerational Trauma and Aboriginal Women: Implications for Mental Health During Pregnancy”, *First Peoples Child and Family Review*, Vol. 9, No. 1 (2014), 9.

<sup>182</sup> Maria Yellow Horse Brave Heart, “Wakiksuyapi: Carrying the Historical Trauma of the Lakota”, *Tulane Studies in Social Welfare*, Vol. 21-22 (2000), 247. See also: Maria Yellow Horse Brave Heart and Lemyra M. DeBruyn, “The American Indian Holocaust: Healing Unresolved Historical Grief”, *American Indian and Alaska Native Mental Health Research*, Vol. 8, No. 2 (1998): 56-78.

<sup>183</sup> Yin Paradies, “Colonisation, Racism and Indigenous Health”, *Journal of Population Research*, Vol. 33, No. 1 (2016), 86.

<sup>184</sup> Nancy Krieger and George Davey-Smith, “‘Bodies Count’ and Body Counts: Social Epidemiology and Embodying Inequality”, *Epidemiologic Reviews*, Vol. 26 (2004), 94.

<sup>185</sup> Nancy Krieger, “Embodying Inequality: A Review of Concepts, Measures and Methods for Studying Health Consequences of Discrimination”, *International Journal of Health Services*, Vol. 29, No. 2 (1999), 331 and 335.

<sup>186</sup> Adelson, “Embodiment of Inequity”, S46.

diseases and suicides in indigenous communities” as this is the way the physical body “tells the stories” of the “catastrophic upheavals” imposed upon American Indians and Alaska Natives.<sup>187</sup>

### 3.2.1. The Land-Health Nexus

One of the recurring discussions regarding trauma and the present-day well-being of indigenous peoples relates to land. As discussed in Chapter One, the implementation of the Indian Removal Act (1830), the Dawes Act (1887) and the ensuing effect on indigenous well-being provides tangible evidence about the importance of the relationship between land and indigenous health. Karina Walters has termed this link “the land-health nexus.”<sup>188</sup> It shares many similarities with the concept of embodiment, but it directly relates to how land-based dispossession palpably affects the mental and physical health of indigenous peoples. Esther Belin’s poem “Blues-ing on the Brown Vibe” highlights the contemporary struggles many indigenous peoples experience regarding their continued dislocation and displacement from ancestral lands.<sup>189</sup> In this poem, Belin describes a Navajo woman “requesting some of her soul back” and waiting “for the return of all her pieces.”<sup>190</sup> This can be viewed as an implicit reference to the fact that full tribal control of ancestral Navajo lands – known as *Dinétaah* – is still denied to the Navajo people.<sup>191</sup> The equivalence of soul with land is a common allegory within indigenous cultures, with some defining the deep physical and psychological connection with land as “ensoulment.”<sup>192</sup> Thus, while the current boundaries of the Navajo reservation do overlap with parts of *Dinétaah* – a rare circumstance in itself – there is still a strong sense of displacement, as the Navajo people have not had “all of their pieces” satisfactorily returned to them.

---

<sup>187</sup> Walters et al., “Dis-placement and Dis-ease”, 173.

<sup>188</sup> Walters et al., “Dis-placement and Dis-ease”, 165.

<sup>189</sup> David Rice, “Review: From the Belly of My Beauty by Esther G. Belin”, *Melus*, Vol. 26, No. 3 (Autumn 2001), 234.

<sup>190</sup> Esther Belin, “Blues-ing on the Brown Vibe”, *From the Belly of my Beauty*, (Tucson: University of Arizona Press, 1999). Available at: <https://www.poetryfoundation.org/poems/53453/blues-ing-on-the-brown-vibe> [Accessed 02.05.21].

<sup>191</sup> Kevin S. Blake, “In Search of a Navajo Sacred Geography”, *Geographical Review*, Vol. 91, No. 4 (2001), 716.

<sup>192</sup> Cajete, *Native Science*, 186.

In Navajo tradition, the boundaries of *Dinétaḥ* are defined by four sacred mountains: Hesperus Peak, Blanca Peak, Mount Taylor and the San Francisco Peak.<sup>193</sup> Joe Watkins has explained the socio-cultural importance of these mountains to the Navajo people: “The sacred locations are... the warp, while the cultural connections are the weft threads. The four sacred mountains...are the edges of the blanket...Thus, all individual Navajos wear a multipatterned protective blanket of their culture around them.”<sup>194</sup> This explanation makes very evident the specific importance of place, and the comfort and familiarity that many Navajos derive from *Dinétaḥ*.

This idea of place as protection can be seen in another of Belin’s poems, entitled “Believe.” In this poem, Belin imagines a future world in which the threat of Covid-19 has passed, and the Navajo people can live wholly within *Dinétaḥ* again.<sup>195</sup>

The four support pillars reconfigure the directional mountains  
 The zenith and nadir bolt lightening into our backbone...  
 The rainbow tethers a shield over us  
 All together, the intertwined winds breathe again<sup>196</sup>

As can be observed in this excerpt, the four sacred mountains are again portrayed as grounding “support pillars”, underlining Belin’s relational attachment to *Dinétaḥ*. The imagery of a “shield” being “tethered” over the Navajo people has the same connotation as that of the protective blanket that Watkins highlights. Moreover, Belin’s emphasis on only being able to “breathe *again*” once the connection with people, place and land is complete and that they are “all together” is highly suggestive. This poem makes clear that Belin views *Dinétaḥ* as being able to offer Navajo people the opportunity for all five elements of health – physical, emotional, mental, spiritual and environmental – to be in balance and harmony with one another once more.<sup>197</sup> Although Belin’s poems are highly personal, they convey an emotional honesty about the effects of settler colonialism on the well-being of American Indians and Alaska Natives; an honesty that can sometimes be lacking in more carefully curated texts on this topic.<sup>198</sup>

---

<sup>193</sup> Blake, “Navajo Sacred Geography”, 716.

<sup>194</sup> Watkins, “Place-meant”, 42.

<sup>195</sup> Chip Thomas, “Pandemic Chronicles”, Jetsonorama: Pandemic Chronicles, 30 January 2021, <https://jetsonorama.net/2021/01/30/pandemic-chronicles/>

<sup>196</sup> Esther Belin, “Believe”, Jetsonorama: Pandemic Chronicles, 30 January 2021, <https://jetsonorama.net/2021/01/30/pandemic-chronicles/>

<sup>197</sup> Walters et al., “Dis-placement and Dis-ease”, 164-165.

<sup>198</sup> Adam J. Barker, “Locating Settler Colonialism”, *Journal of Colonialism and Colonial History*, Vol. 13, No. 3 (Winter 2012), <https://muse.jhu.edu/article/491173>

Moreover, they also provide insight into the relationship indigenous peoples have with their ancestral land, a relationship that differs from the settler relationship which is often predicated upon expropriation. This understanding is often missing or elided from the dominant narrative, as indigenous perspectives are frequently excluded. However, as this section has shown, it is vital to have an awareness of it, as it can then be comprehended why removing people from their ancestral land engenders continual emotional and spiritual upheaval for indigenous peoples, negatively affecting their mental and physical health in the present day.<sup>199</sup>

Although there is a significant amount of qualitative evidence supporting the concept of the land-health nexus, there is less empirical evidence. However, Walters et al. have attempted to reduce the deficit, conducting research and producing quantitative data that empirically supports the idea of the land-health nexus. They sampled 354 indigenous adults, presenting the participants with statements about forced relocation, land loss and the neglect or misuse of ancestral lands.<sup>200</sup> The study found that a substantial proportion of the sample group thought about “the impact of land-based trauma, particularly relocation from traditional homelands, land loss and land neglect-based historical trauma on a weekly, and sometimes daily basis.”<sup>201</sup> The authors concluded that their findings provided “preliminary support that trauma related to land losses and disruptions may persist and become embodied in physical and mental health.”<sup>202</sup> Although this is but one study, it provides further support for the concept of the land-health nexus and demonstrates that the physical and mental health of American Indians and Alaska Natives cannot be divorced from the historical context. It also adds further credence to Adelson’s claim that the reason American Indians and Alaska Natives have such poor physical health – and thus are at greater risk of dying from Covid-19 – is due to the history of poor relations between indigenous peoples and the settler colonial state.<sup>203</sup>

### 3.3. Enduring Inequities

The poor underlying physical and mental health of American Indians and Alaska Natives – fostered by the legacies of colonial trauma – has been further exacerbated and

---

<sup>199</sup> ManChui Leung and David T. Takeuchi, “Race, Place and Health” in *Communities, Neighbourhoods and Health: Expanding the Boundaries of Place*, edited by Linda M. Burton et al., (New York: Springer, 2011), 74.

