

**Refracted Truths: Mediating Constructions of Identity through
the Illness and Healing Experience of Homeless Native
American Men along the Wasatch Front, Utah.**

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I, Daniele Stolfi, confirm that the work presented in this thesis is my own. Where information has been derived from other sources, I confirm that this has been indicated in the thesis.

A handwritten signature in black ink, appearing to read 'D. Stolfi', with a stylized flourish at the end.

ABSTRACT

The thesis investigates how homeless Native American men in Salt Lake City, Utah navigate their experience of homelessness, as well as the social suffering it gives rise to, in order to affirm a sense of personhood and personal identity. It examines how this experience is constructed, presented, and mediated through a series of ambivalent spatial and agentic practices that contribute to shaping a contemporary and localized expression of Native American masculine identity. The thesis argues that, for Native Americans, the notions of personhood and identity are deeply rooted in a culturally and spiritually embodied sense of place. When this bond with place is ruptured, it not only complicates our understanding of indigenous homelessness, but the possibility for homeless Native American individuals of living fulfilling lives is fundamentally compromised and can lead to severe and debilitating forms of suffering that are difficult for us to comprehend. Their experience of homelessness also underlines the difficulties many of these individuals encounter in trying to reclaim a meaningful sense of self in order to lead 'good' lives. Unfortunately, it also reminds us in many cases of their failure to do so. The thesis presents these themes as multiple representations and suggests that Native American homelessness constitutes a neglected narrative within the Native American identity and healthcare discourse. It also includes an investigation of the efforts to address this complex and problematic reality on the part of the independent agencies that work with homelessness in Salt Lake City and considers possible implications for future research, practice, and advocacy.

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CHAPTER 1: Introduction.¹

“You can put the Indian in the city, but you can’t take the Indian out of the Indian...”

(Clyde,² Native American informant, 29th August 2012)

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1.1: Aim of Research

The aim of this research project is to investigate how homeless Native American men³ in Salt Lake City, Utah navigate their experience of homelessness, as well as the social suffering it gives rise to, in order to affirm a sense of personhood and personal identity. It examines how this experience is constructed, presented, and mediated through a series of ambivalent spatial and agentic practices that contribute to shaping a

¹ Throughout this thesis I use various nomenclature to refer to my subjects in line with, first and foremost, how they refer to themselves collectively. During the course of my fieldwork, the predominant term used in this way was *Native American* and hence I follow this pattern. Secondly, I use the terms *Native American*, *American Indian*, *American Indian and Alaska Native (AIAN)*, *urban Indian*, *Tribe* or *Tribal*, and any other reference in line with how the institutions my subjects engage with and representatives of said institutions refer to the indigenous communities of the United States. This is also the case with the references used in scholarly and other professional literature. For example, Witko (2006a: 10-11) suggests that the terms *Native American* and *American Indian* are terms of preference by individuals who have been raised in urban areas and reservations, respectively. The term *Indian* is itself originally exonymic, being the appellation first imposed by early Europeans. The names indigenous people used for themselves used at the time of first European contact meant something like ‘the people’ or ‘original beings’ (Hertzberg, 1971: 1). Finally, during my fieldwork, it was also not uncommon to hear individuals refer to themselves by tribal name, as Jerry does during the memorial service in Chapter 2.

² Pseudonym, for reasons of confidentiality.

³ I have chosen to focus on homeless Native American men rather than women (or youth) as a category because I am inclined to agree with Menzies’ view that the phenomenon of homeless Aboriginal women “*is affected by other systemic factors related to the oppression of women in North American society...*” and that research in this area “*would benefit from a separate analysis that integrates a feminist perspective*” (2009: 607).

Similarly, I have focused on the homeless Native American community as opposed to other ethnic minorities, including the African-American demographic, as a significantly neglected domain in the literature. The homeless experience of African-Americans in particular, has been reported extensively since the 1960s. For example, see: Desjarlais, 1997; Glasser and Bridgeman, 1999; Hannerz, 1969; Liebow, 1967; and VanderStaay, 1992.

contemporary and localized expression of Native American masculine identity (O’Neill, 1996). It also includes an investigation of the efforts to address this complex and problematic reality on the part of the independent agencies that work with homelessness in Salt Lake City.

My thesis argues that for Native Americans generally, the notions of personhood and identity are deeply rooted in a culturally and spiritually embodied sense of place. When this bond with place is ruptured, it not only complicates our understanding of the idea of indigenous homelessness, but the possibility for homeless Native American individuals of living fulfilling lives is fundamentally compromised and can lead to severe and debilitating forms of suffering that are difficult for us to comprehend (Griffin-Pierce, 1997: 5).⁴ Their experience of homelessness also underlines the difficulties many of these individuals encounter in trying to reclaim a meaningful sense of self in order to lead ‘good’ lives. Unfortunately, it also reminds us in many cases of their failure to do so (see Chapter 2).

Using a medical anthropology lens, I explore Native American homelessness primarily in terms of three broad categories: (a) its ambivalent spatial and agentic dimensions and implications as an urban phenomenon, (b) its socio-political and cultural unfolding, and (c) its significance in the urban Indian⁵ healthcare landscape since the 1950s. I contextualize these themes as multiple representations and suggest that Native American homelessness constitutes a neglected narrative within the Native American identity and healthcare discourse. In part, it also implies questions about how indigenous knowledge and research might emerge from, or eschew, the colonial residue of salvage anthropology and dominant culture research paradigms.

⁴ Also Napier, personal communication.

⁵ The expression ‘urban Indian’ represents a discrete category that does not imply any tribal disaffiliation. See: the Urban Indian Health Commission, 2007: Acknowledgement page: footnote.

The inquiry also considers possible implications of these intersections for future research, practice, and advocacy. However, the study is not intended to establish a methodology. Nor is it intended to be tribally specific.⁶

1.2: Background.

My interest in Native American culture originally grew out of personal curiosity about oral storytelling traditions during my undergraduate years as an English literature major in the late-1970s. Over the next two decades, during regular private visits to the U.S., my interest gradually evolved and I became sensitized to some of the more contested socio-political contexts in which contemporary Native Americans were being framed by dominant culture ideologies and practices. Two things in particular bracket my impressions of this process at the time. The first occurred during one of my visits to the Pacific North West in the early 1990s, when I met a number of young Anglo Americans who were caught up in the ethnic renewal/ 'ethnic switching'⁷ phenomenon that was particularly prevalent among non-Natives at the time (Gonzales, 1998; Nagel, 1995). A number of these individuals were claiming some degree of indigenous ancestry based on blood quanta,⁸ while others were co-opting a range of Native American cultural practices that included constructing their own sweat lodges and

⁶ While there are five indigenous tribes in Utah, i.e. the Ute, Paiute, Shoshone, Ghosute, and the Navajo, during my fieldwork I interacted with individuals representing over a dozen tribes from across the U.S.

⁷ *"Ethnic renewal is the reconstruction of one's ethnic identity by reclaiming a discarded identity, replacing or amending an identity in an existing ethnic identity repertoire, or filling a personal ethnic void. Between 1960 and 1990, the number of Americans reporting an American Indian race in the U.S. Census more than tripled. This increase cannot be accounted for by simple population growth (increased births, decreased deaths, immigration), or by changing enumeration definitions or techniques. Researchers have concluded that much of this growth in the American Indian population results from "ethnic switching," where individuals who previously identified themselves as "non-Indian" changed their race to "Indian" in a later census"* (Nagel, 1995: 947).

⁸ *"Among the most common criteria used both by tribal governments, to establish membership, and by the U.S. government, to determine who is an American Indian, is degree of Indian blood or "blood quantum." The amount necessary for enrollment can vary from 1/16 for the Eastern Band of Cherokee to 1/2 for the Hopi Nation. Some tribes, like the Cherokee Nation of Oklahoma, specify no blood quantum but require individuals to trace genealogical descent from a direct ancestor included on the Dawes Roll codified in 1907. The federal government maintains a 1/4 blood requirement for most of its benefits"* (Meyer, 1999: 9). See Appendix 6 as well.

peyote ceremonies. The second event occurred two or three years later during a visit to North Carolina, where an associate alerted me to the debate surrounding Krech's (1999) recently published, *The Ecological Indian*. Krech's work contests our Euro-American historical constructions of pre- and post-contact Native American ecologies, environmental practices, and resource management, and it divided opinion among Native and non-Native scholars at the time.⁹ Nevertheless, by drawing my attention to this debate, my associate inadvertently introduced me to what was in many ways an antidote, as I saw it, to some of the faddish sentiments, behaviours, and underlying assumptions adopted by the 'ethnic switchers' I had met in the Pacific North West.

The juxtaposition of these two phenomena - the extreme sentimentalizing of a Euro-American construction of a Native American stereotype by White Anglo 'pretenders'¹⁰ alongside a critical interrogation of certain aspects of that stereotype - influenced my thinking considerably with regard to some of the ideological underpinnings that inform this thesis at the same time that it sensitized me to the lacunae and potential pitfalls of my own social, cultural, and ethnic biases as a White, European researcher.¹¹ Nevertheless, at the time I found both of these positions radical and provocative in their own right. The former left me feeling unconvinced and highly sceptical of what I perceived was a manifestation of the New Age movement; while in the latter case, the moral ambiguities, uncertainties and contradictions inherent in the scholarly conversation felt like more familiar terrain to me. My understanding of the matter, however, was somewhat skewed by the fact that I did not fully appreciate the extent

⁹ For example, see: Isenberg, 2001; Kirkpatrick, 2000; Lemann, 1999; Mohawk, 2001; Tallbear, 2000.

¹⁰ "...the term pretender describes the non-Indian who falsely claims to be Indian or to have some vast knowledge of Indian culture or spirituality" (Gonzales, 1998: 209).

¹¹ For example, Snow and Anderson (1993) remind us that much of the research on homelessness is from a middle-class perspective that tends to see (and therefore distort the meanings of) the adaptive behaviours of homeless individuals as "*bad habits and fatalistic attitudes that must be overcome in order to be able to take advantage of opportunities for mobility*" (1993: 298). Such a position on the part of the researcher risks judging "*the behaviours and cognitions of the homeless by standards outside their world*" (1993: 298) and can ultimately obstruct a homeless individual's chances of getting off the streets. I elaborate this theme in Chapter 6.

to which the Native American voice has been absent from (or unheard in) the indigenous identity discourse in the United States, and it was only once I had begun working on my thesis proposal in 2011 that I started unpacking this issue in earnest.

In the interim, I had trained as a therapist and had completed an MSc in medical anthropology, and I had developed a professional and academic interest in therapeutic work with marginalized and vulnerable adult males. Experience of having worked with offenders and the homeless in the United Kingdom on two previous masters programmes (Stolfi, 2008, 2010) and in a professional capacity as a therapist led me to an increasing interest in the social suffering of marginalized male populations. I became concerned about how these vulnerable populations experience exclusion, oppression, and neglect, and what coping strategies and support networks they develop, draw on, and optimise (or fail to do so) in response. Or, indeed, what support networks and services exist for them in the first place. As a medical anthropologist, I extend this concern to the socio-political and cultural forces that have contributed to the prevalence and persistence of homelessness in many urban environments and cities throughout the world today.

My interest in wanting to explore the social suffering of homeless Native American men in Utah especially, emerges from these above concerns. In terms of locating myself more specifically in the ethnography I did for this study, I took the following points into consideration.

Firstly, given the sensitivity of working with Native American populations in particular, I felt that my research with my chosen population group would have the potential to impact service practices and outreach with homeless Native American communities. Generating and sharing applied findings and recommendations in future publication and through alliance-based models of care for the homeless Native community constitute two of the main objectives of this study, and may be seen as a way of bypassing any criticism or disapprobation from Native American researchers and practitioners due to my outsider status.

Secondly, the limitations of my fieldwork were generally determined by time constraints, which were conditioned by requirements of the PhD programme.¹² Although I would have wanted to spend the bulk of my time in closer proximity with homeless Native American individuals on their turf, to do so would have required establishing a level of trust that would have taken more time than I had at my disposal. My contact, relationship, and the degree of intimacy I established with the homeless individuals I interacted with through the auspices of the carer agencies with which I worked, bear this out. Much of it had to do with the feeling that we recognized each other as ‘outsiders together’: they, through their homelessness and indigeneity, and me, through my foreigner status as a non-American. The contact that I did have with these various individuals, leads me to believe that given adequate time, I would have established a similar, if not closer bond with the harder-to-reach homeless Native individuals - over and above our mutual outsider status - precisely because both of us would have felt less inhibited by the constraints (perceived or otherwise) of the agencies’ gaze.

Nonetheless, the fact that I chose to work through the auspices of carer agencies was part of the original research design, although here too, contingencies in the field compelled me to modify my involvement considerably and at extremely short notice. For instance, I had originally planned to work through Salt Lake City’s Indian Walk-In Center (IWIC), one of the Indian Health Service’s (I.H.S.) dedicated Urban Indian Health Organizations (UIHO).¹³ An unavoidable part of this process involved having to obtain ethical clearance from the I.H.S.’s regional Institutional Review Board (IRB). However,

¹² My fieldwork was carried out over a period of twelve months, between October 2011 and September 2012. See section 1.4.2: Research Design below for more details.

¹³ “Urban Indian Health Organizations (UIHO) are private, non-profit, corporations that serve American Indian and Alaska Native people in select cities with a range of health and social services, from outreach and referral to full ambulatory care” The Urban Indian Health Institute (n.d.): About Urban Indian Health Organizations. [Online] Available from: <http://www.uihi.org/about-urban-indian-health-organizations/> [Accessed: 12.5.2014]. The IWIC has since changed its name to the Urban Indian Center (UIC). See Chapter 4 for more details on the IWIC, the I.H.S. and the UIHOs.

due to protracted negotiations with both the IWIC and the IRB, I had to reconfigure this aspect of my fieldwork substantially.¹⁴

Finally, the fact remains that the homeless Native American community is a neglected population in every sense. Consequently, it is an under-researched group and could benefit significantly from further investigation; specifically with regard to its experience of suffering, given that this experience is complicated by its double marginality.

In this investigation, I focus on the Native American communities of the eastern Great Basin and the Four Corners area of Utah.

Homelessness in the United States has been one of the most intensely researched “*social aggregation(s)*” since the 1980s (Snow, Anderson and Koegel, 1994: 461). It has generated, and will no doubt continue to generate “*literally volumes of social scientific research*” (Snow and Mulcahy, 2001: 151), the bulk of which is being produced through a range of disciplines other than anthropology, including urban and political geography, and the behavioural sciences.

This body of research has tended to focus predominantly on the compositional, structural, and adaptive dynamics and survival strategies of the homeless demographic. Studies highlight the social disparities, the “*immiseration*” (Susser, 1996: 411) and the displacement of the poor as a by-product of the deindustrialization and the marginalization of labour within the global economy since the 1980s.¹⁵ On the

¹⁴ As part of my fieldwork preparations, I initiated negotiations with the IWIC and the I.H.S. a year before setting off to do my fieldwork. Due to key personnel changes within both the IWIC and the I.H.S. meant that this issue had not been resolved by the time my fieldwork was well underway. See sections 1.4.7: Procedure and 1.4.8: Ethical Considerations below for further details.

¹⁵ Susser elaborates: “*Deindustrialization... is a reflection of a decreasing need for manual workers worldwide, which presages a reduction in the needed work force to fewer, more highly educated people who will be involved in the new informational technology. Low-skilled service workers will still be necessary but not in the numbers of the previously industrialized work force. The export of industry to poorer countries represents not only a search for cheaper labor but also an overall reduction in the central importance of that labor within world capitalism. Thus, from this theoretical perspective, the*

other hand, and partly as a result of the deinstitutionalization of the mentally ill since the Community Mental Health Centers Act of 1963, this body of research has focused on the physiological needs and disabilities of the marginalized, and the problems these issues present (Snow and Anderson, 1993; Snow and Bradford, 1994; Susser, 1996; Wardhaugh, 1996; Wolch, Dear and Akita, 1988).

Anthropological research, by contrast, has investigated homelessness in terms of migration movements, diasporas and cross-cultural perspectives; and conceptualizations of home and homelessness as social phenomena, on contested domains such as identity, relationality, embodiment, commodification, and stigmatization. It has focused on questions of implication, accountability, advocacy and agency (Glasser and Bridgman, 1999; Kawash, 1998; Rapport and Overing, 2007; Susser, 1996).

More specifically, the *spatiality* of homelessness has been extensively theorized in terms of the political-economy of exclusionary ideologies and practices resulting from urban renewal and changes in affordability and availability of housing in the latter part of the 20th century. These changes are reflected in both the dramatic increase in homelessness and in the social mobility patterns of the homeless in the U.S. since the 1980s (Duncan, 1978; Hodgetts, Stolte, Chamberlain, Radley, Nikora, Nabalarua, and Groot, 2008; Johnsen, Cloke and May, 2005; Kawash, 1998; Snow and Mulcahy, 2001; Wolch, Rahimian and Koegel, 1993). In addition, a growing amount of attention has been paid to the inter- and intra-personal dimensions of homelessness and the manner in which these mediate the construction of identity and notions of self and personhood in the face of prevailing stereotypes and labelled representations of the homeless (Arrigo, 2004; Mendel, 2011; Snow and Anderson, 1987; Valado, 2006). Much of this research is influenced, either directly or indirectly, by the spatial theories of Lefebvre (1991), Foucault (1986), de Certeau (1984), and Augé (1995) and is

structural adjustment policies of the International Monetary Fund and similar policies pursued in the United States and Europe result from an abandonment of populations whose labor and health is no longer necessary to production in the global economy” (1996: 412-413).

predicated on the interdependence and interpenetration of a fundamental dynamic between embodied and disembodied forms - between positive and negative space - and their implications as domains for human interaction and meaning. Meanwhile, emerging trends in human and cultural geography draw attention to the role of emotion, affect, and practice in the production of place that expands the conversation that connects marginalized populations - and by extension, homelessness - with the geographies of affective landscapes (Ahmed, 2004; Anderson and Smith, 2001; Davidson and Bondi, 2004; Duff, 2010; Pile, 2010).

Yet, in spite of the range and extent of this research, Native American homelessness and the conceptualization of homeless Native spatiality and identity have gone largely unnoticed. There is very little dedicated research on this population and most of the key studies were conducted before the mid-2000s (Kramer and Barker, 1996; Lobo and Mortensen Vaughan, 2003; Westerfelt and Yellow Bird, 1999; Zerger, 2004). Where mention is made elsewhere in the literature Native American homelessness is usually shoehorned in as a subset of ethnic minority homelessness where the commonalities of much of the experience of homelessness render it generalizable and tend to neglect the cultural determinants.¹⁶ Typically, it is presented disproportionately in terms of categories such as chronicity, lack of housing, poverty, health disparities, and the like. For example, reports on indigenous homelessness indicate that while Native Americans represent less than 1.5% of the U.S. population, they constitute between 3% and 8% of the total homeless population, despite the extremely diverse composition and distribution of the Native American population at large (Kramer and Barker, 1996; DHHS, 2001; Zerger, 2004). Moreover, given the difficulty involved in

¹⁶ Unsurprisingly, the significant point being that, as Snow and Anderson point out, “*the larger the city and its minority base, the greater the proportion of minorities in its homeless population*” (1993: 31). However, see Snow and Anderson (1987: 1341): “...figures suggest that there is nothing strikingly peculiar about the subset of the homeless in Austin that should render reasonable generalizations based on them implausible. Not only have many of them come from the different regions of the country, but they are demographically similar to the homeless elsewhere. Moreover, we have learned from many of them that, aside from variations in climate and the availability of free shelter and food, most aspects of life on the street are quite similar from one city to another. We think it is therefore reasonable to expect considerable similarity in basic patterns and process of identity construction and avowal among the homeless.”

tracking Native American homeless populations, census data is considered to represent a significant under-count (Lobo and Mortensen Vaughan, 2003).¹⁷

It is probable that there is greater research-resistance and thus greater elusiveness among homeless Native populations than their non-Native peers – which may be due to the fact that research is seen as a continuation of the colonial legacy on the part of the Native individuals themselves.¹⁸ With respect to my field work in Salt Lake, the key organizations that work with the city’s homeless population adopt a blanket approach to their work with their clients as part of a non-discriminatory ethos.¹⁹ Ultimately, however, such reporting overlooks the complex make up and nature of indigenous homelessness while entrenching it as a margin-within-a-margin.

Native American homelessness has emerged in large part as a direct consequence of the U.S. federal government’s failed urban Indian relocation policies after World War II. As part of a larger assimilation strategy that included the ill-fated attempts to terminate the federal-tribal relationship in the 1950s and 1960s,²⁰ the government’s

¹⁷ These patterns apply to my field site in Utah as well. For example, according to Moore et al (2010), the number of all homeless people in Utah on a single-night point-in-time count in 2010 was 3,372. Of this number, 136, or roughly 2.5%, were Native American individuals. The authors add that the U.S. Department of Housing and Urban Development (HUD) “requires that all states with federally-funded homeless services participate in “Point-in-Time” (PIT) counts during the last week in January in odd years. The PIT count is a physical count of all homeless persons living in emergency shelters, transitional housing, and on the streets on a single night. Utah has chosen to conduct its count annually. This enables policy makers and advocates to determine the size and characteristics of the homeless population; however it does not capture those who experience only brief episodes of homelessness or account for changes throughout the year due to economic and social forces” (2010: 6). However, this point also needs to be elaborated in terms of other categories, such as locations, gender, etc.

¹⁸ A similar suspicion prevails among many Native individuals towards western medicine, and mental healthcare in particular (Duran, 2006; Duran and Duran, 1995; Gone, 2003), and tends to complicate social services engagement and healthcare provision with Native American homeless populations as a discrete group.

¹⁹ For example, Annabel Bruce, NAHOC’s homeless project co-ordinator, mentioned to me in an interview that requisite homeless administration forms have done away with ethnicity as a category.

²⁰ “Termination may be defined simply as the cessation of the federal-tribal relationship, whether that relationship was established through treaty or otherwise. The thrust was to eliminate the reservations and to turn Indian affairs over to the states. Indians would become subject to state control without any federal support or restrictions. Indian land would no longer be held in trust and would be fully taxable

urban relocation programme saw around 160,000 Native Americans removed from reservations to metropolitan areas between the mid-1940s and the mid-1960s. The programme failed to provide adequate housing, employment opportunities, healthcare, education, and other social services in cities such as Chicago, Cleveland, Dallas, Denver, Los Angeles, Oakland, San Francisco, San Jose, and Salt Lake City (Bruyneel, 2007; Fixico, 2000; Lobo and Peters, 1998; Sorkin, 1978). At the same time urbanization also exposed numerous Native Americans to the negative effects of globalization as mentioned briefly above.

These processes played a significant part in facilitating Native American pathways into homelessness in this period, and in this thesis I suggest that the unique cultural, historical and political dimensions highlight some of the critical differences between indigenous homelessness and the rest of the homeless population in the U.S. One of the fundamental differences being the deeply rooted sense of emplacement that most Native American people have with the land and the implications and consequences for indigenous homelessness of disrupting this tie. Casey describes *emplacement* as an embodied state whereby:

...lived bodies belong to places and help to constitute them. Even if such bodies may be displaced in certain respects, they are never placeless; they are never only at discrete positions in world time or space, though they may also be at such positions. By the same token, however, places belong to lived bodies and depend on them. (Casey, 1996: 24)

Most Native American foundation narratives conceptualize a first peoples' claim to a place "*because of the intervention of spiritual beings... [and] ...a sense of primeval oneness with the places they inhabit.*" For them, "*parts of the world are almost invariably seen as sacred spaces*" (Nye, 2003: 9) and the landscape shapes both the foundational myths and the ritual, spiritual, and healing practices of the inhabitants

and alienable, just like non-Indian land in the states. Special federal health, education and general assistance programs for Indians would end" (Wilkinson and Biggs, 1977: 140).

(Basso, 1996; Kelley and Francis, 1994; McPherson, 1992).²¹ Meanwhile, Schwarz reminds us that for Native Americans, “*the attachment to place is inalienable from the definition of life*” (1997b: 45).

Such differences also bring an extra dimension of complexity to the problem when situating Native American homelessness in the urban Indian healthcare and wellbeing discourse as part of the broader moral economy within the U.S. (Forquera 2001; Shelton, 2004; Zerger, 2004). In this thesis, I examine the socio-cultural disruption and alienation experienced by homeless Native Americans as an antithesis of Casey’s concept of emplacement, and I formulate the expression *dis-emplacement*, to convey this experience of disruption throughout the document as an adaptation of Casey’s term.

1.3: Conceptual Framework.

My thesis draws on the basic premise that homelessness is “*above all a spatial phenomenon*” (Wardhaugh, 1996: 704), and I elaborate this idea by suggesting that homelessness is also, by definition, an antithetical position of absence or loss of space. It is specifically, lack of access to certain types of space that those who are not homeless take as given (Duncan, 1978; Snow and Anderson, 1993). For instance, homelessness is not only the absence of home, but also the means of owning one’s own home. In many settings, it is also the absence of, or limited access to, certain resources such as housing and shelter, employment opportunities, healthcare, and so on. For many, it is usually unintentional, particularly in its early phases, and often the end-point of a lengthy and complex process of socio-economic hardship and isolation (Wolch et al, 1988). Ultimately, it is the absence or disruption of affective ties: of relationship, social connection, family, community, and belonging - and this rupture is particularly pertinent in the case in the Native American experience of homelessness (Forquera 2001; Lobo and Mortensen Vaughan, 2003; Shelton, 2004; Zerger, 2004).

²¹ In the case of the Navajo, for example, sacred places were distributed at a ratio of one in every twenty-six square miles (Kelley and Francis, 1994: 38-39). In Chapter 2, I look more closely at the structure and function of the Navajo foundation myth.

Wardhaugh draws attention to the fact that traditional theories of spatiality that divide space into public and private domains are “*oriented towards the explication of the use of space by the domiciled population*” (1996: 704) and that such a distinction is irrelevant to the homeless. I would revise this formulation by suggesting that homeless and domiciled spatialities are conceptually co-dependent and are co-constitutive of what Meyer would describe as a “*relational ontology of absence,*” where the presence of one is offset by the absence of the other “*in a mutual relationship*” (2012: 107). In other words, the exclusions, social displacements, and affective ruptures (i.e. the absences) that affect homelessness are given meaning (and therefore a presence) by the manner in which the spatial ideologies and practices of both populations intersect and are contested. For example, while the domiciled might claim titled ownership of property and its associated privileges, the homeless exercise their spatiality in ways that destabilize these presuppositions – particularly with regard to how they use and recycle public space (Duncan, 1978).²² The discourse also connects homelessness with geographies of affective and emotional landscapes (Ahmed, 2004; Anderson and Smith, 2001; Davidson and Bondi, 2004; Duff, 2010; Pile, 2010); and in the case of Native American homelessness specifically, it encompasses the moral and affective consequences of the erosion of the link between spiritual practices and sacred geography (Deloria, 1998; McPherson, 1992; Merchant, 2003; Nabokov, 1998; Nye, 2003).

With specific reference to Native American homelessness, I elaborate the metaphor of spatial absence as an aspect of the historical displacement, placelessness, cultural loss and suffering that underlines the experience of homelessness for Native Americans as part of the continued legacy of the colonial encounter within the U.S.-Indigenous relations conversation (Ames, 2008; Basso, 1996; Casey, 1996; Denevan, 1992; Hertzberg, 1971; Nye, 2003; Merchant, 2003; Strong, 2008; Whiteley, 2008). I also argue that the experience of Native American homelessness as a contemporary reality

²² I explore a specific example of the use of public space by homeless Native Americans in more detail in Chapter 3, and examine Duncan’s analysis in Chapter 6.

is conditioned, above all, by the alienation from a cultural identity - from a sense of place, family, tribe, cultural practices, and other cultural resources and, on the other hand, by the stereotyping and acculturation pressures of contemporary American society. As such, homeless Native American dis-placement and alienation has also eroded the capability of individuals to engage in healing transactions that would otherwise facilitate their cultural recovery and wellbeing.

Drawing on my fieldwork in Utah, I consider how this sense of spatial absence and displacement impacts my homeless Native subjects' experience of suffering and loss and how their efforts to reclaim a sense of personal identity and sense of place at ground level are further mediated (and complicated) by the local agencies and communities that serve them. For instance, in spite of the committed efforts on the part of these organizations to improve the lot of their clients, their work runs the risk of obscuring the distinction between efforts to empower the homeless Native community and practices that reinforce an enabled pattern of expectation and dependence. Snow and Anderson (1993), for instance, draw attention to the limited success some caregiver organizations have in their efforts to get individuals off the streets. While they aim to change the attitudes and behaviours of their clients, often their "*restorative ideals*" are at odds with their "*organizational structure*" (1993: 283) which, in turn, leads to practices and treatment programmes that inadvertently reduce their clients' chances of leaving the streets. This predicament was something that I observed among the agencies with which I worked on a daily basis during my field work.²³ While the efforts of these organizations create numerous therapeutic spaces (and therapeutic opportunities), these endeavours also configure them as excluded, marginal, and contested domains (Hodgetts et al, 2008; Kawash, 1998; Wendt and Gone, 2012). In so doing, they raise important moral and practical questions about the nature of the healing relationship; about the agencies' capacity to effect meaningful healing outcomes for their clients; and, ultimately, about the chances and opportunities for their clients to live fulfilling, meaningful lives.

²³ I explore this theme in more detail in Chapter 5.

The premise that suffering is part of the experience of being (Davis, 1992; Kleinman, 1988; Kleinman, Das, and Lock, 1996; Lester, 2013) constitutes a fundamental part of the identity narrative framework of homeless Native Americans and the community that serves them in Salt Lake City. However, suffering as part of the experience of being cannot be separated from the question of how one determines the parameters of suffering and, ultimately, what resources (including cultural renewal) are available to redress it. In other words, the human face of the question, and thus the moral issue, concerns the extent to which we negotiate our sense of identity and community in direct proportion to whether or not we live good lives so as to die good deaths (Bradbury, 1999, 2000; Bloch and Parry, 1982).

Social suffering is inextricably tied to the moral economy of our experience and our sense of reality, which, according to Kleinman et al (1996), presents an ontological framework for conceiving the universe as an unstable, threatening, and hostile place. Davis (1992), on the other hand, suggests that pain and suffering are not in and of themselves the products of malignant social forces, but rather that they are the consequence of intrinsically benevolent social structures and practices that do not succeed. Rather than being mutually exclusive, these views represent opposite ends of a continuum. Both subscribe to the notion that social suffering and pain are the products of social life. The proposition that health and wellbeing are 'social indicators' of social processes implies that social suffering must be an indicator of this moral economy and inclusive of those same social processes as well. In other words, the causality and experience of social suffering - and the response to it - are thus both product and function of the originating political, economic, and institutional power relations that are implicated.

Kleinman et al argue that what is at stake in this formulation is the risk that the cultural representation of pain decontextualizes the human experience of suffering insofar as representations of contemporary western medicine 'normalize' social pathology by rendering suffering measurable and thus "*obscure the greatly consequential workings of "power" in social life*" (1996: xii). On the other hand, structured or institutional

responses to social suffering run the risk of entrenching the suffering they aim to alleviate, as is the case with the homeless agencies I met during my fieldwork. In large part, the dilemma lies in representing the suffering of other – at its most fundamental level - as a means of rationalizing and expediting the management and distribution of care in terms, and thus moral conditions, that remain alien to the other. At its extremity, such a position challenges the moral capacity of acknowledging and properly understanding another’s pain or suffering (1996: xiv).

Meanwhile, Davis suggests that social suffering is part of a shared experience of being that is determined primarily by the continuities between degrees of suffering, their causality and effects, their recurrences, and our responses to them. The ecology of suffering is rooted in its social organization, in the political economy of disease and epidemiology, and in the human response to natural catastrophes and acts of God. A culture’s ability to cope with suffering is ultimately influenced by the extent to which social practices in response to suffering exert pressure on its social framework (Davis, 1992: 155), and people will explain the causality of suffering from the ‘repertoire’ of available explanations.

In this context, the experience of suffering that most Native American cultures have endured has to do with the extent to which the colonial encounter has eroded their cultural traditions and alienated them from their sense of place. For the homeless Native American population, in particular, the degree of suffering that this group experiences in relation to its sense of alienation and dis-empowerment, remains incomprehensible to those who cannot conceive of the profound nature of what it means to have such powerful ties to one’s sense of place and to have those ties disrupted. Such suffering, conceptualized as it is in its unique cultural frame, also highlights the inadequacy of current, non-Native modes of representing and addressing it, since little attention has been paid to “*the extreme levels of suffering that are consequent to those kinds of belief systems being abrogated,*” including most of the standard psychological and anthropological literature on illness.²⁴ Brave Heart’s

²⁴ Napier, personal communication.

(1999a, 1999b, 2000, 2003) and Brave Heart and DeBruyn's (1998) formulation of historical trauma as an indigenous explanatory model to both account for and to address many aspects of contemporary Native American social suffering is an exception, and I examine the concept in Chapter 4.

Moreover, the view that Davis holds of the greater or lesser degree of success in coping with suffering also makes it increasingly difficult *"to maintain a position of non-judgemental, relativistic indifference among different examples of failure"* (1992: 159). For this reason, it is important to extend our repertoire of explanations so that we might encompass a revision of our current meanings and representations of social forces and social structures – a view that is further endorsed by DelVecchio Good's (2013) and Lester's (2013) appraisals of trauma – so as to review our own preconceptions, stereotyping, and other forms of labelling in relation to the suffering of marginalized communities.

The implications of such an assessment of the experience of suffering for contemporary Native Americans as a whole concern the extent to which cultural conservation, revival or reinvention offers any release from suffering at the same time that social inequalities and poverty persist and continue contributing to the *"unjust distribution of disease and health"* (Kleinman et al, 1996: xix) that afflict this community. Ultimately, the fact that sense of place and belonging is such a fundamental and inextricable component of most Native American communities' worldview and belief systems also means that *"once violated [it] creates the possibility of serious illness"*²⁵ that becomes extremely difficult to mediate. This is a recurrent theme in much of the literature that addresses the Native American experience of illness and healing (Griffin-Pierce, 1992, 1997; Schwarz, 1997a, 1997b, 2008; Witherspoon, 1977).

²⁵ Napier, personal communication.

Thus, on the one hand, my thesis explores in some depth the manner and extent to which homeless Native American men embody those components of the contemporary urban Indian experience that have emerged from its turbulent colonial past. On the other hand, it explores their relationship with the institutions that provide their primary and continuing care in the Salt Lake City area. These interactions also implicate (as they are offset by) the U.S. federal government and the Indian Health Service (I.H.S.) as this formulation of the homeless Native American experience of suffering is played out primarily through the urban Indian healthcare landscape. This investigation considers the role, agency, investment (or absence thereof), and impact of the changing healthcare strategies and legislation on Indian Country of both the federal government and the I.H.S. and includes an analysis of how urban Indian healthcare reflects the political mapping of the response to the major health consequences of relocation. For instance, in spite of the recent shift towards more considered urban Indian healthcare resource allocation on the part of the Obama administration, the decentralization of such governmental strategies continues to overlook the homeless Native American population (UIHI, 2011).²⁶

Finally, the investigation returns to the question of how these dynamics shape and affect the plight of the homeless Native American men along the Wasatch Front in Utah and the agencies that work with them, and explores similar concerns about the social distribution and mediation of their experiences of illness and healing.

1.4: Methodological Considerations.

At the outset of the project, I was concerned that my lack of knowledge of Native American languages would prove to be an obstacle and restrict my access to my informants as well as to other cultural resources. However, this concern was mitigated by two things. Firstly, the fact that I was perceived as someone from the United Kingdom by my Native American subjects positioned me as a 'double' outsider and

²⁶ See Chapter 4.

inadvertently afforded me a considerable amount of leeway and accessibility that I suspect may not have been shown to non-Native Anglo Americans. As a result, I always had the impression during our interactions that language was not a barrier. In fact, sharing an interest in the differences in each other's languages came up quite often in our various conversations. For example, my subjects showed a considerable interest in the differences between U.S. and British uses of English; whereas they taught me some of the basic ways and terms of greeting in Navajo, and we and discussed etymologies, and so forth. Secondly, the fact that my fieldwork involved a large degree of demographic heterogeneity and movement between different fieldwork sites and geographic locations meant that I was frequently and typically in situations with mixed groups of Native Americans where the only common language was English. Consequently, all of my communications and interactions took place in English.

1.4.1: Fieldwork Context.

Some 33,000 Native Americans reside in Utah, mostly on tribal reservations dispersed throughout the state. This figure accounts for around 1.2% of the state's total population (US Census Bureau, 2014c) and represents all the indigenous groups and sub-groups within Utah, and includes – from largest to smallest – the Navajo, Utes, Paiutes, Shoshoni, and the Goshute (Cuch, 2000; Economic Development Corporation of Utah, 2011; Utah Division of Indian Affairs, 2014). The majority of Utah's 2.8 million people, roughly 75% of the state's population, including around 13,000 Native Americans of all tribes, live in an extended metropolitan area situated in the north-central part of the state known as the Wasatch Front. This comprises the four main urban county districts of Weber, Davis, Salt Lake, and Utah that stretch approximately 120 miles north to south. It is bounded by the Great Salt Lake and Utah Lake to the west, with the Wasatch Mountain Range to the east, and the area incorporates the major cities of Salt Lake City, Ogden, and Provo (see: Figure 1). Utah's Mormon population consists of approximately 1.7 million or roughly 60% of the State's total and

is constituted almost entirely of White Americans (Canham, 2012; Pew Research Center, 2014; US Census , 2014d).²⁷

The Wasatch Mountain Range stretches approximately 150 miles from the Utah-Idaho border, south through central Utah, and describes the eastern extent of the Great Basin. This region was the habitat of the Uto-Aztecan Anasazi and Fremont peoples between the 12th and 15th centuries. The Ute, Paiute, Shoshone, and Goshute tribes, all of Uto-Aztecan descent,²⁸ settled in the area in the early-to-mid 1800s having migrated from the south-western region of present-day California. The Navajo, who are of Canadian and Alaskan Athabascan lineage and constitute the other major tribal presence in Utah, had settled in the Four Corners region of the southwest by the 15th century (McPherson, 2011; McPherson and Yazzie, 2000). Hispanic exploration of southern Utah had started as early as the mid-16th century; and white settlement of the Great Salt Lake region had begun in the early 1800s, initially through trading posts and eventually as a refuge for the Mormon community fleeing anti-Mormon intolerance and persecution in the mid-1800s (Blackhawk, 2008; Farmer, 2008).

While the state of Utah takes its name from the word Ute, which means 'land of the sun' (Ute Indian, 2002), and was imposed by the succession of Hispano-Anglo colonial invaders after the late 1600s (Blackhawk, 2008; Farmer, 2008), differing accounts are offered as to the origin of the word Wasatch. According to one, the word derives from a Ute word meaning 'mountain pass,' or 'low place' (McPherson, 2000: 6). Another, somewhat more dubiously attributed meaning, derives from a Paiute and Ute Indian expression that means 'frozen penis' and relates to a quasi-urban legend about a lost hunter during a snow storm (Rethinking Mormonism, n.d.; Teton Gravity Research, 2008).

²⁷ Although there is a growing Hispanic and Latino contingent among the Mormon population (US Census Bureau, 2014b).

²⁸ See Farmer for reference to the group's Numic lineage (p.23; pp.25-27).

