

EXAMINING THE POLITICS OF RECOGNITION IN NATIVE AMERICAN IDENTITY
AND MENTAL HEALTH IN PARTS OF THE GREAT LAKES REGION: A SEMI-
DECOLONIZED, MIXED METHODS APPROACH

By

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ABSTRACT

While a growing literature addresses mental health in Indigenous nations/tribes, it rarely examines those who identify as Native American but do not have tribal membership. This dissertation examines the relationships between mental health, Native American/Indigenous identity, and the politics of recognition (tribal membership) in parts of the Great Lakes region, using a semi-decolonized, mixed methods approach. Building on descriptive statistics from the American Community Survey (ACS), US Census, and Behavioral Risk Factor Surveillance System (BRFSS) to shed light on Indigenous identity and mental health outcomes of the American Indian/Alaskan Native (AIAN) population in the region, this dissertation analyzes 42 interviews conducted with self-identified Indigenous/AIAN people living in Indiana, Illinois, Michigan, Minnesota, and Wisconsin on how tribal enrollment status (or lack there-of) affects identity and mental health.

Using a framework that recognizes minority stress in relation to settler colonial structures, results show that Indigenous identity is dynamic and complicated and affects mental health outcomes, but not necessarily through enrollment. Analysis of interviews shows that those who were enrolled suffered from many of the same disorders/substance use issues as those who were not enrolled. However, a few participants who could be characterized as “Tribal Elite” stood out for their good mental health outcomes and no evidence of substance use disorders. Additionally, the politics of recognition does affect identity and access to social support and coping resources. Findings have implications for future research on Indigenous identity and mental health and improving mental health outcomes.

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For my mother, Barbara J. Davis, and in memory of my father, Daniel T. Davis Sr., and my aunt,
Dolores Brackenbury.

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Chapter 1 Introduction

“It’s a lot of work trying to be Indian, I’ll tell you that,” my aunt summed up over the phone when I questioned her on what qualifies a person as being Native American. I was interviewing her for my project for my undergraduate sociology capstone class, and I was surprised at how difficult it was for her to articulate what she believed it meant to be Native. In the course of ten minutes, her qualifications had waffled from blood quantum to phenotypical appearance as well as tribal membership to where one lives to how active he/she is in tribal affairs. “I don’t know. Maybe it’s how you feel inside—how you feel in your heart,” she stated at one point. Years later, this question still fuels my research. My aunt has since walked on but her words still echo in my head. I have read several accounts written by numerous Indigenous scholars that echo her sentiments—It’s hard to be Indian.

Sociology is a discipline well-designed to study the “common person” and perhaps that is why there is such a dearth of sociological literature on Indigenous peoples; we are not very common. This simple fact has affected the type of research I have been able to conduct. I entered my graduate program with an enthusiasm for quantitative research but was soon frustrated to learn that datasets with an acceptable sample of American Indian/Alaskan Natives (AIAN) are hard to obtain. This lack of statistical power translates to a lack of much-needed resources (Haozous et al. 2014; Walter & Anderson 2013) and the perpetuation of the erasure of Indigenous peoples (Wolfe 2006; Veracini 2010; Tuck & Yang 2012). Complicating this issue is the problem of who counts as AIAN (Gartner et al. 2023; Huyser 2020; Liebler 2016; Gone & Trimble 2012). Consequently, many studies have focused on populations on reservations where there is no question of the research subjects’ legitimate claim to AIAN identity. However, only about 22% of AIAN live in tribal areas (US Census 2010); most of us do not live on reservations.

The “common American Indian/Alaskan Native” is understudied and underrepresented.

Complicating these obstacles in research, Indigenous identity is all but impossible to define; the UN recommends that self-identification be the most important and salient criterion (2004). In the United States, federally recognized tribes are able to determine their own membership criteria. However, many tribes have blood quantum requirements and use Indian censuses collected in the nineteenth and early twentieth centuries to demonstrate tribal descent (Edmo et al. 2016). Documenting the obvious can sometimes be difficult for many Native families. Some Indigenous people never put their names on such rolls/censuses because of fear/perceived stigma of being identified as “Indian” by the settler state (Garrouette 2003; Lawrence 2004; Romero 2021).

In a sense, I am lucky. I am an enrolled member of the Sault Ste. Marie Tribe of Chippewa Indians, a federally recognized tribe. I also have blood quantum (though my tribe does not have a blood quantum requirement). My daughters are all enrolled in my tribe even though their father is white, and no matter who they marry, my grandchildren will also be tribal members (this is not the case for most tribes in Michigan). I am also privileged in the sense that I look like a white woman and so my Indian identity (as long as I do not advertise it) does not pose an obstacle for me in my day-to-day living. Instead, I usually need to double-check forms to ensure that the correct boxes are checked. However, I am disadvantaged in terms of my Anishinaabe identity by the fact that I live outside my tribe’s seven-county servicing area. Often, when participating in activities, some Natives assume I am white until I tell them my tribal affiliation. Additionally, my grandmother was sent to the Industrial Indian Boarding School in Mt. Pleasant, MI and therefore, much of our culture, including language, has been lost in my family. Consequently, mental health issues, as well as substance use disorders, have plagued us,

problems that have been observed in other Native families with similar histories and have been dubbed “historical trauma” (Braveheart & DeBruyn 1998; Braveheart et al. 2011; Waldram 2014; Maxwell 2014; Kirmayer et al. 2014).

Minority stress theories posit that minority groups are exposed to stressors that are related to their group—often prejudice and racism (Meyer 2003). Discrimination as well as perceived discrimination are issues known to cause stress and affect health (Taylor & Turner 2002; Monk 2015; Alegria et al. 2017; William & Sternhal 2010; Williams 2018). In a review of the literature, Williams (2018: 466) noted that though discrimination is often the most studied aspect of racism, “racism can also affect mental health through structural/institutional mechanisms and...is deeply embedded in the larger culture.”

Research regarding Native American mascots has been shown to affect the mental health of Indigenous children (Edmo et al 2016; Hixon 2017; Feagin & Ducey 2019). However, little work has been done to examine racism as well as discrimination (especially regarding blood quantum policies) on an intertribal level or the effects of colorism within Native communities (Weaver 2013).

Additionally, though there has been much work to investigate historical trauma and how it may impact mental health outcomes, not much research has been undertaken to identify stressors that are unique to Native Americans/Indigenous identity. Lastly, there is a dearth of literature examining mental health outcomes regionally in the US amongst AIAN populations. My research seeks to address these gaps by answering the following research questions:

1. Who are the AIAN people in the Bemidji area? What tribal identities do these people claim?
2. What is the state of mental health for AIAN people in the Bemidji area?

3. How does enrollment status affect Native American/Indigenous identity in the Bemidji area?

4a. How does Indigenous identity affect mental health in the Bemidji area?

4b. How does enrollment status affect mental health in the Bemidji area?

4c. Are stressors similar for both enrolled and unenrolled AIAN?

This dissertation examines the relationships between mental health, Native American/Indigenous identity, and the politics of recognition (tribal membership) in parts of the Great Lakes region, using a semi-decolonized, mixed methods approach. Building on descriptive statistics from the American Community Survey (ACS), US Census, and Behavioral Risk Factor Surveillance System (BRFSS) to shed light on Indigenous identity and mental health outcomes of the American Indian/Alaskan Native (AIAN) population in the region, this dissertation analyzes 42 interviews conducted with self-identified Indigenous/AIAN people living in Indiana, Illinois, Michigan, Minnesota, and Wisconsin on how tribal enrollment status (or lack there-of) affects identity and mental health.

Using a framework that recognizes minority stress in relation to settler colonial structures, results show that Indigenous identity is dynamic and complicated and affects mental health outcomes, but not necessarily through enrollment. Analysis of interviews shows that those who were enrolled suffered from many of the same disorders/substance use issues as those who were not enrolled. However, a few participants who could be characterized as “Tribal Elite” stood out for their good mental health outcomes and no evidence of substance use disorders. Additionally, the politics of recognition does affect identity and access to social support and coping resources. Findings have implications for future research on Indigenous identity and mental health and improving mental health outcomes.

Below I will walk through the sections of my dissertation.

In Chapter 2: Background, I review the literature on Indigenous identity and Indigenous mental health, paying special attention to settler colonialism and its impacts on the politics of recognition on Indigenous communities. This section covers the topics of tribal sovereignty and blood quantum. I also describe the benefits of tribal enrollment, the effects of disenrollment as well as how racial shifting and “pretendianism” have complicated discussions of who is Indigenous.

I then examine the literature on Indigenous mental health, which has been dominated by the Historical Trauma (HT) paradigm. Much attention has been paid to the effects of residential Indian boarding schools (RIBS) and how attendance may contribute to HT. Additionally, measures of Historical Loss (HL) have sought to measure effects of HT in Indigenous communities and do not rely on RIBS attendance. More recently, the Historical Oppression Scale (HOH) was devised to fill the gaps that are inherent in HT, mainly because its explanatory power is limited in regard to contemporary issues caused by structural violence. I close this section by discussing current gaps in the mental health literature and how using a minority stress framework that integrates a settler colonial context can alleviate many of these issues as well as illuminate identity stressors relevant to Indigenous people.

In Chapter 3: Methodology & Methods, I summarize the relevant literature on Indigenous/decolonizing methodology and justify my semi-decolonized approach to my research questions in both of the studies I conducted. I also explain the necessity of focusing on the Great Lakes region (the Bemidji Area) and give a brief synopsis of the federally recognized tribes in the area.

In the methods section, I describe the methods I employed for both studies I conducted.

For the first, I examined descriptive statistics using the American Community Survey (ACS) 5-year data supplemented by the 2020 decennial census to get a clearer picture of the Tribal identities of people in the region. I then pooled 5 years of the Behavioral Risk Factor Surveillance System (BRFSS) data, 2015-2019 to have a large enough sample to understand mental health outcomes. This study was conducted to answer my first two research questions.

For my second study, I conducted 42 semi-structured in-depth interviews with people who identified as Indigenous/AIAN in the Bemidji Region. I asked questions about enrollment, identity, blood quantum, cultural involvement, HT, and pretendians in addition to questions on mental health and substance use. This study was conducted to answer my remaining research questions.

Chapter 4: Study I discusses the results of my first study and is broken up into two parts. In the first part, I describe the numerous tribal identities of AIAN people using ACS data, supplemented by census data to avoid erasure of certain Tribal nations. I also briefly contextualize the history of the land and its Indigenous peoples in each state.

In the second part, I examine descriptive statistics in the BRFSS, focusing on two mental health variables to get a better understanding of Indigenous mental health in the area.

Chapter 5 discusses the results of my qualitative study focusing on identity. I divide the sections into the following topics, “Indigenous Identity, Land, Kinship & Tribal Resources.” “Disenrollment & Identity,” and finally, “Pretendians and issues with Identity.” For each section, I explain my results using an Indigenous/Native American Stress model, which was motivated by the results of the interviews I conducted. I look at disadvantaged status, self-identification, distal and proximate stressors, Indigenous identity characteristics as well as coping and social support in the model to explain how identity, coping and social support and identity stressors are related.

Chapter 6 discusses the results of my qualitative study focusing on mental health. I divide the chapter into the following topics, “Mental Health and Substance Use Outcomes,” “Indigenous Identity & Mental Health,” “Mental Health & Tribal Elite,” “Access to Tribal Resources,” “Disenrollment & Mental Health,” and finally, “Pretendians.” Once again, I discuss the results using the Indigenous/Native American Stress Model and discuss the added elements of general stressors as well as mental health and substance use outcomes.

Chapter 7 concludes the dissertation by discussing the results of both complementary studies and their ramifications. I review the major findings and their implications for future research. Finally, I note the contributions of this research in Indigenous studies as well as mental health research.

Chapter 2 Background

Indigenous Identity

Indigenous identity is complex and dynamic. The term “Indigenous” is itself an umbrella term that can be applied to many different populations around the globe. Gartner et al. (2023) examines how Indigenous identity is defined and used in health studies. They note how the United Nations (UN) does not define Indigenous but rather give criteria that helps identifies who Indigenous people are:

Indigenous communities, people and nations are those which, having a historical continuity with pre-invasion and pre-colonial societies developed on their territories, consider themselves distinct from other sectors of the societies now prevailing on those territories, or parts of them. They form at present non-dominant sectors of society and are determined to preserve, develop and transmit to future generations their ancestral territories, and their ethnic identity, as the basis of their continued existence as peoples, in accordance with their own cultural patterns, social institutions and legal system. (qtd. in Gartner et al. 2023)

Gartner et al. (2023) also note that the United States uses the office of Management and Budget (OMB) definition of “American Indian or Alaska Native” (AIAN), “A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.” This definition is used in the census and allows people to choose their own racial designation. This definition is broad and many scholars, researchers, etc. debate whether census figures are accurate regarding AIAN peoples.

Part of this debate stems from huge increases in the AIAN population after 1960 that cannot be explained by usual population growth patterns of birth, death, and immigration rates

(Nagel 1995; Liebler et al. 2016). However, it is important to note that before the 1960 census, household information was collected by census enumerators who went door-to-door and were responsible for assigning race, often resulting in racial misclassification (Huyser 2020).

Additionally, Civil rights movements such as Red Power and the American Indian Movement (AIM) alleviated the stigma of being “Indian” so many people felt more comfortable reclaiming their identity (Nagel 1995).

However, Liebler et al (2016) found that a lot of racial shifting occurs on each census, i.e. those who identified as AIAN on one census may choose to identify as a different race on the next. Additionally, many people who do choose the AIAN category do not list a tribal affiliation (Liebler & Zacher 2013).

Settler Colonialism & The Politics of Recognition

Indigenous people complicate discussions of race and ethnicity, primarily because this population does not fit neatly into the categories used to delineate race and ethnicity. Settler colonialism offers a useful perspective to understand race relations in the United States that is often missing from the literature in Sociology and helps clarify why the US uses a black-white racial binary system as opposed to a red-white one (Fredrickson 1981; Wolfe 2006; Tuck & Yang 2012).

Patrick Wolfe argues that it was in the interest of the settler state to use the one-drop-of-blood rule to define Blacks so they could continue to exploit their labor through slavery. However, in the case of Indigenous populations, it was beneficial to use blood quantum policies to make certain populations decreased, providing easier access to Indigenous lands. Blood quantum policies ensure that populations will diminish and eventually disappear (this will be discussed in more detail below). Additionally, governments have historically, and still do,

undercount Indigenous populations (Veracini 2010; Tuck and Yang 2012). This poses an additional challenge for researchers interested in studying Indigenous populations since they are often misclassified as well (Hazous et al 2014; Gartner et al. 2023). Understanding the politics of recognition helps illuminate why these strategies of elimination are effective.

The politics of recognition often are debates about group identity and how minority populations should be treated by the dominant group (Taylor 1994; Modood 1998; Hartmann & Gerteis 2005). The framework originates from Hegel's "Master Slave dialectic" and Charles Taylor (1994: 50) notes that the main takeaway is that "we can flourish only to the extent we are recognized" both on the "intimate" plane (family and significant others) as well as on the political plane. Taylor also argues that misrecognition, or lack of recognition, can be oppressive or damaging. There is a sense of this damaging effect when DuBois (2018: 3) speaks of double-consciousness, "It is a peculiar sensation...this sense of always looking at one's self through the eyes of others, of measuring one's soul by the tape of a world that looks on in amused contempt and pity." American society has misrecognized African-Americans, as well as other racial groups throughout its history.

Non-recognition can be devastating as well. Judith Butler (2010) uses a practical approach to recognition in *Frames of War* and uses the concept to explain why Americans fail to empathize with victims of war in the Middle East. She employs the term "apprehension" (the knowledge that there are human beings that live there) and "recognition" (in her usage of the term it means people like me live there and I relate with their struggles, and therefore, the loss of their lives are grievable). Butler documents how racialization can happen to populations outside of the United States by using racial frames, but her concepts can also be applied to Indigenous populations in the United States. The U.S. has endeavored through its Indian policies to

“eliminate the native” (Wolfe 2006). Many of these policies have been successful to the degree that most Americans (no matter their color) fail to apprehend Indigenous lives, much less recognize them. The practical application of recognition works in tandem with the political.

An important contribution in settler colonial studies comes from Veracini (2010), who provides the ABCs of how settlers try to eliminate Indigenous peoples. He argues that these strategies are types of transfer (2010: 35-52). Most scholars are familiar with both (A) necropolitical transfer—which is genocide, and (B) ethnic transfer—which is forced movement of populations onto (and sometimes off) reserves/reservations, but the rest of the list is not often discussed.

Alluded to earlier in regard to misclassification is (G) transfer by accounting. This strategy can work a couple of ways—blood quantum is a type of categorization that almost ensures a population will eventually disappear, but it also includes instances where the settler government refuses to count Indigenous populations. The US does count Indigenous people in the census (mainly because respondents are allowed to self-identify), but often, political leaders ignore their existence, as do researchers who are often funded by government grants.

These strategies, or “transfers,” are helpful in explaining, using Butler’s terminology, why the mainstream dominant population fail to “apprehend” Indigenous peoples, i.e., realize Indigenous people exist; and when they are reminded of their presence (usually through activism and protests), they fail to “recognize” them, i.e., empathize with their struggles. This way of understanding settler-Indigenous relationships Veracini would deem as (E) perception transfer—when Indigenous people are “disavowed” or as regarded as not really existing anywhere, ultimately a form of non-recognition. Butler’s concepts are helpful because they help

demonstrate the power of frames. One way this is accomplished is through the use of stereotypes. This is especially evident when one examines racism in popular media and sports.

Depictions of the “noble savage,” or alternately the “heathen savage,” are common throughout popular media. Behnken and Smithers (2015) examine how racism has appeared in the publishing, advertising, movie as well as cartoon industries. No major racial group in the United States has been spared. One of the more troubling instances they recount is the 1952 Tom and Jerry episode “Two Little Indians”:

Like many of the blackface episodes of Tom and Jerry, “Two Little Indians” incorporates virtually every Native American stereotype in American popular culture. It is a classic example of redface entertainment. The two attempts at scalping Tom—one successful, one not—are good examples, as are the peace pipe, the music and drums, and the war whoop cry. When Tom dresses in a coonskin cap and grabs a gun, the cowboys and Native American motif is complete.... (98)

One could argue (correctly) that many cartoons of that era had racist depictions of African Americans, Latinx and Asian people, but it is a phenomenon of the past. What is so troubling about the above example is that these stereotypes are still prevalent and socially acceptable to many whites. Native American mascots, and the reluctance to abandon them, show the power of the white-racial frame to define what it means to be Native American (Feagin & Ducey 2019).

Hixon (2017) describes the game rituals of the college football team, the Florida State Seminoles and the stereotypes are very similar to those found in the Tom and Jerry cartoon:

Florida State features a trademarked icon of a blood red Indian face with stripe war paint, feather and mouth agape, presumably in the midst of a savage war cry. A white male student dressed in stereotypical buckskin garb replete with war paint and appropriating

the name of the historic Seminole chieftain Osceola performs a ritual by riding an Appaloosa horse onto the field and driving a lance defiantly into the turf before every home football game. Throughout the games, Florida State fans mimic a supposed Indian chant and perform the “tomahawk chop,” with their arms, a practice taken up by the Atlanta Braves Baseball team. (180)

In 1995, members of AIM protested when the Atlanta Braves faced the Cleveland Indians in the World Series. A spokesman, Ken Rhyne declared, “‘If this was the Atlanta Negroes or the Atlanta Hispanics, the stadium would be burned down overnight’” (Hixon 2017: 181).

The use of mascots and the stereotypes attached illustrate other strategies of Indigenous population transfer that Veracini (2010) outlines. It could be argued that narrative transfer (both I and J) are both perpetuated by stereotypes. When Indigenous people are depicted as “primitive” or “hopelessly backward” this is a case of (I). (J) employs a “‘tide of history’ rationale” which focuses “on the inevitable ‘vanishing’ of Indigenous people...their defeat is irretrievably located in the past, their activism in the present is perceived as illegitimate” (41). Feagin and Ducey (2019) describe the angry backlash of white commentators online who argue that Indigenous people should not be offended by mascots. Their description seems to support this type of transfer.

Tuck and Yang’s (2012) “settler moves to innocence” can also be seen as narrative transfers, but they argue that these strategies are often employed to absolve settlers of the guilt and responsibility of oppressing people.

Tribal Sovereignty & Blood Quantum

Complicating matters of racial identity is that of tribal sovereignty and blood quantum. There are 574 federally recognized tribes in the US, and each tribe determines its own requirements for tribal enrollment.

Not everyone who identifies as Indigenous/Native American is enrolled in a federally recognized tribe. They may not have enough blood quantum to qualify for tribal membership or they may not be able to provide the appropriate documentation to prove they qualify for tribal membership. Their ancestors may have refused to be included in Indian Censuses that many tribes use to trace Indigenous ancestry (Garrouette 2003; Lawrence 2004; Romero 2021). Additionally, tribal rolls may have closed before they were able to enroll (e.g., my own tribe, Sault Ste Marie Tribe of Chippewa Indians, has not opened its rolls in twenty years) or they know that they are Native, but are uncertain of their tribal affiliation. Lastly, they may have been disenrolled from their tribe.

Blood Quantum

Blood quantum policies in the US and “Status”¹ in Canada have been ways in which settler states have sought to eliminate Indigenous people. Blood quantum, or degree of Indian blood, is the percentage of Indian ancestry an individual has. Many tribes have a blood quantum requirement of 1/4, which reflects federal policy dating back to the Allotment Act (aka, the Dawes Act) of 1887 where only individuals of ¼ blood were eligible for land allotments (Sturm 2002; Thornton 1996). However, this “percentage” is often arbitrary and might not reflect an individual’s actual

¹ For the purposes of this paper “Status” will be capitalized when referring to Canada’s policy of legislating Aboriginal identity so as to avoid confusion with my employment of the word when discussing enrollment status.

ancestral background. For example, my own tribe certifies me as $\frac{1}{2}$, but my mother, whom I trace my ancestry through, has white admixture.

AIAN have a high rate of intermarriage with other races which diminishes blood quantum (Thornton 1996). “Descendants” are people who may have a parent or grandparent enrolled in a tribe, but they do not qualify for membership themselves, usually due to blood quantum requirements. As children, they may be eligible for certain benefits such as healthcare through IHS, but this eligibility ends once they turn 19 (Haozous et al. 2014).

Split families are those that have a combination of enrolled and non-enrolled members. Such families bring to light why blood quantum policies might need to change:

“I just wish they could lower the blood quantum so I can enroll my children. They are Indian, they look Indian, they breathe Indian... When I die and I'm 55, the blood line stops with me. My brothers and sisters are in the same situation with their own children” (MartinRogers & Gillaspy 2014:12).

Some tribes have realized that mathematically speaking, blood quantum policies will ensure the erasure of their population at some point since intermarriage with other racial groups is common and have therefore turned to other methods to determine membership such as lineal descent (Thornton 1996). Edmo (2016) discusses one such tribe, the Blackfeet Nation of Montana who grappled with changing their membership requirements and the resistance they encountered from the Bureau of Indian Affairs (BIA) who denied their requests for funds to hold a referendum on the issue:

The Department of the Interior...has serious concerns about eliminating blood quantum or other significant ties in favor of mere descent-cy. The adoption of a low blood quantum or none at all...confuses the individual Indian status with a purely racial or

biological classification rather than a bilateral, political relationship. (qtd in Edmo 2016:41)

Edmo points out the sheer hypocrisy of the statement since it is clear that the BIA is the one that has always conflated blood status with a “political relationship.” Ultimately, it has always been the goal of the federal government to limit tribal membership. Blood quantum policies are effective at “eliminating the native” (Wolfe 2006). After all, it is not uncommon for Indigenous people to marry non-Indigenous people. Tribal communities often tend to be small, and it is hard to find a mate that is not related. For those of us who live in urban settings—it can be hard to find other Natives (Thornton 1996).

In *Mohawk Interruptus*, Audra Simpson (2014) describes the blood quantum policy adopted by the Kahnawà:ke Mohawks in reaction to the passage of Canada’s Bill C-31. Only those who had 50% blood quantum would be considered members of the community after passage of the bill. Simpson describes it as an act of “refusal” in the sense that this was the community’s way of self-determination. What is curious about the adoption of this policy is that the Kahnawà:ke Mohawks are part of the Haudenosaunee (Iriquois) confederacy and historically were never exclusionary about membership. Audra Simpson even describes historical accounts where white settlers were often kidnapped and adopted into Haudenosaunee communities to replace members that were lost through warfare.

Both Edmo (2016) and Audra Simpson (2014) take apologist positions when it comes to explaining the reason tribal nations adopt harsh blood quantum policies or sometimes disenroll their members. Both cite limited resources that tribes have at their disposal to support their membership. Ultimately though, such “refusals” actually benefit the settler colonial government by limiting membership. What Audra Simpson and others identify as “refusals” and “self-

determination” warrants more in-depth research into the consequences of these actions on their respective communities.

Population projections for some tribes with a $\frac{1}{4}$ blood quantum requirement show a drastic decrease in membership by the end of the century with half of that population being 65+ (MartinRogers & Gillaspay 2014; LRBOI 2015). It is clear that tribes with such blood quantum restrictions will eventually disappear.

However, times are changing. Recently, The Chippewa Tribe of Minnesota held a non-binding referendum vote on whether blood quantum should be a requirement for enrollment. A majority of voters voted that it should not, but that blood quantum requirements should be left to the individual bands that comprise the tribe (Thompson 2022).

Disenrollment

It is difficult to ascertain exact disenrollment numbers because membership rolls are considered private by tribal nations and the BIA (Wilkins & Wilkins 2017). However, disenrollment has affected over 11,000 people in more than 80 tribes in over 17 states (Gray 2020).

The two most apparent factors associated with disenrollment and/or banishment are increased gambling revenue and civil violations or criminal activity that presumably threatens community stability (Wilkins & Wilkins 2017):

Tribal elites assert that they have legitimate reasons to purge membership rolls, including crimes or civil violations, treasonous activity, dual citizenship, distance from homeland, inadequate or inappropriate blood quantum, false information or documentary error, or enrollment policy changes. Disenrollees, by contrast, assert that these official rationales are masks that hide the real reasons for disenrollment: economic competition over finite

resources, political power plays, personal vendettas, and racial discrimination, to name but a few. (9)

There is evidence that gaming may drive disenrollment. Some tribes that engage in the gaming industry give their members “per capita” payments generated by casino revenues. In a preliminary paper, Malinovskaya (2021) found that a “tribe’s involvement in gaming leads to a large - over 30% - and statistically significant increase in the probability of the tribe experiencing a disenrollment or citizenship denial episode but not a banishment episode” (2021: 4).

No matter the reason, disenrollment can be devastating. In an interview given to ABC News, Santana Rabang, who was disenrolled from the Nooksack Tribe, stated, “It’s a direct attack on who I am, and my identity is who I am, how I was raised, my culture is who I am. When they try and take that away, it pushed me down a journey of questioning myself for a second,” (Abramoff et al. 2022).

Benefits of Tribal Enrollment

Being an enrolled member of a federally recognized tribe has some benefits that those who are not members have a difficult time accessing. Having an Indian card is one such benefit². Tribes issue their own membership cards, and this serves as a type of identification. These ID cards can be used to sign legal documents, much like a passport or state-issued driver’s license. They also symbolize legitimate AIAN identity (Jackson 2002).

² It is possible to have an Indian card without being a member of a tribe. The BIA issues Certificate of Degree of Indian Blood (CBID). There are cases in which an individual has enough AIAN ancestry for the federal government to recognize them as AIAN, but their ancestry may be diverse enough (several different tribes) that they do not qualify for membership in a particular tribe. I.e., they do not have enough blood quantum in one tribe, but overall have at least ¼ blood quantum.

Access to healthcare is another benefit. IHS provides for the healthcare needs of AIAN and provides clinics in many urban areas. Tribes administer healthcare in their servicing areas. Additionally, many tribal clinics will service AIANs who are members of other tribes. Not all tribal members utilize these services (e.g., I have private insurance and do not live close to any IHS/tribal clinics).

Tribes often have funding for higher education and members may have the ability to apply for scholarships offered through their tribe. Additionally, outside scholarships meant for Indigenous students often require that the applicants be an enrolled tribal member. In the state of Michigan, the Indian Tuition Waiver provides free tuition to any public college provided the student is a member of a federally recognized tribe, has ¼ blood quantum and has been a resident of the state for at least one year (<https://www.michigan.gov/mdcr/divisions/dei/indian-tuition-waiver>).

Tribes also have benefits tied to treaties made with the US government. Often, hunting/fishing and gathering rights are retained on lands ceded to the federal government. Through their tribes, members may obtain permits to harvest animals/fish and/or plants for food/medicinal use. In the Great Lakes region, tribes negotiate with the states to regulate commercial fishing for tribal citizens based on treaties.

Some tribes are located in their traditional territory, providing members access to their ancestral lands. Regardless of location, tribes provide housing and infrastructure to members that live on their respective reservations. Additionally, members that live on a reservation have greater access to culture, language and community. Tribes often host traditional events as well as powwows and may provide classes teaching language as well as traditional crafts.

Tribal members are also protected by federal laws such as the Indian Child Welfare Act of 1978 (ICWA) and the Indian Arts and Crafts Act of 1990³. Additionally, tribal members are permitted to possess eagle feathers (and other raptor feathers).

Tribes that engage in gaming often help the local economy and provide jobs to members as well as nonmembers. Some tribes also distribute a per capita payment to their members, generated from casino revenues. “Per caps” vary—they can be small payments and not all tribes that operate casinos have per caps.

Members of tribes also have easier access to grants and funding that local /state and federal governments provide for small business owners, and some tribes have programs as well as funding available for members who operate small businesses.

Pretendians

The issue of people claiming an Indigenous identity without having Indigenous ancestry is nothing new. Indeed, “playing Indian” predates the United States and has become part of the history of the founding of the nation (Deloria 1998). Phillip Deloria describes how (mainly white) people have been dressing up as Indians and have contributed to the stereotype that Indians belong in a premodern, wild world. For the most part, “playing Indian” was an intermittent activity and though there are some historical examples of people claiming an Indigenous identity, and living their lives as impostors, most people were content to be Indian on the weekend, usually during powwows or other similar events.

More recently, it has become more lucrative to claim an Indigenous identity without having any Indigenous ancestry, AKA being a “pretendian.” Indigenous identity tends to be more

³ State recognized tribes are also covered under the Arts and Crafts Act. Additionally, some states apply ICWA to state recognized tribes.

dynamic and unstable than other racial/ethnic identities in North America because of settler colonial policies, thus making it easier for impostors to infiltrate Indigenous communities and profit off of scholarships, jobs, grants etc. that are meant for Indigenous people. It seems every week there is a story in Indian Country about an exposed fraud: from Sacheen Littlefeather who identified as Native American in pursuit of fame in Hollywood (Whitaker 2022) to academics such as Carrie Bourassa (Leo 2021) and more recently, Liz Hoover (Agoyo 2022).

Some Indigenous leaders consider pretendians “an existential threat to tribal nations” (Unsettling Genealogies Conference 2022: Ben Barnes). In 2022, a conference hosted at Michigan State University explored issues of pretendianism, race-shifting and self-indigenization. Many prominent members of Indian Country attended and spoke on these topics. Ben Barnes, chief of the Shawnee Tribe described “minstrel shows” in which imposters wore “dead animal skins” and portrayed Shawnee people. Barnes argued that not only was this behavior offensive and repugnant, but also, that these people who claimed to be Shawnee were appropriating language and practicing intellectual theft. An article he wrote that appeared on Indianxz.com better demonstrates his position:

There are currently 36 unestablished Shawnee “tribes” operating as 501(c)(3) non-profits across the country. Their 501(c)(3) designations allow them to solicit donations and participate in grants meant for Tribal nations. They pose as spokespeople for our ancestors at historic sites, state historical societies, and university campuses causing significant harm to our identity, culture, and reputation. These groups are violating the sacred, ancient places of our ancestors. They perform their ideas of our ceremonies on top of our burial mounds and have stolen our language, customs, and ceremonies. (Barnes ND)

Circe Sturm (2010) in *Becoming Indian* explores some reasons why people “race-shift” (e.g., identify as white on one census and then identify as AIAN on the next) and form organizations based on Cherokee identity. She documents that there are over 250 such Cherokee organizations (some of which are state recognized) throughout the US, some of which can be found in unexpected places, including 2 in Alaska. She argues that these current trends signify changes in racial politics in the US and cites sociologist Joan Nagel’s work which explains why more people identify as AIAN on the census; not only is the stigma no longer there due to activism, but Indigenous people now have a special status. In other words, it’s appealing to people who may have plausible identity claims to reassert an Indigenous identity, but it also makes it appealing to those with tenuous claims as well--reclamation vs appropriation (Eva Garrouette also devoted a chapter to this issue in her 2003 book, *Real Indians: Identity, Community, and the Survival of Native America*)

The threat from self-identified Indigenous groups described by Sturm and Barnes as well as by “ethnic fraud” perpetuated by individuals complicates the politics of recognition for Indigenous people. Figure 2.1 shows how Indigenous identity can be categorized under the framework of the politics of recognition.

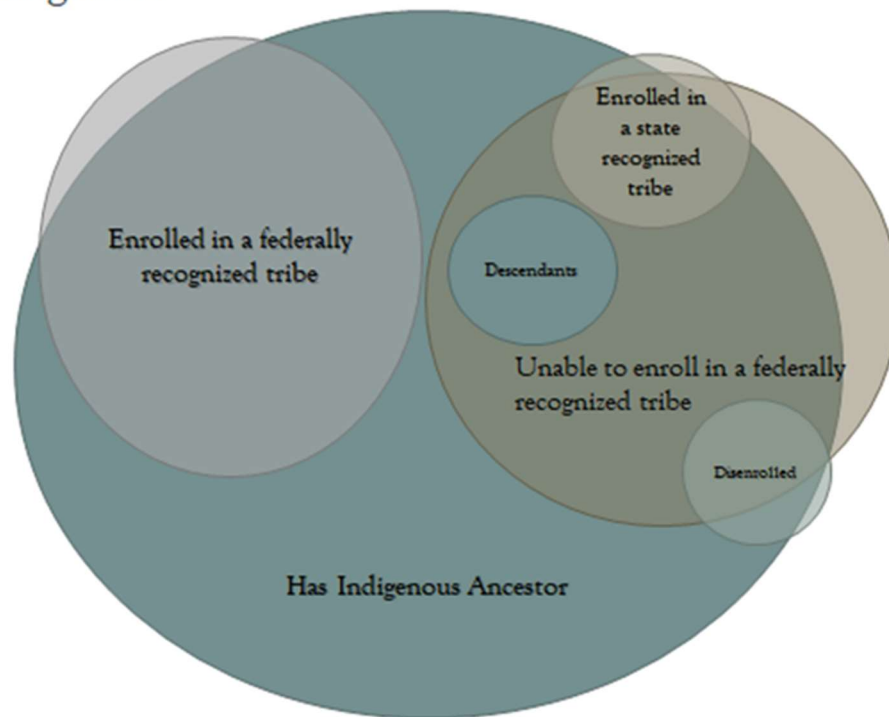
During the Unsettling Genealogies Conference, Barnes argued that only citizens of federally recognized tribal nations should be considered Native American and that those who have “descendancy” should not speak on behalf of their tribal nation. Barnes is not alone in his views and this issue continues to polarize Indian Country.

Indigenous identity is complex and dynamic. Scholars have tackled some of the issues attached to identity. Leanne Simpson (2017) in her book, *As we Have Always Done* argues for a radical resurgence that encompasses a grounded normativity—one that literally is grounded in

the land. She argues that recognition politics get us nowhere—instead, she also engages in “refusal.” She advocates for Indigenous people returning to traditional practices, establishing a relationship with their ancestral lands and connecting to community elders. This type of refusal is different than Audra Simpson’s concept; she argues that identity is conferred by the tribal nation.

Figure 2.1⁴ Indigenous Identity Categories

Indigenous Identity Categories



Source: Adapted from Figure 2. in Gartner, Danielle R., Ceco Maples, Madeline Nash, and Heather Howard-Bobiwash. 2023. “Misracialization of Indigenous People in Population Health and Mortality Studies: A Scoping Review to Establish Promising Practices.” *Epidemiologic Reviews*. mxad001, <https://doi.org/10.1093/epirev/mxad001>

⁴ The “generational distance” between an individual and their Indigenous ancestor can be controversial when asserting an Indigenous identity. Circe Sturm provides a helpful discussion of this debate in a Cherokee context pp128-132 in *Becoming Indian*.

Both authors are responding to the politics of recognition in Canada, but their insights shed light on identity politics in the United States.

Circe Sturme has written extensively on identity in a Cherokee context as has sociologist Eva Garrouette. Gourette's (2003) book examines issues of identity on many dimensions, including law (enrollment), biology, and culture (in addition to racial "switching").

However, no one has conducted an in-depth study examining the effects of the politics of recognition on the mental health of Indigenous people in the US. In fact, most studies involving the AIAN population might mention some of the difficulties delineating the study population (Gone and Trimble 2012), but stressors associated with Indigenous identity are rarely mentioned much less measured.

Most studies step around identity politics by being conducted in reservation communities, places where AIAN identity is not disputed. A few studies have been conducted in urban areas. There are very few regional studies altogether.

Mental Health

Native American mental health statistics can sometimes be difficult to disentangle. For instance, the website Mental Health America reports that "Native/Indigenous people in America report experiencing serious psychological distress (SPD) 2.5 times more than the general population over a month's time" (Native and indigenous communities and mental health n.d.). Further investigation reveals that this number comes from the National Health Interview Survey (NHIS) during 2015-2016 and was only reported for people who identified as single-race AIAN (National Center for Health Statistics 2017). Since many AIAN people also have other racial admixture, to use this figure as a general statement about Indigenous people in the US is somewhat misleading.

The Office of Minority Health provides figures on Indigenous mental health from multiple sources including the NHIS as well as the National Survey on Drug Use and Health (NSDUH). The 2019 NSDUH reported that there was lower prevalence of SPD among the AIAN population (11.6%) than in the white population (12.7%) during the past year (Office of Minority Health 2021). However, the table that these data were pulled from reveals that generally, AIAN have higher prevalence than whites or the general population for SPD in the past year for most of the years reported on the table (2005-2019), with the exceptions of 2008 and 2019 (NSDUH 2020).

On their fact sheet, IHS (2023) states that studies “show Indigenous people have disproportionately higher rates of mental health problems such as suicide, post-traumatic stress disorder, violence and substance use disorders.” However, the citation for this information links to an article by Joseph Gone and Joseph Trimble from 2012 in which they reviewed studies on mental health and substance use by tribal populations. Gone and Trimble (2012) argue against reviewing studies that use self-identification for AIAN populations in mental health and substance use in their review, but they do concede that this perspective may leave out people who have legitimate claim to AIAN identity.

Overall, there is a lack of mental health/substance use studies that include people who identify as Indigenous but may not be enrolled in a federally recognized tribe. Additionally, studies that use only single-race categories may potentially leave out multi-racial members of federally recognized tribes as well.

Historical/Intergenerational Trauma

Much of the literature focused on Indigenous issues uses historical/intergenerational trauma (HT) as a framework to explain mental health disparities as well as domestic violence, drug abuse and

other social problems (Braveheart & Debruyn 1998; Braveheart et al. 2011; Kirmayer et al. 2014; Maxwell 2014; Waldram 2014; Gone et al. 2019; Guenzel & Struwe 2020).

HT posits that trauma inflicted on a population continues to affect that population over generations and can be transmitted biologically (via epigenetic pathways) and/or through social, individual and political mechanisms. In the Indigenous context, scholars often focus on the effects of genocide, forced relocation as well as coercive assimilation policies of the late 19th and 20th centuries. Kimayer et al. (2014) in an editorial article introducing an issue devoted to HT in *Transcultural Psychiatry*, explain that HT, in its most “refined form”:

...has been characterized by what Hartmann and Gone (2014) summarized as the “Four Cs” of Indigenous historical trauma: (i) Colonial injury to Indigenous peoples by European settlers who “perpetrated” conquest, subjugation, and dispossession; (ii) Collective experience of these injuries by entire Indigenous communities whose identities, ideals, and interactions were radically altered as a consequence; (iii) Cumulative effects from these injuries as the consequences of subjugation, oppression, and marginalization have “snowballed” throughout ever-shifting historical sequences of adverse policies and practices by dominant settler societies; and (iv) Cross-generational impacts of these injuries as legacies of risk and vulnerability were passed from ancestors to descendants in unrelenting fashion until “healing” interrupts these deleterious processes. (301)

They also provide a useful model (Figure 2.2) that:

...depicts some of the hypothetical pathways through which the effects of trauma and loss may be transmitted across generations through processes at multiple levels, including: epigenetic alterations of stress response; changes in individuals’ psychological well-

being, self-esteem, and self-efficacy; family functioning; community integrity and cultural identity; and the continuity of identity and collective efficacy of whole nations or peoples. Kirmayer et al. 2014:309

In a systematic review Gone et al. (2019) found that out of 32 empirical articles that met their inclusion criteria (measuring effects of HT on a health outcome in some way), 19 used measures of the Historical Loss (HL): the Historical Loss Scale (HLS) and the Historical Loss Associated Symptoms Scale (HLASS) developed by Whitbeck et al. (2004) or Whitbeck et al. (2009), 11 of them focused on residential Indian boarding schools (RIBS) attendance by an ancestor as a proxy for HT, and 3 fell into an “other” category.

RIBS have received much attention in Canada because of the Truth and Reconciliation Commission,⁵ but the recent discovery of children in unmarked graves throughout Canada has spurred increased interest in the United States, regarding its own history of RIBS and warrants a more in-depth investigation here.

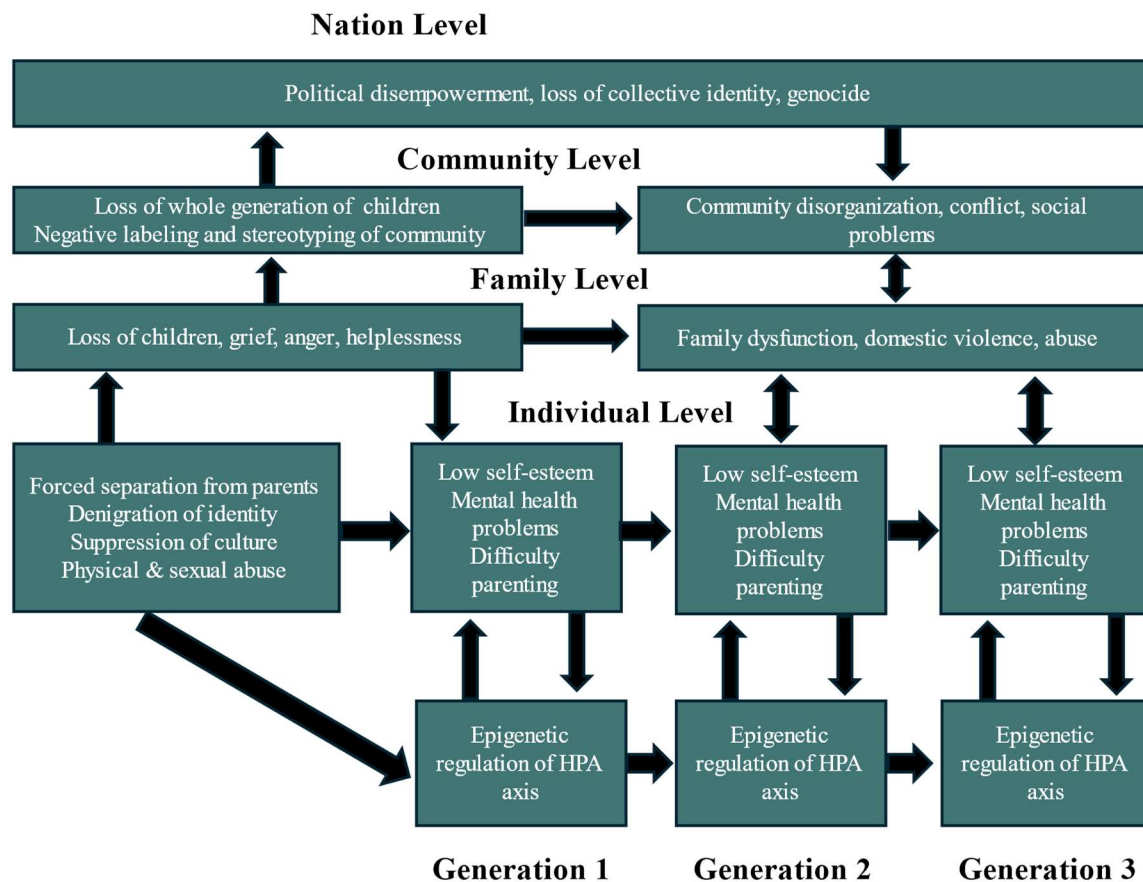
Residential Indian Boarding Schools (RIBS)⁶

RIBS should be understood as a method that the settler colonial states of Canada and the United used to embark on a strategy of cultural genocide in hopes of eliminating Indigenous peoples from North America, thus making it easier to dispossess them of their lands (Barker et al. 2017). In the US, reservations had already been allocated for tribes to live secluded from settler communities, but this was not enough and so through the 1887 General Allotment Act (Dawes Act) and RIBS program it was hoped that the “noble savage” would fade into history and

⁵ For more information on the commission and its findings, visit: <https://www.rcaanc-cirnac.gc.ca/eng/1450124405592/1529106060525>

⁶ Portions of this section appeared in my qualifying paper.

Figure 2.2 Historical Trauma Model



Source: Adapted from Figure 1. in Kirmayer, Laurence J., Joseph P. Gone & Joshua Moses. 2014. "Rethinking Historical Trauma." *Transcultural Psychiatry* 51(3), 299-319. <https://doi.org/10.1177/1363461514536358>

become assimilated into settler society. "Indians had been promised the gift of civilization in exchange for their land" (Adams 1995:9).

Some RIBS had already been in operation since 1819 due to the Indian Civilization Fund Act, but they were mainly run through religious and philanthropic organizations and had not been very successful (Adams 1995; Reyhner & Eder 2004). It was not until the opening of Carlisle Indian School in 1879 that RIBS began to be seen as a viable solution to the nation's Indian problem. Founded on the philosophy of Captain Richard Pratt, "Kill the Indian; save the

man!” it was thought that by removing Indian children from all influences of their tribe, they would assimilate settler culture in a more thorough fashion.

RIBS affected almost all tribes. Sometimes, parents would bring or send their children willingly in the hopes that the boarding school would provide their children with the tools they would need to succeed in white European world. Sometimes, however, children were forcibly removed from their families by soldiers or police and were not allowed to return home until summer break (and sometimes they were not allowed to go home even for break) (Adams 1995; Child 2000).

When the children first arrived at the RIBS, they were forced to abandon their moccasins and native apparel to don settler clothing that seemed more like uniforms that erased any sense of individuality the children possessed. Additionally, having their long hair cut short was a practice that many Indian boys found very disturbing and traumatizing since in many tribal cultures, cutting one’s hair is a sign of mourning (Adams 1995). The children were then given an English name and not allowed to speak in their native tongue. Rumors of harsh punishment for not speaking English can be found in many personal accounts of RIBS. Adams describes one such account where violators of this policy were forced to brush their teeth with lye soap, causing the insides of their mouths to go raw (1995: 123). Barker et al. (2017) also describe instances of abuse in Canadian residential schools.

Children were instructed in academics for half of the day and then either worked at the RIBS or were “farmed out” to a white family to learn a trade. Additionally, the trades children were taught were sometimes outmoded such as harness-making during the increasing popularity of automobiles.

Ultimately, forced assimilation is a way in which the government attempted to destroy tribal habitus and instill a white, settler habitus instead. Bourdieu argues that habitus is a “product of history” and that it is collective as well as individual and second nature, and often taken for granted. The way an individual speaks, dresses and even the way he/she thinks indicates his/her habitus. RIBS attempted to change this by cutting hair, demanding that children only speak English, having them wear settler clothing and limiting their contact with their parents and families--as well as routinely exposing them to ridicule and racism towards their native cultures. In this way, children were taught to be conscious of what was once second nature and be ashamed of themselves, their families and their native cultures.

By the time children left RIBS and returned home, they had been effectively alienated from their tribal communities and were often strangers to their families. The skills they had gained from their time in the RIBS enabled them to barely eke out a living if they chose to integrate into settler society. The lesson that was learned very effectively in RIBS was that to be American Indian, or any variation was to be “backwards,” “primitive,” “savage,” and/or “heathen.” Indigeneity was shameful (Reyhner & Eder 2004).

Brenda Childs (2000) writes that not all aspects of RIBS were negative, and many parents willingly enrolled their children. Many students came into contact with members of other tribes and formed connections that would prove valuable for networking/mobilization in the future. Barker et al. (2017) also argue that not all students had negative experiences and there were some instances where reserve communities actually requested residential schools in their locations. However, it is still quite clear that for many, RIBS were a traumatizing experience. (Evans-Campbell et al. 2012; Howard 2014; Running Bear et al. 2019).

Running Bear et al. (2019) examine the relationship between chronic health conditions and RIBS attendance among Indigenous people and their offspring. They found that both individual attendance of RIBS as well as paternal attendance were associated with chronic health conditions, especially anemia, high cholesterol and diabetes. This study seems to confirm Howard's (2014) finding that RIBS severely impacted the relationship that Indigenous people had with food.

Evans-Campbell et al. (2012) employed a similar strategy as Running Bear et al. (2019) to examine the relationship between substance use and mental health of urban two-spirit AIAN populations. They found that individual attendance was associated with drug use and alcohol disorder. Attendees were also more likely than non-attendees to have attempted suicide or experience suicidal thoughts in their lifetime. Children of RIBS attendees "were significantly more likely to have a general anxiety disorder, experience posttraumatic stress disorder symptoms, and have suicidal thoughts in their lifetime compared to others" (421).

However, Gone et al. (2019) are critical of such studies. They argue that the findings are "difficult to synthesize" in the 11 articles they examined (the aforementioned ones were not included in their review), and that only a minority of Indigenous children ever attended RIBS. They also point out that not every child who attended RIBS was abused.

Historical Loss Scale & Historical Loss Associated Symptoms

In a 2004 study, Whitbeck et al. sought to formulate a way to measure historical trauma and historical grief, noting that it has started a grassroots movement in Indian country and healing programs "began to proliferate" (119). Whitbeck et al. (2004) noted that trying to disentangle historical causes from contemporary causes on poor health outcomes was especially challenging (a challenge also noted by Waldram 2014 as well as Kirmayer et al. 2014). Another

issue was locating the mechanism that transmitted trauma across generations; some of the elders in the communities they were studying had been to RIBS, (one such commonly thought mechanism, as discussed above), but not most of the adults who currently had children.

Whitbeck and colleagues (2004) created the Historical Loss Scale (HLS) scale as well as Historical Loss Associated Symptoms Scale (HLASS) with input from elders in the communities where the study was undertaken (two reservations in the upper midwest and two reserves in Ontario). The HLS asks a series of twelve questions pertaining to losses associated with settler colonialism: land, language, traditional spiritual ways, family ties because of boarding schools, families from reservations due to government relocation, self-respect due to poor treatment from government officials, trust in whites from broken treaties, culture, effects of alcohol on people, respect for elders from children/grandchildren, early death, and respect of traditional ways by children. The respondent was asked how often they thought about each specific loss: several times a day, daily, weekly, monthly, at special times of the year and never.

The HLASS measures emotional responses associated with HL. Respondents were asked how often they felt an emotional response when thinking about losses: sadness and depression, anger, anxiety or nervousness, feeling uncomfortable around white people (when thinking about losses), shame, loss of concentration, feeling isolated or distant, loss of sleep, rage, fearful or distrusting the intentions of white people, feel like it is happening again, and lastly, avoiding places or people that remind one of losses. Responses were on a scale of never to always.