<sup>200</sup> Walters et al., “Dis-placement and Dis-ease”, 185.

<sup>201</sup> Walters et al., “Dis-placement and Dis-ease”, 189.

<sup>202</sup> Walters et al., “Dis-placement and Dis-ease”, 189.

<sup>203</sup> Adelson, “Embodiment of Inequity”, S45.

amplified by enduring structural inequities. These inequities are defined as: “The systemic disadvantage of one social group compared to other groups with whom they coexist...[encompassing] policy, law, governance and culture.”<sup>204</sup> They mean that American Indians and Alaska Natives were – and still are – ill-equipped to deal with the huge public health challenge posed by Covid-19. The President of the National Congress of American Indians (NCAI), Fawn Sharp, has placed the burden of responsibility directly at the feet of the federal government. She states that the “virus disproportionately impacted Indian Country”, and in doing so laid “bare the ultimate price of the federal government’s longstanding neglect of its trust...obligations to tribal nations.”<sup>205</sup> Indigenous peoples are one of the few groups in America that have the legal right to federal health care – the only other groups are prisoners, Medicaid recipients, active military personnel and veterans.<sup>206</sup>

Despite this legal right, the healthcare provided to American Indians and Alaska Natives has been suboptimal for decades. A report published in 2003 by the US Commission on Civil Rights, entitled *A Quiet Crisis*, found that the federal government “spends less per capita on Native American health care than on any other group for which it has this responsibility.”<sup>207</sup> Indigenous peoples have been pushed to the margins of modern American society, and this displacement has resulted in them being overlooked and forgotten in the minds of the majority.<sup>208</sup> The coronavirus pandemic has brought these ‘forgotten’ peoples to the fore, placing an uncomfortable spotlight on the political priorities of the federal government and highlighting its unwillingness to meet its mandatory trust obligations. As Snowden has commented, stories of pandemics and epidemics are not just narratives of “poverty, but also of the poor distribution of resources and the suspect quality of prevailing moral priorities.”<sup>209</sup> The coronavirus pandemic has especially laid bare deep structural inequities that are entrenched in the relationship between indigenous peoples and the modern American state.

---

<sup>204</sup> James N. Weinstein et al., *Communities in Action: Pathways to Health Equity*, (Washington DC: The National Academies Press, 2017), 100.

<sup>205</sup> Fawn Sharp, “NCAI State of Indian Nations 2021 Address: A New Dawn, an Eternal Promise, a Courageous Future”, National Congress of American Indians, 22 February 2021, [https://www.ncai.org/conferencesevents/ncaievents/NCAI\\_StateofIndianNations\\_2021\\_Address\\_AsDelivered.pdf](https://www.ncai.org/conferencesevents/ncaievents/NCAI_StateofIndianNations_2021_Address_AsDelivered.pdf)

<sup>206</sup> US Commission on Civil Rights, *A Quiet Crisis: Federal Funding and Unmet Needs in Indian Country*, July 2003, x, <https://www.usccr.gov/pubs/na0703/na0204.pdf>

<sup>207</sup> US Commission, *A Quiet Crisis*, x.

<sup>208</sup> US Commission, *A Quiet Crisis*, 7.

<sup>209</sup> Snowden, *Epidemics and Society*, 484.



### 3.3.1. The Underfunded Indian Health Service

Due to its mandated fiduciary duty, the federal government has a trust responsibility to provide adequate health care and health services to all members of federally-recognised tribes.<sup>210</sup> The Indian Health Service (IHS) – established in 1955 – is the federal body currently charged with delivering this obligation to eligible American Indians and Alaska Natives.<sup>211</sup> A significant number of indigenous peoples do not have private health insurance and thus are wholly dependent upon the IHS to meet their health needs.<sup>212</sup> Despite the magnitude of vulnerable people who are reliant upon the IHS, it is woefully underfunded, operating on only fifty-nine percent of its required annual budget.<sup>213</sup> Additional data shows that in order for American Indians and Alaska Natives to be on the path to achieving health parity with the non-indigenous population, the IHS would require a one-off federal funding allocation of eight billion dollars to improve health facilities and “\$10 billion per year for health care delivery for the next 10 years”.<sup>214</sup> A 2018 report published by the US Commission on Civil Rights – entitled *Broken Promises* – highlights that this federal healthcare funding shortage is not universally applied to all groups who are eligible for government-supported healthcare. In 2016, the IHS spent \$2,834 per indigenous person, whereas all other recipients of federal healthcare – including prisoners and military personnel – had approximately \$9,900 allocated to them.<sup>215</sup> The authors of *A Quiet Crisis* made this incisive criticism of the evident health funding gap: “The anorexic budget of IHS can only lead one to deduce that less value is placed on Indian [indigenous] health than that of other populations.”<sup>216</sup> That both the 2003 and 2018 US Civil Rights Commission investigative reports found and highlighted the same IHS funding shortfall suggests that it is not caused by the dubious moral priorities of one particular administration, but rather is an endemic issue, characterised by a total lack of prioritisation by the federal government writ large.

Having an underfunded and poorly resourced health service for an already vulnerable population is a poor baseline from which to address a new public health crisis. In addition, and

---

<sup>210</sup> US Commission on Civil Rights, *Broken Promises: Continuing Federal Funding Shortfall for Native Americans*, December 2018, 7, <https://www.usccr.gov/pubs/2018/12-20-Broken-Promises.pdf>

<sup>211</sup> Weinstein et al., *Communities in Action*, 510.

<sup>212</sup> US Commission, *A Quiet Crisis*, x.

<sup>213</sup> US Commission, *A Quiet Crisis*, x.

<sup>214</sup> US Commission, *A Quiet Crisis*, 49.

<sup>215</sup> US Commission, *Broken Promises*, 66.

<sup>216</sup> US Commission, *A Quiet Crisis*, 49.

of particular relevance to the coronavirus pandemic, is the failure of the federal government to provide sufficient funding for water supply and sanitation on indigenous reservations.<sup>217</sup> According to both the World Health Organisation (WHO) and the CDC, in order to curtail the spread of coronavirus and ensure low infection rates, easy access to safe, clean water is paramount.<sup>218</sup> Prior to the advent of widespread social distancing and local lockdowns, effective and regular handwashing was espoused by the CDC as the most effective way to prevent the spread of coronavirus within communities.<sup>219</sup> However, many indigenous peoples were unable to effectively comply with this mandate, since American Indian and Alaska Native households are almost four times less likely to have indoor plumbing – running water, effective sanitation, taps and toilets – than any other household within the US.<sup>220</sup> This average masks the magnitude of the shortfall in particular places. For example, within the Navajo Nation, households are an astonishing sixty-seven times less likely to have any form of plumbing than the average US home.<sup>221</sup> Moreover, most of the water sources on reservations – mainly wells – are contaminated with heavy metals such as arsenic and uranium, thus making the water inherently unsafe to use and drink.<sup>222</sup> This endemic lack of access to a fundamental human necessity makes it even more challenging for indigenous peoples to improve their general health and gain parity with the non-indigenous US population, let alone deal effectively with a highly contagious virus.

It is not unreasonable to posit that if water infrastructure had been adequately and consistently funded by the central government – as is stipulated by their trust obligation – American Indians and Alaska Natives would not have been so affected by Covid-19. A report published in April 2020 supports this assertion, concluding that a “lack of indoor plumbing...[had] a strong positive relationship with Covid-19 cases on reservations.”<sup>223</sup> In July 2020, another report asserted that limited access to safe water significantly contributed to

---

<sup>217</sup> US Commission, *Broken Promises*, 85.