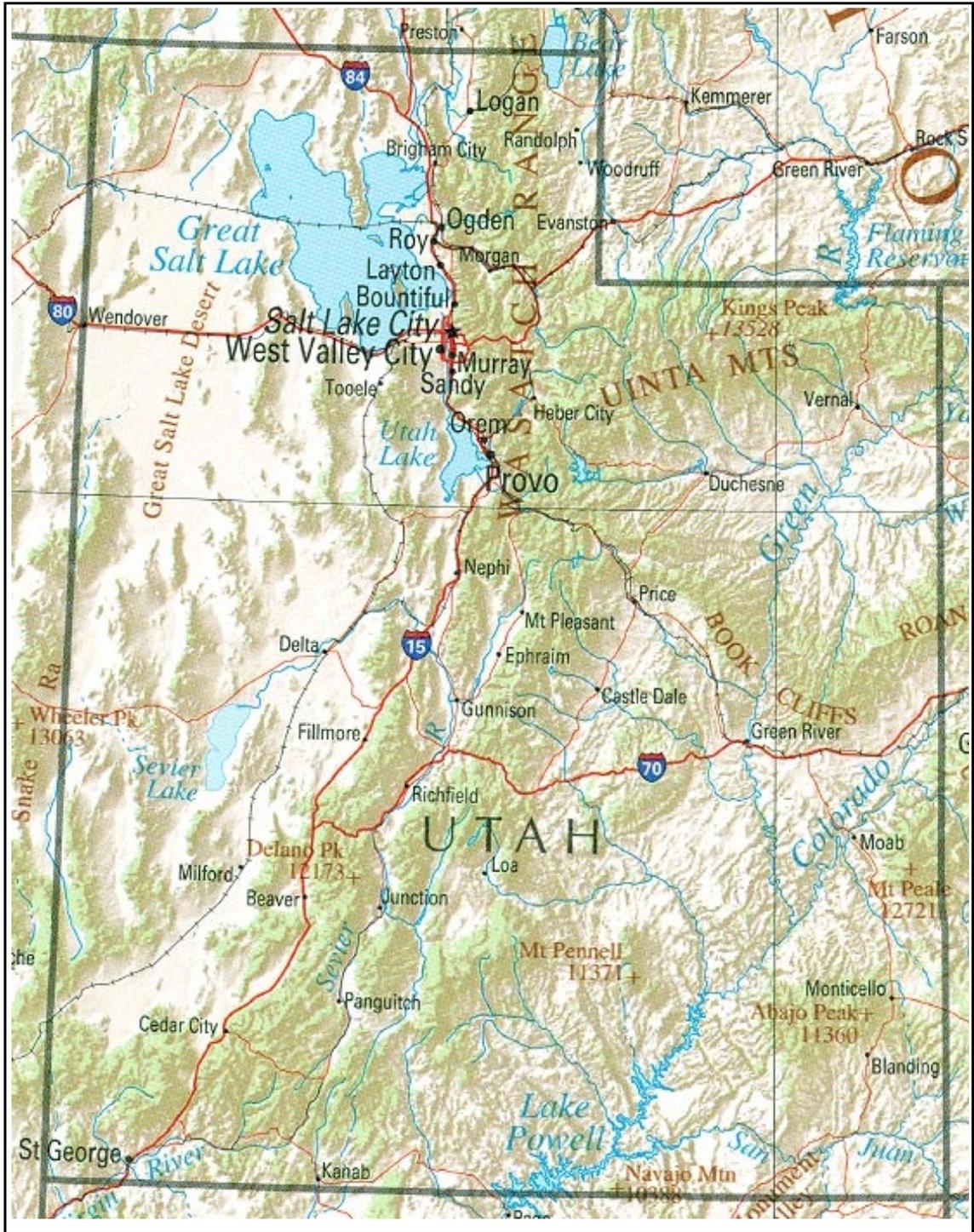


Figure 1: Map of Utah.²⁹

²⁹ Map credit: University of Texas Libraries:
http://www.lib.utexas.edu/maps/us_2001/utah_ref_2001.jpg [Accessed: 30.3.2015].

As the only major metropolitan area along the Wasatch Front between Reno, Nevada and Denver, Colorado (a distance of over 1,000 miles), Salt Lake City serves as a strategically important hub for an extensive 'catchment area' for local and more transient Native American people from the surrounding mountain west and southwest states. I identified the Wasatch Front as a potentially significant fieldsite for my research purposes because of its geographic, cultural, and historical significance as a crossroads for the principal Native American groups in Utah within the Mormon Corridor and as an important location within the Great Basin and the Southwest areas in the U.S.. I concentrated my investigation on Salt Lake City and the experience of Native American homelessness predominantly as an urban phenomenon.

1.4.2: Research Design.

This thesis was conducted as a qualitative, multi-sited research project. It was designed as a cross-sectional, interpretive study of the research topic and was influenced and modified by the ethnographical needs and contingencies that arose in the field (Geertz, 1973, 1998; Marcus, 1995). The fieldwork was carried out principally in Utah with brief field trips to Arizona, New Mexico, Colorado, and California, over a period of twelve months, between October 2011 and September 2012. I divided the field areas into 'primary' and 'secondary' sites – Utah, and the rest - respectively.

The ethnography itself was broadly influenced by overlapping characteristics inherent in four theoretical and methodological perspectives: (a) Clifford's (1997) and Geertz's (1973, 1998) interpretive strategies of 'deep hanging out'; (b) Marcus's (1995) 'multi-sited ethnographic' research; (c) critical ethnography; and (d) phenomenological inquiry as highlighted by Conquergood (1991), Creswell (2007), Groenewald (2004), and Merleau-Ponty (2005).

Through detailed, interpretive descriptions of the subjects of study and their worlds, 'deep hanging out' allows the ethnographer to present an understanding of how "*a people's culture exposes their normalness without reducing their particularity... it renders them accessible: setting them in the frame of their own banalities, it dissolves*

their opacity.” By “*looking at the ordinary in places where it takes unaccustomed forms,*” one gets a sense of “*the degree to which its meaning [i.e. the ordinary] varies according to the pattern of life by which it is informed*” (Geertz, 1973: 14). Marcus’s ‘multi-sited ethnographic’ research model,

...is designed around chains, paths, threads, conjunctions, or juxtapositions of locations in which the ethnographer establishes some form of literal, physical presence, with an explicit, posited logic of association or connection among sites that... defines the argument of the ethnography. (Marcus, 1995: 105)

Critical ethnography emphasizes the co-production of data between researcher and informant along alliance-based, non-exploitative research practices to enable a dialogical relationship while situating the discourse of representation of other in a politics of recognition, difference, and identity (Taylor, 1994). By extension, it acknowledges the importance of the need for the conservation of indigenous (or local) knowledge, traditions, and cultural practice while interrogating the premises of salvage anthropology as a vestige of colonial practice (Clifford, 1988; Conquergood 2002; Duran, 2011; Taylor, 1994, 2001; Whiteley 2008).³⁰ On the other hand, phenomenological inquiry privileges the subjective or lived experience of the informant while minimising the researcher’s biases as much as possible. At its heart, the principle asserts the need to locate human beings in their everyday lived realities whilst simultaneously drawing new meanings from the on-going cycles of their experience (Creswell, 2007; Groenewald, 2004; Merleau-Ponty, 2005). None of these approaches privileges the researcher’s position as one of authority and power, yet they all allow for unpredictability and for emergence and transformation within the research process itself.

³⁰ Representation of Native American subjectivity and the phenomenological experience of colonialism and the subsequent post-colonial aftermath are well documented in the anthropological and historic literature. Whiteley reminds us that while ‘*ethnography began life as a colonial science*’ it has evolved into “*a primary source for recuperation of past forms that are otherwise simply unavailable, to Native people or others*” (2008: 460).

Thus, following these approaches was a salient, self-regulating, logical and ethically valid methodological strategy for my investigation - particularly where anthropology's engagement with vulnerable and marginalized populations (as in my case) is often encountered as extreme social, political and economic inequality and injustice. In such cases there is perhaps a sense of urgency and a need to respond with greater advocacy and activism (Scheper-Hughes, 1992; Farmer, 2005). At the same time, such an approach accommodates effectively the cross-sectional nature of the investigation of the research topic and the representation of its social production and distribution. In this sense, it affords a solid foothold for the ethnographer's role as "*circumstantial activist*" while avoiding some of the "*methodological anxieties*" that inflect the multi-sited ethnographic enterprise (Marcus, 1995: 99-102; 113-114).³¹

1.4.3: Data Collection.

Data for the study was collected from three main sources: firstly, through interviews and discussions with primary and secondary informants; secondly, through participant observation and supporting field notes, including audio and visual recordings (mostly photographs); and thirdly, through an extensive review of the available literature, media, and other materials in the public domain.³²

Data from informants was collected through conversations, dialogues, observations, reflections, critical thinking, and interpretation during group meetings, individual interviews and pre- and post-session preparation and processing. Notes and note-taking procedures were similar, in many cases, to Snow and Anderson's methods of

³¹ Circumstantial activism encompasses "*a concern about testing the limits of ethnography, a concern about attenuating the power of fieldwork, and a concern about the loss of the subaltern*" (Marcus, 1995: 99).

³² Including the internet, radio, newspapers, magazines and journals.

'data entries,'³³ 'detailed field narratives,' and 'mental and jotted notes'³⁴ – procedures they used in ethnographic fieldwork with homeless subjects in Austin, Texas in the mid-1980s (1987: 1344-45). Typically, I wrote up my field notes at the end of each day. I usually adopted a reflective narrative style, although I would also make use of bullet-point or key word forms as a mnemonic technique when I needed to record important data *in situ*. All transcripts and field notes were dated and indexed, and the material was analysed and coded into thematic clusters. Themes included Native American masculinity and identity; homelessness; social suffering, illness and healing; spatiality; urbanization; cultural and traditional knowledge; substance abuse; political-economy; and theoretical and methodological perspectives. These themes are explored contextually throughout the thesis.

1.4.4: Population Sample.

Given the demographics of Utah's indigenous population, heterogeneity and diversity were significant factors underpinning the design of the study in terms of the range of representation. Accordingly, the population for this project consisted of a set of convenience and random samples, all of whom were volunteers, and I made the distinction between primary and secondary informants on the basis of the subject categorizations and thematic organization of my research premises.

1.4.4.1: Primary Informants and Primary Data.

Primary informants were all Native American individuals and I divided this group into two tiers. The first tier consisted of men identified as having had some exposure to homelessness in urban settings. Some were homeless at the time of the study, and some had been homeless prior to the study. They came from considerably diverse

³³ Data entries "varied from a single sentence to several pages in length and were assigned to one or more [...] of the coding categories" (Snow and Anderson, 1987: 1345, n.12).

³⁴ "The jotted recordings typically included key phrases, longer quotes, and behavioral descriptions" (Snow and Anderson, 1987: 1344). I add *annotations* to this subset.

backgrounds, and ages ranged from early thirties through to mid- and late-sixties. Most were born on their reservations, and a few had returned to them, though not all of them were representative of Utah's indigenous tribes. Most, but not all, claimed to be traditional in their views and affirmed their connection to their indigenous cultures. All of them manifested different degrees of acculturation. Many were military veterans, typically of the current conflict in which the U.S. government is engaged in Afghanistan, although some were veterans from the Vietnam War era. Most had experienced disruptive family backgrounds as well as alcohol or substance abuse issues (with recidivism a recurrent trend), and some had had histories of incarceration and unemployment. A number had also been through the federal government boarding school system or the LDS Indian student placement system - or both.³⁵

A second tier consisted of Native American individuals, both male and female. These individuals were involved in Native American homelessness matters; the Native American healthcare and wellbeing environment (in terms of both western medicine and traditional healing); and in tribal leadership and community building throughout Utah and beyond. This group included elders and medicine men and women; western medical and clinical personnel; social workers and counsellors; educators; and academic institution, non-profit organization, and community centre staff members. They were involved in a range of outreach and educational programmes that included basic needs, substance abuse prevention and intervention, family and community support, and diabetes and cancer screening, care, and advocacy. In some cases, some of them had experienced homelessness or substance abuse themselves, or had immediate family members who had.

³⁵ The boarding school system (BSS) formed part of the U.S. government's assimilation policies of the late 1800s whereby Native children were forced to attend off-reservation boarding schools as a way of acculturating them to western culture. The Indian Student Placement Program (ISPP), on the other hand, was "*a voluntary foster care program operated for Native American youth by members of the Church of Jesus Christ of Latter-day Saints from 1947 until 2000*" (Garrett, 2010, iii). See Chapter 3 for a more detailed analysis of the BSS. An analysis of the ISPP is beyond the scope of this thesis.

The core of my primary data was collected during weekly sessions over a seven-month period³⁶ of voluntary street and mobile outreach work with the Salt Lake City Homeless Outreach National Association (SHONA),³⁷ its partnering agencies (see below), and its unique, dedicated Native American drop-in centre, the Native American Homeless Outreach Centre (NAHOC). SHONA is a nation-wide non-profit organization that provides affordable housing, an inclusive outreach programme, and other services to low-income and homeless people. It describes itself as a faith-based organization and is funded through grants and donations. NAHOC offers respite care and other cultural awareness activities and events (both on- and off-site), and doubles up as an informal community centre for the local Native American homeless population.

Data was collected from SHONA/NAHOC service-users and staff during outreach work on the streets as well as during voluntary work as part of the drop-in centre team; and I understand I was the first non-Native American volunteer in its eight-year history to be involved with the NAHOC drop-in centre as part of its team.³⁸ Relevant supplementary data was collected from participant-observation during the Centre's regular staff meetings and during off-site events with clients, and included mountain hikes, barbecues, and day trips to historical and cultural places of interest. My research strategy and planning during this phase of the fieldwork was dependent on the Centre's schedules and programming of these activities.

The data I collected included, but was not restricted to, participants' experience of homelessness; pertinent illness and healing narratives; the history, structure and organization of the Centre; the design, delivery and outcomes of the Centre's various

³⁶ i.e. between March and September, 2012.

³⁷ Individual and organization names, including acronyms, are pseudonyms for reasons of confidentiality.

³⁸ While the significance of this exclusivity needs to be understood in the context of Native American mistrust of and hostility towards both outsiders and anthropologists, I understand that I was also the first non-Native to want to volunteer. My status as a British citizen went some way to mitigate some of the traditional cultural baggage as well.

programmes; and its role as a knowledge site - particularly with regard to the urban Native American healthcare landscape.

1.4.4.2: Secondary Informants and Secondary Data.

Secondary informants included non-Native American individuals whose professional profiles match those of the second tier primary informants outlined above. In addition, this group included medical and clinical practitioners and nurses involved in administering and distributing street medicine to the homeless; counsellors and therapists; and a number of independent academics and artists involved in Native American fields of research, study, and interest. Many of these individuals were associated with the principal non-profit agencies that formed part of the continuous care provision network to the Salt Lake City homeless population, and worked in close co-operation with SHONA (see below).

Secondary data consisted of material collected during subsequent phases of the fieldwork and included knowledge-exchange through meetings, presentations, talks, seminars and conference attendance with practitioners, academics and students involved in research in the field.

Overall, I conducted nineteen in-depth, semi- and open-structured interviews and took part in numerous discussions and meetings in formal, semi-formal, and informal settings with both primary and secondary informants. In some cases, I did not conduct interviews with either sets of informants and in these instances data was collected from discussions and other forms of participant observation (see below). Interviews lasted between one and two hours and in two cases, I conducted follow up interviews. These took place in a range of different locations and were conducted as informal and friendly one-to-one meetings. Locations included informants' homes, place of work, my residence, and Salt Lake City Public Library private conference rooms. Informal discussions took place on the street, in public parks, in coffee shops and restaurants, at seminars and conferences, on reservations, and at powwows and similar Native events. Data collection sites constitute fundamental spatial provinces in terms of both

'focal settings' and 'cultural domains' (Snow and Anderson, 1987)³⁹ and serve as a central and critical thematic and analytic reference point throughout this thesis.

All interviews were audio recorded following ethical protocols to uphold informed consent, confidentiality and anonymity, and were transcribed, dated and coded after each session, and securely stored in password protected computer files and/or locked cabinets. Questions were adapted to each interview and the format allowed some scope for open-ended discussion. Participants were invited to reflect on, and answer questions about their experience, opinions, and views linked to the study's central research themes (see above). Moreover, most of the informants I interviewed were also available for informal discussions or as participants in organizational and departmental meetings, seminars and conferences to which I was invited. These settings provided an additional forum for collecting data and I took extensive notes during these encounters, which I later used to code, cross-reference, and triangulate primary data collected from the interviews. Lastly, I supplemented the interview transcripts with notes I took during various other stages of my fieldwork and with further annotations during re-readings in the analysis process.

1.4.5: Participant Observation.

The second source of my data collection took place through participant observation conducted over a period of five months⁴⁰ that involved several trips to sites in other states, including Arizona, New Mexico, Colorado, and California. Participant observation itself took place through a varied range of settings. These included:

³⁹ "By "focal settings," we refer to the major institutions or agencies (e.g., city hospital, city police department, and Salvation Army), commercial establishments (e.g., bars, restaurants, and plasma centers) and territorial niches (e.g., particular campsites, bridges, parks, and street corners) that are most relevant to the daily rounds, life-style, and prospects of the homeless living in or passing through Austin. By "cultural domains," we refer to categories of meaning, events, and problems that constitute the social world and life-style of the homeless (e.g., drinking and alcohol, drugs, food and eating, sleeping and shelter, social relationships, and work) and that were discerned by the previously discussed procedures" (Snow and Anderson, 1987: 1345, n.11)

⁴⁰ i.e. between May and September, 2012.

attendance at a two-week residential substance abuse and suicide prevention programme for at risk Native American youth; attendance at the American Indian section of the University of Utah's five-day annual conference on alcoholism and other drug abuse; the Utah Division of Indian Affairs' two-day annual summit; presentations, talks and seminars; various ceremonies, talking circles, smudgings,⁴¹ powwows, and a tribal dance. I also paid a brief visit to the Native American Health Center in Oakland, California. Throughout, I took extensive field notes - totalling over 150,000 words, or 500 pages of typed single spaced notes with diagrams and sketches – that consisted of transcripts of observations, reflections, and critical thinking during the fieldwork proper and during preparation and processing phases.⁴² Data collection techniques used during this phase included a range of different formats such as 'interviewing by comment,'⁴³ and nondirective, conversational listening.⁴⁴

1.4.6: Literature Review.

Lastly, I conducted an extensive literature review that involved primary and secondary texts. Literature consisted of academic publications available online and through the databases and archive material in university libraries. While I was in the field, I availed myself in particular of the facilities at the University of Utah's Marriot Library and the special collections of the University of California, Berkeley's Bancroft Library. In addition, relevant materials available in the public domain were collected from public

⁴¹ Smudging is a traditional purification process of "using the smoke from burning herbs to cleanse the body or an object" (Szlemko, Wood, and Thurman, 2006: 446).

⁴² In the main, I followed Geertz's (1973) philosophy of using 'thick description' as well as Groenewald's (2004) observational, theoretical, methodological and analytic classifications of note-taking, and these transcripts were also dated and coded after each session.

⁴³ "Interviewing by comment refers to an attempt to elicit spoken information from a respondent or informant by making an intentional statement rather than by asking a direct question. Comments can vary, just as questions do, in the degree to which they are focused or unfocused and in their level of specificity or generality" (Snow and Anderson, 1987: 1343, n.7).

⁴⁴ Nondirective, conversational listening occurs when the researcher engages "in encounters with two or more homeless individuals" (Snow and Anderson, 1987: 1343).

libraries and other media sources; radio broadcasts; newspapers; journals; and websites. Particular attention was given to respecting indigenous knowledge and to cultural sensitivity, and ethical codes pertaining to confidentiality and data protection were adhered to at all times (see Ethical Considerations, below).

I would like to highlight the fact that while there is an extensive body of anthropological literature on Native American traditional culture, particularly traditional healing and sacred knowledge, there is a paucity of published work on contemporary urban Native American cultural production, and an exceptionally thin body of work on Native American homelessness and related health and wellbeing concerns. This is surprising given that over 70% of Native Americans currently live in urban environments (US Census Bureau, 2014a, 2014b) – although this is partly mitigated by a proliferation of dedicated local Native American radio stations and online access to Native American newspapers. With very few exceptions, what literature that does exist on urban Indian healthcare tends to be from sociological and social work perspectives, and it fundamentally neglects the topics of Native American homelessness (Lobo and Mortensen Vaughan, 2003; Susser, 1996; Zerger, 2004). Furthermore, this body of literature overlooks the contribution of human and cultural geography and research into the emotional and affective dimensions of the experience of homelessness, specifically as they play out in terms of indigenous sacred geography.

Consequently, I also drew on academic research literatures beyond the anthropology corpus, for example, by foraging into the domains of medical, urban, cultural and human geography, psychology and behavioural studies, law, politics, art, history, and more. All literature sources are listed in the bibliography section of the study.

Overall, the data collected was in-depth and extensive. A number of the informants I interacted with had migrated from situations of homelessness, incarceration, and substance abuse to take up positions of healing and advocacy – a recurrent theme in symbolic healing processes (Hunsaker-Hawkins, 1999; Jackson, 2001; Janzen, 1982), while others occupy a range of other professional or leadership roles.

1.4.7: Procedure.

Initial efforts to set up a fieldwork partnership with the Indian Walk-In Center (IWIC), as it was known until it changed its name to the Urban Indian Center, Salt Lake (UIC) in April, 2012 (see Chapter 4), represented a false start to my fieldwork. As a result of time constraints on my fieldwork assignment, extensive delays in obtaining I.H.S. Institutional Review Board (IRB) approval for my application for working with the UIC meant that I had little option but to abandon the idea of working with the Center. This impasse meant that I had to adopt my contingency plan to work with alternative carers agencies, which led to establishing new, extremely valuable and rewarding fieldwork partnerships and it exposed me to the range and depth of the social distribution of urban Native American healthcare in Utah beyond the UIC's domain.

As part of my pre-fieldwork preparation, I had geared up for unforeseen eventualities and contingencies, and my backup strategy was to develop (or be prepared to develop) potential alliances with alternative agencies and individuals involved in some capacity with Native American homelessness and healthcare. Prior to my arrival in Salt Lake City, I had been corresponding with several academics, both Native and non-Native, involved in Native American healthcare research in three different states, and had agreed in principle to meet with them at some point during my fieldwork, if scheduling permitted. However, until I got to Salt Lake City I had no way of knowing exactly what alternative resources were available for my chosen environment given the scarcity of research and of available information in my specific field.

In spite of this, once I got to Utah, I discovered and began exploring local resources, and somewhat surprisingly and unexpectedly, built up an extremely valuable and diverse network of contacts remarkably quickly. This included what was to become my primary fieldwork partner, SHONA and its dedicated Native American homeless outreach project, NAHOC.

SHONA forms part of a constellation of local non-profit agencies that attends to Salt Lake City's homeless population's short- and long-term needs as part of an overall

strategy of continuous care provision, including housing, primary and secondary healthcare, referrals, basic needs, and street outreach. These agencies work in very close proximity and co-operation and have over the years built up a comprehensive client database compiled from pooled resources. They have also established a track record and reputation in the local community for the range and quality of its services.

The agencies usually meet once a week to discuss current high priority at-risk client cases and reports from Street Medicine Clinic's (SMC) staff,⁴⁵ SHONA's street outreach staff, and their team of counsellors, case managers and social workers. The meetings include on-going case reviews and database updating. New developments involving state or federal funding and grants, and changes in federal healthcare and homeless housing policies are appraised and actioned. As an extension of its overall mission to provide an integrated duty of care to its local homeless and vulnerable citizenry, the network nurtures a close relationship with the emergency services (fire, rescue, and ambulance), the police department, and the courts. Throughout my interaction with SHONA and NAHOC, and apart from the regular street outreach and mobile outreach voluntary/participant-observer work I was involved in, I also attended many of these meetings and was able to observe first-hand some of the operational and strategic intricacies of the work that these organizations carry out.

Over and above my involvement with SHONA and NAHOC, I developed relations with a host of other partners, including various enclaves within the University of Utah's School of Medicine, its Anthropology Department, the Marriott Library, and its American West Center. On the other hand, I met a number of private individuals (Native and non-Native) - artists, academics, educators, medical people, members of the Mormon community, and others - all of whom had made some worthwhile contribution to the contemporary urban Indian experience in Utah and beyond.

⁴⁵ SMC is the only agency in Salt Lake City that provides a mobile medical service to those living on the streets. It is a key member of the agency 'alliance.'

Most of these contacts came about as a result of word-of-mouth communication and there were a number of fortuitous and serendipitous encounters that enabled me to access rich veins of data – for example, through invitations to participate in ceremonies, to visit private homes on reservations and other out of state cities, to attend and participate in residential camps, conferences, seminars, talking circles, and more. In significant ways, most of these encounters touched on some of the more urgent and pressing health and wellbeing issues facing the Native American communities in general, and its urban homeless male population subset in particular. These fora provided excellent opportunities for me to get an extensive, cross-sectional perspective of contemporary eastern Great Basin and Southwest Native American experience, and provided a crucial platform from which to contextualize and triangulate my investigation. I expand on these themes in the following chapters of my thesis.

1.4.8: Ethical Considerations.

As I was working with human subjects, and as some of the participants recruited for the study were deemed to be vulnerable, I had to obtain clearance from University College London's (UCL) ethics committee in order to conduct this research project. Part of this procedure involved undergoing an enhanced Criminal Records Bureau (CRB) check, and I had to comply with conditions regulating participant recruitment, informed consent, confidentiality, anonymity, safety, and the right to withdraw.

I identified and approached informants through contacts I developed with academic institutions, independent private sector agencies and organizations, and independent individuals involved in Native American interests in Utah and beyond. In each instance, communication initially took place through cold calling or emailing. Interview candidates were recruited as a result of these contacts, and after an initial meeting or phone call that outlined the aims, methods and conditions of the study they were invited to participate. In line with ethical requirements, it was made clear to the

interviewees, both verbally and in an information sheet⁴⁶ at the beginning of the interviews that participation was voluntary, that confidentiality and anonymity would be upheld, and that they had the right to withdraw any information at any stage until it was transcribed for use in the final report. Participants signed informed consent release forms and, in addition, it was made clear to them that they were free to disclose only information they chose to discuss.

Over and above these formal ethical requirements, and in the spirit and practice of cultural sensitivity, I took the further precaution of anonymizing tribal identifiers wherever possible. However, a considerable amount of demographic as well as cultural and traditional knowledge and information pertaining to Native American tribes and their distribution in the U.S., including Utah, is in the public domain or available through academic publications and scholarship. Consequently, in this study I have followed the practice of generalizing any tribal identifiers as much as possible. However, this was not always practical or logical when it came to preserving the consistency, accuracy and clarity of meaning of particular points or arguments or particular encounters. For example, where I have had cause to reference tribal or individual data from the public domain (i.e. books, journals, newspapers, online, and so forth) in order to support or to cross-reference historical, political, cultural and other information, I have occasionally made specific references. My sources in Chapter 3 are a case in point. As most of the data I draw on for this chapter is readily available in the public domain, I have not anonymized it as it would have produced an illogical and artificial representation. Hence, where I have mentioned individuals by name in that chapter, I have obtained their permission to so.

In addition, in all cases where living subjects were involved in my research, I have worked from the premise that the data produced from our interactions and encounters has been a form of co-production and I claim no personal ownership beyond my own views and opinions.

⁴⁶ See Appendices for draft samples of the information sheet, consent form, and interview questions.

A final point, although it had no significant bearing on the project's final outcome, is that as I had initially agreed in principle to work in partnership with the UIC in Salt Lake City I had to obtain further independent ethical clearance from the I.H.S.'s Institutional Review Board (IRB). This process involved completing an online Collaborative Institutional Training Initiative (2011) test that covered similar areas to those required in the UCL protocol (University College London, 2006). In addition, it included areas such as knowledge of the history of research with human subjects, risk assessment, international research, and conflict of interest. Specifically, it contained a section on conducting research with Native American subjects.⁴⁷

1.5: Thesis Outline

The thesis is divided into six chapters and explores the experience of the social suffering and dis-placement of homeless Native American men in Salt Lake City alongside efforts to address this suffering on the part of local independent agencies involved with Native American homelessness and healthcare services.

Chapter 1 above, outlines the theoretical and methodological considerations of the study and introduces the argument that homeless Native American suffering is inextricably linked to a profound geographic and cultural dislocation and loss of sense of place resulting from historic and social pressures since the early part of the twentieth century. I suggest that this suffering complicates efforts for homeless Native Americans to reclaim a sense of personhood and to lead a fulfilling life. The chapter opens up the discussion for development in the rest of the thesis.

Chapter 2 explores the symbolic mediation of homeless dis-placement and loss as spatial metaphors of absence through an ethnographic appraisal of a memorial service for deceased members of the Salt Lake City homeless Native American community. It invokes the idea that the healing transaction is predicated on the role of personal agency in honouring one's reciprocal bonds to both the spirit world and to the entities

⁴⁷ See Appendix 3 for a copy of the CITI report.

and relationships of this world in accordance with traditional Native American cultural and spiritual practices.

Chapter 3 presents an ethnographic case study of the Intermountain Indian School in Brigham City, Utah - part of the federal government's boarding school system initiated in the late-nineteenth century. It highlights the incommensurability between the experience of alienation, dis-emplacement, suffering and cultural loss that homeless Native Americans demonstrate and, on the other hand, the adaptive strategies, resilience, and cultural regeneration and cultural growth of individuals who experienced equally complex and disruptive changes and cultural loss as students within the boarding school system. In doing so, it also elaborates the spatial metaphors of cultural and geographic dis-emplacement and absence introduced in the previous chapter.

Chapter 4, outlines the urban Indian healthcare landscape as it has emerged since the 1950s and looks at how the current status of urban Indian health is constructed in relation to the rest of the U.S. population. It also looks at how urban Indian healthcare needs are currently being addressed, and appraises historical trauma as the predominant Native American explanatory model for the contemporary experience of indigenous social suffering. The chapter is a precursor to investigating the homeless Native American experience of suffering and efforts of local independent organizations in Salt Lake City to address this suffering in Chapter 5.

Chapter 5, develops the central themes from the previous chapters and looks at the social distribution of the illness and healing experience of the local homeless Native American community in Salt Lake City and the work of the agencies that provide this community with healthcare, housing support, and outreach services. It investigates the the difficulties that both parties face in negotiating the healing exchange and how healing outcomes are complicated by the double bind of having to navigate a street as well as an Indian identity.

Chapter 6 investigates biographical determinants and adaptive strategies that influence pathways into and out of homelessness. The chapter draws attention to cultural dimensions and differences that characterize the phenomenology of the Native American experience of homelessness within the larger context of the homeless phenomenon in the U.S. and reinforces the notion that the Native American experience of homelessness cannot be separated from the experience of suffering and the historical dis-empowerment and cultural loss that Native communities have endured since the 1950s.

CHAPTER 2: The Presence of Absence.

We were told that you are a spiritual being experiencing earthly life. You are not a human being trying to experience spiritual life.
(Interview with Max, Navajo Healer, June, 2012)

The goal of the earth surface people is to live a long life of beauty, harmony, and happiness and die of old age. This must be done, however, in a world of benevolent and malevolent forces. To reach the goal of old age successfully one must identify with and incorporate the good of benevolent powers and transform or exorcise the evil of malevolent powers.
Witherspoon (1977: 35)

...the cause of death is the single most important factor in influencing the categorization of a death... [and] ... probably influences the classification of a death for anyone in any culture.
Bradbury (1999: 160-161)

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2.1: Introduction.

In this chapter, I present an ethnographic account of a memorial service organized by the Native American Homeless Outreach Centre (NAHOC)¹ for deceased members of the Salt Lake City homeless Native American community. The service had been planned as an annual event and, as I understand it, this was the second year it was taking place. The event thus provided a unique opportunity to explore the correlations between the placelessness and the concomitant degree of social suffering that homeless Native Americans experience in the city at the same time that it offered an insight into local efforts to address this complex dilemma. In my analysis I elaborate the central themes in some detail in order to contextualize their significance throughout the thesis.

¹ Individual and organization names, including acronyms, are pseudonyms for reasons of confidentiality.

The underlying premise of my argument is that for Native Americans generally, the notion of living a good life and dying a good death is deeply rooted in a culturally and spiritually embodied sense of place. When this connection to sense of place is severed or lost, not only does it bring a specific meaning to the understanding of indigenous homelessness, but the possibility for homeless Native Americans of living a fulfilling life is fundamentally compromised and can lead to severe suffering and, ultimately, a ‘bad’ death. The experience of many homeless Native American individuals presents an extreme form of such dis-emplacement and suffering on a daily basis. This experience also underlines the difficulties many of these individuals undergo in trying to reclaim a meaningful sense of self in order to lead good lives – in many cases, unfortunately, without success.

In this chapter, I explore the interrelationship between contemporary notions of living good lives/dying good deaths and public memorialization processes alongside Native American conceptualizations on similar themes. For my reference, I draw mainly on Navajo mortuary practices and notions of leading good lives in the context of dis-emplacement and suffering. I have organized the chapter into two parts. The first part presents the ethnography and includes a profile of NAHOC as well as a description of the memorial service’s setting and the sequence of events that took place. The second part is a critical discussion and I look specifically at the following themes: contemporary memorialization processes, an anthropological conceptualization of good and bad deaths and ways in which loss is mediated, Native American conceptualizations of good and bad deaths, and contemporary mortuary practices in the Navajo world. I conclude the chapter with a critique on how these themes are contextualized within the framework of the NAHOC memorial service, and my analysis develops the themes of spatiality, relationality, agency, absence, and loss set out in Chapter 1.

2.2: The NAHOC Memorial Service.

2.2.1: Background.

In late May 2012, I was invited to attend a memorial service organized by NAHOC for deceased members of the Salt Lake City homeless Native American community. The

memorial was held in Jordan Park, one of the larger of the many public parks distributed throughout the city. It was organized by Annabel Bruce, NAHOC's project co-ordinator, and assisted by Gloria Benedict, who fulfils a double role as NAHOC's and Street Medicine Clinic's (SMC) outreach care co-ordinator.²

At the time of the memorial service, I had been in Utah for six months, and had been doing fieldwork with NAHOC and Salt Lake City's Homeless Outreach National Association (SHONA)³ for roughly a third of that time. I had settled into Salt Lake City and had become reasonably familiar with the layout of the downtown area of the city; the main geographic and territorial domains of the homeless Native American population; and with the local urban Indian landscape – particularly in terms of its general outreach and healthcare configurations. I was developing my understanding of NAHOC's (and SHONA's) operational procedures and had met many of its homeless individuals and regulars as well as prominent Native personnel in various institutional and other community settings, such as the hospital, the university, at public events, local powwows, and through my own independent inquiries and appointments. By this stage, I had already interviewed or had been in meetings with a number of Native individuals who were key players in various capacities in the local indigenous community, and I was recognizing certain names and places as they came up in various conversations.

The overall picture I got was of a relatively small, active, multi-tribal Native community with a considerable amount of interconnected engagement and support for the wellbeing of its members. At the same time, however, I also sensed an undercurrent of diffidence and even some conflict of interest between different individuals, groups, and institutions, especially regarding their involvement with, and degree of commitment to the local homeless Native population. This was an extremely complex matrix of socio-political, economic, and culturally convoluted alliances and pragmatic

² Annabel Bruce and Gloria Benedict are from the same tribe in Utah and have been involved with the homeless Native American population for a number of years through their respective agencies.

³ See Chapter 1 for an outline of SHONA's profile.

partnerships between Utah's Native American community, Utah State's political institutions, the private sector, and the monolithic presence of the LDS Church.

In this setting, the NAHOC memorial service was a microscopic event and, by and large, passed unnoticed. However, as a cultural, collective, commemorative expression for a particular group of individuals, the service provides a unique and critical representation of David-and-Goliath proportions in the context of my investigation. It brings into focus neglected aspects of the social suffering and cultural loss that many homeless Native Americans experience as part of their daily lives. It also highlights some of the initiatives and some of the difficulties involved in addressing the problem at a local culturally and socially meaningful level.

2.2.2: Profile of NAHOC.

NAHOC is part of SHONA and was established as its dedicated Native American programme. It offers three basic services. Firstly, it is a drop-in community centre and therapeutic space (Gesler, 1992; Wendt and Gone, 2012; Wilson, 2003) with a range of facilities that provides respite care and other cultural awareness activities and events, both on- and off-site. These include monthly scheduled activities that involve recreational pursuits such as making art, watching movies, and creative writing sessions, preparing and sharing food, and outdoor excursions and hikes. They also include activities that emphasize cultural traditions and practices such as the talking circle and smudging; and interventions to change negative street behaviours and instil or develop social skills. In addition, there is some administrative assistance when dealing with homeless shelters, social services, the courts, and with tribal government bureaucracy.

Secondly, NAHOC offers a mobile outreach service as part of SHONA's general outreach project that provides basic needs such as food, clothing, toiletries, pastoral tasks, social services and other useful housing, employment, and medical/healthcare information. Most of the material resources are donated through the LDS and Catholic Churches, local businesses, and the public. The outreach vans occasionally double up as transport

and emergency vehicles to get individuals to housing locations, hospitals, and SHONA's detox centre.

Lastly, NAHOC also serves a pivotal role as a service hub (Wolch et al, 1988: 451) for the homeless Native American population in Salt Lake City through its extensive partnerships and alliances with other housing and healthcare agencies that serve the homeless community in the city. One of these key partnerships is with SMC, itself a private, non-profit medical clinic that provides a comprehensive range of primary care, behavioural health, dental care, and on-going health and medical treatment and support services to the city's homeless population. SMC is also the only agency in Salt Lake City to provide a mobile medical service to those living on the streets.

NAHOC's stated mission is to "*address the specific needs of homeless Native American Indians*" by using "*culturally sensitive services*" to "*increase access to housing... other services and treatment*" and to "*facilitate balance and wellness.*"⁴ Since its establishment, it has worked with some three hundred clients from twenty different tribes, including the five indigenous tribes of Utah. While it has a core client base of mid-to-long term regulars (a small percentage of which are military Veterans), many are short-term, itinerant homeless individuals – who are either episodically homeless (i.e. short-term), or peripatetic travellers between cities and neighbouring states. Ages range from late teens through to late sixties, and there are predominantly more male clients than female, although, according to Annabel Bruce, this does not necessarily mean that there are fewer homeless Native American women in the city.

The Centre adopts a code of conduct that it expects its clients to respect. Alcohol, illegal substances, and intoxication are prohibited on NAHOC/SHONA premises and during any outings organized by the Centre. So too is offensive and abusive language,

⁴ Personal communication and interviews with Annabel Bruce, NAHOC project co-ordinator, 2012. By "*culturally sensitive services*," Bruce's was referring to the culturally relevant and culturally-related services, activities and events that NAHOC offered its Native clients, and included talking circles, smudgings, education around Native issues such as community values, ceremonies, tribal differences, weaving, food and food preparation, and so forth.

racist comments, all forms of disrespect, harassment, intimidation, abuse, and intolerance of others. Mutual respect and courtesy are always encouraged and full participation in activities and events is expected by attendees, while confidentiality is upheld at all times. Signed compliance to the code of conduct is part of the contract and clients can be disciplined if in breach. Disciplinary measures usually entail a period of exclusion from the Centre and/or from participation in excursions. A copy of the code is posted on the main noticeboard in the NAHOC conference room.