Whitbeck et al. Administered the scales to parents/caretakers in the communities with children between the ages of 10 and 12. They found that “thoughts about historical losses appear to be associated with symptoms of emotional distress” and that “although we have begun to

identify symptoms associated with historical loss, we have yet to establish the severity of these symptoms for day-to-day life” (2004: 127).

In the years since its initial development, modifications have been made to make the scales applicable to adolescents. E.g., Armenta et al. (2016) found in a longitudinal study with a sample of 636 adolescents that increased thoughts of HL were associated with anxiety. Additionally, some studies on HT have started to incorporate the stress process paradigm (Walls and Whitbeck 2011; Guenzel and Struwe 2020). Walls and Whitbeck (2011) have conceptualized HL as a type of stressor using the stress process and life course models, enabling HL to be analyzed in conjunction with other stressors. However, there are issues with HL as well.

In their systematic review, Gone et al. (2019) had similar complaints about the 19 studies of HL that fit their review parameters that they had about the RIBS studies: findings were difficult to synthesize. Additionally, they argued:

Development of the HLS and HLASS has facilitated important inquiry into the impact of IHT on health outcomes for Indigenous populations. Nevertheless, inconsistent adoption, adaptation, scoring, and interpretation of these scales, combined with complex (and even contradictory) patterns of association, have yielded a bewildering array of findings across diverse studies. Conclusive inferences about these relationships are not currently possible. (25)

Critiques of the HT Framework

The HT framework has received numerous criticisms throughout the years. Waldram (2014) notes that HT can be viewed as an “idiom of distress” and that it is one that people are taught. He also notes that “we do not yet know just how widespread it has become among sufferers, and to date it possibly remains more vivid within the purview of scholars, therapists, and political

commentators” (383). He also worries that HT will become a signifier of Indigenous identity which can be problematic in light of resiliency. He argues that absence of distress does not necessarily mean absence of HT, but rather could be an indication of resiliency and that both trauma and resiliency should be further researched. Lastly, he argues that many of the problems that Indigenous people suffer from are contemporary issues (though their origins may be rooted in historical policies and processes).

Kirmayer et al. (2014: 299) also note that “... the persistent suffering of Indigenous peoples in the Americas reflects not so much past trauma as ongoing structural violence.” They argue that HT in its “colloquial form” is really a synonym for “postcolonial distress.” They also voice similar concerns to Waldrum about identity, “Indigenous cultural identity may itself come to primarily signify ancestral victimization in a manner that ‘pulls for’ adoption of a narrow and overgeneralized form of historical consciousness that is expressed by rote endorsement of attributed psychological distress” (307). This perspective is also shared by Krista Maxwell who argues that in addition to pathologizing Indigenous families and child-rearing practices, HT “marks a global shift in the moral economy by which victimhood status... has come to wield greater currency than collective struggles against colonialism” (2014: 407).

Probably one of the strongest critics of the HT framework is Dian Million. Million (2020) situates her criticism of HT within a settler colonial/racial capitalism framework. She argues that healing and justice programs developed by liberals within a neoliberal state (in reference to Canada’s Truth and Reconciliation Commission’s findings), result in “Indigenous life-affirming practices” that “are often appropriated within a discourse of resilience, which reduces Indigenous local knowledges on how to thrive to a call to adapt to, rather than resist, ongoing violence” (2020: 410).

HT & the Stress Paradigm

Noting past criticisms of HT in past studies, Walls and Whitbeck propose that using stress process models could go far to help researchers understand how HT operates within Indigenous communities, “Stress process approaches are appealing for researchers working with Indigenous communities because they allow for a consideration of the (historical) antecedents of stress exposure and subsequent emergence of individual distress, disorder, and abnormal behavior like substance abuse” (2012: 418). They argue that the stress paradigm allows for recognition of the social determinants of health and that distress can be a “normal” reaction to difficult circumstances. This caveat is important since one of the major objections to the HT framework is that scholars are trying to medicalize a normal reaction to “postcolonial” structural violence. This type of debate has occurred in medical sociology literature as well. Allan Horowitz questions whether the psychological outcomes of the stress process are mental disorders, or whether these outcomes are just “distress that non-disordered people naturally develop under stressful circumstances” (2007: 274). By using models that focus on “distress” rather than “disorder,” researchers can avoid pathologizing normal human reactions (Horowitz 2007).

Walls and Whitbeck (2012) propose using the HLS as a stressor and analyzing health outcomes in conjunction with more proximate stressors such as poverty, job-loss, etc. Additionally, by using models that incorporate mediating and moderating variables such as identity, cultural involvement, and spirituality, researchers may be better understand Indigenous resilience.

The Historical Oppression Scale

The Historical Oppression Scale (HOS) was developed over a decade using in-depth research involving two tribal communities near the Gulf of Mexico, using the critical Framework of

Historical Oppression, Resilience, and Transcendence (FHORT) (Burnette & Figley 2017). The scale is designed to link structural oppression to social and health disparities by measuring externalized and internalized oppression within Indigenous communities as well as address some of the limitations of the current methods to measure HT. McKinley et al. explain that HLS and Boarding school attendance “...do not explicate how oppression tends to be perpetuated over time (e.g., through the continuous imposition of oppression, trauma, and marginalization, and through internalized oppression, and/or horizontal violence), which is a distinct goal of the HOS” (McKinley et al. 2020: 289).

The concept of internalized oppression is reminiscent of internalized racism-- the oppressed population adopts the beliefs/myths about themselves perpetuated by the oppressors and this causes them to become depressed or develop substance use disorders (McKinley et al. 2020).

Externalized oppression is an expression of lateral/horizontal violence in communities that have been oppressed. It helps explain the lowered expectations that community members may have about each other—especially of those who hold power in the community and hold back other members.

The scale asks participants to reflect on historical events of discrimination, oppression etc., that have occurred in their community and answer how often they feel that people “take frustrations out on each other,” “keep each other down,” “been jealous of each others’ successes,” etc. (McKinley et al. 2020: supplemental materials).

The scale is meant to be used in conjunction with other measures of HT (such as the HLS) as well as measures of health outcomes. However, McKinley et al. Concede that HOS also has limitations:

Much discrimination and macroaggressions can be felt for other reasons, including skin tone and color, level of traditional knowledge, ability to speak tribal languages, and others. Future research that examines these other forms of oppression is needed and recommended. (2020: 299)

Misclassification & Distress

Very few studies have examined distress within the context of Indigenous identity itself. One of the exceptions is the article “The Implications of Racial Misclassification by Observers,” Mary Campbell and Lisa Troyer (2007: 750) argue that racial misclassification, which happens when “individuals who self-identify with one racial group but are routinely perceived by observers as ‘looking like’ another racial group”, leads to stress (2007:751): “Findings ... indicate the powerful role that social classification plays in interaction, irrespective of the familiarity of interactants. When faced with the scenario of ‘You think I am someone different than I think I am,’ actors face a dilemma that heightens stress levels.” Because American Indians experience a high rate of misclassification, they “have higher rates of psychological distress”. One of the reasons this group experiences high rates of misclassification is because many who identify as being American Indian have mixed ancestry backgrounds and are very often classified as “White” (Campbell and Troyer 2007). Campbell and Troyer base their findings on data from Waves I and III of the National Longitudinal Survey of Adolescent Health (ADD Health).

Campbell and Troyer’s findings are especially appealing because the ADD Health study is Nationally Representative and covers Native Americans who do not just reside only on Reservations. However, there are issues with this study that Cheng and Powell (2011) point out, casting doubt on Campbell and Troyer’s argument that the distress that American Indians experience from being “misclassified” is caused by misclassification per se, but could be caused

by the respondents feeling unclear about their own identity instead-- as many of those who identified as American Indian in the first wave of the study no longer identified that way by the third wave; other respondents who originally identified as something else during the first wave identified as American Indian in the third wave (Cheng and Powell 2011). Campbell and Troyer (2011) respond to this criticism by using another study, the Behavioral Risk Factor Surveillance System (BRFSS, 2004 to 2009). This study seems to confirm their original findings that American Indians were most likely to be classified as white and that “this is a source of stress for American Indians.”

Ultimately, what the Troyer and Campbell (2007; 2011) and Cheng and Powell (2011) articles demonstrate, is the fluidity of racial/ethnic identity, especially for persons who may be of mixed-race/ethnic heritage and how problematic this can be for these individuals whether it’s caused by external (as Campbell and Troyer argue) or internal forces (as Cheng and Powell argue).

Gaps & Issues in the Mental Health Literature

Most studies on Indigenous mental health have used an HT framework which has been shown to be problematic in terms of measurement as well as in explanatory power. Additionally, most studies leave out a large proportion of the Indigenous population (those who are not enrolled). Most studies mainly focus on a particular tribal community, usually on a reservation. Many people who are enrolled do not necessarily live on a reservation,⁷ (e.g., most of the enrolled members in my own tribe live outside our servicing area). In reality, Indigenous people move around for employment and education quite often. Also, people may belong to more than one

⁷ Some tribes do have a residency requirement for membership.

community (depending on how it is defined). Lastly, regional studies may make an assumption of hyper-locality, i.e. assuming that the AIAN population in that area is from the recognized tribe(s) in that region.

This leads to the questions do mental health outcomes for AIAN populations vary regionally?

How do the politics of recognition (i.e., enrollment status) affect Indigenous mental health?

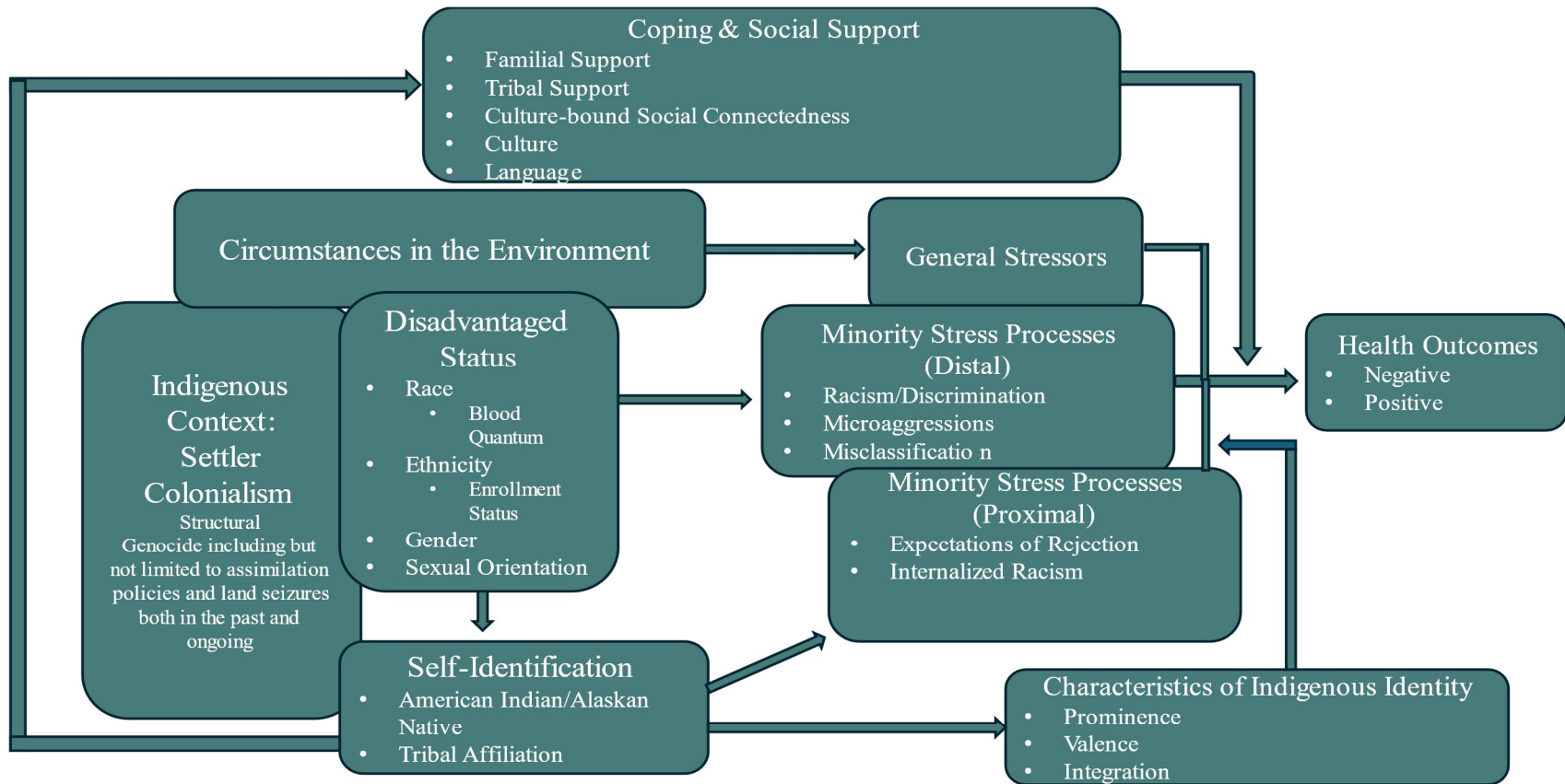
By conducting a mixed methods study it is possible to get answers to these questions. Part of the challenge is locating a dataset that has a high enough sample of people who are Indigenous and does not discriminate based on enrollment status and allows for multiracial Indigenous identification.

Additionally, conducting interviews with Indigenous people who have different enrollment statuses can shed light on how the politics of recognition affect identity and mental health.

One of the challenges of conducting such a study is utilizing a framework that avoids some of the pitfalls mentioned above with HT. There may be potential in using a minority stress model that integrates the settler colonial context. Valdez et al. (2022) saw some success in incorporating a historical Latinx context into their model to explain the health inequities that Puerto Rican men experience. Strategies to eliminate the Native (structural genocide/violence) are collectively a driving force behind many sources of stress that affect Indigenous people. For example, narrative transfers (stereotypes), etc. can be viewed as distal stressors and how the individual feels about these transfers could be viewed as proximal stressors. Additionally, questions could also be asked about cultural identity since culture is protective of mental health

(Iwasaki & Byrd 2010; Bombay et al. 2014; Guenzel & Struwe 2020). An Indigenous iteration of the Valdez et al. (2022) model might resemble Figure 2.3. Finally, one could hypothesize that those who have access to tribal communities (those who are enrolled) would tend to have better mental health. However, there is evidence that many people who live in tribal communities do not necessarily engage in tribal culture (McKay 2021). Likewise, people who identify as Indigenous but are not enrolled may still have access to Indigenous culture, usually through urban Indian centers (Jackson 2002).

Figure 2.3 Indigenous Stress Model Expanded to Include Settler Colonial Context (Based on Valdez et al. 2022)



Chapter 3 Methodology & Methods

Methodology

Indigenous & Decolonizing Methodologies

In one of the most quoted passages in Indigenous literature, Linda Tuhiwai Smith, a Māori scholar declares, “The word itself, 'research', is probably one of the dirtiest words in the indigenous world's vocabulary” (2012:1). Smith is writing from a colonized perspective and understands first-hand Indigenous people’s distrust of Western research. Her book aims to situate “research as a significant site of struggle between the interests and ways of knowing of the West and the interests and ways of resisting of the Other” (2012:2). Her recommendations for “decolonizing” research have influenced many Indigenous as well as non-Indigenous scholars alike since her book first was published in 2000. One such example is Biskaabiiyang research methodologies, which was developed by the Seven Generations Education Institute (SGEI) in Canada and is based on Kaupapa Māori approaches to Indigenous research (KMR) (Geniusz 2009). Wendy Makoons Geniusz uses a Biskaabiiyang research methodology in her book *Our knowledge is not Primitive: Decolonizing Botanical Anishinaabe Teachings*. Biskaabiiyang, an Anishinaabe word, means “returning to ourselves” (Geniusz 2009:9).

Many Indigenous scholars who write about research methodologies emphasize the importance of Indigenous viewpoints and a “decolonized” orientation. “Gaining control of the research process has been pivotal for Indigenous peoples in decolonization. One methodology from the margins—participatory research—has been an ally” (Kovach 2005). Scholars who engage in Indigenous research privilege community-engaged/participatory research in comparison to quantitative methods. Denzin and Lincoln (2008) openly criticize engaging in “positivist” methodologies and push an Indigenous qualitative research method. One begins to

wonder if it is possible to conduct large-scale surveys that employ statistical models and still have their research be called “Indigenous”. After all, many Indigenous people have to exist in settler spaces and by refusing to use quantitative methods, is our research ultimately benefitting them—especially when funding for resources is based off of such studies? Is there a space where the West and Indigenous ways of knowing can meet?

Robin Kimmerer (2013) offers some hope in this area. In her book *Braiding Sweetgrass*, Kimmerer narrates her journey in academia and her merging of Indigenous ways of knowing the world with Western Science’s explanations of the same phenomena. Her chapter describing the relationship between corn, beans and squash, or the “three sisters,” is a perfect example of how these seemingly incompatible epistemologies can merge together to give a deeper understanding of the natural world as well as the relationships present between plants, animals, land, water and people.

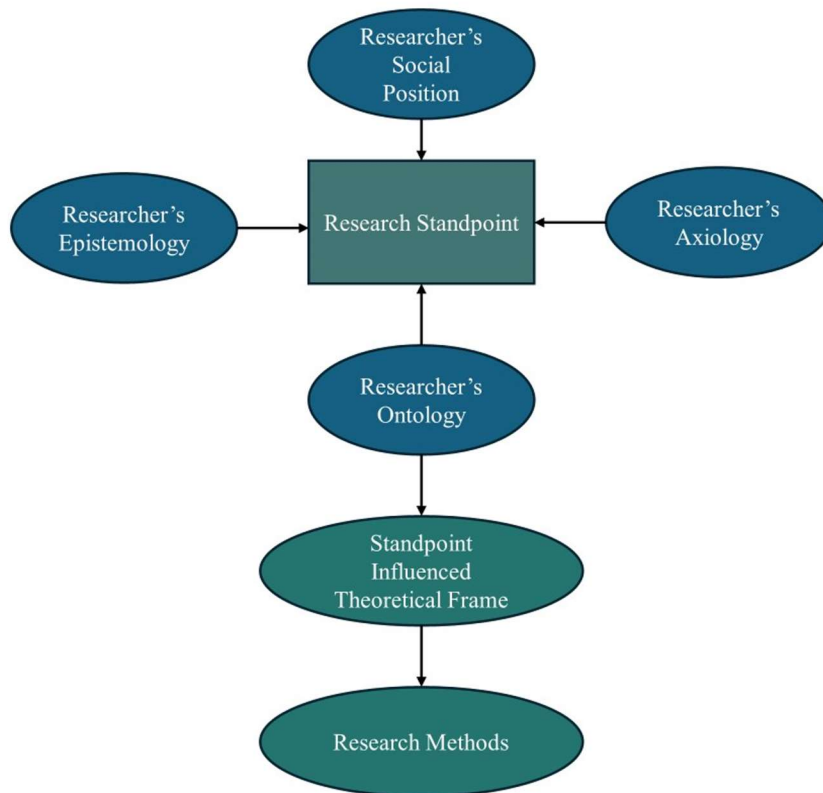
In *Indigenous Statistics*, Walter and Andersen (2013) acknowledge the usefulness of statistical methods, pointing out that tribal governments in the US often rely on census data to plan infrastructure needs. They argue that statistics can be useful to Indigenous people. They also emphasize the difference between “methodologies,” which is how data is collected and “methods”, ways in which such data is analyzed. They advocate for researchers to provide their standpoint (figure 3.1).

Walter and Andersen acknowledge that standpoint theory has been used by other scholars (Sandra Harding comes to mind) and argue that everyone, not just Indigenous researchers should be clear about their social position, epistemology, ontology, and axiology since they shape one’s standpoint and in turn influence one’s theoretical frames and determine one’s methods.

Walter and Andersen stress the importance of Indigenous people’s involvement in quantitative

research, especially in data collection (data collection design and methods, etc.). However, this is

Figure 3.1 Research Standpoint Model



Source: Adapted from Figure 2.1 in Walter, Maggie & Chris Andersen. 2013. *Indigenous Statistics: A Quantitative Research Methodology*. Routledge.

not always feasible for researchers who conduct secondary analyses.

Walter and Andersen's conceptualization of research methodology, however, does justify my use of a semi-decolonized research design.

Semi-decolonized Research Design

I shall begin with giving my social location, or "putting myself forward," an approach advocated by Absolon and Willett (2005). By speaking to one's social location, it becomes clear to those we do research on what our motivations are. "If location were a more widely used component of

Aboriginal research methodology, readers would be more easily able to distinguish between authors who have a vested interest in the research and those who do not” (11). It also enables Indigenous researchers to have a voice and reclaim space for our research subjects.

As stated before, I am a member of the Sault Ste Marie Tribe of Chippewa Indians. Though my father was white, I mainly identify as Anishinaabe because I have spent my life in Anishinaabe lands and most of my family interactions have been with my mother’s side. My father was an only child and his mother and step-father lived in Philadelphia; we only visited with them a handful of times. My mother, on the other hand was one of thirteen children and many of her siblings (especially those who were commercial fishermen) resided in the town she was born in on the northern shore of Lake Michigan. I spent most of my summers in the Upper Peninsula but lived and attended public schools in a suburban setting. It is fair to say that I have a mixed approach to the world in terms of values, ontology and epistemology.

As an Anishinaabe kwe (woman), the Great Lakes is home to me, and it made sense to conduct my research in this area. Though the Biskaabiiyang research methodology was tempting to use—I was mindful that there are many Indigenous people in the Great Lakes region who are not Anishinaabe. Other Indigenous peoples have made their homes here—some tribes relocating from settler theft/encroachment on their traditional lands out east, as well as individuals and families transplanted here during the termination and relocation policies of the federal government in the middle of the last century. Lastly, Natives from other places have moved to the area more recently in pursuit of employment and school—like any other population in the United States.

Additionally, for ease as well as the sake of the research I conducted, I used settler boundaries and maps to define my geographical site. I did this because the United States and

Canada have legislated Indigenous identity differently and though we often move back and forth across the border, it made sense to focus on one settler nation for feasibility concerns.

Additionally, I focused on the effects of structural genocide from the policies initiated by the US government.

I did use KMR to inform my quantitative work. Curtis et al. (2005:2) use a KMR approach in their study of breast cancer in Māori populations. They advocate for putting “Māori at the centre of enquiry” and delineate additional steps. In a North American setting, a similar approach would focus on Indigenous populations and “identify the best quality information available...maximizes the quality of ethnicity data, and maximizes statistical power (i.e. by aggregating five years of data).”

I also followed some Anishinaabe protocols when conducting my qualitative research such as offering tobacco to potential participants when it was possible to do so as well as smudging in preparation for interviews (see methods for more details).

Being Indigenous affected my recruitment efforts, I tried to cast my net wide, so to speak. I come from a commercial fishing family that utilized our 1836 treaty rights by using gill nets. Gill nets are highly effective but have been criticized for being indiscriminate—they catch any fish that swims through them and not just the species that is being sought. From a capitalist perspective, this can be viewed as wasteful but from an Indigenous perspective, no fish is wasted. Whenever my uncles caught fish other than Whitefish, we would eat them. Likewise, in my recruitment efforts, I spoke with a few people who made me question the boundaries of my study parameters. One participant listed her state of residence as Florida, but after talking with her, it became apparent that she was a “snowbird.” Since she spent some of her time in the region under analysis, I coded her interview and included it in my results. Another participant I spoke

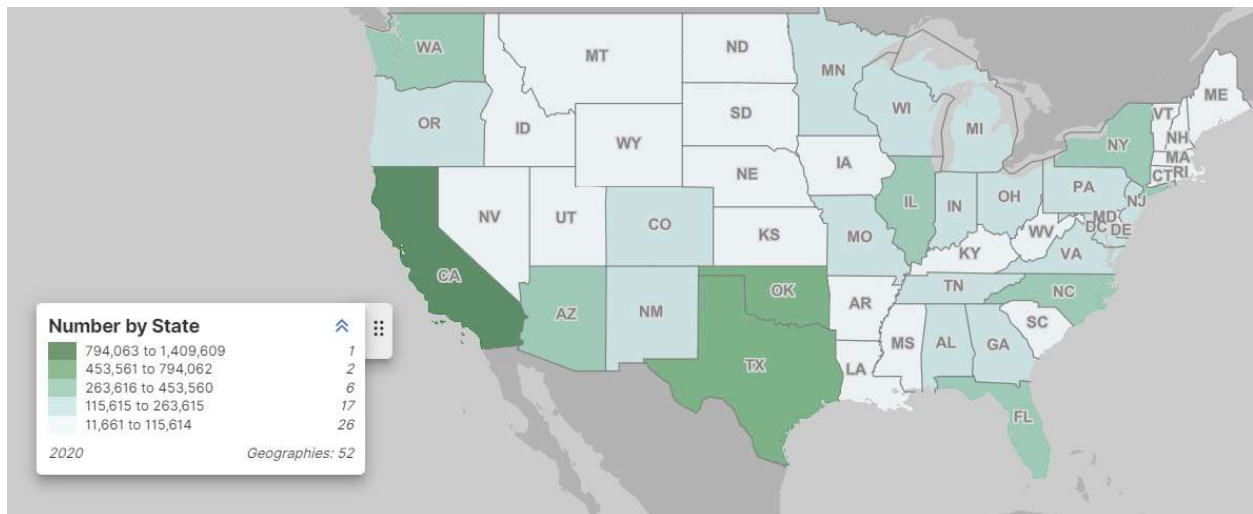
with was just beginning to identify as Indigenous. His mother, whom he had been told was Cherokee, had died when he was nine years old. He had been raised by his father's side of the family and was just beginning his journey of reconnecting to the Indigenous community. I discovered pretty early on during his interview that many of the questions I had for him he was unable to answer. I had not anticipated recruiting participants who were just starting to identify as Indigenous, so I did find his interview difficult to code. However, I did include it in my analysis. There were two participants whose interviews I did not code, i.e. did not include their MH outcomes or other responses in my analysis. The first was an elder who was very vague about her heritage and kept changing the degree of proximity, or generational distance, of her Indigenous ancestor. She was unable to provide a tribal affiliation or any clarifying information, so I felt I had reason to distrust the information she provided. Though I did not code her interview I did write about it in my results section. Another participant was uncertain if she had any Indigenous ancestry or not. She had been adopted and her records were sealed. She signed up to participate but voiced hesitation about identifying as Indigenous because of her lack of knowledge of her ancestry. I did not code her interview either, but once again, I wrote about it in my results section because I thought her interview was illuminating on why someone would want to identify as Indigenous.

Research Site

For both of my studies, I focused on The Bemidji Area, which includes the states of Illinois, Indiana, Michigan, Minnesota, and Wisconsin. These states have a sizable AIAN population, and Michigan, Minnesota and Wisconsin also have similar numbers of federally recognized tribes. Though there were no federally recognized tribes in Illinois at the time I commenced my

research⁸, Chicago has one of the largest urban AIAN populations in the nation. Lastly, though Indiana has a smaller population than the other states in the study, it should be noted that the Pokagon Band has land in South Bend and additionally, the Miami Tribe of Oklahoma has a Tribal Historic Preservation Office (THPO) in Fort Wayne. Figure 3.2 shows the AIAN (alone and or in combination with one or more races) population in the contiguous 48 states according to the 2020 census.

Figure 3.2 American Indian and Alaskan Native (Alone or in Combination with one or more Races), United States, Census, 2020



Source: Us Census, 2020. Table P6. “Total Races Tallied.”

Michigan’s twelve tribes are Ojibwe, Odawa, Potawatomi, or in one case, Ottawa and Chippewa. All consider themselves Anishinaabe (Nishnaabe) and are known as the people of the Three Fires.

- Bay Mills Indian Community (Ojibwe)
- Grand Traverse Band of Ottawa and Chippewa Indians
- Hannahville Indian Community (Potawatomi)

⁸ The Prairie Band Potawatomi Nation (headquartered in Kansas) regained trust land in DeKalb County, IL in April 2024.

- Keweenaw Bay Indian Community (Ojibwe)
- Lac Vieux Desert Band of Lake Superior Chippewa Indians
- Little River Band of Ottawa Indians
- Little Traverse Bay Bands of Ottawa Indians
- Match-E-Be-Nash-She-Wish Band of Pottawatomi Indians (Gun Lake)
- Nottawaseppi Huron Band of the Potawatomi
- Pokagon Band of Potawatomi
- Saginaw Chippewa Indian Tribe of Michigan
- Sault Ste. Marie Tribe of Chippewa Indians

Minnesota has eleven federally recognized tribes, six of which belong to the Minnesota Chippewa Tribe; Red Lake Band of Chippewa is the exception. The rest are Dakota, one of the groups of the Sioux (the other is Lakota).

- Minnesota Chippewa Tribe (MCT)
 - o Mille Lacs Band of Ojibwe
 - o Leech Lake Band of Ojibwe
 - o Fond du Lac Band of Lake Superior Chippewa
 - o Grand Portage Band Of Lake Superior Chippewa
 - o Bois Forte Band of Chippewa
 - o White Earth Nation
- Red Lake Band of Chippewa
- Lower Sioux Indian Community (Dakota)
- Prairie Island Indian Community (Dakota)
- Shakopee Mdewakanton Sioux Community (Dakota)

- Upper Sioux Community Pezihutazizi Oyate (Dakota)

Wisconsin also has eleven federally recognized tribes. Most are Chippewa/Ojibwe but there are others such as Potawatomi, Ho-Chunk, Menominee, Oneida (Haudenosaunee), and Mohican, the latter two settling in Wisconsin after being pushed out of their traditional homelands in the east.

- Bad River Band of Lake Superior Chippewa
- Ho-Chunk Nation
- Lac Courte Oreilles Band of Lake Superior Chippewa
- Lac du Flambeau Band of Lake Superior Chippewa
- Menominee Tribe of Wisconsin
- Oneida Nation
- Forest County Potawatomi
- Red Cliff Band of Lake Superior Chippewa
- St. Croix Chippewa Indians of Wisconsin
- Sokaogon Chippewa Community, Mole Lake Band of Lake Superior Chippewa
- Stockbridge-Munsee Community, Band of Mohican Indians

It is important to note that not all Indigenous people who reside in these states are members of these tribes. For instance, according to the 2020 census, in the state of Michigan there were 2,111 people who identified as Apache alone or in any combination, 12,282 as Blackfeet alone or in any combination, 35,487 as Cherokee alone or in any combination, etc. Likewise, not every tribal member lives near their reservation or necessarily within the same state. Indigenous people do move around as we are a modern people.

After choosing a research site, I revised my research questions:

1. Who are the AIAN people in the Bemidji area? What tribal identities do these people claim?
2. What is the state of mental health for AIAN people in the Bemidji area?
3. How does enrollment status affect Native American/Indigenous identity in the Bemidji area?
- 4a. How does Indigenous identity affect mental health in the Bemidji area?
- 4b. How does enrollment status affect mental health in the Bemidji area?
- 4c. Are stressors similar for both enrolled and unenrolled AIAN?

Methods

Study I

To answer my first two research questions:

1. Who are the AIAN people in the Bemidji area? What tribal identities do these people claim?
2. What is the state of mental health for AIAN people in the Bemidji area?

I used different sources of data and tackled these questions separately. For my first question regarding identity, I used the American Community Survey (ACS), 5-year data for 2019, to examine tribal groupings in the area. Because the groupings were not exhaustive, I found it necessary to supplement these data with information from the 2020 Decennial US Census. For my second question, I analyzed pooled data from The Behavioral Risk Factor Surveillance System (BRFSS), 2015-2019. The use of ACS and census data were meant to contextualize the BRFSS data since respondents' tribal affiliations are not available in the BRFSS.

Pooling data from the BRFSS ensured a sufficient AIAN population to analyze. The BRFSS is a national telephone survey administered by the CDC. By combining data from the years 2015-2019 I had an n=3,188 (after cleaning the data) in my target geographical region. Indian Health Service (IHS), which delivers health services to American Indians in the United

States divides the country into different service areas. Part of the Great Lakes region is referred to as the Bemidji Area and includes the states of Illinois, Indiana, Michigan, Minnesota, and Wisconsin (Figure 3.3); this is my geographical area of focus.

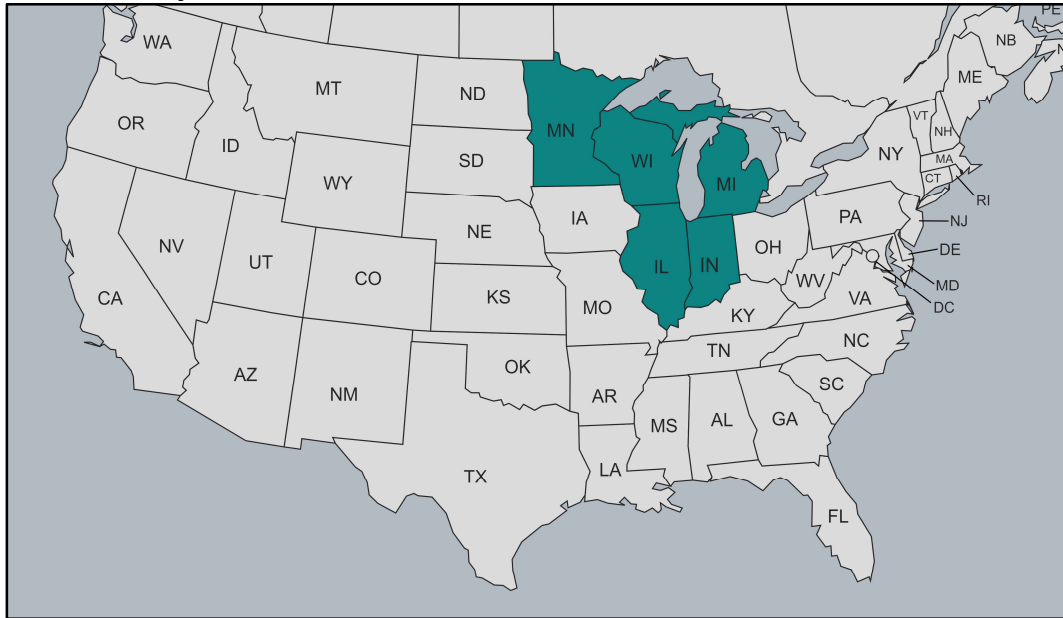
Many epidemiological and health studies have found that disease burden and mortality rates vary in the AIAN population by region including diabetes II (Cho et al. 2014) and cancer (Haverkamp et al. 2008; White et al. 2014; Melkonian et al. 2021). There is a lack of studies examining if mental health outcomes in AIAN populations vary by region but there is some evidence they do—though the studies that have shown this have been conducted mainly within reservation populations (Gone & Trimble 2012). The Great Lakes Inter-Tribal Epidemiology Center (GLITEC), using BRFSS data found that in Michigan, Minnesota and Wisconsin nearly one in three AIAN reported a depression diagnosis compared to one in five whites. Overall, in the United States, a similar percent (about one in five) of AIAN reported ever having depression compared with whites (GLITEC 2021:116).

In epidemiological and other health studies, IHS areas are often combined into six regions for ease of analysis: Alaska, Northern Plains, Southern Plains, Southwest, Pacific Coast, and East (See Haverkamp et al. 2008:7 for further discussion). Usually, only portions of these regions are included, and some states are often left out because most of the studies are done within reservations—for instance, Hawaii is often left out of analyses. For my analysis, I focused on the Bemidji Area, examining all the states in the region, not just states with federally recognized tribes (i.e., I included Illinois and Indiana even though no Tribes are headquartered there).

Additionally, by using data from 2015-2019, I had a large enough sample to analyze, but avoided pandemic years, which though might have been interesting and warranted its own

investigation, might have given an accurate picture of mental health in the AIAN community.

Figure 3.3 Bemidji Area



The BRFSS has two mental health variables that I analyzed:

1. Has a doctor, nurse, or other health professional EVER told you that you had any of the following? (Ever told) you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

2. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

The second question was further broken down into another variable that has three values: 0 days, 1-13 days, and 14+ days. Additionally, I created another (binary) variable to see how many respondents had experienced all 30 days in the past 30 that their mental health was not good. Lastly, I asked participants in my qualitative study if they had ever been diagnosed with a mental disorder (see Appendices B-E).

Another appealing aspect of using the BRFSS was that it allows the respondent to give

their “preferred” race. This enables those respondents who are multiracial to choose the racial category that best fits their identity. It is often the case that those who identify as AIAN have other racial ancestry as well, so this question has the potential to capture these people. Additionally, it allows for those who identify as Indigenous, but may not be enrolled in a federally recognized tribe to be counted.

By examining these variables, I was able to have a more comprehensive picture of MH outcomes in the region.

Lastly, by using BRFSS data, I ensured that I was following a similar methodological approach as the KMR and was able to potentially include Indigenous people who were enrolled but not living on a reservation as well as Indigenous people who were not enrolled in a tribe.

Study Software

I used STATA version 18 to conduct my analyses.

Study Limitations

There are some limitations associated with this study. First, for those respondents that identified as AIAN, there is no information on tribal affiliation. Second, some respondents may have identified as Indigenous but may not have had any Indigenous ancestry. Third, some people who are multiracial may not have had a “preferred race” and simply identified as “other” (I encountered this in my qualitative research). Fourth, by compiling five years of data I am limited to using only a couple of dependent variables that were available in all five years of survey data. Lastly, data are unweighted:

Unweighted data analyses make the assumption that each record has an equal probability of being selected and that noncoverage and nonresponse are equal among all segments of the population. When deviations from these assumptions are large enough to affect the

results from a data set, weighting each record appropriately can help to adjust for assumption violations. (CDC 2016: 9)

Study 2

Secondary data was inadequate to answer my remaining research questions:

3a. How does enrollment status affect Native American/Indigenous identity?

3b. How does Indigenous identity affect mental health?

4a. How does enrollment status affect mental health?

4b. Are stressors similar for both enrolled and unenrolled AIAN?

To answer these research questions, I conducted 42 in-depth, semi-structured interviews with people who identified as Native American/Indigenous who resided in the Bemidji Area, from May, 2022 (when the project was granted IRB approval, STUDY00007700) until August, 2023, via Zoom/telephone.

Participants

There were four groups of people that I targeted for this study, using purposive sampling (Merriam and Tisdell 2016): enrolled tribal members; those who had been disenrolled from their tribes; descendants; and those unable to obtain membership in a tribe. The first group was comprised of people who are enrolled in a US federally recognized tribe. These participants did not have to be enrolled in a local tribe, rather they needed to reside in the Great Lakes region. It is not uncommon for Native Americans to move around the country (much like the rest of mainstream society) and they often bring their own cultural practices and beliefs with them, interacting with local populations, including intermarrying.

The second group was composed of those who had been disenrolled or unenrolled from their tribe—this happens for a variety reasons (see Disenrollment in Chapter 2).

The third group was composed of those who are considered “descendants.” These people may have one parent, or grandparent enrolled in a tribe (or sometimes two parents enrolled in two different tribes) but did not meet the enrollment requirements to be a member.

Lastly, I was interested in interviewing people who identified as Native American but were unable to enroll in a tribe (this could be for various reasons: rolls are closed, they are unable to obtain the necessary documents, etc.). Though descendants could also be considered “unable to enroll,” I expected that having a parent, or a grandparent who is an enrolled member of a tribe might have shaped the experiences of people who are descendants differently from those who had both parents that were unable to enroll.

By using these criteria, I believed that a thorough understanding of how tribal enrollment affects Indigenous identity and in turn, shapes mental health outcomes, could be achieved (Merriam and Tisdell 2016; Campbell et al. 2020). I was particularly interested in discovering stressors that are associated with each of these groups and had planned to recruit 10-20 people in each category.

However, as interviews commenced, I discovered that recruiting for those who had been disenrolled from their tribe to be rather difficult. I talked to a few contacts who told me they knew people who had been disenrolled and promised to give them my information, but I never heard back. There may have been several reasons for this: my contacts failed to pass on my information; people who were disenrolled may have no longer maintained ties to their former tribal networks, making it difficult to reach them; disenrollees may not have been interested in discussing their experiences or reliving a traumatic event/process, or, they may have no longer identified as Indigenous/Native American. Eventually, I was put in touch with an individual who worked with a group who had been disenrolled and through my contact with this person and the

people they put me in touch with, I was able to interview 3 people who had been disenrolled.

I also had more difficulty recruiting people who were descendants and those were unable to obtain enrollment. Additionally, after conducting a handful of interviews with people from both groups, I realized that the differences between these two groups were often fuzzy and not so clearly defined as I had first supposed.

Because of my issues with recruitment and experiences with participants who were descendants as well as those who were unable to obtain enrollment, it made sense to divide my participants into two groups rather than four, based solely on enrollment status: those who were enrolled and those not enrolled (for whatever reason). By the end of the study, I had interviewed 23 people enrolled in a federally recognized tribe and 19 people who were not (3 of which had been disenrolled). 21 of my participants were from Michigan, followed by 13 from Minnesota, 3 from Indiana and 2 each in Illinois and Wisconsin. I talked to one person from Florida who had property in the region and was a “snowbird.” 25 of my participants identified as a woman, 15 identified as a man (including 1 transgender) and 2 participants identified as non-binary. 15 of my participants were elders (55+ years old) and participants ranged in age from 22-82. 3 participants had a high school diploma, 10 had completed some college, 4 had an associate degree, 11 had a bachelor’s degree, and 14 had advanced degrees. Participants identified as: Ojibwe, Odawa, Potawatomi, Cherokee, Cheyenne, Choctaw, Navajo (Dine), Pueblo, Iroquois (Haudenosaunee), Sioux, Metis, and Alaskan Native. Many had intertribal backgrounds.

Research Site

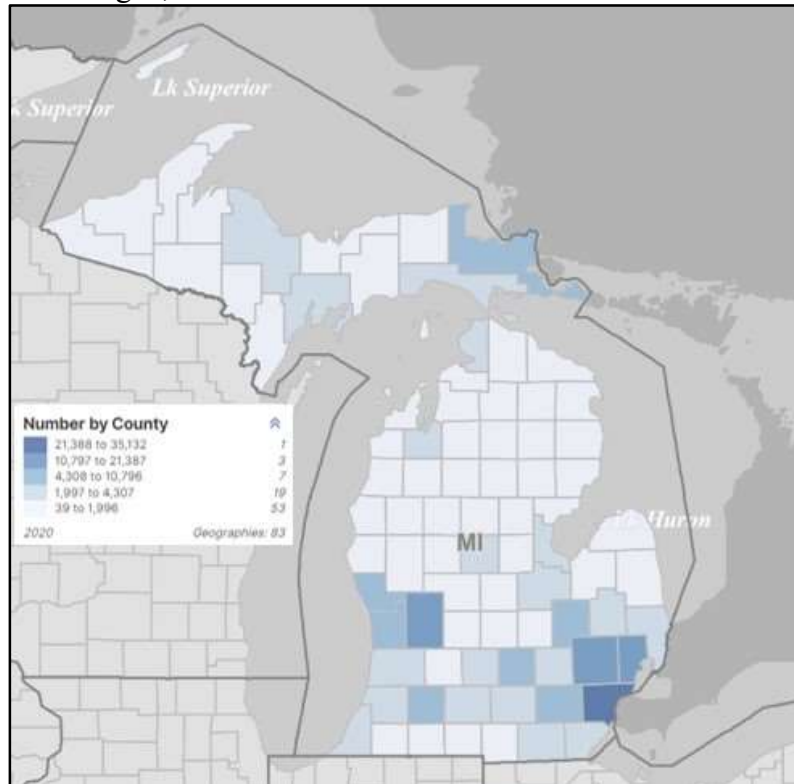
I limited my site to the Great Lakes Region (Bemidji Area—see figure 3.3 above) for feasibility concerns. The Bemidji Area is often collapsed into the Northern Plains Region for ease of analysis in quantitative studies. However, it would have been difficult to recruit people to

participate in interviews from the entire Northern Plains Region. Also, tribes in the Bemidji Area tend to be Woodland tribes with similar customs and beliefs whereas tribes farther west of the Great Lakes tend to be Plains. It should be noted that the study was open to anyone residing in the Bemidji Area, regardless of tribal affiliation—since Natives do move around the country, much like other populations. However, I reasoned that participants would be more likely to know the federally recognized tribes in the area along with tribal policies, treaty rights, and cultural practices if they lived there. Currently, there are over 570 federally recognized tribes in the United States with different histories, policies, treaties as well as cultural practices so it was imperative to narrow down to a particular region. Additionally, this facilitated recruitment efforts.

Recruitment

Three metropolitan areas in Mid-Michigan were easily accessible by car and had sizable Native populations: Kent County in West Michigan: 14,626; Wayne, Oakland, and Macomb counties combined in Southeastern Michigan: 72,907; and Ingham County in Central Michigan: 6,989 (Figure 3.4). Additionally, there was a higher percentage of the population who are Native in the Upper Peninsula—Chippewa and Mackinac counties had populations that are over 22% AIAN (Figure 3.5). By targeting these areas—I had hoped to recruit people in person. There were several advantages to this strategy. I was able to hand out my main recruitment flyer (Appendix A) and business cards that had a QR code that led people to my research page on my website, which described my project more in-depth, but also, I was also able to answer any questions that people had on the spot. Additionally, I was able to offer potential recruits tobacco ties, which is the custom for Anishinaabe people when requesting information or a favor from a person. I was able to set up a booth at The Rendezvous at the Straits Powwow in St. Ignace, MI (Mackinac

Figure 3.4 AIAN Alone or in Combination with One or More Other Races Population by County in Michigan, 2020



Source: Table P6, "Total Races Tallied." US Census, 2020

Figure 3.5 Percent AIAN Alone or in Combination with One or More Other Races by County in Michigan, 2020

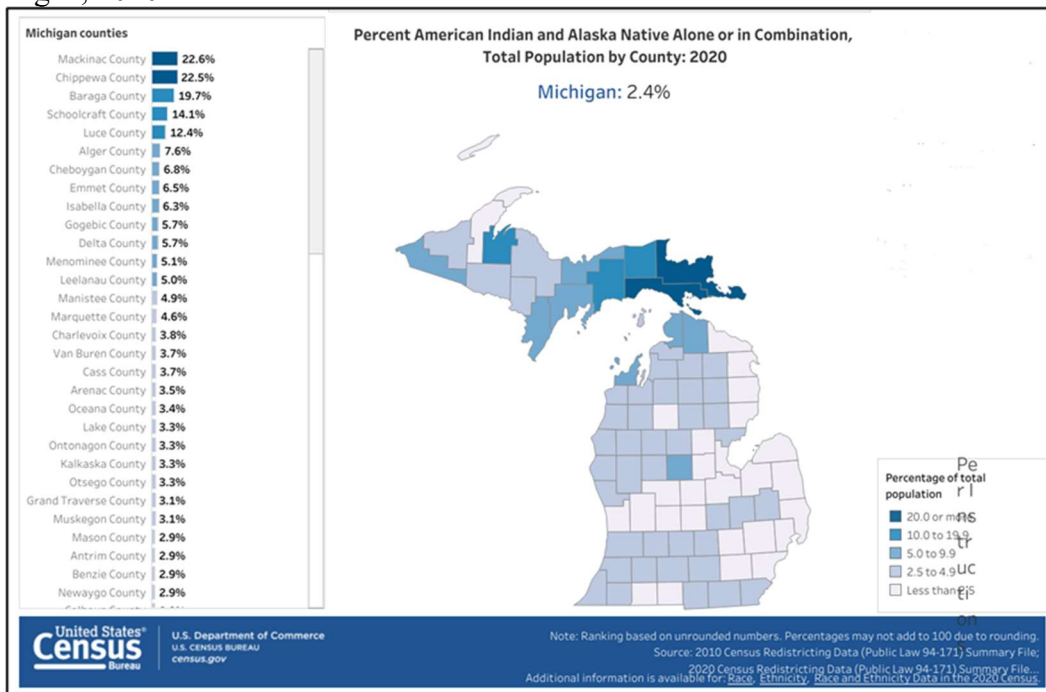


Figure 3.6 My booth at the Rendezvous at the Straits Powwow, 2022



County) for recruitment (Figures 3.6 & 3.7). The powwow lasted two days and I was able to collect the contact information for 30 people. Additionally, I attended The Road to Healing event held in Pellston, MI (Emmet County) in 2022, which also has a sizable Native community and made contacts there.

During the fall of 2022, I was able to set up a booth at Heritage Days Powwow in Westland, MI (Wayne County) and get contact information for 15 people over the course of the afternoon that the powwow ran. Lastly, though I did obtain a spot for the MSU Powwow of Love (2022), recruitment efforts were hampered by the vendor layout for nonprofits and the fact that I could not personally attend due to contracting Covid-19. I also was not able to attend a powwow in Grand Rapids (Kent County) due to never hearing back from the powwow organizers.

For out-of-state recruitment, I relied on my own social network as well as emailing urban Indian centers requesting that my main recruitment flyer be distributed to potential participants.

Figure 3.7 Powwow Flyer



Some of my contacts posted my flyer on their social media pages, which was fruitful. The staff at a famous Anishinaabe-owned bookstore in Minneapolis, MN (Birchbark Books & Native Arts) were kind enough to post a physical copy of my flyer on their bulletin board and this resulted in a few interviews.

Lastly, in the summer of 2023, I contacted universities that had Indigenous Studies programs in the Great Lakes area, asking if they would share my flyer on their listservs or with anyone in the community they thought might be interested. Through these endeavors, my flyer

ended up in the August 2023 edition of the *Minnesota Native News* and generated much interest. I ultimately had to turn people away (for those who were enrolled) as I had gone over my target number of interviews for people enrolled in a federally recognized tribe.

Interviews

Interviews lasted approximately 60-90 minutes and were conducted via phone or via video conference (i.e., Zoom). Because of the time and effort involved, participants were gifted a \$25 VISA card.

All participants were given the informed consent and mental health and substance use resources document (Appendix F) before the interview, in which they were instructed that the information that they provided would be kept anonymous and any identifying information would be excluded in presentations/written materials of study results. I made certain that the mental health and substance use resources listed could be utilized by anyone, regardless of enrollment status. However, one participant asked that their name be attached to all information they provided, so in light of these types of situations, I created a release of confidentiality form (Appendix G). I did not encounter this situation with any other participants. Given the personal and sensitive nature of some of the questions asked, this is not that surprising.

There were four different interview schedules that I used based on the participant's enrollment status (Appendices B-E). Interview questions were centered around identity, enrollment status, experiences with Native/Indigenous communities, cultural/political involvement, experiences with racism, pretendianism, mental health, substance use, and historical trauma. Most questions were the same on each schedule, but there were some important differences to accommodate different enrollment statuses.

Before I began the interview, I smudged to prepare myself physically, mentally,

emotionally and spiritually. I then made sure to have ready all my materials necessary for conducting the interview (including the interview schedules and a notebook for notes) and then proceeded to meet with my participant either via Zoom or phone.

I started the interview by reading the project's purpose and informing the participant that some of the questions I would ask them may not pertain to them and that was fine—the interview was not a test. For instance, some people who are enrolled in a tribe may never utilize their treaty rights—such as harvesting food plants/animals in ceded lands⁹.

Additionally, I reiterated the information in the consent form reminding them that they could skip/choose not to answer any questions that made them uncomfortable and/or end the interview at any time.

I divided the questions into different sections, trying to arrange them in conversational order. My first section asked questions about Native identity and stressors that may be unique to a participant's enrollment status. I asked everybody why they identified as Native/Indigenous and asked follow-up questions depending on how they answered, including what other ancestry they had.

One of the questions I asked tribal members, which did not apply to other groups, is if they ever worried about being disenrolled from their tribe. Some of the questions¹⁰, however, did apply to everyone, e.g.:

In terms of family planning, have you ever worried about whom you dated/married because it could affect the membership/quantum of future children?