<sup>218</sup> Fawn Sharp, *US Commission on Civil Rights - Hearing on COVID-19 in Indian Country: The Impact of Federal Broken Promises on Native Americans*, 17 July 2020, 4, [https://www.ncai.org/attachments/Testimonial\\_DZsioKxiANtlqzyGvRcGDaWpLsbZjlznhmJpREpHubPVEyM OIYO\\_NCAI-Written-Testimony-USCCR%207\\_17\\_20-Hearing.pdf](https://www.ncai.org/attachments/Testimonial_DZsioKxiANtlqzyGvRcGDaWpLsbZjlznhmJpREpHubPVEyM OIYO_NCAI-Written-Testimony-USCCR%207_17_20-Hearing.pdf)

<sup>219</sup> Desi Rodriguez-Lonebear et al., “American Indian Reservations and COVID-19: Correlates of Early Infection Rates in the Pandemic”, *Journal of Public Health Management and Practice*, Vol. 26, No. 4 (July/August 2020), 375.

<sup>220</sup> Rodriguez-Lonebear et al., “American Indian Reservations”, 372.

<sup>221</sup> “The Navajo Water Project”, Dig Deep, <https://www.navajowaterproject.org/project-specifics> [Accessed 14.05.21].

<sup>222</sup> Kay and Watson, “Native Americans Let Down?”

<sup>223</sup> Rodriguez-Lonebear et al., “American Indian Reservations”, 375.

American Indians and Alaska Natives being hospitalised with Covid-19 at five times the national rate.<sup>224</sup>

### 3.3.2. Sovereignty and Covid-19

The current concept of sovereignty for tribal nations has been enshrined within US legislation since 1975: tribal nations are viewed as “distinct sovereigns” that have a unique “government-to-government relationship with the United States” and are able to exercise control over both their tribal members and tribal land.<sup>225</sup> However, there is a historical precedent of both US state and federal government failing to recognise and respect this sovereign status, thus undermining the autonomy of tribes.<sup>226</sup> This issue has become particularly salient during the coronavirus pandemic. In other settler-colonial states – such as Canada – tribal sovereignty has been respected, which in turn has led to a more successful controlling of the pandemic. Tribes have been able to implement local lockdowns without reprisal from the local or national governments, thus preventing the spread of coronavirus among their vulnerable members.<sup>227</sup> However, in the US, the pandemic has exposed the inconsistencies of state and federal governments respecting tribal sovereignty.

Many tribal leaders, recognising the threat posed by Covid-19 to their communities, took decisive action, forearmed with the knowledge that their health services were ill-equipped to deal with the danger that coronavirus presented. On the Navajo Nation, President Jonathan Nez curtailed all off-reservation travel, closed all reservation-based schools, issued a stay-at-home order and effected a mandatory curfew.<sup>228</sup> He executed this litany of measures all before the end of April 2020, placing him at odds with the state governor, who was much slower to implement restrictions. Harold Frazier, the Chairman of the Cheyenne River Sioux Tribe in South Dakota went further, setting up twenty-four-hour manned checkpoints on all roads that

---

<sup>224</sup> Sharp, *Hearing on COVID-19 in Indian Country*, 4.

<sup>225</sup> Catherine E. Lhamon to President Donald J. Trump, Washington DC, 20 December 2018. Letter, <https://www.usccr.gov/pubs/2018/12-20-Broken-Promises.pdf>

<sup>226</sup> Lhamon to Trump, 20 December 2018.

<sup>227</sup> Editorial, “Self-Determination and Indigenous Health”, *The Lancet*, Vol. 396 (8 August 2020), 361.

<sup>228</sup> Navajo Nation Office of the President and Vice-President, *Executive Order No. 001-20*, 13 March 2020, 3, [https://www.opvp.navajonsn.gov/Portals/0/Files/EXECUTIVE%20ORDERS/NNExecutiveOrderNo001-20%20\(3\).pdf](https://www.opvp.navajonsn.gov/Portals/0/Files/EXECUTIVE%20ORDERS/NNExecutiveOrderNo001-20%20(3).pdf); Navajo Nation Office of the President and Vice-President, *Executive Order No. 003-20*, 21 April 2020, 3, <https://www.opvp.navajonsn.gov/Portals/0/Files/EXECUTIVE%20ORDERS/EXECUTIVE%20ORDER%20N0%20003-20%20COVID%2019.pdf?ver=pC2xtUO2DaVHn4xmzxIKHA%3d%3d>

provided access to the reservation, “allowing only residents, essential workers and commercial vehicles to enter.”<sup>229</sup> The Cheyenne leadership deemed this radical measure to be necessary, since the 12,000 tribal members had only eight IHS hospital beds immediately available to them.<sup>230</sup> If half of the tribal members were to contract Covid-19, and if one-fifth of them required hospitalisation, then 1,200 hospital beds would be needed. The shortfall could not have been more evident. However, the radical measures were vindicated; until June 2020, only six tribespeople had tested positive for coronavirus. This was a significant achievement, especially considering cases within South Dakota rose markedly during the same time period.<sup>231</sup>

As the pandemic has progressed, state governors have decided to end state-wide lockdowns far sooner than tribal nations.<sup>232</sup> Whilst this is not inherently problematic – and indeed represents a defining element of tribal sovereignty within America’s multi-level governmental structure – troubles have arisen. In the case of South Dakota, the state’s governor Kristi Noem intervened in tribal proceedings, demanding that the Cheyenne tribe remove their checkpoints. When they did not do so, she asked “for immediate federal assistance” in bringing “a prompt end to these unlawful tribal checkpoints/blockades on US/State highways.”<sup>233</sup> Tribal leadership stood firm, nevertheless, refuting the demands of Noem on the grounds that removing the checkpoints would force them to “...accept contagion into our community when we have exercised our sovereignty in a way that benefits our community.”<sup>234</sup> Although the tribe was able to maintain their checkpoints, Noem’s challenge to tribal sovereignty was sufficient for non-tribal members living on the Cheyenne reservation to stop complying with tribal mandates, which in turn led to a massive spike in cases on the reservation in November 2020, creating the very situation tribal members were seeking to avoid.<sup>235</sup>

---

<sup>229</sup> Sarah Stacke and Magnum Foundation, “Tribal Territories Have the Right to Protect Their People Against the Pandemic”, *The Nation*, 15 December 2020, <https://www.thenation.com/article/politics/lakota-tribal-sovereignty-covid/>

<sup>230</sup> Stacke and Magnum Foundation, “Tribal Territories.”

<sup>231</sup> Mark Walker and Emily Cochrane, “Tribe in South Dakota Seeks Court Ruling Over Standoff in Blocking Virus”, *The New York Times*, 24 June 2020, <https://www.nytimes.com/2020/06/24/us/politics/coronavirus-south-dakota-tribe-standoff.html>

<sup>232</sup> “Coronavirus in Indian Country: A Roundtable Hosted by the House Natural Resources Committee Democrats”, *American Indian Policy Institute*, 17 April 2020, <https://aiipi.asu.edu/blog/2020/05/coronavirus-indian-country-roundtable-hosted-house-natural-resources-committee>

<sup>233</sup> Governor Kristi Noem to President Donald Trump, Letter, 20 May 2020, 2, <https://assets.documentcloud.org/documents/6920660/GovNoemlettertoWhiteHouse.pdf>

<sup>234</sup> Walker and Cochrane, “Tribe in South Dakota Seeks Ruling.”

<sup>235</sup> Stacke and Magnum Foundation, “Tribal Territories.”

This case study highlights the fragility of the concept of tribal sovereignty within the United States, and also demonstrates how the lack of respect for tribal sovereignty can further endanger indigenous health security.<sup>236</sup> Due to Noem's actions, the Cheyenne River Sioux Tribe experienced an accumulation of Covid-19 cases on the reservation, thereby endangering vulnerable tribal members and placing a severe strain upon their available medical resources. Parallels can be drawn with the assimilation era, when indigenous autonomy and authority was subsumed beneath the paternalistic directives of the BIA, and indigenous health security was again compromised. The UN Special Rapporteur on the rights of indigenous peoples, José Francisco Calí Tzay, published a report in July 2020 investigating the impact of the coronavirus pandemic on the rights of indigenous peoples. He observed that indigenous peoples are those “best placed to control the virus” within their communities and thus, “governments should support measures that indigenous communities have themselves judged appropriate in application of their collective right to autonomy and self- governance.”<sup>237</sup> The advent of tribal sovereignty was meant to signal the end of state and federal policies that interfered with and interrupted the socio-cultural lifeways of American Indians and Alaska Natives, as seen in the assimilation era. However, by challenging tribal decisions implemented to safeguard residents from the coronavirus pandemic – as exemplified in this South Dakota case – state and federal governments have demonstrated that they still do not universally accept the sovereignty of tribal nations, nearly fifty years after it became formal US government policy.