Most of the individuals that I met during my involvement with NAHOC had evident and on-going problems with substance abuse, primarily alcohol, and I witnessed numerous episodes of recidivism. There were also two instances of alcohol-related deaths in this period (see below). Most of the clients were also frequently subjected to many of the hardships of street life as documented in much of the homeless literature (Duncan, 1978; Glasser and Bridgeman, 1999; Hodgetts et al, 2008; Johnsen et al, 2005; Kawash, 1998; Snow and Mulcahy, 2001; Snow and Anderson, 1993; Snow and Mulcahy, 2001; Wolch et al, 1993; Spradley, 1988; VanderStaay, 1992). When I asked Annabel, during one of our interviews, about criteria NAHOC used to gauge the success of the work they do, she replied, somewhat poignantly, that sometimes it was enough that *“we... celebrate the two hours that they’re sober here.”*

From the point of view of giving Salt Lake City’s homeless Native American population a sense of community and its members a sense of individual personhood, dignity, and respite, NAHOC is an important source of cultural capital and leverage for mediating a collective sense of identity. On the other hand, as part of the collective Indigenous American narrative of suffering, it fulfils a critical role as a culture-as-treatment model (Brady, 1995; DelVecchio Good, 2013; Gone, 2013) and a vital therapeutic space (Gesler, 1992; Wendt and Gone, 2012; Wilson, 2003) that operates interdependently, albeit with considerable autonomy, within the prevailing and dominant healthcare provision infrastructure locally and across the country generally.⁵ For example, NAHOC

⁵ I explore the role of Urban Indian Health Organizations (UIHOs) and the urban Indian healthcare landscape in greater detail in Chapter 4.

has no affiliations with the Indian Health Service (I.H.S.), the federal government's Bureau of Indian Affairs (B.I.A.), or Utah's Division of Indian Affairs, and as such is able to avoid much of the politicking of these and other institutions.

However, there is also a certain level of ambivalence at play in this setting that one needs to be fully mindful of as well. NAHOC's autonomy and reach is constricted by a number of structural and internal dynamics. In the first instance, NAHOC is not a treatment centre as such and does not offer its clients dedicated treatment programmes for alcohol/substance abuse and related problems. Clinical treatment or referrals for these conditions are offered by SMC and/or SHONA's detox centre and these units exercise much of the control over client flows and the distribution of care at this level⁶ and, as far as I could tell from my fieldwork on these occasions, did not factor any component of cultural healing into the equation. There were no instances of (or facilities for) holding a sweat lodge or other traditional therapeutic techniques central to the culture-as-treatment model such as drumming, use of the medicine wheel, and so on (Brady, 1995: 1492). Moreover, NAHOC is dependent on SHONA budget allocations and policy decisions in other areas as well, which means that there are a number of constraints and limitations at an operational level and in terms of its resources. For example, NAHOC is under-staffed, with Annabel designing, facilitating, and managing most of the programmes on her own, and she tends to cut her cloth accordingly; while, on the other hand, most of the NAHOC street outreach work is carried out by SHONA's Anglo crew.

Ultimately, these and other questions remain concerning not only NAHOC's capabilities of penetrating the harder-to-reach, more intractable homeless Native individuals - those whom Snow and Anderson would characterize as 'outsiders' (1993: 275)⁷ - but also its inclination to do so, given its limited resources. These individuals,

⁶ See Chapter 5 for a more detailed account of the SHONA/SMC network's surveillance strategies and how it regulates its client base.

⁷ See Chapter 6 for a further appraisal of Snow and Anderson's model of progressive homeless identities.

in turn, will take what is offered by the outreach teams, but do not necessarily see themselves as having substance abuse problems and are disinclined to sober up. Meanwhile, they are sceptical of NAHOC's (and SHONA's) moral intentions and paternalistic goodwill and remain disinterested in attending or participating in any activities that NAHOC holds on its premises.

2.2.3: Preparation for the NAHOC Memorial Service.

The memorial service had been planned as an outdoor event, but on the day, the wet weather forced us to hold the ceremony under the shelter of Jordan Park's central pavilion (see: Figure 2). The weather undoubtedly also affected attendance and the turnout was considerably less than Annabel and Gloria had anticipated.⁸ There were eleven of us in total: Annabel and Gloria; Jerry, a Native American spiritual leader;⁹

⁸ The service had been organized by Annabel several weeks in advance and most NAHOC clients and staff would have been advised accordingly since the monthly events calendar is posted on the Centre's noticeboard roughly a fortnight in advance.

⁹ I had seen Jerry on a number of occasions before and since the service. He is an eminent spiritual leader, elder and public figure from one of Utah's northern tribes. His parents originate from different tribes in Utah and his paternal grandmother was Anglo and a member of the LDS Church. His mother was a LDS convert and he was raised in both spiritual traditions. Of his spiritual identity he says: *"It is important to me that both my Indian people and the Mormons believe that the earth was created spiritually before it was created physically, that the purpose of this life is to gain experience, that our lives are to be lived so that our Creator can be proud of us individually and as a people, that the Son of God came among us to teach us how to live... Ceremonies allow those who are authorized to bless, marry, and heal."*

For Jerry, the extent to which conversion to LDS shifts ideas of agency, theodicy and suffering following conversion is evidenced on at least two levels. Firstly, concerning his father, Jerry says: *"...by the time I was twenty-eight, he was dead in his Salt Lake City home, just before his fifty-first birthday, of alcohol-related causes. I don't remember what his bishop said at the time of his death. I remember that the [Tribal] elders on the reservation spoke highly of his efforts to keep the traditional ways alive. As I look at the pattern of his life, I wonder if it was the strenuousness of that struggle to live in both worlds that moved him toward his early death."*

Secondly, concerning himself, Jerry sees the complications of conversion as follows: *"A problem for me is that I see the LDS culture as a separate structure from LDS teachings. With all my heart I accept those LDS teachings and want them for my children; but the LDS culture has become more alien, not more familiar, as the years have passed. I think sometimes of that LDS culture — of that first generation of Saints, all of them converted to a shockingly radical new religion, trying in faith to build together a new community. From their efforts, ironically, have come the culture that now tells us that we are not converted unless we accept the culture as well as the teachings — or even seems to urge us to accept the culture, never mind about the teachings. As I have talked to many Indians, they too feel that the culture of the Mormons gets in the way of the teachings."* This information comes from a LDS publication that I have not referenced as it would otherwise contravene the confidentiality protocol regarding Jerry's identity.

SHONA/NAHOC staff members Jimmy, Cori, and Gemma; NAHOC drop-in centre 'regulars' Wylie, Norm, Ranger, Sylvester; and myself.¹⁰

I had offered to help Annabel and Gloria with arrangements and preparations and had agreed to meet at the NAHOC centre prior to the start of the service. When I arrived, Annabel was busily working through her checklist of things needing attention and I fell into conversation with Gloria. Throughout the period of my fieldwork with NAHOC, I had many lively conversations with both the SHONA/NAHOC staff and with their clients. My conversations with staff evolved mainly around work-related topics, my research, local culture and history, and small-talk and personal anecdotes. My conversations with NAHOC's homeless clients, on the other hand, tended to be quite jocular and typically involved fragmented stories from the street, and I got the sense that my 'otherness' as a non-American was as much a novelty and curiosity for them as mine was of theirs. In fact, it was not long before I was identified as 'the guy from England' and they would tease me about driving on the wrong side of the road and using the word 'chap' instead of 'guy.' On this occasion, however, the mood in the office was sombre and subdued by comparison.

Taking my instructions from Annabel, I joined Wylie, Norm, and Ranger in the NAHOC conference room (the space where most of the drop-in centre activities took place, apart from the kitchen) and helped them make up small bouquets of carnations that service attendees would use as floral tributes at the memorial.¹¹ I then loaded a number of folding chairs into one of the NAHOC vans and rode with Gloria to the venue to set up the seating ahead of the rest of the group. Meanwhile, SHONA staff members Cori, Jimmy and Gemma had returned from an early round of outreach work and joined us at the park.

¹⁰ As I met over fifty NAHOC clients during my fieldwork I have presented selective profiles based on prominence in the various ethnographic sketches and references I present over the course of this report.

¹¹ Each bouquet consisted of about half a dozen coloured carnations tied together with a ribbon, beads, and some feathers.

A memorial service programme had been prepared in addition to the flowers. This was a three-page document that outlined the order of service, and listed the homeless Native Americans who had passed away since the advent of NAHOC in 2005. There were eighty-seven names in total, sixty-five men and twenty-two women listed alphabetically by first names. The front page of the programme was decorated with one of Wylie's drawings depicting the head of a bald eagle, a peyote drum, and several white stars on a dark background – emblematic of the American flag. Wylie is a member of one of the Southwest tribes and a talented artist. He spent most of his time at the Centre doing Native American-themed pencil drawings (his preferred medium) that included iconic symbols of eagles, feathers, dream-catchers, wolves, and so forth. A number of his pieces were hanging on various walls around both the NAHOC and the SMC offices. He was a regular at NAHOC and it was clear that Annabel and Gloria had taken him under their wing, possibly because of all their clients they saw in him the one most likely to get off the streets, although this did not happen during the time of my involvement with NAHOC.

Jerry and Gus, two prominent spiritual leaders from different local tribes, were scheduled to lead different parts of the service. They had agreed to meet us at the park (as had Sylvester - one of the other regular NAHOC clients), although Gus did not make it. Earlier, I had overheard Annabel express her apprehensions to Gloria about enlisting the services of a particularly well-known local Native healer as he always charged a fee no matter what, and Annabel was of the view that she would rather approach people who would donate their time. I found this brief aside a particularly significant detail as it taps into a wider discourse on the exchange dynamic (as well as the broader political economy) of both the healing and the memorialization experiences with notions such as compensation, remuneration, gift exchange, and reciprocity (Griffin-Pierce, 1992; Kim and Kwok, 1998; Schwarz, 2008).¹² It is a point

¹² It may be of interest to note that during this period I was also in conversation with an Anglo psychiatrist involved with the Veterans Association in Salt Lake City. Her website indicated that her professional's fees for private consultancy were as much as \$350 per hour. For confidentiality reasons, I have not referenced the website concerned.

Jerry takes up in his oration during the service itself (see below) and a theme I return to in more detail in Chapter 5.

2.2.4: A Brief Description of Jordan Park.

Jordan Park, the venue for the memorial service, is a thirty-four-acre recreational area that backs up onto the meanders of the Jordan River and forms its eastern bank. It stretches for almost four blocks north to south between 900 and 1300 Street South and is one of the larger oases of green public space in Salt Lake City. It has a wide range of amenities, including sports fields, playgrounds, BBQ spots, a concessionary area for market stalls, two permanent pavilions, dedicated parking, and so on. The pavilions are hired out for a variety of purposes, including community and educational projects as well as receptions (Salt Lake City Corporation, 2014).

An interesting feature of the Park is a 12-acre area in its north-west quadrant known as the International Peace Gardens. The Peace Gardens were founded by the Salt Lake Council of Women in 1947 as part of the centennial celebrations to commemorate the arrival of the first Mormon pioneers in the Salt Lake Valley on the 24th of July, 1847. The originating premise behind the project is that participating countries are allotted a garden section which, once they obtain City Parks approval, they then “*design, create and plant at their own expense,*”¹³ before dedicating and presenting them to the City which then takes over their permanent maintenance. Twenty-eight countries representing Africa, the Americas, Asia and Europe managed to claim a stake before available space ran out. The Peace Gardens are also meant to symbolize “*the true spirit of democracy and world peace, brotherly love... and cultural heritage of many lands,*”¹⁴ as well as “*good citizenship and to give foreign origin groups a specific part in the*

¹³ Salt Lake City International Peace Gardens (2008): [Online] Available from: <http://www.slcppeacegardens.com/History/tabid/58/Default.html>. [Accessed: 7.12.2013].

¹⁴ Ibid.

beautification of the City.”¹⁵ An International Peace Gardens Day and Festival is held every August with representatives of various international communities contributing traditional dancing, singing and cuisine. Significantly, there is no Native American representation.

Although it does not appear to be regularly frequented by the homeless community as many of the other parks in the city are, Jordan Park tends to mark the outer territorial and functional boundaries of the homeless domain on the south-west side of town. Any further south or west and access to the primary resource locations that the homeless Native population relies on, such as the NAHOC and SHONA offices, the SMC’s surgery, the homeless shelters, the public library, and the more centrally located parks, becomes a logistical challenge and inconvenient even with public transport.

2.2.5: The Memorial Service Programme and Sequence of Events.

The order of service was scheduled to have Gus lead a *‘Spirit Calling Song’* and *‘Prayer.’* This would be followed by Gloria’s *‘Reading of the Names,’* then *‘Shared Memories’* offered by attendant friends of the deceased, and would close with a *‘Healing Mourning Song, Passing Ceremony Prayer, and Smudging’* by Jerry.

However, the original idea of holding the service in the open, with two traditional healers and a large contingency of attendees did not go according to plan. Gus was unable to make it, there was a poor turnout, and the rain that had started falling forced us to conduct the service under the shelter of the central pavilion. The pavilion itself is an open, elegant structure reminiscent of many of the National Parks buildings throughout the country. It is approximately seventy-five feet long by twenty-five feet wide and has a number of benches and tables that can accommodate up to 200 people (on the day, the arrangement of the benches and tables were suggestive of rows of pews in a church or temple). After brief consultation, it was agreed that Jerry would

¹⁵ Ibid.



Figure 2: Jordan Park, Central Pavilion. ¹⁶



Figure 3: Smudging Stick similar to that used by Jerry. ¹⁷

¹⁶ Permission to reproduce this photograph has been granted by Salt Lake City Corporation.

¹⁷ Photograph by author.

take on Gus's functions as well as his own and the ceremony itself then followed the programme sequence as originally planned.

Annabel initiated proceedings by welcoming the gathering and saying a few words of introduction. She then read a short commemoration celebrating the deceased. The theme of the tribute was that in spite of their absence, these individuals had allowed us to come together on that occasion and that we could acknowledge and remember them in terms of how they had contributed to our lives. This was followed by Jerry leading the '*Spirit Calling Song*' and '*Prayer*.' He also used a selection of ceremonial paraphernalia, including an ornate and intricately beaded rattle for the song, and a smudging stick (see: Figure 3) to complete the ritual administrations. During the prayer, he acknowledged the four directions as well as the earth and sky. He did so physically with a series of hand gestures and by facing each direction in turn, starting from east – all the while reciting the prayer. This ritual was repeated at the end of the service for the closing song and prayer as well. Male members of the congregation were asked to remove their hats and caps as a mark of respect.

Following Jerry's song and prayer, Gloria conducted the '*Reading of the Names*' in order as the names appeared on the programme, after which, attendant friends of the deceased were invited to share memories and reflections of the departed, and Cori, Jimmy, Annabel, Norm and Gloria stepped forward in turn. One name was celebrated a few times, and Gloria singled out another individual who had been ill and hospitalized for some time. She spoke fondly yet sadly of this man's last days, of his vibrant sense of humour to the end; and Norm, who was at his friend's bedside during his final hours, added his tribute as well.

During the '*Reading of the Names*' a large group of school children on a tree-planting fieldtrip approached the pavilion excitedly and started setting themselves up at the benches in the middle section of the pavilion. The school had pre-booked the space for that morning, and there was an official notice to that effect pinned on a board at the south end of the pavilion that we had not noticed. Nevertheless, Cori went over and negotiated with the children's chaperones who, to their credit, led the children away

quietly and allowed us the space and time for the duration of the service. The incident was dealt with very quickly and did not disrupt proceedings.

Before Jerry led the *'Healing Mourning Song,'* and *'Passing Ceremony Prayer'* he delivered an eloquent and passionate oration in English in which he drew together commemorative reflections and sentiments. This was part sermon, part eulogy, part admonition, part political manifesto, and part traditional Native story.¹⁸

He began by saying we all remember the laughter our deceased friends brought us. However, had this been a funeral, he continued, we would not have read the names because that would not have released the deceased and let them get on with their journey.¹⁹ He spoke about the deceased as guides and that *"they would be waiting for us with open arms at the other end."* Yet, we must remember that we live in the now too, and that the Creator's tears²⁰ are a reminder that we need to look inside ourselves because that is what matters. As Native Americans, *"we don't have much, but that we should give and share what we do have,"* for example even if it is only acknowledging *"our brothers and sisters."*

Jerry took this opportunity to insert a brief critical comment on the colonial appropriation of indigenous lands and to the external imposition of a 'Native American' identity, reminding us that before contact there was no such thing as *Native American*, asking the group rhetorically, *"how can we be natives of something that doesn't exist (i.e. America)?"* Rather, he continued, *"we are Diné; Lakota; Shoshone; many tribes; but also, that in order to change, we need to look into our hearts and give from our*

¹⁸ I explore the themes that Jerry raises in his presentation in the critical discussion that follows the ethnographic description of the memorial service below.

¹⁹ Although, according to Griffen *"name avoidance... has never been a major separation device for the Navajos"* (1978: 376). In any case, the NAHOC memorial was not tribally-specific and I am assuming that these deceased individuals would already have had some form of funeral ceremony before the memorial service took place.

²⁰ This was a reference to the rain that had been falling since the start of the service.

hearts. We are brothers and sisters, we relate to each other and in relationships we have our ups and downs and disagreements, but in the end we come together again. That the Creator has given us the four colours, black, white, red, yellow; and as people and individuals we have our problems.”²¹

He then spoke about *Monster Slayer* and his twin brother. These are iconic heroic and redemptive characters that appear in a number of different tribal origin stories as a metaphor and symbol that embody personal agency. He reminded us that we have these transcendent, healing properties within ourselves and through them we can face and slay our own monsters. This was partly a veiled reprimand and warning about the dangers of alcohol, but also an exhortation to overcome its perils and, as such, an invocation and renewal of the healing transaction. At this point, Jerry brought in an autobiographical anecdote and told us how he had now been sober for twenty-two years himself.²² That in the past, he used to sleep in the back of his car in empty parking lots in the city. That ultimately it was the lesson of giving that he had learnt from his grandmother that had got him through. This was a supportive and empathic message to his audience, but it was also a clear moral and pragmatic reminder that they had to play their part and make a commitment to their own healing.

Finally, Jerry brought the service to a close with a personal and individual ‘*smudging*’ (see above). He explained that the smudging would be voluntary and that since the process involved some inhalation of the smoke, those of us who chose to participate should let him know if we found the smoke uncomfortable. He then proceeded with the ‘in-fumigation,’ starting at the feet, then moving up over the front of our bodies;

²¹ Although Jerry did not elaborate on the significance of the colours here, Witherspoon and Peterson indicate that “[t]he holistic asymmetrical organization of color is often built on the basic bipolarities of light/dark and chromatic/achromatic. Chromatic red is widely associated with blood... White is widely associated with milk, and this association analogically links with peace, truce, neutrality, and sanitation... For the Navajo, red is... associated with menstrual blood, making red not a metaphor of war but of fertility. Similarly, for the Navajo, white is analogous not to milk but to semen; and, in contrast to red, is typically associated with the male gender” (1995: 48).

²² The theme of the ‘wounded healer’ (Duran, 2006; Jackson, 2001; Janzen, 1982) is a common trope among Native American healing, particularly in alcohol abuse recovery, and I encountered it on several occasions during the course of my investigations.

then from behind, again starting at the feet and moving up and over our heads before asking us to inhale four times.²³ The ritual was accompanied by a prayer, and when everyone had been smudged, he smudged himself and closed the ceremony.²⁴

At the end of the memorial most of the participants returned to the NAHOC offices for refreshments and to collect their personal belongings. I drove back with Gloria and helped her unload the van and said my goodbyes to the group for the day.

2.3: Theorizing the NAHOC Memorial Service.

The NAHOC memorial service went by largely unnoticed by the few members of the public who had braved the weather to be in the park. It was not advertised publically and did not receive any media attention either. Nevertheless, it was an important symbolic expression of the homeless Native American presence in Salt Lake City, with possible implications for indigenous homelessness in other metropolitan centres across the United States. In order to contextualize this claim, I propose to discuss the underlying central themes it conveys from four perspectives: (a) contemporary public memorialization processes, (b) contemporary conceptualizations of good and bad deaths and ways in which loss is mediated, (c) Native American conceptualizations of good and bad deaths, and (d) contemporary mortuary practices in the Navajo world.

2.3.1: Public Memorialization Processes.

For Santino (n.d.) public memorialization processes are situated conceptually in a continuum between commemoration and social activism. Referring to these rituals as *performative commemoratives*, he argues that they commemorate the deaths of individuals at the same time that they draw attention to the reasons and causes for

²³ The number four is extremely significant for Native American cultures and is linked to the four directions, among other things. For example, see Nabokov (1998: 248-262).

²⁴ Smudging is reminiscent of the Catholic practice of burning of incense. The symbolic functionalism in Catholicism, however, includes a sacrificial component as well as one of purification (Herrera, 2012).

the deaths, usually some social woe, and thus also imply some *conscientization* (Freire, 1970) or ethical engagement and public action. Usually, public memorialization events emphasize the personal life stories and relationships of the deceased through ceremonial or ritual expression. In this setting, the notion of ritual is conceived of in terms of “*dramatic social enactments*” that manifest some degree of transformational agency in conjunction with “*an overarching parahuman authority, such as a deity,*” or some other institution (Santino, 2004: 363). In this way, they invite participation and interpretation as spectators and witnesses as well as a “*sense of shared civic interest*” (2004: 364-368).

Santino focuses his critique on what he calls ‘spontaneous shrines,’ namely, temporary memorials that people construct from their own volition to mark “*sites of untimely deaths*” (Santino, n.d.: 51). They are instrumental by virtue of the fact that they determine how the deceased individual's identity is negotiated by the needs of the group involved, which, in turn, re-situates the deceased back into “*the fabric of society*” (n.d.: 56). Meanwhile, the material objects that people use as markers at these shrines – things such as flowers, photographs, mementoes, candles, religious icons, and so forth – are representational and symbolically expressive insofar as they are suggestive of “*permanence and immutability*” (n.d.: 51). On the other hand, they are also political expressions in that they personalize public and political issues – they put a face, a name and a relationship on large social issues (2004: 369; n.d.: 57).

While these memorials appear in public spaces and “*index troublesome public issues*” (n.d.: 55), they are spontaneous because they are informal and unofficial. They are also usually more than simply memorials. Among their commemorative functions, Santino lists their role as signifiers of life rather than death; as communication portals with the deceased and the otherworld; as pilgrimage destinations, even though no one may have died at the site (as with the Vietnam Memorial Wall in Washington, DC, for example); and their purpose of celebrating the deceased individual or individuals concerned. On the other hand, these sites contest official memorializations that tend to anonymize and institutionalize rather than personalize the deceased:

Official memorials signify that things are as they should be; there has been loss and suffering, a rupture in the metanarrative, but the official memorial seeks to contain that rupture and define it according to its own terms. Social structure is naturalized. But each monument, each ritual act... speaks to and for its own group. (Santino, n.d.: 63)

Spontaneous memorials disrupt the hierarchical, impersonal and hegemonic ordering of an idealized heroic identity (Taylor, 1994: 27) of official forms and instead celebrate the everyday personal and relational legacies of the deceased. These ritual enactments and memorial *assemblages* implicate people, places, events, attitudes, and social positions.

Those sites where people were killed who are “*widely felt to be innocent of any wrongdoing,*” represent spaces that are “*valorized by communal resistance*” (n.d.: 62). Following Santino’s critique, at these sites there is always “*a continuum from commemoration to performativity... at all levels*” (n.d.: 62). Space, place, ritual, and memorialization interconnect in a “*continual multivocal construction of meaning, and society*” (n.d.: 62) and, as was just seen, they reverse the ‘normativity’ and ‘invisibility’ that official sites and official commemoratives attempt to enact. In the context of the Native American experience, prominent memorial sites such as Wounded Knee, Sand Creek, Bear River, and many others serve this function.

Two further considerations are particularly salient in this context. Firstly, the healing component of any memorial ritual is predicated on a belief in the transformational potential of its performative function and is “*emically efficacious*” (Santino, 2004: 368). In other words, the extent to which the motivation (or motivations) behind such representations produces the effect it claims as a “*conscious means to a desired end and less a doing for its own sake*” (2004: 368). The second point is that these memorialization rituals “*insist upon the presence of the absent people*” (2004: 370) by referencing an individual or a group in a significant condition (i.e. a presence) of absence. At the same time the process conveys an attitude (or a particular way of honouring the dead) toward that condition and the larger contexts in which the deceased exist (2004: 367). This is something that traditional societies have always

done, and in the specific case of the NAHOC memorial, serves as a conduit for mediating or affirming the cultural identity negotiations – as well as the healing transaction - of the participants and the bereaved.

2.3.2: ‘Good’ Deaths, ‘Bad’ Deaths.

The NAHOC memorial’s cataloguing of names of Salt Lake City’s homeless Native American community’s deceased members makes no reference to the causes or reason of their deaths. However, one of the implied objectives of the service as a symbolically dramatic enactment, following Santino, would have been to construct these deaths as ‘good’ in Bradbury’s (1999, 2000) sense of the sacred ‘good’ death and in so doing transmute any ‘bad’ deaths (see below). An extension of this moral logic includes the exhortation to live and celebrate a good life, and to avoid living a bad one. This moral aspect is also a prescription within the Navajo framework (see below), and was strongly implied in the example of Jerry’s warnings in Jordan Park about the perils of alcohol. However, before considering Native American conceptualizations of good and bad deaths in greater detail, I present a more general appraisal of good and bad deaths following Bloch and Parry’s (1982) and Bradbury’s (1999, 2000) accounts as a way of contextualizing the topic.

The anthropological consideration of ‘good’ and ‘bad’ deaths as presented by Bloch and Parry (1982: 15) defines the former in terms of the control that can be exercised over “*the arbitrariness of the biological occurrence*” of death in order to optimise the regenerative and reproductive potential of life. Middleton’s often cited example of the Lugbara of Uganda from the same volume, describes a ‘good’ death as follows:

A man should die in his hut, lying on his bed, with his brothers and sons around him to hear his last words; he should die with his mind still alert and should be able to speak clearly even if only softly; he should die peacefully and with dignity, without bodily discomfort or disturbance; he should die at the time that he has for some days foreseen as the time of this death so that his sons and brothers will be present; he should die loved and respected by his family. He should die physically when all these conditions have been or can be fulfilled and when he is expected to do so because he

has said his last words and had them accepted by his kin and especially by his successor to his lineage status. (Middleton 1982: 142)

This notion of the 'good' death extends beyond the individual to encompass the renewal of the collective, and the world of the living, whereas 'bad' deaths, by contrast, are those that "*do not result in regeneration*" (Bloch and Parry, 1982: 15) and worse, threaten the very fabric of fertility itself (1996: 16). Moreover, 'bad' deaths, by extension, occur in the wrong place, at the wrong time, under the wrong circumstances.

However, the critical point is that both forms of death are antithetically implicated (and therefore mutually interdependent) in their spatio-temporal continuities and discontinuities and the one can only be construed in light of the other. In other words, a 'good' death is dependent on a successful – or at least, satisfactory – moral resolution between an individual's physical death, i.e. its finality (Bloch and Parry 1982: 15) and the social recognition of it. The transformational function of the social or cultural ritual that symbolically represents death is therefore also to transmute 'bad' deaths into 'good' - or at least to use 'bad' deaths as markers or reminders of a moral code for living good lives. In the Navajo example of this process, the transformational function of their ceremonies is primarily to restore the order and balance of the world that has been disrupted by death. As we have just seen, part of Jerry's message during the NAHOC memorial service underlines the heuristic dimensions as well as the requisite personal agency involved in this transformational process as it impinges on the daily lives of the homeless attendees.

Bradbury (1999, 2000) argues that western culture's individualism, secularism, and dominance of the natural and medical sciences, together with historical shifts in demography that concentrate death rates among the elderly, have undermined traditional eschatological ideologies, beliefs and practices. Moreover, they have brought a different configuration, emphasis and tonality to the contemporary experience of dying and to our understandings of 'good' and 'bad' deaths. She identifies three categories of 'good' deaths, namely: sacred good deaths, medicalized

good deaths, and natural good deaths. While these can be theorized as discrete categories, they have not evolved as a linear progression and there is substantial overlap between them.

2.3.2.1: The sacred good death.

Bradbury's characterization of the sacred good death contours Bloch and Parry's and Middleton's conceptualizations. Here, a sense of the afterlife is a reality and is allied to medical good deaths. In her critique of contemporary British representations of death, Bradbury (1999) underlines the complexities that characterize this overlap. In the sacred good death, for example, she draws attention to the role the death-bed scene, the use of props such as candles, music and other material objects, and the role of medical science have in masking the 'unacceptable,' 'unthinkable' and 'undesirable' characteristics of a 'bad' death. Moreover, the pre-eminence of the sacred good death as a social event can be seen in the extent to which the emphasis has shifted from the dying period to the grieving period as a way of enabling or sustaining communication with the 'liminal soul' during the period of ritual transition – for example, as expressions of closure.²⁵ Such a position can also accommodate the inabilities of medical science to prolong life by allowing medical professionals to 'change tack' and revert from medical to sacred representations of death (1999: 148-149).

2.3.2.2: The medical good death.

Bradbury suggests that the lay person will tend to rely primarily on sacred or natural explanations to account for good or bad deaths. By contrast, medical and deathwork professionals will rationalize the nature of the death experience of the dying or the bereaved by the extent to which the particular death is medically controlled. Typically, these representations emphasize the control that is exercised over the physical

²⁵ In his study with Cambodian refugees, Eisenbruch (1991) suggests that cultural bereavement can mitigate the experience of suffering brought about as the result of cultural loss by giving the sufferer voice. I treat this theme in greater detail and how it impacts Native Americans in my analysis of historical trauma in Chapter 4.

symptoms of dying and the degree or absence of pain and consciousness that dying patients experience.²⁶ This is the case even though medical good deaths can be the result of accidents or emergencies and are therefore unprepared events in the sense of some of the pre-requisites of sacred good deaths outlined above. Medical science can thus regulate behaviour, location, and timing of the death as well - for example, in determining when life support systems get switched off, and in cases of assisted euthanasia - thus 'blurring' the definition of death through technology (1999: 149-150). However, medical deaths are characterized essentially by a shift in the locus of control from patient to carer. Hence, the control that comes from medical science and medical scientific knowledge when managing death also foregrounds the 'legitimation of authority' and the implicit hegemony to which Bloch and Parry allude (1982: 15) and which the medical domain appropriates.

These themes take on particular political significance for Native Americans. For example, not only have hospitals historically been associated with places of suffering and death (Schwarz, 2009: 149), but biomedical categorizations of disease and their diagnoses situate "*linguistic dominance over life and death*" (Schwarz, 2008: 98) in the colonizer's language.

2.3.2.3: Natural death and the natural good death.

While one might assert that death is a natural phenomenon and that all deaths might thus be described as such, interpretations of natural death are subjective and fluid, can vary considerably, and are often loaded and contradictory (Bradbury, 1999: 152). Bradbury identifies several natural death categories. A sudden, accidental death such as a drowning at sea, for example, can be viewed as natural by virtue of the fact that it occurs 'in nature' and 'by nature.' Legal definitions of death by natural causes

²⁶ The notion of painlessness has a strong appeal in legitimizing the 'good' death in many situations – for example, when medical staff report a patient's death to bereaved relatives. Yet, it can obscure the fact that the affective and cognitive experience of the patient generally tends to be neglected or ignored at the same time that the social context of the death experience gets subordinated (Bradbury, 1999: 150-151).

constitute yet another category. Here, specific criteria apply and where a coroner or the police might offer impersonal renderings such as accident or misadventure, or 'open' verdicts, physicians or priests might offer more specifically medical or spiritual accounts of the same death (1999: 153). However, the implicit neutrality of a natural death can amplify the moral positioning and consequences of both 'good' and 'bad' deaths. In other words, a good death does not necessarily mean one has lived a good life, and vice versa.

Furthermore, Bradbury argues that the medicalization of society in the twentieth century has led to the marginalization of the idea of the natural death as part of the given experience of being. In large part, this has to do with the shift in the locus of control over the dying experience from the individual to the medical professional. On the other hand, it is also due to the emergence of constructions of death in terms of disease and disease management, to the notion of death as some kind of failure, and to the increasing attribution of power to the medical sciences in the West (1999: 153). Consequently, the absence of control – and by extension, the absence of any medical intervention – over death as a basic condition of the 'bad' death, inverts earlier meanings of natural death as good (1999: 154).

Nevertheless, the late-twentieth century has seen some resurgence in the re-appropriation of control over one's illness and death experiences and movement away from the dependency on medical intervention, hospitalization, palliative care, and conventional funeral practices among some sections of society. More emphasis is placed on home deaths, alternative pain relief management, and post-mortem affairs as part of the reclamation of personal dignity, the expression of self-determination, and empowerment. Unlike sacred good death conceptualizations that foreground the regenerative dimensions of death, natural good deaths can be entirely secular in orientation (1999: 155). Ultimately, the moral premise behind natural good deaths contests the position of the western medical model that, in striving to achieve the pain-free death, it risks negating its own moral capacity and authority for acknowledging someone else's suffering (1999: 155; Kleinman et al, 1996).

In sum, the five common-sense features that contribute to a 'good' death are: having an awareness of death; being prepared for it; controlling pain; having significant others present; and being in a familiar environment. This construction takes us back to Middleton's account of the Lugbara of Uganda mentioned earlier. To this formulation, the contemporary good death includes: "*dying without protracted illness, without suffering the ills of a long old age and dying with dignity*" (Bradbury, 1999: 157). In the final analysis, Bradbury claims that our "*discourses about death reflect our ideologies and have an impact on what we do with the dead and how we treat the grieving*" and 'good' deaths are predicated on intentionality rather than content (1999: 142). Alternatively, bad deaths can serve as a warning to those "*who do not behave well or those who belong to outgroups*" (1999: 143) – however, they (i.e. bad deaths) are not the exclusive preserve of bad lives – just as good deaths are not the preserve of good lives, as we observed earlier.

2.3.2.4: The bad death.

By comparison to the 'good' death, the 'bad' death, therefore, is characterized by a lack of control, lack of awareness, the timing, absence of significant others, and so forth – ultimately, in not being prepared and in not having access to appropriate death rites or rituals. Viewed by professionals and the bereaved, death by accidents, murder, suicide, substance addiction, and some other violent categories are almost always considered 'bad' (1999: 160). In the west, we are alienated from death. Sudden and untimely deaths of significant others are not everyday occurrences, while the disposal of corpses is left to deathwork professionals. A death that is medically controlled is placed in a 'good' death category insofar as the process fulfils an ordering and structural function. However, this hardly qualifies as regeneration or renewal of life in Bloch and Parry terms (Bradbury, 1999: 145-146).

Hence, while notions of the good death that is mediated through personal agency and self-determination is an idealization and remains prescriptive, it is also mediated by prohibitions that keep the notion of 'bad' death at bay. As part of this identification, our understanding of a good death is determined by the extent to which it continues

to legitimize medical authority as it is contingent on “*the perceived social value of the person who is dying*” (1999: 162). People will, nevertheless, continue to “*construct a variety of good deaths using a selection of representations*” (1999: 161) that foreground various degrees of control as much as possible, whether these be sacred, medical or natural ‘good’ deaths.

2.4: Absence and the Mediation of Loss.

As we will see shortly, Native American conceptualizations of death (good and bad) and the rituals that mark the occurrence of death bring us back to some of the notions of collective and cultural regeneration that Bloch and Parry suggest. First, however, if we think of death as a form of absence in that it is about the loss of life, then it will be useful to consider how commemorative acts and memorial services in general mediate such loss.

The universality of death is an everyday reality and it impacts our lives in the form of loss, absence, and bereavement, as well as how we negotiate our wellbeing and self-identity around such absence (Maddrell, 2013: 503). The spatiality, materiality and performance of memorialization and bereavement effect a socio-cultural process that mediates loss as a form of presence. In other words, the underlying premise of any funerary and commemorative act is to provide resolution - either in some form of continuity, or in some form of closure - between the living and the dead. By implication, the commemorative act is always meant to subsume and transcend any vestige of a ‘bad’ death (Bloch and Parry, 1982: 18; Bradbury, 1999: 160).

On the one hand, we have the proposition that the purpose of grieving is, in Klass, Silverman, and Nickman’s words, to “*sever the bonds with the deceased in order to free the survivor to make new attachments*” (1996: 18-19). On the other hand, Klass et al suggest an alternative, ‘continuing bonds’ model that allows the mourner to maintain ties with the departed. The ‘continuing bonds’ model provides a way of presenting absence and of mobilizing public space so that the deceased may be accommodated in new relational and dynamic ways. For instance, these forms can be “*expressed*

through ritual and other embodied acts... religious observance or visiting the deceased's favourite place... [or] ...manifested and sustained through material objects: graves, flowers and plants, memorials, domestic shrines, photographs, etc." (Maddrell, 2013: 508-509). This notion of presencing absence in this way also removes the potential stigma that it is pathological to maintain a connection with the deceased (Maddrell, 2013: 506) – a premise that is relevant to trauma theories as well, as we will see later in the context of Native American historical trauma models in Chapter 4.

Death as "*the ultimate 'absence'*," as Maddrell suggests (2013: 505), also encompasses the eschatological ideologies and ritual practices of many cultures that privilege the notion of the sacred 'good' death as a way of acknowledging and ensuring the continuity and influence that the dead exercise over the living, as I have already outlined. Hence, while death might end life it is not the same thing as ending a relationship, and commemorative practices and memorializations are ways of transacting the relationship at the same time that it permits those who remain to rearticulate a sense of their own self-identity. Moreover, it attributes "*something akin to ancestor spirit status to the deceased*" and as such, the deceased can have an intercessory function for the living "*through their own agency or proximity to God*" (2013: 514). This position is consistent with many Native American beliefs regarding the bond between the living and the dead (Deloria, 1992; Schwarz, 2008). Although, as we will see shortly, the Native American conceptualization of death, or at least the Navajo variant, is also predicated on beliefs of contamination and of the importance of separating the living from the dead. Moreover, Native American conceptualizations of death are also inextricably tied to a deep sense of place.

Nevertheless, contemporary western teleological assumptions about death and its funerary rituals and practices tend to be socially, spatially and materially dissociative and finite, and keep the deceased apart in the afterlife. Thus, death becomes increasingly absent and removed from everyday life – a process that has been symbolically marked since the eighteenth century, as we see from Foucault (1986) and Augé (1995), as the location of cemeteries shifts from town centre to its outskirts. Part of this philosophy is evidenced by the fact that public memorialization sites and

practices are also frequently contested by different sections of the public, particularly when they threaten the “*entitlement, and ... ontological security*” (Maddrell, 2013: 511) of particular individuals, groups, or institutions. Petersson, for example, points to atheist groups who object to the overly Christian representation of many roadside and other shrines; while on the other hand, the Oregon Department of Transportation’s decision to remove all unofficial, private signs (including crosses) on state highways was seen as an anti-religious act by some (Petersson, 2009: 136-137).

Be that as it may, cemeteries are spaces that are filled with ‘continuous’ absences and where absence is made present or manifest by virtue of the fact that people visit them primarily “*to connect with ancestors*” (Meyer and Woodthorpe, 2008: 2). In other words, visiting a cemetery provides some form and degree of social continuity between the living and the dead. Moreover, cemeteries mark the remains of the dead in particular ways that counter the notion of dissolution that such spaces otherwise embody – including the association of illness and contamination with death (Foucault, 1986).

Such ‘presencing’ is reinforced by the commemorative practices that people enact in these spaces. The laying of floral tributes, candles, or other objects defines some of the many ways, meanings and values of the bond between living and deceased. The transcendent and often sacred nature of the representational process – also referred to as *praesentia*²⁷ - is characterized by “*a way of knowing the world that is both inside and outside of knowledge as a set of representational practices*” (Hetherington, 2003: 1937). Meanwhile, even though the ‘cultural bibliography’ of these objects might disclose telling insights into the material workings of our culture, the story (or stories) behind them tends to remain unapparent and invisible (Meyer and Woodthorpe, 2008: 9-10). Insofar as this inherent imperceptibility echoes de Certeau’s (1984: 123) notion

²⁷ *Praesentia* is “*conceived of as a social encounter with the presence of the absent. This notion is linked to the way Christ is held to be present in the Eucharist and to the way saints are held to be present in holy relics and sacred places*” (Petersson, 2009: 141). For the Navajo, in particular, the entire universe is charged with the presence of the Holy People (Witherspoon, 1977: 29-45; Witherspoon and Peterson, 1995: 24). See below.

that a loss of stories constitutes a loss of space, these objects remain existentially and ontologically precarious and unstable and therefore need to be symbolically re-articulated and re-enacted in order to facilitate making the dead ‘present.’ They do so by locating the dead spatially by affording them a degree of materiality, and thus by manifesting a form of agency and social existence (Meyer and Woodthorpe, 2008: 12).