⁹ E.g., the 1836 Treaty of Washington ceded lands in 1/3 of the state to some Michigan tribes in which they retain hunting/fishing/harvesting rights (see Appendix H).

¹⁰ Question numbers vary by schedule, so I do not list them.

Do you think your descendants will continue to identify as [tribal affiliation]?

It is also important to note that though the question was asked in a closed format (yes or no response), I asked participants to explain their answers. I designed the questions in a way that reflected my own personal conversational style. Some closed format questions did have follow-up questions such as “why or why not.” However, I didn’t always add these to the schedule in an interest of saving space.

The next section of questions centered on cultural and political involvement. Research has shown that culture and cultural identity is protective as well as healing (Guenzel & Struwe 2020; Bombay et al. 2014; see also Waldrum 2014 for an in-depth discussion on “culture” and healing), but the questions in this section had the potential to reveal why Indigenous/Native identity might be salient in the participant’s life. I asked what traditional activities they participated in (e.g., powwows, sweat lodges, use of traditional medicines, etc.). I also asked them to describe their relationship with land:

What is your relationship with land? (e.g., I have lived in Anishinaabe lands my entire life but feel especially connected to the straits and surrounding area as this is my ancestral territory)

When I designed my interview schedule, I anticipated that some of my participants might not know how to answer this question (perhaps never thinking about having a “relationship” to land, but instead viewing land as a “resource”), so I provided an example of my own. Many of my participants did not need the example, but for those who did it generated interesting conversations.

The next section of questions was centered on interactions with others and experiences with microaggressions as well as discrimination. I also asked participants if they were familiar

with the term “pretendians” and their feelings surrounding the issue of those who claim Indigenous identity but have no Indigenous ancestry¹¹. Some questions also asked about experiences with members of one’s tribe as well as with members of “other” tribes and Indigenous communities. These questions were designed to get information on lateral/horizontal violence (Mckinley et al. 2020).

In my mental health section, I started off by asking everyone about their physical, emotional, spiritual health as well as their mental health for a more holistic picture (Burnette & Figley 2017). I also asked if they had ever been diagnosed with a mental disorder and inquired about their family history as well. There were also questions about substance use since substance use disorders are often comorbid with mental health disorders (NIDA 2022). I asked participants how they thought being Indigenous affected their mental health/substance use.

Because HT is pervasive in the literature and RIBS were in the news, I asked participants about these topics as well. I was curious to see how they understood the concept of HT, and if it was “an idiom of distress” that they were taught (as Waldram [2014] argues) and how it related to their own MH.

I usually ended the interview by asking if there were any questions I should ask that I hadn’t as well as asking participants to give my contact information to anyone they thought I should talk to.

After the interview concluded, I would write a brief memo summarizing the main points covered in the interview, noting anything distinctive or thought-provoking that was discussed.

¹¹ For the purposes of my dissertation, this will be how I will define this term though others have different definitions as discussed in previous sections.

Transcription & Coding

Interviews were transcribed using Otter AI. However, because of the nature of the study, I found it necessary to go over each recording transcript to ensure accuracy. Many of my participants used Indigenous terms that Otter AI did not recognize, nor could it distinguish between words like “Sioux” and “Sault.” Ultimately, I ended up doing most of the transcription.

After going over each transcript, I wrote a page summary and included direct quotes that I had found to be of interest. Once the transcript was completed, I changed the name of the participant by using an online random name generator

(<https://www.behindthename.com/random/> or <https://randomwordgenerator.com/name.php>).

Once the names had been changed, the transcript was ready for coding. By the time coding commenced, I was quite familiar with my data and had already noted patterns.

For ease of analysis, I separated my transcripts into two categories (enrolled and unenrolled) and coded them by group.

Many of my codes were generated a priori, motivated by my research questions, which were in turn, motivated by my settler colonial/minority stress framework (Saldaña 2016; Guest, Macqueen and Namey 2012). These pre-generated codes, or as many qualitative scholars describe, “structural codes,” (Guest, Macqueen and Namey 2012) formed the backbone of more “conceptual” codes that emerged while cleaning the data¹². If I was uncertain which conceptual code a segment of text belonged under, I assigned it to the generic, structural code. For instance, under the structural code “identity” I had conceptual codes such as “Indigenous identity as a coveted identity” (this emerged in a few places—sometimes when discussing why a person

¹² Johnny Saldaña (2016) eschews the terminology “thematic coding” and instead urges researchers to use a process he calls “theming the data.”

identified as Indigenous, how being Indigenous helped one's mental health, and also when discussing pretendians), "delayed identity" (this code was used for people who may not have discovered, or embraced their Indigenous identity until they were a little older) and "family identity" for those who identified as Indigenous because of family, and being raised as a Native, to name a few. If I came across text from an interview discussing identity that I was uncertain about, I coded it under the generic code "identity." This way, I could retrieve the code later and further analyze the data to make certain there weren't any concepts/themes I had missed when I "themed the data" (Saldaña 2016).

Coding was a smoother process for my enrolled group compared to my unenrolled group, which had more codes (mainly due to varying experiences from being a descendant to being disenrolled). For instance, along with the identity codes mentioned above were others such as "vague identity" for the few people I spoke with who did not have a specific tribal affiliation, and "resilient identity" for those who had been disenrolled as well as a suburban descendant. However, it should be noted that those who had been disenrolled but still identified as Indigenous had experienced undermining of their identity from tribal nations whereas the descendant had attributed her experiences with identity to the federal government.

Ultimately, I did have to go back and reread my transcripts to see how various responses related to earlier beliefs that my participants had related to me. It was important for my analysis to have a holistic understanding of the conversations I had with people.

Study Software

I used Otter AI to transcribe my interviews and MAXQDA to code and analyze my interview transcripts.

Study Limitations

There are many limitations to this study that should be discussed.

Limitations: Recruitment

In-person recruitment was limited to the state of Michigan because of logistical/economic limitations. Covid-19 had exacerbated these issues. In an ideal scenario, I would have attended the same number of powwows in each state (not just in Michigan). Also, though I sent recruitment flyers both electronically and physically to urban Indian Centers, I was unable to recruit participants out-of-state using this method. Speaking to someone who worked for the American Indian Center in Chicago, they informed me that they would post my flyer but doubted many people would see it since they were not getting much traffic due to Covid-19. They stated they would try to get my flyer in an electronic newsletter, but this did not occur. I encountered similar issues in Indiana. In Wisconsin, my network fell through. Consequently, I saw the most success by contacting Indigenous Studies programs at Universities in the area, but even this method was somewhat limited given that I reached out during the summer and did not receive responses from some of the institutions I contacted.

My recruitment methods were reflected in the demographics of my participants. Many had advanced degrees and/or worked within the Indigenous community, so their responses did not reflect the “common” Indigenous experience, so to speak. I noticed that there was more “demographic variety” with the participants I recruited in person at powwows. However, it should be noted that not all of the people I recruited in person were from Michigan. People often travel over state/international lines to attend powwows.

Ideally, I would have liked to talk to more people from Illinois, particularly Chicago since it has the highest AIAN population in the region. Also, this population is diverse (see chapter 4).

Many of the Indigenous people living there are from Tribal nations not from the area. Also, Illinois had lower rates of poor mental health days as well as respondents being told by a healthcare professional that they had a mental disorder (chapter 4). Talking with more residents from Illinois would have provided some much-needed contextualization to these results.

My recruitment results in Wisconsin were somewhat disappointing since this state has the most diverse federally recognized Tribes in the area. It would have been helpful to speak to people from other Tribes such as the Ho-Chunk Nation or Menominee Tribe.

I had difficulty finding people who had been disenrolled as well as those who are descendants. These are smaller/subpopulations that are not always accessible by the methods I used for recruitment.

Limitations: Interviews

I recorded all my interviews via Zoom. However, not all my participants had Zoom or wished to be interviewed via video so sometimes I was only able to record an audio interview, consequently, I missed out on some helpful information. E.g., one of my participants whom I did interview over Zoom video expressed his opinion that he did not look Native enough because his skin color was too light. This was an interesting finding for me because, in my opinion, he looked dark enough to fit the stereotypical phenotype associated with Native Americans. If our interview had been limited to the phone—I would have missed this detail and assumed he was lighter-complected, like myself. Therefore, I cannot gauge this question well with other participants whom I interviewed over the phone.

Limitations: Coding

Because I am the only person who coded the data, it is possible that I may have missed some concepts/themes in the data or that my codes and thereby my analyses may not reflect the

phenomena being investigated. Some studies have more than one person who codes and can therefore discuss coding protocols and check each other's work, a process known as inter coder agreement (ICA) (Saldaña 2016; Guest, Macqueen and Namey 2012).

Limitations: Anonymity

Lastly, because of the nature of this study I have made the choice not to reveal specific tribal affiliations but instead give the general tribal grouping(s) of the participants. This is not ideal, and I would much prefer to list participants' specific tribes, however, some of my participants belong to small communities and revealing their tribe could potentially reveal their identity.

Other Considerations

As part of my semi-decolonized research design, I designed the questions on my schedules for people who identified as US-based Indigenous/Native American tribal group(s). Membership questions/experiences with Canadian First Nations, Métis and Inuit groups might look somewhat different. In the First Nation's case, the word "status" takes on a whole new meaning because of how Canada has legislated Indigenous identity. This consideration made me hesitant to interview Indigenous people whose Indigenous communities originated in Canada. However, I needn't have worried; I interviewed three First Nation members and found that these differences were not very salient in their experiences. I also interviewed a Métis man and that interview was very fruitful as well.

Conclusion

By narrowing down my research site and using a mixed-methods, semi-decolonized design I believe these complimentary studies were able to give a comprehensive understanding of the MH of people who identify as Indigenous and live in the Bemidji Area. My first study (chapter 4) gives a general picture of who lives in the area and what the state of their MH is. My second

study examines identity itself (politics of recognition) and the related stressors as well as how participants understood their own MH. I have broken the results of this latter effort into two chapters. Chapter 5 discusses the results focusing on identity and chapter 6 discusses the results focusing on mental health outcomes.

Chapter 4

Study 1: Examining Indigenous Identity and Mental Health in the Bemidji Area of the Great Lakes Region Using ACS, US Census and BRFSS Data

Statistics are powerful persuaders. As systematically collected numerical facts, they do much more than summarize reality in numbers. They also interpret reality and influence the way we understand society. The researchers who create statistics leave their mark on them—not just because people are biased in overt or conscious ways, but also because social, cultural, economic, and political perspectives infuse the research data even when we think we are “just counting people.” (Walter & Andersen 2013:7)

This chapter seeks to illuminate Indigenous mental health in the Bemidji Area of the Great Lakes Region; I will try to accomplish this in two parts. First, it is important to describe the numerous identities of the Indigenous people who live in this area, and I will be using the American Community Survey and US Census Data to achieve this goal. Second, I will examine mental health outcomes for Indigenous people in the area using BRFSS data.

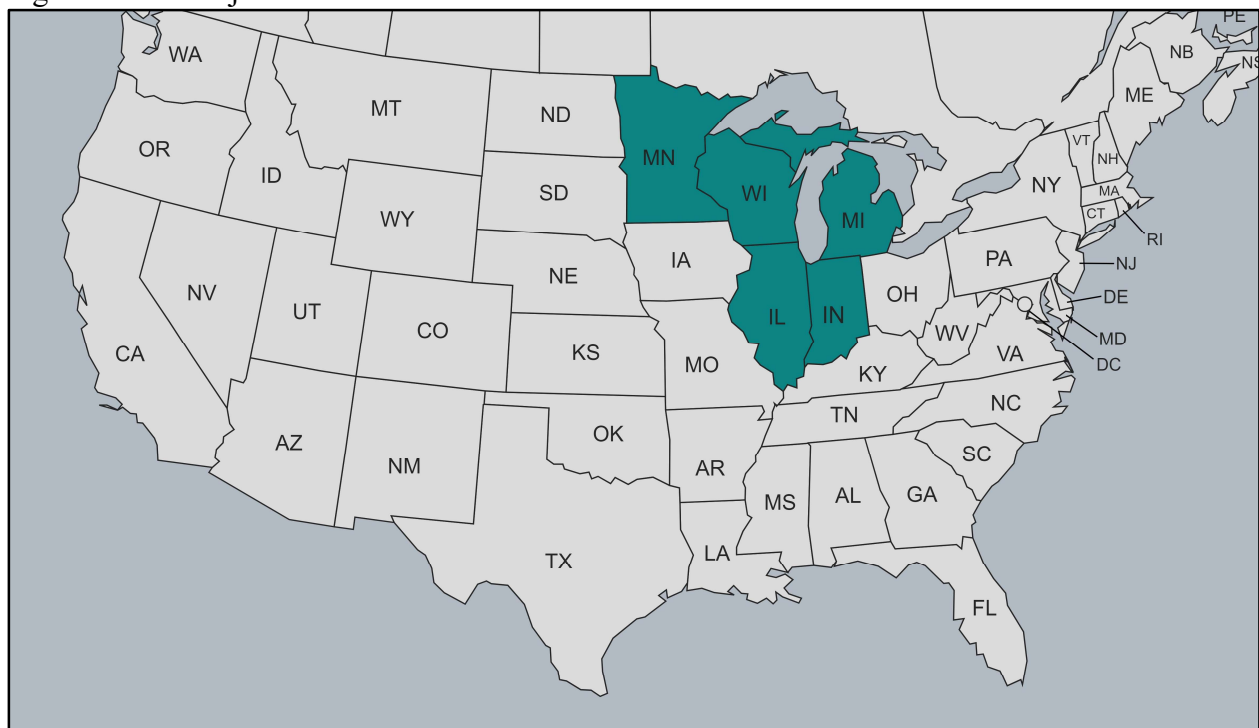
As, discussed in the previous chapter, Indian Health Service (IHS), which delivers health services to American Indians in the United States divides the country into different service areas. Part of the Great Lakes region is referred to as the Bemidji Area and includes the states of Illinois, Indiana, Michigan, Minnesota, and Wisconsin (Figure 4.1); this is my geographical area of focus.

The US Census and ACS data are meant to help contextualize the data from the BRFSS, which does not provide the tribal affiliation of respondents, but making sense of this data is no easy task. Originally, I had downloaded the 2019 tables from the American Community Survey (ACS), which provided five-year estimates for tribal grouping responses in the corresponding

states that make up the Bemidji Area. My reasoning underlying this choice was that the BRFSS data were collected from 2015-2019, the same time span. However, it became apparent that some tribal groups are not listed in the table but are instead collapsed into the “other” category, thus failing to identify major groups in the Great Lakes Region and contributing to the erasure of Indigenous populations. Because of this issue, I have supplemented with 2020 US census data to avoid this erasure.

When referring to census data, I will be using the category AIAN alone or in combination with one or more other races unless otherwise noted. This allows for the inclusion of multi-racial Indigenous people as many of us have non-Indigenous admixture.

Figure 4.1 Bemidji Area



Indigenous Identity in the Bemidji Area

Utilizing ACS data, one can get a picture of who resides in the area as it provides information on population characteristics. The survey is collected annually by the US Census Bureau and people interested in this data can look at one-year, or five-year estimates. It is important to note that

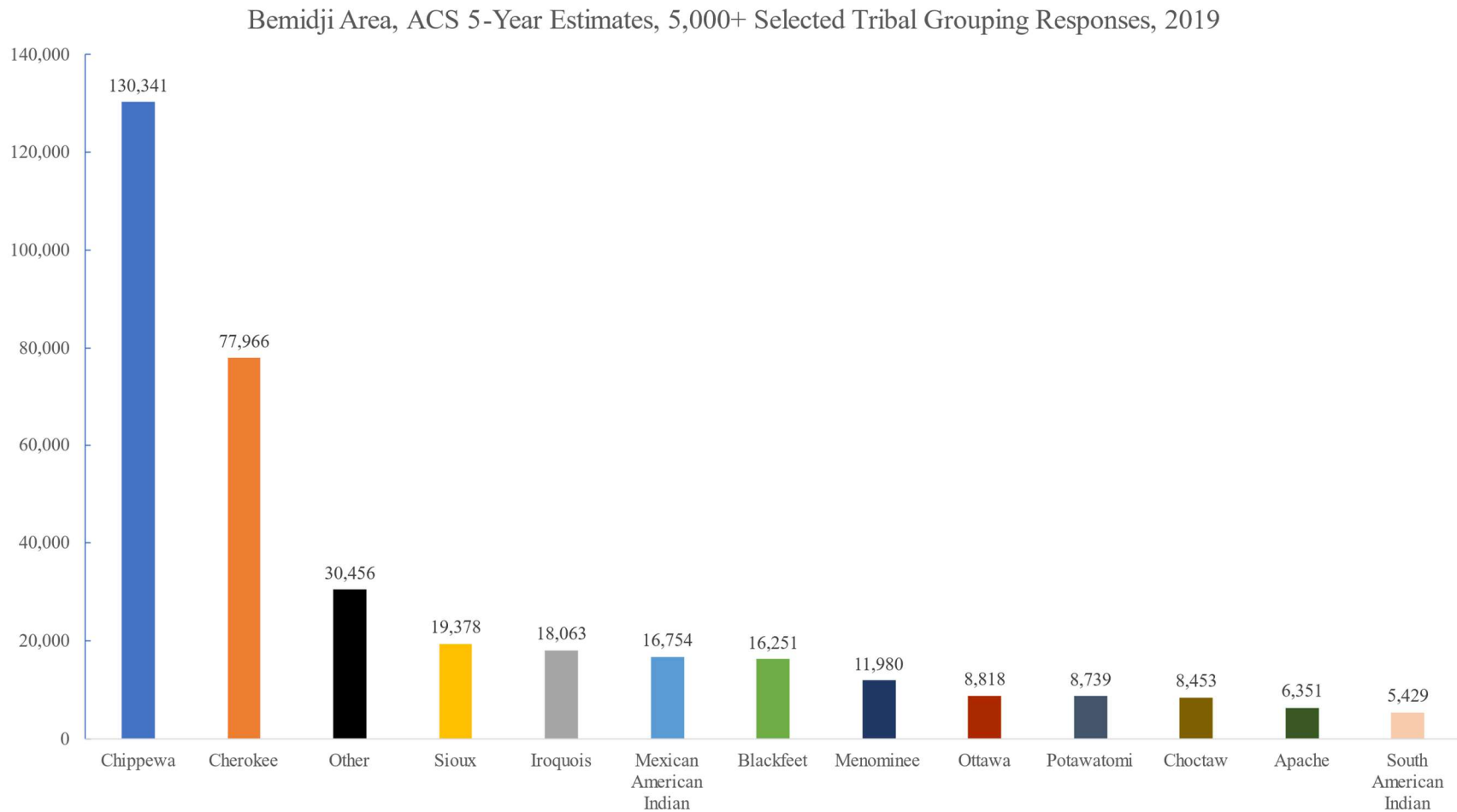
since the ACS is a survey and not a census, the figures provided are only estimates, based on samples. Another important fact when viewing the following tables and figures is that these estimates do not reflect the actual population, i.e., do not add up to 100% of the population. The data presented reflect the number of responses, not respondents. Many Indigenous people often have intertribal ancestry/identification and may choose more than one tribal grouping. I encountered this in my qualitative research as well (e.g., “I am enrolled in an Ojibwe tribe through my father, but My mother is Dakota and we lived on her rez most of my childhood...”). In other words, tribal enrollment is not always an indicator of Indigenous identity, and people may write in more than one tribe or tribal grouping when responding to the ACS survey or the Census.

Figure 4.2 shows the “selected” tribal grouping responses for the Bemidji Area that were 5,000 and over, meaning at least 5,000 people identified as that tribal group. These groupings are general and not specific to federally/state recognized tribes. Table 4.1 Provides the same information along with the approximate margin of error (MOE). ACS does provide variance replicate estimates (VRE) tables for most of the detailed tables it publishes, which allows researchers to calculate the (MOE) using the same formula as ACS when combining geographic locations (as was done for Table 4.1)—unfortunately, VRE tables were not available for the Selected Tribal Groupings Responses tables, so a count approximation formula was used to calculate MOE:

$$MOE(EST_{IL} + EST_{IN} + EST_{MI} + EST_{MN} + EST_{WI}) = \sqrt{MOE(EST_{IL})^2 + MOE(EST_{IN})^2 + MOE(EST_{MI})^2 + MOE(EST_{MN})^2 + MOE(EST_{WI})^2}$$

Using the above formula can result in large MOEs that diverge from the formula the ACS uses (Fuller and Gamble 2020).

Figure 4.2 Bemidji Area, ACS 5-Year Estimates, 5,000+ Selected Tribal Grouping Responses, 2019



Source: Data compiled from U.S. Census Bureau. (2019). B02017: American Indian and Alaskan Native (AIAN) Alone or in combination by Selected Tribal Groupings: IN, IL, MI, MN and WI. 2015-2019 American Community Survey 5-Year Estimates.

Table 4.1 Bemidji Area, ACS 5-Year Estimates, 5,000+ Selected Tribal Grouping Responses, 2019

Bemidji Area, ACS 5-Year Estimates, 5,000+ Selected Tribal Grouping Responses, 2019		
Tribal Grouping	Estimate	MOE*
Chippewa	130,341	±2,262
Cherokee	77,966	±2,713
Other	30,456	±1606
Sioux	19,738	±1,312
Iroquois	18,063	±1,126
Mexican American Indian	16,754	±1,384
Blackfeet	16,251	±1,309
Menominee	11,980	±910
Ottawa	8,818	±708
Potawatomi	8,739	±819
Choctaw	8,453	±920
Apache	6,351	±796
South American Indian	5,429	±991

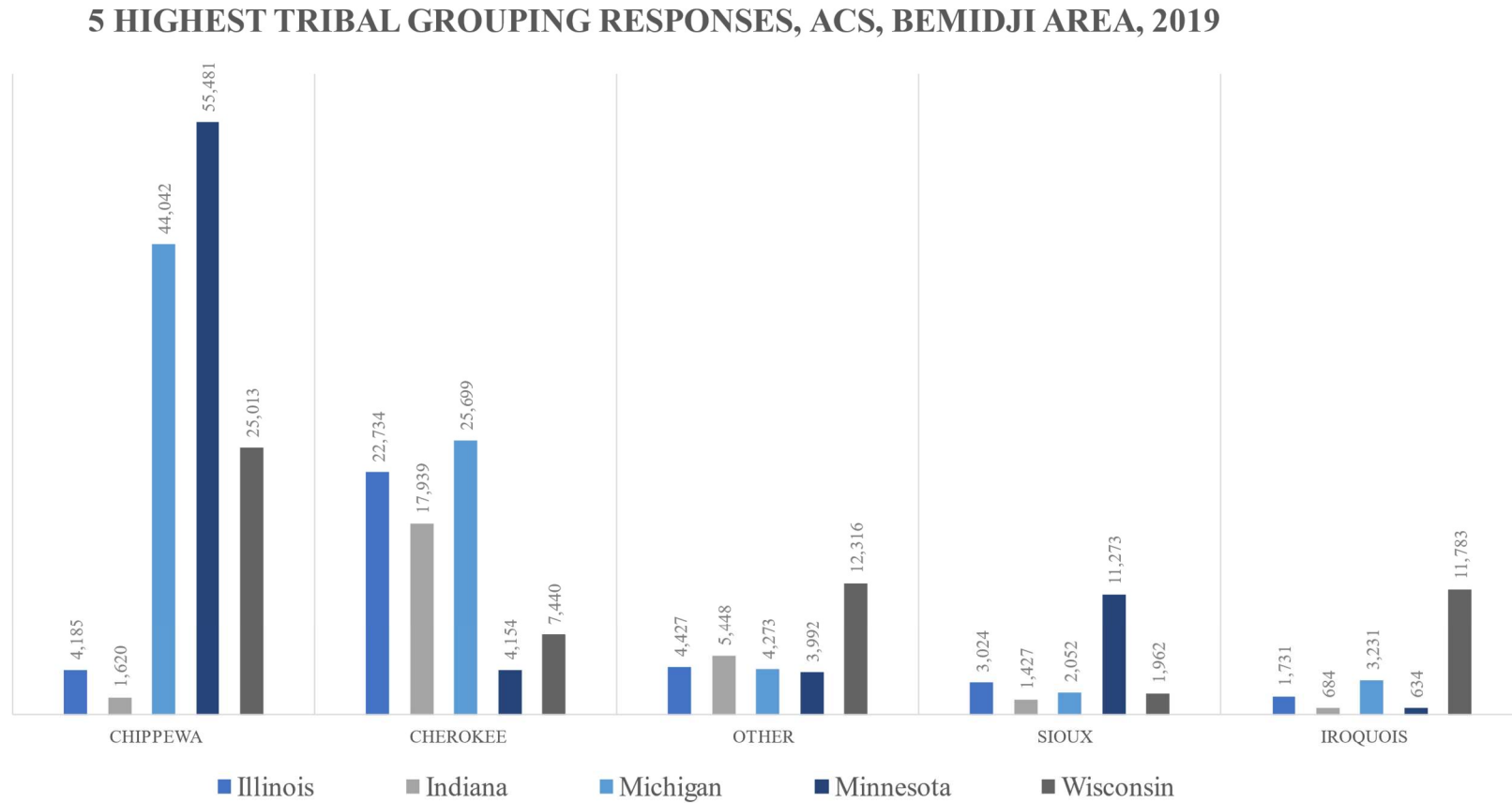
Source: Data compiled from U.S. Census Bureau. (2019). B02017: American Indian and Alaskan Native (AIAN) Alone or in combination by Selected Tribal Groupings: IN, IL, MI, MN and WI. 2015-2019 American Community Survey 5-Year Estimates.

*MOE calculated using count approximation formula

Figure 4.3 shows the 5 tribal groupings with the most responses for the Bemidji Area. The highest number of responses was Chippewa (Ojibwe), which should come as no surprise since most of the federally recognized tribes in this region are Ojibwe (see Figure 4.4). What is somewhat surprising is that the next highest response group is Cherokee. The Cherokee are not historically from the Great Lakes Region and of the three federally recognized Cherokee tribes, two are located in Oklahoma and one in North Carolina.

The Cherokee have the highest population of those that are AIAN alone or in any combination with other races in the United States, according to the 2020 Census: 1,513,326 people, which is 23.8% of the total AIAN alone or in combination population (Sánchez-Rivera,

Figure 4.3 5 Highest Tribal Grouping Responses, ACS, Bemidji Area, 2019



Jacobs and Spence 2023). The Cherokee Nation’s website states that there are “more than 450,000 tribal citizens worldwide”, and that 141,000 reside within the reservation’s border in Oklahoma (Cherokee Nation 2023). It is interesting to note that only 77,232 people identified as Cherokee Nation alone or in combination **nationwide** on the 2020 Census (Sánchez-Rivera, Jacobs and Spence 2023), and only 34,335 people identified as Cherokee Nation in Oklahoma (U.S. Census Bureau 2020). It is likely that many tribal citizens only identified simply as “Cherokee.” In Oklahoma, 203,803 people identified as Cherokee alone or in any combination in 2020 (U.S. Census Bureau). However, it is important to note that undercounting AIAN populations on reservations has been an ongoing issue with the Census. Kimberly Huyser explains why:

Evidence from low participation of American Indian and Alaska Native persons in the decennial census highlights three important factors to consider for survey research among the Native population: movement between tribal lands and urban areas, historical distrust, and incomplete methodological procedures. American Indian and Alaska Native peoples, particularly men, travel between tribal lands and urban areas for economic opportunities on a regular basis. American Indian and Alaska Native peoples have resistance to participating in the census and research due to current and historical distrust and misuse of collected data by researchers. Finally, the census has had methodological problems such as incomplete Census maps, inconsistent data collection procedures, and culturally biased processes. (2020:15)

Another possibility that could contribute to the discrepancy between the census and Cherokee Nation’s figures is that some Cherokee Nation citizens may not necessarily identify as Cherokee or Cherokee Nation on the census. Just because someone is enrolled in a tribe does not

necessitate that they identify that way. The Cherokee Nation does not have a blood quantum requirement for enrollment and has “garnered a reputation as a nation of racially and culturally white Indians” (Sturm 2010:132). It is possible that some citizens may identify as a different race, most likely white.

Another issue confronting Indian Country is that of racial shifters and pretendians. Cherokee identity may be one of the most common Indigenous identities to appropriate, mainly because Americans are somewhat familiar with Cherokee history (Trail of Tears) in addition to the Cherokee Nation being one of the largest federally recognized tribes¹³. As Circe Sturm (2010) points out, if white people are asked to name three Native American tribes—Cherokee will certainly make the list.

Lastly, like any other tribal group, Cherokee people and their descendants may have a difficult time documenting their ancestry and being eligible to enroll in a federally recognized tribe, especially given their history with removal and genocide. In addition, to having been displaced historically, many Cherokee people have moved around in recent times for economic/educational reasons, ending up all over the country; finding them in the Great Lakes Region should come as no surprise given that many other Indigenous people who do not have ancestral territory in the area also reside here. The question just becomes how many of these people who claim to be Cherokee have legitimate claims to that identity?¹⁴

¹³ The Navajo Nation is the largest federally recognized tribe in the AIAN alone category, according to the 2020 census (Sánchez-Rivera, Jacobs and Spence 2023).

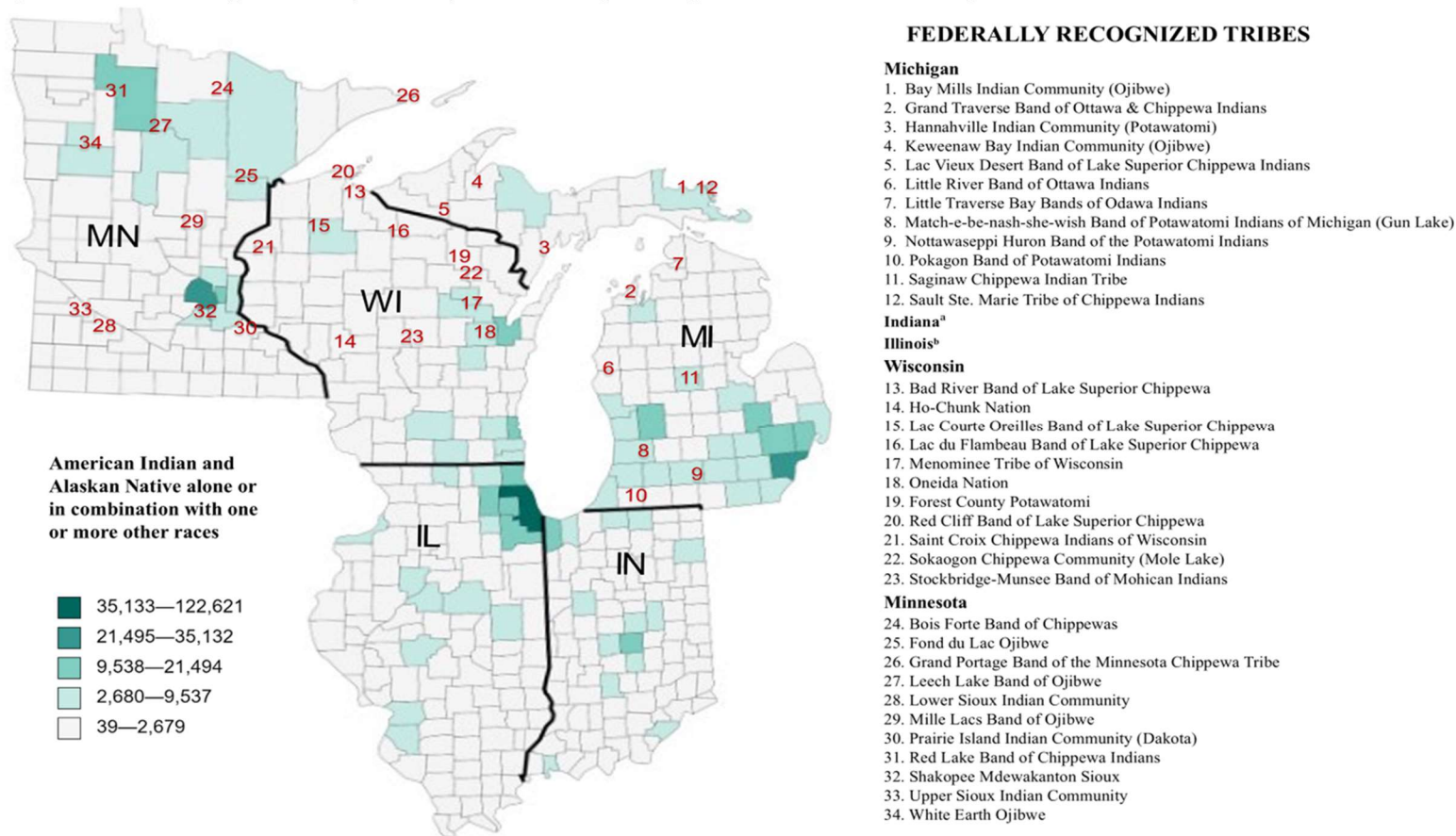
¹⁴ Circe Sturm discusses this question in her book, *Becoming Indian: The Struggle over Cherokee Identity in the Twenty-first Century*.

The next largest group in the area is “other.” It should be noted again that the ACS table groupings are not exhaustive and so certain groupings (most likely, those with smaller populations nationally) are collapsed into the “other” category. Appendix L Table L.1 is a table that lists the tribal groupings that the ACS used for 2015-2019. While creating tables and charts for this chapter, I felt something was missing and finally realized that the Ho-Chunk Nation was not accounted for in the ACS tables, nor were the Stockbridge-Munsee Mohicans, both federally recognized tribal nations in Wisconsin (Tribes 14 & 23, respectively in Figure 4.4). Figure 4.3 shows that Wisconsin has the highest number of responses collapsed into this category compared to the other Great Lakes states. Indiana is also worth mentioning and the breakdowns by state will follow shortly.

The next two tribal groupings are Sioux and Iroquois (Haudenosaunee), which like Chippewa (Ojibwe) is also not surprising since there are four federally recognized Sioux/Dakota tribes in Minnesota (Tribes 28, 30, 32 & 33 in Figure 4.4), and one Iroquois (Haudenosaunee) tribe (Oneida Nation) in Wisconsin (Tribe 18 in Figure 4.4). The Sioux grouping refers to the Lakota, as well as Dakota peoples, and the Iroquois (Haudenosaunee) grouping can refer to a number of groups: Cayuga, Oneida, Onondaga, Mohawk, Tuscarora, and Seneca.

Figure 4.4 is a map documenting all the federally recognized tribes in the area along with the 2020 census data showing the counties with the highest AIAN population alone and in combination with other races, color-coded. It should be noted that the region has 35 federally recognized tribes but only 34 are shown because one of the tribes which was just recently awarded trust land in Illinois is headquartered in Kansas (the other has trust land in Indiana but is headquartered in Michigan). The county with the highest AIAN population in the Bemidji Area is Cook County, Illinois: 122, 621.

Figure 4.4 AIAN Population by County & Federally Recognized Tribes in Bemidji Area, 2020



^aPokagon Band of Potawatomi Indians, headquartered in Michigan, has trust land in Indiana

^bPrairie Band Potawatomi Nation, headquartered in Kansas, has trust land in Illinois.

Source: AIAN population from US Census, 2020, Map P6 “Total races tallied,” Illinois, Indiana, Michigan, Minnesota, and Wisconsin: AIAN alone or in combination with one or more other races.

Illinois

Illinois has the largest AIAN population in the region at: 280,985 people, 2.2% of the state's total population according to the 2020 census. Illinois did not have any federally or state-recognized tribes until just recently. In April of 2024 it was announced by the Department of the Interior (DOI) that 130 acres of land in DeKalb County (near Chicago) would be put into trust for the Prairie Band Potawatomi Nation (Meisel 2024). The land is part of their historic reservation in that part of the state that the US government illegally sold when Chief Shab-eh-nay went to visit family in Kansas around 1850 (Meisel 2024). The tribe spent \$10 million repurchasing the land that was put into trust by the DOI and has plans to acquire more in the future (Meisel 2024).

Historically many different Indigenous Nations have lived/claimed lands in the state, including notably, the Illinois Confederacy:

The Illinois had a mixed or borderline Eastern Woodlands-Eastern Plains culture, and spoke an Algonquian language intelligible with Miami... The word "Illinois" derives from their own term, hileni, man, human being, and was an inclusive name given to several groups known specifically as the Peoria, Kaskaskia, Cahokia, Tamaroa, Moingwena, Taponero, Coiracoentanon, Chaokia, Chipussea, and Michigamea. (Blasingham 1956:193).

Today, some of their descendants are known as the Peoria Indian Tribe of Oklahoma and consist of Kaskaskia, Peoria, Piankashaw and Wea Indians (the latter two groups once being tribes under the Miami) (Peoria Tribe ND).

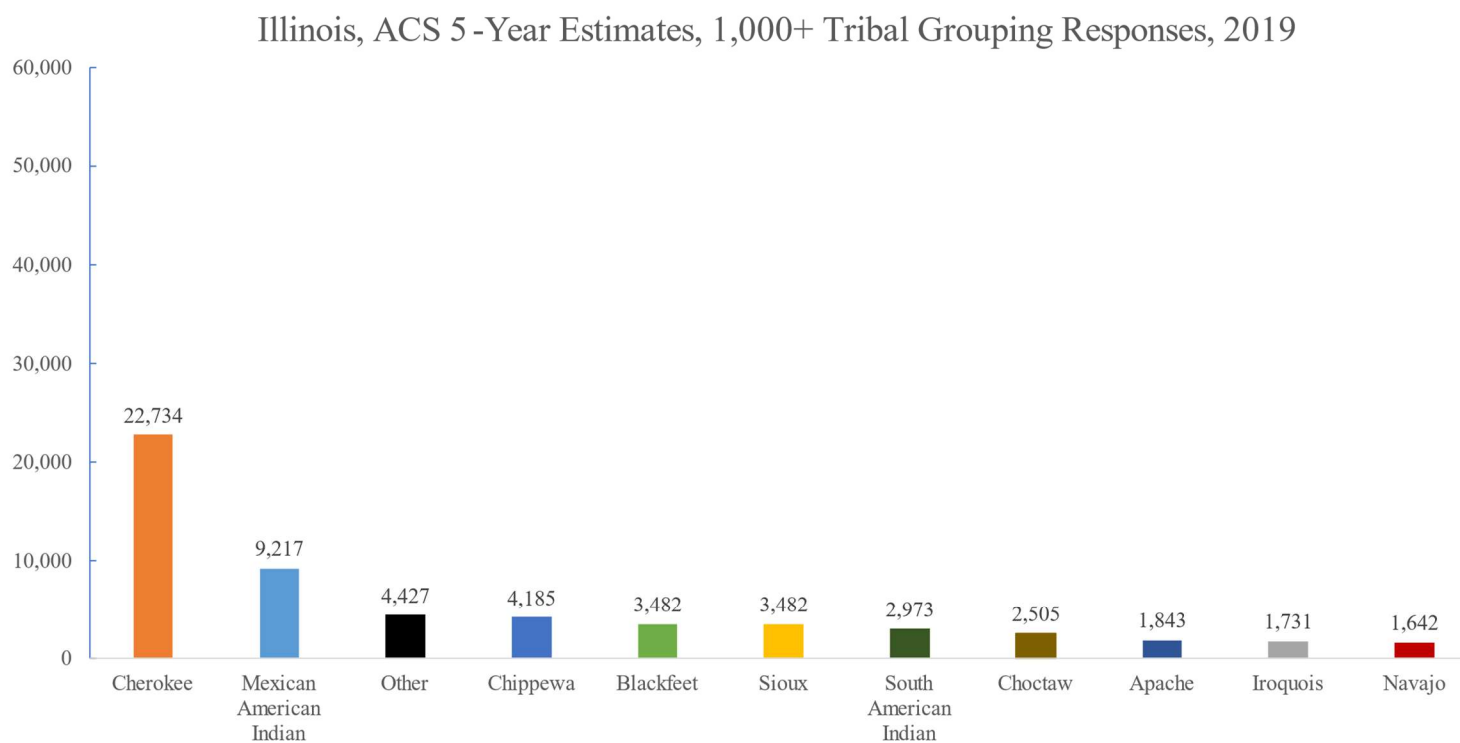
Other groups in the Illinois area have included the Ho-Chunk (Winnebago), Potawatomi, Ojibwe, Ottawa, Kickapoo, Miami, Sac and Fox (Mesquakie), Menominee, Mascouten,

Deleware, and Shawnee (Scarborough et al. 2019; The Absentee Shawnee Tribe ND; Whitney 1976). Many of these groups came to the area, trying to escape inter-tribal warfare, colonial warfare/white encroachment. They all would eventually be removed from Illinois in the mid-nineteenth century by the US government (Nichols 2018). These groups will be mentioned again when discussing the other states in the region.

Even though Illinois did not have a federally recognized tribe until very recently, Chicago, which is located in Cook County, has one of the highest urban Indian populations and boasts one of the oldest American Indian Centers (American Indian Center 2023). In the 1950s, during the Termination Era, the US government began an urban relocation program to promote assimilation and Chicago, along with other cities such as Denver, Los Angeles, San Francisco, San Jose, St. Louis, Cincinnati, Cleveland and Dallas, became BIA destinations (Huyser 2020; Wernative n.d.). As a relocation city, Chicago accounts for much of the tribal diversity that is found in Illinois.

Figure 4.5 and Table 4.2 show the ACS 5-year estimate of tribal grouping responses over 1,000 for Illinois in 2019. Cherokee has the highest number of responses followed by Mexican American Indian. The latter group is a newer category on the census, “In 1997, the U.S. Office of Management and Budget made the federal definition of ‘American Indian’ more inclusive to include the original peoples of North, South, and Central America, which has brought new individuals into the racial category” (Huyser 2020:12). In the US, the experiences of Indigenous peoples from Mexico, Central and South America may get drowned out by the perception that these people are Latino/Hispanic as well as the perception that the AIAN category is for Indigenous peoples who are enrolled in federally recognized tribes. In the past, this population was usually lumped into the Latino/Hispanic category here in the United States. This broad

Figure 4.5 Illinois, ACS 5-Year Estimates, 1,000+ Tribal Grouping Responses, 2019



Source: Data compiled from U.S. Census Bureau. (2019). B02017: American Indian and Alaskan Native (AIAN) Alone or in combination by Selected Tribal Groupings: IL. 2015-2019 American Community Survey 5-Year Estimates.

Table 4.2 Illinois, ACS 5-Year Estimates, 1,000+ Tribal Grouping Responses, 2019

Illinois, ACS 5-Year Estimates, 1,000+ Tribal Grouping Responses, 2019		
Tribal Grouping	Estimate	MOE
Cherokee	22,734	±1,495
Mexican American Indian	9,217	±1,053
Other	4,427	±742
Chippewa	4,185	±649
Blackfeet	3,482	±554
Sioux	3,024	±599
South American Indian	2,973	±864
Choctaw	2,505	±394
Apache	1,843	±415
Iroquois	1,731	±442
Navajo	1,642	±507

Source: Data compiled from U.S. Census Bureau. (2019). B02017: American Indian and Alaskan Native (AIAN) Alone or in combination by Selected Tribal Groupings: IL. 2015-2019 American Community Survey 5-Year Estimates.

ethnic category succeeded in concealing the racial hierarchy that is present in Mexico (as well as other countries in Central and South America), i.e., a person who identifies as Maya can have a much different experience than someone who simply identifies as Mexican in Mexico, mainly due to the discrimination that Indigenous peoples face in their homelands (Hernandez 2022).

Vázquez-Flores et al. (2023) found that Indigenous Mexicans were perceived by non-Indigenous Mexicans to be the most discriminated group in Mexico when compared to Honduran and US immigrants. Though their findings are not generalizable to the Mexican population due to a non-probability sample, Vázquez-Flores et al. (2023) point out that this finding is echoed by others who have undertaken similar research.

The next largest group is “other.” As mentioned above, this category includes groups not included in Table L.1. Scouring the 2020 census revealed that there were no groups with counts close to or over 1,000. Farther down the list, the Chippewa (Ojibwe), Sioux and Iroquois (Haudenosaunee) populations are not surprising to find since there are federally recognized tribes for each of these groups in the Great Lakes region. Nor is it surprising to see groups such as the

Cherokee (as mentioned above), Blackfeet, Choctaw, Navajo (Dine'), and Apache as many of these groups are noted for having high populations (see Table 3. in Sánchez-Rivera et al. 2023).

Indiana

In contrast to Illinois, Indiana has the smallest AIAN population in the region: 139,443, 2.1% of the state's total population, according to the 2020 census. Indiana has much overlap with Illinois (as well as the rest of the states in the Bemidji Area) in terms of historical populations in the area. Notably, the famous Shawnee prophet Tenskwatawa made his home in Prophetstown, which he and his brother Tecumseh, founded in 1808 (Nichols 1998). Prophetstown was tribally diverse as Tenskwatawa drew many different people from tribes throughout the region in one of the pan-Indian movements of that century to fight settler encroachment on Indigenous lands.

They [Tenskwatawa and Tecumseh] were especially irate after the Treaty of Fort Wayne of September 30, 1809. In that agreement, Indiana's Governor William Henry Harrison persuaded various Miami, Potawatomi, and Delaware "chiefs" to part with three million acres of Indian lands in exchange for increased governmental annuities and trade goods. (Herring 2021:12)

Additionally, The Kickapoo also resided in western Indiana before being pushed farther west. Different sources give different origins for the Kickapoo, depending on the historical time span in question, however, the Kansas Kickapoo Tribe¹⁵ recounts on their web-archived site how their original homelands were located in southern Michigan and were forced out of the area by the Iroquois Wars (1641-1701). They settled in Illinois and Indiana after defeating the Illinois Tribes

¹⁵ Today, there are three federally recognized Kickapoo Tribes: the Kickapoo Tribe in Kansas, the Kickapoo Tribe of Oklahoma, and the Kickapoo Traditional Tribe of Texas. There are also Kickapoo in Mexico.

until they were once again forced out of the area, this time by the US government (Kansas Kickapoo Tribe 2013).

The Lenape (Delaware) were also residents of Indiana along the White River in the late 18th and early 19th centuries but were forced to move out of the area and westward in 1821 (Obermeyer 2009). Tim Crumrin, a historian with Conner Prairie Interactive History Park, remarked in a documentary about the Lenape in Indiana that they were "possibly the most-moved group in American history" (Eiler 2014:00:02:13). Today, they are in Oklahoma and Wisconsin as well as Canada (Delaware Nation ND; Miller 2020).

The Potawatomi not only had a historic presence in Indiana but as mentioned in the previous chapter, continues to have a presence today, despite removal. The Pokagon Band (Tribe 10 in Figure 4.4) has trust land in northern Indiana. There were also 841 (± 257) people who identified as Potawatomi living in Indiana in 2019, according to the ACS estimates, just narrowly missing inclusion in my ACS tables/charts. The 2020 census shows that there are actually over 1,000 people who identify as Potawatomi alone or in combination with other races (421 specifically identified as Pokagon Band).

Many Potawatomi (as well as other nations) were forcibly removed from their lands following the same legislation that removed the Cherokee and other tribes in the south from theirs in 1838 (Anderson 2019). This removal was known as the Trail of Death:

...Indiana militia arrested a Potawatomi band headed by [C]hief Menominee, who had refused orders to move and burned a squatter's cabin. The stress of eviction, combined with poor rations and typhoid, caused 300 of the 850 involuntary migrants to sicken and 43 to die... (Nichols 2018: 102)

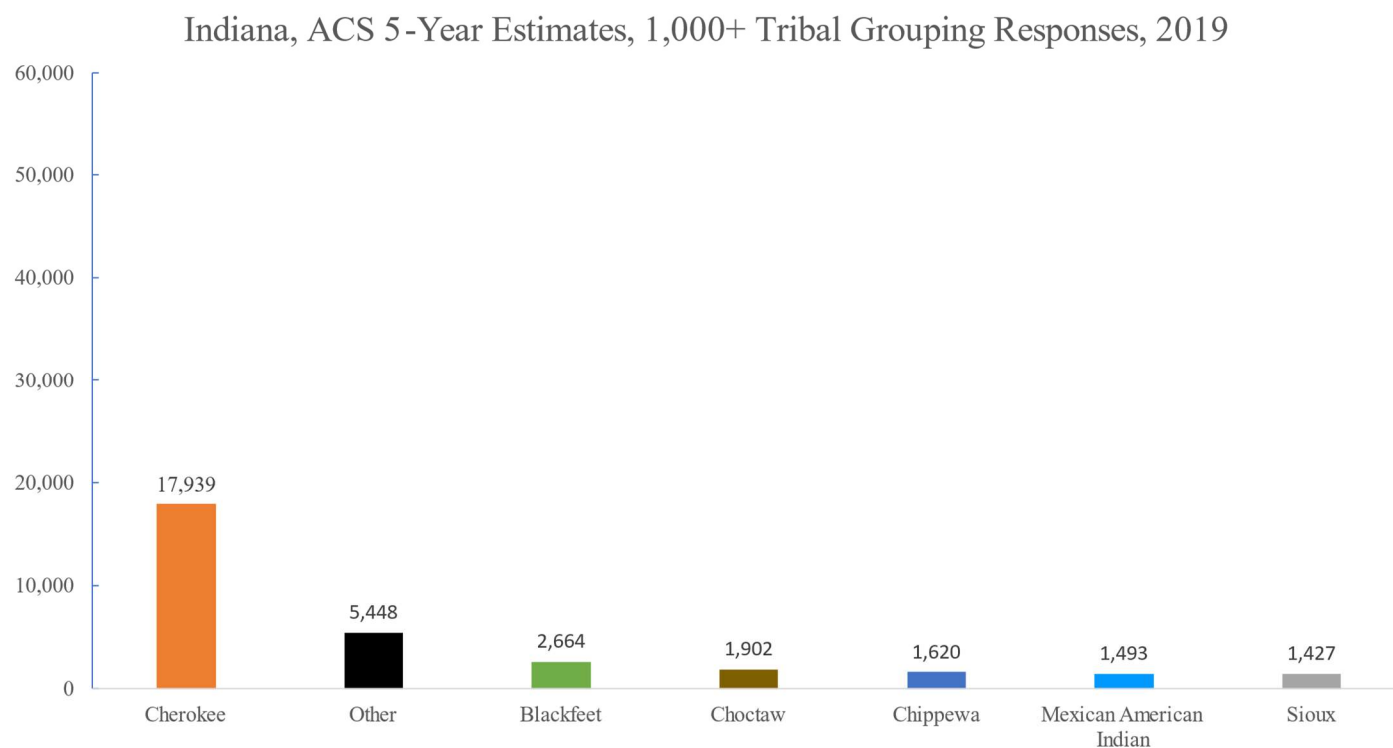
There are many federally recognized Potawatomi tribes not only in the Bemidji Area (Tribes 3, 8, 9, 10, & 19 in Figure 4.4) but there is also one in Kansas (Prairie Band of Potawatomi Nation) and one in Oklahoma (Citizen Potawatomi Nation).

Another notable group, the Miami also called Indiana home and was the last tribal nation to be removed from the state in 1846 (Bickers 2022; Hunter 2021a). However, some people were able to resist and stay in Indiana (Bickers 2022; Hunter 2021b). If there were a Miami Tribal grouping in the ACS, people who identified as Miami would have shown up in my tables and charts for Indiana; according to the 2020 census, there were well over 3,000 people who identified as Miami. It is probable that these responses were collapsed into the “other” category and account for a healthy proportion of the 5,000+ responses in Figure 4.6 And Table 4.5.