### 3.4. Conclusion

Through a close reading of sources created by American Indian and Alaska Native individuals and organisations, this chapter has demonstrated that the structures of settler colonialism still impinge upon the present-day realities of American Indians and Alaska Natives. In the context of the Covid-19 pandemic, it is clear that intergenerational trauma stemming from the abuses of the assimilation era and the continued displacement and dislocation from ancestral homelands has made American Indians and Alaska Natives far more vulnerable to Covid-19. Contrary to the popular narrative, they are not being passively ‘wiped out’ by Covid-19 through happenstance, misfortune or genetic vulnerability. The unspoken and

---

<sup>236</sup> Editorial, “Self-Determination”, 361.

<sup>237</sup> José Francisco Calí Tzay, *Report of the Special Rapporteur on the Rights of Indigenous Peoples*, A/75/185, (20 July 2020), 12 and 14, <https://documentsddsny.un.org/doc/UNDOC/GEN/N20/188/47/PDF/N2018847.pdf?OpenElement>

invisible element in the dominant narrative – but one that has been repeatedly highlighted within the testimonies of American Indians and Alaska Natives – pertains to the enduring effects of settler colonialism upon their health security. This is what has made them more vulnerable to Covid-19.

Moreover, it is more than evident that an unequal relationship continues to exist between American Indians, Alaska Natives and the non-indigenous population; a status perpetuated and upheld by the apathy of the federal government. It is also because of this inequity that American Indians and Alaska Natives have been so unduly affected by Covid-19. This vulnerable population has been ill-served by only having access to an underfunded and poorly resourced health service. This has been amplified during the coronavirus pandemic and further exacerbated by the long-term failure of the federal government to provide sufficient funding for the provision of an adequate water supply and sanitation on indigenous reservations. The structures of American settler colonial society – although no longer shaped with the intention of actively persecuting indigenous peoples – are nevertheless not designed to benefit or prioritise them. Covid-19 incidence and mortality amongst American Indians and Alaska Natives provides clear evidence of this.

## *Conclusions and Reflections*

“We are vanishing lines in history books, treaties... Let us poem a place where you cannot erase us into white space.”<sup>238</sup>

Tanaya Winder, Duckwater Shoshone Tribal Member, Poet and Educator.

### **4.1. “Indians were not born vulnerable; they were made vulnerable.”<sup>239</sup>**

The histories of settler populations and indigenous peoples are enmeshed and embedded within each other. The story of the implementation and perpetuation of settler colonialism should not be told without reference to and inclusion of indigenous peoples. The relationship between indigeneity and disease should not be discussed without full consideration of indigenous perspectives and experiences. However, until relatively recently, indigenous experiences remained marginalised in both IR and popular narratives. Indeed, as Tanaya Winder highlights in the above extract, indigenous peoples are “vanishing lines in history books.”<sup>240</sup> It is important to include the perspectives of American Indians and Alaska Natives as this allows their voices to shape their own narratives. In constructing a contrapuntal narrative – as much as the available source material would allow – this thesis has attempted to rectify this invisibility and erasure. Rather than moulding American Indians and Alaska Natives to fit the available “white space” – namely white settler society and the dominant settler narrative – this thesis has given space to the perspectives, emotions and experiences of indigenous peoples.<sup>241</sup>

One of the aims of this thesis was to examine the threat posed by the Covid-19 pandemic to the health of both indigenous and non-indigenous peoples whilst keeping the perspectives and experiences of American Indians and Alaska Natives in the foreground as much as possible. By using Said’s concept of contrapuntal reading, this thesis – most notably in Chapter Two – has been able to reveal perspectives that would otherwise have remained largely invisible to the majority. This thesis has drawn from poetry, visual art, oral and written

---

<sup>238</sup> Tanaya Winder, “Missing More Than a Word”, *Poetry: Native Poets* (June 2018), <https://www.poetryfoundation.org/poetrymagazine/issue/146682/june-2018#toc>

<sup>239</sup> Jones, “Death”, 25.

<sup>240</sup> Winder, “Missing.”

<sup>241</sup> Winder, “Missing.”

testimonies created by American Indians and Alaska Natives, along with secondary literature published by indigenous scholars, thereby amplifying their lived experiences. In doing so, it has demonstrated how their health security has been uniquely – and detrimentally – affected by historical and contemporary policies implemented by the US federal government. Without giving proper consideration to indigenous perspectives in this way, one cannot understand their crucial relationship with land, family, community and cultural traditions, nor comprehend how disruption of these lifeways has a very tangible effect upon indigenous health security in the present day.

This thesis argues that American Indians and Alaska Natives have been “made vulnerable” and have had their health security compromised – continually – through the processes and consequences of post-empire settler colonialism. This has resulted in them being disproportionately affected by epidemics and pandemics, the most recent being the Covid-19 pandemic. In doing so, this thesis rejects biologically deterministic explanations of indigenous disease susceptibility and embraces socio-cultural explanations which maintain that centuries of oppression and discrimination engendered by settler colonialism have negatively impacted indigenous health security. As this thesis has innovatively argued, although traditional social determinants of health do play a role in exacerbating the health insecurity of indigenous peoples, the unequal structures perpetuated by settler colonialism are the primary reason why indigenous peoples have been disproportionately affected by the Covid-19 pandemic.

Chapter One posits that the introduction and implementation of the US federal government’s culturally and socially destructive assimilation policies had a direct correlation with the notable decline in the health of American Indians and Alaska Natives, thereby increasingly their vulnerability to tuberculosis epidemics and pandemic influenza. It supports this assertion by examining the effect of pivotal assimilation policies – the General Allotment Act, the ‘model home campaign’, residential boarding schools and the Compulsory Attendance Law – on the health security of American Indians and Alaska Natives. In doing so, it extends the argument of Patrick Wolfe, who maintained that the forcible imposition of settler society upon indigenous peoples engenders a metaphorical death, as their indigenous soul is erased.<sup>242</sup> Chapter One takes Wolfe’s idea further and argues that by disrupting indigenous peoples’ lifeways, assimilationist policies undermined their health security and made them more

---

<sup>242</sup> Wolfe, “Settler Colonialists and Elimination”, 397.



vulnerable to tuberculosis and influenza. Post-empire settler colonialism thus engendered both metaphorical *and* corporeal deaths for American Indians and Alaska Natives.

Chapter Two builds upon the foundations laid in the preceding chapter. It asserts that settler colonial structures still affect the health security of American Indians and Alaska Natives in very fundamental ways, thereby making them more vulnerable to Covid-19. Despite the advent of legislation that nominally protects tribal self-determination and sovereignty, for indigenous peoples, settler colonialism is not a fact of the inert past, but rather defines their daily reality. This chapter expounds upon this idea by suggesting that the legacies of assimilation still tangibly affect indigenous health security today. It uses the concepts of intergenerational trauma, embodiment and the land-health nexus to support this argument. Chapter Two also proposes that the poor underlying physical and mental health of American Indians and Alaska Natives – fostered by the legacies of colonial trauma – has been further exacerbated and amplified by enduring structural inequities, engendered by the US federal government’s neglect of its fiduciary duty. These structural inequalities have directly and deleteriously affected the ability of tribal nations to protect their citizens from the Covid-19 pandemic.

## **4.2. Future Research**

The evidence this thesis has presented has been constrained by the conditions under which it was written. Due to the circumstances of the Covid-19 pandemic, it has been wholly reliant upon primary sources that are both available digitally and held in the public domain. Chapter One in particular would have benefitted from a broadened source base, as presently, primary material created by indigenous peoples – as opposed to settlers – is thin. This consequently hindered the ability of the author to carry out a true and sustained contrapuntal analysis in this particular chapter. The source base would have been bolstered by the inclusion of non-digitised sources that are held within the archives of the Library of Congress and the National Archives.