While cemeteries, funeral monuments, roadside shrines, and other memorial sites serve as a link between the living and the dead, they also tell us something about the politics of religious space (Petersson, 2009). Petersson argues that the tension between sacred and secular or between private and public interests reflects “*a given society’s religious structures, cultural differences and social orderings, as well as changes in these matters over time*” (2009: 132). The ambiguities that surround negotiating our meanings of religious space are conditioned by the extent to which our belief in and interpretation of the sacred prevails. Foucault suggests that contemporary space is “*not entirely desanctified*” and that the ‘inviolable oppositions’ that govern our lives – such as between private and public space, or between the sacred and the secular - continue to be “*nurtured by the hidden presence of the sacred*” (1986: 2). Similarly, Augé (1995), de Certeau (1984) and Lefebvre (1991) all draw our attention to the fact that intersections of different spaces by the everyday activities and movement of people are regulated (and frequently proscribed) by “*specific forms of political control*” (Augé, 1995: 57). By the same argument, the spatialization of affect and practice connects people with the geographies of affective landscapes (Ahmed, 2004; Anderson and Smith, 2001; Davidson and Bondi, 2004; Duff, 2010; Pile, 2010). Hence, we can have urban parks that are next to public libraries and freeways, or are extensions of political buildings (as is the case in Salt Lake City’s County Court Gardens), that are being used for public and spontaneous memorializations - or private memorializations in public spaces (as in the case of the NAHOC memorial service in Jordan park).

The discussion also extends the social agenda of Santino’s ‘performative commemoratives’ and Bradbury’s ‘good’ and ‘bad’ deaths in these settings, at the same time that for Bloch and Parry it legitimizes the ‘transcendent authority’ (and

regenerative dimensions) of death through which the enactment of a ritual we punctuate the continuities of time and space as an equation of life. Ultimately, Petersson engages this argument to return us to the notion of *praesentia* and how, through the selfless recognition of the absent other, we can affirm a revelatory sense of self that, I suggest, aligns with the capacity for recognizing the suffering of the other, as Kleinman et al (1996) argue as well.

Potts (2007) contextualizes the material practices in public spaces that people engage in to express traumatic loss – loss that is usually effected by ‘bad’ deaths. She elaborates Santino’s notion of ‘performative commemoratives’ and the “*dual articulation of pain and protest*” (2007: 1) that interrupts “*our everyday complacencies and absorptions*” (2007: 9) that these sites have come to embody and represent. She focuses on the way these spaces are frequently contested by sections of the public at the same time that they represent the universality of loss and the attempts to re-situate the deceased in the mundane and everyday world in ways that allow us to recognize our shared humanity and relatedness.

Critics of the spontaneous shrine (and by extension of public memorializations) point to it as a site where “*fake feeling*” is performed – “*those who cried during Princess Diana’s funeral ... cried the wrong tears*” (Potts, 2007: 3-4). Their objections range from accusations of self-importance on the part of those who grieve through to the inappropriateness of the shrines’ excessive visibility. Other objections cite narcissism and self-serving emotionalism, and detractors take exception to the impoverished and tasteless sentimentality they associate with the use of objects such as plastic flowers or toys as commemorative markers. In this context, the devaluation of memorialization practices lies in the commodification of emotion that insults aesthetic sensibilities. These narrow perspectives, Potts counters, fail to recognize the transformational and transcendent effect that this materiality of presencing absence serves. As such, this material presencing of absence also underscores the agency and autonomy of consumption as a creative practice, which is given added value by the ineffability that accompanies someone’s loss: “*words fail, expressions fail, but we say them anyway; we make do with what surrounds us as a way of negotiating our grief*”

(Potts, 2007: 6).²⁸ Moreover, these ‘shrine haters’ are implicated by their own accusations and the inherent hypocrisy of their own irritation and anger.

Once again, such presumptions return us to a politics of recognition and insist that we constantly interrogate our moral and ethical capacity to acknowledge someone else’s pain while challenging us to do something about it, since,

...the refusal to be touched by a stranger’s death can be seen as the refusal of kinship in its deepest sense... [and] ...the capacity to share another’s pain, far from being reducible to... the performance of fake emotion, is then the fundamental basis for fellowship, compassion and community in all its contagious, unravelling singularity. (Potts, 2007: 8-9)

So far, I have looked at the intersection of a number of themes pertaining to memorialization practices and settings such as the materiality, spatiality and the agency of absence – primarily from a western perspective. I have also considered how many of these practices are framed by socio-political expressions that voice concern about public issues around the causality of the deaths that the memorialization marks. At the same time, they are also appraisals of how we negotiate and reconfigure our experience and expectations and, by extension, our identities around ‘good’ or ‘bad’ deaths. Now, I would like to turn to a consideration of how Native Americans conceptualize similar themes and then reference both perspectives to contextualize more specifically the NAHOC memorial service that took place in Jordan Park.

2.5: Native American Conceptualizations of Death.

As I have already suggested, Native American conceptualizations of death reflect aspects of Bloch and Parry’s framing of ‘good’ deaths and the renewal of the collective. The bigger picture in which Native Americans understand life informs their management of death. On the one hand, human beings are an integral part of the

²⁸ By comparison, the fact the Navajo world was created and organized through language (Witherspoon, 1997: 47) means that in the Navajo world the use of language is a performative speech act that “brings into being the object it names” (Schwarz, 2008: 97).

natural world and the returning of the body to the earth is part of the cyclical process that nourishes the plants and animals that in turn nourishes human life. Moreover, tribal community and family provide fundamental continuity, against which death is merely a transitional event (Deloria, 1992). On another level, many Native Americans view life after death as “*a continuation of the present mode of existence,*” and at the same time consider that “*the souls of people often remained in various places where they had died or suffered traumatic events*” (Deloria, 1992: 171). Hence, the practice by some tribes, of making up a medicine bundle containing personal belongings of the deceased provided solace for the bereaved and a way of presencing the deceased’s absence – not unlike the early Christian practices of keeping saintly relics - for a period of time after death. Similarly the practice of placing personal possessions, tools, weapons, cooking utensils, food, and so on near the body, serve to sustain it in the next life (Deloria, 1992; Frisbie, 1978).

By extension, death is also a fulfilment of one’s spiritual destiny. In the case of the Navajo, the returning of the body to the earth fulfils one’s ‘reciprocal obligations’ between this world and the spirit world by honouring “*the charter between themselves and the Holy People*” - i.e. the spirit beings (Schwarz, 2008: 124-125). Mortuary practices are predicated on facilitating this process and, for this reason, waterproof caskets,²⁹ permanent headstones, and processes such as embalming the dead are shunned as they are perceived as inhibiting or creating a barrier between the two worlds.

While the emotive aspect associated with Native American expressions of grief over the loss of a loved one is not thought of in terms of feelings of guilt or inadequacy, as is often the case in western expressions of grief, community solidarity prevails and ensures that the bereaved are never alone (Deloria, 1992: 183). The political dimension, however, is invested with a different emotive undercurrent. The spiritual presence of one’s ancestors in the land was, in Deloria’s view, one of the most

²⁹ Although Griffen draws attention to the additional and alternative use of sealed caskets as a way of discouraging grave-robbers and witches (1978: 376).

important reasons for “*the Indian resistance to white invasions of tribal land a century ago and even today*” - that, and the fear that whites would not honour the ancestral spirits and the land properly (1992: 172).³⁰ These ideas begin to give us some insight of the value and significance of Native American attachment to sense of place.

From an ethnohistorical perspective of the politics of religion, the contrasting theological underpinnings of Christianity emphasized salvation, predestination, the entitlement of the privileged, and the notion that eternal life was reward for believing in the Christian faith. This over-emphasis on eternal life by Christians not only separated believers from non-believers, it also separated people from participating in “*the life cycles of the natural world and death became something to be feared*” (Deloria, 1992: 169). It also authorized the Christian treatment of the colonized as evidenced by the Spanish slaughtering of Native Americans in the 16th Century; and, ultimately, as Deloria suggests, this position formed the religious and theological roots of the Native American genocide that followed in the late 19th Century.

Nevertheless, the Native American experience of death underlines the importance and the sacredness of the land as a purveyor of life, fertility, and regeneration; and conceptualizations of a ‘good’ death are therefore predicated on the extent to which one honours one’s obligations to this bond with the land in terms of its relational, moral and spiritual dimensions and commitments to community, family and environment. A death that discredits one’s community, family, spiritual beliefs and values would constitute a meaningless, and therefore a ‘bad’ death (Deloria, 1992: 177). Paradoxically, atrocities that took place as a result of the colonial encounter, for example, at sites such as Wounded Knee or Sand Creek, traumatic as they were, were not bad deaths in this sense and as Santino has already reminded us, they in fact become “*valorized by communal resistance*” (n.d.: 62).

³⁰ However, as Shepardson points out, the Navajo were one of the few tribes who rejected the Ghost Dance of 1890, since the Navajo viewed ‘ghost return’ as a ‘greater cataclysm’ than the presence of the white man (1978: 387).

2.6: The Navajo Universe and Conceptualizations of a Good Life and a Good Death.

Although the aim of this research project is not intended to be tribally specific, the fact that many of NAHOC's clients are members or descendants of the Navajo tribe, means that it is worth considering how the Navajo conceptualize many of the topics I have been exploring so far in this chapter.

Witherspoon points out that:

It has been mistakenly reported that the Navajos have a terrible fear of death. Actually they have a tremendous respect for life, and an avoidance of the dead, not a fear of death... It is inastute contact with the dead that is avoided in order to prevent unnatural illness and premature death.
(Witherspoon, 1977: 20-21)

For the Navajo, leading a good life and dying a good death is inextricably linked to their understanding of sense of place and to the notion of order in the universe as it is set out and authorized in their foundation narrative (Griffin-Pierce, 1992, 1997; Schwarz, 1997a, 1997b, 2008, 2009; Witherspoon, 1977; Witherspoon and Peterson, 1995).

In Navajo cosmology, the universe preceded human existence and the Navajo origin story relates how the spirit beings, or Holy People, emerged from the underworld which was in some chaos because some beings abused their capacity to reproduce, which, in turn, led to the birth of monsters, destruction, and death. In the Navajo worldview, reproduction and regeneration are inherent in all of creation and the cycle of life and growth confirm the continued presence of the Holy People. Hence, any violation or loss of the power to reproduce constitutes a catastrophe of unimaginable magnitude (Witherspoon and Peterson, 1995: 27-31). In the foundation narrative, it is Changing Woman, *“the most highly revered of all Navajo Holy People and the inner form of the earth”* (Schwarz, 1997a: 17) and creator of the Earth Surface People (i.e. the Navajo people), who restores the ability to reproduce, while her twin sons, Monster Slayer and Born-for-Water, dispatch the monsters.

The place from which the Holy People emerged from the underworld is known as Dinétah. It is the place where Changing Woman was found, grew up and where her children, the Diné (i.e. another name for the Navajo), first located after they were created. It is also considered by the Navajo to be their sacred homeland (Witherspoon and Peterson, 1995: 34). Dinétah is demarcated by the four sacred mountains the Holy People placed at each of the cardinal points and the place corresponds roughly to the location and size of the present-day Navajo reservation. Life is meant to be lived within this perimeter, and its boundaries, although permeable and susceptible to rupture, serve to protect against contamination from death or from contact with outsiders (Schwarz, 2009: 148-151). To leave the land, on the other hand, violates the stewardship entrusted to the Navajo by the Holy People (Schwarz, 1997b: 46) and ceremonies conducted beyond the boundaries may be ineffective or dangerous and the Holy People may not be able to intervene or help (Griffin-Pierce, 1997: 6-9). Ultimately, however, because Navajo attachment to place is “*inalienable from the definition of life*” (Schwarz, 1997b: 45) it means that to be forced to be outside of the boundaries of the four sacred mountains “*results in psychological trauma that is unimaginable to those of us without such geographic attachments*” (Griffin-Pierce, 1997: 4).

The Navajo word used to describe the natural order of the cosmos is *hózhó* (Schwarz, 1997a: 30). It expresses “*the intellectual notion of order, the emotional state of happiness, the physical state of health, the moral condition of good, and the aesthetic dimension of harmony*” (Witherspoon and Peterson, 1995: 15). The natural order of the Navajo world is also one of complementarity and correspondence of form that is bound in an all-inclusive dynamic symmetry (Witherspoon, 1977: 29-45; Witherspoon and Peterson, 1995: 24). For instance, First Man and First Woman, original Holy People, symbolize the binary opposition of the male and female aspects within the Navajo origin story that constitutes “*the major organizational patterns of the larger, holistic Navajo cosmos*” (Witherspoon and Peterson, 1995: 26).

Within this over-arching framework, health, prosperity, happiness, and peace in the Navajo world are inseparable and are the result of living a life that acknowledges the

interdependence of all living beings. This principle of reciprocity constitutes a 'charter' that the Holy People bestowed on the Earth Surface People at the time of their emergence from the underworld. As part of the arrangement, they also left their sacred knowledge, ceremonies, prayers, songs and stories with the Earth Surface People, and it has been the responsibility of human beings to maintain and honour these gifts ever since (Griffin-Pierce, 1992: 29; Schwarz, 1997b: 46). The charter also forms the core of Navajo social life and determines how the Navajo must live in order to ensure the continuity of life and the order of the world (Schwarz, 1997a: 17).

Thus, for the Navajo, to live a good life one must aim to live harmoniously, die of old age, and be assimilated into the natural order of the cosmos (Witherspoon, 1977: 25). To die before reaching old age is not only tragic, it also disrupts the life cycle and hence, the natural order. In most cases, a premature death is thought to be the result of misfortune brought about by some form of evil, usually witchcraft, and usually before the source of the evil is known and can be treated in ceremony (Witherspoon, 1977: 20, 40). The pre-requisites for leading a good life, therefore, include adhering to certain practices, such as following the advice and teachings of the elders and honouring one's ancestors, fulfilling one's spiritual obligations, following ceremonial restrictions, leading a life of moderation, rising early, running, praying, looking after one's body, diet, being industrious, and so forth (Schwarz, 2008: 84-89). By the same argument, therefore, not to follow these prescriptions would be to risk dying a bad death. In the final analysis, however, "*[t]here are no evil forces or dieties that cannot be transformed or exorcised... [through] ... the ritual control and compulsion of good*" (Witherspoon, 1977: 39-40).

The Navajo restore order and regenerate wellbeing through their ritual practices and ceremonies. Navajo ceremonies are conducted for purposes of blessing, curing, and for purification and, thus, to restore the conditions for leading a good life (Witherspoon, 1977: 13). These conditions, in turn, are determined through the songs and prayers of ceremonies since it is these external forms of expression that embody the inner forms of the thought and speech of the first Holy People. The importance and power of language for the Navajo is underscored by the fact that their world "*was*

first conceived in thought, and then this form was projected onto the primordial unordered substance through the compulsive power of speech and song” (Witherspoon, 1977: 47). That language was given to the Earth Surface people as part of the charter mentioned earlier, means that the power of language can call things into being for better or worse, and so, for example, can have serious implications when talking about illness or death. This explains why the Navajo tend to be circumspect when addressing these topics (Schwarz, 2008: 94-95). However, curing rituals can and do fail, and in such cases the failure can be attributed to an incorrect diagnosis, a mistake in performing the ritual, or in the behaviour and commitment of the patient (Witherspoon, 1977: 28-29).

2.7: Contemporary Mortuary Practices in the Navajo World.

While the NAHOC memorial was not a funeral and therefore not subject to any formal mortuary rites, as Jerry reminded us, it was nevertheless a culturally specific ritual by a group of contemporary Native Americans interacting with the deceased. Given this fact, it would be helpful to consider what changes are taking place in mortuary practices among Native American communities. By way of example, I reference several critiques of such practices in the Navajo world (Brugge, 1978; Frisbie, 1978; Griffen, 1978; Levy, 1978; Schwarz, 1997a, 2008; and Shepardson, 1978).

The conceptual foundations and traditions of death and mortuary practices among the Navajo are grounded in taboos around contamination from death, contact with the dead, and contact with outsiders (Schwarz, 2008). According to Frisbie (1978), the general framework of traditional Navajo mortuary practices includes *“strict avoidance of contact with the dead in order to prevent illness or unnatural death, and strict burial procedures and rules”* (1978: 303). Moreover, traditional Navajo funerals were not public ceremonies: *“[b]urial was a private or “family” matter, and as few people as possible were involved in the process.* (1978: 303). Participants were expected to follow certain rules and procedures. Frisbie offers the following account:

After carefully burying the body and grave goods in the chosen place, breaking shovels and other burial implements, and often after killing the

deceased's favorite horse, the members of the burial party erased their tracks and returned home... via a route that was different from their original one. After bathing they rejoined the family of the deceased who then ended the fast begun at the time of death. All abstained from travel, labor, and unnecessary conversation during the ensuing four-day mourning period which ended with a purification rite. The hogan in which death had occurred was abandoned or burned... Other possessions of the deceased were distributed at a later date. (Frisbie, 1978: 303-304)

Shepardson adds that grave sites were unmarked, unvisited, and kept secret, and that “[t]he ghost of the dead is exhorted not to return” (1978: 385).

Pollution from death is closely associated with the presence of monsters in the Navajo origin myth and serves as a metaphor for illness and disease as well as healing (Brugge, 1978; Schwarz, 1997a, 2008). The metaphor suggests that disease and disorder are self-inflicted, and that the role of human agency in affecting healing is dependent on adhering to a moral conduct within a broader, overarching cosmic structure. However, this position highlights the paradox and the difficulties of accommodating the attribution of new diseases such as cancer, cardiovascular diseases (CVDs), and diabetes alongside the inequities of social change and loss of tradition to the colonizer. It also increases the pressure on the Navajo regarding the question of their agency, empowerment and self-determination in the healing process (Schwarz, 2008: 89-91). This is a reminder of the point Davis made in the previous chapter that a culture’s ability to cope with suffering is determined by its ability to withstand the pressure that suffering exerts on its social framework and the availability of cultural resources with which it can respond. Historical trauma, as I hope to show in Chapter 4, is an attempt to re-frame the Native American social suffering in terms of a new illness narrative idiom, namely as “*a battle against a white man’s disease[s]*” (Schwarz, 2008: 94).

The social suffering that afflicts the Navajo community today in the form of ill health, disease, poverty, and so on, is thought to be the direct result of having forsaken the old ways and traditions (Schwarz, 2008: 89-94). Once again, this recalls Jerry’s direct reference to this trope during the memorial service; and it is a sentiment that I encountered on more than one occasion during my fieldwork. Cultural loss and ill health are frequently expressed metaphorically as having *allowed* the monsters to

return in various guises³¹ (Schwarz, 2008: 134-135). Healing, and therefore cultural regeneration, can only be enacted through various purification rituals and ceremonies that re-enact the monster slaying twins' or Changing Woman's various ordeals (Griffin-Pierce, 1992: 133-141; Witherspoon, 1977: 25). The other alternatives that many Navajo have turned to include Christianity, the Native American Church, and the biomedical sciences - or some combination of these (Csordas, 2000, Garrity, 2000, Schwarz, 2008: 90).

Nevertheless, as a knowledge system, the Navajo creation myth organizes meaning through a process of hierarchical abstraction that constitutes and serves the present sense of reality rather than an objectified, remote, or inert philosophical position. It encompasses "*a set of compressed metaphoric accounts that encode numerous messages*" that have explanatory and predictive powers and, as such act as "*a paradigm for ritual action and space*" (Schwarz, 1997a: 17-18). The concept allows for the structuring of the part-to-whole relationship of the world and includes principles of similarity, complementarity, and synecdoche. These ideas find similar expression in the anthropological perspectives of the laws of sympathetic magic that include similarity, opposition, and contagion. With regard to contagion, separation of any part from the whole does not disturb or interrupt contiguity, and the contagion continues after physical separation – even where such separation is permanent, as is the case with death (Schwarz, 1997b: 44). More specifically, perhaps, the creation story provides a moral and metaphysical compass for the contemporary workings of the world today. It also establishes and reinforces ethnic identity and defines meaningful relationships between family, community and the cosmos, and is a point that Jerry emphasized in Jordan Park as well.

This interdependence between healing agency and the performance of sacred knowledge through ceremony is predicated on restoring the balance between the

³¹ According to one of Schwarz's Informants, "*the monsters would be the uranium, diabetes, cancers, alcoholism... hunger, poverty, cold... [and] ...they were able to exist today because they were allowed to...*" (2008: 135).

complementary notions of longevity and harmony (masculine and feminine elements respectively) that inform the protective and blessing values of given ceremonies, prayers and songs (Schwarz, 1997a: n.5: 250-251; Witherspoon, 1977: 35-38). However, there are some among the Navajo for whom this balance has shifted significantly as a direct result of the cultural trauma suffered at the hands of the colonizer. One of my informants, Geraldine Roberts, an Anglo counsellor with the Native American at Risk Youth Programme (NAYARP)³² who has worked extensively with the Navajo community recounted the following. In this excerpt, her interlocutor is a colleague and a Navajo medicine man:

I was actually talking with X. two weeks ago now, about that - the historic stuff, and you know their culture has shifted drastically over the last three generations or so. The Navajo used to be much more. They had the balance between the Warrior Way and the Beauty Way. The Warrior Way is the man's way and its protection. It's about protection, and the culture's become much more about the Warrior Way and protection, and life is harsh. Where, from X.'s perspective and what he's been taught by the medicine men and his grandparents is that before, say, the Long Walk and those kinds of things happened, they lived in the Beauty Way. And there was a lot of gratitude and thankfulness - for the earth, for the sun, for the stars, and that every morning, you would get up before the sun came up so that you could put that Beauty Way blessing into the day. And it's gotten more and more about the protection, and so it's... much harsher... it puts up a lot of barriers.

The Navajo concept of the body-spirit dualism is morally determined and, as we have seen, contamination can be the result of contact with the dead and from contact with outsiders as well as from environmental pollutants and contaminants (Schwarz, 2008: 112, 139-148). Death is taboo, and after death, that which is good in a person is assimilated into and affirms the greater cosmic order, while that which is bad remains disconnected and returns in the form of ghosts (or monsters) to afflict the living, usually through illness, mishap or disorder.³³

³² Individual and organization names, including acronyms, are pseudonyms for reasons of confidentiality.

³³ "A ghost is the malignant part of the dead person. It returns to avenge some neglect or offense" (Schwarz, 2008: 112: citing Kluckhohn and Leighton, 1974 [1946]: 184-185).

We are once again confronted with the idea that leading a good life induces a good death and bad living a bad death, and that there is a kind of feedback loop in this process that affects the living accordingly. Although, the same type of burial is given to a good and a bad person irrespectively (Shepardson, 1978: 386).

Nevertheless, living a good life does not discount the fact that one must remain vigilant and continue to honour one's reciprocal obligations to the living, to the deceased, and to the spiritual world of the Holy People (Schwarz, 2008: 120-125). These ties are synecdochial and simultaneously bound by the laws of contiguity, similarity, and opposition (Mauss, 1972 [1902]: 79-92; Schwarz, 1997a, 2008), and the relationship between people, objects and entities is conditioned by the extent to which there is a 'transfer' of properties between them – where *“the part... stands for the whole”* (Schwarz, 2008: 117). Put differently, this transference is another way of presencing absence through the dynamics of a continuing bond as alluded to earlier. Although, it is important to remember that for the Navajo such a connection is meant to privilege the living rather than the dead.

At the same time, however, synecdoche remains ambiguous and can fulfil a negative role insofar as it can extend contagion as well as purification and we need to distinguish, in Maddrell's terms, between an absent presence that haunts and one which affirms continuity (2013: 507). For example, in the Navajo world only the elders and stillborn children are immune from contamination and do not require purification ceremonies, while illness or contagion from contact with death can occur in any number of settings including car accidents, contact with human remains in archaeological ruins, in burials, or funerals. Contamination can also derive from intermarriage, remote contact, and the recycling of second-hand clothes, cars, and so on (Schwarz, 2008: 137-138). Some of these taboos also extend to attitudes and beliefs surrounding the practices of organ transplantation and blood transfusion (Schwarz, 2008: 112; 2009: 145-168) and provides yet another perspective on the discussion of presencing of absence.

As a result, traditional Navajo funerary rites are geared towards preventing the return of malignant spirits rather than commemorating the loss of the deceased (Schwarz, 2008: 113). In addition, Navajo grieving practices differ from those of the contemporary west in that the emphasis is on releasing the dead rather than the bereaved returning to normal routines (Maddrell, 2013: 506). Prolonged mourning among the Navajo risks holding back the dead, as does mentioning the deceased's given name for any protracted length of time (Shepardson, 1978: 386; Schwarz, 2008: 118) – and is why Jerry reminded us that we were attending a memorial rather than a funeral. 'Ghost sickness', as it is known, is a consequence of and punishment for living a 'bad' life, and of ignoring or disregarding the advice and assistance of the Holy Ones when one strays from the 'correct path' (Schwarz, 2008: 115). Once again, these ideas find correlations in Jerry's references to the guidance the deceased offer us on our life paths.

However, with the advent of the Native American urbanization that has been taking place since the mid-1950s, Navajo mortuary practices have undergone considerable and significant change (Griffen, 1978; Levy, 1978; Shepardson, 1978). There has been a greater use of Anglo-style funerals, funeral homes and services, which suggests a practical as well as an ideological and behavioural shift away from preoccupation with separation of contact with the dead to a greater incorporation of and attention to the needs of the bereaved.

Newer mortuary practices among the Navajo can take a diverse range of forms. For example, they include communication of the news of a death through public media, pre-funeral planning meetings, type of funeral service, greater community participation at the graveside ceremony and wake-like feasts, and extended post-mortem arrangements around the distribution of the deceased's property and patterns of quarantine. Not only do western style funerals become more socially interactive, they are more materially extravagant, elaborate, and conspicuous with greater attention given to clothing the deceased, the jewellery to be buried with the

corpse, choice of casket, cash contributions, and funeral costs.³⁴ Moreover, the deceased is also commemorated through inscribed funeral practices and mementoes such as Memorial Books, programmes of the funeral service, and granite headstones. In addition, it is not unusual for family members of the deceased to return to visit the burial site and to leave floral tributes. The often elaborate and time-consuming organization involved in these arrangements involves extensive social interaction and underlines the role of the funeral in bringing people together (Griffen, 1978: 367-381; Shepardson, 1978: 383-395).

Many of these changes have come about as a result of changes in the demographic and institutional profile of the Navajo as a consequence of the effects and impact of acculturation, greater syncretism and migration across belief systems (particularly conversion to Christianity and the Native American Church), education, urban migration, and greater economic opportunity. These changes have led to the conscious renunciation and weakening of traditional beliefs by some, and are reflected in changes in mortuary practices (Levy, 1978; Shepardson, 1978). More significantly, perhaps, they have affected the cultural environment³⁵ in which the next and subsequent generations must survive (Levy, 1978: 404).

Nevertheless, persistence in beliefs about ghosts and ghost sickness prevail, as does the adherence to traditional mortuary practices, particularly in more rural areas on the reservation. These remote demographic pockets, Levy maintains, take on the characteristics of 'residual' populations that are capable of replacing themselves as a result of high fertility rates, less intermarriage and therefore less ethnic dilution, and greater residential stability.

³⁴ Although this can give rise to conflict as well, particularly between clan members and affines (Griffen, 1978: 370).

³⁵ For a commentary on the adaptation of the Native American cultural environment, see: Peroff (1997, 2007) and Peroff and Wildcat (2002).

However, there are several mitigating factors should not be overlooked.

Firstly, part of the appeal of the western style funeral is that it acts as a separation mechanism between the living and the dead. Similarly, 'grave goods' serve a multiple purpose insofar as contaminated objects get disposed, the deceased is given a good 'send off,' and the objects propitiate ghosts (Griffen, 1978: 372; Shepardson, 1978: 385).

Secondly, where deaths take place in homes in settled areas – cities, for example - adapting traditional practices to dispose of the corpse becomes increasingly difficult. The permanent nature of buildings in built up and urban environments affect quarantine practices and the recycling of space after someone has died there, and local and federal government regulations do not allow for easy or convenient disposal of bodies (Levy, 1978: 399).

Thirdly, the Public Health Service is increasingly involved in paying for funerals – especially in the case of deaths in hospitals - thereby further relieving families of the contamination of the corpse (Shepardson, 1978: 393).

Fourthly, the likelihood that conversion involves some degree of renunciation of traditional beliefs means that a corresponding increase in Christian burials remains high. Christian Navajos usually tend to opt for Christian burials, irrespective of place of death. Added to this is the fact that the demographic and economic profile of Christian Navajos reflects rapid growth, particularly around wage work settlements, and is composed of a considerably younger and better educated adult group than counterparts in more rural settings. Poverty and the inability to afford traditional ceremonies is another contributing factor since Christian funeral rituals and services are cheaper than five- or nine-night traditional ceremonies, and for some, Christianity provides greater 'efficacy' in combating ghost sickness (Levy, 1978: 400-401) – even though conversion to Christianity frequently co-exists with traditional beliefs in ghosts.

Lastly, increased use of western medical interventions and hospitalizations among the Navajo suggests a further shift in attitudes towards greater tolerance and acceptance of western medical benefits that further minimize the risk of contracting ghost sickness³⁶ - without necessarily lessening one's belief in traditional Navajo causes of disease (Levy, 1978: 402).

From the above, it would appear that for the Navajo, changing interpretations and practices about death and commemorating the dead are contesting traditional mortuary practices, and there appears to be greater focus on attending to the bereaved rather than on the dead.

Nonetheless, for many homeless Native Americans (and urban Indians in general), returning to the reservation to be buried remains an ideal (Fixico, 2000; Lobo, 2001; Lobo and Mortensen Vaughan, 2003; Zerger, 2004). By extension, reservation burials would undoubtedly constitute an important aspect of a 'good' death for some homeless Native Americans. Such would have seemed to be the case with Alwyn, a NAHOC client who died during the course of my fieldwork (see below).

2.8: The NAHOC Memorial Service – Discussion.

2.8.1: The NAHOC Memorial Service as Mediating Identity.

The NAHOC memorial service was a unique and extraordinary event and anthropologically noteworthy for a number of reasons. One of the central questions it raises is the extent to which the fundamental and intrinsic questions concerning life and death give meaning to and mediate a sense of identity and belonging among the homeless Native American community in Salt Lake City. The emphasis of the memorial, as Annabel indicated in her welcome and Jerry endorsed in his eulogy, was on the continuity of life and the relationality of the living, of the human ties that bind us in

³⁶ *“Navajo healing ceremonies are aimed at removing the causal agent... [while] ... Navajos class the physician as an alleviator of symptoms rather than as a curer of disease”* (Levy, 1978: 402).

our differences, partly through the contributions of the deceased while they were alive, and in part through their legacies.

The subtext, of course, is also about living good lives in order to increase our chances of having good deaths. The onus to do so, as Jerry underlined, is on us as individual members of our respective communities and tribes – by drawing on our own agency and with the help and guidance of our ancestors and those who went before us. At the same time it makes an implicit claim to instate (or re-instate) the good deaths of the deceased on the memorial roll and thus to reaffirm and honour the ‘reciprocal obligations’ between both worlds (Bloch and Parry, 1982; Deloria, 1992; Dow, 1986; Middleton, 1982; Moerman, 1979; Schwarz, 2008; Waldram, 2000). In so doing, the service symbolically aligns the continuity and healing dynamics inherent in memorialization processes and the mediation of loss through the engagement or accommodation of what might otherwise be considered ambivalent or dysfunctional agency (Lester, 2013: 756; O’Neill, 1996: 156) among the homeless Native community. It thereby also affords an opportunity to affirm or reconstruct a sense of social memory and cultural identity (Santino, n.d.: 56).

On another level, the memorial service was also about NAHOC’s agency and autonomy in forging a sense of advocacy, activism, community care and cultural reinvention as part of its response to the social suffering endured by its indigenous homeless clients – both operationally and as a moral template for any future policy-making and policy implementation. In particular, it draws attention to the often unrecognized and unacknowledged role, presence and contribution of Native American women (and women in general)³⁷ in the contemporary urban Indian healthcare and healing environments. This is especially so given that many of the men have migrated into

³⁷ The phenomenon of Native American women fulfilling roles of social workers-cum-community centre co-ordinators and carers is one that is common in the urban Indian healthcare landscape. I witnessed it at NAHOC, SMC, and IWIC/UIC, as well as at the Native American Health Center in Oakland on a brief visit there towards the end of my fieldwork. Moreover, the involvement of women in the non-profit and charitable organizations serving the homeless Native American population in Salt Lake City is not restricted to Native Americans. Many of the women I met there were non-Native.

homelessness, often beyond traditional kinship, community and family structures – a process seen by some as the continued erosion by the colonial legacy (Grande, 2000: 491). Part of the social discontinuity and rupture that afflicts many Native American communities is the fact that the communities have seen an inversion and breakdown of intergenerational and gender role identities and divisions of labour. As one of my informants, Stanley, a member of a Northern Plains tribe describes it (see: Figures 4 and 5):

At one time, the child was in the middle. Everybody took care of the child, then the elders. They [i.e. the men and women] took care of the elders. Then the women came along. Then the men were on the outside of the circle to take care of everything they have in there, because of the love of life and the gift of it.

It has been switched around. You got the selfish man in the middle that continues to use.³⁸ Then you get this woman bailing him out of jail, constantly enabling him. Then you have this child that's screaming for both their attention. Then you have the elder who's actually taking care of their child. That's the process that's going right now.

Stanley then sketched it out. What previously looked like this:

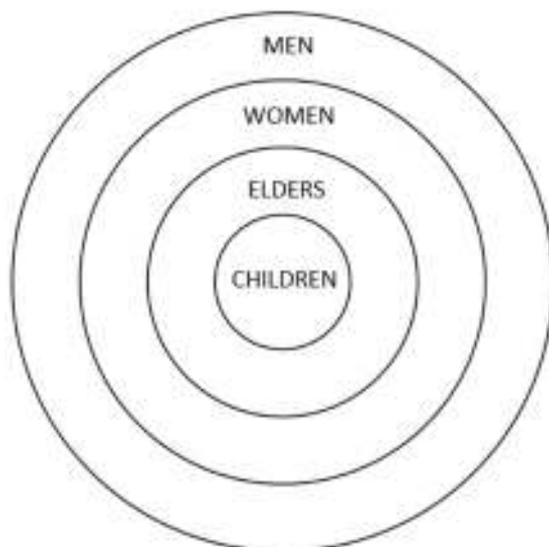


Figure 4: Circle of care 1: Illustrates the main social and relational dynamic among Native American communities prior to the Termination Era in 1953 and the subsequent wave of urban Indian migration in the 1950s. Termination (1953-1975) was part of the U.S. federal government's urban Indian relocation strategy based on ending federal recognition of Indian tribes and on the transfer of Indian administration to state governments away from the Bureau of Indian Affairs (B.I.A.). It effectively re-instated assimilation as the government's official Indian policy (Kunitz, 1996: 1469).

³⁸ In this instance, we were discussing alcohol abuse among homeless Native American men. Implicit in Stanley's comment is the degree of responsibility or agency he attributes to these individuals for the predicament he describes here.

now looks like this:

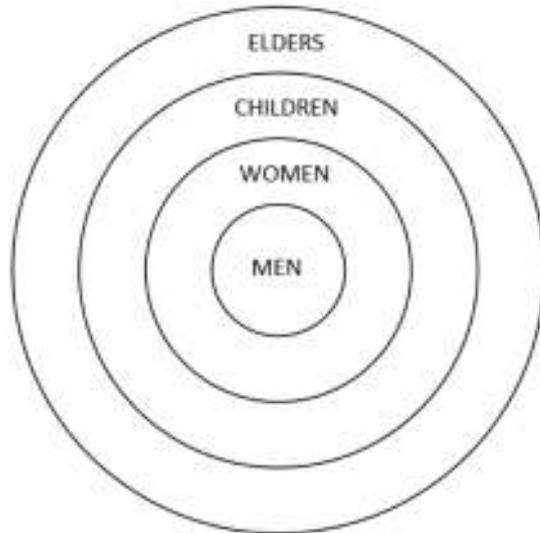


Figure 5: Circle of care 2: Illustrates the inversion of relational dynamics among Native American communities since the 1950s and suggests the socio-economic and cultural consequences and impact on Native American communities of the post-Termination Era.

Indian urbanization and the transition to wage labour economics in the 1950s saw the beginnings of a significant shift in gender dynamics and social reproduction among Native American communities. The absence of men as a consequence of various U.S. military conflicts, the Vietnam War in particular, together with their subsequent return and difficult reintegration in many cases, would have had further impact. The role of Native American women as *“keeper of the family”* (Fixico, 2000, 184) would have expanded and intensified, while they continued to be sisters, wives, mothers, grandmothers *“bearing and caring for the warriors and maidens of the next generation”* (O’Neill, 2000: 448).

The significant point to make is that new identities and new spaces are produced in existing spaces with the spaces themselves defined as much by the vacuums left by the intra-cultural migrations within them, as they are by the emergent modern or contemporary forms that replace them. Sense of ownership of these places is determined through the practices enacted in them and the extent to which the places lend themselves to supporting such practices (Duff, 2010: 888-889). Ultimately this intersection ‘enmeshes’ bodies *“in relational networks of meaning and belonging, of*

time and space” as a “*complicated assemblage of social, material, and affective components*” (Duff, 2010: 890-891). Moreover, these emergent forms, Peroff and Wildcat (2002) argue, are adaptive, self-organizing, and fluid and extend traditional identities and practices, and thus mediate and transmute the organizing body of cultural metaphors that invest cultural identity with meaning and value as a complex yet accommodating and inclusive set of dynamics. In some ways, they are also contact zones (Pratt, 1991) and auto-ethnographic in the sense that “*people undertake to describe themselves in ways that engage with representations others have made of them*” (Pratt, 1991: 35).

Morally, however, this connection to place also suggests that place can and does exist in negative configurations as well, often simultaneously, as we see in Duncan’s (1978) analysis of public space as prime and marginal domains as it relates to the tensions inherent in the domiciled-homeless experience and practices of spatiality enacted in places such as public libraries, museums, public parks, shopping malls, or public transit.³⁹ The risk for a homeless individual, for example, is that this social process can lend itself to a culture of enablement, recursive stereotyping, and persistent cultural and social alienation and marginalization - whereas the desired healing process is meant to effect personal and collective transformation. In other words, the outcome of such new spaces and new identities should be about ‘replacing the self’ - as Basso refers to it in his analysis of reflexivity in Western Apache historical stories (1996: 59) - as something or someone better.

2.8.2: The NAHOC Memorial Service and Formulations of Good and Bad Deaths.

Although I had no way of knowing with any certainty, I was curious about the manner of the deaths of the deceased we were commemorating. The fact the memorial service took place suggests that some degree of neglect or lack of acknowledgement of this

³⁹ See Chapter 6.

small demographic would not otherwise have been bestowed from other quarters. If the homeless remain marginalized and overlooked in their lifetime by their community, let alone the general public, then it is even less probable that they will be acknowledged posthumously.

During my fieldwork, I had occasion to learn about two deaths involving the local homeless Native American community, both of which can be described as ‘bad’ deaths following the criteria outlined above. Both cases occurred within a few weeks of the NAHOC memorial service and involved individuals who had recently been housed through a SHONA supportive housing initiative overseen by Cori. The first case concerned a NAHOC/SHONA client, Alwyn, who died as a result of complications surrounding alcohol-related liver failure; and the second involved the murder of a non-client, although the episode occurred directly outside a current client’s apartment. I had met both Alwyn and the other client, Albert, on several occasions while accompanying Cori on her outreach rounds and during my stints at the NAHOC centre.