Today, the only federally recognized Miami is the Miami Tribe of Oklahoma. As mentioned in the previous chapter, the Miami Tribe of Oklahoma has a THPO in Fort Wayne. In 2012, the Tribe filed an official complaint with the National Parks Service regarding excavations at Strawtown Koteewi County Park in Hamilton County, Indiana that were in violation of the Native American Graves Protection and Repatriation Act (NAGPRA) (Marsh 2022). In her article, “Strawtown Koteewi Indiana, NAGPRA, and the Culture of Noncompliance,” Marsh effectively describes how a “culture of noncompliance” can flourish in a state without the direct oversight of a federally recognized tribe, “Indiana’s Department of Natural Resources, the state archaeologist, and numerous professional archaeologists associated with Indiana universities condoned and supported the illegal excavations” (2022:323). Some of these excavations included human/ancestral remains.

The ACS 5-year estimates reveal that many of the Indigenous population in Indiana in 2019 are not originally from the area (with the exception of the “other” category). The Cherokee,

Figure 4.6 Indiana, ACS 5-Year Estimates, 1,000+ Tribal Grouping Responses, 2019



Source: Data compiled from U.S. Census Bureau. (2019). B02017: American Indian and Alaskan Native (AIAN) Alone or in combination by Selected Tribal Groupings: IL. 2015-2019 American Community Survey 5-Year Estimates.

Table 4.3 Indiana, ACS 5-Year Estimates, 1,000+ Tribal Grouping Responses, 2019

Indiana, ACS 5-Year Estimates, 1,000+ Tribal Grouping Responses, 2019		
Tribal Grouping	Estimate	MOE
Cherokee	17,939	±1,163
Other	5,448	±726
Blackfeet	2,664	±465
Choctaw	1,902	±547
Chippewa	1,620	±378
Mexican American Indian	1,493	±526
Sioux	1,427	±288

Source: Data compiled from U.S. Census Bureau. (2019). B02017: American Indian and Alaskan Native (AIAN) Alone or in combination by Selected Tribal Groupings: IN. 2015-2019 American Community Survey 5-Year Estimates.

just like in Illinois, are by far the largest group. Next is the “other,” which effectively conceals the resilient Miami population. And, once again, the Blackfeet, Choctaw and Mexican American Indian have sizable populations in Indiana. The Chippewa (Ojibwe) is not an unexpected group to find in Indiana given the proximity of federally recognized tribes in Michigan. The Sioux is a little more unexpected since the nearest federally recognized tribe is in Minnesota.

Michigan

According to the census, 246,458 people in Michigan identified as AIAN in 2020, 2.4% of total population. The county with the smallest AIAN population in the Bemidji Area is Keweenaw County in the upper peninsula (at the tip of the Keweenaw Peninsula). 39 people identified as AIAN, but this county is very rural and has a total of 2,046 people who live there (US Census Bureau 2020). As pointed out in the previous chapter, Michigan is an exemplar of the Three Fires Confederacy; all of the state’s 12 federally recognized tribes are Anishinaabek (Nishnabek), i.e., they are either Ojibwe, Ottawa, Potawatomi or a combination of Ojibwe/Odawa (Tribes 1-12 in Figure 4.4).

The Anishinaabek did not always call the Great Lakes home. Our migration story tells us that we once lived on the Eastern Seaboard and eventually made our way to the area, settling in

Michigan and some of the other Great Lakes states, spreading west and north, sometimes pushing other groups out. During our migration, we became three distinctive groups: The Ojibway, the eldest brother and keeper of the faith; The Odawa, the middle brother and keeper of trade; and The Potawatomie, the youngest brother and keeper of the fire. We have been a dominant force in the area ever since.

Other nations once called Michigan home besides the Anishinaabek. As mentioned earlier, the Kickapoo homelands were in the southeast until warfare with the Haudenosaunee forced them to flee. The Mascouten had similar issues, and most were eventually absorbed into the Kickapoo after relocating to Indiana circa 1800 (Goddard 1972). The Sauks once called the Saginaw Valley home (McCollum ND) and the Fox (Meskwaki) also claimed territory in Michigan (“The Meskwaki Nation’s History” 2024).

The Wyandotte¹⁶ (Huron) resided in southeast Michigan along the St. Claire River and the Detroit River down to the present-day city of Monroe (Givens-McGowan 2003). They were removed by the US government like many other tribal nations that called the southern Great Lakes states home:

The Treaty of Upper Sandusky (1842) traded the Wyandots’ 110,000-acre tract in Ohio and a smaller tract in Michigan for a 168,000-acre reserve in Kansas...In the summer of 1843 Wyandot families shuttered their homes and headed for their new reserve in Kansas, where illness and exposure would kill one in twelve of the emigrants over the course of the next year. (Nichols 2018:100)

¹⁶ The only federally recognized tribe today is The Wyandotte Nation in Wyandotte, OK.

Examining the 2019 ACS 5-year estimates shows that Michigan's Indigenous populations are diverse and resilient (Figure 4.7 and Table 4.6). Chippewa (Ojibwe) is the tribal grouping with the highest number of responses. Cherokee comes next, followed by the Ottawa, Blackfeet and Potawatomi. For Michigan's Indigenous peoples, these figures make sense. The northern groups (Ojibway and Odawa) were able to resist removal and stay in our homelands, mainly because of the nature of the land—Indigenous people were helpful to white settlers for their extraction economy in the north (Nichols 2018). Historian Dr. R. David Edmunds explains:

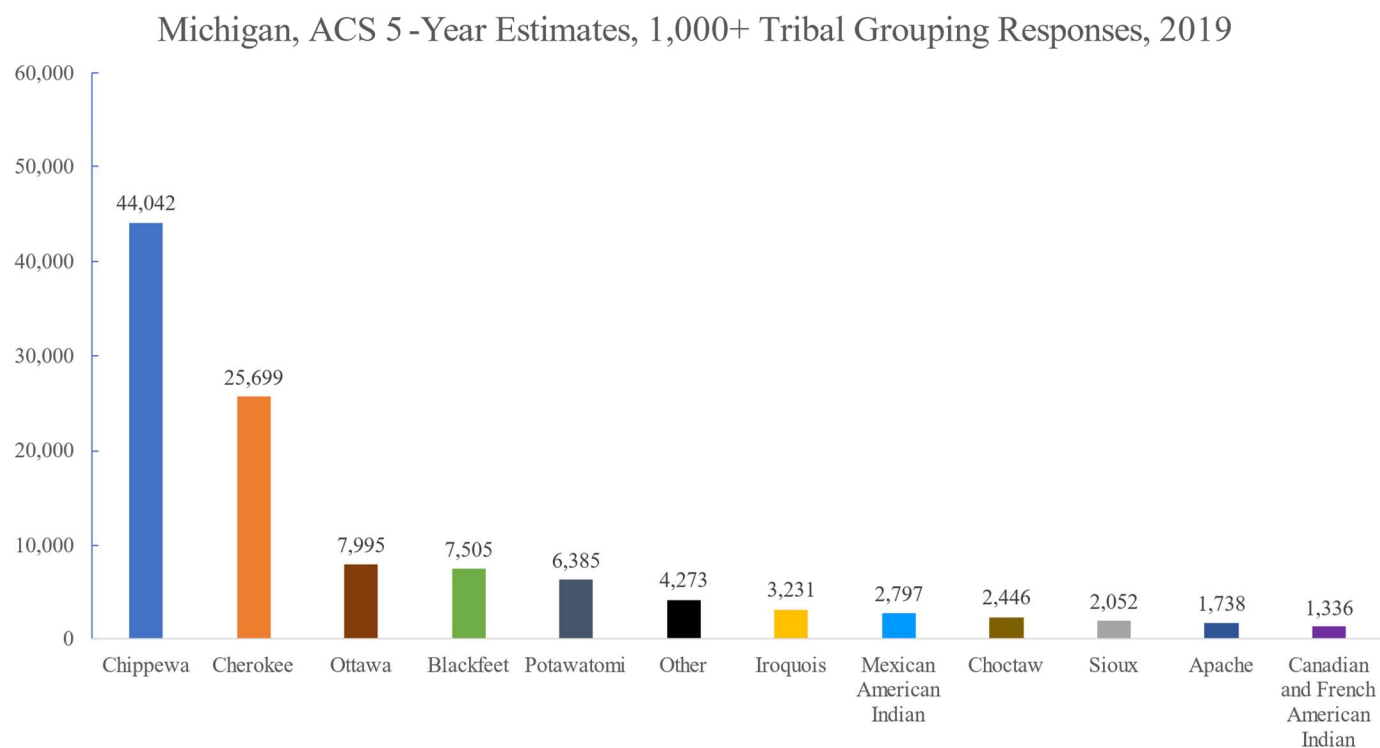
“Most of the reservations that remain in the United States are areas that non-Indians have not really wanted. If you look at the Midwest, most of the tribal reservations that remain are in the northern areas of Wisconsin, Minnesota, Michigan—and that's not where the good farmland is in those regions.” (Quoted in Wing 2022)

The Potawatomi, as already discussed, were not so fortunate, but many that were removed came back and/or established communities in northern areas—Hannahville Indian Community (Tribe 3 in Figure 4.4.) is a good example of the latter group.

Going farther down the list, examining the 2020 census reveals no groups with responses over 1,000 for the “other” category. Iroquois (Haudenosaunee) is next and considering that Haudenosaunee traditional territory butts up against Anishinaabe territory to the east—this should be expected. Additionally, there is Oneida Nation (Tribe 14 in Figure 4.4) in Wisconsin as well as Oneida Nation on the Thames nearby in Ontario Canada.

Sioux and Canadian and French American Indian are both groups that are also relatively nearby—the latter should be expected considering Michigan has a few shared borders with Canada—especially Detroit (Walpole Island First Nation is nearby), and the Dakota traditional

Figure 4.7 Michigan, ACS 5-Year Estimates, 1,000+ Tribal Grouping Responses, 2019



Source: Data compiled from U.S. Census Bureau. (2019). B02017: American Indian and Alaskan Native (AIAN) Alone or in combination by Selected Tribal Groupings: IL. 2015-2019 American Community Survey 5-Year Estimates.

Table 4.4 Michigan, ACS 5-Year Estimates, 1,000+ Tribal Grouping Responses, 2019

Michigan, ACS 5-Year Estimates, 1,000+ Tribal Grouping Responses, 2019		
Tribal Grouping	Estimate	MOE
Chippewa	44,042	±1,229
Cherokee	25,699	±1,692
Ottawa	7,995	±689
Blackfeet	7,505	±1,002
Potawatomi	6,385	±638
Other	4,273	±736
Iroquois	3,231	±549
Mexican American Indian	2,797	±608
Choctaw	2,446	±481
Sioux	2,052	±529
Apache	1,738	±388
Canadian and French American		
Indian	1,336	±246

Source: Data compiled from U.S. Census Bureau. (2019). B02017: American Indian and Alaskan Native (AIAN) Alone or in combination by Selected Tribal Groupings: MI. 2015-2019 American Community Survey 5-Year Estimates.

territory is to our west. Lastly, Mexican American Indian, Choctaw, and Apache round out the list.

The tribal diversity in Michigan can most likely be attributed to Detroit. The three-county area of Wayne (35,132), Oakland (21,387), and Macomb (16,388) have a combined population of 72,907 people who identified as AIAN on the 2020 census. Though Detroit was not a BIA relocation city, it was still an attractive destination in the mid-twentieth century due to employment opportunities in the auto industry:

Detroit was more than just a Motor City or even an ‘Arsenal of Democracy.’ Like the Statue of Liberty and the American Frontier, it symbolized hope and freedom. Detroit was a place of new beginnings where schools and housing developments and job opportunities beckoned to ambitious people everywhere... Thus, the growth of Detroit’s native American community was rooted in limited reservation opportunities as well as the powerful allure of the city. (Danziger 1991)

Minnesota

157,651 people identified as Indigenous in Minnesota on the 2020 US census, 2.8% of the state's total population. Minnesota is not as tribally diverse as the other states in the region. Examining Figure 4.8 and Table 4.5 reveals that the tribal groupings that dominated the 2019 ACS 5-year estimates were Chippewa (Ojibwe) and Sioux (Dakota). This makes sense considering all of the federally recognized tribes are either Ojibwe (Tribes 24-27, 29, 31 & 34 in Figure 4.4) or Dakota (Tribes 28, 30, 32 & 33 in Figure 4.4).

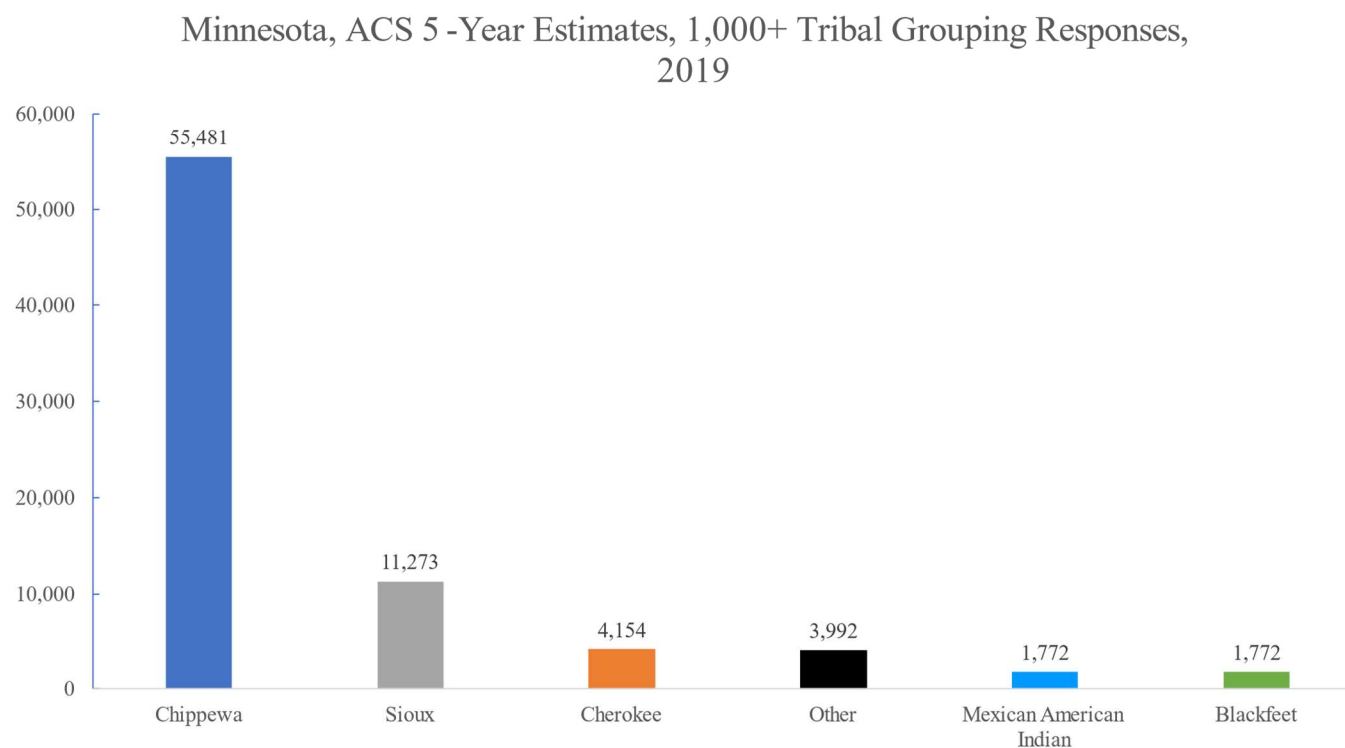
The Ojibwa reached Minnesota sometime in the late seventeenth century (Kortenhof 2023) and encountered the Dakota for whom Minnesota was their homeland and place of origin:

...claims of Dakota origins in places other than Mni Sota Makoce conflict with Dakota oral narratives and ultimately undermine Dakota connections to the land. Mni Sota is the original homeland of the Dakota... We are told that we were brought here to this land from the stars to the place where the Minnesota and Mississippi rivers meet. This place known as Bdote is our place of genesis. (Westerman, White & Wasicuna 2012:15)

The Dakota and Ojibwe often coexisted and intermarried, making it necessary for the Ojibwe to “construct” a new doodem, or clan: the wolf doodem (Jurrs 2021). However, the Dakota and Ojibwe did not always have peaceful relations and frequently warred with one another (Warren [1885] 1984).

Ultimately, it would be the US government that would push the Dakota out of Minnesota and exile them as an outcome of the US-Dakota War in 1862. The Dakota felt that the US government had not honored their treaty obligations and attacked white settlers in a series of raids and skirmishes that began in August and went through September 1862 (Minnesota Historical Society n.d.). Historians estimate that over 600 white people were killed—most were

Figure 4.8 Minnesota, ACS 5-Year Estimates, 1,000+ Tribal Grouping Responses, 2019



Source: Data compiled from U.S. Census Bureau. (2019). B02017: American Indian and Alaskan Native (AIAN) Alone or in combination by Selected Tribal Groupings: IL. 2015-2019 American Community Survey 5-Year Estimates.

Table 4.5 Minnesota, ACS 5-Year Estimates, 1,000+ Tribal Grouping Responses, 2019

Minnesota, ACS 5-Year Estimates, 1,000+ Tribal Grouping Responses, 2019		
Tribal Grouping	Estimate	MOE
Chippewa	55,481	±1,421
Sioux	11,273	±941
Cherokee	4,154	±540
Other	3992	±562
Mexican American Indian	1,772	±347
Blackfeet	1,172	±309

Source: Data compiled from U.S. Census Bureau. (2019). B02017: American Indian and Alaskan Native (AIAN) Alone or in combination by Selected Tribal Groupings: MN. 2015-2019 American Community Survey 5-Year Estimates.

civilians (Minnesota Historical Society n.d.). Of over 300 Dakota warriors convicted in the deaths of the settlers, 38 were hand-picked by President Lincoln for participating in “massacres” as opposed to “battles,” and were hanged in Mankato, MN on December 26, 1862 (Minnesota Historical Society n.d.).

Many Dakota made their way back into Minnesota—a small number had managed to remain. Issues with the US government continue. Prairie Island Indian Community (Tribe 30 in Figure 4.4) on their “Our History” page on their tribal website, list a “trifecta” of more recent grievances with the US government, including flooding of their reservation after building a dam:

Just two years after formally recognizing the Tribe, the federal government failed in its trust responsibility to protect our interests by allowing the U.S. Army Corps of Engineers to build Lock and Dam #3 just downstream from our reservation and intentionally flood a portion of our land. Congress never authorized the illegal taking and destruction of our land, nor compensated the Tribe for the loss.

Additionally, a nuclear power plant was built just 700 yards away from the reservation in 1973 without consultation from the tribe. Lastly, a busy railroad that sometimes carries hazardous materials runs over the access road for the reservation.

If the history sections on tribal websites highlight the US government's genocidal and discriminatory treatment during the establishment US hegemony, pages about current endeavors and projects are more uplifting and speak to the resiliency of the communities they represent. Prairie Island also lists many of the land stewardship projects that they have undertaken, including protecting water. The Upper Sioux Indian Community (Tribe 33 in Figure 4.4), thanks to gaming, has been able to expand its land base and attain economic independence (Upper Sioux Indian Community n.d.). The Lower Sioux Indian Community Offers home-based and center-based Dakota language programs for early childhood and is also planning on launching online Dakota classes in the future (The Lower Sioux Indian Community n.d.). Shakopee Mdewakanton Sioux Community (SMSC) (Tribe 32 in Figure 4.4) has a tribal garden and community center as well as several green and conservation initiatives (SMSC n.d.).

The Ojibwe Bands in Minnesota are also well-known for their projects. Mille Lacs Band of Ojibwe (Tribe 29 in Figure 4.4) partnered with Rosetta Stone and launched software for users to learn Anishinaabemowin (Ojibwe language). The program is free for tribal members and their descendants and offered at a discounted price to other members of other federally recognized tribes (Mille Lacs Band of Ojibwe n.d.).

Many Bands also are involved in Manoomin (wild rice) production/preservation. The Collaborative Great Lakes Manoomin Project involved many Ojibwe communities around the Great Lakes including Fond du Lac Ojibwe and Grand Portage Band (Tribe 25 & 26 in Figure 4.4). Nett Lake, on the Bois Forte Band of Chippewas Reservation (Tribe 24 in Figure 4.4) boasts that it, "is the world's largest and most prolific wild rice lake" (Bois Forte Band of Chippewas n.d.).

As mentioned in the previous chapter, Bois Forte Band, Fond du Lac, Grand Portage Band, Leech Lake Band, Mille Lacs Band and White Earth are all members of The Minnesota Chippewa Tribe (MCT), which is “a federally recognized tribal government that, through unified leadership, promotes and protects the member Bands while providing quality services and technical assistance to the reservation governments and tribal people” (MCT n.d.). Each band/reservation does have its own government and reservations. The exception to this is The Red Lake Band of Chippewa Indians (aka Red Lake Nation) (Tribe 31 in Figure 4.4).

Red Lake is different in a few ways. First, they resisted joining the other bands because they wanted to retain their traditional system of government, hereditary chiefs (though later they did start holding elections for tribal chairman). Second, they have a closed reservation—the tribe determines who can visit and remain within its boundaries. Lastly, they have urban offices in both Minneapolis and Duluth to assist tribal members living in those cities (Red Lake Nation 2024).

The Minneapolis and St. Paul areas are known for their urban Indian populations. Though not originally a relocation city, the BIA set up a relocation office in Minneapolis. Many Natives chose to move there since it was close enough to reservations for people to move back and forth (Netarak 2019). Minneapolis is also the birthplace of the American Indian Movement (AIM), which arose to deal with issues that urban Indians faced because of relocation (Netarak 2019).

The Minneapolis American Indian Center (MAIC), founded in 1975, boasts that it provides services to 4,400 Indians a year from 43 different tribes (MAIC 2024). Examining the 2019 ACS 5-year estimates, the diversity is not as apparent as it is in other states in the region (e.g., Illinois and Michigan). After Chippewa and Sioux, Cherokee follow, then the “other” category, and Blackfeet rounds out the list.

The “other” category for Minnesota effectively conceals a strong Ho-Chunk (Winnebago) presence in the state. According to the 2020 US census, over 1,000 people identified as either Ho-Chunk or Winnebago in Minnesota. These people probably make up a large proportion of the “other” category in Figure 4.8 and Table 4.5.

Wisconsin

144,572 people identified as AIAN in Wisconsin on the 2020 census, 2.5% of the state’s population. Except for Indiana, Wisconsin has the smallest AIAN population compared to the other states in the area. Wisconsin differs from the other states in the region in terms of its federally recognized tribes—they are somewhat more diverse. Over half are Ojibwe tribes (Tribes 13, 15, 16, 20, 21, 22 in Figure 4.4) but there is also Forest County Potawatomi (Tribe 19), Ho-Chunk Nation (Tribe 14), Oneida Nation (Tribe 18), Menominee Tribe of Wisconsin (Tribe 17) and Stockbridge-Munsee Band of Mohican Indians (Tribe 23).

The 2019 ACS 5-year estimates in Figure 4.9 and Table 4.6 seem to reflect the tribal population. Chippewa (Ojibwe) tops the list followed by “other.” The Ho-chunk (Winnebago) are not included in the tribal groupings (see Table L.1) but, according to the 2020 Census, over 6,000 people identified as Ho-Chunk or Winnebago (the majority identified as Ho-Chunk Nation), so these responses probably make up a large proportion of the other category, effectively concealing a whole nation in the state of Wisconsin.

The Ho-Chunk identify Wisconsin and northern Illinois as their homelands (Kantrowitz 2023). According to the Ho-Chunk Nation’s website: “...our oral tradition states ‘we have always been here’ and more than likely, we always be here. Our history is not told in history books, but spans back beyond possibly three ice ages.” The Ho-Chunk did not fare as well as some of the other tribes in the area and were deported first to Iowa, and then to Minnesota in

1847 (Nichols 2018). From Minnesota they were moved to South Dakota before being given a reservation in Nebraska in 1865 (Wisconsin Department of Public Instruction N.D.). Despite continuous removals, many Ho-Chunk resisted, and many came back to Wisconsin until finally:

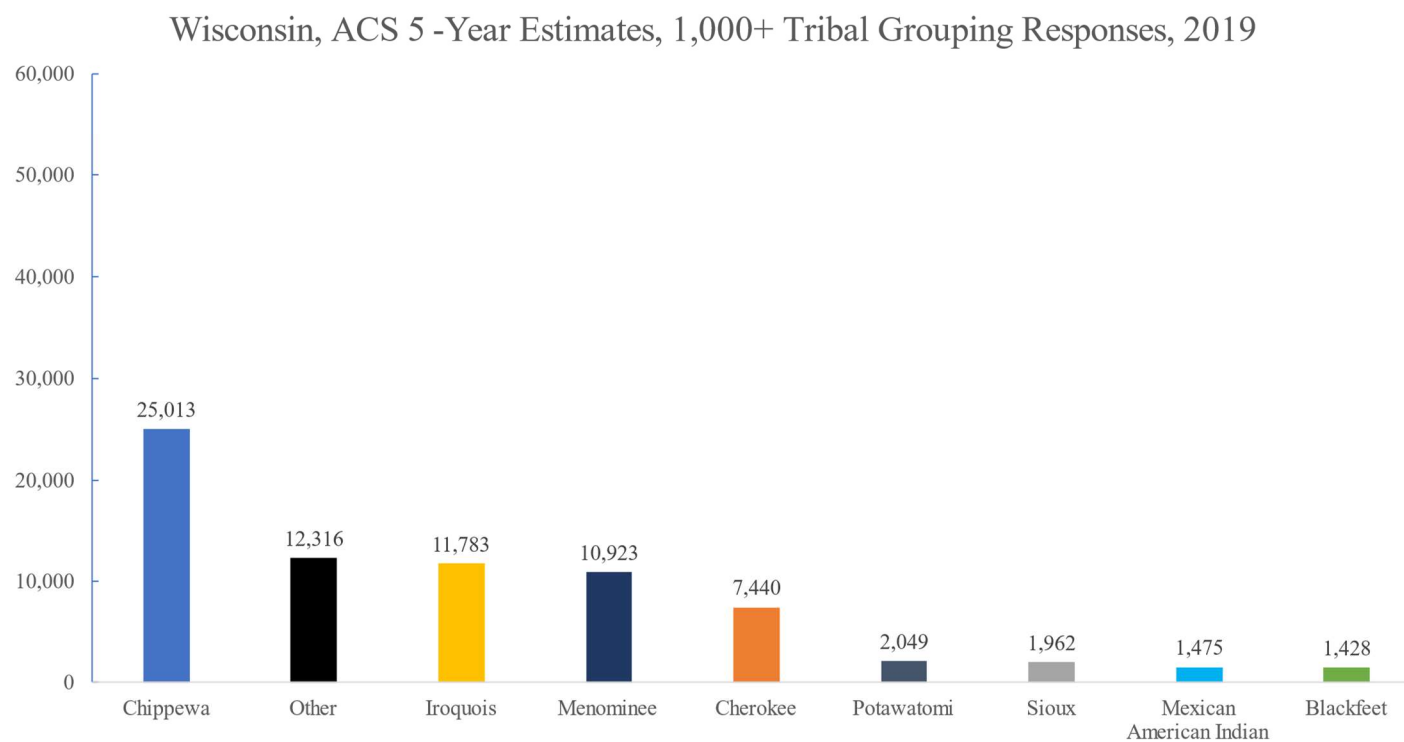
By 1875, the government gave up. It accepted the right of the Ho-Chunk bands to remain in Wisconsin, subject to state and federal law; it created a homestead policy by which they could obtain land; and it welcomed Ho-Chunk men as voters. (Kantrowitz 2023:12)

Today, Ho-Chunk Nation does not have a reservation per se in Wisconsin, but rather “...portions of land that hold ‘reservation’ status...[A]ll Wisconsin Ho-Chunk tribal lands are lands they once owned, but have had to repurchase” (Wisconsin Department of Public Instruction N.D.).

Another Tribe that seems to have been collapsed into the “other” category is the Stockbridge-Munsee Band of Mohican Indians (Tribe 23 in Figure 4.4). Their tribal website gives a somewhat detailed history of their displacement on the Eastern Seaboard and the resultant merging of related tribal people: the Mohicans in Stockbridge, MA and the Lenni Lenape, or Munsee people. They describe how the Stockbridge community first relocated to New York at the invitation of the Oneidas, but soon found that area to be unsafe due to settler land aspirations and moved to Wisconsin after a treaty was negotiated with the Ho-Chunks and Menominee in the 1820s. They were then joined by some of their relatives, the Munsees later (Stockbridge-Munsee Community 2024).

Though the tribe does have interest in Lenape historical lands/sites (Miller 2020), and the ACS tribal groupings do include Delaware, people who are affiliated with the Stockbridge-Munsee Nation choose to specifically identify with their tribe since the ACS 2019 estimate for

Figure 4.9 Wisconsin, ACS 5-Year Estimates, 1,000+ Tribal Grouping Responses, 2019



Source: Data compiled from U.S. Census Bureau. (2019). B02017: American Indian and Alaskan Native (AIAN) Alone or in combination by Selected Tribal Groupings: WI. 2015-2019 American Community Survey 5-Year Estimates.

Table 4.6 Wisconsin, ACS 5-Year Estimates, 1,000+ Tribal Grouping Responses, 2019

Wisconsin, ACS 5-Year Estimates, 1,000+ Tribal Grouping Responses, 2019		
Tribal Grouping	Estimate	MOE
Chippewa	25,013	±1,011
Other	12,316	±802
Iroquois	11,783	±841
Menominee	10,923	±852
Cherokee	7,440	±785
Potawatomi	2,049	±344
Sioux	1,962	±339
Mexican American Indian	1,475	±397
Blackfeet	1,428	±301

Source: Data compiled from U.S. Census Bureau. (2019). B02017: American Indian and Alaskan Native (AIAN) Alone or in combination by Selected Tribal Groupings: WI. 2015-2019 American Community Survey 5-Year Estimates.

the Delaware grouping is well under 100 responses for Wisconsin. The 2020 Census DDCH table for Wisconsin shows over 2,500 people identifying as Stockbridge-Munsee.

The Oneida Nation (Tribe 18 in Figure 4.4), like the Stockbridge-Munsee, also relocated to Wisconsin. Originally located in upstate New York, they were forced to move west. Today, they have reservation of 64,500 acres along Duck Creek (Oneida Nation of Wisconsin 2024). The Oneida probably accounts for the majority of the responses under the Iroquois grouping in Figure 4.9 and Table 4.6.

The Menominee (Tribe 17 in Figure 4.4), like the Ho-Chunk, claim parts of Wisconsin and Illinois as their lands of origin. They also claim parts of Michigan (The Menominee Indian Tribe of Wisconsin 2024). During the termination era, The Menominee was one of the Tribes that the federal government terminated. It had disastrous effects:

Menominee County suffered the highest unemployment in Wisconsin. Per capita income was the lowest and per capita welfare payments the highest. After Congress terminated federal services to the Menominee, the hospital closed, leaving not a single doctor or dentist in the county. Moreover, the Department of Health, Education and Welfare found

widespread discrimination against Menominee children in the local schools. (Wilkinson 2005:82)

Through activism, the Menominee were eventually able to regain federal recognition in 1973. They are a resilient Tribe and have a sizable population, following the Iroquois in Figure 4.9. and Table 4.6.

Lastly, Forest County Potawatomi, Tribe 19 in Figure 4.4., seems to have the smallest proportion of people for recognized tribes in the state. The tribal website gives an account of the Potawatomi moving into the area in the 1800s (referencing the Trail of Death) and getting federal recognition in 1934 (Forest County Potawatomi 2024).

The rest of the Tribal groupings in the figure and table make sense given the patterns noted in other states in the region.

AIAN Without Tribal Affiliation

Estimates from the 2019 ACS show a substantial proportion of the AIAN population do not report a tribal affiliation and simply identify as American Indian and/or Alaskan Native. Table 4.7 gives the estimates per state and the region for people who fit into this category¹⁷.

Illinois has the highest estimate for those who do not provide a tribal affiliation, followed closely by Michigan. Liebler and Zacher (2013) found that American Indian people who resided on homelands, whether they were single race or multiple races almost always reported their tribal affiliation on the 2000 Census. They also found:

¹⁷ It should be noted that the ACS estimates are different from the 2020 US Census results and provide a good example of why the Census Bureau recommends that researchers should “exercise caution” when comparing these data sets.

Much of the non-response among single-race American Indians was from people who seemed to not understand the question (i.e., Asian Indians and West Indians who seem to have mistakenly marked the wrong category), those who lived in an urban area, and Latino American Indians. Multiple-race non-respondents were more often elderly, people with poor English skills, foreign-born respondents, and black American Indians. (Liebler & Zacher 2013:13)

Considering the tribal diversity of both Illinois and Michigan, owing largely to their urban populations, it should come as no surprise that the largest proportion of people that did not report a tribal affiliation resides in those states. Donal Fixico when discussing the impacts of relocation on American Indians argues that simply identifying as American Indian was a necessary adaptation:

Interestingly, mutual tribal concerns and interaction dissolved many barriers between tribal groups who had never before associated with each other. Increasingly, Indian Americans in urban areas have identified themselves as Indians rather than by tribal designation. Such socialization saved the relocated Indians.

In essence, the communal tradition of Indians on reservations was imitated in urban areas. Powwows, dances, Indian bowling teams, Indian softball teams, and other related activities have intensified the survival of Indians as an identifiable ethnic group in the large cities. (1986:156)

Minneapolis and St. Paul also have a notable urban Indian population. As mentioned earlier, many urban Indians in that area are from local tribes and still have access to nearby reservations so it would make sense that Minnesota follows Illinois and Michigan in this regard.

Table 4.7 ACS 5-Year Estimates, Bemidji Area, 2019: Tribal Responses Not Specified

ACS 5-Year Estimates, Bemidji Area, 2019: Tribal Responses Not Specified						
	American Indian or Alaska Native		American Indian		Alaska Native^b	
	Estimate	MOE	Estimate	MOE	Estimate	MOE
Illinois	31,176	±2,476	6,844	±963	91	±67
Indiana	12,530	±1,252	2,061	±397	39	±34
Michigan	30,926	±1,722	6,217	±791	22	±42
Minnesota	20,793	±1,276	3,805	±543	74	±51
Wisconsin	10,944	±780	2,601	±436	125	±146
Bemidji Area ^a	106,369	±3,592	21,528	±1482	351	±177

Source: Data compiled from U.S. Census Bureau. (2019). B02017: American Indian and Alaskan Native (AIAN) Alone or in combination by Selected Tribal Groupings: IN, IL, MI, MN and WI. 2015-2019 American Community Survey 5-Year Estimates.

^aMOEs calculated using count approximation formula

^bEstimates are unreliable (CVs>40%) and should not be used

Summary

Using the ACS data helps clarify who the AIAN respondents residing in the Bemidji Area could potentially be. It is important to remember that the ACS figures given are estimates. ACS data can be helpful by providing population characteristics, such as tribal groupings, but for actual population counts, the census is preferable.

I chose to use the 2019 5-year estimates because the data was collected during a similar timeframe to the BRFSS data below, and using the tribal groupings provides a shortcut but at a cost—some tribes are collapsed into the “other” category, contributing to erasure. This is why I have supplemented with Census figures when discussing groups /nations such as the Miami, Ho-Chunk and the Stockbridge-Munsee even though the Census Bureau cautions researchers about comparing the 2020 census to ACS estimates (US Census Bureau 2024). It should be noted that the ACS estimates for those who did not have/provide a tribal affiliation were very different than the 2020 Census counts (see Table L.2).

I have often compared the estimated responses to certain tribal groupings and federally recognized tribes in the state, but it should be noted that the tribal groupings are not exclusive to those tribes. For example, the Chippewa (Ojibwe) response for Wisconsin in Table 4.6 is 25,013 \pm 1,011, this estimate is not too far off the 2020 US Census Detailed Demographic and Housing Characteristics File A (Detailed DHC-A) for the state of Wisconsin when adding up all the people who identified as Ojibwe (roughly 25,500). The Detailed DHC-A table shows that 610 people identified as Sault Ste. Marie Chippewa of Michigan—obviously not a federally recognized tribe in Wisconsin. According to the 2020 US Census Detailed DHCA table for Minnesota, 612 people identified as Turtle Mountain Band of Chippewa Indians of North Dakota, a tribe that is not even located in the region under analysis. It stands to reason that the tribal grouping response estimates for each state reflect the tribal grouping identity regardless of affiliation with a local tribe, or with a specific tribe (as is the case for those people who identify simply as Ojibwe), or affiliation with any tribe (as is the case for people who simply identify as American Indian and/or Alaskan Native).

Lastly, I have tried to include a very brief history of the Indigenous peoples in each state to help explain the patterns noted in the ACS data as well as acknowledge the Indigenous peoples who were removed. These histories are in no way comprehensive, but I feel strongly that the attempt should be made even if it is found to be wanting.

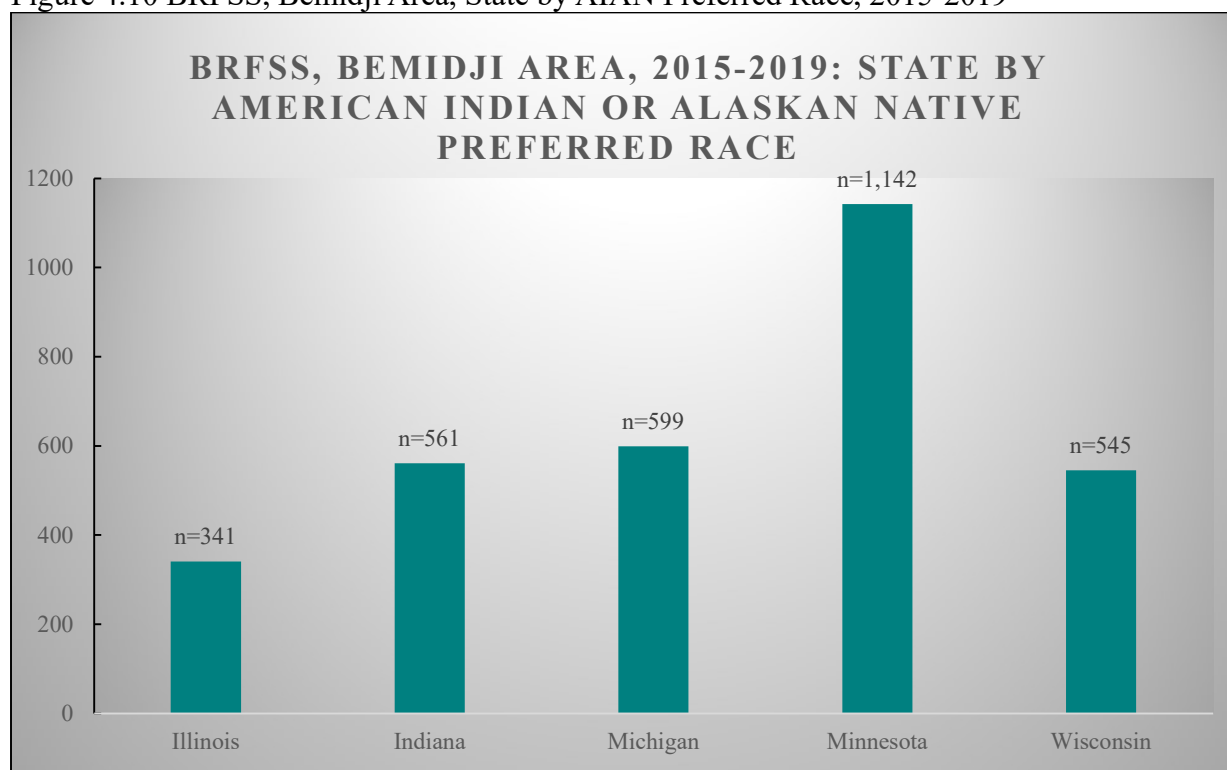
Indigenous Mental Health in The Bemidji Area

To examine mental health in the area, I pooled together five years of BRFSS data (see methods). After dropping missing values for my variables of interest (Table 4.8b.) I had a sample of 3,188 for the Bemidji Area, Figure 4.10 shows the sample breakdown by state. Table 4.8a. lists the

descriptive statistics for the sociodemographic characteristics of the sample and Table 4.8b. lists the descriptive statistics for the mental health variables.

The sample was predominantly female (51%) (see Figure 4.11), however, examining the breakdown by state shows that males actually outnumbered females in Illinois and Indiana (Figure 4.12). Additionally, 2 respondents refused to provide their sex as female or male (see Table L.3).

Figure 4.10 BRFSS, Bemidji Area, State by AIAN Preferred Race, 2015-2019



The sample was a littler older with a mean age of 49 years—it should be noted that the continuous age variable used is imputed with values over 80 years collapsed into 80. I created dummy variables for age groups to better understand the age ranges of the sample. Figure 4.13 shows the age groups for the entire area. However, box plots illustrate the differences between states better and because of the collapsed values, the median might prove to be more accurate (Figure 4.14). Illinois has a slightly younger population, followed by Minnesota. Wisconsin and

Table 4.8a BRFSS, Bemidji Area, Descriptive Statistics for Demographics, 2015-2019

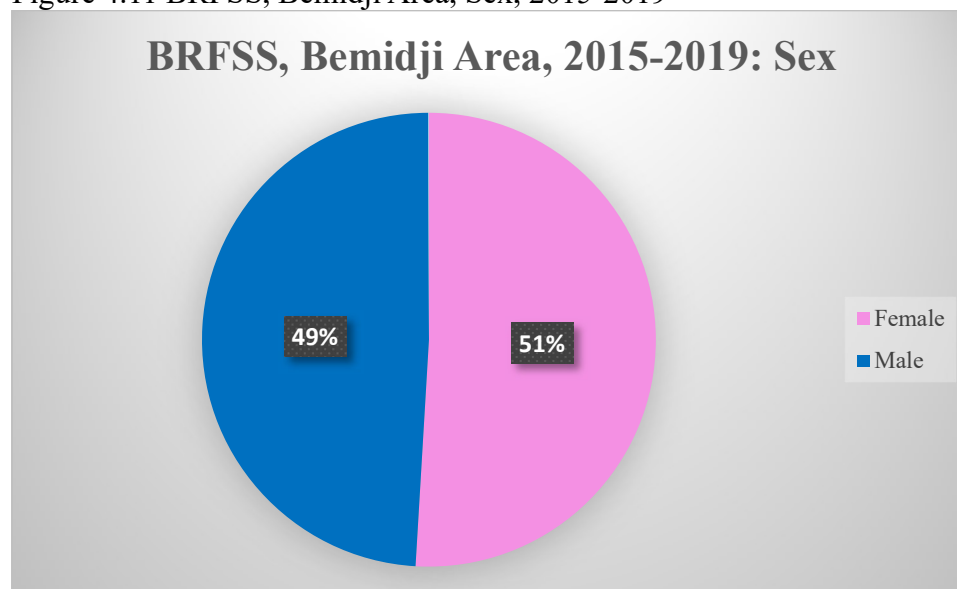
BRFSS, Bemidji Area, 2015-2019: Descriptive Statistics for Demographics, N=3,188												
Variable	Bemidji Area		Illinois		Indiana		Michigan		Minnesota		Wisconsin	
	Std.		Std.		Std.		Std.		Std.		Std.	
	Mean	Dev.	Mean	Dev.	Mean	Dev.	Mean	Dev.	Mean	Dev.	Mean	Dev.
Sex												
Female	0.51		0.45		0.43		0.52		0.54		0.55	
Male	0.49		0.55		0.57		0.48		0.45		0.45	
Unknown (refused)	0.00		0		0		0		0.00		0	
Age												
18-80 years (imputed and collapsed)	49.01	16.76	44.13	16.41	53.44	16.42	50.48	16.72	46.62	16.30	50.88	16.80
18-24 years	0.09		0.14		0.06		0.09		0.11		0.07	
25-34 years	0.15		0.20		0.11		0.12		0.17		0.14	
35-44 years	0.15		0.18		0.11		0.15		0.17		0.14	
45-54 years	0.19		0.18		0.20		0.20		0.20		0.18	
55-64 years	0.21		0.16		0.23		0.22		0.20		0.23	
65-74 years	0.14		0.09		0.19		0.16		0.11		0.14	
75+ years	0.07		0.04		0.10		0.07		0.04		0.09	
Education												
Less than high school	0.15		0.21		0.21		0.15		0.13		0.11	
High school degree	0.33		0.31		0.35		0.28		0.34		0.34	
Some college	0.30		0.24		0.22		0.34		0.31		0.33	
College degree	0.22		0.25		0.22		0.22		0.21		0.22	
Refused/don't know	0.00		0		0.01		0.01		0.00		0	
Income												
Under \$15,000	0.16		0.17		0.15		0.18		0.16		0.15	
\$15,000-\$24,999	0.23		0.24		0.24		0.19		0.21		0.26	
\$25,000-\$49,999	0.24		0.24		0.23		0.22		0.23		0.26	
\$50,000-\$74,999	0.10		0.09		0.09		0.11		0.11		0.11	
\$75,000+	0.14		0.16		0.14		0.14		0.15		0.10	
Refused/don't know	0.14		0.10		0.16		0.16		0.15		0.12	
Marital status												
Married	0.35		0.39		0.42		0.40		0.29		0.33	
Divorced	0.17		0.12		0.21		0.20		0.17		0.16	
Widowed	0.09		0.07		0.11		0.09		0.08		0.10	
Separated	0.03		0.04		0.04		0.02		0.03		0.03	
Never married	0.29		0.33		0.16		0.23		0.37		0.30	
Member of unmarried couple	0.06		0.05		0.06		0.05		0.07		0.07	
Refused	0.01		0		0.01		0.01		0.01		0.01	
Health Insurance												
Insured	0.87		0.75		0.81		0.89		0.90		0.92	
Not insured	0.12		0.24		0.18		0.10		0.09		0.07	
Don't know/refused	0.01		0.00		0.01		0.01		0.01		0.01	
n=	3,188		341		561		599		1,142		545	

Table 4.8b BRFSS, Bemidji Area, Descriptive Statistics for Mental Health, 2015-2019

BRFSS, Bemidji Area, 2015-2019: Descriptive Statistics for Mental Health, N=3,188												
Variable	Bemidji Area		Illinois		Indiana		Michigan		Minnesota		Wisconsin	
	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.
Mental Health (MH)												
Told they have depressive disorder	0.30		0.21		0.29		0.33		0.32		0.28	
Number of days in last 30 mental health not good	6.15	10.04	4.49	8.51	6.79	10.56	6.75	10.57	6.11	9.98	5.99	9.83
0 days MH not good in past 30	0.55		0.59		0.54		0.54		0.56		0.53	
1-13 days MH not good in past 30	0.24		0.28		0.22		0.23		0.23		0.26	
14-30 days MH not good in past 30	0.21		0.13		0.23		0.23		0.21		0.21	
All 30 days MH not good in past 30	0.11		0.07		0.13		0.13		0.11		0.10	
n=	3,188		341		561		599		1,142		545	

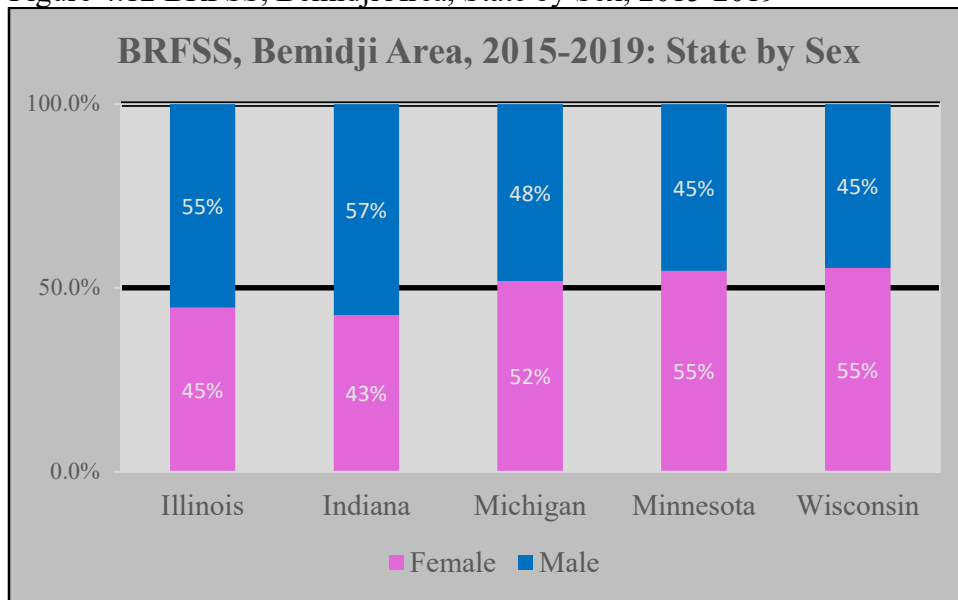
Michigan are the most similar with Indiana having a slightly older population than the rest. Table L.4 and Figure K.1 have the frequency table for the age categories as well as a figure for the states' age groups.