This thesis has exclusively examined intrasocietal relationships between indigenous peoples and the American settler state, and how this relationship has resulted in American Indians and Alaska Natives being more vulnerable to epidemics and pandemics, both

historically and contemporaneously. In future, the author would like to broaden this focus beyond the United States, perhaps conducting a comparative study with other settler colonial nations such as Canada, Australia and New Zealand, to better investigate how structures of settler colonialism have historically affected indigenous disease outcomes during other pandemics and epidemics.

## *Bibliography*

### **Primary Sources:**

Anonymous. "Hopi Indian Pueblo – Southwest United States." 13 October 1913. Photograph. <https://www.loc.gov/resource/cph.3b10612/>

Anonymous. "Isaac Blackbird: Home Industrial Surveys." 26 April 1924. Photograph. <https://catalog.archives.gov/id/106755736>

APM Research Lab Staff. "The Color of Coronavirus: COVID-19 Deaths by Race and Ethnicity in the US." APM Research Lab. 5 March 2021, <https://www.apmresearchlab.org/covid/deaths-by-race>

Belin, Esther. "Believe." Jetsonorama: Pandemic Chronicles. 30 January 2021, <https://jetsonorama.net/2021/01/30/pandemic-chronicles/>

Belin, Esther. "Blues-ing on the Brown Vibe." *From the Belly of my Beauty*. Tuscon: University of Arizona Press, 1999, <https://www.poetryfoundation.org/poems/53453/blues-ing-on-the-brown-vibe> [Accessed 02.05.21].

Buranbaeva, Oksana, Myriam Conejo Maldonado, Ketil Lenert Hansen, Mukta S. Lama, Priscilla S. Migiroy and Collin Tukuitonga. *State of the World's Indigenous Peoples: Indigenous Peoples' Access to Health Services, Volume II*. United Nations Department of Economic and Social Affairs, 2013, <https://www.un.org/development/desa/indigenouspeoples/publications/state-of-the-worlds-indigenous-peoples.html>

Christiansen, Christian. Photographer. "Indian Home: Chippewa Family." 1915. Photograph, <https://www.loc.gov/resource/ds.14373/>

Clark, Edward B. "Uncle Sam's Indian Wards." *The North Platte Semi-Weekly Tribune*, 25 February 1916. Newspaper, <https://chroniclingamerica.loc.gov/lccn/2010270504/1916-02-25/ed-1/seq-6/>

DeLien, H. and Arthur W. Dahlstrom. "An Ethnic Reservoir of Tuberculosis." *American Journal of Public Health*, Vol. 41 (May 1951): 528-532.

Governor Kristi Noem to President Donald J. Trump. 20 May 2020. Letter, <https://assets.documentcloud.org/documents/6920660/GovNoemlettertoWhiteHouse.pdf>

Indian Health Service. *Indian Health Disparities*. October 2019, [https://www.ihs.gov/sites/newsroom/themes/responsive2017/display\\_objects/documents/factsheets/Disparities.pdf](https://www.ihs.gov/sites/newsroom/themes/responsive2017/display_objects/documents/factsheets/Disparities.pdf)

Kay, Katty and Watson, Carlos. "Have Native Americans Been Let Down?" 27 February 2021, in *When Katty Met Carlos*. Produced by BBC World Service and OZY Media. Podcast, 27:09, <https://www.bbc.co.uk/sounds/play/w3ct21m0>

Kober, George M. *Tuberculosis among the North American Indians: Report of a Committee of the National Tuberculosis Association*. Washington, DC: Government Printing Office, 1923.

Levering, Albert. Artist, "The American Indian: Past and Present." Photograph.  
<https://www.loc.gov/resource/ds.03750/>

Matthews, Washington. "Consumption Among the Indians." *Transactions of the American Climatological Association*, Vol. 3 (1886): 234-241.

Meriam, Lewis, Ray A. Brown, Henry Roe Cloud, Edward Everett Dale, Emma Duke, Herbert R. Edwards, Fayette Avery McKenzie, Mary Louise Mark, W. Carson Ryan Jr. and William J. Spillman. *The Problem of Indian Administration*, Baltimore, MD: John Hopkins Press, 1928.

"Native American Voices: House Concurrent Resolution 108." Digital History,  
[https://web.archive.org/web/20070608052514/http://www.digitalhistory.uh.edu/native\\_voices/voices\\_display.cfm?id=96](https://web.archive.org/web/20070608052514/http://www.digitalhistory.uh.edu/native_voices/voices_display.cfm?id=96) [Accessed 28.04.21].

Navajo Nation Office of the President and Vice-President. *Executive Order No. 001-20*. 13 March 2020,  
[https://www.opvp.navajonsn.gov/Portals/0/Files/EXECUTIVE%20ORDERS/NNExecutiveOrderNo001-20%20\(3\).pdf](https://www.opvp.navajonsn.gov/Portals/0/Files/EXECUTIVE%20ORDERS/NNExecutiveOrderNo001-20%20(3).pdf)

Navajo Nation Office of the President and Vice-President. *Executive Order No. 003-20*. 21 April 2020,  
<https://www.opvp.navajonsn.gov/Portals/0/Files/EXECUTIVE%20ORDERS/EXECUTIVE%20ORDER%20NO%2000320%20COVID%2019.pdf?ver=pC2xtUO2DaVHn4xmzxIKHA%3d%3d>

Norris, Tina, Paula L. Vines and Elizabeth M. Hoeffel. *The American Indian and Alaska Native Population: 2010*. US Census Bureau. January 2012,  
<https://www.census.gov/prod/cen2010/briefs/c2010br-10.pdf>

Pratt, Richard Henry. *Official Report of the Nineteenth Annual Conference of Charities and Correction*. 1892, Manuscript, <http://carlisleindian.dickinson.edu/teach/kill-indian-and-save-man-capt-richard-h-pratt-education-native-americans> [Accessed 28.03.21].

Riotta, Chris. "Tribal nations could be 'wiped out' by coronavirus, governor warns." *The Independent*. 31 March 2020, <https://www.independent.co.uk/news/world/americas/tribal-nations-coronavirus-new-mexico-navajo-people-wiped-out-pandemic-a9438576.html>

Sharp, Fawn. "NCAI State of Indian Nations 2021 Address: A New Dawn, an Eternal Promise, a Courageous Future." National Congress of American Indians. 22 February 2021,  
[https://www.ncai.org/conferences-events/ncai-events/NCAI\\_StateofIndianNations\\_2021\\_Address\\_AsDelivered.pdf](https://www.ncai.org/conferences-events/ncai-events/NCAI_StateofIndianNations_2021_Address_AsDelivered.pdf)

Sharp, Fawn. *US Commission on Civil Rights - Hearing on COVID-19 in Indian Country: The Impact of Federal Broken Promises on Native Americans*. 17 July 2020,

[https://www.ncai.org/attachments/Testimonial\\_DZsioKxiANtlqzyGvRcGDaWpLsbZjlznhmJpREpHubPVEyMOIYO\\_NCAI-Written-Testimony-USCCR%207\\_17\\_20-Hearing.pdf](https://www.ncai.org/attachments/Testimonial_DZsioKxiANtlqzyGvRcGDaWpLsbZjlznhmJpREpHubPVEyMOIYO_NCAI-Written-Testimony-USCCR%207_17_20-Hearing.pdf)

Smith, Andrea. *Indigenous Peoples and Boarding Schools*, E/C.19/2009/CRP. 1, 26 January 2009, [https://www.un.org/esa/socdev/unpfii/documents/IPS\\_Boarding\\_Schools.pdf](https://www.un.org/esa/socdev/unpfii/documents/IPS_Boarding_Schools.pdf)

Stacke, Sarah and the Magnum Foundation. “Tribal Territories Have the Right to Protect Their People Against the Pandemic.” *The Nation*. 15 December 2020, <https://www.thenation.com/article/politics/lakota-tribal-sovereignty-covid/>

Standing Bear, Luther. 1885. Manuscript. Record retrieved from The Heard Museum, “Away from Home: American Indian Boarding School Stories” Exhibition, <https://heard.org/boardingschool/health/> [Accessed 30.03.21].