At the time of his death, Alwyn and his long-term friend, Fred, were sharing accommodation in an apartment in the southern suburbs of the city. They were from the same tribe and both had histories of chronic alcohol abuse. Moreover, in Fred’s case, Cori suspected foetal alcohol syndrome, although there was no formal diagnosis.⁴⁰ In my own interactions with them, we joked about virility and hair loss and swapped humorous anecdotes about cooking fish as this was one of the things they particularly enjoyed doing. They were less forthcoming when talking about their backgrounds, and in reply to one of my questions, Fred said that he and Alwyn had

⁴⁰ I wondered whether such an assumption on Cori’s part was not in some way indicative of the dysconsciousness (King, 1991) that conditions how we pathologize the suffering of other and, if so, to what extent it prevails among the SHONA/NAHOC staff and its network. Bob, a long-serving member of SMC’s medical outreach service team, presents a similar example with reference to John Knox in Chapter 5.

King describes dysconsciousness as: “*the absence of consciousness (that is, not unconsciousness) but an impaired consciousness or distorted way of thinking about race as compared to, for example, critical consciousness.*” (1991: 135).

known each other for “quite a while” and had met “in the service” but “we don’t talk much about it. It gets kinda depressing.”⁴¹

In any case, Alwyn’s condition deteriorated rapidly shortly after having been hospitalized and he passed away two weeks after being admitted. As Cori relates in her interview, he was at enormous pains to let her know that she was not to blame for his recidivism:

I think I shared with you my client that just died actually asked me to come over to the hospital, you know, to share... he wanted to share with me that this wasn’t my fault that he was dying.

Somehow, Alwyn had construed it that Cori might have felt that her efforts to help him over the course of their relationship had failed. At the same time, it could be understood as an effort on Alwyn’s part to honour in some final way an outstanding reciprocal obligation he felt he might have had with Cori. Be that as it may, Cori took it upon herself to contact Alwyn’s family and helped to arrange to have the coffin transported to the reservation for the funeral. In this instance, Alwyn was given some semblance of a good death. Not all of Cori’s clients have the benefit of this option since some of them were born and raised in the city and some were completely disconnected from their families and reservations. In other cases, some individuals were alienated from their communities as a result of the federal government’s boarding school policy or through the LDS placement program instigated from the 1950s onwards.

The second case involving the murder was the result of an apparent squabble outside Albert’s apartment. Albert had been housed in a 4th-floor studio apartment near the centre of town and he too had a history of chronic alcohol abuse. From what I could tell, he was also prone to more frequent cycles of recidivism than either Alwyn or Fred.

⁴¹ Fred said that he had been a ‘Seal’ and that Alwyn had been a ‘Ranger.’ In a subsequent conversation with Bob (from the medical outreach service team) who knew the pair of them and their medical cases very well, was sceptical of this information. He suspected that they might have been having a joke at my expense.

In addition, he was a frequent victim of his unhoused Native American street family trying to 'sit him.' 'Sitting' someone, as it was explained to me by one the SHONA staff, is a fairly common form of intimidation that involves constantly encamping in large groups outside the victim's front door in an effort to gain access – usually for a place to sleep at night and to take advantage of other amenities and facilities from the victim. There is often alcohol involved and altercations frequently break out, and 'sitting' can get quite loud, unsavoury, and extremely violent.

When he does not succumb to his buddies' bullying, which apparently is not often, Albert tends to lock himself in and sit in silence until the congregation outside leaves. In fact, the first time I shadowed Cori to visit him to drop off some supplies and some important welfare documentation that is how we found him. We had no idea that he was in the apartment and after no response to her knocking, Cori used her master key to gain access. Albert was sitting on his sofa looking quite anxious. He had been watching TV, the volume turned down almost to zero, and had refused to open the door, obviously thinking that we were some of his tormentors. It was also during that visit that Cori pointed out to me bloodstains on the carpet in the hallway outside his apartment – the result from a recent fight that Cori attributed to a 'sitting.' On the night in question, Albert, who had recently relapsed into drinking after a period of sobriety, had apparently passed out and remained oblivious to the fracas going on outside his front door. At the time, there was also a group of his street buddies staying in the apartment, and I recognized the name of one of the individuals Cori referred to from my street outreach work.

These episodes are quite common and the police are frequently involved. On the other hand, the city's housing authorities or the landlords usually deal with the problem by evicting the tenant for being in breach of the terms of the tenancy agreement. This incident involving Albert puts into relief a pattern that I had encountered in various conversations during my fieldwork, and is also documented in the literature (Zerger, 2004: 13).

As a footnote to these episodes, shortly before I left Salt Lake City at the end of my fieldwork period, I heard from Cori that she was in the process of negotiating separately new accommodation arrangements for Fred and Albert as both had been evicted for contravening the 'overcrowding' terms of their tenancy agreements.

To extend Bradbury's language of sacred good deaths (1999: 147-149), the second death in particular, i.e. the murder, can be thought of as a 'profane' death that sits alongside suicide at the extreme end of the good/bad death spectrum. In the case of the victim outside Albert's apartment, we get no personal story. No act of witnessing in the form of any shared experiences of 'good' living, of the camaraderie that might have harnessed one's life to others in some manner so as to share a relationship or bring meaning, value, hope and fulfilment in some form. There was no grieving or bereavement that took place, the victim's personal story remains unheard, as is the perpetrator's (or perpetrators'), and the violent death ultimately underlines the failure to repair one's reciprocal relations at every level.

Yet, it is this kind of volatility that makes the healing work undertaken by NAHOC and its partners so difficult. The dilemma for most of the agencies concerned is how to reconcile avoiding any enabling or facilitating of the helplessness many of their clients experience while at the same time trying to provide an opportunity for them to emerge from it - frequently with little or no success. If we take the problem of alcohol among Salt Lake City's homeless Native American population as one example, severe as the problem is, it nevertheless masks the deeper unbridgeable fissures of the cultural loss and dis-emplacment from which this and other social, political and economic suffering has arisen in the first place.

However, Rebecca Lester reminds us that while suffering remains a persistent and inchoate component of the experience of being and that "*people genuinely suffer,*" we also "*endure, and sometimes even transcend,*" and "*healing comes from redeveloping the capacity to connect and relate to others in ways that extend beyond the specifics of the trauma or their "damaged" identity*" (2013: 754, 760). If we accept this view, then suffering is also alleviated through hope, and the extent to which NAHOC, SHONA, and

their partners manage to instil hope among their clients, needs to be gauged accordingly. I return to a more in depth appraisal of the homeless Native American illness and healing experience in Chapter 5.

2.8.3: The NAHOC Memorial Service and Public Memorialization Processes.

The NAHOC memorial service was a private ceremony in a public space, yet it penetrates and reconfigures both domains. It was private as an occasion for the Salt Lake City's homeless Native American community to honour its deceased and in the appeal to its members to engage with their personal agency to effect a specific form of healing and to repair reciprocal obligations. It was public in that it took place in a public park and that the political agenda, although glossed in Jerry's references to the appropriation of indigenous lands and to the imposition of an external and unwanted identity, was an iteration of Native American self-determination that extends beyond Utah's boundaries. In this sense, it was also consistent with Santino's memorialization paradigm as a commentary on "*large social issues*" (n.d.: 57).

The fact that the memorial took place in a public space has important symbolic and spatial implications for the homeless community generally, and for the homeless Native community specifically. Duncan (1978) is one of the first commentators to theorize urban homeless spatiality in terms of public and private space domains. Differentiating between *prime* and *marginal* spaces, homeless migration or transgression between them is regulated by the inherent 'moral order,' 'spoiled identities,' property and ownership rights of the domiciled majority and, subsequently, the political-economy around which they cohere. On the other hand, public and private spaces frequently overlap and are organized according to the intersection between their different temporalities and affective and productive values. In other words, how, for example, public parks, shopping malls, public libraries, museums, public transit, and so forth can double up as homeless enclaves, meeting points and shelters depending on time of day or the 'use' values attributed to them by the different players. Such fluidity has a significant impact on shaping homeless culture, identity and experience - both internally in terms of group solidarity, mobility patterns,

coping strategies, et cetera, and externally as forms of deviance, stigmatization, labelling and stereotyping (Duncan, 1978; Hodgetts et al, 2008; Johnsen et al, 2005; Kawash, 1998; Snow and Anderson, 1987, 1993; Snow and Mulcahy, 2001; Wolch et al, 1993).

Nevertheless, while Duncan's representation of spatial division applies equally to the homeless experience of Native Americans in much the same way as it does to the general urban homeless population, it does not consider the historical and cultural origins or, indeed, the affective and emotional implications of spatial dis-placement (and the associated suffering) that contributes specifically to Native American homelessness. I explore these dimensions in greater detail in subsequent chapters.

Meanwhile, two other details from the NAHOC memorial service that might otherwise escape attention should be mentioned briefly. Firstly, the juxtaposition and co-existence of the International Peace Gardens as part of the Jordan Park complex at the time of the NAHOC service aligns a set of contradictory commemorative values. On the one hand, the one space commemorates the arrival of the first Mormon pioneers – themselves a persecuted group that imposed its own subjection onto the local indigenous populations with whom they came into contact. The more contemporary commemorative use of the same space is to celebrate *“the true spirit of democracy and world peace, brotherly love... and cultural heritage of many lands.”*⁴² How ironic, therefore, that the Native American community is excluded from this representation.

Secondly, by holding the memorial service in Jordan Park, the space was ritualistically transformed for a brief moment in time into an outdoor and open therapeutic landscape and healing counter-narrative (Gesler, 1992; Wendt and Gone, 2012; Wilson, 2003) that allowed symbolically for the co-presence and socio-cultural re-integration of the living and the deceased.

⁴² Salt Lake City International Peace Gardens (2008): [Online] Available from: <http://www.slcppeacegardens.com/History/tabid/58/Default.html>. [Accessed: 7.12.2013].

2.8.4: The NAHOC Memorial Service and ‘Presencing’ Absence and Mediating Loss.

Apart from Gloria, Norm, and Cori’s anecdotal accounts that personalised any interaction with any of the deceased during the service, there was no indication and no way of knowing what the nature of the relationships the other memorial attendees would have had with the deceased. Presumably, the attendees would have known some of the deceased personally. However, the fact that there were only four homeless Native individuals present – the rest of the group being NAHOC or SHONA staff or invited guests - needs to be offset against the potential number of those who failed to show up at all.

When seen from a healing point of view, if it matters that we are conspicuous in our absences, then the extent to which we choose to enact, perform, participate, commit, pray, and heal, and so forth should find a commensurate return on the investment we make. I think that this was part of Jerry’s moral and spiritual message as well. It was his way of reminding those of us present to honour our reciprocal obligations, to use Schwarz’s terms. However, having said that, absence, presence, loss, suffering, and ultimately, healing can be and often are silent, passive, and non-demonstrative modes of being and remembering and honouring as well. Part of our common humanity, as Potts indicates, is *“that none of us will escape death or the loss of someone we love and... that as we go about our daily routines, someone somewhere is missing someone, someone somewhere is in pain”* (2007: 2).

Ultimately, what best captured this sense of mediating loss – symbolically at least - was that the carnations that Wylie, Norm, Ranger and I had so carefully and assiduously made into bouquets, were meant for the living rather than the dead. The plan was to hand the flowers out to those who attended the service and not to place them at a designated spot at the end of the service for the deceased. There was something appropriate about this scenario and the symbolic overtones of germination, nurture and growth inherent in the children’s tree-planting activity going on around us - with the horticultural elegance of the Peace Gardens in the background.

2.9: Conclusion.

In this chapter, I have described an informal memorial service that I attended for deceased members of Salt Lake City's homeless Native American community organized by NAHOC. I have appraised the ceremony within the context of public memorializations, good and bad deaths, and indigenous mortuary practices, and foregrounded some of the continuities and discontinuities of spatiality, relationality, affect, agency, absence, and loss as dynamic components that mediate a sense of cultural identity and the social suffering of the urban homeless Native American experience in Salt Lake City.

As a private event that took place in a public space, the NAHOC memorial was also an ambiguous act. It was exclusive and exclusionary in that it was designed to commemorate a particular group of individuals in terms of a particular and exclusive cultural idiom. However, in order to realize and attest to its expression of the universality of the human condition, the fact that it did take place in public in a fairly spontaneous manner meant that it was also a form of public advocacy and validation. As such, it conforms to many of the claims I have reviewed above concerning public memorialization processes, the conceptualizations of death, and the mediation of absence and loss. What it did, above all, was to underscore the presence and thereby the identity of the voice of the homeless Native Community in Salt Lake City and in doing so it probably sets a precedent.

As a private and inconspicuous memorial held in a public space for a minority and marginalized population, the NAHOC commemoration brings together a number of significant themes that extend to the wider U.S.-Indigenous identity and Native American healthcare discourses – urban Indian healthcare in particular. The engagement of private sector non-profit organizations with the health and social wellbeing of their local homeless Native American community in Salt Lake City presents a unique model that warrants further investigation and, ultimately, continued

investment. In the subsequent chapters, I investigate in greater detail how these themes play out.

CHAPTER 3: Refracted Identities: The Boarding School System and U.S. Indigenous Homelessness.¹

Religion, morality, and knowledge, being necessary to good government and the happiness of mankind, schools and the means of education shall forever be encouraged. The utmost good faith shall always be observed towards the Indians; their land and property shall never be taken from them without their consent; and in their property, rights and liberty, they never shall be invaded or disturbed...
(Public Acts of the First Congress, First Session, Chapter VIII, Article III: Northwest Ordinance, August 1789)²

I'm gonna go to college, I don't care what they say, I'm gonna go to college. And then I read about Albert Schweitzer and Helen Keller... that gave me the idea I was going to be a doctor.
(Benjamin Barney, student at Intermountain Indian School, Brigham City, Utah, from 1957 to 1964)

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3.1: Introduction.

In the previous chapter I set out by looking at symbolic endings in the sense that the NAHOC memorial service represented a form of closure for deceased members of the Salt Lake City homeless Native American community. Here, I take a step back and consider what might be thought of as 'beginnings' and examine how the boarding school system (BSS) impinges on the contemporary Native American homeless narrative. I do so for two reasons: firstly, the BSS is cited as a significant contributing factor to indigenous homelessness both in the U.S. and in Canada after World War II (Lobo and Mortensen Vaughan, 2003; Menzies, 2009); and, secondly, because many of the homeless Native American individuals I met during my fieldwork had had some exposure to the system.

¹ As most of the data I draw on for this chapter is readily available in the public domain, I have not anonymized personal and place names as this would have produced an illogical and artificial representation. Where I have mentioned individuals by name in the chapter, I have obtained their permission to so.

² http://press-pubs.uchicago.edu/founders/print_documents/v1ch1s8.html [Accessed: 24.1.2014].

Specifically, I present an ethnography of the Intermountain Indian School (IIS) in Brigham City, Utah, one of the last of the BSS schools to close its doors in the 1980s. The ethnography itself includes an account of visits I paid to an IIS exhibition put on by Brigham City Museum; a public talk given by Benjamin Barney, an ex-IIS student; a review of a number of recorded oral histories of alumni; and my subsequent visit to the IIS site itself – at least, what was left of it in May 2012.

My experience of the IIS exhibition and IIS site, as well as Barney's talk, and the oral histories I examined suggest that while the IIS, as part of the BSS phenomenon, was responsible for affecting psychologically profound and complex changes for many of its students, their adaptation to these changes are indicative of a deep-seated cultural strength and resilience. Such a response is also indicative of cultural growth rather than cultural loss (Denham, 2008; Gone, 2013b; Lester, 2013; O'Neil, 1996; Stamm, Stamm, Hudnall and Higson-Smith, 2004).³

Given this perspective, I attempt to highlight the incommensurability between the cultural embodiment and sense of identity and regeneration that the IIS alumni have harnessed through their experience of change, and the disembodied experience of alienation, dis-emplacement, and suffering that the homeless Native individuals I encountered continue to demonstrate in trying to reclaim a sense of self in order to lead meaningful lives. In my analysis, I explore the indigenous conceptualization of emplacement, cultural identity formation, the meaning of social or animated memory, and the role of affect and practice in the production of sense of place (Fiske, 2009; Napier, 1992; Witherspoon, 1977); and develop the themes of spatiality, agency, absence, and loss from the previous chapters.

The chapter is divided into four parts. I begin with a brief history of the BSS and a profile of the IIS. The second part is an ethnographic description of the Brigham City Museum exhibit and my visit to the IIS site. In the third section, I appraise the IIS

³ As well as Napier, personal communication.

experience of ex-students (including Barney's), and in the final section I present a critical discussion.

3.2: The Boarding School System.

3.2.1: Background.

As a significant contributory factor to indigenous homelessness both in the U.S. and in Canada, the BSS experience forms part of a larger cycle of institutionalization that includes foster care, long-term hospitalization, substance abuse treatment programmes, and incarceration (Lobo and Mortensen Vaughan, 2003: 67; Menzies, 2009). Many of the homeless Native American individuals I met in Salt Lake City had experienced various forms of institutionalization, and those to whom I spoke about their school backgrounds had had some exposure to the BSS, either directly as students themselves, or as the descendants of students of the system. In many cases, these individuals had also been exposed to the Mormon Indian Student Placement Program (ISPP).⁴

Nevertheless, the BSS was responsible for both geographic and cultural dislocation on an unprecedented scale and it proved to be a particularly horrendous rite of passage for many of the Native children and youth who experienced it - particularly in its early phases - as a site of cultural fragmentation, contagion and disease, emotional and physical abuse, and other dystopic social practices. Its legacy continues to resonate throughout Indian Country today, especially when it is viewed in terms of on-going inter-generational, cultural and racial discrimination (Brave Heart, 1999, 2000, 2013; Brave Heart, Chase, Elkins, and Altschul, 2011; Brave Heart and DeBruyn, 1998; Reyhner and Eder, 2004).

⁴ However, I also met a number individuals who had gone through both the BSS and the ISPP systems who were not homeless, as was the case, for example, with Annabel and Gloria from NAHOC.

However, not all boarding school experiences were negative, and this is reflected in the experiences of a number of the individuals I met as well as in many of the comments from the oral histories below. Stamm et al (2004: 92) remind us that some people may have no reaction to trauma experiences while others may even be strengthened by them and, in many instances, boarding schools also became places that generated long-term friendships, partnerships and affective alliances. They produced new forms of resilience and new coping strategies while reinforcing family and cultural identities (Denham, 2008), and they gave rise to new forms of resistance and expressions of pan-Indian solidarity (Adams, 1995; Curcio, 2006; Child, 2000; Reyhner and Eder, 2004).

That these experiences were not all negative can partly be accounted for by the fact that, historically at least, the worst of the subjection that Native children experienced at the various boarding schools in the U.S. occurred before the 1930s. That is, prior to the reforming efforts of John Collier, Commissioner of the Bureau of Indian Affairs (B.I.A.) from 1933 to 1945, and before the publication of the Meriam Report in 1928, a significant document critical of Indian Administration policies, including education. Most of the individuals with whom I spoke would have attended after the 1970s, as did most of the IIS alumni below, when the system was in transition. Nonetheless, the institutionalization of the BSS did leave an indelible legacy, even after the Nixon administration began winding it down and phasing out the schools in the 1970s.

3.2.2: A Brief History of the BSS.

The boarding school phenomenon was conceived of by the U.S. authorities in the late-19th Century as a way to ‘civilize’ the ‘inferior’ Indian, and propelled the federal government’s unilateral assimilationist drive and its claims to indigenous lands and resources (Child, 2000; Curcio, 2006; Haag, 2007).⁵ The driving ideology behind

⁵ There is an extensive and growing literature on the BSS. In this study, I have consulted mainly Adams (1995), Child (2000), Curcio (2006), Haag (2007), and Reyhner and Eder (2004). Full details are listed in the bibliographical section.

assimilation was to “*eliminate American-Indian culture in order to rid the country of people who had values of shared land and communal living and replace them with people who believed in individual land ownership and capitalism.*” Consequently, “[e]verything “Indian” came under attack” (Curcio, 2006: 52-53), including Native American children.⁶ From the 1950s onwards it also served as a major conduit for accelerating Indian urbanization and only began to wind down with the Nixon administration’s shift in Indian policy from termination⁷ to self-determination in 1970. It effectively culminated with the signing into law of The Indian Child Welfare Act of 1978, which transferred jurisdiction over the welfare of Native American children into the hands of tribal governments (Gross, 2010).

The trajectory of Native American education from the mid-1800s onwards migrates from what was originally the province of religious groups and missionaries, to government day schools on the reservations, through to off-reservation residential sites and ultimately the establishment of the BSS in the late 1800s.⁸ In some cases, off-reservation boarding school attendance prevailed until the late 20th Century (Curcio, 2006: 58); as was the case with the IIS. Nevertheless, by the 1890s, there were over 150 boarding schools with a total student enrolment of 15,000 compared to 125 day schools with some 3,000 students in the same period, and by the 1930s, almost half of all Native American children enrolled in the BSS had been forced away from their reservations (Adams, 1995: 55-59; Reyhner and Eder, 2004: 150-151).

⁶ “*The Bureau of Indian Affairs banned all Indian feasts, languages, certain marriage practices, dances, and any practices by medicine or religious persons*” (Curcio, 2006: 53).

⁷ Termination (1953-1975) was part of the U.S. federal government’s urban Indian relocation strategy based on ending federal recognition of Indian tribes and on the transfer of Indian administration to state governments away from the Bureau of Indian Affairs (B.I.A.). It effectively re-instated assimilation as the government’s official Indian policy (Kunitz, 1996: 1469).

⁸ The Carlisle Indian Industrial School established in Pennsylvania, 1879, was the first Indian boarding school in the U.S. The schools were operated and controlled by the B.I.A.

Yet, while some of the children had a relatively positive experience, most of the literature draws attention to the physical, emotional, and psychological suffering and abuse that many students over numerous generations experienced (Adams, 1995; Child, 2000; Curcio, 2006; Haag, 2007; Reyhner and Eder 2004). These experiences included forced attendance, destruction of culture, appalling living conditions, forced labour, death and disease, physical abuse and sexual predation, government complicity, and negative intergenerational impact (Curcio, 2006: 55-76).

Between 1891 and 1893, Congress passed legislation authorizing the Commissioner of Indian Affairs and the B.I.A. to enforce school attendance and penalize parents who resisted⁹ (Adams, 1995: 209-222; Child, 2000: 13; Curcio, 2006: 55-58; Reyhner and Eder 2004: 169-179). Given the prevalence of extreme poverty on many reservations, it is surprising that parents would not have wanted better opportunities and prospects for their children, particularly if “*learning the ‘white man’s ways’ could lift the children, and the community, out of destitution*” (Curcio, 2006: 57).

Nevertheless, Native American children were targeted in a calculated assault to eradicate their culture and to accelerate the assimilation process by separating them from their families, tribes and reservations (Adams, 1995: 100-112; Child, 2000: 28-29; Reyhner and Eder 2004: 169-179). Once installed at a boarding school their cultural identities were systematically eroded on a number of fronts. They were given Anglo names,¹⁰ they were forbidden to speak their own languages, they were forced to wear uniforms, boys were forced to have haircuts, and more. Moreover, school curricula

⁹ Parents who resisted were effectively blackmailed by the B.I.A. by withholding provisions. Some parents were “*subdued by police and soldiers while their children were often forcibly taken from them,*” and in some cases were sent to prison on Alcatraz Island (Curcio, 2006: 56-57). One of my informants relates how every summer her mother would hide a number of children when boarding school recruiters made their rounds of the reservation.

¹⁰ Native names “*held special cultural significance. American-Indian children’s names were chosen with great care and ceremony, often reflecting developmental achievements or given to pass along traits of honored relatives or leaders*” (Curcio, 2006: 59). In another case, Biolsi draws attention to the significance and use of attributed Anglo names when establishing genealogy for the purposes of probating allotments among the Lakota (1995: 42-43).

were designed to instil both Christian values and shame about their indigeneity, and conversion was seen as part of the ultimate objective.¹¹ In some cases, parents were prohibited from visiting their children at the schools, and children were not allowed to return home, sometimes for years (Child, 2000: 43). In addition, what were deemed to be educational and vocational training tasks merely camouflaged what was forced child labour employed to meet self-serving ends on the part of the schools.¹² In particular, most commentators single out and elaborate the impact and implications resulting from the loss of language that occurred at the schools. Language is important for preserving and continuing cultural memory, cultural knowledge, history and formulations of self-definition and identity. For Native Americans, cultural knowledge has been orally transmitted and the loss of one's language is synonymous with cultural impoverishment and worse (Adams, 1995: 136-145; Child, 2000: 28-29; Curcio, 2006: 60; Haag, 2007: 155-157; Reyhner and Eder 2004: 6-8).

Living conditions at many establishments were appallingly inadequate. Buildings were frequently sub-standard, unsanitary and hazardous; and malnutrition and near-starvation regimes were the order of the day (Adams, 1995: 114-117, 124-135; Child, 2000: 12, 33, 37-39, 55-68; Curcio, 2006: 63; Haag, 2007: 154; Reyhner and Eder 2004: 189-193). Equally grave, if not more so, was that fact that the schools were places of contagion and disease, and tuberculosis, influenza, trachoma and impetigo were common, severe, and widespread, and school officials were indifferent, or at best, negligent in their treatment and care of infected children – often refusing to separate them from the healthy. Unsurprisingly, death rates were also high, and some schools had their own cemeteries, and *“by the turn of the century, tribes across the United States associated boarding schools with death”* (Curcio, 2006: 66). Moreover, children

¹¹ *“American-Indian children were taught the value of supporting their communities rather than the value of acquiring material goods and property for themselves. They were given names that connected them to the land and the spirits which guided them. There was no formal schooling. Rather, children were raised by the community and educated in the community's ways: its ethics, traditions, religions, and its life-sustaining skills, such as hunting, cooking, weaving or farming”* (Curcio, 2006: 49).

¹² Some examples of this include all the menial and domestic cleaning work, cooking, odd jobs, and crop harvesting (Curcio, 2006: 64-65).

were also subjected to corporal punishment and various forms of physical and sexual abuse at the hands of their educators and guardians (Adams, 1995: 121-124; Child, 2000: 39-40; Haag, 2007: 154; Reyhner and Eder 2004: 123-126, 185-189).

Many of these conditions persisted into the late 1960s, as evidenced in a 1969 Senate Subcommittee investigation and critical condemnation of many abusive practices that were still taking place within the BSS. This suggests that the government and its various agencies were aware of and complicit in perpetuating these atrocities – a fact that was publicly recognized and admitted when then Assistant Secretary of the B.I.A., Kevin Gover issued a formal apology for the Bureau’s collusion (Gover, 2000).

Although the psychological impact of the BSS on Native American communities has not yet been systematically studied (Curcio, 2006: 72), implications are being increasingly factored into research and healing interventions.¹³ For instance, in the conceptualization and formulation of historical trauma (Brave Heart, 1999a, 1999b, 2000, 2003, 2010; Brave Heart, Chase, Elkins and Altschul, 2011; Brave Heart and DeBruyn, 1998; Duran, 2006; Duran, 2011; Duran and Duran, 1995; Evans-Campbell, 2008); mental health symptomatology, substance abuse disorders; and, as already indicated, Native American homelessness causality (Lobo and Mortensen Vaughan, 2003: 67; Menzies, 2009). Additionally, some parallels can be drawn with the residential schools experience in Canada (Curico, 2006; Fiske, 2009).¹⁴ Commonalities emphasize the intergenerational impact, the loss of parenting skills, the high prevalence of substance and alcohol abuse behaviour, high morbidity rates, suicide

¹³ *“The Boarding School Healing Project, a coalition of American Indian groups, currently is involved in the arduous task of systematically documenting boarding school abuses and their impact upon American Indian boarding school attendees and the American-Indian peoples... Although the Boarding School Healing Project is gathering information from school attendees, it is likely that the full extent of the government’s knowledge and wrongdoing will not be known until suits have been filed and discovery completed”* (Curico, 2006: n.42: 55).

¹⁴ *“In Canada, some mental health experts have classified these symptoms as “Residential School Syndrome””* (Curico, 2006: n.160: 72).

ideation, and the perpetuation of cycles of shame, guilt and abuse (Curico, 2006: n.173: 75). Significantly, homelessness is not mentioned in this latter catalogue.

3.2.3: A Profile of the Intermountain Indian School.

The founding of the IIS in Brigham City, Utah, in 1950, was probably as symptomatic of the post-World War II political and economic impact on Indian Country as it was of the re-entrenching of the federal government's greater millenarian vision of the original BSS blueprint. Nevertheless, the IIS was established at a time when much of the original turbulence and destructiveness that defines the project's legacy had subsided.

The IIS operated from 1950 to 1984 on the site that was originally the Bushnell General Military Hospital and prisoner of war camp between 1942 and 1946. During this period it housed some 4,500 veterans and a few hundred German and Italian POWs, some of whom were Bushnell workers and some of whom were there for treatment (Carter, 2008).¹⁵ Considered to be one of the largest boarding schools in the world at the time, the IIS opened its doors to 520 students in January 1950, and by the time it closed, it was authorized to cater for 2,150 in a scholastic year. Originally designed for Navajo students, the IIS accommodated Navajo children exclusively until 1974, after which enrolment extended to approximately 100 different tribes by 1984. Instruction consisted of a mixture of academic and vocational programmes as well as extra-curricular and sports activities, and up to 350 staff, including interpreters, were employed over the years (Campbell and Brainard, 2003; Carter, 2008: 118-119; Williams, 1991: 2-5).

Although most of the students at IIS attended voluntarily, an IIS promotional video made in 1982, points out that around 50% of the student intake in the final years of operation was as a result of court referrals or referrals by psychologists and social workers for a range of social behaviour problems including truancy, excessive

¹⁵ Landon, personal communication.

absences, expulsions, and more (Curtis, 2011). However, this shift in approach may also have been part of a strategy to arrest a decline in enrolment.¹⁶

While the establishment of the school coincided with the government's first wave of urban relocation in the mid-twentieth century, and as a continuation of its assimilation drive, it was also a protracted response by the government to fulfil its pledge on education as part of its 1868 Treaty with the Navajo. It aimed to address infrastructure, capacity, and logistical inadequacies of schools on the reservation such as number of schools, lack of facilities, travelling distances, attendance, and so forth.¹⁷ The proposed site of Bushnell Hospital was already resource- and facility-rich, with the original hospital built in 1942, boasting "*over one hundred buildings, a new pool, a three hundred seat theatre, four bowling alleys, two gymnasiums, four tennis courts, four baseball diamonds, and a small golf course*" (Williams, 1991: 2). In May 1949, Congress approved a \$4 million remodelling budget to convert the barrack-like hospital buildings into a boarding school, and by the time it was shut down in May 1984 - 35 years later to the month - IIS was one of the last Indian schools from the relocation era to remain open.

A number of reasons are given for its closure, primarily a shift in the political and economic climate exemplified by the Nixon administration's preference for Indian self-determination - a policy shift that effectively reversed the previous administration's assimilationist ideology. There were also changes in socio-cultural attitudes as the political climate in Indian Country was affected during the 1970s with the fomenting

¹⁶ Landon, personal communication.

¹⁷ Article VI of the Treaty, 'Compulsory Education for Children' is worded as follows: *In order to insure the civilization of the Indians entering into this treaty, the necessity of education is admitted, especially of such of them as may be settled on said agricultural parts of this reservation, and they therefore pledge themselves to compel their children, male and female, between the ages of six and sixteen years, to attend school; and it is hereby made the duty of the agent for said Indians to see that this stipulation is strictly complied with; and the United States agrees that, for every thirty children between said ages who can be induced or compelled to attend school, a house shall be provided, and a teacher competent to teach the elementary branches of an English education shall be furnished, who will reside among said Indians, and faithfully discharge his or her duties as a teacher. The provisions of this article to continue for not less than ten years* (New Mexico State University, 2008).

of Native activism. These dynamics would have had some influence on changing outlooks taking place at the school. For example, there were a number of riots that took place at IIS in this period, at least one of which was inter-tribal, and this would have increased parental reluctance to send children to the School (Box Elder Museum, 2013b; Campbell and Brainard, 2003; Utah State University, n.d.).¹⁸

More importantly, perhaps, was a hardening of resolve by the Navajo Nation and the fact that it remained critical of the cultural erosion and persistent assimilation that it perceived IIS to be effecting, rather than to the discrediting of the school's educational outcomes as such. This objection was in spite of claims to the contrary by many students attesting to their overall positive experience (Box Elder Museum, 2013a; Brigham City Library, 2014), by supporters who in the main underlined IIS's commitment to a high order of educational values and standards (Box Elder Museum, 2013b), and to the fact that the school actively encouraged rather than prohibited Native culture. Nor did the geographic remoteness of IIS relative to the Navajo reservation help much. In fact, it probably accelerated the construction of more schools on the reservation in response to parents' desire to have their children educated closer to home.

If the IIS was representative of many of the patterns of the boarding school system in terms of its regimentation, then in many respects it also differentiated itself. Among other things, the student body was largely there by choice - as many of the oral histories of alumni attest (Box Elder Museum, 2013a; Munson, 2012). Plus, the exposure to LDS influence through supplementary curricula activities such as the Indian Seminary Program (Mauss, 2003: 84-85), would most certainly have had a mediating and tempering influence, as would summer placement work with families and enterprises in Brigham City, itself a small bastion of Mormonism. Most notably, however, was the fact that the IIS encouraged rather than suppressed or eradicated Native cultural activities, and in their oral histories a number of alumni talk about holding powwows at the school, and of numerous opportunities for artwork, basket-

¹⁸ Landon, personal communication.

making and beadwork, and for cultural representation in school and local town pageants (Box Elder Museum, 2013b).

Be that as it may, since IIS's closure, the land has been sold off for use by small businesses, or as private apartments, senior housing, churches, and a golf course. Utah State University (USU) has also recently acquired a 40-acre parcel that will be developed to extend its campus, and the State Historic Preservation Office (SHPO) has obliged the university to preserve one of the smaller buildings. This building is to be used as student lounge and will carry a few photographic and other historic exhibits of the complex in its incarnations as a hospital and as a boarding school (Box Elder Museum, 2013b).¹⁹ As part of this phase of the redevelopment of the original site, demolition of the old buildings was well underway at the time that I conducted my fieldwork.

3.3: Ethnographic presentation.

3.3.1: The IIS School Reunion and Brigham City Museum's *Outside the Homeland: The Intermountain Indian School* Exhibition.

In late March 2012, a group of IIS alumni, with the help of the Brigham City Museum, hosted a reunion for ex-students and staff affiliated with the school. The Museum also hosted a supplemental exhibition entitled, *Outside the Homeland: The Intermountain Indian School* that ran from May 10th through June 28th and formed part of USU senior anthropology major, Katelyn Conrad's final year project. The reunion, which was held at USU's extension campus at the south end of the town,²⁰ provided an opportunity to collect oral histories of ex-students, which have since been compiled, catalogued, and stored at the Box Elder Museum in Brigham City.²¹

¹⁹ Landon, personal communication.

²⁰ Brigham City in Box Elder County is roughly sixty miles north of Salt Lake City on the Interstate (I15).

²¹ The Box Elder Museum is a satellite of the Brigham City Museum and focuses mainly on natural history. The oral histories can be found on the Museum's digital archive (Box Elder Museum, 2013a).

On the other hand, the exhibition, which featured memorabilia, artefacts and photographs, was intended to explore “*the history and experience of the Indian School for teachers, students, staff, and the community*” and “*to keep the school embedded in the community*” (USU, 2010).²² As part of the event, Benjamin Barney, a retired Navajo educator and former IIS student was invited to give a talk about his experience at the school (Box Elder Museum, 2013a). I visited the exhibition on two separate occasions, attended Mr Barney’s talk, met the exhibition curators and museum staff, and spoke to some of the visitors. I also took the opportunity to visit what remained of the IIS site.

3.3.2: Encounters with the IIS.

My first visit to the IIS exhibition was in May. I had recently returned from doing some fieldwork in the Four Corners area and drove the sixty miles north from Salt Lake City up to Brigham City. The town lies on the western slopes of the Wasatch Mountain Range, and has a population of around 18,000 (US Census, 2014e). It is also the headquarters of the 450-strong Northwestern Band of the Shoshone Nation, even though their reservation is situated further north towards the Utah-Idaho border. The Shoshone Nation is part of a federally recognized tribe of the Shoshone people (of Uto-Aztec descent) that has had a more engaged and problematic historical relationship with the Mormon community than with the federal government (Parry, 2000).

Brigham City itself was established in the early-1850s as part of LDS expansionism in the region, and it extended the cooperative and collectivist movements and ideals of the church’s Zion’s Cooperative Mercantile Institution and United Order of Enoch which were built around establishing egalitarian and self-sufficient communities.²³ It was also part of a larger Mormon isolationist response to counter the threat imposed

²² USU University Libraries also keep a well-documented digital resource database on the IIS (USU University Libraries, n.d.).

²³ Landon, personal communication.

by the arrival of the railways in Utah and the influx of profiteering non-Mormon entrepreneurship in the second half of the nineteenth century. However, these endeavours soon gave way to internal uncertainty and external political, economic and legal pressures and had virtually ceased to operate by the time of President Brigham Young's death in 1877 (Belk, 1994; Israelsen, 1992: 1493-1495; May, 1987: 121-122, 1990). The establishment of the Bushnell General Hospital for treating World War II veterans in 1942, and its subsequent incarnation as the IIS in 1950, was responsible for an important mid-century economic regeneration in the town as much of its commercial and trading activity and employment was directly dependent on these projects (Carter, 2008). Today, much of the town's current economy is reliant on NASA-related activities.

The impression I got from driving around Brigham City is that in many ways the town is a throwback to an earlier, more prosperous epoch, with rows of neat, picket-fenced houses, trimmed lawns, and colourful flowerbeds, with children playing or cycling on the sidewalks in the safety of comfortable neighbourhoods. The town itself remains a Mormon stronghold.

Brigham City Museum was opened in 1970 and is currently located on the lower level of the Senior and Community Center in mid-town. It hosts permanent and temporary exhibitions of local and regionally-related historical and cultural interest, although, in this instance, I felt that the IIS *Outside the Homeland* exhibition had wider anthropological implications, and worthy of further research.

The exhibition itself was a unique presentation that balanced information-rich displays with extremely rare materials, photographs, and exhibits, including student artwork, original blueprints of the campus buildings and dormitory layouts, original copies of the school magazine, and more. These glimpses into individual personal narratives served to humanize the institutional dimensions of the school project at the same time that they served as a reminder of a unique historical epoch. The exhibits were designed to take visitors chronologically through a history of the IIS, starting with its hospital origins and ending with the school's closure in 1984. What the exhibition was

not able to convey (or did not intend to convey) was the 'demise' of the IIS site and the demolition of its buildings. So, after more than an hour of having the museum entirely to myself on a quiet Saturday afternoon, I made my way to the school's original location at the south-east end of Brigham to take in at first hand my own sense of this unique and already fleeting moment of Native American history.

3.3.3: The IIS Site.

Transitioning from the orderliness of the museum displays to the dilapidated and crumbling buildings on the actual site was a strangely moving experience. Many of these buildings had been boarded up - probably since the school's closure in 1984 - and there was a finality about the intensive demolition work that had been going on.

Numerous mounds of building rubble were stacked up around the site, and the terrain was heavily excoriated with bulldozer tracks. This massive dismantling process had been temporarily paused for the weekend break. According to the various maps and plans of the campus layout that I have subsequently perused, as far as I could tell at the time of my visit, over fifty of seventy buildings had been demolished - roughly two-thirds of the entire complex. Those remaining structures that had been renovated and now served either as small business offices, or had been remodelled into modern apartments were situated on the northern and eastern perimeters, barely recognizable in their transformation. The bulk of the buildings left standing were what had been the boys' dormitories. It was difficult to figure out what the demolition strategy was other than the fact that the graders were moving in from periphery to centre, although I have subsequently discovered that one of the priorities was to dispose of the asbestos that was used in the original hospital construction in the 1940s.