Figure 4.11 BRFSS, Bemidji Area, Sex, 2015-2019



Note: "Refused" not shown

Figure 4.12 BRFSS, Bemidji Area, State by Sex, 2015-2019



Note: "Refused" not shown

Figure 4.13 BRFSS, Bemidji Area, Age, 2015-2019

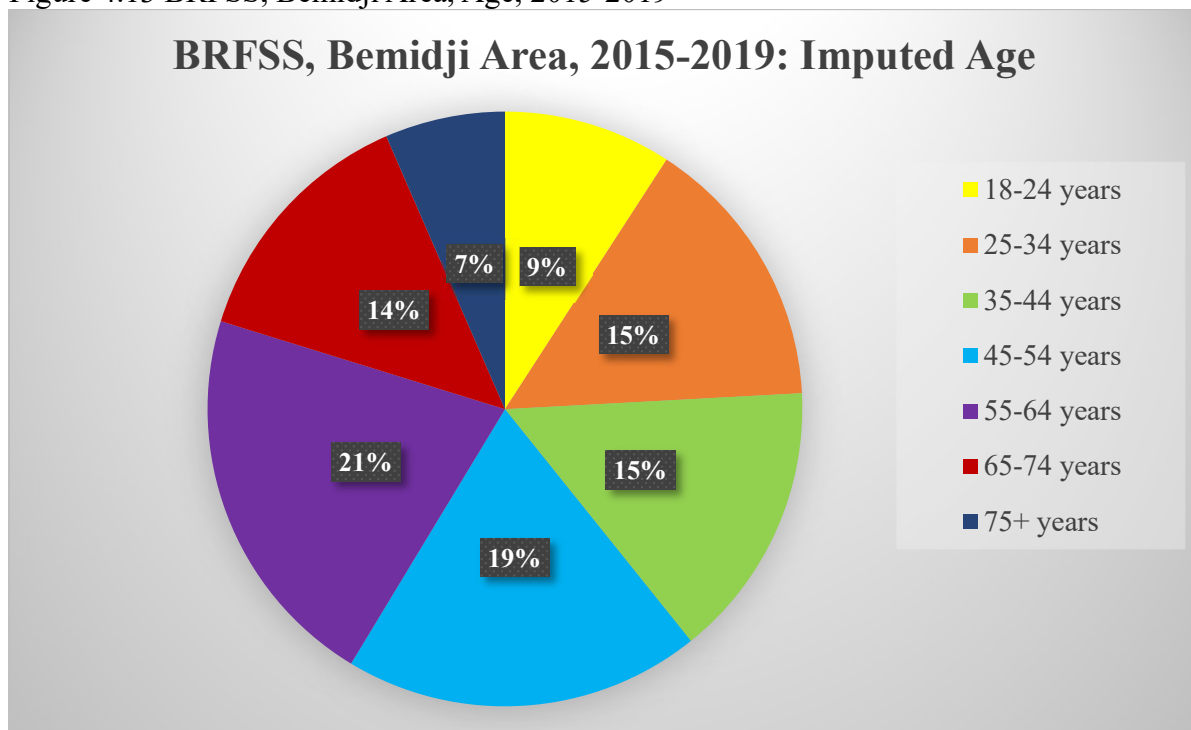
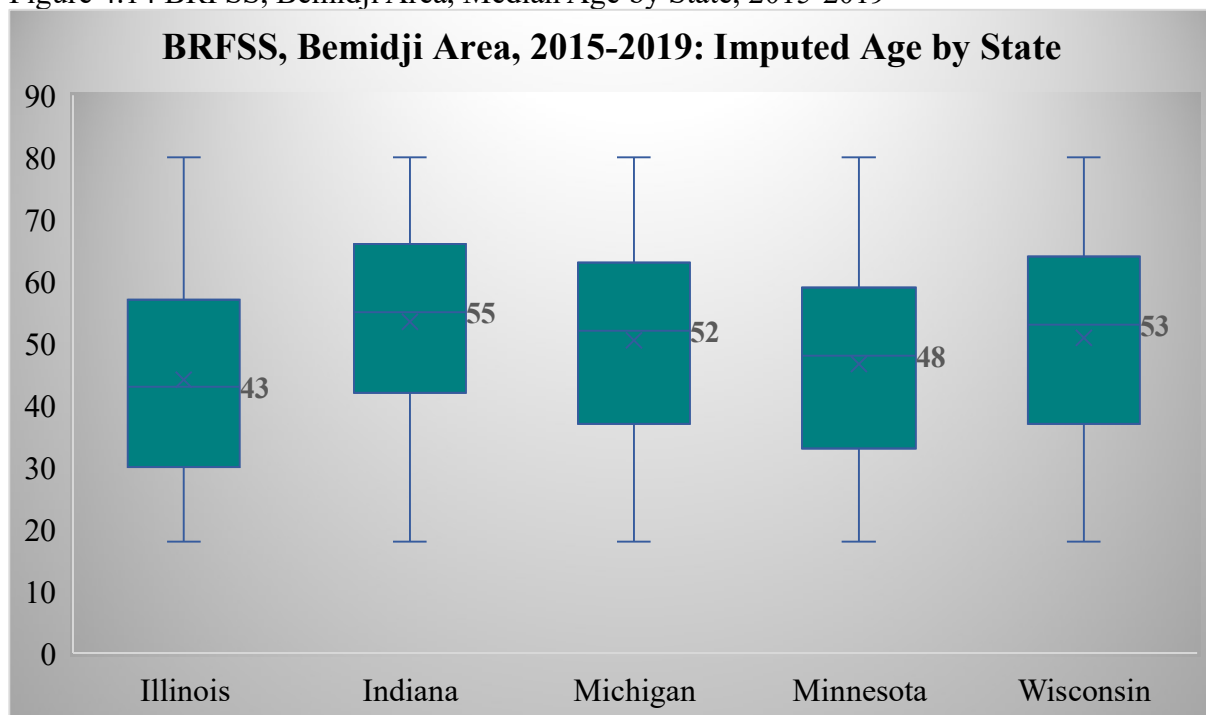


Figure 4.14 BRFSS, Bemidji Area, Median Age by State, 2015-2019



In terms of education, overall, in the Bemidji Area, over ½ (53%) of respondents had attended college with over 2/10 (22%) attaining a college degree (Figure 4.15). Those who had graduated high school made up the largest proportion of the population at 1/3, followed by those who had at least some college at 3/10 (30%). Lastly, 15% had not graduated high school. There were some differences in educational attainment between states (Figure 4.16).

Illinois and Indiana both had the highest proportion of respondents, 2/10 (21%) who had not acquired a high school diploma, but Illinois had the highest proportion with a college degree at 1/4 (25%). Michigan, Minnesota and Wisconsin had over 50% of respondents at least have some college as well as a college degree. Michigan had the highest percentage of those who had some college (34%), and Wisconsin had the smallest percentage of those who had not graduated high school (11%). (See Table L.5 for frequencies).

Figure 4.15 BRFSS, Bemidji Area, Education, 2015-2019

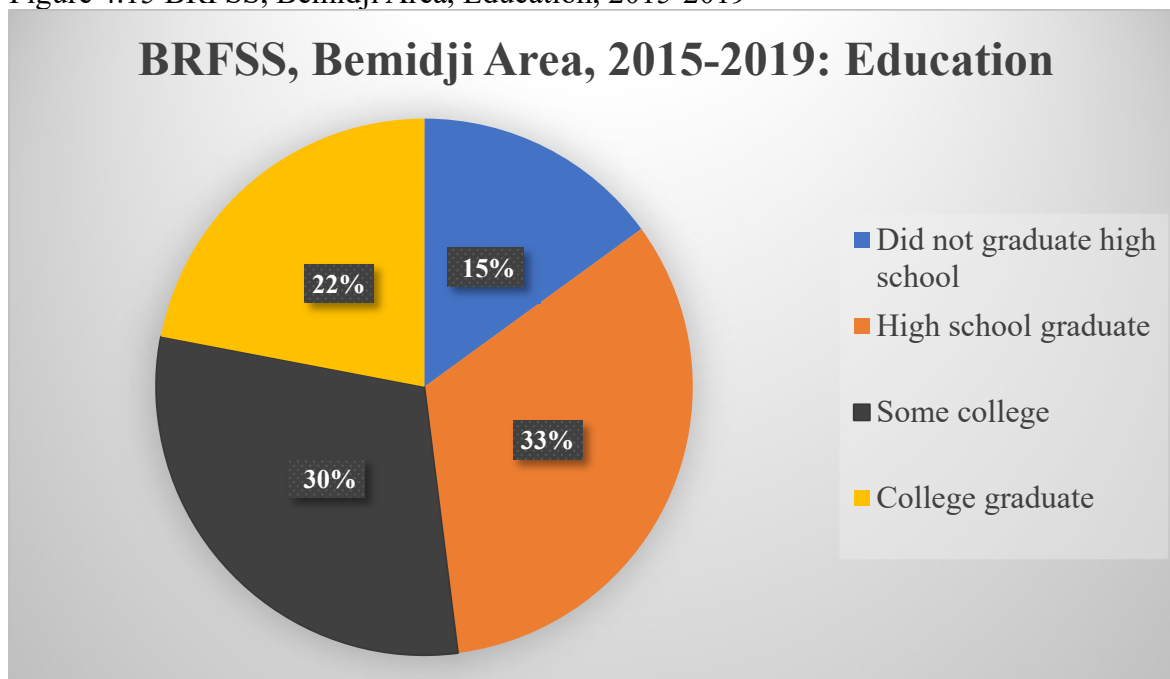
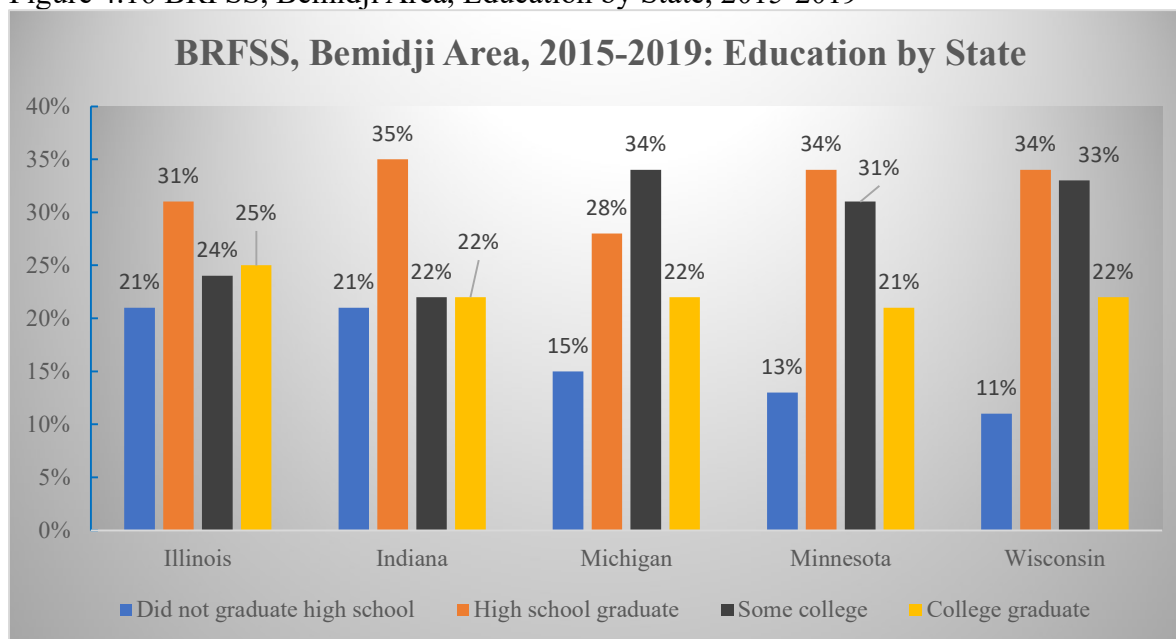
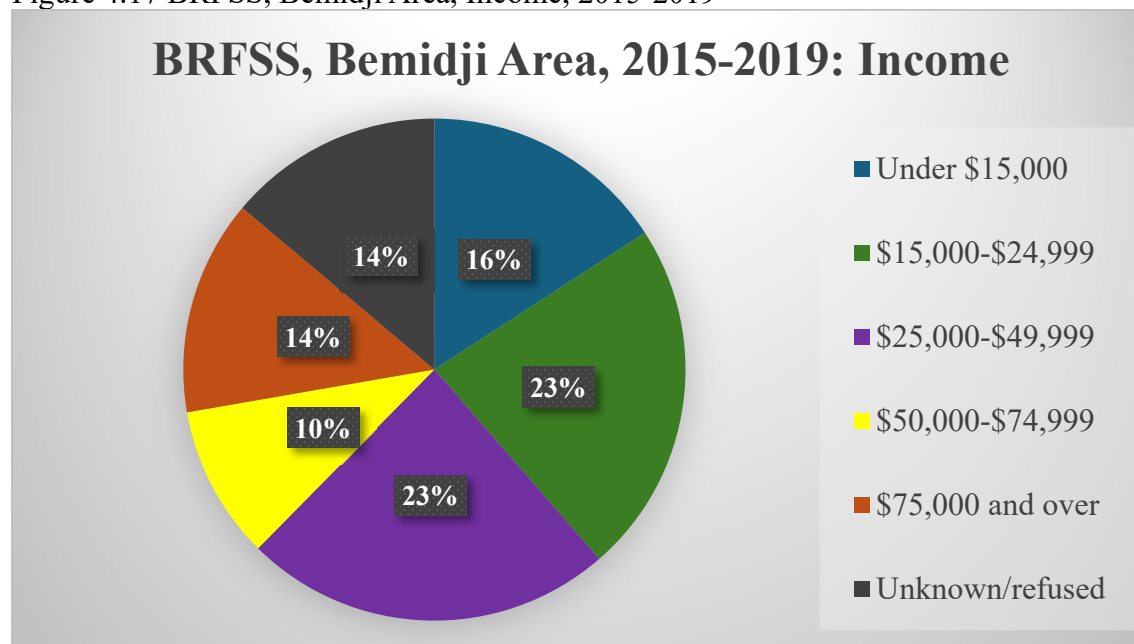


Figure 4.16 BRFSS, Bemidji Area, Education by State, 2015-2019



In terms of income in the Bemidji Area, almost 40% made under \$25,000 and not quite a quarter (24%) made \$50,000 or over (Figure 4.17). 14% of respondents either did not know or refused to disclose their income.

Figure 4.17 BRFSS, Bemidji Area, Income, 2015-2019



Illinois had the highest percentage of people with an income at or over \$75,000, while Wisconsin had the lowest (Figure 4.18). Wisconsin also had the smallest percentage (21%) of people with incomes over \$50,000. However, income patterns were pretty consistent in the area with the majority of the respondents in each state making under \$50,000 (see Table L.6 for frequencies).

In terms of marital status, over a 1/3 of respondents were married (35%), followed by nearly 3/10 (29%) who had never been married (Figure 4.19). Overall, nearly 3/10 (29%) were either divorced, separated or widowed.

Indiana had the highest percentage of married respondents as well as the lowest percentage of those who had never been married (Figure 4.20). Additionally, they also had the highest percentage of divorcees (followed closely by Michigan). Minnesota stands out as being the only state where those who had never been married outnumbered those who were married (see Table L.7).

Figure 4.18 BRFSS, Bemidji Area, Income by State, 2015-2019

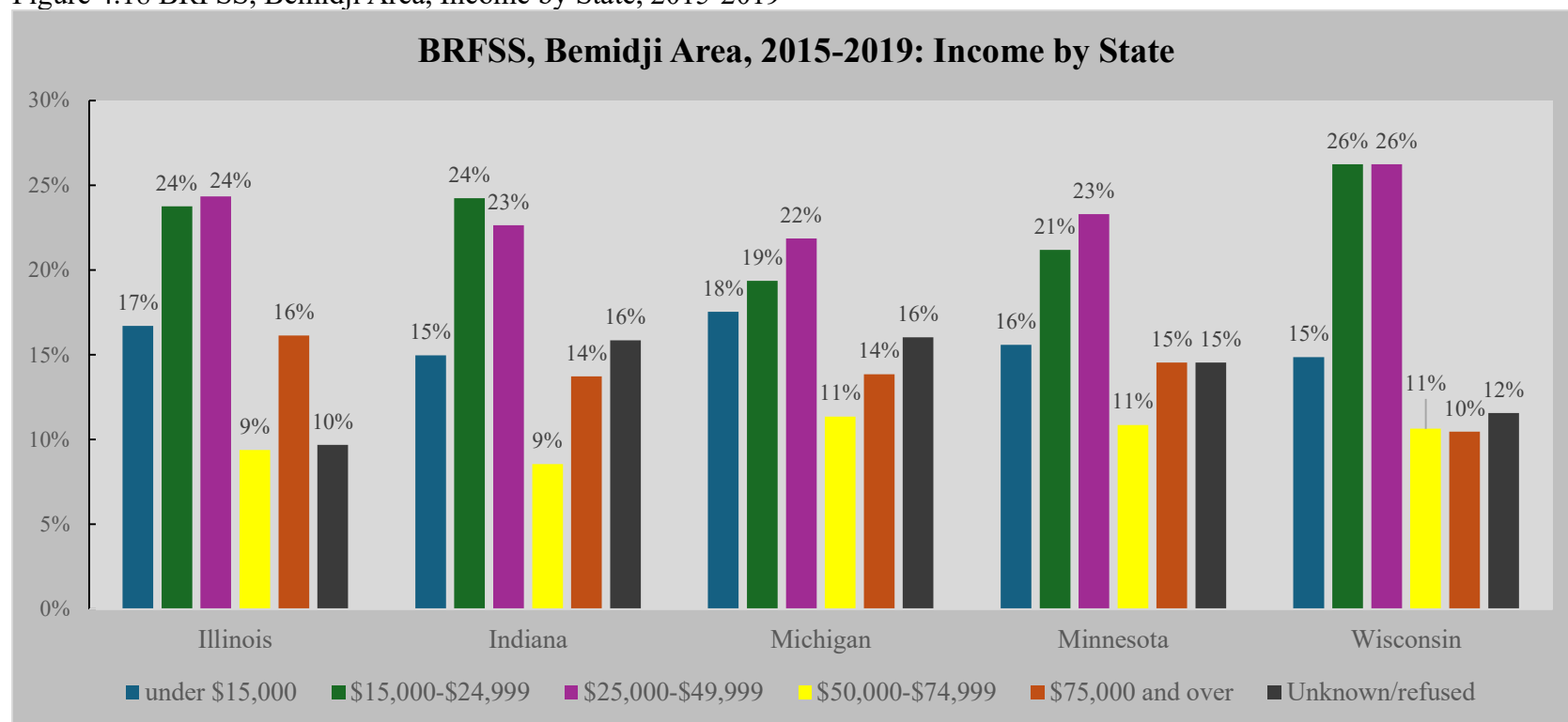
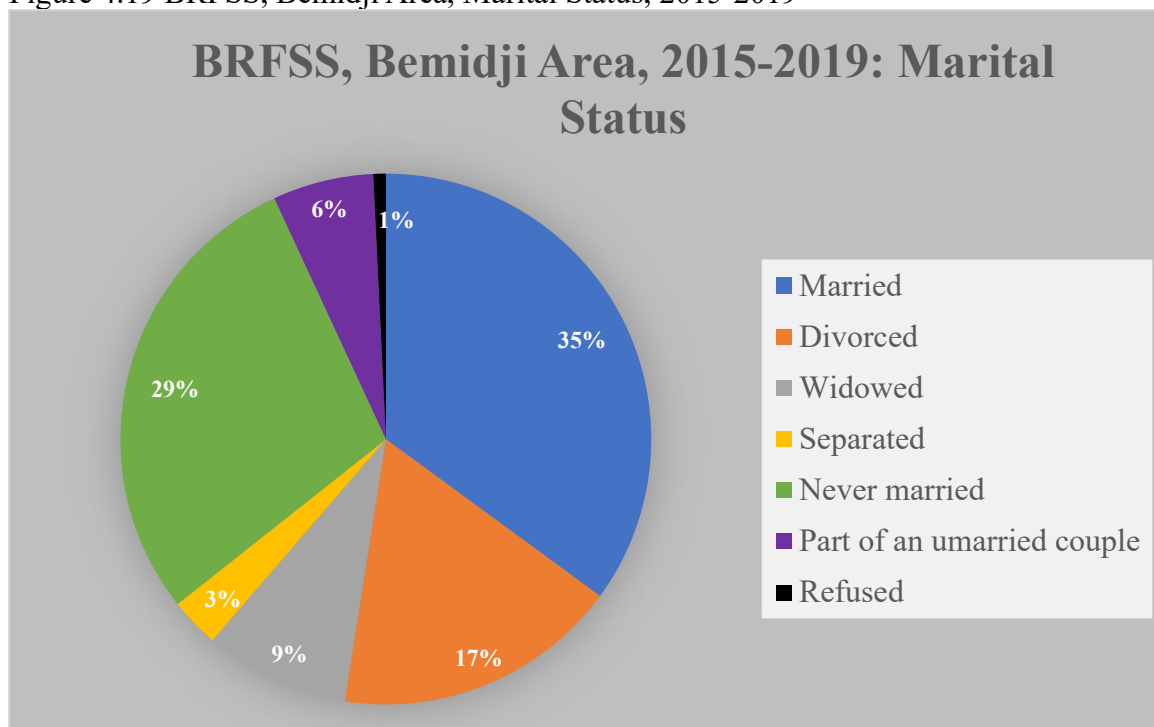


Figure 4.19 BRFSS, Bemidji Area, Marital Status, 2015-2019



Lastly, I examined the proportion of respondents who had health insurance coverage. In the BRFSS, the question is posed as, “Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare, or Indian Health Service?” Most respondents in the area (87%) had coverage (Figure 4.21).

There were some differences between states, notably in Illinois where $\frac{1}{4}$ (25%) of the respondents did not have coverage (see Table L.8). Wisconsin had the highest coverage rate at 92%, followed closely by Minnesota (90%) and Michigan (89%). Indiana was slightly behind (81%) the latter, but ahead of Illinois (Figure 4.22).

Figure 4.20 BRFSS, Bemidji Area, Marital Status by State, 2015-2019

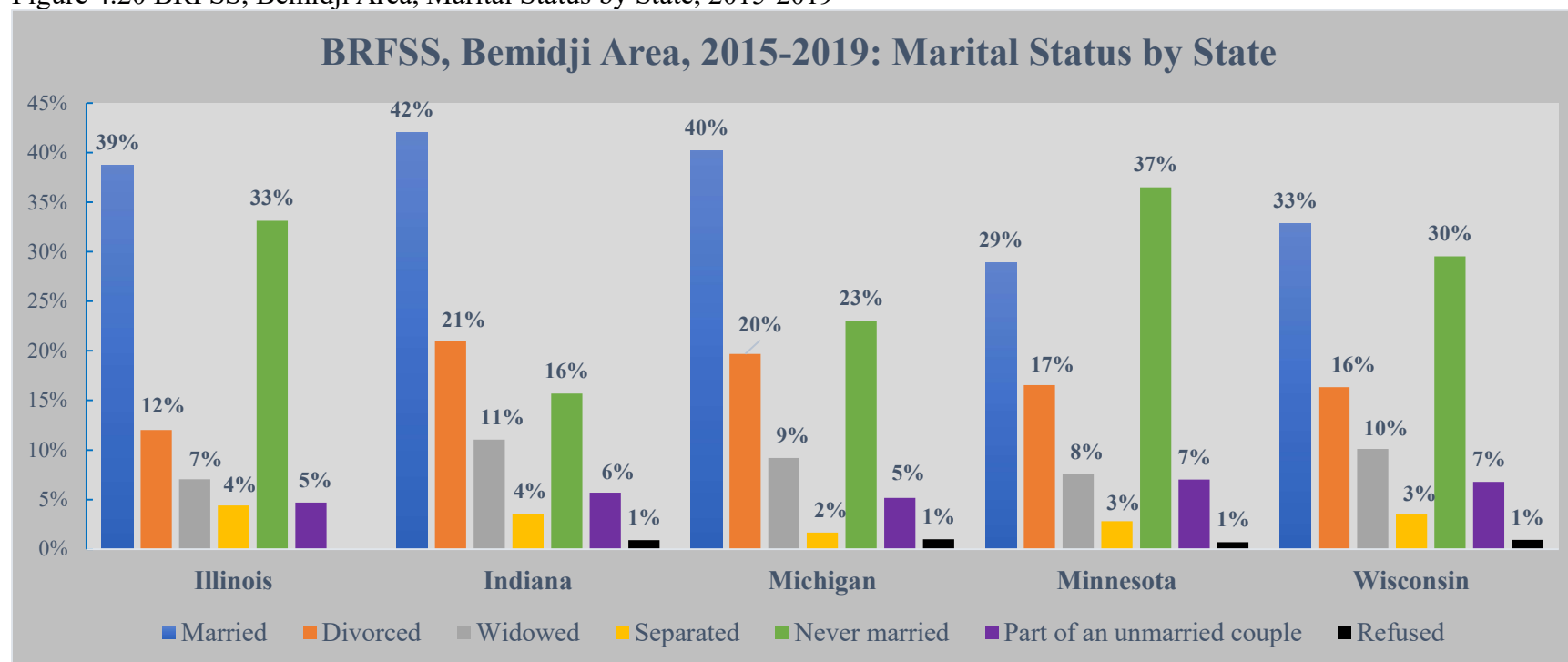


Figure 4.21 BRFSS, Bemidji Area, Healthcare Coverage, 2015-2019

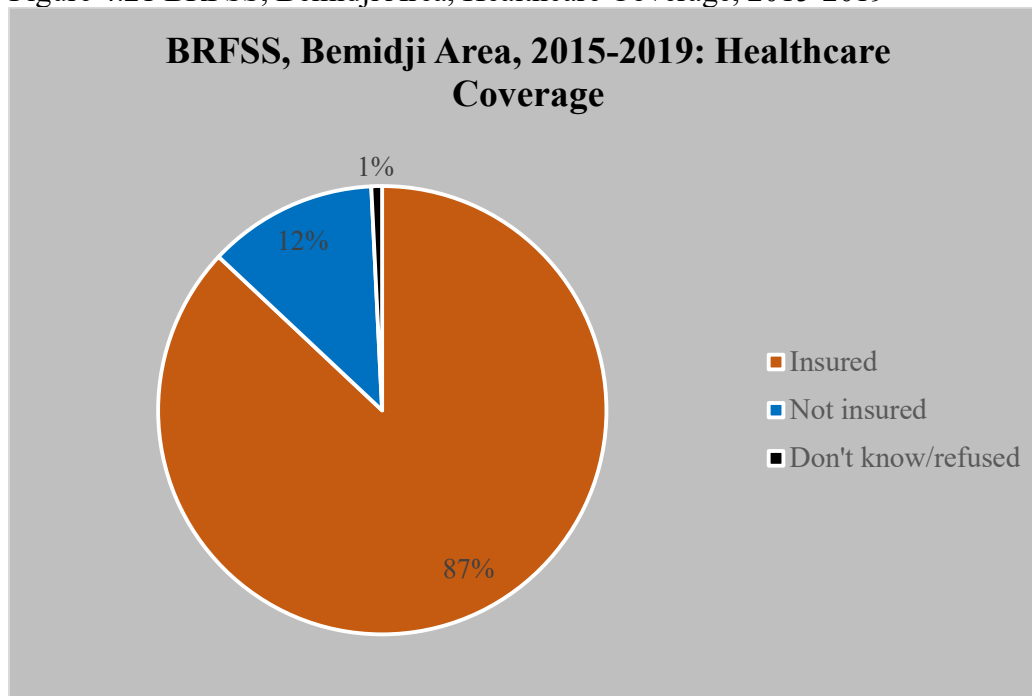
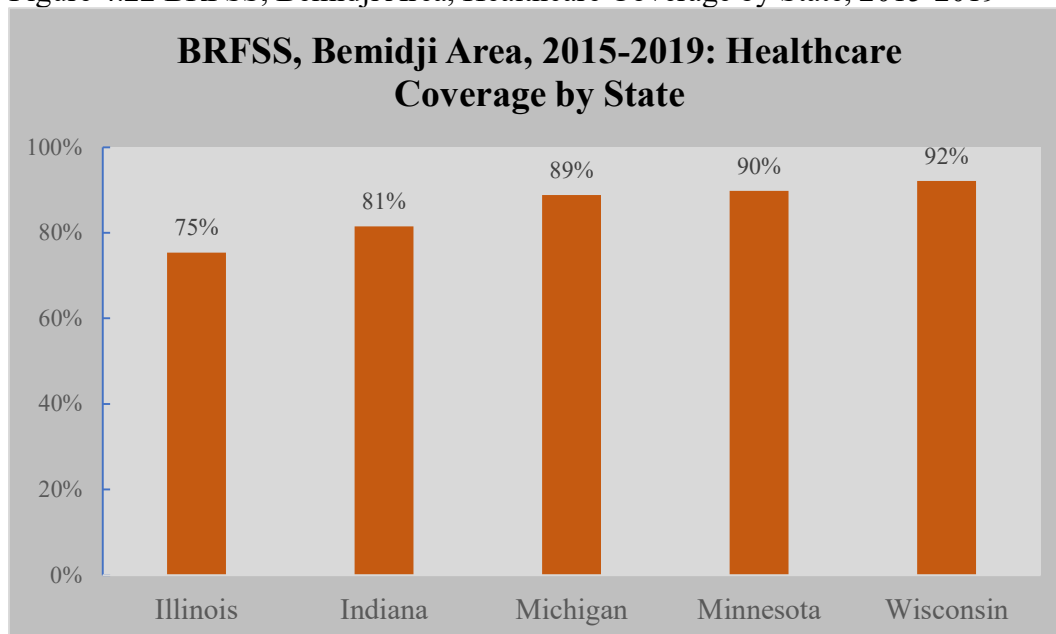


Figure 4.22 BRFSS, Bemidji Area, Healthcare Coverage by State, 2015-2019



Mental Health

I examined two mental health variables for the region:

1. (Has a doctor, nurse, or other health professional) ever told you that you had a depressive disorder, including depression, major depression, dysthymia, or minor depression?
2. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

The first variable is binary (yes or no) and the second I further broke down into three dummy variables: 0 days, 1-13 days and 14-30 days¹⁸. All missing values (including don't know/refused) were dropped for both variables.

For the first variable (ever told you have depressive disorder) the mean was .30 (Table 4.8b.), i.e., 3/10 people in the sample had been told at some point by a healthcare professional that they had a depressive disorder (Figure 4.23).

Michigan had the highest proportion of people who had ever been told they have a depressive disorder at 1/3, followed closely by Minnesota (Figure 4.24). In Indiana and Wisconsin, just under 3/10 people had been told they have a depressive disorder. Lastly, just slightly over 2/10 people in Illinois had been told they have a depressive disorder. Table 4.9 provides the frequencies.

The second variable, "...how many days in the last 30 was your MH not good?" The mean was 6.15 days for the area (Table 4.8b). This variable was highly skewed with the majority (55%) of respondents in the sample reporting that 0 days in the last 30, their MH was not good

¹⁸ It should be noted that this was already a calculated variable in most survey years except for 2015 and 2016

Figure 4.23 BRFSS, Bemidji Area, Depressive Disorder, 2015-2019

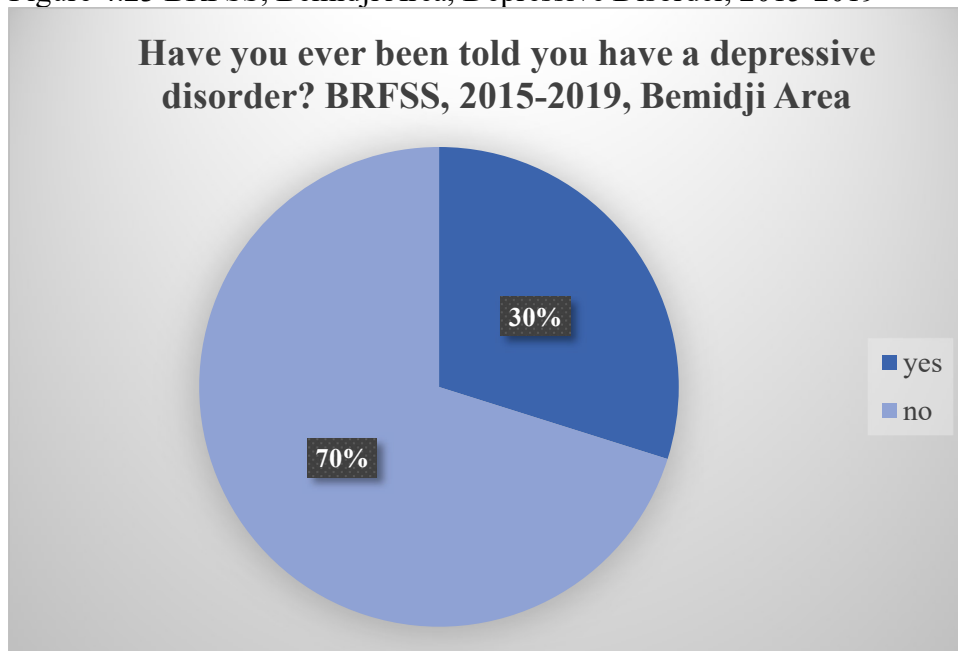


Figure 4.24 BRFSS, Bemidji Area, Depressive Disorder by State, 2015-2019

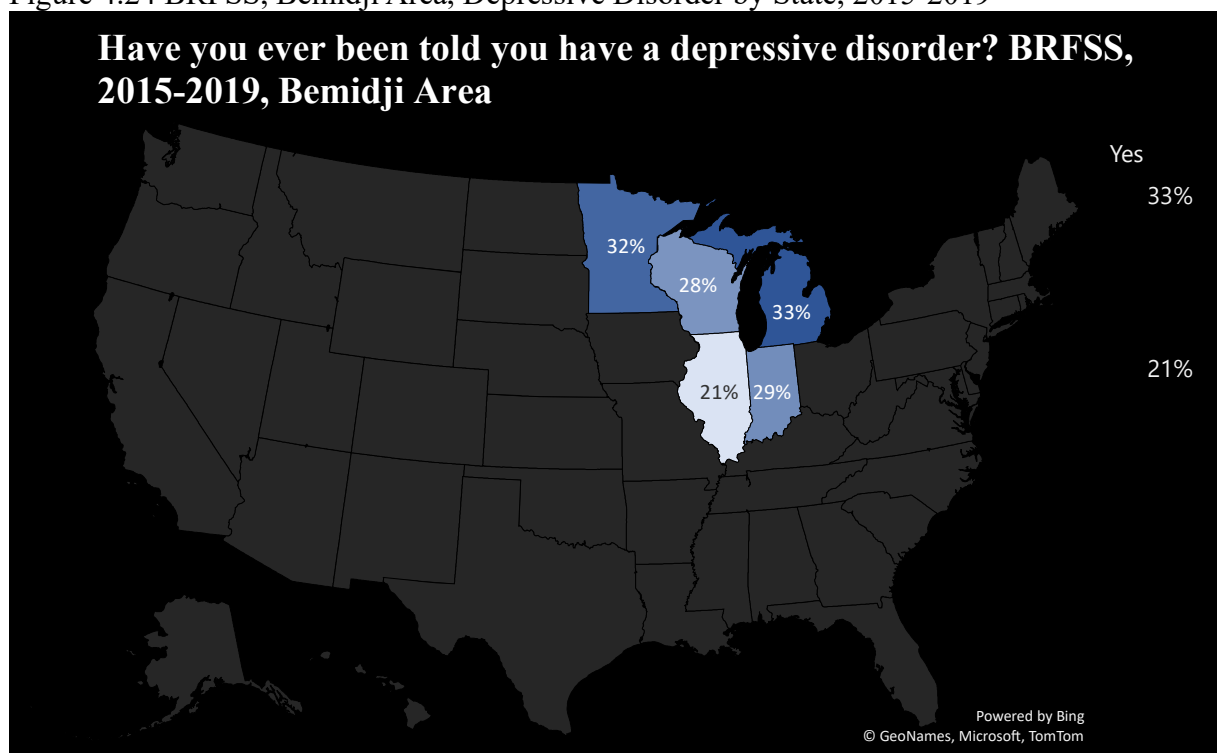


Table 4.9 BRFSS, Bemidji Area, Depressive Disorder, 2015-2019

BRFSS, 2015-2019, Bemidji Area: Have you ever been told you have a depressive disorder?		
	Yes	No
	n	n
Illinois	73	268
Indiana	161	400
Michigan	200	399
Minnesota	365	777
Wisconsin	153	392
Bemidji Area	952	2,236

(Table 4.8b). Breaking down this variable by range of days MH was not good enabled easier analysis. Figure 4.25 shows the three dummy variables by state and Table 4.10 provides the frequencies for the Bemidji Area.

Figure 4.25 BRFSS, Bemidji Area, Days Mental Health Not Good by State, 2015-2019

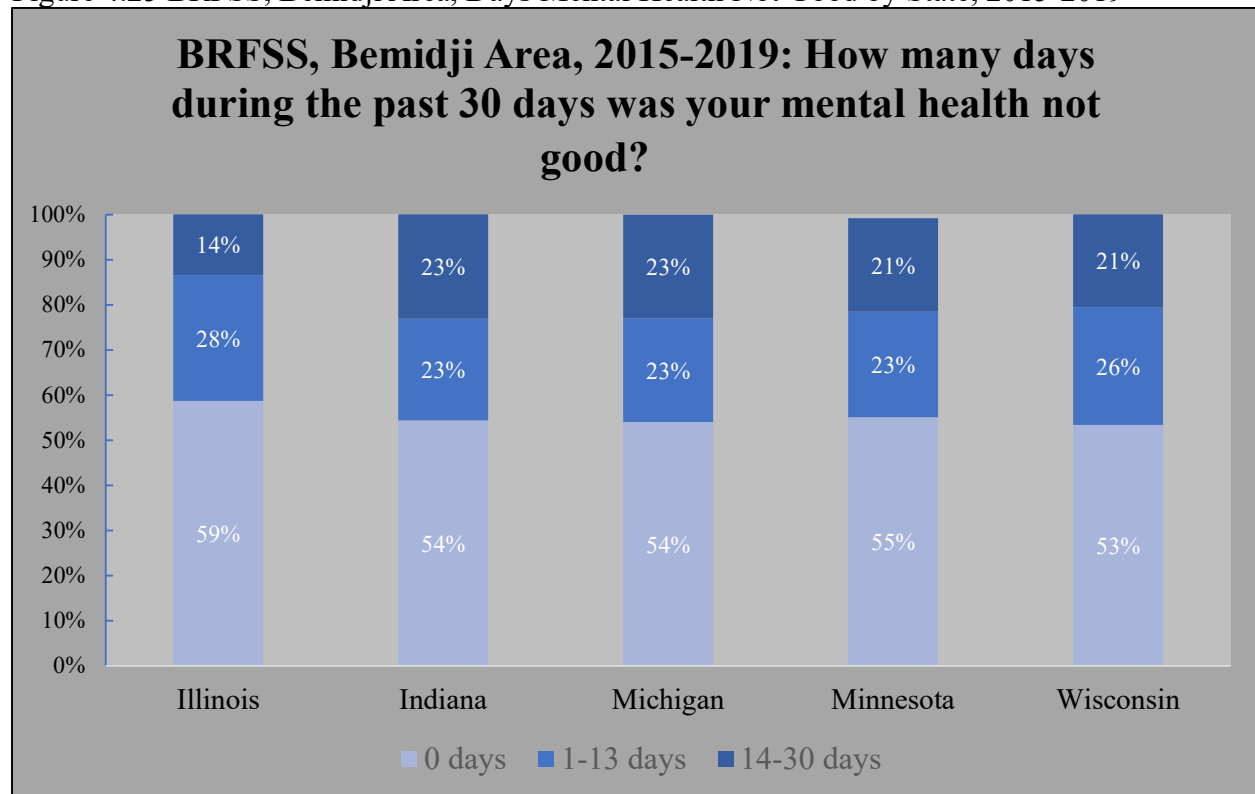


Table 4.10 BRFSS, Bemidji Area, Days Mental Health Not Good by State, 2015-2019

BRFSS, Bemidji Area, 2015-2019: How many days during the past 30 days was your mental health not good?			
	0 days	1-13 days	14-30 days
	n	n	n
Illinois	200	95	46
Indiana	305	126	130
Michigan	323	138	138
Minnesota	629	267	236
Wisconsin	291	142	112
Bemidji Area	1,748	768	662

Notably, Illinois had the highest percentage of people who had 0 days in the last 30 that their MH was not good at 59%, as well as the highest percentage of those whose MH was not good for 1-13 days (28%). Overall, people in Illinois fared better than the rest of the region. The remaining states had similar proportions in each category. Slightly over 20% of people had 14-30 days that their MH was not good in Indiana, Michigan, Minnesota and Wisconsin, compared to Illinois where only 14% had 14-30 days that their MH was not good.

I further examined this variable and looked at how many people had experienced MH that was not good for all of the past 30 days (Figure 4.26 and Table 4.11). In all states, with the exception of Illinois, at least 1/10 respondents reported that all of the previous 30 days their MH was not good.

Figure 4.26 BRFSS, Mental Health Not Good Past 30 Days by State, 2015-2019

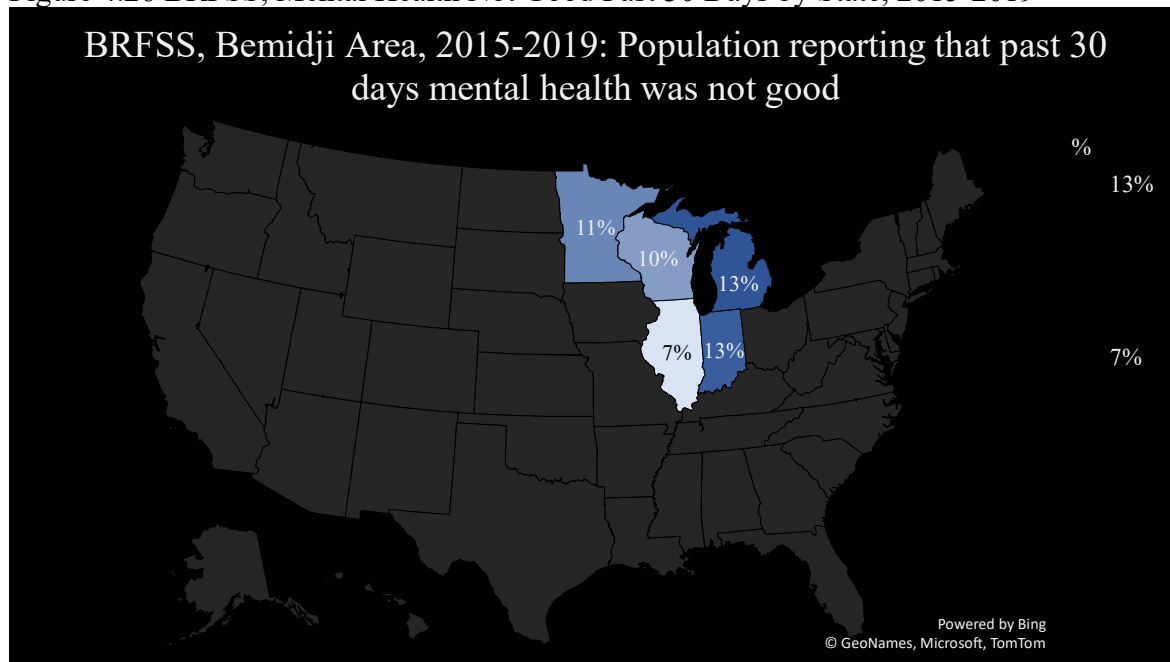
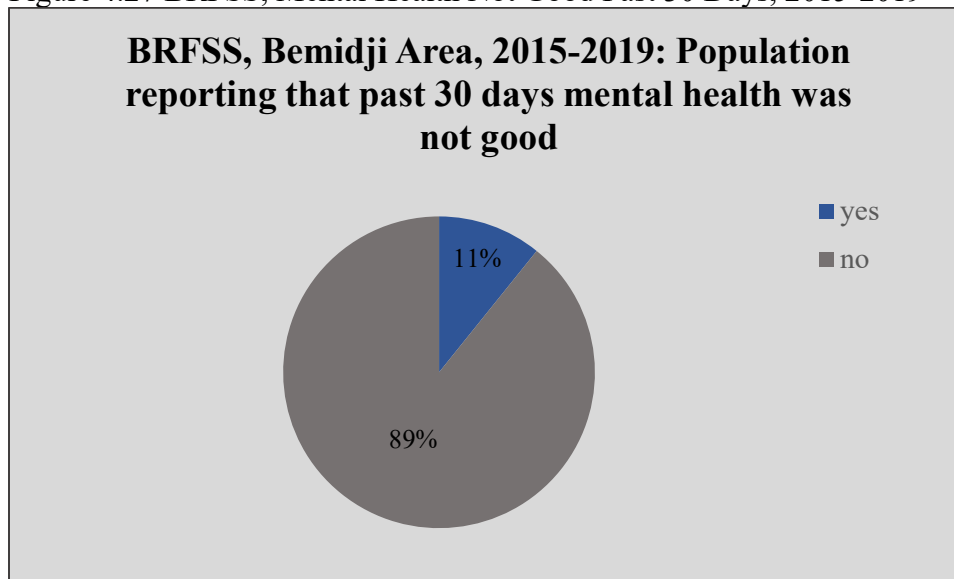


Table 4.11 BRFSS, Mental Health Not Good Past 30 Days by State, 2015-2019

BRFSS, Bemidji Area, 2015-2019: Population reporting that all past 30 days mental health was not good	
	n
Illinois	22
Indiana	70
Michigan	77
Minnesota	122
Wisconsin	53
Bemidji Area	344

Figure 4.27 BRFSS, Mental Health Not Good Past 30 Days, 2015-2019



Summary

In the Bemidji Area, 3/10 respondents were told they have a depressive disorder by a healthcare professional at some point in their lives, and at least 1/10 (11%) had experienced all 30 days in the past month that their mental health was not good (Figure 4.27). Illinois stood out from the other states in terms of MH outcomes with a lower proportion of respondents experiencing bad MH days as well as being told they have a depressive disorder. It is possible that Illinois' outcome, at least on the latter variable, may be attributed to the majority male sample as well as a higher proportion of respondents without insurance; men are less likely than women to visit the doctor and it is also more difficult to get a MH diagnosis without insurance. However, measures of association would need to be carried out to see if these variables are truly related—after all, this is cross-sectional data and health insurance coverage can change over time. Additionally, it would be helpful to know how Indigenous people in the Bemidji Area fare compared to Indigenous people in the rest of the nation (as well as white people). These topics provide avenues for further research.

Ultimately, these figures are sobering and demonstrate that Indigenous people in the Bemidji Area have difficulty with their mental health.

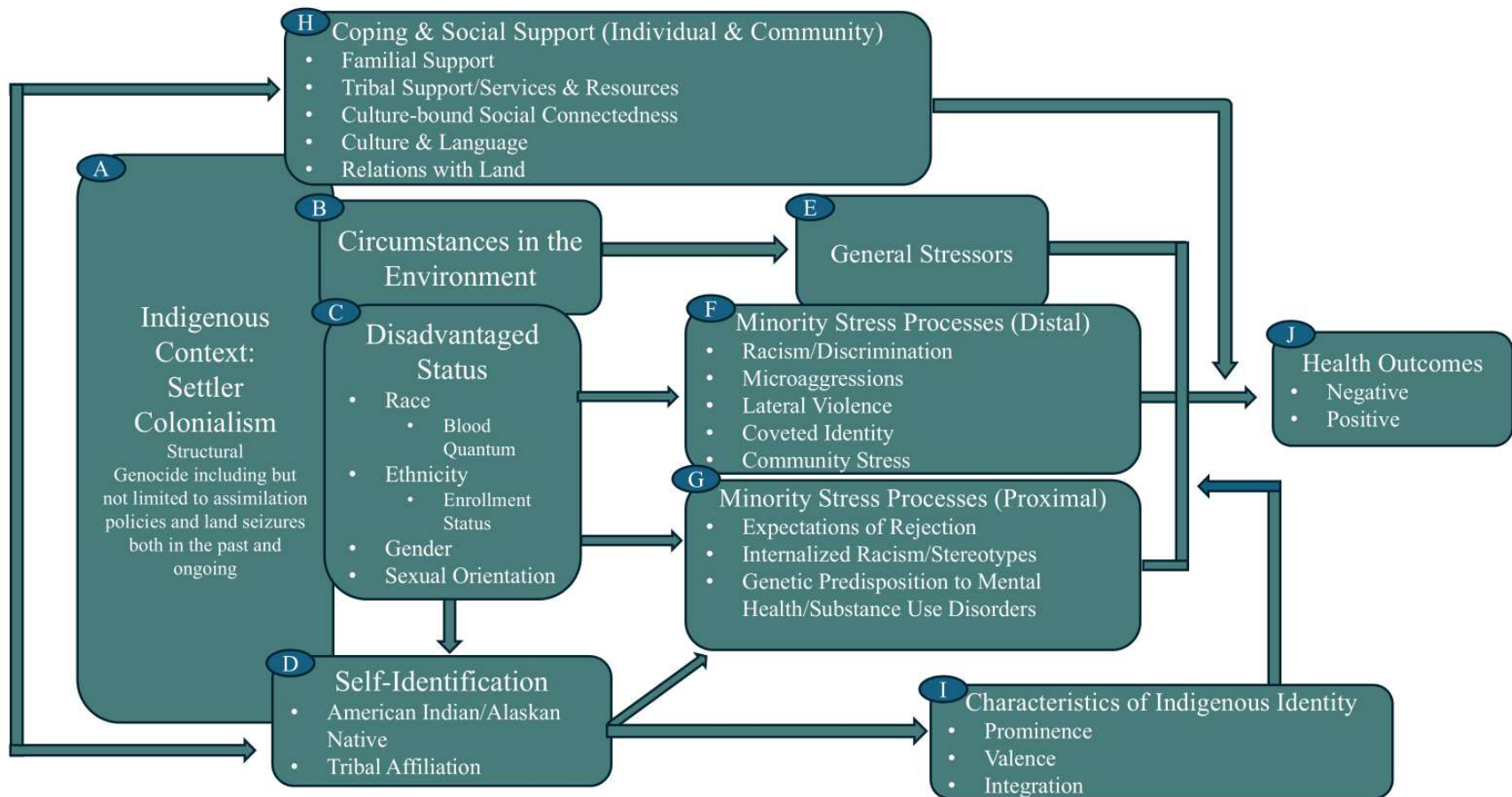
Chapter 5
Study 2: Examining the Effects of Tribal Membership (or Lack Thereof) on
Native American/Indigenous Identity & Mental Health in the Bemidji Area of
the Great Lakes Region
Part I: Indigenous Identity

In this chapter, I examine the results of the qualitative study I conducted from May 2022 to August 2023, focusing on Indigenous identity and related stressors. This research was conducted to understand how the politics of recognition (tribal enrollment) affects Indigenous identity and what identity stressors are unique to Indigenous people. I was especially interested in how stressors might differ based on enrollment status, so I created different questionnaires based on whether the participant was enrolled or not (see Chapter 3 Methodology & Methods). Therefore, not all participants were asked the same questions, though most were similar (see Appendices B-E).

Figure 5.1 shows the Minority Stress Process for Indigenous people which includes disadvantaged status (box C), self-identification (box D), Distal and Proximate stressors (boxes F & G), coping and social support (box H), and finally Indigenous Identity Characteristics (box I). These will all be discussed in reference to the interviews I conducted with my participants in this chapter to understand the relationship between these elements of the minority stress process in an Indigenous context.

I will first discuss Indigenous Identity and then move on to discuss Disenrollment and Pretendianism to show how identity can affect these stressors.

Figure 5.1 Native American/Indigenous Stress Process



Indigenous Identity, Land, Kinship & Tribal Resources

The Greek philosopher Aristotle wrote “The city is prior to man.” What Aristotle meant was that people are not born into a vacuum. The city (or rather the community where people are born and raised) can determine a lot about a person’s nature, i.e., socialization. This makes sense but from an Indigenous perspective, land is prior to the city, and whose land are you on? Many of us will remind you of this every opportunity we get. Identity flows through our relationship with land and everything that entails, and unfortunately, settler colonialism often interrupts that relationship (Box A), which in turn interrupts relationships with our families, our communities, other Indigenous peoples, and lastly, ourselves.

Analysis of interviews revealed that land and Tribal resources helped shaped identity in addition to family/kinship ties (box H). One big takeaway from this research was that tribal enrollment was not always indicative of identity. Some of my enrolled participants had intertribal kinship ties that in some cases were more meaningful to them. Additionally, sometimes the benefits of enrollment shaped people’s desire to identify a certain way, and this extended to descendants. People’s sense of identity seemed to crystallize if they resided in their homelands, whether enrolled or not. Settler-colonial borders sometimes interfered with Tribal enrollment and impacted resources that were available for some of my participants. People also moved quite a bit. A person might be born on a reservation, move to the city and end up eventually in suburbia or vice versa (though not many participants seemed to take note of this fact).

Benefits of Tribal Enrollment

One of my participants I was hesitant to interview because she was a snowbird (listed her primary state of residence as Florida), but after learning that she grew up in the 5-state region under analysis and that she had property in the area, I decided to talk with her. Carolyn was an

enrolled Ojibwe elder, age 60, who did not find out about her Ojibwe heritage until she was a teenager:

...About the mid 70s ...my mom did some genealogy research, and found out that my dad's side of the family was the Indian side, and it just developed from there. It was actually an interesting scenario when she found out about it... What I thought was very interesting was the reaction my dad's family had to finding out that they were Native American because at that time, it was very taboo. You didn't tell anybody. And I know that his side got very mad at her. But then there are a bunch of hunters and fishermen, and when they found out that they could use this to their benefit, all of a sudden, Mom was the big hero. But again, it was kind of a family thing that evolved, and that's where my allegiance comes in.

Carolyn admitted that she had marked "American Indian" on bureaucratic forms but had never really explored her heritage until recently. She had gone through life as white-passing, and though she was enrolled she had never really taken the time to connect until she inherited some vacation property in her ancestral homelands. It surprised her how involved many of her cousins who lived in the area had become and how proud they were to be Ojibwe. The property she had inherited was one of her favorite places to be:

I just feel grounded there...as long as I can remember, every vacation, I mean, [we] didn't go anywhere else [...] And it's always where I felt grounded. It's just I don't know, it's something about you know, it's where I was raised. It's where I hung out with my cousins. It's where the family got together and actually had, you know, a lot of good times and times when, you know, you just went out and played and had a great time. And when I

get up there, I feel that way. I mean, my cousins and I were actually talking about this [...] last summer, about how this is just where we know we belong [...]