Stillman, R.G. and Anton George. *A Picture of Northwest Indians*, Washington, 1938. Manuscript/Mixed Material, <https://www.loc.gov/resource/wpalh3.38071813/?sp=13> [Accessed 30.03.21].

Superintendent of Chemawa Boarding School to Grace Nye, 29 October 1918, Letter, <https://www.archives.gov/exhibits/influenza-epidemic/records/superintendent-condolence-letter-1.jpg>

“The Navajo Water Project”, Dig Deep, <https://www.navajowaterproject.org/project-specifics> [Accessed 14.05.21].

Thomas, Chip. Photographer. “*Diné* COVID PSA [Public Service Announcement]”, 24 April 2020, Photograph, <http://artjournal.collegeart.org/?p=13396>

Thomas, Chip (ed.), “Pandemic Chronicles: Volume I.” *Art Journal Open*. 19 November 2020, <http://artjournal.collegeart.org/?p=14294>

Tzay, José Francisco Calí. Report of the Special Rapporteur on the Rights of Indigenous Peoples, A/75/185. 20 July 2020, <https://documentsddsny.un.org/doc/UNDOC/GEN/N20/188/47/PDF/N2018847.pdf?OpenElement>

US Commission on Civil Rights. *A Quiet Crisis: Federal Funding and Unmet Needs in Indian Country*, July 2003, <https://www.usccr.gov/pubs/na0703/na0204.pdf>

US Commission on Civil Rights. *Broken Promises: Continuing Federal Funding Shortfall for Native Americans*. December 2018, <https://www.usccr.gov/pubs/2018/12-20-Broken-Promises.pdf>

US Department of Commerce: Economic and Statistics Administration. *1990 Census of Population: American Indian and Alaska Native Areas*. Washington: US Government Printing Office, 1990, <https://www2.census.gov/library/publications/decennial/1990/cp-1/cp-1-1a.pdf>

Walker, Mark and Emily Cochrane. “Tribe in South Dakota Seeks Court Ruling Over Standoff in Blocking Virus.” *The New York Times*. 24 June 2020,

<https://www.nytimes.com/2020/06/24/us/politics/coronavirus-south-dakota-tribe-standoff.html>

“Why are so many Native Americans dying of Covid?” American Indian Studies Centre. 30 September 2020, [https://www.aisc.ucla.edu/news/newsday\\_drl.aspx](https://www.aisc.ucla.edu/news/newsday_drl.aspx)

Winder, Tanaya. “Missing More Than a Word.” *Poetry: Native Poets* (June 2018), <https://www.poetryfoundation.org/poetrymagazine/issue/146682/june-2018#toc>

## Secondary Sources:

Abedi, Vida, Oluwaseyi Olulana, Venkatesh Avula, Durgesh Chaudhary, Ayesha Khan, Sjima Shahjouei, Jiang Li and Ramin Zand, “Racial, Economic and Health Inequality and COVID-19 Infection in the United States”, *Journal of Racial and Ethnic Health Disparities* (2020): 732-742.

Adams, Mikaëla M. “‘A Very Serious and Perplexing Epidemic of Grippe’: The Influenza of 1918 at the Haskell Institute.” *The American Indian Quarterly*, Vol. 44, No. 1 (Winter 2020): 1-35.

Adams, Mikaëla M. “Social Distancing in the Age of Assimilation: The Influenza Pandemic of 1918-20 in Indian Country”, *Centre for the Study of the American South*, 16 April 2020, <https://south.unc.edu/2020/04/16/covidinthesouth-social-distancing-in-the-age-of-assimilation/>

Adelson, Naomi. “The Embodiment of Inequity: Health Disparities in Aboriginal Canada”, *Canadian Journal of Public Health*, Vol. 96, Supplement 2 (March-April 2005): S45-S61.

Aldis, William. “Health Security as a Public Health Concept: A Critical Analysis.” *Health Policy and Planning*, Vol. 23, (2008): 369-375.

Anderson, Patricia. “Priorities in Aboriginal Health.” In *Aboriginal Health, Social and Cultural Transitions*, edited by Gary W. Robinson. Darwin, NT: Charles Darwin University Press, 1996.

Arrazola, Jessica, Matthew M. Masiello, Sujata Joshi, Adrian E. Dominguez, Amy Poel, Crisandra M. Wilkie, Jonathan M. Bressler, Joseph McLaughlin, Jennifer Kraszewski, Kenneth K. Komatsu, Xandy Peterson Pompa, Megan Jespersen, Gillian Richardson, Nicholas Lehnertz, Pamela LeMaster, Britney Rust, Alison Keyser Metobo, Brooke Doman, David Casey, Jessica Kumar, Alyssa L. Rowell, Tracy K. Miller, Mike Mannell, Ozair Naqvi, Aaron M. Wendelboe, Richard Leman, Joshua L. Clayton, Bree Barbeau, Samantha K. Rice, Victoria Warren-Mears, Abigail Echo-Hawk, Andria Apostolou and Michael Landen. “COVID-19 Mortality Among American Indians and Alaska Native Persons – 14 States, January-June 2020.” *U.S. Department of Health and Human Service: Morbidity and Mortality Report*, Vol. 69, No. 49 (11 December 2020): 1853-1856.

Austin Alchon, Suzanne. *A Pest in the Land: New World Epidemics in the Global Perspective*. Albuquerque: University of New Mexico Press, 2003.

Barkawi, Tarak. "Empire and Order in International Relations and Security Studies." In *The International Studies Encyclopaedia Vol. III*, edited by Robert A. Denemark, 1360-1379. Chichester: Wiley-Blackwell, 2010.

Barker, Adam J. "Locating Settler Colonialism." *Journal of Colonialism and Colonial History*, Vol. 13, No. 3 (Winter 2012), <https://muse.jhu.edu/article/491173>

Belcourt, Billy-Rae. "Meditations on Reserve Life, Biosociality and the Taste of Non-Sovereignty." *Settler Colonial Studies*, Vol. 8, No. 1 (2018): 1-15.

Bilgin, Pinar. "'Contrapuntal Reading' as a Method, an Ethos and a Metaphor for Global IR." *International Studies Review*, Vol. 18 (2016): 134-146.

Biswas, Shampa. "Postcolonialism." In *International Relations Theories: Discipline and Diversity*, edited by Tim Dunne, Milja Kurki and Steve Smith. Oxford: Oxford University Press, 2016.

Blake, Kevin S. "In Search of a Navajo Sacred Geography." *Geographical Review*, Vol. 91, No. 4 (2001): 715-724.

Brady, Benjamin R. and Bahr, Howard M. "The Influenza Epidemic of 1918-20 among the Navajos: Marginality, Mortality and the Implications of some Neglected Eyewitness Accounts." *American Indian Quarterly*, Vol. 38, No. 4 (Autumn 2014): 459-491.

Brave Heart, Maria Yellow Horse. "Wakiksuyapi: Carrying the Historical Trauma of the Lakota." *Tulane Studies in Social Welfare*, Vol. 21-22 (2000): 245-266.

Brave Heart, Maria Yellow Horse and Lemyra M. DeBruyn. "The American Indian Holocaust: Healing Unresolved Historical Grief." *American Indian and Alaska Native Mental Health Research*, Vol. 8, No. 2 (1998): 56-78.

Talha Burki, "COVID-19 Among American Indians and Alaska Natives", *The Lancet: Infectious Diseases*, Vol. 21, No. 3 (March 2021), 325-326.

Cajete, Gregory. *Native Science: Natural Laws of Interdependence*. New Mexico: Clear Light Publishers, 2000.

"Causes: Tuberculosis", National Health Service, <https://www.nhs.uk/conditions/tuberculosis-tb/causes/> [Accessed 01.04.21].

Chowdhry, Geeta. "Edward Said and Contrapuntal Reading: Implications for Critical Interventions in International Relations." *Millennium: Journal of International Studies*, Vol. 36, No. 1 (2007): 101-116.

Coates, Ta-Nehisi. "The Case for Reparations." *The Atlantic*. June 2014, <https://www.theatlantic.com/magazine/archive/2014/06/the-case-for-reparations/361631/>

"Coronavirus", World Health Organisation. Available at: [https://www.who.int/health-topics/coronavirus#tab=tab\\_1](https://www.who.int/health-topics/coronavirus#tab=tab_1) [Accessed 03.05.21].