On arriving at the site, I drove around the perimeter to get a sense of perspective and scale before parking between two buildings at the north-west corner of the complex. The site was completely deserted and the demolition work that had taken place up to that point had created a large empty space between the crumbling buildings still standing in the centre of the lot and the renovated structures at the circumference.

Nevertheless, I wanted to explore the interior of some of the remaining structures to get an impression of their layout and a feeling for what the occupants might have experienced in their time. As it turns out, the buildings I actually explored were those that had housed classes for graphics communications, driver education, general metals, and typing. I also rummaged around the two immediately adjacent dormitories.

These buildings were in an advanced state of dilapidation, even before the heavy equipment had got anywhere near them (see: Figures 6-11). Undoubtedly, a considerable amount of the mess would have been the result of the asbestos extraction activity, but much of what I saw was predominantly evidence of recent serious vandalism. Yet, despite the presence of this wilful destruction, the trashed facilities, the arson, the empty beer cans, the vulgarity of the ubiquitous graffiti, these interiors were able to communicate quite powerfully the sense of that other, earlier presence. At least, I found it quite easy to envisage what these rooms would have been like when they would have been populated by the vitality, troubled or otherwise, of young Indian students. Those photographs and plans on display at the exhibition that showed what the interiors of the dormitories had looked like, presented an orderly, organized world that would have been replicated throughout the school. Yet, in spite of the current and extensive state of the disrepair of these old buildings, both internally and externally, and in spite of the inevitability of whatever modern replacements would follow, it also still felt that what had gone on before, no matter how tragic or hopeful, or fragile, was deeply and indelibly etched in this place.

After about an hour-and-a-half at the IIS site, I left the gutted shell of what remained of Intermountain Indian School and made my way back south to Salt Lake City.

I returned to the museum the following week to listen to Mr Barney's talk.



Figure 6: Intermountain Indian School - Exterior 1. The 'I' can be seen top, centre.²⁴



Figure 7: Intermountain Indian School - Exterior 2. The 'I' can be seen top, right.²⁵

²⁴ Photograph by author.

²⁵ Photograph by author.



Figure 8: Intermountain Indian School - Exterior 3.²⁶



Figure 9: Intermountain Indian School - Interior 1.²⁷

²⁶ Photograph by author.

²⁷ Photograph by author.



Figure 10: Intermountain Indian School - Interior 2.²⁸



Figure 11: Intermountain Indian School - Interior 3.²⁹

²⁸ Photograph by author.

²⁹ Photograph by author.

3.3.4: Benjamin Barney – His Experience as a Student at Intermountain Indian School.

Benjamin Barney is a retired Navajo educator and he formed part of one of the earlier IIS cohorts, attending from the age of twelve through to nineteen, from 1957 to 1964. His stay at IIS coincided roughly with the early evolution of the Termination era (see above).

Barney's talk was an evening event and around fifty people joined, some of whom were involved with the IIS in some capacity over the years. Apart from Barney himself, there were no other Native Americans present. He focused on his experiences and impressions during his final three years at IIS - that is, between 1962 and 1964 - and the presentation was fairly informal and discursive, and guests were encouraged to interrupt with questions.

While the talk covered a wide range of topics from cultural and historical critique through to more light-hearted and entertaining personal anecdotes, Barney gave us an idea of the complex nature of the boarding school phenomenon at the time and of the psychological and emotional impact it had on him and on the other students.³⁰ He prefaced his narrative with an account of what life was like for him as a six-year boy on the reservation in the years prior to being sent to IIS, and this background is significant for the critical insight it provides as to why the boarding school experience had the dramatic impact it did on him and on other students. It also gave some indication of Barney's initiative, resilience, cultural strength, and ability to adapt to such an extraordinary situation, and it anticipated similar themes that emerged in the subsequent generations of students who attended IIS, as we see exemplified in the oral histories below.

³⁰ Significantly, neither Barney nor any of the other IIS alumni narratives I examined reported any form of personal abuse overtly.

Barney grew up in a very traditional Navajo world. The clan-based nature of his extended family meant that more than six hundred people were connected through their own nuanced cultural, spiritual, and linguistic practices within the larger body of traditional Navajo customs. His immediate family stretched back three living generations. They owned extensive herds of sheep, goats, horses, donkeys, and cattle, and life was organized seasonally around shepherding their herds between winter and summer grazing locations. Barney was also exposed to a number of the other tribal languages and cultures around him, including those of the Hopi and Paiute, and many of his family members were multi-lingual. However, English was ‘outlawed’ in the home, largely because of its associations with the Navajo internment at Fort Sumner in the 1860s, because, as he says, *“the language which contains those values and those ideas... we don’t want that.”*

By his own account, the inter-generational nature of his upbringing, with its strong relational ties between family and clan members, was in itself unusual even for the Navajo:

I came from a family where my parents, my grandparents were there. My great-grandparents were there. So, I grew up under three generations teaching me as a child. Now this is not so usual for a lot of Navajo because you don’t grow up under three or four generations teaching you as a child. So before the age of six, when I was sent off to school,³¹ I had all this stuff from all these people of three generations teaching me, bringing me up.

His parents sent him to IIS *“to learn English and to learn about America,”* while all things Navajo were to be kept on the reservation. School was considered a *“foreign country,”* as he says, and his parents reminded him that:

“If you’re unclear about the language, and the values and customs, and who you are, don’t ask your teachers, or don’t ask any of those people over at the school. You come back over to us... you’re not to forget your language... you’re not to forget all the lessons we’ve given you about everything within the family. No matter who tells you to forget it... you

³¹ i.e. to a reservation day school.

are not going to forget it. This you will have to carry the rest of your life.”

From the above, there is a strong sense that from the outset that Barney's experience at IIS was one of being *betwixt-and-between* Navajo and Anglo worlds, and the duration of his stay there reflects this ambiguity profoundly and consistently. On one level, his narrative highlights the extreme cultural disruption, as well as the confusion, fear, bewilderment, and alienation that most Native American children would have encountered on entering any of the BSS's schools. As he says, "*American history doesn't contain that... the history that you get in Navajo family life... that we are related to all these groups of people... Apaches and all Athabaskan groups in California all the way up to Canada.*" Added to this is the fact that not only were the children not allowed to talk about these matters, they were also prohibited from speaking Navajo.

Hence, three of the most important tenets of Navajo culture are impinged upon. The first, is the family/clan bond and the significance of the continuity of the intergenerational transmission of cultural and sacred knowledge. By being sent to Brigham City, Barney's traditional upbringing is disrupted, and there is the apprehension that the intrusiveness of the foreign culture will erode and contaminate his traditional Navajo values.

The second is the Navajo sense of place and attachment to the land. The importance of this attachment to sense of place for the Navajo, and the implications of what it means to be separated from one's land, are considered in some detail in Chapter 2 and elaborated in terms of indigenous sacred geography in Chapter 6. Barney's parents' imprecations to maintain clear and unequivocal boundaries between Navajo and Anglo cultures reinstate the significance and value associated with recognizing the borders between the sacred geography of the Navajo world and contamination from the outside.

The third element has to do with the importance of maintaining Navajo cultural knowledge intact through language. Witherspoon (1977: 47) and Schwarz (2008: 96-

97) remind us that the Navajo organize their world through language and that language has the power of animating or activating reality, of making things said come into being. But language is also the repository for cultural and sacred knowledge and is one of the direct connections to the foundation of the Navajo people, to Navajo identity and, thus, to the Navajo connection to place. The violation of being prevented from speaking one's language, therefore, cannot be underestimated.

Ultimately, Barney's comments on the discrepancies between U.S. and Navajo conceptualizations of history highlight the incommensurability between what is, in effect, the paradigm clash in the difference between two cultures' foundation narratives.

As Nye reminds us, every culture has a differing originating narrative, and opposing cultural narratives not only express opposing values, they also express contrasting, incompatible and competing conceptions of space (2003: 8). While all originating narratives share a utopian premise of some form of pristine status, a fundamental difference between the foundation narratives of Native Americans and Anglo Americans is that for the former "*self-conception was inseparable from the first creation of the world*" (Nye, 2003: 9). On the other hand, the latter "*had to imagine a second creation... that emphasized self-conscious movement into a new space*" (Nye, 2003: 9). These post-Columbus second-creation narratives followed two broad tropes: frontier epics of pioneer hardships and triumph, including conflict with Native Americans; and post-Native American subjection narratives of an uninhabited New World prime for spatial transformation through man-made technology and a Christian God-abetted moral authority.³² In either case, the White master narrative of North

³² "*Although the loss of land must be seen as a political and economic disaster of the first magnitude, the real exile of the tribes occurred with the destruction of ceremonial life (associated with the loss of land) and the failure or inability of white society to offer a sensible and cohesive alternative to the traditions which Indians remembered. People became disoriented with respect to the world in which they lived. They could not practice their old ways, and the new ways they were expected to learn were in a constant state of change because they were not a cohesive view of the world but simply adjustments which whites were making to the technology they had invented*" (Deloria, 1999: 247. Cited in Grande (2000: 483).

America is one of subjugation of the earth, of land entitlement and, ultimately, of nationhood “*built in harmony with God's first creation*” (Nye, 2003: 9). By comparison, the Amerindian narrative conceptualizes a first peoples’ claim to a place “*because of the intervention of spiritual beings... [and] ...a sense of primeval oneness with the places they inhabit.*” For them, “*parts of the world are almost invariably seen as sacred spaces*” (Nye, 2003: 9). Most of these places are natural features of the landscape that are organized through storytelling which in turn shape both the foundational myths and the ritual, spiritual, and healing practices of the inhabitants (Basso, 1996; Kelley and Francis, 1994; McPherson, 1992). The encounter between Native American and Euro-American colonizer foundational narratives contributes a critical perspective on the discourse of these affective landscapes in terms of non-place, negative space, spatial encroachment, loss, and recovery.

Moreover, being situated at IIS, several hundred miles from the reservation, meant that the students were both physically and symbolically in a liminal space of some magnitude. For Barney, this separation and its associated ambiguities manifested on another level as well. Since Barney was brought up “*not to interact with people that are not related to us,*” – the reference here is to members of other Navajo clans - he found it difficult to adapt to a situation and to an environment where such mixing with his peers was expected:

...when I finally get to the school here, with two thousand students completely meshed in into these buildings, we're all coming from different families, different customs, and different ways. We don't all speak quite the same. We can all understand each other, but we're not all able to follow each other in what we're saying sometimes.

In Barney’s profile of life at IIS, two areas in particular stand out. Firstly, it hints at a lingering residue of some of the alienating practices that characterized the early manifestations of the BSS, particularly with regard to school rules and regimentation. For example, the dormitories tended to be over-crowded with between 70-80 boys per unit and only two to four attendants overseeing them. Relations between students and dormitory staff were tense. The diet was unbalanced and limited (“*we had beans*

for breakfast, beans for lunch, and beans for dinner"); and the children were responsible for keeping the dormitories clean and for their own laundry and ironing, and so on.

On the other hand, however, Barney did emphasize aspects of the school's spirit of conviviality and opportunities for socialization with local and regional communities. For instance, there were numerous opportunities to participate in a variety of sports and other extramural activities such as dancing, travelling assemblies, an Indian culture club, and more, and students often went to various social events hosted by the local Mormon and Catholic churches. Moreover, it seems that there was a certain amount of religious tolerance practiced at the school and, in addition, the syllabus allowed for an extensive range of subjects. Barney himself took classes in geometry, world history, English, world geography, biology, chorus, physical education, as well as dramatics and piano. However, he felt that the school did not prepare him to pursue a college education, and he chose different channels for doing so after leaving IIS.

The second significant point that Barney makes is that he was unsettled from the beginning by the intra-group dynamics among his fellow students and what he felt was a lack of investment or commitment on their part to their culture, as I indicated earlier. In fact, he described this aspect of his IIS experience as his 'first culture shock,' and this experience prevailed throughout his stay at the school.

Consequently, he portrays his time at IIS as a period of solitariness and an enforced isolation and alienation by and from his peers as much as by the school's regime. In this context, Barney feels somewhat ambivalently that the worst of the school's legacy, as part of the larger BSS, lies in the fact that, as Grande asserts elsewhere (2000: 468), it did erode the Navajo traditional kinship structure and family fabric and that it effectively abandoned the Navajo to their own fate. However, he feels that his peers are also partly to blame for their internalization of this legacy and that this largely accounts for the discrimination, as he sees it, that some Navajos practice among themselves on the reservation today.

Nevertheless, it is unlikely that this experience and these feelings were unique to Barney. The uniqueness, perhaps, lies more in how individual students would have responded under these conditions. It is unfortunate, therefore, that we do not have more accounts from Barney's contemporaries to shed more light on this aspect of the IIS experience at that time. This point is particularly significant once it is appreciated that the disruption and placelessness that the Navajo students experienced in Brigham City was not only a function of the IIS's system, but that it was more importantly a function of the dramatic (and traumatic) removal from the Navajo reservation and of the separation from a deeply embedded cultural identity, as suggested earlier.

Although Barney does not refer to it explicitly, it is his underlying sense of loneliness that is perhaps most revealing of the enormous sense of loss that encapsulates the experience for all of those Navajo children attending the IIS in the 1960s. Griffin-Pierce reminds us that some Navajo individuals,

...easily cope with life "off the rez" while others may find that their initial discomfort gives way to a sense of bleakness which culminates in catastrophic feelings of hopeless despair. (Griffin-Pierce, 1997: 4)

Moreover, such feelings are not 'mere' homesickness but rather "*are based on an unconscious sense of having violated the natural and moral order in a culture which reifies order;*" that such stress "*is profound and unrelenting for traditional Navajos.*" And ultimately, for the Navajo, being away from their homeland, is to be away from "*a vital source of spiritual strength*" that is "*unimaginable to those of us without such geographic attachments*" (Griffin-Pierce, 1997: 4).

Yet, in Barney's case, it is precisely his deeply-rooted sense of Navajo identity, strongly instilled by his parents and through the teachings of his grand- and great-grandparents, that provided the self-confidence and the self-reliance to adapt to the system and not only to survive it, but also to achieve some measure of transcendence. For example, it is interesting and, perhaps unsurprisingly ironic, that he found so many allies and outlets beyond the physical confines of the school itself, and that so many of his social contacts were with non-Natives in and around Brigham City:

I used to kinda want to go beyond the fence around the school. I used to get as many passes I could to get off campus to meet people in the town, and see what's going on there...

Similarly, he addressed his disappointments with the limitations of the scholastic and academic environment, particularly when learning to speak English, by going outside of the school as well. And, in this case, we even have a form of symbolic inversion taking place if we think back to the Barney family's stance on the English language referred to earlier:

They didn't teach me that in the school... I'm not speaking it and learning it the way it's supposed to be used. Because in a school setting, you know, you do academic English. In a family setting you do a conversational English, and I wasn't learning the conversational English. I couldn't talk to people, you know. So, I was kinda finding out what was missing.

Meanwhile, within the perimeters of the school set up itself, Barney joined the student council and also got himself appointed as a dormitory assistant as part of an overall commitment to student activism on the campus.

This initiative, curiosity, and willingness to broaden his horizons and not to accept things at face value reflect qualities of resilience and adaptability that, in the long run, contributed to reinforcing Barney's sense of self and personhood, as it did for many of the later generations of IIS students who attended the school in the 1970s and 1980s.

Like many of his generation, Barney feels that the Navajo today have lost much of their cultural knowledge – some do not even know of their connection to the Apache and the Canadian Athabaskans. Yet, the Navajo are dependent on the outside world (as much as the U.S. is) and need to adapt and not remain isolated on the reservation. This does not mean you forsake your culture – especially your language. Nor does it mean you are against change and adaptation. Rather, you use it to strengthen your cultural identity and cultural heritage. Difference is not to be confused with intolerance. It is intolerance that needs to be changed:

I don't believe if Navajo stay isolated itself [sic] right now on the Navajo reservation, it will not work. The whole thing will shrivel up and fall apart, because we're so dependent on all the national system [sic], international system now, and we need to understand that. So, I clearly say to my nieces and nephews and the younger Navajos that I teach, "You better not be stuck just as a Navajo onto the Navajo reservation. Don't insist on that alone, because you can't know. You need to go out and learn everything out in the country, and you go to school or go work elsewhere because..." They can't do it on the reservation.

At the end of his talk, Barney reiterates his commitment to his culture and heritage:

...like my parents said... I will not lose my Navajo language. I will continue to see changes and the stream of regenerations, the way that Navajo customs, and some of the things that were retained and changed and modified over the years. I think we need to continue doing that. I also now say, "You know, we were separated from the Apaches and other Athabaskan group [sic], you won't learn that kind of history and that kind of values [sic] in the school system in America, because America doesn't have that information. You better learn to understand that."

On another level, Barney's comment here can also be seen as an act through which he honours his reciprocal obligations to his ancestry and to his Navajo world. He thus restores for himself the order that is so central to the Navajo sense of self and sense of place, as I have already discussed above and in the previous chapter (Schwarz, 2008: 97; Witherspoon, 1977: 47). Hence, in spite of the profound psychological and emotional changes that he experienced at the IIS, Barney was able to adapt and strengthen his sense of resilience and resistance. He developed a sense of direction and purpose which he was able to reinvest in his Navajo world after leaving IIS. In doing so, he has also honoured a commitment to leading a fulfilling and meaningful or 'good' life, as was previously described.

3.3.5: Oral Histories.³³

Most of the IIS alumni who attended the reunion in Brigham City attended the school after 1974, i.e. after the school had become inter-tribal, and this was reflected in the number of different tribes represented on the day. They included Apache, Confederated Tribes of the Yakama Nation, Hopi, Nez Perce, Ute, Washoe, and others.

Recalling that Barney was among the first cohorts attending the school after it opened, there is already a sense in the early history of IIS of a shift in the core systemic, institutional, pedagogic and operational processes and procedures when compared to the established precedents of the original B.I.A. models of the BSS outlined above. However, other social, political, and historical processes would have affected the IIS, subsequently, and the sense of the school as a complex social environment prevails.

The 1970s marked the denouement of federal involvement in off-reservation Indian education at the same time that Native activism was coming into its own through organizations such as the American Indian Movement (AIM) and the Red Power Movement. While these changes inevitably affected the IIS, and Benjamin Barney might not have recognized the establishment in its last decade, how politicized the school became is a moot point.

In general, the oral history interviews shy away from polemics, and instead the alumni give the impression of being relaxed over political and religious issues, and, overall, many indicate their extremely positive experiences at IIS in their narratives. The students appreciated the vocational and transferable social skills they acquired and the independence and responsibilities that accompanied them. They enjoyed the active and practical programmes and classes on offer; and they appreciated intermingling with peers from other tribes and meeting local citizens. Relations with teachers and staff were strong and they felt that there was greater egalitarianism than at other

³³ A weblink to the all IIS oral histories cited below can be found on:
<https://archive.org/search.php?query=subject%3A%22Intermountain+Indian+School%22>
[Accessed: 3.2.2014].

schools, including those on the reservation. They made lifelong friendships, and many students met their spouses and partners during their time at IIS. While a number of alumni went on to various successful careers, including the armed services, and some went on to acquire college degrees, not all of them graduated, and some returned to complete their schooling through other establishments later.

The essence of much of the IIS experience for this generation of students is captured by one of the alumni in the following extract:

Intermountain... helped me shape the person that I am today. To see it today and to know that it's being torn down and only our memories will be left, I really wanted to come back and show my son. I always talk about school to my son. I tell him, "We are going to go up there and see where I went to high school." And then hearing that Utah State University was going to build their campus on there and that the buildings were being torn down... I said, "You know we need to go, we need to go get there before it is torn down." I know we are working on a reunion in March but knowing what was going to be left in March I wanted to come.

Like I said... it was thirty years ago but it's still a big part of my life and everything that I experienced and all the people that I met... and it will be to the end. I just hope that some things can be preserved and that's why doing this one interview will be able to do this to help in that preservation of what went on here before it's completely... before all of the physical parts are gone... the stories and the memories, for people to hear, for people to know. I've talked to the Native American association of the Utah State University and they are looking to try and keep it as a part of the new campus as the old campus.

(R. - Class of 1978)

In this excerpt, R. gives us an idea of the significance of his IIS experience in shaping who he is today. Yet, his comments do more than that. They reflect some of the core values around the affective bonds and relational ties and the commitment to sense of place, family, ancestors, and sacred and cultural knowledge that all Native American tribes share. The IIS site is an affective landscape that symbolizes the embodied experience or animated memory (Napier, 1992) of all of the students that attended the school over the years. For these reasons, it is important to maintain the connection and the sense of emplacement that the site symbolizes.

While R. is apprehensive at the sense of loss resulting from the demolition of the original buildings, there is also an expression of hope for the future in Utah State University's plans to recycle the space for educational purposes. In addition, R. extends this sense of hope by bringing his son to see the site. In doing so, he is symbolically and ritualistically honouring and fulfilling the reciprocal and affective bonds with his family and the spiritual obligations through which Native Americans establish their sense of order in the universe. Moreover, in his hope that his interview will contribute in some way to preserving what IIS means to him, his peers, and, by extension, his family and community, R. is effectively keeping alive not only his sense of his personal identity, but more significantly, he is reinforcing his community's identity. The implications of not preserving this collective sense of identity in some way would be tantamount to eliminating a location of meaning and social memory for the Native American students for whom so much cultural identity and cultural value had already been invested.

The experiences of the other alumni who presented their narratives at the reunion endorse many of R.'s sentiments. I have selected a few examples that highlight these similarities and have organized them into two broad categories. The first illustrates themes of identity, personhood, individual agency, adaptation, resilience, cultural strength and cultural growth that I have been looking at so far. The second gives a sense of the achievement of these individuals as family and community members and of their pride in their accomplishments as members of their respective tribes.

However, these categories also remind one of the contrast with the ambivalent and dysfunctional sense of agency and the continued dis-placement that characterizes the experiences of the homeless individuals I met during my field work.

3.3.5.1: Themes of identity, personhood, individual agency, adaptation, resilience, cultural strength and cultural growth.

I loved it! If I could turn back the time, I would, and I wouldn't regret anything I did. I enjoyed it. The only thing I regret was losing track of some of those people, my friends, and that I lost contact with them all.

...being up there, I found my identity, and that's where I see a lot of the kids nowadays, they've lost a lot of the identity of being Native Americans. Up at that boarding school, because I was with other Indians, I learned my identity. I knew who I was. I knew my traditions and cultures, and I believe that's what made me the person that I am because I understood what I was. Now I look at the young people and I see they lack that identity because their cultural traditions are gone.

It taught me to take responsibility for what you've done, for your own actions. If you caused it, you deal with it. You've got to figure it out. You chose to do this, and now you have to be responsible for your actions. So I learned to take care of my own responsibility. Coming to the school also taught me to help others... To this day, I still have that focus. I say, "You're my friend. I don't care what you say about me. I don't care what you do. You just treat me with respect, and I'll help you."

(L. - Class of 1983)

In this first excerpt, L. gives a very clear sense of how his experience at IIS helped shaped his sense of self. The school created an environment for him where he rediscovered and was able to retrieve and reinforce his sense of cultural identity. Mixing with students from other tribes enabled him to differentiate yet affirm his indigeneity, while at the same time acknowledging theirs. He draws considerable personal strength and self-assurance from this process, and through having learnt to take responsibility for his own actions he can also exercise the freedom and moral commitment to extend help to others. He sees in these lessons and practices a way forward for other Native Americans to restore their cultural identities as well.

There was a good feeling at this school. There was a spirit here...There was such a sense of closeness here...

(R. - Class of 1975)

Going back to how we're feeling about seeing the imploding of this whole campus, we have many, many memories of people and friends and laughter.

For years and years after I graduated from here, I was forever dreaming about it and the things we did. It was always good memories.

(L. - Class of 1975)

Here, both R. and L. reminisce about the spirit of friendship and the bonds of togetherness that the students felt at the school. L., in particular, emphasizes the importance of this experience for him after he had graduated and left. His strong relationships at IIS provide a moral foundation for the positive things in life. Like R. above, he too expresses his sense of loss that the demolition of IIS means. It is more than just the tearing down of some buildings, there is the suggestion that it will separate him from a relational bond that he had established with his peers.

It meant a lot to me. I won't be the person that I am now because of that school...

(J. - Class of 1978)

Intermountain made me more independent. It made me more outgoing, interacting with different groups of people. It gave me pride in what I did. It gave me confidence. It gave me initiative to initiate more. It helped me to have more responsibilities and have a better outlook on life...

It's always going to be in my heart. That's the way I look at it. It's always going to be in my heart. It's never really going to be gone for me. It's always going to be something to pass on.

(S. - Class of 1983)

In their comments, J. and S. too, reiterate the themes of identity, personhood and independence; of the critical role of the school experience in forming their sense of self. The sense of independence, the initiative, the confidence, and the continuity that S. developed is a common strand through many of these narratives.

You know what? It was just a lot of fun. It was just one big, happy family. The classrooms looked like any other classrooms. The difference was that we were all native, and regardless of where we came from or what language we spoke at home or within our homes or what region we came from, what reservation, we all got along pretty much...

It taught me to be independent... It taught me that I have a choice: if I do good, I'm going to get rewarded. If I mess up, I try harder, and then good

things will happen. So it taught me that. I worked my whole four years, and I loved my jobs. It kind of helped me to know what I wanted to do when I got out of school... It taught me survival skills.

(Y. - Class of 1984)

Y. repeats the theme of togetherness, of shared positive experiences as Native Americans, irrespective of tribe and origin, and of how, through this sense of identity, they transformed the space and made it their own. Like L. (class of '83), Y. talks about the sense of responsibility she learnt. Here one gets a sense of the restoration of moral order as well. The pre-requisites for leading a meaningful life have to do with resilience, with not succumbing to failure, and the belief that one can overcome shortcomings through industriousness and an appreciation for hard work – conditions for living a 'good' life that I pointed out in Chapter 2 as well.

3.3.5.2: Themes of family, community and tribal integration.

In this category, the alumni present examples of family integration and of the restoration of family values that they felt were facilitated by the opportunity to attend IIS. In part, this sense of renewed collective identity was down to the fact that many students met their future spouses at the school, as observed earlier. In part, it is also due to the many references alluding to the appreciation of the value and benefits of education they wished to instil in their own children and grandchildren.

In this first example, Y., as a grandmother, has entered elder status and finds her position and function in maintaining cultural continuity and transmitting cultural knowledge. She has begun to retrieve her Native tongue – possibly lost while attending boarding school – and, by implication, other cultural behaviours and practices. She now acts as a teacher and cultural mediator to her grandchildren and helps to perpetuate her cultural traditions. Given the importance of language for Native Americans, Y.'s efforts should not be underestimated.

I grew up in an environment where both of my parents spoke it [i.e. their Native language], and I didn't understand it. I did comprehend it. I don't speak it fluently, but I speak enough to get along. If I had to - like if one

day everybody spoke my language - I would be able to survive. Now I'm a grandmother, and my grandchildren learn it in school. I'm with the babies a whole lot, and what I do is tell them something in my language, and then I repeat it in English. Simple things like "Sit down." or "Come, let's eat." or "Go wash your hands." The simple things I say in their tribal tongue, and then I say it in English.

(Y. - Class of 1984)

A common criticism of boarding school institutionalization is that it impaired the parenting skills of the students (Brave Heart, 2003; Brave Heart et al, 2011; Curcio, 2006; Evans-Campbell, 2008; Haag, 2007). R.'s example below suggests that she has a well-developed sense of parental consciousness and parental responsibility and maturity. The qualities of perseverance, independence and self-sufficiency, consideration of others, and responsible decision-making are all positive social skills and attributes that she has imparted to her children, and the fact that both her sons became Marines can be seen as a testament to this. She acknowledges that her experience at IIS was important preparation for her later in life as she became a parent. At the same time she has not forgotten her cultural traditions, and there is a sense of integration for her in her role as a mother and as a member of her tribe and it echoes similar patterns of cultural recovery and traditional healing ceremonies that O'Neil (1996, 2000) observed in her studies of Vietnam Veterans from the Flathead Nation:

I've instilled that in my sons. I have two sons, and I told them, "You have to take care of yourselves. You have to do things that nobody else is going to do for you. You may get married and have a wife, but I want you to be able to take care of yourself. That's what helped me here, and if the opportunity is there, take it. Sometimes I did okay, and sometimes I didn't, but I was happy being here..."

I tell my kids, "Don't say that you can't do it because you can, but it's up to you what you're going to do with your lives." So they both became Marines. My oldest is a veteran. They both went to Iraq. They came home safely, but they still have things bothering them. So traditionally we've taken care of our men and women that have gone and recognized them and honored them just as we've honored all of our tribal members.

(R. - Class of 1980)

Many of the alumni expressed a sentiment similar to L.'s below, namely that they would encourage their children and grandchildren to attend IIS if it were still open.

As with many alumni who attended the reunion on the day, L. brought her children to see where their mother had spent her high school years.

Yes, I believe they would come. I believe they really would. My kids, I try to push them. You know, you can only push kids so hard... but I think if they did have a school like this, I believe they would have had the opportunity of coming. They came here with me today. They wanted to see what I lived through and went through up here.

(L. - Class of 1979)

For S., attending IIS gave her the opportunity to meet and get to know many of her tribal members that she would not have had otherwise. The opportunity for students to meet and associate with family or clan members was not unusual at IIS. Nor, on the other hand, was it uncommon to have siblings attend at the same time and their presence and the interactions with each other helped to keep the family connection intact as much as they were sources of comfort. The anecdote that S. relates here is fairly typical of the IIS experience for many of the children.

INTERVIEWER: Did any other members of your tribe come down this way?

There were other members, but I never really knew them until I came to Intermountain, and I grew up outside the boundary of the reservation, and I got to know them when I came to Intermountain. Their last names were G., Y.. Y. is in my family. I'm related to Y. through my grandmother, so I got to know more of them and the other members of my tribe when I came to Intermountain.

When I came here with my sister, it brought us closer because we had to support each other. We were family, and she kept me in line with school work. She was very disciplined with her homework, but not as much as I was. I was so fortunate to have her with me because I think I made honor roll a few times with her there with me at school. I'd never made honor roll before, and it made me feel confident.

(S. - Class of 1983)

From the above examples, and through the many and remarkable accomplishments of the individuals concerned, it is apparent that the IIS became a site for manifesting new articulations of identity, personhood, and cultural strength, both at an individual and at the collective level of family, community and tribe. IIS, like many of the other

boarding schools within the BSS, was a site for new forms of socialization and the formation of new personal and tribal alliances through the many friendships that were made there and, subsequently, the many inter-tribal marriages that took place as a result of people meeting their future spouses at the school. As Ted Jojola, from the School of Architecture and Planning, New Mexico University, points out during a recent Native America Calling broadcast on the BSS, the legacy of such alliances continues to shape the inter-tribal nature of Native America today (NAC, 2014a).

Moreover, IIS itself would not have remained unaffected by the evolving socio-cultural dynamics at work among its student body over the course of its history and, as has already been suggested, it was a different place in the 1970s to what it had been in the 1950s and 1960s in large part, because of these emerging alliances and relationships. In the same NAC broadcast just mentioned, Margaret Archuleta from the Heard Museum in Phoenix, Arizona, expresses this idea as follows:

The schools... when they started out were to... educate the Indian into mainstream. But what the children did, they made them Indian schools. They changed the schools as much as the schools may have changed them... and integrated their culture and their Indianness into it. (NAC, 2014a)

This notion that new spaces produce new identities or reconfigure existing ones is complex, if not compelling, and there is a particularly interesting irony at work with regard to the idea that the BSS in general, was responsible for resituating the family at the centre of Native cultural and social renewal. By doing so, schools such as IIS effectively inverted one of the central cultural premises that the BSS had originally been designed to undermine, namely the erosion of the indigenous family through the forced removal of Native children.

Nevertheless, in spite of any of the positives that BSS students and, by extension, their families and communities, might have derived from their time at the schools, Tsianina Lomawaima, from Arizona State University (one of the other guests on the NAC programme), offers a word of caution:

It's very important to our shared sense of identity as well as within families and communities...both positive and negative... to understand that honoring and recognizing that diversity does not necessarily mean we endorse the institution and the reasons the institutions were created... [T]he ideology of the system, as a national system, was not a productive one, was not one that supported Native people or goals or certainly not the sovereignty of Native Nations. I think that's a really important point. Our people were so creative and so resilient and made and found good experiences. But recognizing that is different than saying the institution was good. And we don't want to confuse those things... (NAC, 2014a)

For Lomawaima the enduring legacy of the BSS is twofold. On the one hand, there is the negative agenda on the part of the U.S., which was:

...to preserve something very safe, very domesticated, very defined by the federal government that would be an on-going example of that Indians are just Indians, and the U.S. has a right to this land. I think that's an important undercurrent that we really have to attend to, that wasn't just to make Indians into White people. It was to keep and to preserve some very selected bits and pieces of Indianness as an on-going reminder that White society really is more advanced and really can use technology better... (NAC, 2014a)

On the other hand, there is the positive legacy of creativity and strength within Indian education today:

What it boils down to is: this is a history of Native people, communities and parents doing everything in their power to guide the education of their children and that has meant a true revolution in Indian education over the last few decades from being completely controlled by others to being more and more directed by Native people... [it is] ...about the place of Native people today as human beings who don't just live in the past but live in the present and contribute to the future of this country... That's a testament of great strength and courage and creativity. (NAC, 2014a)

A final point that Lomawaima makes is that any of the successes from the boarding school experience need to be offset against “remembering those who did not survive the system... it's not a one or the other thing. We have to see and recognize and honour both because it's all part of this remarkable set of stories” (NAC, 2014a).

Undoubtedly, the alumni who attended the IIS reunion did so from a strong sense of attachment to the school and because their experiences were positive enough for them to want to make the effort to be there for the occasion. Undoubtedly, too, many who would have liked to attend were unable to do so. Yet, there is no way of knowing who the disaffected students were, or their numbers. We do not know what their views might have been, or what their current situations might be now.³⁴ Even the riots that took place in the early 1970s, which might have shed some light on these questions, are too sparsely documented to offer much insight. These and other facets of the BSS legacy may never be fully resolved, and this chapter of the IIS phenomenon remains incomplete.

However, the point that Lomawaima makes is particularly salient when we return our attention to those homeless individuals, such as the many NAHOC clients in Salt Lake City who went through the BSS experience. When we juxtapose the IIS narratives with the experiences of these homeless individuals, the contrast is stark and considerably less optimistic, and I would consider this latter group to be representative of some of those who did not survive the system. They were unable to adapt. They did not find the resilience and the deep cultural resources to resist the ruptures of the BSS. For them, the BSS experience marked (or contributed to) one of the critical pathways into a more complex mesh of institutionalization that compounded their experience of homelessness and their pathological lives and suffering.

Annabel Bruce from NAHOC, who experienced both the BSS and the LDS ISPP systems herself, offers an invaluable perspective. In these extracts from our interviews, she provides some important general insights into the BSS experiences of some of her homeless clients:

AB: Well, some liked it. Some didn't like it. Some enjoyed it. Some hated it. I think the reason's because those that didn't come from a functional

³⁴ It is part of Brigham City Museum director, Kaia Landon's aim to encompass this dimension within the Museum's on-going commitment to the project and various avenues to do so are being investigated (Landon, personal communication).

family, it was like an escape from that. So, they had... it was not a good place to go to because there's no... even in the boarding school it's not a family-oriented... you don't get the individual attention you would if you were in a family. So, they would hate that, even if it was a dysfunctional family to a boarding school where there's no family. At least if it's dysfunctional, you have your mom and dad, even though they're, you know, alcoholics or whatever, they have in their home. But I have both... but most of them... it is a negative experience. And I went to boarding school... I didn't like it because my mom and dad, I had a good home, so I would've rather gone to school and caught the bus from there, but because of the muddy off-road where we lived, you know... I rather would have stayed at home.

DS: A lot of it was forced, wasn't it?

AB: ... when it first began, I'm sure it was forced, but then my grandma went and she was forced to go... My mother, I don't know if she went to boarding school... I'm assuming she did... It wasn't my choice, but my mother... yeah, she could of... yeah, yeah, she could've said, "Yeah, she's going to go to public school, the bus is going to come out here..."

DS: And how did the two experiences... if I can ask ... what was your impression of the different systems?³⁵

AB: I hated the boarding school because I was away from home, and then I went to the placement programme. Loved it because it was a family. You got mom and dad, and siblings. I got a good family, so it was good. But the distance away got further away. And that was painful, really painful.

DS: ...one of the [clients] I was talking to, like you, had experienced both boarding school and placement, said that she'd learnt a lot from both... her comment was that with the placement, she also had the experience of two or three families and one of the families she didn't like, but for the rest... the comments were all favourable and positive.

AB: Yeah, I get the same thing. Some will say boarding school was great, and some will say yeah, boarding school was great because I got away from home, it [home] was horrible. And then... you have both... You have the others too, the LDS placement programme, some had good families, some did not. It all depends.

The picture that emerges from these extracts is that the BSS (or LDS placement) experiences for many of Annabel's homeless clients are pre-determined largely by a range of biographical conditions and circumstances that had to do with a combination

³⁵ i.e. The BSS and the ISPP.

of dysfunctional family backgrounds and various disabilities and pathologies (Snow and Anderson, 1993: 253-265). I explore some of these elements in more detail in Chapter 6. Nevertheless, the underlying pattern indicates that many of these individuals had dysfunctional backgrounds before entering the BSS. In which case, the boarding school experience would either have provided some respite from an abusive home, or the experience would have exacerbated an already disrupted life, as Annabel indicates.

Perhaps, what is most telling about the BSS experiences of Annabel's clients is precisely that which is not revealed:

A lot of them won't talk about their childhood. They'll touch a little bit on it, but they won't go deep... Yes, their childhood or whatever abuse they might have had. They won't talk about it.

3.4: Discussion.

Brigham City Museum's pairing of the exhibition with the IIS reunion and Benjamin Barney's talk - alongside my own visits to these events and to the IIS site – provides an opportunity to revisit briefly different aspects of the *presence-absence* conversation to those discussed in Chapters 1 and 2.

Whereas before, I looked at the presencing of absence essentially as part of a commemorative process for deceased lives, here I engage with the notion of *present absence* in terms of the social life of people, things and places and in terms of the relationship between their spatiality, materiality, and agency (Meyer and Woodthorpe, 2008). Here, spatiality can be thought of as museum space, school site, or area of land; materiality can be thought of as artefact, object, or 'stuff' on display or in terms of brick and mortar, real estate, and so forth; and agency as the relationship between all of these.

By extension then, both encounters, the museum's events and my IIS site visit, bring contemporary public and private spaces and thus social lives into dialogue simultaneously through their representations and embodiments of the materiality and

temporality of the objects, people, and purposes associated with them (Meyer and Woodthorpe, 2008). On the one hand, the exhibition, the oral histories, and Barney's talk configure public space by being readily accessible, visible/audible, shared, and regulated by the rules, terms, and conditions of the museum (or their various websites). On the other hand, they are also private in that they are determined as such through the individualized activities and practices that take place within their physical boundaries (Meyer and Woodthorpe, 2008: 2). In the case of the IIS, the site is (or was) a private space, in that it too was conditioned by the dictates of the school's activities, procedures, policies, tenets, systems, et cetera as a restricted domain.

Museum space brings people, things and places together in various ways. It is multi-purposed and visited by a wide range of people for a wide range of reasons: "*as tourist destinations; for education; for enjoyment; or perhaps even for shelter*" (Meyer and Woodthorpe, 2008: 2). In it, absence is made present in a number of different ways. Firstly, it is politically affected by the decisions over what gets selected and presented, as well as *how* it is presented, and what gets left out. Secondly, part of the function that a museum performs is to produce and broker knowledge, facticity, order, stability, and meaning of the world in formal, bounded ways and practices through representation, primarily as exhibits, artefacts, and photographs, or, increasingly, interactive media, and the like.