Carolyn had also discovered the financial/health benefits of being a tribal member. A recent retiree, she was still too young to qualify for Medicare and was particularly pleased with her visit to the Tribal health clinic. Her feelings for land and the many benefits that enrollment brought (mainly healthcare) (box H), were driving her motivation to embrace an Ojibwe identity.

Carolyn stood out because, though she was enrolled, she hadn't connected with community until later in life. Additionally, finding out her family was Native was a surprise. Others I talked to who had reconnected to community identified as Native at a much earlier age—usually late adolescence or their early twenties, but they were always aware that they were Native/had Native heritage.

Brian, was an Ojibwe descendant, age 32 who had grown up in the Northwest and though he always knew his family was Chippewa, as a people, they seemed far removed and historical in his mind. It wasn't until he went to college that his parents wondered if he might be eligible for financial aid/scholarships because his father was a tribal member. Though his parents never pursued this route and were able to fund his education, Brian experienced an interest in connecting with his heritage. His interest fueled his studies at universities in the Great Lakes area and he ended up settling here for his career:

And so I say, like, I'm gonna just stop fighting being a Midwesterner. [...] So I joke about it. But actually, you know, I feel like I'm just like, slowly moving back towards, you know, this, this place where the family hasn't been for two, three generations now. And that's really meaningful to have wound up, you know, here.

Brian was one of the most knowledgeable people I talked to about the history of the Ojibwe as well as other Indigenous peoples. It was clear he was passionate about the subject. He did express conflict about identifying as Ojibwe due to his upbringing, which is to say he moved through the world as a white man. He was very aware of how he benefitted from white privilege and had difficulty reconciling that fact with his Indigenous identity. This was complicated by his enrollment status. He related a story to me of when his father went to visit the reservation and he asked him to pick up his (Brian's) Certificate of Degree of Indian Blood (CDIB):

He was like, "What the hell is that?" And I said, "Okay, here's what it is." [...] It always makes me go back and think of Vine Deloria and his book, you know? "The federal government measures the blood of three things, dogs, horses, and Indians," you know? So a blood quantum certificate is like that. It just feels awful like, that even such a document exists--just feels bad, right? But it's the only document I have in my possession that has the seal of my nation on it. And it says you are ineligible to be a part of--you can't be a citizen because of your blood quantum. And, I love that document, you know? I have heard the only people who think that this document is important are non-natives, right? Because it's a sort of weird claim sort of basis that you can make, right? [...] That's not how I think about it, because my claim, I think, lineal descent, knowing my--our history, knowing our family, you know? The relationships that I'm trying to build that are alive. That's how I think about belonging. So why is that important? Why that paper remains important, is actually because it's the one thing I have, that is, that links me officially to our nation, even when it says you can't be a member.

Brian's relationship with land and tribal history (Box H) were motivating his Indigenous identity but his enrollment status was impacting how he identified since he was having difficulties

reconciling his whiteness with his Indigeneity (Box I). His CBID seemed to embody this dichotomy.

If Brian tended to wax philosophical about, “What do the politics of recognition look like in our own communities?” Greg, another Ojibwe Descendant, age 34 gave tangible examples of how his descendant status affected him:

And so being a descendant, as you know, trying to follow culture, be tradition[al] and stuff, it doesn't affect that for me, you know? I work hard to participate, learn my language, raise my family, with the culture and language, and embrace and learn more of it as I can, as best I can. So it doesn't affect that. But, it gets into complicated and frustrating territory when it comes to the legal side of things. You know, when it comes to like, I'd love to be politically active within the [Triabl affiliation], but I can't be because I'm not enrolled. I'd love to be able to harvest rice on our lakes, but I can't because I'm not enrolled. I'd love to be able to just have a voice in the decisions that are made that are going to affect me and my child, but I can't. That's really hard. That's really, really hard because I am very passionate about these things. And I care very much about our future and us as a people. And my voice, while I can say things, I don't have power to affect them, directly anyway. So that's where it's, that's where it's hard. That's really where it's hard, and frustrating [...]

Greg had grown up in the suburbs in the Great Lakes region but not close to his tribe.

Additionally, his father was from a “split family.” The Tribe’s enrollment regulations were changed in the early 60s and a blood quantum requirement was enacted. Greg’s father was born before the deadline, but his younger siblings were not. Needless to say, Greg did not qualify for membership.

Greg moved to a city closer to his Tribe when he was in his early twenties and began the process of reconnecting to his community, both in his urban setting and also by visiting the reservation. Greg was passionate about Ojibwe culture and proud of his tribe. When I told him about my family's fishing background, he related a traditional story to me about the relationship between Adikameg, (White fish), Wabooz, (rabbit), and Bine, (grouse). It was clear that Greg had access to land, culture, and language. He also talked about the social connectedness he experienced whenever he visited the reservation, however, his access to these things (box H) was limited by his enrollment status and affected the characteristics of his Indigenous identity (box I).

Unlike the previous examples, Tara an enrolled Alaskan Native/Sioux "baby elder"¹⁹ had been eligible for membership in more than one community. Even though she had been born on a Sioux reservation, her mother chose to have her enrolled in Tara's father's Alaskan community (though she noted her sibling, who was born in Alaska was enrolled in the Sioux Tribe).

I was quite nervous talking to Tara at first because my knowledge of Alaskan Natives is very limited. Tara was very understanding and patiently explained how Alaskan Native corporations (at least the one she had shares) worked. She soon put me at ease, and we discussed what her formative years had been like.

Tara moved around quite a bit during her childhood, living on the Sioux reservation for a few years as well as living in a remote Alaskan village until her parents' divorce when she was in grade school. She also lived in quite a few different urban areas during her childhood. The city she had settled in was known for its high urban Indian population and she had many Ojibwe

¹⁹ One of my participants, when I referred to him as an elder (when I was growing up, people 55+ were considered elders), laughed and referred to himself as a "baby elder," so I kept his terminology for participants 55-59 to reflect changing times.

friends, despite the animosity that was still present in the community between the two nations at the time (early 80s). The father of her daughter was Ojibwe.

Tara's intertribal ties complicated her relationship with land. Belonging to an Alaskan Native corporation meant that Tara received money from resource extraction:

[I]t's ironic, because some of the money that they make is from drilling for oil, and back when Standing Rock had the big protests on the rez about drilling for oil there, one of my friends and co-workers was like, that's very ironic that I'm out here protesting that, but yet I benefit from that, coming from Alaska. And she goes, "Yeah," she goes, "that's one to chew on." [laughter]

There were times during the interview when Tara seemed to distance herself from her Sioux community. One of the questions I asked all of my participants was, "Have you ever been treated unfairly by members of your Tribe?" She really did not have an answer for her Alaskan Native community but in regard to the Sioux reservation she lived on she told me:

I mean, like I was a kid when we lived there, but I know that what I did not like about it was the stories that I would hear about nepotism and how if you wanted an opportunity and you wanted a good job, you have to know somebody. I did not like that, which is why I wanted to move at my young age just because I wanted more opportunities for education, careers, and not have to worry about who I know.

Yet, when I asked her about her relationship with land, she responded with a Lakota explanation:

Well, what we call it in Lakota, it's Unci Maka, which means Mother Earth in Lakota. So that's how I understand it. That's where we come from, and that, we are simply here to protect and save and cherish Unci Maka for generations to come after us. So, we're here

basically to take care of the land and make sure that is, you know, productive to, to feed and house and clothe our, the next generations coming.

It seemed clear by our conversation that Tara kept up with events happening in both communities, but she referenced Lakota language and issues more frequently. I couldn't help but wonder if it was because her mother lived with her, and they lived closer to Sioux homelands.

Tara was not the only Alaskan Native I spoke with. Cliff²⁰, a “baby elder,” age 57, was also an enrolled Alaskan Native but he identified as Ojibwe too. In his case, he explained:

Why was I enrolled? Well, you know, it's funny as far, as far as I understand, you know, my mother said that, “You know, the, [Ojibwe Tribe], I never gotten anything from them, so let's try a different tribe.”

Cliff had extensive intertribal ancestry. His grandmother was Shawnee and Delaware and had illustrious ties. Cliff was another participant who was quite familiar with the history of the land he occupied and seemed knowledgeable of his Native Alaskan Tribe as well. Culturally speaking, he told me he identified with both. He always made sure to introduce himself in both languages and noted there were more similarities than differences between the two, culturally-speaking. He was very proud to be Alaskan Native and Ojibwe and proud of his intertribal ancestry. Cliff had moved around a lot in his childhood as well, but he was now residing closer to ancestral homelands (on his mother's side).

Carrie, enrolled Ojibwe/Navajo, age 34, seemed to identify with both her Ojibwe and Navajo heritage but noted that there were differences besides just enrollment requirements (she

²⁰ Cliff coined the term, “baby elder.”

was just under the quantum requirement to be enrolled in the Navajo Nation, but her Ojibwe Tribe accepted her Navajo Quantum in addition to her Ojibwe Quantum):

Um I think from my experience, what I've experienced is that a lot of Navajo folks are very close to their culture and their language. And that's more prevalent, not that there's not, you know, Ojibwe speakers or language, like, you know, people who practice the language and teach it. But I feel like, like, Navajo reservation is huge, so there's like people all over, and people who live in the more inner reservation are more tied to their culture and language, I've noticed. So, there's a lot more, I don't know, I see-- It's more like fluid, I guess, like throughout the community. Whereas like, I mean, with Ojibwe there's so many different bands of Ojibwe, not everybody speaks the same dialect of Ojibwe. But even in taking like language classes for Ojibwe, like people are pretty chill, like, even if you don't pronounce stuff, right, they don't like correct you, or, like, tell you you're wrong, or any of that kind of stuff. So I don't know, I feel like the culture here is more open and welcoming.

Carrie defined her relationship with land as a “colonized,” “middle-class” one. It seemed clear her Indigenous identity was shaped more by her kinship ties and exposure to language and culture. However, though Carrie seemed to describe the Ojibwe community as more welcoming, she seemed to be more knowledgeable of Navajo culture and had lived closer to the Navajo Nation most of her life.

Other participants I spoke with saw their identity shift when they moved into different territories. I asked Vera, an enrolled elder, age 66, what it was like to be Dakota and Cherokee:

That's an interesting question. My mother and father met at [Boarding School]. So that's how I ended up being who I am. I was raised with my mother's family. My dad was in

and out of the picture. But I always knew that, that I was also Dakota. And then [...] I moved to Dakota homeland, I'm surrounded by the Dakota language, Dakota people, and that kind of filled a void that I knew I had but wasn't quite sure what it was. So, I'm much more deeply connected to my Dakota side now.

Moving to Dakota land crystallized Vera's Dakota identity in a way that seemed inaccessible to her Cherokee side, despite her upbringing:

My mother's mother sat me down [...] early on. I can remember sitting behind the house and shade and evening on a quilt on the grass. And I can see my feet. You know, that's how small I was. And she taught me her family lineage. [...] and I just memorized that. So that, that was very important to her that I knew where she came from. And Cherokee people are matrilineal, so that's one of the reasons it was so important. And then, when I moved to [Dakota homelands], my dad's sisters, and my uncle started to tell me about who we are. And I'm the one that did a lot of the genealogical research and was able to tell them, here's, here's who we come from.

One has to wonder if her identity would have been different if she had grown up in the traditional homeland of the Cherokee instead of the Midwest?

Tracey, enrolled Oneida/Ojibwe, age 41, was enrolled in an Oneida First Nation, but also had Ojibwe heritage. She grew up in an urban area not too far away from the reserve, but her family had been urban for a few generations. Though she described herself as Oneida, she acknowledged that she actually felt closer to her Ojibwe side of the family since that is who they visited with when they went back to the reserve. When I asked about her relationship with land, she responded, "I've never really thought about it." This could be because historically the Oneida

and Ojibwe often occupied/fought over the same land. For Tracey, her familial ties had a larger influence on her Indigenous identity, but this seemed to be balanced by her tribal enrollment.

But, Tracey's First Nation status did affect her relationship to institutions in the US. A resident of Michigan, she was able to take advantage of the MITW, which at the time she was an undergraduate was open to members of North American Indian Tribes (including First Nations) as long as they were certified by their Tribe to have $\frac{1}{4}$ blood quantum and were residents of Michigan. That requirement changed around 2010 and only members of US federally recognized Tribes were eligible (Michigan Department of Civil Rights 2010). People who were Michigan residents and registered in a First Nation could no longer attend a public university tuition-free.

Marcus, enrolled Oneida, age 40, lamented this change when I interviewed him. If it had still been in effect, it would have covered his tuition for his graduate program. However, he was thankful that he was able to use it for his undergraduate education. Marcus stated that the border did not pose too much of a problem for him otherwise, "I do have [S]tatus. It's easy for me to cross the border into Canada. But like these tribes existed before those lines existed, and those borders existed." When I asked about his relationship to land, he talked about the importance of making sure use of land serves the community. He seemed to view land in a more political (sovereign) way.

The settler-colonial border not only affected access to resources for some of my participants, but it also influenced the politics of recognition here in the US. Kelly, an enrolled Odawa/Ojibwe woman, age 48, belonged to a tribe that would only certify her blood quantum at $\frac{1}{2}$ even though she had no other racial/ethnic admixture. Her tribe would not accept her Ojibwe father's quantum since he was First Nation.

Colette, Ojibwe descendant/unable to enroll, age 32, had a similar issue. Colette was unable to enroll because her Tribe's rolls were closed. To circumvent this issue and get some type of documentation, Colette got paperwork from the BIA, but once again, the BIA would not recognize the quantum of one of her Ojibwe ancestors since they were First Nation. Diminishing blood quantum can impact the resources Indigenous people and their descendants have access to.

Not everyone had the benefit of growing up with access to Tribal resources, even if they were enrolled. Katrina, enrolled Pueblo, age 30, grew up far away from her tribe:

I've never lived on the reservation. I've always lived in [large city]. But I, just based on my experiences of living in [large city], I feel disconnected. And then a lot of time, I just feel different and out of place.

This disconnection resulted in her having little to no access to language and culture. When I asked her what her Tribe did well, she responded, "Being secretive. And I feel like they even keep a lot of culture back for me because I don't live there." Katrina also could not vote in tribal elections. Her experiences made it clear that physical distance could be just as much as a hindrance to engaging in Tribal community as not being enrolled. It was also clear that she had not developed a relationship with land that many other participants had expressed, "Like, some people say that they have that super strong connection with the land. [...] I've just never felt that way."

However, Katrina was heavily involved in her urban community and her family name was well-known because of her activist grandfather. She did beading, danced in powwows and participated in Native events held in her city. It seemed for her, her Indigenous identity was more community-based and pan-tribal, so she experienced social-connectedness with other urban Natives.

Katrina was not alone in the fact that she was not the only person I spoke to who made it clear she did not feel a spiritual connection to land. One could suppose she had a lack of connection due to her growing up away from her tribe, language and culture as well as living in an urban area, but that might not have been the case. After all, Carrie had not felt very connected to land either and she had had plenty exposure to language culture as well as homelands of both the Navajo Nation and the Ojibwe.

Charlie, an enrolled Ojibwe man, age 30 had grown up near his tribal homelands and was heavily exposed to culture and language, but he did not view himself as a spiritual person:

There's certainly a spiritual component to my upbringing, right? Like, I went through a naming ceremony and, and attended sweat lodges and all sorts of you know, stuff like that. [...] So I don't know, I don't know whether it's just my brain being too kind of rational and logical at all times that I am just looking to poke holes in everything. And but yeah, you know, there's just something in me that just can't really, can't really get, get into it.

Charlie did however have a relationship to land—it was just more practical. When I asked him what his tribe did well, he emphasized their green initiatives. He also had worked for environmental non-profits and though he had just changed jobs—he was still in the environmental field. Charlie also enjoyed his urban existence and was more into contemporary Indigenous culture (such as art).

Lastly, many participants identified as urban Indian, others moved around so much it was difficult to discern if they identified as urban, rez, or suburban. However, it was clear that a few lived in the suburbs. For one of my participants, Sunny, Ojibwe descendent, age 51, living and working in the suburbs impacted her lived experiences in important ways. This generated a lively

discussion about what it was like to be a suburban Native as I related to a lot of her experiences and shared how invisible I had felt growing up. She responded:

That's the life of like a suburban Native, too. It's this, it's this weird vortex of, of, you know, I'm not rez and I'm not in the city or where the service you know, the city service area is, and where all the programming is, and where all the people are and, and all the things... and we're, this we're this weird outcropping of, of, "Who are you?" I work with Native kids, and this is an ongoing thing. And I talk about it with people [...] I was having a conversation with [an administrator] and I said something about, you know, suburban Natives being this, "This completely different animal that doesn't fit anywhere."

At the crux of our conversation was the idea that if a Native was white-passing and lived in the suburbs (middle-class) then it was expected they had assimilated—in order to be Native you either had to live on the Rez or live in the city, otherwise settler-colonialism had triumphed. Sunny told me about an encounter she had with a casual acquaintance one day that summed up her thought on the matter:

He asked me one day, "he's like, you're Native, right?" I said, "Yeah." He's like, "Why don't you look Native?" And my response to him, and it's kind of become my, my canned response to everybody now, is that, "I don't look native because I'm not supposed to be here." And I just, I mean, from a ground-level perspective, that's entirely true. You and I are not supposed to be here if some people have their way.

Sunny demonstrated a resilient Indigenous identity. It was possible to be Indigenous and exist in the suburbs.

Disenrollment & Identity: Disadvantaged Status change (Box B) & Self-Identification (Box D)

“I'm Native, I feel Native. I'm more Native than I am anything else so I'm Native in my heart, and in my mind [...]” Sharon, disenrolled Ojibwe elder, age 82

“I still check that I'm Native [on forms asking about race] because I have always been Native. And just because I was disowned by my own tribe doesn't mean that they're going to take that away from me.” Allison, disenrolled Ojibwe “baby elder,” age 58

Disenrollment happens when people who are enrolled in a tribe are removed from membership, making it so they are no longer citizens of that tribe/nation. As discussed in Chapter 2, disenrollments happen for a variety of reasons, but most commonly happen for political or monetary reasons.

I asked all of my enrolled participants if they had ever worried about being disenrolled from their Tribes. I believed that this could function as a proximal stressor (fear of rejection). Most of the people I spoke with did not have this concern. Jennifer, Ojibwe elder, age 61, was one of the exceptions:

Um, I think that's always a fear when you speak up to a tribal council. [...] You know, they disenroll somebody for something, or speaking up. You know, that's always that fear at the back, back of my mind. You know, how corrupt Are you? And everyone, I think everyone questions their tribal council, especially when they don't inform them, you know, keep good communication and make some big decisions on our behalf without us recalling, when did you ask us? You know? Did you decide to have a discussion with us about this? [...] So you know that when stuff like that is done it always, your guard goes up, you know?

I suspected that most of the enrolled people I spoke with were from Tribes that had not engaged in disenrollments (at least recently), or were otherwise unaware of disenrollments that had happened in their Tribe.

Beryl another Ojibwe elder, age 63 proved my assumptions wrong. Her response spoke to a different reason why being disenrolled was not a fear, “I mean, I’m gonna be Indian, no matter what, if they tell me I can’t have that card anymore. Well, you know, but yeah... Yeah, no, I, I don’t ever fear that.”

I had the opportunity to speak to three elders who had been disenrolled from their tribes, all for similar reasons (issues with family paperwork and tribal rolls). Disenrollment is often a family affair and can affect multiple people and sometimes multiple families. Two of the participants, Sharon and Darrel were related to each other and so I interviewed them over the phone at the same time. Sharon often spoke on behalf of her relative, but if his experience or feelings differed on the topic at-hand, he spoke up. Allison (not related to the other disenrolled participants), I spoke with during a separate interview.

All three discussed a long, drawn-out legal battle trying to fight their disenrollment that had lasted over a decade; disenrollment is not so much a singular event as it is a process.²¹

Sharon, an Ojibwe elder, age 82, briefly described growing up in an era when it was not uncommon for people in the community to not have an Indian card or be enrolled; such technicalities did not necessarily affect their lived experiences. Her family would often attend “socials” hosted by other Native families in the community and the adults would often converse in Ojibwe while the kids spoke English (her mother and both of Darrel’s parents had attended

²¹ Incidentally, these three participants were some of the most knowledgeable people regarding their (former) tribe’s history that I came across in my research.

boarding school). Sharon's Native identity growing up was always strong. Sharon also had intertribal connections through her family and was possibly eligible for enrollment in another tribe (though she expressed no desire to do so). Her family member, Darrel was in a similar position. Both had been raised in the community and still interacted with other people in the community. Nobody brought up the disenrollment in personal interactions. Though they both expressed anger at their disenrollment, their Indigenous identities were resilient. Disenrollment had not really affected Sharon and Darrel's identity as they still believed that they were part of their tribal community. They had grown up in an era when having an officially recognized status (enrollment/Indian card) was not so important.

Allison was younger than my other two participants so her experiences were a bit different. She had grown up off her former tribe's reservation but had often traveled there with her father for powwows and other events, even before she enrolled. She had engaged in crafting dreamcatchers and jewelry and had attended language classes. Disenrollment had brought a halt to all of that. She no longer attended powwows and had lost interest in crafting (and could no longer afford the materials required). Allison did not speak of having intertribal connections. By the sounds of it, the tribe that had disenrolled her had been the only tribe she had been eligible for enrollment in. She no longer felt connected to that tribe/community, though she still identified as Native (see above quote). When I asked her what the hardest part of being Native was, she responded, "To be thrown away like trash from your own tribe." Allison was adamant that she no longer wanted to be associated with her former tribe:

[T]hat's not my tribe anymore. I wouldn't even if, even if they gave me a chance to come back, I wouldn't [...] I wouldn't want to belong to such a disgraceful tribe. I just wouldn't.

I'd rather keep on living the difficult life I'm living rather than be associated with [...] people like that.

Allison's identity shifted away from a tribal (sovereign)/community identity to a more generalized ethnic/racial identity.

Pretendians & Issues with Identity (Proximal and Distal Stressors, Boxes F & G)

Not everyone I spoke to was familiar with the topic of pretendians. Those who worked/lived in Indigenous communities were more informed on the issue. For those who didn't know I defined the term pretendian as "someone who claims to be Indigenous but has no Indigenous ancestry." For those who were familiar with the concept, I asked them for their definitions, which tended to align with mine.

Analysis of interviews revealed that pretendians manifested as a stressor in several different ways. First, it could be considered a distal stressor in the form of theft perpetrated by non-Natives (coveted identity). Second, it could also be considered a distal stressor as a form of microaggression (settler moves to innocence). Third, it could be considered as yet another distal stressor in the form of lateral violence within Indian Country, accusing an Indigenous person of being a pretendian. Finally, it could be considered a proximal stressor as it could create fear of rejection from their community for an Indigenous person who is accused of being a pretendian by another community member (fear of being viewed as an imposter/having to defend oneself). I will cover coveted identity, fear of rejection and microaggression in this chapter and discuss lateral violence in chapter 6.

Coveted Identity & Microaggression

Cecilia, an enrolled Ojibwe elder, age 75 told me about an encounter she had with a woman she suspected as a pretendian when I asked her what a pretendian is:

It's somebody who thinks that it's, it's a classy thing to be, to be Indian, do things to try to make themselves look like they're Ind--they dye their hair black, I mean, jet black, or they'll put on a lot of jewelry that doesn't, you know, I mean, it kind of sets them off, but not the way they want. Or, I met one woman who said--she took her shoes off, and we were walking around my backyard. Somebody brought her there as a guest. I mean, they were with somebody. And so we, at the time, had a pond in my backyard. So I said, "Well, we can walk down and you know, see the geese." So we walked down and she took her shoes off [...] And she had on a long skirt, you know, in the summertime, and I thought, "you know, I got my shorts on here." And then she started telling us--she had her hair down and, and just trying to part it in the middle, but it wouldn't quite do that. It was just doing... things. And then she said something to me about, "Well, in our way," [mimics stereotypical Native voice] in that voice, you know, "Our way, my people..." and I said, "Oh, who are your people?" She said, who'd she tell me they were?-- Blackfoot. She said, "We're Blackfoot." And I said, "And Where are you from?" "Virginia." And, "Oh, okay. So you move there?" "No, I grew up there." And, "Oh, okay. Because the Blackfeet I know are usually in [the] western area." And then, but anyway, later on, I found out she's not Blackfoot, but she's Cherokee. And then she's not Cherokee. She's Anishinabe. So there's a classic, pretendian person right there. So...

Madeline: In other words, she could not prove or like show any connection to any tribal group?

Cecilia: No, she couldn't, although she did get somebody to say she was adopted, now, into a tribe. And because she's told, well, she told a mutual friend that she was from White Earth. I said, "Really? I don't know that. I mean, last time, she was from Blackfoot

in Virginia. And then I heard she was Cherokee. So." Well, I think, I don't know anyway, but yeah, that there is no, no proof. There is no lineage for her. In, I mean, maybe in one of those tribes, there might be. Maybe she's just confused, but it's just the whole presentation that she made personally to me. And then in talking to her, I told her about some of my practices, that wherever I live, I make sure there's cedar growing there, and if it's not growing there, I plant it. "Oh, what do you use cedar for?" I said, "It's a purifier. I make it into tea and drink it or, or I might smudge with it and there's a lot of uses for it." She made a speech where she said, "Wherever I [...] go, if there's not cedar there, I plant it there. And I use it to purify."-- I mean, she took what I told her, presented as her own practice and information and people believed her. They believed her because I mean that, she had an authentic piece of information. But she didn't do that. Ugh! So there's pretendian. Yep, there's wannabe.

Sunny, an Ojibwe descendant, age 51 told me about her encounter with a person who had been accused of being a pretendian at her job:

So a gal that I work with is accused of being a pretendian. [...] And she is, she is darn near fluent in the language. She takes every opportunity to, to learn cultural things, and to do all the cultural stuff. But I know some stuff about her that indicates that she is indeed not native. And it aggravates, one of the biggest aggravations is that she's been working with an elder and that elder has, has trained her to name people. And I take issue with that, knowing what I know. I don't think it's okay that she's doing those things.

Sunny related to me that similar to the person in Cecilia's encounter, this woman kept changing her tribal affiliation when people in the community started to question her identity. What angered Sunny about this situation was that she felt this woman was getting special cultural knowledge

from an elder under false pretenses—knowledge that should be passed down to somebody who is authentically Indigenous. This seemed to be an example of not only theft of information (like in Cecilia’s encounter), but also theft of opportunity since this woman was potentially taking another’s spot.

Sunny, as a descendant, also recognized that pretendians complicated the politics of recognition at a community level, “[I]t’s hard enough, you know, identifying this way without y’all [pretendians] coming in and murkyng the waters even more.”

Imposters, like pretendians, erode interpersonal trust and can potentially cause community members to be less forthcoming about cultural knowledge because it casts suspicion on Indigenous people who are not enrolled in a tribe.

It was for this reason that Kelly, an enrolled Odawa/Ojibwe, woman, age 48, felt forced to state her tribal affiliation, even though she didn’t want to:

Being, a being a member of my tribe is actually less important to me now than it was before. I am super [...] disengaged with my tribe politics, activities, events, things that go on, and I actually identify less and less with my tribe. And, as a matter of fact, when I first came to [Univeristy], I actually was like being purposeful and not like, you know, how [...]we are like, with other people, and we’re introducing ourselves, [...] “Oh, I’m Sault St. Marie Tribal member, blah, blah, blah.” I stopped doing this specifically because I was like, I can’t stand my tribe, and I don’t want to be associated with them. So I was like, I’m just gonna all the time say I’m Odawa and I’m Ojibwe. And that’s what I’ve been doing for the past, like four years. But now we’re also at another turning point with, with pretendians [...] Now I have to revert back to telling people I am a member of [Tribal Affiliation] because I don’t want people being like, “Oh, she just claims she’s Odawa and

Ojibwe, without...,” you know what I mean? So it's like now I'm forced to claim [Tribal affiliation] again, which is not something that I wanted to do, but [...] I'm also not going to be called out later for not being a tribal member. You know what I mean?

The phenomenon of pretendians also reveals the dynamic nature of Indigenous identity in that a once stigmatized status has become a coveted one to outsiders. I asked Cecilia how common she thought pretendians were, she misinterpreted the question and instead explained **why** she thought people pretend to be Indigenous:

I think there's something lacking in their lives. There's something lacking in their own lives. Because if you can't be happy with who you are, and even if you don't know, you're, if you're, you know, Heinz 57, like the saying goes, you came from Europe, your ancestors came from Europe, and you really don't know were they Irish? Were they Danish? Were they, you know, whatever they were, you don't know. And then you feel like, "Oh, I don't know who I am. I speak English, but I know I'm not English." You know, and then they say, "Oh, I know what I can do. I will learn to speak Ojibwe, and I'll learn all these Ojibwe things. And then I'll say I am Ojibwe." And that is, that is the path that that person took.

Her response reminded me of one of my earliest interviews I had conducted in this research with a woman I suspected to be a pretendian.

Renee, an elder at age 70 had signed up to participate at one of the powwows I had recruited at. She was one of the first elders I had the chance to interview so I was very excited to speak to her. The interview was confusing from the start. I asked participants what tribe they were affiliated with and whether they were enrolled or not to determine which interview schedule to refer to. Renee told me her tribe was “Out of Canada.” I then asked which tribe or

First Nation it was and she told me she didn't actually know, just that it was her great-grandmother. It sometimes happens that people identify as Native and do not have a tribal affiliation, so I proceeded with the interview. I asked her why she identified as Native and she simply answered, "Because of my heritage." I asked her to describe it. She then proceeded to tell me she had only found out about 13-15 years ago that she had a great-great-great-great grandmother on her father's side of the family tree that had been Indian (incidentally, the degree of relation would change again in the interview to 6th great-grandmother). I thought if she had a family tree and knew an ancestor was Indian she might know what tribal grouping the ancestor was and perhaps my usage of, "What's your tribe or tribal affiliation?" had confused her and she thought she had to identify a specific nation/tribe. I asked her again if she knew what tribe her ancestor belonged to "approximately." She responded, "It's either the Cree from Northeast Ontario or First Nation because I'm not sure what city, you know, what town she was near." I wondered if her ancestor had shown up on a census and was marked as "Indian" but I decided to move on instead of asking this question and perhaps circle back to it later (I never did). I instead asked her what motivated her to start identifying as Indigenous:

We lived over by [tribal community] and my granddaughters went to the [tribal community] School. And by talking to the tribal elders, and requesting my native name, he said, "If you don't have any native blood in you, I cannot get a name for you." Well, it only took him two days, he called and said, "I have your entire family's name." [...] I guess it was, you know, it was meant to be.

This very much confused me and I wondered if perhaps the elder engaged in genealogy so I asked, "The [elder] gave you information so you could start tracing that?" She responded, "Yeah.

[...] I didn't want to waste my time if I wasn't. If I couldn't get my native name, then I wasn't native. But I got it, and that's all that mattered.”

I honestly didn't know how to respond to this bit of information since I got the impression we were talking about two different things, so I asked her what other ancestry she had. “Let's see. I've got Irish, Scottish. Irish, Scottish? French. Seven different kinds of Dutch. I'm a Heinz 57.”

Further in the interview, she stated out of the blue that her daughter as well as her sister-in-law were both native empaths. I got the feeling she wanted to explore this a little more with me but after asking her what an “empath” is I moved on. When the interview ended I felt very foolish, discouraged, and worried about how many more like it I would get.

I did not code Renee's interview for analysis, but rather identified the excerpts I wanted to discuss above. Her interview left me conflicted because best-case scenario, she was being somewhat truthful and had a distant ancestor who was Indigenous. It is often understood in Indian Country that many people lose connection to community and may not know their Native heritage until later in life; however, it is usually one's parent, grandparent or great-grandparent that they trace their ancestry through. How far back is too far? Given the everchanging degree of relation to her ancestor, lack of tribal affiliation and her excitement to discuss “spiritual” topics I felt I had ample reason to doubt the validity of Renee's claims.

I interviewed another individual whose interview I did not code as well. However, I went into the interview knowing that my participant had no idea whether or not she had Indigenous ancestry. Wanda, 49 was phenotypically mixed-race and adopted. She told me her adoption records were sealed so she really had no idea what her racial composition was, except probably African American mixed with some other race. Wanda had been adopted by a family that claimed

Native American ancestry (though they were not registered) and her husband, she identified as an unenrolled Cherokee. I asked her how she thought other people identified her to which she immediately said, “Black.” On forms, she checked the box for African American. I asked her how she felt about her African American heritage. She responded that she had attended predominantly white schools so she did not feel so connected to the African American community. She felt she lived a more Indigenous culture. She often smudged, mostly with sweetgrass but sometimes with sage. She attended powwows and was trying to learn Indigenous languages (though it was unclear what particular language she was learning). Wanda also talked a lot about spirituality and how it was embedded in “Native culture.” I got the impression that’s what appealed to her about Indigenous identity.

I would not classify Wanda as a pretendian because she was up-front and honest about her ancestry from the get-go: she didn’t know if she was Native or not. But, what she told me during her interview shed light on why those who don’t have Indigenous ancestry might try to claim it—Native culture

During our discussion of mental health, Greg, 34, Ojibwe descendant also thought the appeal was Native culture:

Why would someone pretend to be Indian; there's so much shit you have to deal with?

So, so there must be a greater benefit, you know? There must be a bigger reason, and I think what we have is our connection and our culture. And those are very powerful and can have some very positive health benefits.

Theo, a registered Metis/Ojibwe, age 30 had a lot to say on the topic of pretendians. Theo believed that “pretendianism” was a spectrum:

Pretendianism is a spectrum that, because you have what I call, “dinner-party pretendians” and this is the kind of person that like at a barbecue... like think of, I don't know, maybe like a middle-aged, white person, or like any-age white person at a barbecue or a party or just on the street, whatever, who would say, “Oh, yeah, I'm part native.” And then they-- that's followed by an opinion about Native life or policy or history that is usually anti-Native. But, that's like the extent of them claiming to be Native. And maybe they don't have any power or anything like that. But we see pretendianism obviously, in the arts and academia a lot because there's [...] something to gain from it. [...] Where it's like, obviously, in arts and academia, it's kind of like, we're always looking for the unique thing or whatever, and in North America, the unique thing is to be like, Indigenous to North America. [We both chuckle at the irony]. But yeah, so and then they're obviously like, it's a whole range of things. And then it goes to people who are like, who are kind of maybe cast for, like, Native roles, you know, in a movie, and they, I don't know, Yeah... And then they're like full blown Pretendians, you know, like Michelle Latimer and Carrie Bourassa and Joseph Boyden [...]

Theo's explanation made clear to me how a “dinner-party pretendian” could be viewed as an instance of microaggression, whereas people in more prominent roles could create a great deal of problems for Indigenous communities. He went on to explain to me later in the interview the controversy surrounding a Canadian filmmaker and how her project was canceled after she was exposed as a pretendian. One has to wonder how many Natives who might have been working on the project lost their jobs? These types of situations not only have financial repercussions but as mentioned earlier, erode trust and, as Theo pointed out, create paranoia, “Natives in Canada are

very paranoid, including myself, like we feel, and this is the, this is an effect of colonialism, it creates paranoia in society, whether that's in Canada, or the US or Haiti [etc.]”

This paranoia causes people like Kelly to have to identify in a way she's not comfortable with and also makes it more difficult for descendants like Sunny to move and work in Indigenous circles. This is the proximal stressor, fear of rejection.

Summary

Using the Indigenous/Native American Stress Model illuminates the issues (as well as the benefits) with identity that Indigenous people in the Bemidji Area face. The settler colonial context touches upon everything in our lives (including coping and social support). Even circumstances in the environment are shaped by settler colonialism; nobody escapes this fact of our contemporary society. Settler colonial policies may be rooted in history, but the effects are ongoing. As Wolfe (2006) points out, “Invasion is a structure, not an event.”

This model demonstrates how identity shapes the stress that Indigenous people experience. In the next chapter, I will use the model to explain mental health outcomes.

Chapter 6

Study 2: Examining the Effects of Tribal Membership (or Lack Thereof) on Native American/Indigenous Identity & Mental Health in the Bemidji Area of the Great Lakes Region

Part II: Indigenous Mental Health

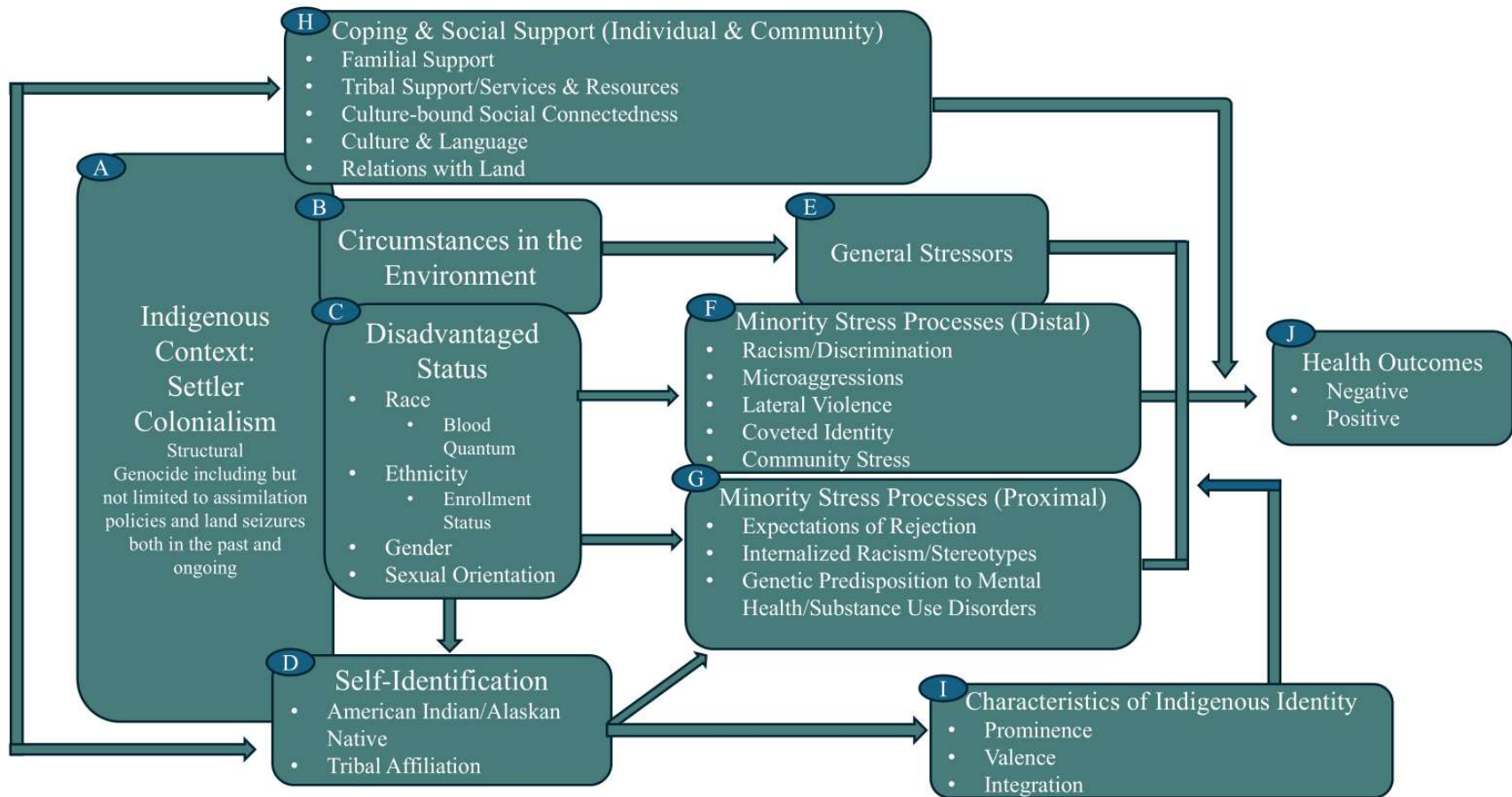
This chapter pivots from a focus on indigenous identity, settler colonialism and enrollment status, to discussing the mental health (MH) outcomes that Indigenous people experience in a settler-colonial society. I first briefly sum up the MH and substance use issues that participants described, highlighting selected participants (box J in the model in Figure 6.1). I will then cover general stressors (box C) and move into MH and Indigenous identity, focusing on Pretendians and HT, noting the boxes these phenomena affect in the model. I will then highlight the characteristics of those I describe as “Tribal Elite.” Finally, I will discuss access to tribal resources and close with the effects of Tribal disenrollment.

Mental Health and Substance Use Outcomes (box J)

Participants expressed a wide range of outcomes—from having no MH issues to having had suicide attempts/ideation in the past. Six of the 17 of the unenrolled participants (35%) described their MH as okay or better; a similar proportion of enrolled (8 of 23 or 35%) did as well²². Trying to discern who had been diagnosed with a depressive disorder was trickier. Some participants had sought MH treatment in the past but were uncertain if they had ever received a diagnosis. One enrolled man and one unenrolled woman had bipolar disorder. Many in both OCD or ADHD. One descendant had been diagnosed with an attachment disorder. Many participants talked of struggles with alcohol. One enrolled woman spoke about abusing crack in

²² Participants gave a variety of answers such as, “okay,” “good,” “great” to indicate that they were not struggling with their mental health.

Figure 6.1 Native American/Indigenous Stress Process



the past. Adolescence and early adulthood seemed to be especially difficult times for many of the people I talked to.

A few of my participants talked of having struggles with bipolar disorder/depression that led to suicide ideation, and in a couple of instances, hospitalization.

Arlene, enrolled Ojibwe, age 37, talked about her struggle with depression, anxiety and OCD beginning in childhood. Arlene had cerebral palsy and was disabled. She did not have use of her left arm and one of her legs was shorter than the other. When I interviewed her, she was still recovering from surgery on her foot. Her disability had contributed to her mental health issues growing up, culminating in a suicide attempt when she was about 14-15 years old. She was hospitalized briefly, which she described as “scary” since it felt more like a prison than a hospital. Arlene told me she thought her depression started in childhood:

Yeah. But I think my depression started way earlier on because, you know, I couldn't, I couldn't do the same things my cousins could. I couldn't jump rope. I couldn't, you know, be active during recess [...] I have asthma and it's... I have a lot of health issues now, being, you know, I'm older and I didn't take care of, I didn't wear a brace when I was little because I was teased. And yeah, so it, it's, it's still hard for me to talk about it, you know?
[voice cracks]

Arlene also had a hard time in social settings because of her disability, especially participating in ceremony/traditional activities. Since she did not have use of her left arm, she was unable to offer tobacco (protocol requires it to be offered with the left hand).

Arlene felt that her MH issues were due to her physical disability, other physical ailments (including asthma), and HT. I highlight her case to show that determining the cause of health

outcomes is never simple and often includes many factors. Her disability could be viewed as another disadvantaged status (box C).

Hector, enrolled Ojibwe man, age 52, was diagnosed bipolar after a suicide attempt at age 23:

I had my plan and was ready to commit suicide. [...] That's one thing with my bipolar [...] I think about suicide every day. But it's not until it starts becoming a consuming thought, of which I have learned, that I need to see my doctor, make some changes and stuff like that.

Hector told me that bipolar seemed to run in his family since his uncle had suffered from it. He also suspected his grandmother had it, but she was never diagnosed. Hector did not connect his mental health to being Native and was unfamiliar with HT. He did have family members who attended boarding school.

I highlight Hector's case because many Natives in his situation might connect their mental health to boarding school attendance and/or HT. Hector was one of the few people I talked to that had MH issues who did not do this. He was not familiar with the concept of HT.

Meghan, Cherokee unenrolled woman, age 22, also suffered from bipolar disorder along with ADHD. In the past she had also been diagnosed with panic disorder. She described to me how she was diagnosed with bipolar:

[I]t's kind of a long story, so sit back. So, senior year of high school, that which was like, six years ago now, oh, geez! I was very, I was struggling immensely, like, with my mental health. I was severely depressed, you know? I isolated myself the entire summer before senior year. My sleep schedule was all kind of screwed up, and I was just, I was, I was doing bad. And I went to school, first-day school senior year, and I immediately was like,

“Nope, can't do it.” And so, I was actually hospitalized that night. I went to [name of facility], which is like a mental health facility, and I spent a week there because I told my therapist that I wanted to kill myself. And I, I learned a lot there. And it was actually, it was very helpful. But the following months after that, I was doing pretty poorly again. I got put on medication, antidepressants, and it was just, it was really bad! And I later found out that I have bipolar, so antidepressants make that worse.

Most of Meghan's family members also struggled with MH. Meghan did connect her MH issues to HT.

Kelly, enrolled Odawa/Ojibwe woman, age 48, described how she discovered she suffered from depression:

[The] work that I'm doing, taught me that the historical trauma that we have been through as Indigenous people, has put us in positions and contributed to a majority of us suffering from mental health issues, including depression, and that depression is often undiagnosed and untreated in Indigenous people. And hearing this over and over and over again, [...] I started looking into that and I was like, what is what does this mean? And also, like, I have two brothers who suffer from depression and one of them, [...] he had suicidal ideations, so that's the only way I've known how depression manifests. [...] I have never had suicidal ideations, so in my brain like I don't, I don't have depression. [...] But hearing this over and over again, I'm like, “Huh? I wonder what, what does depression look like?” So I just started like googling it looking [...] And then I was like, “Oh, fuck, like, like being irritable and a crab. Yes, bitch. That's, that's me!” Then I was like, “Fuck, maybe I, maybe I do have depression.” And then like, it can be genetic and I was like, “Well, if my brothers have it, Fuck, I probably do have it!” [...]. So I went to the doctor,

like a week later. And I was like, “You know what, let's try it. Let's try an antidepressant.” And she was like, “Okay.” And we talked it through and figured out what we should start out with, what we should try. And that's how it went. And I've, yeah, I'm like, it's, I couldn't believe it. Honestly, that I was, it took all this time for me to realize that I was suffering from depression. [...] I feel like a lot of people don't want to be diagnosed with depression, because like, there's a stigma to it. That was not the case for me. It wasn't like I was fighting it. It was that I didn't realize that how I am as a person, is actually how depression manifests itself. [...] I just like thought, “That's just my personality. So, you know, like, deal with it or whatever.” You know what I mean? Like, it wasn't, I didn't realize that that was how the depression was manifesting itself in me.

Kelly's case shows that many people do not understand how depression can manifest in their lives, and only think they have an issue if it involves suicide ideation.

In terms of substance use, many of my participants spoke of having issues and either quitting cold-turkey or going to a treatment program. Those who did not have substance use issues had a family member who did. Alcoholism was a common topic. Men are known to have substance use issues, so it did not surprise me when they spoke of it, but I was genuinely surprised by how many of my female participants talked of drinking, especially to cope with loss.

Most participants were forthcoming about their MH and substance use issues. The exceptions to this were men. One man (tribally enrolled) had spoken about being diagnosed with PTSD but did not want to talk about it with me. Another man (a descendant) mentioned substance use issues but again, did not want to discuss this topic. Obviously, I honored these requests.

Some of my participants discussed mental health issues in the context of their jobs or due to dealing with Covid, these would be general stressors (box E) in the model due to circumstances in the environment (box B).

Cliff, enrolled Alaskan Native/Ojibwe man, “baby elder”, age 57, experienced depression as an outcome of Covid:

Covid has really done a number on me, and so I've been, I was depressed. Still am probably, but I've, I've felt like, you know, definitely on a more of an upswing. Yeah. And, you know, I'm medicated and I'm feel actually really feel a lot better about things. Yeah, just COVID that whole thing was this kind of weird.

I asked him if he had ever dealt with depression or other MH issues in the past. He responded:

No, this is, this is first time that I really knew that I had depression [...] What really nailed it for me is like, I'm [...] doing some really cool things, and it's just not, it's not, you know, not having that brightness. [...] or, I didn't have the motivation to, you know, to do, you know, kind of, like, it wasn't bringing me the happiness [...] it's like, oh, that, [...] is definitely, you know, depression where you're not, you know, things that bring you joy and happiness [...] you weren't engaging in so it's like, yeah, that's [...] really the first time that I've ever, ever really noticed that, that I've felt that, you know? It's like, yeah, it was just kind of a big, I mean, it was a punch to the gut, you know? Really, it's like, “Oh, that's what depression is, and I better do something about it.”

Marcus, enrolled Oneida man, age 41, talked of work-related stress and how he will go to therapy to keep his MH in a good place. He shares his experiences with his social circle to help destigmatize MH issues and encourage others to seek out treatment if need-be:

There are days I'm anxious and stressed, but that's life. So, you know, I do know where to go if there's an issue, you know? I do know if something comes up, you know, you know that there's, there's help. I practice what I preach.

Indigenous Identity & Mental Health

“I think I'm doing better off because I am Native.” (Jennifer, enrolled Ojibwe elder, age 61)

As just demonstrated, not everybody connected their mental health issues to being Indigenous/Native American. HT was well known to almost all my participants and many agreed that it affected them and/or their loved ones, though one elder expressed skepticism. In her opinion, it was a buzzword, a quick way to get grants and funding.

Many voiced concerns with how Boarding Schools had effectively wiped-out language and culture and how this affected coping resources. I asked all the participants how being Indigenous/Native American affected their mental health. I would then follow up and ask how their Tribal affiliation affected their mental health (if that was not part of their original answer). I noticed a pattern with some of my participants of connecting positive benefits to the latter identity and referencing HT for the former.

Larry, a 40 year old Ojibwe descendant was one of the participants who alluded to HT when I asked him how being Native American affected his mental health. When I asked him specifically about how he felt being a descendant affected his mental health he responded that he was “very proud” of his “Native blood.” I found Larry’s responses seem to tease out a difference between his racial identification of being Native, and ethnic identification of being a Tribal descendant.

Some participants didn’t really distinguish between a racial/ethnic identity or sometimes talked about Indigenous identity as a double-edged sword.

Historical Trauma

Most of the people I talked with were familiar with the concept of historical/intergenerational trauma (HT). This was not unexpected considering many of the participants worked in/with Indigenous communities. A couple of elders described HT in such a way that I wondered if they had sat in the same presentation over the topic or read the same paper. Peggy, an enrolled Ojibwe elder, age 77, talked about HT using an experiment with rats/mice to explain how it operated:

And what they did is they took the first generation of mice, they took the first generation of mice away from their mother, and so they did not have a nurturing mother. And then they fed them with bottles. And then they did a large longitudinal study, and then the next generation of mice, the ones that have been nurtured with their mothers acted like normal mice, but the ones that were not nurtured by the mothers--I can't remember what, what exactly because I read this quite a while ago, exactly what, how they misbehaved, but, but they had some behaviors that, that would not be associated with healthy mouse behaviors. And then when that group gave birth, the unhealthy mouse behaviors continued. It continued for about four generations.

Peggy's explanation showed that lack of nourishment not only affected the mice who were removed from their mothers but subsequent generations of mice even when they had their mothers. It took a few generations for mice to recover from the original trauma (not having a nourishing mother). Peggy's definition implied that the trauma from the first generation of mice was inherited by the subsequent generations. Many participants explained HT in similar terms—focusing sometimes on a genetic component such as Meghan, a 22 year-old college student, Cherokee, unable to enroll:

So I, I've done like research, specifically, on, like, intergenerational trauma and historical trauma. And it just...I feel it, like, I feel the effects, like the ripples, you know? Because like, I don't know what my mother went through, but I can feel it, you know? Like, and I was bipolar before I even had trauma, so it's like, it had to have been passed down to some degree, you know?