“Coronavirus in Indian Country: A Roundtable Hosted by the House Natural Resources Committee Democrats.” American Indian Policy Institute. 17 April 2020, <https://aipi.asu.edu/blog/2020/05/coronavirus-indian-country-roundtable-hosted-house-natural-resources-committee>

Cornell, Stephen, and Joseph P. Kalt. “American Indian Self-Determination: The Political Economy of a Successful Policy.” *Joint Occasional Papers on Native Affairs*, Working Paper No. 1 (November 2010): 1-32.

Crosby, Alfred. “Virgin Soil Epidemics as a Factor in the Aboriginal Depopulation in America.” *The William and Mary Quarterly*, Third Series, Vol. 33, No. 2 (April 1976): 289-299.

“Dawes Act and Commission: Topics in Chronicling America.” The Library of Congress, <https://guides.loc.gov/chronicling-america-dawes-act-commission> [Accessed 01.04.21].

DeJong, David H. *‘If You Knew the Conditions’ – A Chronicle of the Indian Medical Service and American Indian Health Care, 1908-1955*, (Lanham, MD: Lexington Books, 2008).

DeLucia, Christine. “The Vanishing Indians of “These Truths.” LA Review of Books. 10 January 2019, <https://lareviewofbooks.org/article/the-vanishing-indians-of-these-truths>

Editorial. “Self-Determination and Indigenous Health.” *The Lancet*, Vol. 396 (8 August 2020): 361.

Ellinghaus, Katherine. *Blood Will Tell: Native Americans and Assimilation Policy*. Lincoln: University of Nebraska Press, 2017.

Evans-Campbell, Teresa. “Historical Trauma in American Indian/ Native Alaska Communities: A Multi-Level Framework for Exploring Impacts on Individuals, Families and Communities.” *Journal of Interpersonal Violence*, Vol. 23, No. 3 (2008): 316-338.

Foner, Eric. *Give Me Liberty! An American History*, Fifth Edition. New York: W.W. Norton and Company, 2016.

Garrett, Laurie. *The Coming Plague: Newly Emerging Diseases in a World Out of Balance*. New York: Farrar, Straus and Giroux, 1994.

Hackett, Paul. “From Past to Present: Understanding First Nations Health Patterns in a Historical Context.” *Canadian Journal of Public Health*, Vol. 96, Supplement 1 (2005): S17-S21.

Hatcher, Sarah M., Christine Agnew-Brune, Mark Anderson, Laura D. Zambrano, Charles E. Rose, Melissa A. Jim, Amy Baugher, Grace S. Liu, Sadhna V. Patel, Mary E. Evans, Talia Pindyck, Christine L. Dubray, Jeanette J. Rainey, Jessica Chen, Claire Sadowski, Kathryn Wingless, Ana Penman-Aguilar, Amruta Dixit, Eudora Claw, Carolyn Parshall, Ellen Provost, Aurimar Ayala, German Gonzalez, Jamie Ritchey, Jonathan Davis, Victoria Warren-Mears, Sujata Joshi, Thomas Weiser, Abigail Echo-Hawk, Adrian Dominguez, Amy Poel, Christy Duke, Imani Ransby and Andria Apostolou. “COVID-19 Among American Indian and Alaska Native Persons – 23 States, January 31-July 3, 2020.” *U.S. Department of Health*



and Human Services: *Morbidity and Mortality Report*, Vol. 69, No. 24 (28 August 2020): 1166-1169.

“Health and Running Away”, The Heard Museum, <https://heard.org/boardingschool/health/> [Accessed 30.03.31].

Hedgpeth, Dana. “Native Americans Were Already Being Wiped Out. Then the 1918 Flu Hit”, *The Washington Post*, 27 September 2020, <https://www.washingtonpost.com/history/2020/09/28/1918-flu-native-americans-coronavirus/>

“History of the Bureau of Indian Affairs”, US Department of the Interior (Indian Affairs), <https://www.bia.gov/bia> [Accessed 27.05.21].

“History of the 1918 Flu Pandemic”, Centres for Disease Control and Prevention, 21<sup>st</sup> March 2018, <https://www.cdc.gov/flu/pandemic-resources/1918-commemoration/1918-pandemic-history.htm>

Hixson, Walter L. “Adaptation, Resistance and Representation in the Modern US Settler State”, in *The Routledge Handbook of the History of Settler Colonialism*, edited by Edward Cavanagh and Lorenzo Veracini, 169-185. London: Routledge, 2017.

Holshue, Michelle L., Chas DeBolt, Scott Lindquist, Kathy H. Lofy, John Wiesman, Hollianne Bruce, Christopher Spitters, Keith Ericson, Sara Wilkerson, Ahmet Tural, George Diaz, Amanda Cohn, LeAnne Fox, Anita Patel, Susan I. Gerber, Lindsay Kim, Suziang Tong, Xioyan Lu, Steve Lindstrom, Mark A. Pallansch, William C. Weldon, Holly M. Biggs, Timothy M. Uyeki and Satish K. Pillai. “First Case of 2019 Novel Coronavirus in the United States”, *The New England Journal of Medicine*, Vol. 382 (5 March 2020): 929-936.

Howe, Stephen. “Native America and the Study of Colonialism, Part 1: Contested Histories.” *Settler Colonial Studies*, Vol. 3, No. 1 (2013): 102-126.

Howe, Stephen. “Native America and the Study of Colonialism, Part 2: Colonial Presents?”, *Settler Colonial Studies*, Vol. 4, No. 1 (2014): 105-119.

Hoxie, Frederick E. *A Final Promise: The Campaign to Assimilate the Indians, 1880-1920*. Lincoln: University of Nebraska Press, 1984.

Jobe, Margaret M. “Native Americans and the US Census: A Brief Historical Survey.” *Universities Libraries Faculty and Staff Contributions*, Vol. 28 (Spring 2004): 1-18.

Jones, David. “Death, Uncertainty and Rhetoric.” In *Beyond Germs: Native Depopulation in North America*, edited by Catherine M. Cameron, Paul Kelton and Alan C. Swedlund, 16-49. Tuscon: University of Arizona Press, 2015.

Jones, David. *Rationalising Epidemics: Meanings and Uses of American Indian Mortality since 1600*. Cambridge, MA: Harvard University Press, 2004.

Jones, David. “The Persistence of American Indian Health Disparities.” *American Journal of Public Health*, Vol. 96, No. 12 (December 2006): 2122-2134.

King, Malcom, Alexandra Smith and Michael Gracey. "Indigenous Health Part 2: The Underlying Causes of the Health Gap." *The Lancet*, Vol. 374 (2009): 76-85.

Kouzmenko, Alice. "Edward Said's Contrapuntal Reading Method." Writing Portfolio, <https://alicekouzmenko.wordpress.com/2017/06/23/edward-saids-contrapuntal-reading-method/> [Accessed 04.02.21].

Krieger, Nancy and George Davey-Smith. "'Bodies Count' and Body Counts: Social Epidemiology and Embodying Inequality." *Epidemiologic Reviews*, Vol. 26 (2004): 92-103.

Krieger, Nancy. "Embodying Inequality: A Review of Concepts, Measures and Methods for Studying Health Consequences of Discrimination." *International Journal of Health Services*, Vol. 29, No. 2 (1999): 295-352.

Kunitz, Stephen J. *Disease and Social Diversity: The European Impact on the Health of Non-Europeans*. Oxford: Oxford University Press, 1994.

LaRocque, Emma. *The Path to Healing: Report of the National Round Table on Aboriginal Health and Social Issues*. Ottawa: Canada Communication Group, 1993, [https://qspace.library.queensu.ca/bitstream/handle/1974/7733/Path\\_to\\_Healing.pdf;sequence=1](https://qspace.library.queensu.ca/bitstream/handle/1974/7733/Path_to_Healing.pdf;sequence=1) [Accessed 27.03.21].

Leung, ManChui and David T. Takeuchi. "Race, Place and Health" in *Communities, Neighbourhoods and Health: Expanding the Boundaries of Place*, edited by Linda M. Burton, Susan P. Kemp, ManChui Leung, Stephen A. Matthews and David T. Takeuchi, 73-91. New York: Springer, 2011.