Often, in these formats, the world is presented as fossilized and static, and the living is transformed into the inanimate, and is decontextualized and sterilized by the separation created by the display cabinet and the proscriptions of someone else's labelling. Moreover, "*visitors are communally encouraged to see the objects as part of the institution itself, as the experts behind the scenes of the museum interpret them... [yet] ...the stories that go into making these expert perceptions are often invisible*" (Meyer and Woodthorpe, 2008: 9-10). While this dynamic exposes the tension between institutional and personal control (2008: 9), it is also a co-dependent and co-constitutive relationship whereby "*the constancy of object presence depends on simultaneous absence*" (Law and Mol, 2001: 616).

In this spatiality, the social lives of people, things and places are enacted as processes of both continuity and discontinuity. They are both constant and fluid. Museum visitors come and go, and exhibitions themselves come and go too. Meanwhile, the objects on display “*are inherently fragmented... a present part of an absent whole*” (Meyer and Woodthorpe, 2008: 12) and given meaning as much by their presence as they are by the absences that counterpoint them and constitute their invisible narratives. Or, they acquire meaning by the interpretations and contexts that people bring to them and the narratives they construct themselves from interacting with them. In this way the objects and exhibits are symbols or metaphors which, in Kociatkiewicz and Kostera’s words, are like “*frozen layers of experience, made of people’s biographies, through which they perceive what they encounter in their lives and move on in their private histories*” (1999: 42).

The Brigham City Museum’s *Outside the Homeland* project was a creative reconfiguration of some of the museum conventions and practices thus described. Perhaps the most valuable contribution, however, was the endeavour to foreground the ‘invisible’ narratives of the IIS experience by giving the reunion and the alumni oral histories prominence and by their subsequent encoding and archiving. In addition, the fact that the exhibition was part of a local student research project was an admirable gesture as much as it was a statement of intent on the part of the museum in terms of investing in the social life of the Brigham City community and of situating local knowledge.

However, the oral histories also expose a significant lacuna in this process of creating memories on at least two levels. Firstly, as has already been pointed out, the alumni who attended the reunion did so out of a strong enough sense of allegiance to do so, and were representative of a narrow segment of the overall IIS student population that could feasibly have been there.

Secondly, insofar as the interview questions themselves were fairly conservative and restrained, they tended to enshrine social loyalties and public memory (Novak and Rodseth, 2006: 1, 7) rather than engage with any disaffection that might underpin the

participants' accounts of any 'matter out of place' (Douglas, 1970: 48). Opportunities to explore any discontinuities or develop any references or anecdotes about the students' political lives on campus and in their subsequent careers, for example, were only occasionally glossed, and generally were not actively sought out. Consequently, the extent and impact of cultural loss that these students experienced remain only lightly documented and not fully scrutinized. The risk of ignoring such a fundamental aspect of the students' experience is that it lends justifiable weight to concerns such as Lomawaima's that the dominant culture's Indian education agenda, or at least its legacy, is one that perpetuates indigenous subservience.

By comparison, the IIS site invokes the ghost-town as a place of present absence, where "*a heightened sense of past landscape and society can be powerfully evoked, reconstructed imaginatively, and valued, precisely because its present state is a calcified relic from the past*" (Maddrell, 2013: 503). At least it did so for the IIS while some of the original buildings were still standing and boarded up. Yet, the recycling of the space as real estate, into golf course extension, university campus, business offices, and so forth, has more in common with the sterility and impersonality of the supermodernity of Augé's non-place (1995) than it does with the ghost-town. For Augé, the non-place "*cannot be defined as relational or historical, or concerned with identity*" (1995: 78), and the Faustian bargain here has to do with buying the promise of the future at the expense of present and, especially, the past. It did not really matter so much that the bulldozers and graders were tearing into the last remaining IIS buildings. What did matter was the fact that in doing so, not only were past and present effectively bypassed but so too was the liminal, and this was what made the cleared and empty space precarious. What would any new identity or set of identities spawned in this space with no relationality and no more history, and no rites of passage look like? It is this absolute sense of rupture and absence that one feels is at the root of the Native American homeless population's experience of loss and suffering.

In some ways, the Brigham City exhibition, and to some extent the reunion, was a swan song to the IIS – appropriate perhaps in lieu of a Native ceremonial form of closure. With the demolition of the last traces of the buildings, the IIS's presence will fade from

the landscape, as Katelyn Conrad fears. Yet, by way of a coda, it is worth mentioning that in the last three or four years, as the demolition process had got underway, the IIS site received a certain amount of social media exposure on YouTube, with a number of youngsters posting amateur video clips of their explorations through the ruins of the old buildings (IndianaBishop, 2009; Pointon, 2012a, 2012b; Poo Bear, 2011; SECrewSpencrew, 2013). Most are whimsical commentaries and elaborations on attributed paranormal activity within the edifices on the part of the presenters. Nevertheless, they do serve as reminders that we are a part of the narratives and stories of the spaces in which we move (de Certeau, 1984: 115-130; Kociatkiewicz and Kostera, 1999: 37).

Narrative becomes a situational technique with which we emplace ourselves in a space or territory (Basso, 1996; Casey, 1996). In this particular case of the IIS, the layering of many individuals' lives and experiences over many years and generations, including those of the young filmmakers and my own as researcher, are all part of the on-going narrative conditioned by the memories and interpretations we bring to this IIS storyboard – about its antecedent military hospital patients and about its Indian boarding school students. This is true in spite of the fact that we do not know if any (or how many) ill or wounded Native American veterans passed through its doors when the site was Bushnell Hospital, and similarly, how many Native students will pass through it when it becomes part of USU. We do not know exactly what fields of care³⁶ the site embodied (or will embody) for these countless and frequently anonymous individuals. Nor should we let the irony escape us that while Bushnell was constructed as a therapeutic space and as a place of healing,³⁷ hospitals were perceived of as places

³⁶ The phrase 'field of care' is primarily associated with the humanistic geographer Yi-Fu Tuan to refer to what he calls the 'affective bond between people and place or setting' (Tuan 1974:4). See Tuan (1979: 416-419) as well.

³⁷ At the time, Bushnell Hospital was considered to be a state of the art facility: "*Bushnell had several areas of expertise. It was one of three malaria (and tropical disease) centers, one of five amputation centers, and one of seven maxillofacial reconstruction centers. In addition, two other specialties at Bushnell were neurology and psychiatry... The hospital also had a ophthalmic-plastic (eye surgery) center. In 1944, Bushnell also became a center for the study of diagnosing tissue lesions... other diseases the hospital staff dealt with in 1942 were arthritis, gastrointestinal problems, respiratory illnesses (sinus, bronchitis, and classic pneumonia), and allergy problems. In addition, medical personnel treated patients*

of death by the Navajo, as were some of the schools themselves (see above). Yet, against such a background, meaning is never lost. Data will always relate stories about itself and will therefore always legitimize itself (Kociatkiewicz and Kostera, 1999: 39-40).

The YouTube footage helps us to keep the erased present and the ambiguities of the empty IIS space intact. Hence, while the demolition process attempts to eliminate the chaos and prepares the way for new order, the YouTube footage anchors the silent narratives not only of the IIS students, but also of the hospital patients and, ultimately, allows the researcher or the visitor to re-author what remains complex and ambivalent. Put differently, it legitimizes the counter-narrative by adding “*further fragments of text to existing discourses*” and by making “*small corrections and amendments,*” (1999: 42) and thus by revising and extending its current vocabulary. Viewed in this way, emptiness is only inaccessible not non-existent and, ultimately, what these short film clips do capture and become, albeit unwittingly, is the final documented form of the last remaining structures of Intermountain School in its final state.³⁸

3.5: Conclusion.

In this chapter, I presented an ethnographic report of my interactions with the IIS and the Brigham City Museum in order to examine correlations between the BSS experience and the contemporary Native American homeless narrative. The reason for doing so was two-fold. On the one hand, the BSS is cited as having been a significant contributing factor to indigenous homelessness in the U.S. (and Canada) since the

for rheumatic fever, ulcers, and even delivered a few babies... [and] ...the treatment of amputees and the fabrication of artificial limbs were important specialties at Bushnell... The hospital contained seventeen wards, six operating rooms, twelve dental areas, several isolation rooms, and the highest caliber X-ray machines of the day” (Carter, 2008: 13-18).

³⁸ I suspect that the 250-odd photographs that I took on the day are also among the last of the site to be taken, although I was not thinking that at the time.

1950s, and, on the other hand, many of the homeless Native American individuals I met through NAHOC during my fieldwork had had some exposure to the system.

IIS was one of the last of the BSS schools to close its doors in the 1980s, and my ethnography includes an account of visits I paid to an IIS exhibition put on by Brigham City Museum and my subsequent visit to the IIS site itself, as well as a critique of the oral histories of a number of ex-students.

Ultimately, this suggests three things. Firstly, while the IIS remained a complex social environment that was responsible for affecting profound psychological changes for many of its students, their ability to adapt to these changes was indicative of a deep-seated cultural strength and resilience. Secondly, the students' response was also indicative of significant cultural regeneration and cultural growth rather than it was of any sense of cultural loss. Lastly, the fact that many of the IIS students were able to adapt to the changes to which they were exposed, and subsequently went on to lead productive and fulfilling lives with their families and communities, offsets the on-going dysfunctional experiences, alienation, and suffering that many of my homeless subjects continue to demonstrate, including those who would have experienced the BSS themselves.

This difference is partly explained by the fact that the IIS students were able to form lasting bonds and alliances with peers – or strengthen existing ones - and were also able to reintegrate cultural values, practices, and language. Their experiences at Brigham City embodied an important sense of place and cultural identity formation that was symbolically represented in the physical architecture of the school, and this also accounts for their sense of sadness and loss at the fact that the buildings were being demolished.

On the other hand, those homeless NAHOC individuals who had been through the BSS, had, in all likelihood, come from dysfunctional backgrounds to begin with and their BSS experiences would have exacerbated matters rather than improved their opportunities for pursuing productive lives. Their boarding school experiences would

have constituted part of a larger cycle of institutionalization, and would often have been compounded by the debilitating effects of street life, including illness, economic hardship, substance abuse, and more. Under such conditions, it is difficult to find relief or much scope for optimism.

In the following chapters, I examine more specifically how the homeless Native American experience of suffering is constructed and mediated, paying particular attention to the institutional, biographical and spatial dimensions that underpin the phenomenon of homelessness.

CHAPTER 4: The Urban Indian Healthcare Landscape and Native American Social Suffering.

Disparities in health status between American Indians and other groups in the United States have persisted throughout the 500 years since Europeans arrived in the Americas. Colonists, traders, missionaries, soldiers, physicians, and government officials have struggled to explain these disparities, invoking a wide range of possible causes. American Indians joined these debates, often suggesting different explanations. Europeans and Americans also struggled to respond to the disparities, sometimes working to relieve them, sometimes taking advantage of the ill health of American Indians.
Jones (2006: 2122)

Only a white man can cut off the top part of a blanket, sew it on the bottom end and think he's got a longer blanket.
(Jimmy, SHONA outreach staff member)

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4.1: Introduction

In order to contextualize more comprehensively the structural, systematic and community-based efforts to address the extreme dis-placement and the social suffering that homeless Native Americans experience in urban environments, it is necessary to get an overview of how indigenous social suffering and healthcare is conceptualized in its contemporary setting.

In this chapter, I adopt a descriptive rather than an ethnographic approach and present a brief analysis of the urban Indian healthcare landscape since the 1950s together with a critical appraisal of historical trauma as the predominant Native American explanatory model for the contemporary experience of indigenous social suffering. I begin by looking at how federal government Indian policy in the 1950s led to the emergence of an urban Indian identity in cities such as Oakland, Los Angeles, Salt Lake City, Denver, Cleveland, and Chicago.¹ I then look at how the current status of urban

¹ i.e. The cities that the federal government designated as relocation sites during its relocation policies of the 1950s.

Indian health is constructed in relation to the rest of the U.S. population. After that, I consider the role that the Indian Health Service (I.H.S.) and Urban Indian Health Organizations (UIHOs)² play in addressing urban Indian healthcare needs, and I review the role of The Urban Indian Center of Salt Lake (UIC) briefly as the local UIHO in the context of this study. In the second part of the chapter, I appraise Native American historical trauma and its growing influence as a contemporary conceptualization of indigenous social suffering and consider how it affects the experience of homeless Native Americans. These considerations pave the way for the return to a more ethnographic investigation of the social suffering of homeless Native Americans and the efforts to address it on the part of local agencies in the Salt Lake City area in the following chapter.

So far in this thesis, I have argued that for Native Americans the notions of health and wellbeing and of living a fulfilling and meaningful life are deeply rooted in a culturally and spiritually embodied sense of place and relationship to the land. Family, community, and cultural identity form an inextricable part of this connection. By extension, therefore, the origins of Native American suffering are the result of the severe psychological and geographical disruption of this bond with place and family, community, culture and land over time. In addition, I have suggested that the homeless Native American experience of suffering manifests as an extreme form of such a rupture and that it is exacerbated by the fact that many homeless individuals find it extremely difficult to repair the breach and are often unsuccessful in their efforts to do so. Consequently, this proposition also complicates our understanding of indigenous homelessness when we consider it in the light of homelessness generally where the absence of such a unique cultural dimension is not a compounding factor in most cases. Moreover, western explanatory models of suffering, as I outlined briefly in Chapter 1, suggest that the inability to recognize the suffering of the other in the

² “Urban Indian Health Organizations (UIHO) are private, non-profit, corporations that serve American Indian and Alaska Native people in select cities with a range of health and social services, from outreach and referral to full ambulatory care” The Urban Indian Health Institute (n.d.): About Urban Indian Health Organizations. [Online] Available from: <http://www.uihi.org/about-urban-indian-health-organizations/> [Accessed: 12.5.2014].

other's terms not only highlight the fact that homeless Native suffering is not understood – or at best, very poorly understood – but also the fact that the modes of representing and addressing this suffering are inadequate and they risk reifying the suffering they aim to redress.

These considerations are especially relevant to the social distribution of healthcare among the urban Indian population as a whole, in light of President Obama's signing of The Patient Protection and Affordable Care Act in 2010 (PPACA). Not only does the PPACA (commonly referred to as *Obamacare*) represent the most important federal government overhaul of the U.S. healthcare system since the 1960s (Vicini and Stempel, 2012), it marks one of the most significant changes to affect the Native American healthcare landscape since the establishment of the Indian Health Service (I.H.S.) in 1955 in that it formally and effectively makes urban Indians a permanent part of the I.H.S. for the first time (UIHI, 2011). How the PPACA will impact homeless Native American communities further down the line remains to be seen.

4.2: The urban Indian healthcare landscape.

The federal government's assimilation policies of the 1950s were directly instrumental in creating a unique urban Indian population as it relocated some 160,000 people from tribal reservations to metropolitan environments within the space of a decade – mostly to cities in western United States (Bruyneel, 2007: 126). What the government failed to foresee and adequately provide for in its plan, among other things, were the health needs and healthcare provision requirements of this enormous, emergent population.³ The I.H.S., established in 1955, was not designed to address the health needs of urban Indians, no matter how well-intentioned the effort of its creation was on the part of the government to meet its trust responsibility to the Native American community. As a result, urban Indian healthcare needs in cities such as Oakland, Los Angeles, Salt Lake City, Denver, Cleveland, and Chicago were met on an *ad hoc* basis by members of the

³ The relocation programme also failed to provide a coherent infrastructure for urban employment, and education (Fixico, 2000; Sorkin, 1978).

urban Indian communities in these cities as they grouped and organized their own community centres (Fixico, 2000: 107-122; Sorkin, 1978: 47-49). Meanwhile, many urban Indians would periodically return to their reservations in order to have their health and other needs attended to, while others – principally members of ‘terminated’ or federally unrecognized tribes - were largely neglected. It was not until the passing of the Indian Health Care Improvement Act (IHCA) in 1976 that UIHOs (see below) came into being with a modicum of federal endorsement through the I.H.S. However, many needs were unmet as the UIHOs themselves were restricted by funding and infrastructure as well as by contractual reliance on the I.H.S. as to what services they could provide - which were mainly outpatient primary care and referral services (Forquera, 2001; UIHI, 2011).

4.2.1: Defining urban Indian identity and implications for healthcare.

The question of Native American identity is extremely complex and divisive (Gonzales, 1998; Garrouette, 2001; Grande, 2000; Lobo, 2001; Nagel, 1995; Weaver, 2001). It remains, essentially, a legal and political entity (Clifford, 1988; Garrouette, 2001) mediated by biological and cultural categories; and irrespective of whether one is self-identifying, or whether identity is externally imposed, it inevitably frames the standpoint of those doing the defining; and to what end (Canby, 1998; Lobo, 2001; Nagel, 1995). For this reason, it makes more sense to think of Native American identity in terms of a continuum of multiple emergent identities around personhood and collective identity that lie at the heart of some of the more intractable questions concerning Native American identity politics and transgressive subjectivities (Biolsi, 1995, 2005; Grande, 2000; LaFromboise, et al, 1993; Lobo and Peters, 1998; Nagel, 1995; Peroff, 1997; Peroff and Wildcat, 2002).

Nevertheless, the identity question lies at the heart of the U.S. government’s federal trust responsibility⁴ that has enshrined Native American tribal nationhood status and

⁴ See Wilkinson and Biggs: “*Indian law is an inordinately complex field and any brief summary of the federal-tribal relationship is inevitably an oversimplification... Nevertheless, as a starting point, it can be said that the federal-tribal relationship is premised upon these basic notions: (1) Indian tribes are*

inherent powers of self-government since the early 19th century (US Department of the Interior Indian Affairs, 2013). As such, the question of identity also underpins the federal government's commitment to providing healthcare to Native Americans as part of its treaty obligations (Wilkinson and Biggs, 1977). Ultimately, it constitutes the terms and conditions of eligibility for who does and who does not receive federal healthcare. Thus, when the Nixon administration ushered in the era of Native American self-determination and signed the IHCIA in 1976, one of the first federal definitions of 'urban Indian' is found. Broadly, this definition includes any individual who lives in an 'urban center' and is a member of any Native American collective – tribe or otherwise. 'Urban Center' is defined as "*any community which has a sufficient urban Indian population with unmet health needs to warrant assistance under title V, as determined by the Secretary,*" (Public Law 94-437, 1976: 1401-1402) and title V of the IHCIA outlines health services for urban Indians (Public Law 94-437, 1976: 1410-1412).⁵

sovereigns and have governmental authority over their land and persons on that land; that inherent authority can be taken away by an express act of congress. (2) The United States has the high duty of acting as a trustee toward federally recognized tribes and trust assets. (3) Congress has plenary power over Indian affairs. Congress' power is very broad, but is not literally absolute or total, as the word "plenary" implies. There are limits on Congress' plenary power over Indian affairs, such as the requirement that a tribe or individual Indian is entitled to be compensated when vested rights are taken. In addition, Congress' plenary power is subject to the protections set forth in the Bill of Rights. (4) Indian treaties are the "supreme law of the Land" and remain in effect until expressly abrogated by Congress. (5) State laws, including tax laws, do not apply to Indian Country, unless Congress expressly so provides. (6) Congress has established a comprehensive statutory framework to provide special programs for Indians in the fields of education, health, business development, federal hiring preference, welfare, job training, and others.

This special relationship has been challenged in court as constituting racial discrimination in favour of Indians. The relationship has been upheld by the Supreme Court. The Court's reasoning is that the federal-tribal relationship is political, not racial, because it exists between governments, i.e., the United States and the tribes" (1977: 166, n.1).

⁵ Sections 4(c), (f) and (g) of the IHCIA define an urban Indian as any individual who lives in an 'urban center' and who meets one or more of the following four criteria: "*(1) irrespective of whether he or she lives on or near a reservation, is a member of a tribe, band, or other organized group of Indians, including those tribes, bands, or groups terminated since 1940 and those recognized now or in the future by the State in which they reside, or who is a descendant, in the first or second degree, of any such member, or (2) is an Eskimo or Aleut or other Alaska Native, or (3) is considered by the Secretary of the Interior to be an Indian for any purpose, or (4) is determined to be an Indian under regulations promulgated by the Secretary*" (Public Law 94-437, 1976: 1401-1402).

The US Census Bureau uses slightly more specific ethnic and racial identity markers to define the larger American Indian and Alaska Native (AIAN) population of the United States. AIANs can fit one of two classifications, either 'race alone,' i.e. people who report belonging to 'only one' race; or 'race in combination' - people who report belonging to 'more than one race.' Additionally, the term 'American Indian or Alaska Native' refers to 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.*" (US Census Bureau, 2014b: 2-3).⁶ On the other hand, the Census Bureau uses the terms 'metropolitan' and 'micropolitan' to define core urban areas with populations of 50,000 or more and those between 10,000 and 50,000, respectively. Moreover, each 'metro' or 'micro' area consists of one or more counties, including counties containing the core urban area, and any adjacent counties that have "*a high degree of social and economic integration (as measured by commuting to work) with the urban core*" (US Census Bureau, 2014a: 4). According to the 2010 Census figures, of the 5.2 million people in the U.S. identified as AIAN, either alone or in combination, 20% lived inside a Native American area, i.e., federal or state reservation and/or off-reservation trust land,⁷ with the vast majority (78 %) living outside AIAN areas (US Census Bureau, 2014b: 1. 13).

By way of comparison, a native perspective from the National Urban Indian Family Coalition (NUIFC), a Seattle-based national network of urban Indian organizations advocating for urban Native families, defines urban Indians as: "*individuals of American Indian and Alaska Native ancestry who may or may not have direct and/or active ties with a particular tribe, but who identify with and are at least somewhat active in the Native community in their urban area,*" (Tsethlikai and Morris, 2008: 7). In

⁶ It is of note that since 1960, the Census Bureau changed its enumeration process from ascription to self-identification (Gonzales, 1998: 200).

⁷ "*The common belief that Indians receive "free money" probably stems from the fact that the government holds land in trust for certain tribes. As part of its trust responsibility, it may then lease that land, collect the revenue, and distribute it to the tribal members. Thus, some Indians do receive government checks, but these do not represent some kind of bread from heaven; they are simply the profits derived from lands that the Native Americans own*" (Garrouette, 2001: n.236). See Biolsi (1995: 33) on Lakota attitudes to land held in trust.

addition to ancestry or blood quantum criteria and community participation, there are the equally fluid categories of *appearance* and *cultural knowledge*, and claims that urban Indian identity is as much an experience as it is a sense of an urban place, including temporality (Lobo, 2001; Peroff, 1997). Hence, urban Indian identity is mediated by how long one has lived in the urban environment – from long-term residence; forced residence; permanent residence; or transience (Tsethlikai and Morris, 2008).

Before 1953, most of the federal government criteria for defining Indian identity pertained to Native Americans living on reservations and who were members of federally recognized tribes, i.e. tribes eligible to receive services, including healthcare, from the B.I.A. and its various departments. Today, there are currently 566 recognized tribes in the United States and Alaska, and of these, 339 are situated on 304 reservations within the contiguous 48 states (US Federal Register, 2012; National Park Service, 2014). As a result of the federal government's policy of termination between 1953 and 1975, 109 tribes had their formal tribal status removed, and many have not been reinstated (Treuer, 2012). The significance of claiming tribal identity, otherwise referred to as enrolment, becomes apparent by virtue of the proscriptions it defines in terms of who can and who cannot claim benefits and services – in this case healthcare (Gonzales, 1998). Until the PPACA was signed this meant most urban Indians were excluded.

4.2.2: The health status of urban Indians.

The health status of Native Americans is typically described in terms of significant disparities when compared to the rest of the U.S. population, including other ethnic and minority groups, and has come about as a result of historical factors and of numerous and complex health and socio-economic determinants (UIHC, 2007; Castor, Smyser, Taulii, Park, Lawson, and Forquera, 2006; Forquera, 2001; James, Schwartz, and Berndt, 2009; Jones, 2006; UIHI, 2011).

Prevalent health indicators include an extensive list of chronic conditions, co-morbidities, and exposure to risk factors. Among these, infant mortality; CVDs; alcoholism; tuberculosis; diabetes; cancer; obesity; sexually transmitted diseases; and unintentional injuries are most commonly cited. Meanwhile, socio-economic markers identify poverty; unemployment; lack of education; single parent homes; lack of availability and access to healthcare or lack of health insurance coverage; disability; individual behaviours; and environmental degradation as significant contributing factors. Moreover, Native Americans are presented as having some of the worst health outcomes for 'certain health conditions' and the highest mortality rates for many of the conditions in the above list. For instance, CVDs; diabetes; chronic liver diseases; unintentional injuries; and cancer are responsible for the top five causes of death in the community. In addition, it is not unusual for two or more chronic conditions to co-exist, as is the case with diabetes, obesity, anxiety and depression; and, significantly, over 50% of unintentional injuries result from alcohol-related car accidents. In most comparisons with the general population, Native American populations fare far worse and it is not uncommon for health disparities among them to reflect factor differentials of up to four times in many categories. Moreover, many of these health conditions are considered preventable (Castor et al, 2006; Forquera, 2001; James et al, 2009; Jones, 2006).

Undoubtedly, differences in socio-economic status contribute many of the inequalities identified above. However, the persistence and the incremental growth in Native American health disparities in urban settings have been complicated by the emergence of previously absent specific diseases within urban Indian communities. These include depression, diabetes, obesity, and CVDs in particular (UIHC, 2007). While there has been some improvement with regard to type 2 diabetes sufferers in metropolitan environments as a result of a dedicated initiative in the early part of the 2000s, the absence of similar initiatives for the mental health and cardiovascular categories means that over 30% of urban Indians suffer from depression, while CVDs are responsible for more deaths among Native Americans aged 45-plus than cancer, diabetes and unintentional injuries together – categories that in themselves are responsible for high mortality rates in the community (UIHC, 2007; UIHI, 2004).

This profile, while a generalization and while it risks over-pathologizing and essentializing the health status of Native American communities, pertains as much to the reservation-based Native American population as it does to urban Indians. It also raises the same fundamental questions with regard to the existing structural problems that beset Native American healthcare provision and complicates any effort to establish a clear and systematic picture, given the limited degree of access to healthcare, the availability of up-to-date data and standardized data collection, and the enormous diversity within the urban Native American population itself.

National reporting from federal, state and local public health institutions on the health status of urban Indians is minimal and unsystematic (Castor et al, 2006; Sorkin, 1978; UIHC, 2007). Existing data remains outdated, scant or tends to aggregate information from local or regional sources. Under-reporting and misclassifying racial and other statistics are common criticisms as well. The burden for sourcing data pertaining to urban Indians currently lies with the thirty-four main UIHOs located in nineteen states. However, this is not without its problems, and information is often used by way of proxy to compensate for information gaps in spite of the fact that variability and inconsistencies in data tend to be more pronounced in urban settings (Castor et al, 2006).

On the other hand, although the majority of non-elderly Native Americans live in or near cities, this can mask the fact that urban Indian communities, unlike other urban minority groups, are widely dispersed and represent an equally wide range of inter-tribal differences and ethnic, cultural, and social characteristics. Many are not recognized by federal or state governments (for example, those members of the tribes terminated in the 1950s); and many are likely to exhibit widely varying levels of acculturation. However, while it may be difficult to track their tribal identity, movement, and health status, they nevertheless share many of the challenges associated with health status and eligibility for federal healthcare provision (UIHC, 2007; Castor et al, 2006).

Yet, while lack of medical data and unsystematic data collection and population diversity undoubtedly pose difficulties of a certain magnitude, it is perhaps the limited access to healthcare that is the most problematic and the category in most urgent need of redress. The federal government's declared aim in carrying out its legal obligations to meet Native American healthcare needs is,

...to provide the quantity and quality of health services which will permit the health status of Indians to be raised to the highest possible level and to encourage the maximum participation of Indians in the planning and management of those services. (Public Law 94-437, 2000 [1976]: 1)

The I.H.S. is the government's main agency for meeting this obligation. However, under the terms of the Congressional Budget Act of 1974, I.H.S. spending is classified as a 'discretionary programme.'⁸ This means that funding is variable and with no guarantee for any amount in a given fiscal year. It also means that the I.H.S. has to lobby for federal funding appropriations on an annual basis. By comparison, Medicaid and Medicare – the U.S.'s health programmes for low income families and for Americans aged sixty-five and older, respectively – have 'mandatory' status, which guarantees these programmes funding in advance. Moreover, Medicaid and Medicare funding is open-ended and grows automatically to preserve its value in the case of any increases in cost of goods and services and other cost of living adjustments (James et al, 2009; Westmoreland and Watson, 2006). While federal funding for the I.H.S. has in fact increased since its inception, it has not kept pace with the Native American population's changing needs and the gap in per capita spending has widened, as has the gap between mandatory and discretionary per capita spending (Bergman, Grossman and Erdrich, 1999; Forquera, 2001; Kunitz, 1996; Westmoreland and Watson, 2006).

⁸ *"The I.H.S. is classified for budgetary purposes as a discretionary program, meaning that there is no federal guarantee that there will be adequate funding for the I.H.S. to provide medical services. In contrast, Medicaid and Medicare are federal entitlements and all who are eligible for these programs are guaranteed access to them"* (James et al, 2009: 6). Also, see: Westmoreland and Watson (2006) for an excellent summary and critique of the federal budget's mandatory and discretionary spending categories.

Consequently, not only has this discrepancy influenced how the I.H.S. provides its services, it also accounts in large measure for the widening gap in the same period in healthcare provision and health disparities between I.H.S. clients and the rest of the general U.S. population (Shelton, 2004: 1). Meanwhile, the rate of uninsured Native Americans is 35% - three times that for Whites, and between a third and half of Natives under the age of sixty-five (i.e. the 'nonelderly') are either uninsured or depend solely on I.H.S. services. Of this group, around half have incomes below the federal poverty level (James et al, 2009). In addition, Native Americans have the lowest rate of private health insurance coverage, including Medicaid, compared to other ethnic groups.

These budgetary constraints, along with a lack of human and other resources within the I.H.S., means that not only is the I.H.S. prevented from offering key services, but available healthcare provision is often prioritized in terms of urgency. In other cases, access may be limited because demand exceeds supply, with diabetes and mental health particularly susceptible categories. Given the relatively high rates of chronic conditions among Native Americans, contact with health professionals may therefore be intermittent, and the risk of exacerbating their health problems remains high (James et al, 2009; UIHC, 2007).

I.H.S. services consist largely of primary care with the majority of its hospitals and clinics located on reservations, although some services are contracted out, as is the case with the UIHOs (see below), meaning that clients receiving care through the I.H.S. are, therefore, largely limited by these restrictions. In addition, the current I.H.S. structure does not adequately cater for off-reservation Native Americans.⁹ Nor does it allow individuals who depend on the I.H.S. to access any doctors and hospitals not affiliated to the I.H.S., irrespective of geographical location, unless they have access to Medicaid or private insurance - which would in any case defeat the purpose.

⁹ Only 1% of its annual budget is allocated to Urban Indian healthcare. The I.H.S. budget total for 2014 was \$5.7 billion (US DHHS, 2014).

Effectively, this means that given the shifting demographics of the off-reservation native population, close to 40% of all Native Americans live outside an I.H.S. health service delivery area.

The migration from reservation to metropolitan areas, especially after World War II, meant that many Native Americans had to adjust psychologically and sociologically to a new and alien environment. The stresses associated with such upheaval – isolation, helplessness, insecurity, and so forth – contributed to an acute sense of cultural loss and, in many cases, were accompanied by increased risk of poor health and the emergence of new diseases among urban Indian communities discussed above (Fixico, 2000; Helman, 1990; Sorkin, 1978). Moreover, urban Indian migration is one of the primary reasons Native Americans have lost access to healthcare provision, thus making affordable healthcare one of the biggest challenges facing Native Americans who live in cities. Many urban Indians are likely to seek healthcare from UIHOs rather than trust government public health programmes. In any case, access to the latter is often hindered by lack of insurance on the part of individuals. On the other hand, UIHOs are themselves limited by funding and infrastructure in the services they can offer, which tend to be preventative and primary care only. Other individuals who are eligible for government-provided healthcare are often obliged to travel long distances to reservations to receive it, frequently having to cope with the inconveniences of long-distance travel and high travelling costs (Castor et al, 2006; Shelton, 2004; Sorkin, 1978; UIHC, 2007).

Overall, it seems that not only are Native American health disparities higher than the general population they also appear to be increasing. In addition, urban Indian health remains a neglected domain, more so, perhaps than that of reservation-based populations though many of the challenges are the same. It is fraught with many socio-economic barriers, inequities, and considerable lack of investment in political, human, and social infrastructure. The urban Indian population faces enormous endemic and structural obstacles with regard to accessing affordable care and insurance coverage; and the situation is not helped by the absence of a formal and comprehensive healthcare surveillance and reporting system.

Efforts to address the many health disparities that the Native American community faces as the 21st century unfolds identify the importance and urgency for Native Americans to receive comprehensive and affordable health coverage that will enable them to receive necessary care. The I.H.S. has made some inroads into improving Indian health since it was founded, notably in reducing infant and child mortality and the spread of certain infectious diseases (Bergman et al, 1999; Kunitz, 1996; UIHC, 2007). Yet, it faces a major challenge with regard to chronic diseases such as diabetes and CVDs, and mental health categories such as depression. In part, the I.H.S. needs to adapt to the changing practice of medicine and to the growing health needs of a growing urban Indian population (James et al, 2009; Kunitz, 1996). At the same time, the budget classification for I.H.S. allocations for UIHOs needs to be changed from discretionary to mandatory status and allocations need to be increased significantly in order to ensure federal promises are fulfilled. On the other hand, a portfolio of best practices needs to be established, and be inclusive of culturally competent and culturally sensitive quality care. A comprehensive multi-agency health surveillance initiative, including education and research needs to be implemented along the lines advocated by the Urban Indian Health Institute, part of the Seattle Indian Health Board (UIHI, 2010). A standardized system of racial and urban Indian identity classification needs to be formalized as well. At the same time, tribal and federal governance and leadership need to revisit their strategic partnerships and alliances and realign healthcare policies to establish more equitable resourcing and practices to reflect the realistic health needs of the urban Indian population (UIHC, 2007; UIHI, 2010; Castor et al, 2006).

4.2.3: The Indian Health Service.

From the outset, the I.H.S. was designed as a regionalized healthcare system to cater to the health needs of enrolled, mostly rural and impoverished Native Americans living on or near reservations (Bergman et al, 1999: 592). It was not envisaged that it would address the needs of urban Native Americans who, at the time of the I.H.S.'s inception in 1955, constituted around 14% of the total Native American population – only

marginally different to what it was in 1900 (Thornton, 2008: 29). This position has been reflected in the I.H.S. budget appropriations throughout its history, averaging roughly 1% of its total budget allocated to urban Indian healthcare (Bergman et al, 1999; Forquera, 2001; US DHHS, 2014; Kunitz, 1996; Sorkin, 1978). However, as the 2010 Census indicate, in the sixty-plus years since the agency's coming into being, around three-quarters of the Native American population currently live in metropolitan areas. Not only do these statistics underline the enormous disproportion in the allocation of financial resources, they give a good indication of why funding is one of the bones of contention at the heart of the urban Indian healthcare provision discourse. It remains to be seen how PPACA reform will address this issue.

Structurally, the I.H.S. was organized along the lines of a system of 'hierarchical regionalism' (Kunitz, 1996: 1466). On the ground, it operated a system of field units linked to general hospitals and referral centres and reported to area offices. These, in turn, reported to headquarters in Washington. It was staffed predominantly by white professionals, and until 1973 included people serving 2-year military obligations (Kane and Kane, 1972: 25-31). The Johnson administration's strategic policies of economic opportunity and the 'war on poverty', together with the impact of the civil rights movement in the 1960s, led to the start of a decentralization process within the I.H.S. as it shifted to greater community control and increased hiring of Native personnel.

The Nixon administration further accelerated decentralization in the 1970s as its rejection of forced termination ushered in the era of Indian Self-Determination and the signing of the IHCA in 1976. While the Self-Determination bill re-affirmed the trust relationship, it also gave tribes the option of contracting¹⁰ with the various federal departments in matters dealing with health, education and welfare (Kunitz, 1996; Shelton, 2004). It also reinforced the UIHO network through which the I.H.S. extended its reach to urban Indians. However, decentralization within the I.H.S., particularly for urban Indian healthcare provision, remains a structural problem that federal

¹⁰ Also known as '638 contracts' as set out in the Self-Determination Act (Public Law 93-638, 1996).

governments since the Nixon administration have not been able to address satisfactorily. In the 1980s and 1990s with the Reagan, Clinton, and George W. Bush administrations we see the problems facing the I.H.S. actually getting worse.

4.2.4: Urban Indian Health Organizations (UIHOs).

The Native American healthcare system currently provides three main service programmes: I.H.S. health centres and hospitals managed by the federal government; tribally managed services; and urban Indian services. Often referred to as the 'I/T/U' system, the tribal component (T) represents around 50% of the I.H.S. budget whereas urban Indian programs (U) represent about 1% (Shelton, 2004: 1). The I.H.S. budget for 2014 is an estimated \$5.7 billion (US DHHS, 2014).

Under Title V of the IHCA the I.H.S. Urban Indian Health Program supports contracts and grants to thirty-four non-profit city-based agencies known as Urban Indian Health Organizations or UIHOs, operating at forty-one sites located in nineteen states across the U.S., with an additional eighteen cities identified as having an urban population large enough to support an UIHO.¹¹ Historically, the UIHOs exist in those cities the federal government designated relocation sites during the relocation policies of the 1950s. The overall UIHO service area comprises ninety-four counties, with the number of counties per individual service area ranging from one to eleven (Castor et al, 2006). Title V outlines health service provisions for urban Indians as well as contract and grant conditions between the contracting parties as first set out by the Snyder Act of 1921, the principal legislation authorizing federal funding for healthcare services to all federally recognized tribes (Public Law 94-437, 2000 [1976]: 120-130A; Shelton, 2004).

¹¹ For UIHO location details see:

(a) Indian Health Service (n.d.): Office of Urban Indian Health Programs. [Online] Available from: http://www.ihs.gov/urban/index.cfm?module=dsp_urban_programs [Accessed: 4.3.2013]; and (b) The Urban Indian Health Institute (n.d.): Urban Indian Health Organization Profiles. [Online] Available from: <http://www.uihi.org/urban-indian-health-organization-profiles/>. [Accessed: 12.5.2014].

UIHOs offer primary care clinics, outreach, and referrals that provide culturally sensitive and affordable health services that include medical, dental, and community services; as well as alcohol and drug abuse prevention, education and treatment; sexually transmitted disease education and prevention services; mental health services; nutrition education and counselling services; pharmacy and optometry services; social services, and home healthcare. Of the approximately 150,000 Native Americans who use these services, a third use eleven UIHO services in cities that are located in I.H.S. and tribal service areas. The other two thirds who use services provided by UIHOs are unable to access hospitals, health clinics, or contract health services administered by I.H.S. and tribal health programmes because they do not meet I.H.S. eligibility criteria or because they reside outside of the service areas. Overall, the funding level for UIHOs is around 22% of the projected need for primary care services. Yet, without I.H.S. funding, the UIHOs would not be able to provide the same quality care to meet current urban Indian health needs. Nevertheless, many UIHOs look to draw on philanthropic and other non-federal funding to supplement their budgets (UIHC, 2007; I.H.S., n.d.).