Meghan attributed her bipolar disorder to HT. Other participants focused on a psycho-social mechanism of transmission (usually through parenting). Some spoke of both. All acknowledged settler colonial policies as the genesis for the trauma of origin. Tara, an enrolled Alaskan Native/Sioux, “baby elder,” age 55, identified a cultural component to HT and related it to her own family’s experience with boarding school:

Well, I, the first thing that comes to my mind, for example, is like my mom, attending boarding school, due to my grandmother's health issues. And her dad, my grandpa wasn't able to take care of all the kids. She comes from a big family, there were eight of them. So he sent them all away to boarding school. So they were in boarding school and having some of those negative experiences like what she's shared with me, like, not being able to speak her language and having to sneak speak her language with her siblings, and having to cut their hair and just being stripped of their identities, which, to me, and this is my own, like, thoughts about why I was raised not speaking my language. Well, she said my dad said he didn't want to confuse me. Well, [...] teach a child when they're young, they grow up with multiple languages, and it's not a matter of being confused. But I think they were from two different tribes. [...] [M]y dad grew up in foster homes, and then with an adoptive family, who were a minister and his wife, who were like my foster grandparents. I think them having those experiences probably affected the way that I was raised, like,

they wanted me to assimilate for lack of a better word, and be that, you know, how do you fit into society? Well, if it means being not as native, then that's something that I think about too, as generational trauma. In other cases, it could be, I have relatives that, you know, basically drank themselves to death and a lot of experiences that they've had growing up I'm sure contributed to that. And then how it affects their children and, you know, their children that are my age, and how they grew up, and how all of that affected them negatively, where they also, you know, substance abuse was prevalent and all of that. So when I think of generational trauma, that's what I think about, like, being passed down, that trauma being passed down from generation to generation into this day and age, you know, and some people say, "Well, why don't you just get over it?" (laughter) And yeah, so when I think of generational trauma, that's what I think about.

Tara's explanation seems to point to how HT can interrupt culture and social support. Indigenous people are stripped of their cultural-coping resources and some turn to substance use to cope instead. Parents pass these behaviors on to their children.

Jennifer, enrolled Ojibwe elder, age 61, gave a similar response to Tara (albeit much shorter) when I asked what HT meant to her, "Well, I think that's why my grandmother didn't pursue teaching us our language or culture." As an urban Native, belonging to a tribe was important to Jennifer, "[...] It helps you identify who you are, where you came from. You're not just an Indian and living in the city. You're not [just] a brown-skinned person."

Dennis, enrolled Seneca, age 43, discussed how settler policies resided in the body when I asked him how being Native affected his mental health:

People have talked about historical trauma, you know, and the trauma lives in the body and that we inherit that, and so, I think that affects me. I don't know all the ways that it

affects me, but I think it's, it's present. And I know that when I do things like participate in community, try to learn my language [...] you know, those kinds of things, I know can disarm that trauma, that historical trauma and can kind of like repair that in some way. And, again, generationally thinking like me, doing this will hopefully not pass that trauma on to my children. So that were there probably some trauma that's passed on to them, but that it'll be less than that. Ideally, they don't pass it on to their children and their children and their children. So, seven generations later, you know, that's just not something that's present in this, in my family. So, yeah, 'cause I'm sure, I'm sure I've inherited that trauma from my family members. And that, and I think about that is like connected to being Native and that, again, like genocide, state-sponsored genocide, the, the policies that were...that were designed to, like, wipe out native people, like that's present in, in being a Native person, that's just present. And that, ideally, we're, I'm in a position where I'm starting to, like, resist and undo that in some ways.

Dennis's response took HT a step further, explaining how it could be "disarmed" by participating in community and cultural practices (box H). This was especially important to Dennis who battled feelings of inauthenticity (box I).

[...] The, you know, the imposter syndrome or like the shame that comes with not growing up understanding, like from, like birth...not being taught all of the things that Seneca... about things Seneca. That, that worm, like wiggles into my head sometimes of like, "You're not enough. Are you really? Are you not?" you know, and I feel that and so that, that affects my mental health and that, I'm not always...you know, it pushes me and challenges me, and I have to actively resist that kind of thinking sometimes. Those narratives creep into my head.

Responses like Dennis's were not unique to participants who were enrolled. Colette, an Ojibwe descendant, age 32 discussed the cultural and genetic aspects of HT and then also talked about community:

[...] And then my dad grew up, like, geographically separated from that family, and didn't have like that community, like I talked about how my community has been, what has been the biggest strength to me and my life. And, you know, having that community, having those relationships cut or disrupted, um, you know, also causes you to have like, feel less strength, feel more alone, you know, have more mental health issues that you then don't get help for. And then you're raising children with mental health issues, and you're projecting on them, or they're internalizing things that you maybe didn't even mean for them to internalize. And then they're raising the next generation, you know, without having addressed any of those issues

Colette's explanation addresses the damage that settler policies inflict on social connectedness through disrupting community (box H).

These responses show that HT operates largely through coping and social support (box H) in the model in Figure 6.1. Many participants mentioned a genetic component that also makes people vulnerable to mental health and substance use disorders so this could be considered a proximal stressor (box G). As Dennis mentioned, being involved in culture and learning language "disarms" HT. Participating in community increases social-connectedness as well as providing people with cultural-coping skills that help buffer the effects of stress. Additionally, the more people participate in cultural/community events, learn language, etc. the more feelings of inauthenticity will diminish, improving Indigenous identity characteristics (box I), and this will also buffer stress and improve mental health outcomes. Examining people with good mental

health outcomes seems to confirm this model. The next section examines three participants who grew up exposed to language and culture, have strong community ties, and good mental health. All three seemed to escape the HT cycle.

Mental Health & Tribal Elite

Two of my enrolled participants stood out in terms of their mental health. At first blush, they seemed very different from each other—Charlie, an enrolled Ojibwe man, age 30 was white-passing and not spiritually oriented. He held an advanced degree and had only struggled with his mental health briefly in his twenties, which he credited to his “type A personality” (i.e., general stressors, box C). When I spoke with him, he was on top of the world, having just landed a lucrative job and planning his future with his partner. He credited his good mental health to two things: good genes and a good upbringing (no genetic predisposition for mental health and substance use issues, proximal stressor, box G; and familial support, box H). He did not feel that his mental health was connected to his Indigenous identity but during our conversation, he acknowledged historical trauma had probably affected the older generations in his family:

[...]I think probably a lot of the substance abuse stuff is rooted in that. And I think a lot of the just kind of the socialization stuff is, is probably affected by that as well. And so I think that there's a pretty concerted effort starting with my mom's generation to try to break a lot of that. And I think it's certainly been kind of successful with me, right, because I don't feel, you know, burdened by that history. I certainly feel frustrated and angered by it, but I think, especially in my grandma's generation, that that's a, that's a real thing, for sure.

Charlie also stood out because though he was white-passing, he had never felt inauthentic (a few of the other white-passing participants mentioned this sometimes contributed to feelings of

inauthenticity). He credited this to being raised by an activist mother and being exposed to culture, language, and community his whole life.

Cecilia, an enrolled Ojibwe elder (not white-passing), described herself as spiritual. She also had an advanced degree and worked within her tribe. She described herself in terms of emotional and mental health as “[...] happy and grateful to be alive.” When I asked her how being Native affected her mental health, she answered it could “swing either way”:

You can either take everybody's criticism and internalize it and say, "Oh, man, I'm really worthless!" Or you can think and say, "That's not me! Here, you want to know me?" Or tell 'em a story or something. That's what happened to me when I was in grade school. I was the only Indian in my school [...].

She then proceeded to tell a story of how children bullied her in elementary school because she was Native. However, she was able to change opinions by regaling her classmates with stories during show and tell. One boy in particular, had been exceptionally cruel:

[...] One day I come into class, and he's sitting there and he said, "Here she comes!" And I was waiting for the insult. "Ye old, storyteller!" he said. And after that, that, that was it. That was it. That's all I had to do was tell them stories. And they could focus on that, instead of the stereotypical stories and scenes, they were seeing. I mean, I went to school in the 1950s, cowboys and Indians. So, but I learned that I didn't like how I felt when they were insulting me. I'm gonna turn that around, here's how I'm going to do it. [...]
And then you become something other than the stereotype they will see.

Cecilia learned at a young age that she was capable of changing people's opinions and was not condemned to being a stereotype. She also related a story earlier in the interview of a college professor attempting to tokenize her in the classroom when she was an undergraduate. She did

not participate. Cecilia was able to exercise her agency in these situations and get the outcome she desired (individual coping resources, box H).

Like Charlie, Cecilia had experienced issues in her early twenties. She had just moved to a large city with her infant son and felt isolated and alone since her husband was overseas at the time (general stressor). After confessing her feelings to her mother, her mother flew out to help her acclimate. That was the only time she could remember when she felt depressed. When I asked her if historical trauma affected her family, she responded that she and all her siblings were well-adjusted. (I found this impressive given that both of her parents as well as her grandmother had attended boarding schools). She felt that they had “good genes” (thus, escaping the proximal stressor of having a genetic predisposition to mental health and substance use issues). It was also apparent from the interview that she had a good upbringing as well (familial support, Box H).

Both Cecilia and Charlie had been brought up in families that had influence in their tribal communities. Cecilia’s grandmother had been on her Tribal Council and Charlie described his mother as an “activist” who had represented their Tribe in an official capacity. Both Charlie and Cecilia knew important people and had intertribal connections (social connectedness at an elite level, box H). Both were raised exposed to language and culture (Box H). Both had advanced degrees and satisfying and fulfilling personal as well as professional lives (Box H).

Another participant who had similar characteristics was Vera. Vera was a Cherokee/Dakota elder who was well-connected in the academic community as a well-known Indigenous scholar in her field. Additionally, she had prestigious ancestral ties and her family was well-known on her Dakota side. However, it was unclear how much access she had to powerful people within her tribal communities as she tended to stay out of tribal politics (unlike Charlie and Cecilia). Her parents met at boarding school and her mother went on to be a nurse

while her father trained as a mechanic. I asked Vera about her emotional health which she described as “good” since her husband had been recovering from health issues. When I asked her about her mental health, she responded, “gooder.” When asked if she had ever had any mental health issues she responded, “No. I’ve never had any depression or anything like that. You know, we all go through rough, rough times in our lives, but other than self-doubt...” [shakes her head]. She credited her outlook on life to the strong women in her family.

Charlie, Cecilia and Vera are people I would describe as “Tribal Elite.”²³ I would characterize the Tribal Elite as:

1. People who are enrolled in a federally recognized tribe.

²³ Charlie Scott, a Dine scholar writes about the “Native Elite” (a very similar concept) in her blog post: <https://dineaesthetics.com/native-elite/>. She outlines the following criteria:

1. Natives who attend and graduate from Ivy Leagues – not limited to undergrad. Includes legacies and non-first generational Natives.
2. Natives who have a Ph.D.
3. Natives whose combined income is above 60,000.
4. Natives who make jokes at the expense of other Natives. For example, jokes about life on the Rez, Spirituality, at the expense of women, trans folx, etc.
5. Natives who are non-threatening to the Non-Native Elite. These are the types who play upon tropes in a matter that does not displease or offend White Non-Natives.
6. Natives who believe they are ‘empowering’ their communities and create savior complexes (a state of mind which a person holds the belief that they are destined to become a savior/assist or help others, this can manifest in oppressive ways, that are paternalistic).
7. Cis-Native men & women, emphasis on native men. Much of Western society emphasizes and privileges masculinity.

The list could go on. It is not exhaustive or exclusive.

I would characterize “Tribal Elite” a little differently and not necessarily in relation to settler structures in quite the same way though overlap could occur.

2. People who have access to people in power either inside their Tribal community or outside of it (often through family networks).
3. People who have a high degree of access to educational resources within their tribes (and are sometimes in positions to create those resources).
4. People who have access to educational resources outside of their tribes, and usually possess an advanced degree.

What is important to note about Tribal elite, in the context of this dissertation, is not that they are elite because of their socioeconomic standing (in fact, I did not ask participants what their income was) but rather, their possession of **Indigenous cultural capital**. These participants did not report any obstacles in accessing language, culture or community. In Cecilia and Vera's case, they helped create Indigenous knowledge/resources. All three were able to obtain higher education (showing their ability to access Tribal resources such as scholarships, grants, etc.) and spoke of their lived experiences in a very positive way. All three also spoke of prestigious social ties so in addition to Tribal cultural capital, it was apparent that they also possessed Tribal social capital.²⁴

Tribal elites have full access to Tribal resources, and in some cases may help create those resources (such as imparting Indigenous knowledge, being a language teacher, etc.). However, not everyone enrolled in a tribe has full access to these resources, and those not enrolled in a tribe have even less.

²⁴ Tribal cultural capital refers to participants' knowledge of their respective Tribes' customs and norms, ability to understand/speak Tribal languages, participation in Tribal activities/ceremonies, etc. Tribal social capital refers to relationships of trust and reciprocity with other Tribal members that could provide both social support – bonding social capital -- within the Tribe and introduction to Native networks beyond the Tribe.

Access to Tribal Resources

One of the benefits of being enrolled in a federally recognized tribe is healthcare. As mentioned in the previous chapter, this benefit had appealed to Carolyn, who had recently retired but was still too young to fully qualify for Medicare.

When discussing how being enrolled in a federally recognized tribe had benefitted her, Kelly, enrolled Ottawa/Ojibwe, age 48 immediately talked about tribal healthcare, but she also noted how she took it for granted until she went to college:

And so it's been helpful to me, like, you know, when I first came to [University], when I was 18 years old, I had no idea that people didn't have, like, people couldn't go to the doctor because they didn't have a way to pay for it. Growing up here, and growing up in my community, and being able to access health services, like through my tribe, you know, health clinics, I just, I didn't know that people didn't have that ability. That being said, I also didn't realize that if I was a tribal member, but not living in my tribe's service area that I, I would have been one of those people [...]not having not been able to access like, health services. I didn't know that. But I've always lived here, so I didn't know any different. So, at that time, in my younger years, I was just, I was grateful for the services that the tribe provided for me because like I said, I didn't know until I was a freshman at [University] and seeing like friends and classmates and who like, would be sick and like couldn't go to the doctor because they had no way to pay for it. I didn't, I just, I didn't know that was a thing.

Kelly's explanation was telling — enrollment did not always equate to access to tribal support when one lives away from their community/tribal area.

Ray, an enrolled Ojibwe man, age 52, told me, “I don't think it'd be the worst thing if I went to go see a therapist. But currently, like with my startup company, I don't have insurance.” Ray lived in the suburbs away from his tribal area.

Hector, also an enrolled Ojibwe man, age 52, was on disability due to bipolar disorder and planned to move into his tribe's service area within the month that I interviewed him. He was excited about being able to access the healthcare system as well as being closer to his tribal community.

Some participants did not always explicitly connect enrollment status as a benefit to their mental health, or health in general. Tara, an enrolled Alaskan Native/Sioux, “baby” elder, age 55, thought that being Indigenous affected her mental health mainly in a positive way when reflecting on being a part of her communities, but Tara also acknowledged that being Native entailed having to deal with chronic health conditions such as Diabetes and hypertension. During the course of our conversation, she mentioned that she only attended Native health clinics and how she found it helpful to be around other Native people:

Early on, though, I took like classes, like there was a class that my clinic offered living with chronic diseases, and it was a class full of Natives and just kind of relating to others. Like, yeah, I'm not the only one that is dealing with this, you know, and having that support and acknowledgment maybe has been helpful.

She also expressed her enthusiasm about having race-concordant care:

...something I'm working on as my emotional health and starting up with the therapy again... it's really cool because the therapist is a Native woman who can identify with a lot of the issues that I can talk about. So, that's very helpful as well.

Lastly, she talked of substance use issues, specifically alcohol and attending AA with other Native women. These services/classes are hard to access when one is not enrolled.

In contrast, Greg, Ojibway descendant, 34, spoke of the difficulty accessing mental health care:

[...] my parents brought me into to therapy and counseling. And so, and it was very, very helpful. And I started out since a few times, but it's been a few years since I've done something like that. It's just, it's expensive. Like it's, it's really hard to get into that. Like, I'd love to, but it's, you know, we're not a wealthy family and it's, it can be hard to even afford that kind of care.

Greg lived in an urban area where he would have had access to free healthcare had he been enrolled. When I asked him if he thought enrollment would benefit his mental health a little further into the interview, access to healthcare was not part of his answer. Greg thought his biggest issue was his feelings of inauthenticity and felt that enrollment would not necessarily change that.

Larry, Ojibwe descendant, age 40, stated he had not had any issues accessing resources (including healthcare) as a descendant. However, this was in the context of me asking him how being a descendant affected his mental health. He was insistent that there would be no difference, so I mentioned to him that enrollment usually granted access to tribal resources. He acknowledged that could potentially affect him in the future.

People who have not had access to certain resources do not always realize how helpful they can be (like healthcare). People who have been disenrolled from a tribe can lose access to resources they had taken for granted and sometimes, this can be devastating.

Disenrollment & Mental Health

Disenrollment could be considered the penultimate form of lateral violence in Indian Country. It is a way of eliminating the native that is carried out by other natives, by no longer recognizing a person/family as member(s) of that tribe. In Chapter 5, I discussed the participants who had been disenrolled by their tribe and how it had affected their identity. All three still identified as Native. However, their assessment of their mental health was different. Sharon shared that her mental health was good though she was angered by the “injustice” of the disenrollment. Darrel, her relative, seemed to echo that sentiment.

Allison was a different story. She was devastated by disenrollment. Disabled, the per cap payment her tribe had provided along with health insurance had been crucial to her finances:

[...] I'm 58 and I've been disabled for I don't know, a little over 10 years, and so and I don't get much for disability. And so, I really counted on that money to have a little better life [...]. And so, like it's prevented me from sometimes getting prescriptions, sometimes from having enough food. [It] stops me from helping out my son, like I used to when I was a tribal member. And now I can't help him out at all because I'm so poor. I live in low-income housing now. I don't get to go see the doctors that other people get to go see because I don't have the tribe's insurance anymore. So, it's limited on who you can see, [...] the amount of groceries you get a month as you know, is limited because your income dropped. And I guess the thing that bothers me the most is that I can't help my son like I'd like to be able to.

During the interview, I asked if she engaged in any crafting to which she responded that she had in the past (including having a small craft business) but she could no longer afford supplies. By losing Tribal support (box H in the model) and cultural coping resources (engaging in crafts,

attending powwows, etc.), general stressors (box E) such as financial stressors were no longer ameliorated for Allison. Additionally, though she still identified as Native, I had to wonder how her Indigenous characteristics (box I) were affecting the levels of stress she was experiencing after being disenrolled. In terms of her mental health, she was diagnosed with depression and put on medication. Allison told me she was not the only one who had been affected. She had belonged to a group of natives who had been fighting their disenrollment and told me many of them had negative health effects (including premature death) she believed were a result of the disenrollment as well:

[...] We lost a lot of elderly people. And it was because of stress. [...] Yeah, yeah, they walked through the Western door. And I blame that on, on the tribe because there was no need for that, and that, it made me sick. [...] The things that you would put your elders, I mean these people when I'm talking about elders, these people, some of them were in their 80s and 90s! Some of them had cancer. Some of them were already sick. Some of them...and then the stress of disenrollment...they just finished them off and they died. And then there were some people who just had to get on high blood pressure medication. They had to get medication for depression after disenrollment. I talked to quite a few people when we were still having meetings and stuff about the disenrollment, and my god! The percentage of people that had to get put on some sort of medication to deal with...what would you even call it? To deal with the tearing apart of their life? Tearing that part out of their life and not being recognized as belonging to a family. That affected them so bad that we just lost tons of people.

Allison's account above also reveals that stress can operate on the community level (distal stressor, box F). It is difficult to witness others in your community suffer. This may have contributed to her depression as well.

Sharon and Darrel's experience had not affected them as much as Allison mainly because both had worked good jobs that provided pensions and private health insurance after they retired. They were able to carry on with their lives in a similar fashion to how they had lived before the disenrollment. They had retained social-connectedness and compensated for lack of tribal support with individual resources (Box H). This buffered the effects of disenrollment on their mental health.

Pretendians

Fear of Rejection & Lateral Violence

"[Pretendian] means somebody who is not Native who says that they are Native. And I wrestle with that, people thinking like, I'm a pretendian but I'm not, despite what I look like." Greg, 34, Ojibwe descendant

"[I]t made me sad. It actually gave me nightmares because sometimes I wonder if people thought that about me; if people thought that about other people who don't have cards, who don't have or, or who are descendants, or who are not enrolled or anything else." Marie, unenrolled Black/Diné, "baby elder," 57

The above quotes shows how the issue of pretendians can cause Indigenous individuals to fear rejection not necessarily from white mainstream society, but rather, rejection from within the larger Indigenous community, acting as a proximal stressor. In the last chapter, I covered how the issue of "pretendianism" operates in the Indigenous Stress Model and covered three different

stressors including “fear of rejection.” I turn now to show how fear of rejection is well-grounded in lateral violence.

I asked participants if they had ever been accused of being a pretendian; two had by people in their social circles that they had considered “friends.”

Greg, an Ojibwe descendant, age 34, and I discussed extensively how our white-passing appearances impacted our experiences. Greg admitted that he had witnessed lighter-skinned people being more successful than their darker colleagues in the academic setting he worked in, but in the same vein, he struggled every day with feelings of inauthenticity due to his “white presenting” appearance. By internalizing the stereotype of what a Native American is supposed to look like (usually a dark-skinned, figure with long, black hair)—many of us come up short. It can also make us vulnerable to accusations that we are not Indigenous. This affects the characteristics of our identity (Box I) and exacerbates the fear of rejection, hence Greg struggling every day.

However, the threat of rejection affects darker-skinned Natives as well. Kelly, an enrolled Odawa/Ojibwe, who I quoted in chapter 5, had no other racial admixture and was a much closer match to the phenotypical stereotype mainstream society associates with Natives, and she still felt compelled to identify as an enrolled member of her tribe to ward off any potential accusations of “pretendianism.” This fear is well-grounded as many Natives are often mistaken for other ethnic groups (most commonly Latinx).

Greg was accused of being a pretendian by another Indigenous-identifying individual when he was in college. He stated that the incident had not affected him as much as it could have:

Um, Fortunately, it was a person that I already didn't take particularly seriously. I knew they just were like this, [...] they're just the kind of person that anyone who's in their life long enough just was pushed away [...] so it wasn't extreme. But you know, it still felt pretty crappy. [...] It was someone who I had spent a lot of time with and I shared a lot of things about myself with and for them to come at me like that, even though I knew they were that kind of person, it didn't feel--it still felt bad, but not as bad as if it was someone that was like, I really respected and really, you know, it might [have] hurt or something like that.

Greg was fortunate that the incident did not cause any long-lasting damage. Theo, a 30-year-old, registered Métis Federation/Ojibwe was not so lucky.

Theo, who explained how “pretendianism” is a spectrum in the previous chapter, was well-versed on the issue since he had been accused of being one:

Yeah, it was, it was very strange, because these are people [...] I considered friends for the three years, I had been living [in a Canadian city] at the time. And the three of us were all Native artists. We were all in similar circles. I would like, go to their birthday parties and their art shows and I would like, support them and celebrate them. I was always happy when they did well, you know, and, and then just, I don't know, I got too good at beadwork. I don't want to brag but like I got really good, thanks to you know, the mentors I found in [Canadian City] [...] and I started getting interviewed for that. And I started getting like... one of my pieces was requested to be in an exhibition in [Canadian City], and then which just passed, and then before that one [...] was in an exhibition in [another Canadian city], for like the [Indigenous art show]. And I [...] I didn't go to [Canadian City] to try and be an artist or something [...] it just so happens that I was

getting noticed for it, but they got really jealous, and I'm very wary about calling, calling someone jealous but this was true, pure jealousy. And they randomly started saying, "Oh, well, you're not Anishinaabe," and I'm like, "I am. Here's my, here's all my info." I was very calm and polite about it, surprisingly. I was freaking out internally, I was like, "Listen, like, here's my info. Here, all the people like, if you want, I can give you a list of people who will vouch for me in [Canadian city] and [current city]." And I was like, "This is my family tree. And also, I am literally a citizen of the [Métis Federation]." And they were like, "But you present, okay, you're Métis, but you present as Ojibwe." And that's like, my great grandfather's first language was Ojibwe, like, it was spoken in my family until he went to a boarding school and they're totally ignorant of the history of Ojibwe and Métis people in Wisconsin. So, it's like, but the thing is, they weren't in a mood to listen to me explain that history. They just wanted to do like a call out. [...] It was so confusing. And all my friends were like, "Theo, what is going on?" And I was like, "I have no idea." And thankfully, most of my friends like, stood by me, were like, "Yeah, we know who you are." Like, I'm too, I'm always very honest about where I came from. [...] They were literally just making up all these random lies about me to discredit me and to, you know, knock me out of the local art scene, because it's very competitive [...] I'm like, "This is really stressful," and I had to go to therapy for it. And I had a great Métis therapist in [Canadian city], and he helped me a lot. But like, I literally on my, one of my, maybe one of my last days of therapy [...] I had to like, open my phone and go through and delete the messages, these really hateful messages from these people that I couldn't even go back to on my Instagram [...] I opened my phone and I immediately

started to hyperventilate, and my therapist is like, “They really hurt you.” And I was like, “Yeah.”

Theo became very emotional at this point in the interview and turned his face away from the camera. I asked if he needed a break.

“No, it's okay. So funny, because like, it's been like a year later, a year and a half, almost two years later. And I just like, it still triggers these really bad memories, because these are people, I considered friends.”

Theo's experience clearly still bothered him and definitely had a negative impact on his mental health.

Summary

Enrollment status did not seem to affect poor mental health outcomes or substance use. In retrospect, this should not have been wholly unexpected, given the nature of the study. Results did show that enrollment status affected access to resources, mainly through education, culture, and health. Three of my participants who had good mental health with little evidence of past problems could be characterized as “Tribal Elite,” having unhindered access to Tribal support/resources, good familial support, and no predisposition to MH/substance use issues in addition to possessing Tribal cultural capital. Furthermore, results show that the Indigenous Stress Model may explain MH/substance use outcomes better than old frameworks of HT. Additionally, other stressors related to Indigenous identity, such as “pretendianism” as well as disenrollment can be accommodated by the model. It should be noted that these results are not generalizable to the greater Bemidji population. Additionally, as mentioned in the study limitations in Chapter 3, the participants had higher levels of educational attainment than the general AIAN population and many of them worked with/within Indigenous communities.

In the concluding chapter, I will discuss the implications of this research, including its contribution to Indigenous studies and Indigenous mental health, as well as outline future avenues of inquiry.

Chapter 7

CONCLUSION

I just got back from taking a walk. I am completely out of breath and tell my daughter, “Land is trying to tell me something; I need to move more!” She smiles at me and goes inside her apartment to grab me water. I have been her guest for the past few days having traveled to Madison, WI to present at a conference. It’s my last day here and she was insistent that we walk over to the park that was a couple of blocks away.

Madison is hilly and I find I need to take many breaks as I’ve lived a very sedentary lifestyle recently. At one point we stop to sit on a bench, right on the edge of Lake Mendota. I wonder aloud what it might have looked like in the past. My daughter explains to me that she had heard from Ho-Chunk community members that it was a hue of blue comparable to the Caribbean. She also explains that the shoreline we are sitting next to had not always been there. Earth from burial mounds had been moved to widen the isthmus between the two lakes (the other being Lake Monona) that the majority of Madison is situated on. And, that is why Madison is so hilly. The delightful city that academics seem to love is literally built on sacred ground. I had heard about some of this on my previous visit to Madison for the 2024 Newberry Consortium in American Indian Studies (NCAIS) Graduate Workshop in Research Methods: “Indigenous Place-Based (Hi)Stories and Research” but sitting in the park on the Lake’s edge had a more immediate effect than classroom-based discussions. I ponder this as I watch the neighboring geese eyeing us. The park is filled with all sorts of people. There are a few boats in the water. I am reminded of a small suburban lake not too far from where I live and grew up. The geese seem to be getting closer and I tell my daughter about how my cousin and I used to always feed the geese in my grandmother’s back yard (she lived on Lake Michigan) until one day, one of the geese bit my cousin and she has disliked them ever since. I, on the other hand, still enjoyed watching them but

I had learned to be cautious. These geese seemed to be very used to people and had a smaller radius of comfort than the geese I was used to. “You ready?” I ask. I had caught my breath and the sun was getting hot, and a goose was getting awfully close. I ask to walk back along the shoreline for as much as possible. The sidewalk transitions to a gravel path and then dirt. There are trees shading the walk. She points out some Touch-me-nots growing along the water and notes how she still likes to burst the pods like she did when she was a child. I smile at her; I still do as well. I enjoy walking this path back more than the walk to get there. The uneven landscape forces me to grab out at young trees to right my balance, forcing me to interact with my environment more as we climb a small hill to get back to the sidewalk near her apartment. Even though I am sweating, I am glad we took this walk and I got to see where my daughter spends some of her recreational time. I feel good knowing that she is forming a relationship with land as a visitor. She is well-aware that she is an Ojibwe woman residing on Ho-Chunk traditional lands.

I had been irritated with her for a while. I had not recruited as many participants in Wisconsin as I would have liked and had counted on her to share my information with the Indigenous people she was coming into contact with. I had wanted to talk to somebody who was Ho-Chunk, or Menominee, but she had been loath to recruit for me. I got it now. Though she might be Native—she was an Ojibwe from a different place. She hadn’t wanted to risk alienating her new community. It was an interesting dynamic—being Native but not the same Tribe or tribal grouping for that matter. Some of my participants had been very easy to talk with but I had felt very out of my element talking to the two Alaskan Natives I interviewed—mainly because of my own ignorance. I very much felt like I might as well have been white, talking to them. I needn’t have worried; they were both great and informative. Of that, I am most grateful.

But doing this type of research is hard. I knew that it was very possible to talk to people with Tribal affiliations that I knew nothing about, but I thought it was important to overcome my own discomfort. I wanted to get their perspectives as well as those whose Tribal affiliations were more familiar.

This gets to the crux of a lot of this research. We are diverse. Some of us have ties with Tribes far away (sometimes more than one), with very different languages, cultures, and histories with settler colonialism. Some of us have grown up on or near ancestral lands. Some of us are very connected to Indigenous communities—some of us—not so much. There are a seemingly infinite number of ways to be Indigenous. What we do have in common is that we live in a settler colonial society that has shaped our lives and the lives of our ancestors and will continue to shape the lives of our descendants in very similar ways, despite our diversity.

In Chapter 4, I demonstrated this diversity by examining the Tribal groupings of People who identify as AIAN living in the Bemidji Area. I contextualized this data by giving a brief history of each state and the Indigenous people who used to live there. By doing this, I was able to answer my first research question:

1. Who are the AIAN people in the Bemidji area? What tribal identities do these people claim?

The ACS data (supplemented by the Census) showed that though some major groups had been driven from the area (Kickapoo, Shawnee, Sauk, and Fox, etc.) there were still some groups that had managed to remain (Miami, Ojibwe, Odawa, Ho-Chunk, Menominee etc.) as well as some that had managed to come back (Potawatomi, Dakota, Ho-Chunk), including groups that had managed to do both.

The Anishinaabek dominated the area with tribal land in all states in the study. Additionally, people are still “coming back.” The Prairie Band Potawatomi Nation, as noted in Chapter 4, was recently able to get land put back in trust and has plans to get more (Meisel 2024). Additionally, there are populations here that are from elsewhere including relocated tribal nations such as the Oneida Nation and the Stockbridge-Munsee Community Band of Mohican Indians, both located in Wisconsin. There are also diasporic populations in the Bemidji area such as Cherokee, Blackfeet, Mexican American Indian, etc. These populations contribute to the descriptive statistics given in the chapter on mental health outcomes. This is an important consideration when it comes to implementing interventions, especially in urban areas where populations tend to be most diverse.

In the second part of Chapter 4, I answered my second research question:

1. What is the state of mental health for AIAN people in the Bemidji area?

In terms of mental health, 30% have been told they have a depressive disorder and 11% experienced all days of the past 30 that their mental health was not good. These figures are sobering, and lead one to wonder, “Is Indigenous mental health like this everywhere?” Future research should investigate how these figures compare to the other regions of the country as well as how they compare to mental health outcomes of the white population. Disease prevalence has been shown to vary regionally for Indigenous populations and understanding these patterns can lead to interventions that may be effective. Also, it should be noted that a settler colonial society is by default a white supremacist society with institutions and structures designed to benefit white populations, so it is important to know how Indigenous populations fare compared to white ones. Lastly, it should be noted that these figures represent the state of mental health pre-Covid. My interviews revealed that people who had experienced good mental health most of their lives

had found themselves dealing with mental health issues for the first time during the COVID-19 pandemic. Future research should also examine trends during and post-Covid to understand how Indigenous populations are recovering from the pandemic.

Chapters 5 & 6 covered the results of the qualitative study I undertook to understand identity and mental health in the region. I started interviewing people who identified as Indigenous/Native American who reside in the Bemidji area of the Great Lakes region at the end of May 2022. I was interested in how the politics of recognition shaped Indigenous identity and in turn, affected mental health. Being an enrolled member of a large (40,000+ members) federally recognized tribe, I was frustrated with current literature that primarily focuses on historical/intergenerational trauma frameworks to explain mental health disparities in Native people. My own experience has shown me that though HT can be useful for explaining some of these mental health outcomes, it falls short a great deal of time. I was interested in delving deeper into the causal chain and “swimming” a little further upstream, so to speak.

Living in a settler colonial society that focuses on elimination (Wolf 2006), I realized it was vital to examine the politics of recognition. I am not the first researcher to investigate Indigenous identity by any stretch (see Sturm 2010; Lawrence 2004; Jackson 2002; McKay 2021; Nagel 1995; Simpson 2017, etc), but connecting politics of recognition to mental health outcomes is often glossed over in this type of research. Many reports/publications will mention the challenges that people who identify as AIAN but are not enrolled in a tribe have when trying to access health resources, often offered through tribal health clinics and Indian Health Services (IHS), but most fail to explain or account for why these people are not recognized by any tribe in the first place. Literature will often cite US Census data that use self-identification as a basis for population numbers, but in the same article/report will go on to state that being AIAN is a

sovereign identification (see Tribal Nations and the United States: An Introduction 2020).

However, many people who have a valid claim to an AIAN identity often cannot acquire enrollment in a recognized tribe. For these people, an AIAN identity is a racial/ethnic one.

Minority stress posits that minorities are subject to stressors unique to their communities. MH literature has focused on HT in an Indigenous context, but other researchers have argued that some of the stress AIAN people are exposed to come from more contemporary sources (see Waldram 2014; Kirmayer et al. 2014). Examining the causal chain reveals that HT can be viewed as an outcome of settler colonialism and structural genocide (SG). SG is ongoing and pervasive and affects the politics of recognition as well. Stressors tied to identity politics may differ for AIAN people based on their enrollment status.

With this reality in mind, I devised different questionnaires based on enrollment status to tease apart these stressors, as well as coping resources/social and Tribal support. I asked about identity, blood quantum, interactions with tribal members as well as members of other tribes, racism/microaggressions, pretendianism, political involvement, relationship to land, tribal history, involvement in traditional/cultural activities, MH, substance use, HT, and family history. Overall, I talked to 42 people; 23 of which were enrolled in a federally recognized tribe. By analyzing the results of this study, I was able to answer my remaining research questions:

3. How does enrollment status affect Native American/Indigenous identity in the Bemidji area?

4a. How does Indigenous identity affect mental health in the Bemidji area?

4b. How does enrollment status affect mental health in the Bemidji area?

4c. Are stressors similar for both enrolled and unenrolled AIAN?

Enrollment status seemed to have an indirect effect on identity in the Bemidji area. The people I talked with who were not enrolled still identified as Indigenous and most had a tribal affiliation. However, their enrollment status sometimes impacted their access to Tribal resources, making it difficult to fully participate in their communities/culture. As Greg, an Ojibwe descendant pointed out, he could learn the language and culture, but his participation was limited—he could not rice on the lakes or have a political say on Tribal matters. On the other hand, having access to Tribal resources could encourage people to identify, such as Carolyn, an enrolled Ojibwe elder, who had inherited property in ancestral lands and gained access to Tribal healthcare facilities. Though she knew she was Native since she was a teenager, her lived experience had been that of a white-passing woman and it was only recently that she had begun to embrace her Ojibwe identity. Carolyn’s experience poses an interesting question: how many people who are enrolled identify as Native only on paper?

However, enrollment did not guarantee access to Tribal resources, it just posed one less obstacle. Physical distance was an obstacle for some participants, like Katrina, an enrolled Pueblo who lived far away in a big city. Katrina compensated for lack of Pueblo Tribal cultural knowledge by adopting a more pan-tribal lifestyle.

One of the big takeaways from this research was that for those who were enrolled, their Tribe of enrollment was not always the most salient part of their Indigenous identity. Many of the people I spoke with had intertribal ties. Kinship ties and land were important factors that shaped Indigenous people’s identity in the Bemidji area. Tracey, Tara, and Vera were all examples of this. Tracey identified more with her Ojibwe family members, Vera’s identity crystallized moving into Dakota lands, and Tara seemed pulled in different directions because of her ties.

Cliff also had intertribal ties and managed to balance both identities well. Quantitative studies often miss these nuances of identity; sometimes enrollment is purely a political identity.

Settler colonial borders also affected the participants. Colette and Kelly had diminished blood quantum certifications due to a parent/ancestor being First Nation. Marcus and Tracey had benefitted from the MITW but were no longer eligible due to a change in eligibility requirements.

Lastly, participants had moved around quite a bit in their lives. Many had lived on reservations and moved to an urban area and vice versa. A few participants were suburban. Sunny, an Ojibwe descendant and I conversed extensively on the difficulties of not living on a reservation or in a big city (mainly accessing community/culture). Despite the difficulties, Sunny's Indigenous identity was strong and a good example of survivance, a term coined by George Vizenor (1994: vii) who defines it as, "an active sense of presence, the continuance of native stories," which are, "renunciation of dominance, tragedy and victimry."

In terms of mental health, enrollment status did not seem to affect poor mental health outcomes. As I mentioned in the last chapter, in retrospect this should have come as no surprise given the nature of the study—participants were well-aware their mental health was under scrutiny. Many enrolled participants talked about having depression/anxiety and other mental health disorders as well as substance use issues—but so did those who were not enrolled. Of those I interviewed, 6 of 17 (35%) unenrolled participants and 8 of 23 (35%) enrolled participants described their mental health as okay or better.

In terms of good mental health, a few participants did stand out because of their elite status. They had unrestricted access to Tribal resources, land, and had elite intertribal connections (they knew important, well-connected people, i.e. social capital). Also, Charlie and

Cecilia spoke of having supportive familial relations as well as good genes—i.e., escaping a genetic predisposition to mental health disorders that many Indigenous people believe are linked to HT. Vera and Cecilia were both producers of Indigenous knowledge in their respective positions, Vera as a scholar, Cecilia as an elder in her Tribe (working in language). All three had Tribal cultural capital as well as social capital in their respective communities

Many participants linked their Tribal identities to positive MH benefits but sometimes spoke of HT in regard to being Native. Most knew of HT and described it many ways, affecting their families through loss of language and culture (usually due to RIBS), affecting coping resources. Some mentioned patterns of abuse being learned and passed on through the generations due to loss of culture/language. Some spoke of how communities had been disrupted due to settler policies and others mentioned how trauma had a biological effect on DNA and could be inherited. Some spoke of multiple modes of transmission. Many connected HT to their own MH, and if not themselves then others in their family.

Enrollment status did affect access to Tribal resources which could affect MH, but often, those not enrolled did not consider this in connection to their MH. This makes sense to some degree, if one has never had access to these benefits, they may not realize what they are missing out on (free therapy, Native support groups for substance abuse, race-concordant care, etc.).

One surprising finding was substance use, mainly alcohol use in Indigenous women who had suffered the loss of a close loved one. A couple of my participants spoke of drinking as a coping mechanism. Future research should examine if this is a common occurrence in Indian Country and if there are cultural interventions or at least grief support groups that could be provided to Indigenous people. A report put out by the CDC showed that “A larger proportion of AI/AN decedents used alcohol before their suicide and had reported alcohol abuse problems”

compared to the white population, so there is some evidence that this could be especially problematic, especially when considering the same report found that those who had experienced the loss of a loved one (whether through suicide or non-suicide related death) had higher odds of suicide than white counterparts (Leavitt et al 2018²⁵).

In terms of stressors, there were some differences. For instance, fear of disenrollment can only affect those who are enrolled in the first place. That being said, very few enrolled participants worried about this. This could be because disenrollment wasn't on their radar, but a couple of my elders pointed out that an Indian card is not what defined their Indigeneity. Speaking to elders who had been disenrolled revealed that Indigenous identity is resilient, but MH could be severely impacted by disenrollment (as in Allison's case). Personal coping resources made a difference in ameliorating the loss of Tribal resources.

Pretendianism was another topic I asked participants about, most (but not everybody) were familiar with the concept. Pretendians cause stress to both enrolled and those not enrolled. The difference seems to be that those who are enrolled have more protection from accusations by having Tribal credentials. Descendants and those not enrolled seem more vulnerable to accusations of pretendianism.

This study reveals that ultimately, access to Tribal resources (whether through language, culture, services, community, or land) affects both identity and mental health. Enrollment status can affect this, but so can physical distance. Many unenrolled/descendant participants were still able to access many of these resources despite their unenrolled status. Urban Indian centers often provide services/cultural activities to Indigenous people, regardless of enrollment status.

²⁵ The authors of the report do not specify if this applies to AIAN alone or if it includes AIAN alone and/or in combination with one or more other races.

Future research could explore these themes further. It should be noted that these findings are not generalizable to the larger population but rather help explain some of the contemporary stress that Indigenous individuals experience and how it can affect their mental health. As mentioned in the limitations section, Illinois stood out in its mental health outcomes compared to the other states in the region in the quantitative study, but unfortunately, not many participants resided in Illinois in the qualitative study. Interviewing Indigenous residents in Illinois, might have provided a different context to the findings. Future research might seek to target the Indigenous community in Illinois and greater Chicagoland.

One of the big contributions of this study was the Native American/Indigenous Stress model. This model was motivated by the results of this study. It provides a way to visualize Indigenous identity, stressors and mental health that does not rely on HT but can accommodate HT as well as other types of stress.

There are potential limitations/obstacles for this model to overcome. For instance, according to a report put out by the CDC, AIAN²⁶ people have the highest suicide rate compared to the rest of the population (Stone et al 2022). Leavitt et al (2018) found that AIAN “...decedents were more likely to have a friend’s or family member’s suicide contribute to their death,” compared to white decedents, suggesting a “suicide contagion.” In these circumstances, social connectedness could potentially harm mental health. Future research could further test the efficacy of this model.

This dissertation shows that “being Indian” and the mental health effects of “being Indian” are not just Tribal matters but matters of identity and the cultural and historical struggle

²⁶ The authors of the reports did not specify AIAN alone or AIAN alone and/or in combination with one or more other races.

that comes with “being Indian.” Cecilia, an enrolled Ojibwe elder stated it best when I asked her what the hardest part about being Native was, “... as long as you live, you're at war. That's the hardest part. And when I think back [...] my whole life has been warfare.” This dissertation has provided an opening to a broader discussion of Indigeneity and health that recognizes that Indigenous people in the United States live all over and have a variety of enrollment statuses, that influence identity, resilience, and wellbeing.

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APPENDIX A. Recruitment Flyers

Figure A.1 General Recruitment Flyer

**Participants needed for a study
examining the effects of tribal
membership (or lack thereof) on
Native American identity & mental
health in the Great Lakes**

Eligibility:

- Identify as Native American
- Live in one of the following states: IN, IL, MI, MN, WI
- Be at least 18 years old
- And one of the following:
 - Be an enrolled tribal member
 - Be a descendant
 - Be disenrolled
 - Be unable to obtain membership

If you participate, you will:

- Engage in an interview either face-to-face or through Zoom
- Be compensated with a \$25 Visa gift card

Contact Information:

- Madeline Nash (doctoral student)
 - email: nashmade@msu.edu
 - phone: 517-648-1152
- Dr. Stephen Gasteyer (principal investigator)
 - email: gasteyer@msu.edu
 - phone: 517-355-3505

Institution Review Board:

- irb@msu.edu or 517-355-2181
- IRB number: STUDY00007700
- IRB approval date: 5/9/2022




Figure A.2 Disenrollment Recruitment Flyer

**Participants needed for a study
examining the effects of tribal
disenrollment on Native American
identity & mental health in the Great
Lakes region**

Eligibility Requirements:

- You identify as Native American
- You have been disenrolled from a federally recognized tribe
- You are at least 18 years old
- You reside in one of the following states: IN, IL, MI, MN, WI

If you participate, you will:

- Engage in an interview either face-to-face or through Zoom
- Be compensated with a \$25 Visa gift card

Contact Information:

- Madeline Nash (doctoral student)
 - email: nashmade@msu.edu
 - phone: 517-648-1152
- Dr. Stephen Gasteyer (principal investigator)
 - email: gasteyer@msu.edu
 - phone: 517-355-3505

Institution Review Board:

- irb@msu.edu or 517-355-2181
- IRB number: STUDY00007700
- IRB approval date: 5/9/2022


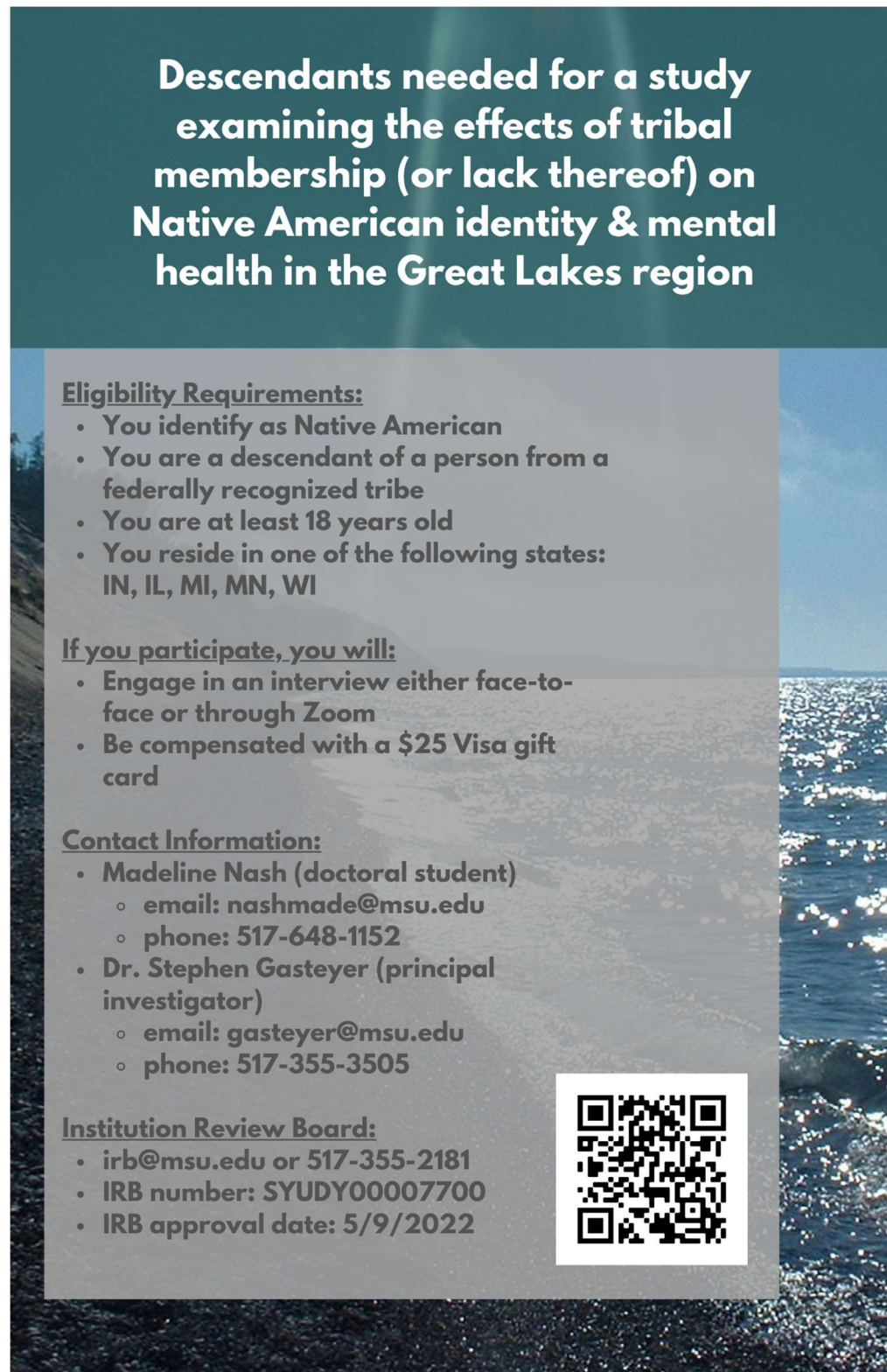


Figure A.3 Descendant Recruitment Flyer



**Descendants needed for a study
examining the effects of tribal
membership (or lack thereof) on
Native American identity & mental
health in the Great Lakes region**

Eligibility Requirements:

- You identify as Native American
- You are a descendant of a person from a federally recognized tribe
- You are at least 18 years old
- You reside in one of the following states:
IN, IL, MI, MN, WI

If you participate, you will:


- Engage in an interview either face-to-face or through Zoom
- Be compensated with a \$25 Visa gift card

Contact Information:

- Madeline Nash (doctoral student)
 - email: nashmade@msu.edu
 - phone: 517-648-1152
- Dr. Stephen Gasteyer (principal investigator)
 - email: gasteyer@msu.edu
 - phone: 517-355-3505

Institution Review Board:

- irb@msu.edu or 517-355-2181
- IRB number: SYUDY00007700
- IRB approval date: 5/9/2022



APPENDIX B. Interview Schedule for Tribal Members

INTERVIEW SCHEDULE FOR TRIBAL MEMBERS

A. Project Introduction

Chi-Miigwetch for agreeing to this interview! I am interested in the relationships between tribal membership, Indigenous/Native identity and mental health. I am particularly interested in exploring issues that are unique to tribal members. I, myself, am a member of the Sault Ste. Marie Chippewa Indians and my own experiences have informed the questions I plan to ask you. Because we will be discussing issues surrounding membership as well as mental health and substance use, some of my questions may be uncomfortable. Please keep in mind that you do not have to answer any questions that you do not want to. Also, please note that some questions I will ask may not apply to you and that is fine—this is not a test, this is about your experience and insight into what it is like to be a tribal member, living in the Great Lakes region.

B. Native Identity/tribal stressors

1. Why do you identify as Native American?
 - a. What terms do you use to describe your identity to people you meet?
 - b. What is your tribal affiliation? (if not stated)
 - i. What does it mean to be [tribal affiliation]?
 - c. What other ancestry do you have?
2. How does your tribe deal with blood quantum?
 - a. How do you feel about this policy?
 - b. What do you think your tribal membership will look like in 50 years?
3. What is it like being a member of your tribe?
 - a. What do you think your tribe does especially well compared to other tribes?
 - b. What do you think your tribe does poorly?
4. Have you ever felt treated unfairly by other members of your tribe?
 - a. (if yes) How so?
 - b. Have you ever witnessed other members being treated unfairly?
5. Have you ever worried about being disenrolled, or losing membership?
 - a. Why or why not?
6. In terms of family planning, have you ever worried about whom you dated/married because it could affect the membership/quantum of future children?
 - Do you think your descendants will continue to identify as [tribal affiliation]?
7. What do you think is the most difficult part of being Native (regardless of tribal affiliation)?
 - a. What do you believe are the biggest misconceptions that Natives have about ourselves?

8. Have you ever felt inauthentic? (i.e., not Indian enough?)
 - a. Why or why not?
9. How has being a member of a federally recognized tribe benefitted you in your life?