Livi-Bacci, Massimo. "The Demise of the American Indios." *Population and Development Review*, Vol. 37, No. 1 (2011): 161-165.

McMillen, Christian. "'The Red Man and the White Race': Rethinking Race, Tuberculosis, and American Indians." *Bulletin of the History of Medicine*, Vo. 82, No. 3 (Autumn 2008): 608-645.

Moss, Margaret. "American Indian Health Disparities: By the Sufferance of Congress?" *Journal of Public Law and Policy*, Vol. 32, No. 1 (Autumn 2010): 59-81.

Nagel, Joane. *American Indian Ethnic Renewal: Red Power and the Resurgence of Identity and Culture*, Oxford: Oxford University Press, 1997.

Paradies, Yin. "Colonisation, Racism and Indigenous Health." *Journal of Population Research*, Vol. 33, No. 1 (2016): 83-96.

"Past", The Carlisle Indian School Project, <https://carlisleindianschoolproject.com/past/> [Accessed 28.03.21].

"Preservation of Historic Adobe Buildings", National Parks Service: US Department of the Interior, August 1978. Available at: <https://www.nps.gov/tps/how-to-preserve/briefs/5-adobe-buildings.htm> [Accessed 26.04.21].

Rice, David. "Review: From the Belly of My Beauty by Esther G. Belin", *Melus*, Vol. 26, No. 3 (Autumn 2001): 233-237.

Rodriguez-Lonebear, Desi, Nicolás E. Barceló, Randall Akee and Stephanie Russo Carroll. "American Indian Reservations and COVID-19: Correlates of Early Infection Rates in the Pandemic." *Journal of Public Health Management and Practice*, Vol. 26, No. 4 (July/August 2020): 371-377.

Roy, Amrita. "Intergenerational Trauma and Aboriginal Women: Implications for Mental Health During Pregnancy." *First Peoples Child and Family Review*, Vol. 9, No. 1 (2014): 7-21.

Said, Edward. *Culture and Imperialism*. London: Vintage Books, 1993.

Snowden, Frank M., *Epidemics and Society: From the Black Death to the Present*. New Haven: Yale University Press, 2019.

Spence, Nicholas, Vivian Chau, Maryam S. Farvid, Jerry P. White, Paranthaman Rasalingam and Lawrence Loh. "The COVID-19 Pandemic: Informing Policy and Decision-Making for a Vulnerable Population", *The International Indigenous Policy Journal*, Vol. 11, No. 3 (September 2020): 1-37.

Spivak, Gayatri Chakravorty. "Can the Subaltern Speak?" in *Marxism and the Interpretation of Culture*, edited by Lawrence Grossberg and Cary Nelson, 271-313. Urbana-Champaign: University of Illinois Press, 1988.

"The Dawes Act." *National Parks Service*, <https://www.nps.gov/articles/000/dawes-act.htm> [Accessed 01.04.21].

"The Self-Government Era (1934-53)", Law Library: Howard University School of Law, <https://library.law.howard.edu/civilrightshistory/indigenous/selfgovernment> [Accessed 28.04.21].

"The Termination Era (1953-1968)", Law Library: Howard University School of Law, <https://library.law.howard.edu/civilrightshistory/indigenous/termination> [Accessed 28.04.21].

Veracini, Lorenzo. "Introduction", in *The Routledge Handbook of the History of Settler Colonialism*, edited by Edward Cavanagh and Lorenzo Veracini, 1-9. London: Routledge, 2017.

Veracini, Lorenzo. *The Settler Colonial Present*. London: Palgrave Macmillan, 2015.

Walters, Karina L., Ramona Beltran, David Huh and Teresa Evans-Campbell, "Displacement and Dis-ease: Land, Place and Health Among American Indians and Alaska Natives" in *Communities, Neighbourhoods and Health: Expanding the Boundaries of Place*, edited by Linda M. Burton, Susan P. Kemp, ManChui Leung, Stephen A. Matthews and David T. Takeuchi, 163-203. New York: Springer, 2011.

Watkins, Joe. "Place-meant." *American Indian Quarterly*, Vol. 25, No. 1 (Winter 2001): 41-45.

Weinstein, James. N, Amy Geller, Yamrot Negussie and Alina Baciú (eds.) *Communities in Action: Pathways to Health Equity*. Washington DC: The National Academies Press, 2017.

Wolfe, Patrick. "Settler Colonialism and the Elimination of the Native." *Journal of Genocide Research*, Vol. 8, No. 4 (2006): 387-409.

Wolfe, Patrick. *Settler Colonialism and the Transformation of Anthropology: The Politics and Poetics an Ethnographic Event*. London: Cassell, 1999.



Faculty of Humanities  
*Version September 2014*

## **Fraud and Plagiarism**

### PLAGIARISM RULES AWARENESS STATEMENT

Scientific integrity is the foundation of academic life. Utrecht University considers any form of scientific deception to be an extremely serious infraction. Utrecht University therefore expects every student to be aware of, and to abide by, the norms and values regarding scientific integrity.

The most important forms of deception that affect this integrity are fraud and plagiarism. Plagiarism is the copying of another person's work without proper acknowledgement, and it is a form of fraud. The following is a detailed explanation of what is considered to be fraud and plagiarism, with a few concrete examples. Please note that this is not a comprehensive list!

If fraud or plagiarism is detected, the study programme's Examination Committee may decide to impose sanctions. The most serious sanction that the committee can impose is to submit a request to the Executive Board of the University to expel the student from the study programme.

### **Plagiarism**

Plagiarism is the copying of another person's documents, ideas or lines of thought and presenting it as one's own work. You must always accurately indicate from whom you obtained ideas and insights, and you must constantly be aware of the difference between citing, paraphrasing and plagiarising. Students and staff must be very careful in citing sources; this concerns not only printed sources, but also information obtained from the Internet.

The following issues will always be considered to be plagiarism:

- Cutting and pasting text from digital sources, such as an encyclopaedia or digital periodicals, without quotation marks and footnotes
- Cutting and pasting text from the Internet without quotation marks and footnotes
- Copying printed materials, such as books, magazines or encyclopaedias, without quotation marks or footnotes
- Including a translation of one of the sources named above without quotation marks or footnotes
- Paraphrasing (parts of) the texts listed above without proper references: paraphrasing must be marked as such, by expressly mentioning the original author in the text or in a footnote, so that you do not give the impression that it is your own idea
- Copying sound, video or test materials from others without references, and presenting it as one's own work
- Submitting work done previously by the student without reference to the original paper, and presenting it as original work done in the context of the course, without the express permission of the course lecturer

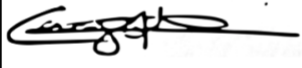
- Copying the work of another student and presenting it as one's own work. If this is done with the consent of the other student, then he or she is also complicit in the plagiarism; when one of the authors of a group paper commits plagiarism, then the other co-authors are also complicit in plagiarism if they could or should have known that the person was committing plagiarism
- Submitting papers acquired from a commercial institution, such as an Internet site with summaries or papers, that were written by another person, whether or not that other person received payment for the work.

The rules for plagiarism also apply to rough drafts of papers or (parts of) theses sent to a lecturer for feedback, to the extent that submitting rough drafts for feedback is mentioned in the course handbook or the thesis regulations.

The Education and Examination Regulations (Article 5.15) describe the formal procedure in case of suspicion of fraud and/or plagiarism, and the sanctions that can be imposed.

Ignorance of these rules is not an excuse. Each individual is responsible for their own behaviour. Utrecht University assumes that each student or staff member knows what fraud and plagiarism entail.

For its part, Utrecht University works to ensure that students are informed of the principles of scientific practice, which are taught as early as possible in the curriculum, and that students are informed of the institution's criteria for fraud and plagiarism, so that every student knows which norms they must abide by.

I hereby declare that I have read and understood the above.
Name: Carys Elinor Flew
Student number: 5021154
Date and signature:  14.06.21

Submit this form to your supervisor when you begin writing your Bachelor's final paper or your Master's thesis.

Failure to submit or sign this form does not mean that no sanctions can be imposed if it appears that plagiarism has been committed in the paper.