C. Cultural/Political Engagement

1. What do you know about your people's history? (e.g., treaties, federal recognition, etc....)
2. How involved are you with tribal politics?
 - a. Are you involved in any activism?
 - i. (if yes) why did you get involved?
 - ii. (if no) are there any issues you feel strongly about?
3. Can you tell me about other Native groups you participate(d) in?
4. What traditional cultural activities do you participate in? (e.g., pow-wows, hunting/fishing, harvesting food/medicine, crafts, sweat lodges, using traditional medicines, etc....)
 - a. How did you first get involved/who taught you?
5. Do you exercise your treaty rights? (e.g., fishing, hunting, gathering food/medicine)
 - a. (if yes) Have you ever encountered any issues while exercising your treaty rights?
 - i. (if yes) can you tell me about that?
 - b. (if no) why not?
6. Have you ever felt uncomfortable about participating in any traditional activities?
 - a. Why or why not?
7. Do you speak your Indigenous language?
 - a. (if yes) How did you learn it?
 - b. (if no) why not?
8. What is your relationship with land? (e.g., I have lived in Anishinaabe lands my entire life but feel especially connected to the straits and surrounding area as this is my ancestral territory)

D. Interactions with others

1. How do strangers identify you? (racially)
 - a. How does that make you feel?
 - b. In terms of appearance, do you think you look Native/Indigenous?
 - i. Why or why not?
 - c. In your opinion, what does a Native/Indigenous person look like?

2. What boxes do you check for race on forms (medical forms, census, etc.)?
3. How well-known is it that you are Native...
 - a. In your social circle?
 - b. In your professional circle?
4. What experiences have you had with:
 - a. Microaggressions?
 - b. Discrimination/racism?
5. Have you ever been not forthcoming or tried to conceal your Native identity?
 - a. Why or why not?
6. What do you believe are the biggest misconceptions about Natives/Indigenous people in mainstream, white society?
7. Have you felt treated unfairly or viewed unfairly by members of other tribes?
 - a. Why or why not?
8. How comfortable are you interacting with other Natives/Indigenous people in new spaces? (e.g., social media groups/pages, clubs, Indian centers, community events)
 - Have you ever had any issues interacting with people in any of these spaces?
9. Are you familiar with the term “pretendians”?
 - a. How do you feel about people who try to claim Indigenous identity who have no Indigenous ancestry?
 - How common do you think it is?

E. Mental Health

1. How would you describe your physical health?
2. How would you describe your spiritual health?
3. How would you describe your emotional health?
4. How would you describe your mental health?
5. Have you ever been diagnosed with a mental disorder (e.g. depression, anxiety, etc....)
 - a. (If yes) what kind?
 - i. What prompted the diagnosis?
 - b. (if no) Have you ever sought treatment for a mental health issue?
 - i. (if yes) what happened?
 - c. What is your family’s experience/history with mental health?

6. Have you ever had any substance use issues?
 - a. (If yes) what kind?
 - b. (if yes) Have you ever sought treatment?
 - i. (if yes) what happened?
 - c. What is your family's experience/history with substance use?
7. How do you think being Native affects your mental health?
 - a. How about your health, overall?
 - b. How do you think being a member of your tribe affects your mental health?
8. Are you familiar with the term "Historical trauma"?
 - a. What are your thoughts on it?
 - b. (if answered "yes" to mental health issues) do you feel HT is connected to your mental health issues?
 - c. (if answered "yes" to mental health issues) How about to your [family member's] mental health issues?
9. To your knowledge, has anyone in your family ever attended boarding school?

F. Demographics

(Only ask if this information did not come up in the rest of the interview) I would like to get some basic demographic information from you. Some of the answers may seem obvious, but I do not like to make assumptions.

1. How old are you?
2. What is your gender identification?
 - a. preferred pronouns?
3. What is your sexual orientation?
4. Are you married, single, divorced...?
5. Do you have any children?
 - a. (If yes) how many?
 - b. (If yes) What are their ages?
6. How far did you go in school?
7. What do you do for a living?
8. What religious preferences do you have?
9. Where do you live?

G. Wrap Up

1. Do you feel there are any questions I didn't ask that might be relevant to how tribal membership affects mental health?
2. Do you feel that there are other questions I should be asking people that I missed?
3. Do you have any recommendations for people I should talk to?

APPENDIX C. Interview Schedule for Disenrolled

INTERVIEW SCHEDULE FOR THOSE WHO WERE DISENROLLED

A. Project Introduction

Chi-Miigwetch for agreeing to this interview! I am interested in the relationships between tribal membership, Indigenous/Native identity and mental health. I am particularly interested in exploring issues that are unique to people who have been disenrolled from their tribes. I, myself, am a member of the Sault Ste. Marie Chippewa Indians and my own experiences have informed the questions I plan to ask you. Because we will be discussing issues surrounding membership, disenrollment, as well as mental health and substance use, some of my questions may be uncomfortable. Please keep in mind that you do not have to answer any questions that you do not want to. Also, please note that some questions I will ask may not apply to you and that is fine—this is not a test, this is about your experience and insight into what it is like to be a Native/Indigenous person, living in the Great Lakes region.

B. Native Identity/tribal stressors

1. Why do you identify as Native American?
 - a. What terms do you use to describe your identity to people you meet?
 - b. What tribe were you disenrolled from? (if not stated)
 - i. What does it mean to be [tribal group]?
 - ii. Why were you disenrolled?
 - What other ancestry do you have?
2. How does the tribe deal with blood quantum?
 - a. How do you feel about this policy?
 - b. What do you think tribal membership will look like in 50 years?
3. What is it like being disenrolled from the tribe?
 - a. What do you think the tribe does especially well compared to other tribes?
 - b. What do you think the tribe does poorly?
4. Have you ever felt treated unfairly by members of the tribe (either before or after the disenrollment)?
 - a. (if yes) How so?
 - b. Have you ever witnessed members being treated unfairly?
5. In terms of family planning, have you ever worried about who you dated/married because it could affect the membership/quantum of future children?
 - a. Do you think your descendants will continue to identify as Native?
6. What do you think is the most difficult part of being Native (regardless of tribal affiliation)?
 - a. What do you believe are the biggest misconceptions that Natives have about ourselves?

7. Have you ever felt inauthentic? (i.e., not Indian enough?)
 - a. Why or why not?
8. How do you think your life would be different if you were still a tribal member?
9. How has being disenrolled affected your identity?
 - a. How has it affected your life in other ways?

C. Cultural/Political Engagement

1. What do you know about your people's history? (e.g., treaties, federal recognition, etc....)
2. How involved are you with tribal politics?
 - a. Are you involved in any activism?
 - i. (if yes) why did you get involved?
 - ii. (if no) are there any issues you feel strongly about?
3. Can you tell me about other Native groups you participate(d) in?
4. What traditional cultural activities do you participate in? (e.g., pow-wows, hunting/fishing, harvesting food/medicine, crafts, sweat lodges, using traditional medicines, etc....)
 - a. How did you first get involved/who taught you?
5. Did you exercise your treaty rights when you were enrolled? (e.g., fishing, hunting, gathering food/medicine)
 - a. (if yes) Did you ever encounter any issues while exercising your treaty rights?
 - i. (if yes) can you tell me about that?
 - b. (if yes) How has being disenrolled impacted your ability to fish/hunt/gather food/medicine?
 - i. (if no) why not?
6. Have you ever felt uncomfortable about participating in any traditional activities?
 - a. Why or why not?
7. Do you speak your Indigenous language?
 - a. (if yes) How did you learn it?
 - b. (if no) why not?
8. What is your relationship with land? (e.g., I have lived in Anishinaabe lands my entire life but feel especially connected to the straits and surrounding area as this is my ancestral territory)

D. Interactions with others

1. How do strangers identify you? (racially)
 - a. How does that make you feel?
 - b. In terms of appearance, do you think you look Native/Indigenous?
 - i. Why or why not?
 - c. In your opinion, what does a Native/Indigenous person look like?
2. What boxes do you check for race on forms (medical forms, census, etc.)?
3. How well-known is it that you are Native...
 - a. In your social circle?
 - b. In your professional circle?
4. What experiences have you had with:
 - a. Microaggressions?
 - b. Discrimination/racism?
5. Have you ever been not forthcoming or tried to conceal your Native identity?
 - a. Why or why not?
6. What do you believe are the biggest misconceptions about Natives/Indigenous people in mainstream, white society?
7. Have you felt treated unfairly or viewed unfairly by members of other tribes?
 - a. Why or why not?
8. How comfortable are you interacting with other Natives/Indigenous people in new spaces? (e.g., social media groups/pages, clubs, Indian centers, community events)
 - a. Have you ever had any issues interacting with people in any of these spaces?
9. Are you familiar with the term “pretendians”?
 - a. How do you feel about people who try to claim Indigenous identity who have no Indigenous ancestry?
 - i. How common do you think it is?

E. Mental Health

1. How would you describe your physical health?
2. How would you describe your spiritual health?
3. How would you describe your emotional health?
4. How would you describe your mental health?

5. Have you ever been diagnosed with a mental disorder (e.g. depression, anxiety, etc....)
 - a. (If yes) what kind?
 - i. What prompted the diagnosis?
 - b. (if no) Have you ever sought treatment for a mental health issue?
 - i. (if yes) what happened?
 - c. What is your family's experience/history with mental health?
6. Have you ever had any substance use issues?
 - a. (If yes) what kind?
 - b. (if yes) Have you ever sought treatment?
 - i. (if yes) what happened?
 - c. What is your family's experience/history with substance use?
7. How do you think being Native affects your mental health?
 - a. How about your health, overall?
 - b. How has being disenrolled affected your mental health?
8. Are you familiar with the term "Historical trauma"?
 - a. What are your thoughts on it?
 - b. (if answered "yes" to mental health issues) do you feel HT is connected to your mental health issues?
 - c. (if answered "yes" to mental health issues) How about to your [family member's] mental health issues?
9. To your knowledge, has anyone in your family ever attended boarding school?

F. Demographics

(Only ask if this information did not come up in the rest of the interview) I would like to get some basic demographic information from you. Some of the answers may seem obvious, but I do not like to make assumptions.

1. How old are you?
2. What is your gender identification?
 - a. preferred pronouns?
3. What is your sexual orientation?
4. Are you married, single, divorced...?
5. Do you have any children?
 - a. (If yes) how many?
 - b. (If yes) What are their ages?
6. How far did you go in school?

7. What do you do for a living?
8. What religious preferences do you have?
9. Where do you live?

G. Wrap Up

1. Do you feel there are any questions I didn't ask that might be relevant to how disenrollment affects identity and mental health?
2. Do you feel that there are other questions I should be asking people that I missed?
3. Do you have any recommendations for people I should talk to?

APPENDIX D. Interview Schedule for Unable to Enroll

INTERVIEW SCHEDULE FOR THOSE WHO ARE UNABLE OBTAIN TRIBAL MEMBERSHIP

A. Project Introduction

Chi-Miigwetch for agreeing to this interview! I am interested in the relationships between tribal membership, Indigenous/Native identity and mental health. I am particularly interested in exploring issues that are unique to people who are not able to obtain tribal membership. I, myself, am a member of the Sault Ste. Marie Chippewa Indians and my own experiences have informed the questions I plan to ask you. Because we will be discussing issues surrounding membership as well as mental health and use, some of my questions may be uncomfortable. Please keep in mind that you do not have to answer any questions that you do not want to. Also, please note that some questions I will ask may not apply to you and that is fine—this is not a test, this is about your experience and insight into what it is like to be an Indigenous person, living in the Great Lakes region.

B. Native Identity/tribal stressors

1. Why do you identify as Native American?
 - a. What terms do you use to describe your identity to people you meet?
 - b. What tribe are you unable to gain membership in? (if not stated)
 - i. Why are you unable to gain membership?
 - ii. What does it mean to be [tribal group]?
 - c. What other ancestry do you have?
2. How does the tribe deal with blood quantum?
 - a. How do you feel about this policy?
 - b. What do you think tribal membership will look like in 50 years?
3. What is it like not being able to gain membership in the tribe?
 - a. What do you think the tribe does especially well compared to other tribes?
 - b. What do you think the tribe does poorly?
4. Have you ever felt treated unfairly by members of the tribe?
 - a. (if yes) How so?
 - b. Have you ever witnessed members being treated unfairly?
5. In terms of family planning, have you ever worried about who you dated/married because it could affect the membership/quantum of future children?
 - a. Do you think your descendants will continue to identify as Native?
6. What do you think is the most difficult part of being Native (regardless of tribal affiliation)?
 - a. What do you believe are the biggest misconceptions that Natives have about ourselves?

7. Have you ever felt inauthentic? (i.e., not Indian enough?)
 - a. Why or why not?

8. How do you think your life would be different if you were a tribal member?

C. Cultural/Political Engagement

1. What do you know about your people's history? (e.g., treaties, federal recognition, etc....)

2. How involved are you with tribal politics?
 - a. Are you involved in any activism?
 - i. (if yes) why did you get involved?
 - ii. (if no) are there any issues you feel strongly about?

3. Can you tell me about other Native groups you participate(d) in?

4. What traditional cultural activities do you participate in? (e.g., pow-wows, hunting/fishing, harvesting food/medicine, crafts, sweat lodges, using traditional medicines, etc....)
 - a. How did you first get involved/who taught you?

5. Have you ever felt uncomfortable about participating in any traditional activities?
 - a. Why or why not?

6. Do you speak your Indigenous language?
 - a. (if yes) How did you learn it?
 - b. (if no) why not?

7. What is your relationship with land? (e.g., I have lived in Anishinaabe lands my entire life but feel especially connected to the straits and surrounding area as this is my ancestral territory)

D. Interactions with others

1. How do strangers identify you? (racially)
 - a. How does that make you feel?
 - b. In terms of appearance, do you think you look Native/Indigenous?
 - i. Why or why not?
 - c. In your opinion, what does a Native/Indigenous person look like?
2. What boxes do you check for race on forms (medical forms, census, etc.)?
3. How well-known is it that you are Native...
 - a. In your social circle?
 - b. In your professional circle?

4. What experiences have you had with:
 - a. Microaggressions?
 - b. Discrimination/racism?
5. Have you ever been not forthcoming or tried to conceal your Native identity?
 - a. Why or why not?
6. What do you believe are the biggest misconceptions about Natives/Indigenous people in mainstream, white society?
7. Have you felt treated unfairly or viewed unfairly by members of other tribes?
 - a. Why or why not?
8. How comfortable are you interacting with other Natives/Indigenous people in new spaces? (e.g., social media groups/pages, clubs, Indian centers, community events)
 - a. Have you ever had any issues interacting with people in any of these spaces?
9. Are you familiar with the term “pretendians”?
 - a. How do you feel about people who try to claim Indigenous identity who have no Indigenous ancestry?
 - b. How common do you think it is?

E. Mental Health

1. How would you describe your physical health?
2. How would you describe your spiritual health?
3. How would you describe your emotional health?
4. How would you describe your mental health?
5. Have you ever been diagnosed with a mental disorder (e.g. depression, anxiety, etc....)
 - a. (If yes) what kind?
 - i. What prompted the diagnosis?
 - b. (if no) Have you ever sought treatment for a mental health issue?
 - i. (if yes) what happened?
 - c. What is your family’s experience/history with mental health?
6. Have you ever had any substance use issues?
 - a. (If yes) what kind?
 - b. (if yes) Have you ever sought treatment?
 - i. (if yes) what happened?
 - c. What is your family’s experience/history with substance use?
7. How do you think being Native affects your mental health?

- a. How about your health, overall?
 - b. How do you think not being able to obtain tribal membership affects your mental health?
8. Are you familiar with the term “Historical trauma”?
- a. What are your thoughts on it?
 - b. (if answered “yes” to mental health issues) do you feel HT is connected to your mental health issues?
 - c. (if answered “yes” to mental health issues) How about to your [family member’s] mental health issues?
9. To your knowledge, has anyone in your family ever attended boarding school?

F. Demographics

(Only ask if this information did not come up in the rest of the interview) I would like to get some basic demographic information from you. Some of the answers may seem obvious, but I do not like to make assumptions.

- 1. How old are you?
- 2. What is your gender identification?
 - a. preferred pronouns?
- 3. What is your sexual orientation?
- 4. Are you married, single, divorced...?
- 5. Do you have any children?
 - a. (If yes) how many?
 - b. (If yes) What are their ages?
- 6. How far did you go in school?
- 7. What do you do for a living?
- 8. What religious preferences do you have?
- 9. Where do you live?

G. Wrap Up

- 1. Do you feel there are any questions I didn’t ask that might be relevant to how being unable to obtain tribal membership affects identity and mental health?
- 2. Do you feel that there are other questions I should be asking people that I missed?
- 3. Do you have any recommendations for people I should talk to?

APPENDIX E. Interview Schedule for Descendants

INTERVIEW SCHEDULE FOR DESCENDANTS

A. Project Introduction

Chi-Miigwetch for agreeing to this interview! I am interested in the relationships between tribal membership, Indigenous/Native identity and mental health. I am particularly interested in exploring issues that are unique to descendants. I, myself, am a member of the Sault Ste. Marie Chippewa Indians and my own experiences have informed the questions I plan to ask you. Because we will be discussing issues surrounding membership as well as mental health and substance use, some of my questions may be uncomfortable. Please keep in mind that you do not have to answer any questions that you do not want to. Also, please note that some questions I will ask may not apply to you and that is fine—this is not a test, this is about your experience and insight into what it is like to be an Indigenous person, living in the Great Lakes region.

B. Native Identity/tribal stressors

1. Why do you identify as Native American?
 - a. What terms do you use to describe your identity to people you meet?
 - b. What tribe are you a descendant of? (if not stated)
 - i. What does it mean to be [tribal affiliation]?
 - c. What other ancestry do you have?
2. How does the tribe deal with blood quantum?
 - a. How do you feel about this policy?
 - b. What do you think tribal membership will look like in 50 years?
3. What is it like being a descendant of your tribe?
 - a. What do you think the tribe does especially well compared to other tribes?
 - b. What do you think the tribe does poorly?
4. Have you ever felt treated unfairly by members of the tribe?
 - a. (if yes) How so?
 - b. Have you ever witnessed other descendants being treated unfairly?
 - c. Have you ever witnessed members being treated unfairly?
5. In terms of family planning, have you ever worried about who you dated/married because it could affect the membership/quantum of future children?
 - a. Do you think your descendants will continue to identify as Native?
6. What do you think is the most difficult part of being Native (regardless of tribal affiliation)?
 - a. What do you believe are the biggest misconceptions that Natives have about ourselves?
7. Have you ever felt inauthentic? (i.e., not Indian enough?)

a. Why or why not?

8. How has being a descendant of a federally recognized tribe benefitted you in your life?

a. How do you think your life would be different if you were a member?

C. Cultural/Political Engagement

1. What do you know about your people's history? (e.g., treaties, federal recognition, etc....)

2. How involved are you with tribal politics?

a. Are you involved in any activism?

i. (if yes) why did you get involved?

ii. (if no) are there any issues you feel strongly about?

3. Can you tell me about other Native groups you participate(d) in?

4. What traditional cultural activities do you participate in? (e.g., pow-wows, hunting/fishing, harvesting food/medicine, crafts, sweat lodges, using traditional medicines, etc....)

a. How did you first get involved/who taught you?

5. Have you ever felt uncomfortable about participating in any traditional activities?

a. Why or why not?

6. Do you speak your Indigenous language?

a. (if yes) How did you learn it?

b. (if no) why not?

7. What is your relationship with land? (e.g., I have lived in Anishinaabe lands my entire life but feel especially connected to the straits and surrounding area as this is my ancestral territory)

D. Interactions with others

1. How do strangers identify you? (racially)

a. How does that make you feel?

b. In terms of appearance, do you think you look Native/Indigenous?

i. Why or why not?

c. In your opinion, what does a Native/Indigenous person look like?

2. What boxes do you check for race on forms (medical forms, census, etc.)?

3. How well-known is it that you are Native...

a. In your social circle?

- b. In your professional circle?
- 4. What experiences have you had with:
 - a. Microaggressions?
 - b. Discrimination/racism?
- 5. Have you ever been not forthcoming or tried to conceal your Native identity?
 - a. Why or why not?
- 6. What do you believe are the biggest misconceptions about Natives/Indigenous people in mainstream, white society?
- 7. Have you felt treated unfairly or viewed unfairly by members of other tribes?
 - a. Why or why not?
- 8. How comfortable are you interacting with other Natives/Indigenous people in new spaces? (e.g., social media groups/pages, clubs, Indian centers, community events)
 - a. Have you ever had any issues interacting with people in any of these spaces?
- 9. Are you familiar with the term “pretendians”?
 - a. How do you feel about people who try to claim Indigenous identity who have no Indigenous ancestry?
 - b. How common do you think it is?

E. Mental Health

- 1. How would you describe your physical health?
- 2. How would you describe your spiritual health?
- 3. How would you describe your emotional health?
- 4. How would you describe your mental health?
- 5. Have you ever been diagnosed with a mental disorder (e.g. depression, anxiety, etc....)
 - a. (If yes) what kind?
 - i. What prompted the diagnosis?
 - b. (if no) Have you ever sought treatment for a mental health issue?
 - i. (if yes) what happened?
 - c. What is your family’s experience/history with mental health?
- 6. Have you ever had any substance use issues?
 - a. (If yes) what kind?
 - b. (if yes) Have you ever sought treatment?
 - i. (if yes) what happened?

- c. What is your family's experience/history with substance use?
- 7. How do you think being Native affects your mental health?
 - a. How about your health, overall?
 - b. How do you think being a descendant affects your mental health?
- 8. Are you familiar with the term "Historical trauma"?
 - a. What are your thoughts on it?
 - b. (if answered "yes" to mental health issues) do you feel HT is connected to your mental health issues?
 - c. (if answered "yes" to mental health issues) How about to your [family member's] mental health issues?
- 9. To your knowledge, has anyone in your family ever attended boarding school?

F. Demographics

(Only ask if this information did not come up in the rest of the interview) I would like to get some basic demographic information from you. Some of the answers may seem obvious, but I do not like to make assumptions.

- 1. How old are you?
- 2. What is your gender identification?
 - a. preferred pronouns?
- 3. What is your sexual orientation?
- 4. Are you married, single, divorced...?
- 5. Do you have any children?
 - a. (If yes) how many?
 - b. (If yes) What are their ages?
- 6. How far did you go in school?
- 7. What do you do for a living?
- 8. What religious preferences do you have?
- 9. Where do you live?

G. Wrap Up

- 1. Do you feel there are any questions I didn't ask that might be relevant to how tribal membership affects mental health?

2. Do you feel that there are other questions I should be asking people that I missed?
3. Do you have any recommendations for people I should talk to?

APPENDIX F. Consent Form & Mental Health Resources

Figure F.1 Consent Form Page 1

Research Participant Information and Consent Form

STUDY TITLE: The Effects of Tribal Membership (or Lack Thereof) on Native American/Indigenous Identity & Mental Health

This study has been approved by the Michigan State University Institutional Review Board STUDY00007700.

RESEARCHER: Madeline Nash, Department of Sociology at Michigan State University.

RESEARCH PURPOSE

The purpose of this research study is to explore how tribal membership and/or lack of tribal membership affects Native American/Indigenous identity and mental health.

WHAT YOU WILL BE ASKED TO DO

You are being asked to participate in this research because you identify as Indigenous/Native American, live in the Great Lakes region (e.g., Illinois, Indiana, Michigan, Minnesota, and Wisconsin), are at least 18 years old, and are one of the following: an enrolled member of a federally recognized tribe; have been disenrolled from a federally recognized tribe; are considered a descendant; are unable to obtain enrollment in a federally recognized tribe.

I will be asking you questions about your identity, enrollment status, experiences with Native/Indigenous communities, cultural/political involvement, experiences with racism, your mental health, substance use, and historical trauma.

This one-time interview will last approximately 60-90 minutes and can be conducted in-person (for people who live in certain regions of Michigan, dependent on Covid-19 protocols), via phone or via video conference (i.e., Zoom). With your permission, your interview will be digitally recorded, unless you request that it not be, in which case I will take notes and not record. You will be required to provide your own computer and internet access. You will also need access to a space where you feel the most comfortable for the interview.

YOUR RIGHTS TO PARTICIPATE, SAY NO, OR WITHDRAW

Participation in this project is completely voluntary. You have the right to say no. You may change your mind at any time throughout the interview process and withdraw from participation. You may choose to not answer specific questions. Whether you choose to participate or not will have no effect on your standing with Michigan State University or me.

POTENTIAL BENEFITS AND RISKS

You will not directly benefit from your participation in this study. However, your participation in this study may contribute to the understanding of how tribal enrollment (or lack thereof) shapes Indigenous/Native identity as well as how it may/may not affect mental health.

Sharing your experiences can bring memories and emotions that are strong, especially given the nature of some of the questions I will be asking. Please remember that you can take your time, not answer questions, and withdraw at any time. I have included a list of mental health resources below if you would like support after your participation in this study. Also, your participation is confidential so there should not be a risk of stigmatization for your participation.

Figure F.2 Consent Form Page 2

PRIVACY AND CONFIDENTIALITY

The data for this study will be kept confidential. You will be assigned a pseudonym (a fake name) that will be used in any written materials/presentations relating to this study.

Interview recordings will be stored on a password-protected laptop for the duration of the study and destroyed upon completion of the study. Other materials relating to the study (e.g., notes, transcripts, etc.) will be stripped of any identifying information and will be encrypted and stored on a password-protected laptop. The laptop will be secured when not in my physical possession.

COSTS AND COMPENSATION FOR PARTICIPATION

There are no costs to participate in the study. However, you will be compensated with a \$25 gift card after the completion of the interview.

Should you withdraw from the interview before it is officially completed, you will still receive full compensation. At the beginning of the interview, I will ask for an address to send your pre-paid VISA card. Your address will not be kept on file and will not be associated with your interview session notes or recordings. Rather, will be destroyed upon the card's delivery to the provided address.

CONTACT INFORMATION

If you have concerns or questions about this study, please contact the researcher, Madeline Nash at nashmade@msu.edu, or the Principal investigator (PI), Dr. Stephen Gasteyer at gasteyer@msu.edu.

If you have questions or concerns about your role and rights as a research participant, would like to obtain information or offer input, or would like to register a complaint about the study, you may contact, anonymously if you wish, the Michigan State University's Human Research Protection Program at 517-355-2180, Fax 517-432-4503, or email irb@msu.edu or regular mail at 4000 Collins Rd, Suite 136, Lansing, MI 48910.

DOCUMENTATION OF INFORMED CONSENT.

Your signature below means that you voluntarily agree to participate in this research study.

Signature

Date

I agree to allow digital audio/video recording of the interview.

☐ Yes

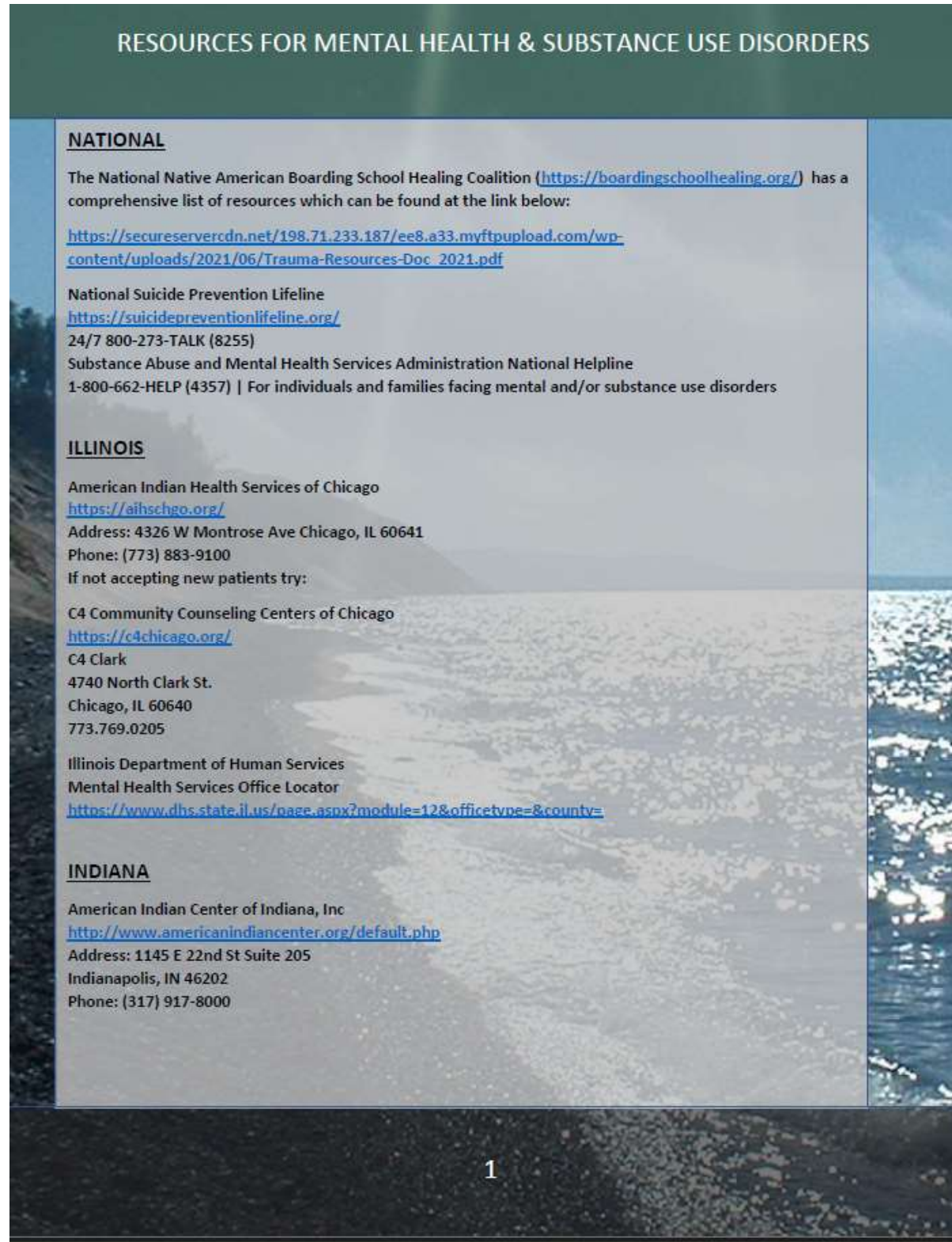
☐ No

Initials _____

NOTE: Once I begin the recording, I will ask: "You indicate that this interview can be digitally recorded by verbally agreeing. Do you agree?" so that consent is recorded.

You will be given a copy of this form to keep.

Figure F.3 Consent Form Page 3



RESOURCES FOR MENTAL HEALTH & SUBSTANCE USE DISORDERS

NATIONAL

The National Native American Boarding School Healing Coalition (<https://boardingschoolhealing.org/>) has a comprehensive list of resources which can be found at the link below:

https://securereservercdn.net/198.71.233.187/ee8.a33.myftpupload.com/wp-content/uploads/2021/06/Trauma-Resources-Doc_2021.pdf

National Suicide Prevention Lifeline
<https://suicidepreventionlifeline.org/>
24/7 800-273-TALK (8255)

Substance Abuse and Mental Health Services Administration National Helpline
1-800-662-HELP (4357) | For individuals and families facing mental and/or substance use disorders

ILLINOIS

American Indian Health Services of Chicago
<https://aihschgo.org/>
Address: 4326 W Montrose Ave Chicago, IL 60641
Phone: (773) 883-9100
If not accepting new patients try:

C4 Community Counseling Centers of Chicago
<https://c4chicago.org/>
C4 Clark
4740 North Clark St.
Chicago, IL 60640
773.769.0205

Illinois Department of Human Services
Mental Health Services Office Locator
<https://www.dhs.state.il.us/page.aspx?module=12&officetype=8&county=>

INDIANA

American Indian Center of Indiana, Inc
<http://www.americanindiancenter.org/default.php>
Address: 1145 E 22nd St Suite 205
Indianapolis, IN 46202
Phone: (317) 917-8000

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Figure F.4 Consent Form Page 4



RESOURCES FOR MENTAL HEALTH & SUBSTANCE USE DISORDERS

Indiana Department of Health
Local Health Department Information
<https://www.in.gov/health/health-and-human-services/local-health-department-outreach-division/local-health-department-information/>

MICHIGAN

American Indian Health & Family Services (Detroit and SE Michigan)
<https://aihfs.org/behavioral-health-care/>
Address: 4880 Lawndale St. · Detroit, MI 48210
Phone: 313-846-6030
American Indians enrolled in a federally and state recognized tribes are eligible for services. However, they do not turn ANYONE away.

Michigan Crisis and Access Line (MiCAL)
<https://mcal-prod.force.com/mical/s/>
24/7 | Call 1-844-44 MiCAL (64225)
Michigan Crisis Text Line
24/7 | Text the keyword RESTORE to 741741

Community Mental Health Association of Michigan (CMHA)
County Directory
<https://cmham.org/membership/cmhsp-directory/>

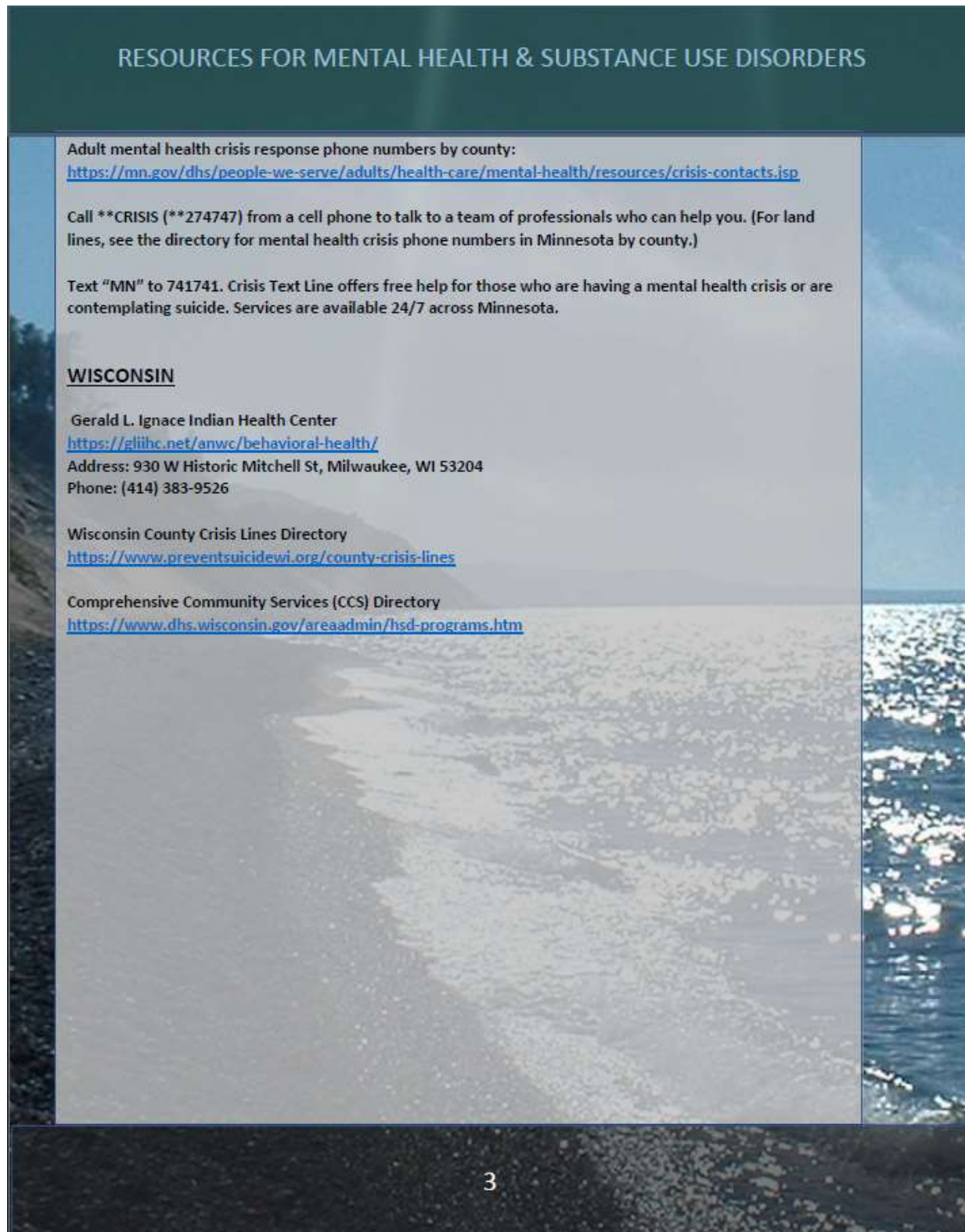
MINNESOTA

Indian Health Board
<https://www.indianhealthboard.com/>
Address: 1315 E 24th St, Minneapolis, MN 55404
Phone: (612) 721-9800

American Indian Family Center
<https://aifcmn.org/>
Address: 579 Wells St, St Paul, MN 55130
Phone: (651) 793-3803

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Figure F.5 Consent Form Page 5



RESOURCES FOR MENTAL HEALTH & SUBSTANCE USE DISORDERS

Adult mental health crisis response phone numbers by county:
<https://mn.gov/dhs/people-we-serve/adults/health-care/mental-health/resources/crisis-contacts.jsp>

Call **CRISIS (**274747) from a cell phone to talk to a team of professionals who can help you. (For land lines, see the directory for mental health crisis phone numbers in Minnesota by county.)

Text "MN" to 741741. Crisis Text Line offers free help for those who are having a mental health crisis or are contemplating suicide. Services are available 24/7 across Minnesota.

WISCONSIN

Gerald L. Ignace Indian Health Center
<https://glihc.net/anwc/behavioral-health/>
Address: 930 W Historic Mitchell St, Milwaukee, WI 53204
Phone: (414) 383-9526

Wisconsin County Crisis Lines Directory
<https://www.preventsuicidewi.org/county-crisis-lines>

Comprehensive Community Services (CCS) Directory
<https://www.dhs.wisconsin.gov/areaadmin/hsd-programs.htm>

3

APPENDIX G . Release Form

Research Participant Release of Confidentiality Form

STUDY TITLE: The Effects of Tribal Membership (or Lack Thereof) on Native American/Indigenous Identity & Mental Health

This study has been approved by the Michigan State University Institutional Review Board STUDY00007700.

Miigwetch for participating in this study! Signing the consent form you received before the interview ensured that all study data obtained by the researcher, Madeline Nash, would be kept confidential and that a pseudonym would be used when referencing any of the information you provided in all published/presented materials. However, there are times when a participant may wish to have his/her/their name included in the acknowledgment section and/or attached to any information he/she/they provided during the interview. If this applies to you then check one of the boxes below, sign and date the form and return it to the researcher, Madeline Nash. Please note that if you would like your name to appear only in the acknowledgment section of any published/presented materials it may be possible for readers/viewers to link your name to any information you provided during the interview throughout the rest of the published/presented materials even if a pseudonym is used throughout.

CONTACT INFORMATION

If you have concerns or questions about this study, please contact the researcher, Madeline Nash at nashmade@msu.edu and/or (517) 648-1152, or the Principal investigator (PI), Dr. Stephen Gasteyer at gasteyer@msu.edu.

If you have questions or concerns about your role and rights as a research participant, would like to obtain information or offer input, or would like to register a complaint about the study, you may contact, anonymously if you wish, the Michigan State University's Human Research Protection Program at 517-355-2180, Fax 517-432-4503, or email irb@msu.edu or regular mail at 4000 Collins Rd, Suite 136, Lansing, MI 48910.

DOCUMENTATION OF RELEASE OF CONFIDENTIALITY

Please check only one of the boxes below:

Yes, I would like my name to appear in the acknowledgment section only of any published/presented materials relating to this study. I understand that by having my name appear in the acknowledgment section it may be possible for any information I provided during my interview to be linked to me even if a pseudonym is used throughout the rest of the published/presented study materials.

Yes, I would like my name attached to all information I provided during my

interview in published/presented materials relating to this study.

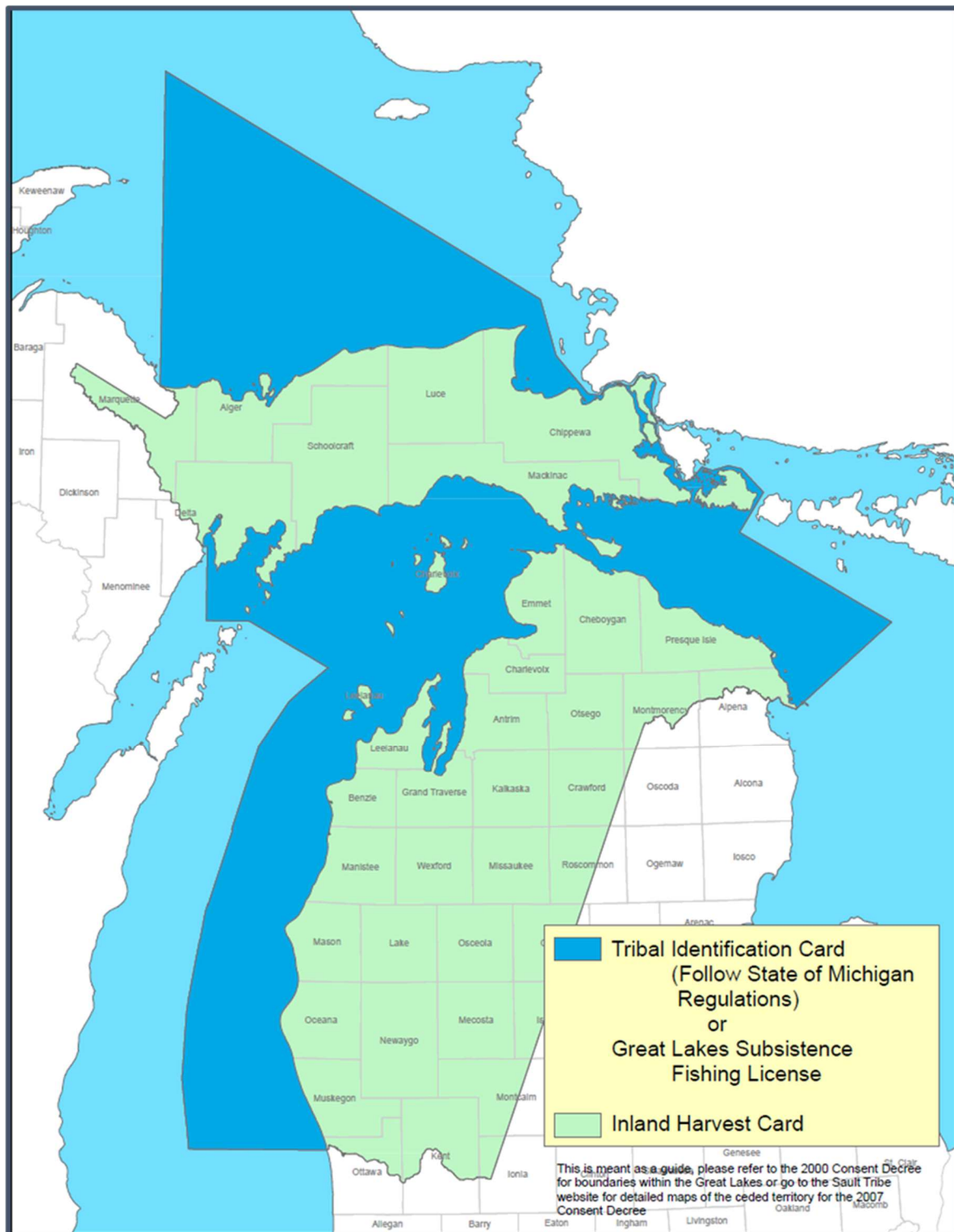
Name (printed)

Signature

Date

APPENDIX H. Treaty Map

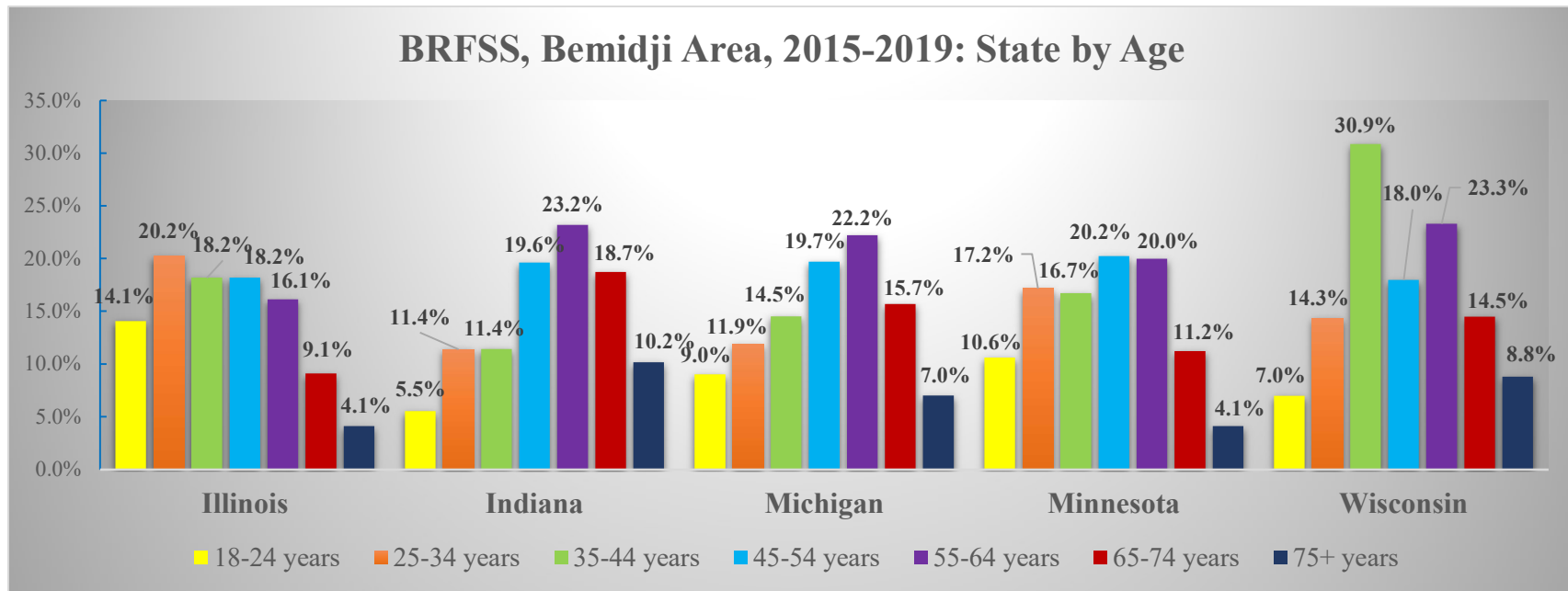
Figure H.1 1836 Ceded Territory



Source: <https://www.saulttribe.com/my-files?folder=membership+services%2FNatural+Resources>

APPENDIX K. Chapter 4 Supplementary Figure

Figure K.1 BRFSS, Bemidji Area, 2015-2019: State by Age



APPENDIX L. Chapter 4 Supplementary Tables

Table L.1 ACS Tribal Groupings, 2015-2019

ACS Tribal Groupings, 2015-2019		
American Indian		
Apache	Crow	Potawatomi
Arapaho	Delaware	Pueblo
Blackfeet	Hopi	Puget Sound Salish
Canadian and French American Indian	Houma	Seminole
Central American Indian	Iroquois	Shoshone
Cherokee	Kiowa	Sioux
Cheyenne	Lumbee	South American Indian
Chickasaw	Menominee	Spanish American Indian
Chippewa	Mexican American Indian	Tohono O'Odham
Choctaw	Navajo	Ute
Colville	Osage	Yakama
Comanche	Ottawa	Yaqui
Cree	Paiute	Yuman
Creek	Pima	
Alaskan Native		
Alaskan Athabascan	Inupiat	Tsimshian
Aleut	Tlingit-Haida	Yup'ik

Source: Data compiled from U.S. Census Bureau. (2019). B02017: American Indian and Alaskan Native (AIAN) Alone or in combination by Selected Tribal Groupings: IN, IL, MI, MN and WI. 2015-2019 American Community Survey 5-Year Estimates.

Table L.2 US Census, Bemidji Area, 2020: American Indian or Alaska Native Tribes, Not Specified

US Census, Bemidji Area, 2020: American Indian or Alaska Native Tribes, Not Specified		
	American Indian alone or in any combination, not specified	Alaska Native alone or in any combination, not specified
Illinois	51,645	410
Indiana	37,907	208
Michigan	58,804	877
Minnesota	25,766	1,676
Wisconsin	26,768	1,939
Bemidji Area	200,890	5,110

Source: Data compiled from U.S. Census Bureau. (2020). B02017: American Indian and Alaskan Native (AIAN) Alone or in combination by Selected Tribal Groupings: IN, IL, MI, MN and WI.

Table L.3 BRFSS, Bemidji Area, 2015-2019: Sex

BRFSS, Bemidji Area, 2015-2019: Sex			
	Female	Male	Refused
	n	n	n
Illinois	152	189	0
Indiana	239	322	0
Michigan	310	289	0
Minnesota	623	519	2
Wisconsin	302	243	0
Bemidji Area	1,624	1,562	2

Table L.4 BRFSS, Bemidji Area, 2015-2019: Age

BRFSS, Bemidji Area, 2015-2019: Age							
	18-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65-74 years	75+ years
	n	n	n	n	n	n	n
Illinois	48	69	62	62	55	31	14
Indiana	31	64	64	110	130	105	57
Michigan	54	71	87	118	133	94	42
Minnesota	121	196	191	231	228	128	47
Wisconsin	38	78	77	98	127	79	48
Bemidji Area	292	478	481	619	673	437	208

Table L.5 BRFSS, Bemidji Area, 2015-2019: Education

BRFSS, Bemidji Area, 2015-2019: Education				
	Did not graduate high School	High school graduate	Some college	College graduate
	n	n	n	n
Illinois	70	106	81	84
Indiana	116	194	123	122
Michigan	92	170	203	131
Minnesota	153	383	356	245
Wisconsin	58	184	181	122
Bemidji Area	489	1037	944	704

Table L.6 BRFSS, Bemidji Area, 2015-2019: Income

BRFSS, Bemidji Area, 2015-2019: Income						
	Under \$15,000	\$15,000- \$24,999	\$25,000- \$49,999	\$50,000- \$74,999	\$75,000 and over	Unknown/ refused
	n	n	n	n	n	n
Illinois	57	81	83	32	55	33
Indiana	84	136	127	48	77	89
Michigan	105	116	131	68	83	96
Minnesota	178	242	266	124	166	166
Wisconsin	81	143	143	58	57	63
Bemidji area	505	718	750	330	438	447

Table L.7 BRFSS, Bemidji Area, 2015-2019: Marital Status

BRFSS, Bemidji Area, 2015-2019: Marital Status							
	Married	Divorced	Widowed	Separated	Never married	Part of an unmarried couple	Refused
	n	n	n	n	n	n	n
Illinois	132	41	24	15	113	16	0
Indiana	236	118	62	20	88	32	5
Michigan	241	118	55	10	138	31	6
Minnesota	330	189	86	32	417	80	8
Wisconsin	179	89	55	19	161	37	5
Bemidji Area	1118	555	282	96	917	196	24

Table L.8 BRFSS, Bemidji Area, 2015-2019: Healthcare Coverage

BRFSS, Bemidji Area, 2015-2019: Healthcare Coverage			
	Insured	Not insured	Don't know/ refused
	n	n	n
Illinois	257	83	1
Indiana	457	99	5
Michigan	532	62	5
Minnesota	1025	107	10
Wisconsin	502	39	4
Bemidji Area	2,773	390	25