In addition, the UIHOs have the burden for sourcing data pertaining to urban Indians. This is not without its problems, and information is often used by way of proxy to compensate for information gaps in spite of the fact that variability and inconsistencies in data tend to be more pronounced in urban settings (Castor et al, 2006). Consequently, there is a tendency to extrapolate research findings across regions as we see, for example, in disparities observed among Native Americans residing in UIHO service areas with those among the general Native population and vice-versa. However, the role of the UIHOs in this context is critical. UIHOs are funded through I.H.S. contracts and grants and require information in order to optimise resource allocation, service provision, and policy initiatives. As they are mostly non-profit organizations, UIHOs tend to have minimal technological infrastructure or shared data systems that enable them to profile their clients. In 2000, the Urban Indian Health Institute (UIHI) was specifically set up to begin addressing some of these issues, and most of the currently available health data on urban Indian communities is the product of the UIHI (Tualii and Forquera, 2006; UIHI, 2010). However, the fact that 66% of

urban AIANs do not live in UIHO service areas means that they remain under the radar (Castor et al, 2006).

Significantly, there is no mention in the literature of any specific I.H.S. or UIHO provision for the health needs of homeless Native American populations.

4.2.5: The local Salt Lake City environment - The Urban Indian Center of Salt Lake.

Meanwhile, healthcare provision for the Salt Lake City and the Wasatch Front urban Native American community¹² is catered for mainly by The Urban Indian Center of Salt Lake (UIC), one of the thirty-four I.H.S. designated UIHOs. As the only major metropolitan area between Reno, Nevada to the west and Denver, Colorado to the east (a distance of over 1,000 miles), the Wasatch Front is a strategically important hub for an extensive catchment area for local and more transient Native Americans from the surrounding mountain west and southwest states.

The UIC, previously known as The Indian Walk-In Center (IWIC), provides healthcare, counselling, and general support services both on a referral and on a drop-in basis to the Native American communities in the region. It was established in 1974 as a “*cultural, medical and behavioral health home for American Indians and Alaska Natives (AIAN) in Utah*” (Facebook, 2012), and its stated mission was to provide healing to “*‘The People’ by strengthening the community*” (Facebook, 2012). From its inception as The Indian Walk-In Center, the UIC provided a range of social service programmes, including food assistance and employment and training opportunities, and it gradually introduced medical, dental and counselling services. Today, as part of its overall *Indian Health Program*, it provides culturally appropriate services in behavioural health, health promotion, disease prevention, outpatient treatment, primary care referrals, HIV and STI¹³ testing and counselling, prenatal support, and

¹² As was seen from Chapter 1, the Native American population in Utah accounts for around 33,000, or 1.2% of the state’s total population (US Census Bureau, 2014c).

¹³ i.e. Sexually transmitted infections.

health and social welfare educational programmes. The UIC also fulfils an important cultural function as a gathering place for Native American cultural events; and occasionally engages in cultural and economically strategic partnerships with non-Native agencies to meet these needs (Facebook, 2012).

A board reshuffle in 2011 led to a reassessment of its strategic plans and, as part of that process, in April 2012 it announced its name change, along with a claim to embrace a new direction in integrated health programmes and in its cultural and social programming. It also modified its mission statement, namely to “*preserve the heritage, enhance the well-being and strengthen the future of the People*” (Facebook, 2012).

Nevertheless, while the UIC addresses much of the local healthcare provision for Utah’s general urban Native American community, a needs assessment report in 2003 on the Center’s role in facilitating urban Indian healthcare suggests that the UIC has distanced itself from the healthcare needs (including alcohol and other substance abuse care) of its more marginalized and vulnerable homeless members (Silverstone, 2003: 10). This scenario has created an unfortunate gap in the socio-cultural fabric of the urban Indian healthcare landscape in Salt Lake City and it conditions a more complicated reading of the Indigenous American illness and healing narrative in Utah – particularly for the homeless members of the Native community.

Be that as it may, President Obama’s signing of the PPACA in 2010 is significant on at least two counts. Firstly, it permanently reauthorized the IHCIA¹⁴ and, secondly, it provided an opportunity to introduce amendments that directly affect urban Indian healthcare. The key areas it caters to include:

¹⁴ “*The Indian Health Care Improvement Act (IHCIA), the cornerstone legal authority for the provision of health care to American Indians and Alaska Natives, was made permanent when President Obama signed the bill on March 23, 2010, as part of the Patient Protection and Affordable Care Act. The authorization of appropriations for the IHCIA had expired in 2000, and while various versions of the bill were considered by Congress since then, the act now has no expiration date*” (I.H.S. website: <http://www.ihs.gov/ihcia/> [Accessed: 14.5.2014]).

- a) greater authority on the part of the I.H.S. director to influence Indian health policy within the Department of Health and Human Services (DHHS);
- b) an updating of the law on collecting reimbursements from third parties, i.e. Medicare, Medicaid and the Children's Health Insurance Program (CHIP);
- c) the provision of greater support to UIHOs to build their human and cultural capital, i.e. training and employing Native Americans to provide healthcare services; and
- d) the establishment of comprehensive behavioural health, prevention, and treatment programs by the I.H.S. for Indians (Conway, 2010: 3-4).

Nonetheless, for all these proclaimed improvements, the PPACA pronouncement as it relates to urban Indian communities, largely overlooks and, therefore, negatively impacts the marginalized members of urban Native America. While the Act does aim to redress health disparities among urban Native American communities, it is not designed to address the systemic inequalities that persist among the most disadvantaged members of their communities, such as the homeless.¹⁵ The PPACA authorizes the I.H.S. to attend to urban Indian health needs, yet the I.H.S.'s existing infrastructures and strategies with regard to urban Indian needs continue to be based mainly on third party contractual arrangements through the UIHOs who are themselves limited in number, geographic location, and financial and other resources. Such nominal decentralization risks diluting rather than strengthening resolve in spite of the UIHI's advocacy at its recent summit (UIHI, 2011) to investigate the implications of implementing post-PPACA health reforms for urban Indian communities.

Moreover, it risks reifying the existing disconnect between a hierarchy of needs and the resource allocation that UIHOs operate by, and continues to deny needier members healthcare access on socio-economic grounds in spite of the moral rhetoric of its proposed reforms to health insurance. Ultimately, while the signing of the PAACA can be seen as narrowing a gap within federal provision for Native American healthcare, it nevertheless enables the federal government to maintain the

¹⁵ See my interview with Gemma of SHONA's outreach team in Chapter 5.

uninterrupted historical linearity of its presence over legitimacy in Indian health affairs that it first enshrined with the signing of the Vaccination Act of 1832 (Bergman et al, 1999; Kunitz, 1996; Pearson, 2003; Shelton, 2004).¹⁶

In her address to the National Council of Urban Indian Health Annual Leadership Conference April 25, 2012, I.H.S. director, Yvette Roubideaux presented a pessimistic message to the urban Indian population. In spite of a 2.7% increase in the overall I.H.S. budget for 2013, *“we were not able to include a specific increase for the urban Indian health program, due to the small overall increase and the challenge of including as many budget priorities as possible”* (Roubideaux, 2012: 2). Priorities lie with I.H.S.-Tribal relationships; I.H.S. reform; improving quality of, and access to care for I.H.S.; and I.H.S. accountability. In all of these areas, improvement in urban Indian health matters remains peripheral and urban Indians themselves continue to be marginalized (Roubideaux, 2012: 2). As long as the federal government continues to apply a sticky plaster remedy to Native American healthcare, it is unlikely that urban Indians will see much improvement in their healthcare provision. The I.H.S. remains hamstrung by a stagnant federal government budgetary policy regarding Native American healthcare provision, and fundamental questions that have dogged the issue throughout its history seem to persist.

With this brief overview of the somewhat complex urban Indian healthcare landscape in place, I now propose to look at how Native Americans have conceptualized historical trauma as an explanatory model to account for their contemporary experience of social suffering. I then return to a more ethnographic investigation of the social suffering of homeless Native Americans and the efforts to address it on the part of local agencies in the Salt Lake City area in Chapter 5.

¹⁶ Indian federal health services were first introduced by the War Department in 1824, and in 1832, Congress passed the Indian Vaccination Act, the first large-scale vaccination of Indians in an attempt to contain the outbreak of the smallpox among Native communities on the western frontier. However, the provision of care was more likely to have been motivated by federal agendas and military and settler self-interest and self-preservation than as a comprehensive immunization strategy geared at establishing Native American wellbeing (Bergman et al, 1999; Kunitz, 1996; Pearson, 2003; Shelton, 2004).

4.3: Native American conceptualizations of social suffering - historical trauma and the '*soul wound*.'

4.3.1: The Emergence of Historical Trauma.

The conceptualization of Native American historical trauma as an explanatory model for the Native American experience of social suffering emerged in the mid-to-late-1990s, largely through research focusing on reservation-based communities by Native American scholars such as Brave Heart (1999a, 1999b, 2000, 2003), Brave Heart and DeBruyn (1998), Duran and Duran (1995), and others. Since then it has gained a strong foothold in the Native American mindset and in Native communities as a central paradigm to account for a wide range of different meanings of indigenous social suffering (Gone, 2013a: 2), and finds parallels in conceptualizations of culturogenic stress (Helman, 1990: 256-266) and cultural bereavement (Eisenbruch, 1991: 673-680). However, while these interpretations of historical trauma are increasingly conflated with other illness parameters within the contemporary health status of Native Americans, they need to be contextualized within what is a wider and more complex spectrum of current health and socio-economic determinants.

As I have outlined above, when considered in light of the general U.S. population, including other ethnic and minority groups, the Native American pathological profile is defined in terms of considerable disparity and pronounced differences (UIHC, 2007; Castor, Smyser, Taulii, Park, Lawson, and Forquera, 2006; Forquera, 2001; James, Schwartz, and Berndt, 2009; Jones, 2006; UIHI, 2011). Seen from this perspective, Native Americans experience higher mortality rates; greater alcohol and substance abuse; more domestic violence and sexual abuse; greater poverty, unemployment and incarceration; higher school drop-out rates; higher depression and suicide rates; more violent deaths; and they are both over- and under-medicated (Aragon, 2006; Walters et al, 2002). Native Americans are also more susceptible to diabetes, obesity, hypertension and CVDs. However, none of these characteristics are in and of themselves the exclusive preserve of historical trauma symptomatology or behaviour as such.

Nonetheless, Native American historical trauma is described principally in terms of ongoing trauma associated with colonization and the disruption effected on Native American cultures by U.S. government expansionists and assimilation policies. These included armed conflict, genocidal practices, forced relocation, forced removal of children to boarding schools, land encroachment, broken treaties, and the prohibition of spiritual and cultural practices (Brave Heart, 1999a, 1999b, 2000, 2003; Brave Heart et al, 2011; Brave Heart and DeBruyn, 1998; Evans-Campbell, 2008; Gone, 2009b, 2013a, 2013b; Whitbeck, Adams, Hoyt and Chen, 2004). Meanwhile, according to Myhra,

[t]he complete meaning of historical trauma continues to unfold. Despite the fact that most, if not all, AI/AN communities have been touched to some extent by historical trauma, the degree to which individuals suffer from it, and the number of those affected, is unknown. The types of trauma events suffered vary across AI/AN communities and time. (Myhra, 2011: 19)

4.3.2: Categorizing Trauma.

Historical trauma has been described as a “*soul wound*” and the collective internalization of colonialism (Duran, 2006; Duran and Duran, 1995); and it has been conceptualized in terms of intergenerational, cultural trauma, and post-traumatic stress disorder (PTSD) models that find parallels in Holocaust survivor and Japanese American internment survivor experience, as well as in the legacy of slavery. Its etiology and transmission encompasses the “*cumulative emotional and psychological wounding, over the lifespan and across generations, emanating from massive group trauma experiences*” (Brave Heart, 2003: 7) as well as the “*collective complex trauma inflicted on a group of people who share a specific group identity or affiliation - ethnicity, nationality, and religious affiliation*” (Evans-Campbell, 2008: 320).

It covers a set of associated historical trauma responses (HTR) that include:

...depression, self-destructive behavior, suicidal thoughts and gestures, anxiety, low self-esteem, anger, and difficulty recognizing and expressing

emotions,” and “may include substance abuse, often an attempt to avoid painful feelings through self-medication. (Brave Heart, 2003: 7)

In addition, we can find:

- a) *“communal feelings of familial and social disruption,”*
- b) *“existential depression based on communal disruption,”*
- c) *“confusion toward owning the ancestral pain accompanied by the temptation to adopt colonial values,”*
- d) *“chronic existential grief and angst manifested in destructive behaviors,”*
- e) *“daily re-experiencing of the colonial trauma through racism and stereotyping,”*
- f) *“lack of resolution of the existential, communal pain.” (Stamm et al, 2004: 93-94)*

Alongside these HTRs we also have historical unresolved grief (HUG), described as *“the associated affect that accompanies HTR,”* and *“may be considered fixated, impaired, delayed, and/or disenfranchised”* (Brave Heart, 2003: 7). As a form of prolonged grief, HUG underscores on-going trauma exposure rates in current lifetimes and includes among its symptoms sadness; separation; distress; searching; pining; longing for the deceased; intrusive images; difficulty moving on with life; guilt; and psychic numbness (Brave Heart, 2010).

However, differences between the ‘historical,’ ‘intergenerational,’ or ‘cultural’ trauma classifications themselves have not been sufficiently scrutinized, and are further complicated by the fact that the temporality of the trauma experience consists of *“a historical past, a geo-socio-political present, and an uncertain future”* (Stamm et al, 2004: 90).¹⁷ Hence, while historical trauma underlines the cultural, social, physical, and psychological impact of colonization and its attendant psychopathologies (Brave

¹⁷ *“It is important to recognize that traumatic events do not always result in psychiatric distress; individuals, as well as societies, differ in the manner in which they experience, process and remember events. Thus, distress resulting from a trauma experience is not due to the traumatic event per se, but the response attributed to, or meaning derived from the trauma experience... Accordingly, it is important to differentiate between an event that may potentially cause a trauma response and an individual’s actual response to trauma. It is impossible to predict and irresponsible to assume that a particular event, no matter how (in)significant, will affect two individuals or cultural groups in the same way” (Denham, 2008: 395).*

Heart, 2000, 2003; Duran, 2006; Duran and Duran, 1995; Evans-Campbell, 2008; Stamm et al, 2004), intergenerational trauma can include political, economic and cultural aspects of a traumatic event that does not have to be dependent on a cultural clash. As such, it can be transmitted between generations and individuals within the same cultural group (Stamm et al, 2004).

Equally, *“not all people conceptualize themselves as individuals within a group.”* Still others might derive their identity from a group *“in which the self aligns more closely with the collectivist... than the individualist”* (Stamm et al, 2004: 92). Moreover, trauma symptoms within a group context tend to be individual responses, rather than a group response, as is the case with PTSD, and some people may manifest no reaction while others may be strengthened by the traumatic experience (Denham, 2008; Stamm et al, 2004). Thus, trauma should be considered not only in terms of the cultural aspects associated with particular cultures, but also in terms of *“universal dimensions that apply to almost anyone”* as well as the *“personal uniqueness experienced by individuals”* (Stamm et al, 2004: 93).

On the other hand, the impact of trauma experience has not been extensively investigated in respect of definitions of culture. For example, it has been seen that trauma can impact culture in interactions or conflicts between different cultures - as in the case of colonialism's disruption of an original culture. In these cases cultural trauma involves more than destruction of people or property and *“attacks... essential yet vulnerable elements... language, spiritual/healing practices, or access to public spaces”* (Stamm et al, 2004: 95). However, the trauma impact between opposing subgroups within the same culture can often get overlooked, as in the case of civil war and ethnic cleansing. Such cases are not necessarily historical as the event or events do not need to have taken place in the past. Nor does trauma necessarily have to be passed on between generations since both individuals and cultures can and do recover from traumatic events (Stamm et al, 2004: 96).

A similar distinction needs to be drawn between historical trauma and PTSD. Diagnostic criteria for PTSD include:

...a history of exposure to a traumatic event meeting two criteria and symptoms from each of three symptom clusters: intrusive recollections, avoidant/numbing symptoms, and hyper-arousal symptoms... a fifth criterion concerns duration of symptoms and a sixth assesses functioning. (US Department of Veteran Affairs, 2012a)¹⁸

Yet, standard PTSD definitions do not adequately represent Native American historical trauma for at least two important reasons. Firstly, in so far as historical trauma is “*routinely described as a (context-specific) elaboration of PTSD,*” (Gone, 2013a: 3), it is also described as “*a ‘collective’ phenomenon shared by members of an identifiable group who have experienced deliberate conquest, colonization, or genocide, whereas PTSD remains a disorder of the individual*” (Gone, 2013b: 687). As such, the two constructs are significantly different. Secondly, PTSD derives from a Euro-American epistemology (Stamm et al, 2004: 90) and is thus not a uniquely Native American pathology. Nor does PTSD implicate cultural or colonial continuance, and Littlewood (2002: 14) suggests that perhaps ‘acculturation illness’ might be a more apt characterization for the Native American experience in that it accounts more accurately for the initial genocidal trauma as well as the subsequent political relationship between colonizer and colonized.

Stamm et al’s discussion on cultural trauma describes a model of healing grounded in cultural revitalization and reorganization and speaks to the idea that healing “*strategies that work across all levels of society are likely to be the ones that are the most successful*” (2004: 106). Essentially, this formulation foregrounds different levels of reciprocity between the dominant and the displaced cultures and key interchanges include: (a) culture-specific interventions that privilege members of the displaced culture in negotiating solutions and interventions; (b) the establishment of strategic alliances that facilitate the displaced culture garnering support from the dominant culture – for example, in healthcare initiatives; and (c) extending forgiveness along the lines of South Africa’s Truth and Reconciliation Commission and Gacaca justice in

¹⁸ The proposed DSM-5 criteria declares that “*the prevalence of PTSD will be similar to what it is currently in DSM-IV*” (U.S. Department of Veteran Affairs, 2012b).

Rwanda. Such an approach will, they argue, facilitate access to resources as a means to cultural rebuilding. In part, this also implies that cultural reconstruction and sustainability optimise the positive dynamics of both assimilation and multiculturalism to create new spaces of change and transformation as opposed to upholding the necessity of violence as a form of decolonization (LaFromboise et al, 1993; Stamm et al, 2004: 100-101). For instance, I have drawn attention to examples in Chapter 3 of how Native American cultural identity and cultural value was re-appropriated by the alumni of the IIS.

Brave Heart's formulation of historical trauma similarly asserts the reclaiming of traditional culture through culture-specific inventions as central to the healing process. Traditional culture affords access to the protective factors inherent in Native American traditional practices and ceremonies, thereby establishing a front against abuse and neglect and enables grief resolution and mourning to manifest. By doing so, Native Americans can move forward as healthy and thriving communities (given the significant inter-cultural differences and demographics among tribes), and transcend the implications of victimhood and survivor (Brave Heart, 2010). However, Brave Heart recognizes that historical trauma has also succumbed to presentational distortions within Native American communities about its own historicity and that this has, in some cases, refracted indigenous perspectives that impede the healing claims it aims to promote - a position that other commentators are expressing as well (Denham, 2008; Gone, 2013a).¹⁹

In brief then, these investigations emphasize the recovery of cultural traditions and the integration of traditional healing practices and underline the reclamation of culture and cultural revival as a form of counter-colonial resistance (Gone, 2013b: 697-699).

¹⁹ “...the assumptions of historical trauma research are often presented and accepted as if all social groups experiencing historical trauma, particularly American Indian people, would become prone to dysfunction or exhibit other signs of psychological or social distress. Diagnostic categories frequently compound this tendency by defining social suffering and political upheaval, such as violence, colonialism and poverty, as individual psychological disorders rather than considering social factors and the larger political-economic environment” (Denham, 2008: 393).

They also scrutinize western biomedical and psychotherapeutic ideologies and practices and advocate greater holistic awareness and cultural sensitivity at the level of care delivery and healthcare generally (Archibald et al, 2010; Buchwald et al, 2000; Dapice, 2006; Dubray et al, 1999; Gone, 2003, 2004a, 2004b, 2008, 2009a, 2009b, 2010, 2011; Kirmayer, Gill, Fletcher, Ternar, Boothroyd, Quesney, Smith, Ferrara, and Hayton, 1994; Kirmayer, MacDonald, and Brass, 2001; Kirmayer, Simpson and Cargo, 2003; ; Morse, Young, and Swartz, 1991; Waldram, 1997, 2000, 2008). In doing so, they add weight to the ethno-epistemological voice of Native American scholarship and reinforce the growing impact of Native American agency within the dominant culture's medical and healthcare institutions. This dynamic contributes to the rebuilding and restructuring of cultural and human infrastructure through the revitalization of indigenous American healing practices as well (Duran, 2011; Grande, 2000; Stamm et al, 2004; Waters, 2004; Whiteley, 2008).

Nevertheless, while the emergence of historical trauma as a domain of meaning among Native American populations foregrounds the notion of suffering as a mechanism for reclaiming cultural identity and as a form of resistance in accelerating decolonization, it is a relatively recent field of investigation and is still charting its terrain. Persistent problems remain. Primarily the incommensurabilities between causation, transmission, prevalence, symptomatology, response attribution, and interventions, as well as the complexities generated in determining between distal and proximal links of the historical trauma phenomenon and between its universal and its local and regional components (Brave Heart, 2010; Gone, 2013a; Stamm et al, 2004; Whitbeck et al, 2004).

4.3.3: Historical Trauma and Indigenous Homelessness.

The question of how historical trauma impacts the lived experience of homeless Native American men on the streets needs to be contextualized in this conversation. In one of very few extant studies on the interconnection between intergenerational trauma and indigenous male homelessness, Menzies's (2009) investigation among Canadian Aboriginal nations suggests that although there is no direct causal link there are certain

contributory factors. Chief among which is the breakdown of community structures which must be viewed historically (2009: 601-624). The Aboriginal homeless profile encompasses personal and family experiences with the residential school system; exposure to child welfare and foster care; problematic relationships with immediate and extended family; disconnection from indigenous culture; mental health and substance abuse; and housing and homeless history (2009: 607). Many homeless individuals have experienced traumatic personal or family histories and were removed from their homes into adoption or foster care as children, and the separation from family and community effectively meant that they were also without homes from an early age (2009: 601-611). Others have been homeless following release from hospitals, treatment centres, or prison (2009: 607), while for many others still, homelessness is frequently related to “*historic social policies;*” so much so that on aggregate, the current state of living in shelters or on the streets has become “*a fact of life*” (2009: 612).

Meanwhile, much of the research on trauma focuses on the psychosocial contributors that affect the individual rather than on the systemic conditions that “*perpetuate and exacerbate the individual’s experience... [and do not] ...adequately reflect the Aboriginal experience*” (Menzies, 2009: 604). At the same time, lack of focus on the strengths and resilience of individuals and communities remains a significant oversight when it comes to trauma response (Denham, 2008; Brave Heart, 2011). We should appreciate the fact that there is no ‘quick fix’ and hence, any healing intervention needs to mirror these deficiencies and should include longitudinal and cross-generational approaches that support “*lifelong treatment modules*” that incorporate “*the current range of responses, including housing, health, and social programs... [to reconstruct] ...the links between the individual, family, community, and Aboriginal nation*” (Menzies, 2009: 619-620).

In addition, Brave Heart (2010) asserts that healing can only be comprehensively addressed if the issues around social justice are addressed as well, when individuals are empowered, find a voice, and commit to greater advocacy and to greater

participation in collective cultural efforts, traditional ceremonies, and so on. Meanwhile, Gone sounds a timely yet concerned warning against:

...the essentialist implications that many or most contemporary AIs²⁰ are 'traumatized' - wounded, weakened, disabled - by history... [and that] ...locating the sources of AI distress in past generations displaces vigilant attention - and resultant action - from the ongoing 'structural inequalities' that systematically disadvantage Indian Country today. (Gone, 2013a: 403)

Notwithstanding the above appraisal, existing data on Native American mental illness in urban settings, particularly for men, does not help much. It is either scant, restricted, case- or institution-specific, and inaccessible or non-generalizable; while structural problems exist at the level of research. Historical trauma epidemiology is rooted in the internalization of negative affect, self-hatred and learned helplessness - all of which stigmatize Native American men as negative role models for successive generations. In addition, the urban experience is seen as alien, as a removal from the reservation, and as a continuation of colonial practice. While substance abuse, particularly alcohol, is often constructed as a form of self-medication to protect against ethnic shame, grief for the loss of tradition and to assert group identity, it creates a form of pathological opposition between symptom and treatment (Aragon, 2006: 24-29; Brave Heart, 1999; Evans-Campbell, 2008; Gone, 2003, 2011; Medicine, 2001, 2007; Szlemko et al, 2006; Walters et al, 2002).

However, the question also concerns the boundedness of the meaning of identity as well as the meaning of the illness and healing experience of homeless Native American men, and the extent to which it shapes both Native American male marginalization and notions of self-image, cultural identity and self-determination. This perspective is closely connected to the colonial discourse of U.S. federal government-Native American relations and the urban relocation and assimilationist policies from the early-1800s and beyond. It also aligns with stereotypes that underpin meanings of Native American masculinity and identity while provoking questions about the parameters of

²⁰ i.e. Gone uses the abbreviation AI to denote American Indians.

cultural revitalization given the extent of cultural loss that has occurred (Biolsi, 2005, 2008; Dippie, 1982: 171-176; Gone: 2003, 2004b; Hertzberg, 1971; Holm, 2007; Lear, 2006; Strong, 2008: 343; Thornton, 2008; Walters, 1999; Witko, 2006a: 6-7, 2006b).

The notion that Native Americans are investing heavily in cultural reclamation and cultural reinvention as an overall healing strategy and as a form of political self-determination is something that I observed on many occasions during my stay in the U.S. Much of the literature also reinforces this, and the phenomenon should no longer come as any surprise. However, on several occasions during my fieldwork I encountered moments when this was not the case. In one instance, I met a NAHOC's client who had no idea to which tribe she belonged and had no way of establishing this since both her parents were deceased and, apart from a sister in similar straits, there were no other family connections through which she could link up to her indigenous genealogy. This led me to wonder about the limitations or misrepresentations of over-relying on cultural reinvention as a way of salvaging a sense of cultural identity, particularly if such reinvention itself relies on a negative conditioning of social memory and the conflating of other non-culturally specific social and economic disparities that many communities other than homeless Native American also endure. Such a process raises questions about sub-cultures of exclusion and contests the degree to which individuals need to be culturally invested in order to claim legitimacy, and, ultimately, who determines what such parameters might be.

Hence, in spite of the fact that historical trauma remains a compelling explanatory model for the contemporary Native American illness experience in specific culturally bound terms, I am inclined to agree with Gone's concern that it risks essentializing all Native Americans in terms of a particular pathological identity (2013b). Moreover, it tends to conflate trauma categories, and does not account adequately for health disparities and social suffering that have their roots in the structural and systemic inequalities that are the result of modernity (Kleinman et al, 1996; DelVecchio Good, 2013; Lester, 2013; Stamm et al, 2004). Consequently, it overlooks the inherent strengths of Native American recovery capability such as, for example, in the intergenerational narratives of resilience as opposed to those of suffering (DeGruy,

2005; Denham, 2008); and it does not optimise opportunities to appropriate resources and elicit support from the dominant culture or to enter into productive coalitions (Grande, 2000; Stamm et al, 2004; Scwarz, 2013). If it did, it could facilitate the construction of healing as a set of productive adaptive strategies that would accommodate the heterogeneity and diversity of tribal identities, whether urban or reservation based, alongside public and private health service provision.

4.4: Conclusion

U.S. federal Indian policy in the 1950s led to the rapid emergence of an urban Indian population, and, consequently, Indian healthcare policy, resourcing and reform since the beginning have been unable to keep pace with the real needs of this emergent demographic. The I.H.S. was originally set up in 1955 to cater for the healthcare needs of reservation communities. It has never had the financial, technological or human infrastructure to accommodate the demands of urban communities and, until the signing of the PPACA in 2010, was not mandated to serve these communities either, which in 2010 represented over seventy percent of the total Native American population in the U.S. (US Census Bureau, 2014b). The problem is further complicated by virtue of the fact that urban Indian identity itself remains a fluid category with considerable migration between cities and reservations.

On the other hand, when compared to other population groups in the U.S., Native Americans experience significantly greater health disparities with proportionately less access to healthcare services. This deficit has a knock-on effect on how the I.H.S. provides its services at the same time that the gap in healthcare provision and health disparities between I.H.S. clients and the rest of the general population continues to widen. Urban Indian healthcare remains a neglected domain as a matter of course with inevitable implications for homeless Native Americans.

Lack of housing is not a healthcare issue, yet many homeless Native individuals most probably would not suffer from many of the health problems that they do as a result of being on the streets. However, this aspect poses different problems with different

questions about housing policies and resource management that add another layer of complexity to the question of healthcare for the homeless. I look at some of these issues a little more closely in the following chapter when I investigate the work of local agencies in Salt Lake City.

On the other hand, when one looks at the health status or pathological profile of Native Americans in terms of the historical trauma explanatory model, the difficulty one encounters is that, as Davis points out, people will explain their experience of suffering from the 'repertoire' of available cultural explanations. Consequently, a culture's ability to cope with suffering depends on the extent to which social practices in response to suffering exert pressure on its social framework (1992: 155). In other words, there is the risk or tendency of over-relying on a conceptualization that does not accommodate adequately categories of suffering that have their origins beyond the cultural metaphors of the model in question – in this case, historical trauma – and therefore, one needs to expand existing explanatory models or develop a different set of metaphors (DelVecchio Good, 2013; Lester, 2013).

In this chapter, I have outlined some of the more important conceptual elements that frame the urban Indian healthcare landscape and the Native American formulation of historical trauma. The review has been necessary to contextualize more comprehensively the structural, systematic and community-based efforts to address the dis-emplacement and the social suffering that homeless Native Americans experience in urban environments.

In the next chapter, I look at these intersections in greater ethnographical detail and explore the social distribution of the illness and healing experience as it affects the local homeless Native American population in Salt Lake City and the work of the local agencies that provide healthcare and housing assistance and support to this demographic.

CHAPTER 5: “We’ve killed off the medicine men and all the Indians are ill.”¹

Someone on the reservation said, “Our medicine people are gone, they have no more medicine, the last one died.” I got up and said, “We still have medicine people. The problem is, we don’t believe in them. They are here, but we, for whatever reason, don’t want to believe in them.”

(Native American Presenter at SAODD, June 2012)

Because healing is a by-product of the restoration to harmony, the root cause, rather than the recurring symptoms of an illness, is treated.

Griffin-Pierce (1992: 35)

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5.1: Introduction

In the previous chapters, I have looked at how Native American notions of personhood, identity, and wellbeing are deeply rooted in a culturally and spiritually embodied sense of place that includes strong affective bonds with family, community, and cultural resources and that the Native American experience of suffering results from the disruption of this connection. Moreover, I have argued that for homeless Native Americans the experience of suffering, dis-placement and alienation manifests as the result of an extreme form of such a rupture - so much so that *“the depths of pathology are completely unrecognizable in the standard categories that we use to describe them.”*²

In order to contextualize these claims, in Chapter 2, I considered how NAHOC, through its memorial service, attempted to mediate its clients’ experience of suffering through the recognition and acknowledgement of the shared suffering, loss and absence of others among its community. Whereas, in Chapter 3, I looked at some of the correlations between the experience of personal and cultural loss and the efforts to mediate such loss through adaptation, resilience, and cultural regeneration in the face

¹ Interview with JH, Salt Lake City artist (26th July, 2012).

² Napier, personal communication.

of change experienced by the IIS alumni. In each case, I analysed how sense of place and collective memory were symbolically represented and reconstituted through the spatiality of specific sites. In the first instance, it was through the use of the public space of Jordan Park in Salt Lake City and, in the second case, it was through the location, architecture and physical landscape of the IIS in Brigham City.

The central premise behind these claims rests on the assumption that being able to have some say over living a 'good' life and, by extension, dying a 'good' death constitutes a central part of the accountability, validity, moral purpose, and efficacy of the healing experience. Earlier it was seen that, for most Native Americans, the prerequisites for leading a good life include adherence to certain cultural and spiritual practices, such as following the advice and teachings of the elders, honouring one's ancestors, fulfilling one's spiritual obligations, following ceremonial restrictions, leading a life of moderation, looking after one's body, being industrious, and so forth (Schwarz, 2008: 84-89). To follow these behaviours and practices establishes the efficacy of healing as a form of cultural validation and as a restorative and transcendent moral and cosmic framework. By logical extension therefore, not to follow these prescriptions means that one risks leading a 'bad' life and dying a 'bad' death.

While I continue to develop these themes as part of my argument, in this chapter specifically, I return to consider in more detail the correlation between the extreme dis-placement and the degree of social suffering that urban homeless Native Americans experience, and the efforts to help them on the part of the independent agencies that work with the homeless community in Salt Lake City. Drawing on data from my field notes and interviews with informants, I describe two ethnographic cases to contextualize this interaction in its local settings. In addition, I present an appraisal of the *American Indian* section of the 2012 conference on alcohol abuse hosted by the University of Utah's School on Alcoholism and Other Drug Dependencies (SAODD), which I attended as a visiting researcher.

The two case studies address similar, but separate, episodes that affected two of SHONA/NAHOC's homeless male clients, and explores the complex and sometimes

ambivalent relationship of care that exists between these organizations and their clients. The first episode occurred during a group session I attended at the NAHOC Centre, and the second was part of an outreach session that I spent with the Street Medicine Clinic's (SMC) mobile outreach team. On both occasions, I was present in my capacity as a participant and invited guest. Meanwhile, the *American Indian* section of the SAODD conference provides an example of the efforts on the part of the wider Native American community to address substance abuse specifically as one of the more critical dimensions of suffering that afflict many of its members across the country.

The case studies highlight two significant areas of particular relevance which I investigate in some detail here, and I have structured the chapter accordingly. Firstly, they offer a valuable insight into some of the central issues that surround the phenomenology of homeless Native American social suffering, of the daily lived experience of the dis-placement of some of these individuals. This part of the investigation draws attention to some of the difficulties homeless Native Americans experience in trying to navigate their street identities and how this, in turn, compounds their inability or unwillingness to reclaim their Indianness and therefore to reclaim a meaningful sense of self that will enable them to lead 'good' lives in accordance with traditional cultural criteria. At the same time, the cases are also reminders that many of these individuals often fail to achieve these ends.

Secondly, the case studies provide unique examples of the collective, alliance-based interventions of the local non-profit organizations which work with the general homeless population in Salt Lake City, including the homeless Native American community. These interventions highlight aspects of the positive work done on the part of these agencies to alleviate the suffering and ameliorate the living circumstances of their clients, given that their double marginalization makes them particularly difficult to reach and their suffering incomprehensible to those who cannot conceive of the profound nature of what it means to be so culturally dis-placed. Yet, they also underline the intractable dilemma that these third party organizations face insofar

as their efforts run the risk of entrenching the suffering they aim to relieve and thus, run the risk of eroding the reciprocity on which the healing transaction depends.³

As I hope to illustrate shortly, this notion of reciprocity and exchange – or the absence of it - is of critical importance with regard to the nature of the healing experience of the homeless Native American population.

5.2: Ethnographic Cases.

5.2.1: Case 1. - Stanton's Illness Episode – NAHOC Group Activity.

Stanton's illness episode occurred in mid-April, 2012, that is, between my attending the NAHOC memorial service in Jordan Park and my visit to the Intermountain Indian School in Brigham City (Chapters 2 and 3, respectively). By this stage, I was spending several hours a week participating in NAHOC and SHONA homeless activities or helping with various outreach work, usually spending a day each on both projects. I also participated in some of SMC's street medicine work and was sitting in regularly on the network's weekly briefing meetings.

Typically, NAHOC's clients would come into the offices early in the morning for some respite, camaraderie, and to avail themselves of the kitchen facilities and toilets. They would participate in any activity that was on offer on the day, if it appealed to them. If not, they would stay for a short while, have some food and then drift off back to the streets. It was not unusual that there would be a lot of traffic between the conference room and the kitchen, as these two rooms constituted the main social hubs for NAHOC's clients, and individuals would usually gravitated towards the kitchen between activities to prepare snacks or more elaborately cooked meals and bring them into the conference room for the rest of the group to share.

³ Nevertheless, the work of these agencies could have longer-term beneficial implications in terms of advocacy as well as for the social organization and distribution of care for homeless populations generally across the U.S. – especially when it is contextualized within the framework of the wider healthcare discourse nationwide.

On this occasion, the group had just completed a creative writing activity and people were settling down around the conference room table to watch a movie that Kingston had chosen from NAHOC's DVD library. Wylie sat at the far end of the conference room table, earphones plugged in, working on a large ball-point pen drawing, and Jack had been in the kitchen frying up large platefuls of meat that he would bring in to the group periodically.

The movie had been playing for about ten minutes when Stanton fell forward onto the table, giving me the impression at first that he had dozed off. He had, in reality, fainted and we soon realized that this was something quite serious. Wylie, who was sitting closest to Stanton, reacted first and tried to lift his head. One of the other clients called Annabel and Ivy,⁴ who ran over to get medical help from SMC's surgery two doors away in the same building. Meanwhile, Wylie and I helped to lay Stanton on the ground while someone brought a pillow to put under Stanton's head. Within a matter of minutes, four medical staff from SMC appeared – Dr. C., her medical assistant, and two others - and immediately attended to Stanton, who was beginning to revive. During the course of her diagnosis, Dr. C., engaged Stanton with a series of questions and reassurances about his condition and explained to him what she was doing. At the same time, she instructed her assistants to get backup and call for an ambulance while she asked the rest of us to clear some space and to move out of the conference room.

Very shortly after it had been called an ambulance arrived and some eight to ten paramedics from Salt Lake City's Fire Department entered the conference room with their equipment and relieved Dr. C.. With military-like efficiency, they very quickly got Stanton onto a gurney and had an intravenous tube in his arm in preparation to transport him to ER. Like Dr. C., the principal paramedic who attended to Stanton also reassured him and kept him informed about what they were doing. At one point during these proceedings, I overheard Gloria talking to Annabel about an invitation she had received to attend a peyote ceremony that coming weekend. Although the comment

⁴ SHONA's Outreach Program manager.

went by virtually unnoticed, it did introduce, even if only obliquely, a reminder of Native healing practice into what had become momentarily the performance space of a hyper-efficient biomedical healing operation.

Stanton was clearly still disoriented and was mumbling about being cold and worried about having lost his cap. It transpires that he is diabetic and is in and out of hospital quite frequently. He is obviously well-informed about the medical facts of the disease and of his condition, and in this instance he was answering all the questions put to him with what seemed to be a routine familiarity. Given his state of confusion at that moment, I was surprised at how articulate he was with his replies.

Meanwhile, Dr. C. suspected that Stanton was going through partial alcohol withdrawal symptoms and said as much to Annabel. Yet, when both Dr. C. and the paramedic asked Stanton if he had been drinking recently he denied this, claiming that he had last had a drink some days previously. However, once he had been wheeled away, N. mentioned to Annabel that a group of them had been together drinking the previous evening and that Stanton had gotten quite drunk.⁵ This information clearly annoyed Annabel considerably as she felt it would have been in Stanton's interests for the paramedics to know this fact. Yet, N's unwillingness to make this disclosure to either of the medical professionals who attended to him earlier, suggests a deeper underlying motivation which makes me inclined to attribute it to some form of expression of solidarity with Stanton. On the other hand, N's reluctance may also have been conditioned by a sense of shame or guilt or, perhaps, even subterfuge – or a combination of the three. Nevertheless, after the clients had left at the end of the session, Annabel, Ivy and I related the morning's incident to Cori and Bob. Annabel was quite shaken by it because apparently the last time someone had collapsed on the NAHOC premises, the individual had died a few days later when he went on a drinking binge.

⁵ Mouthwash was the predominant source of alcohol among the homeless Native community in Salt Lake City, although I occasionally encountered individuals drinking vodka and beer as well.

Once Stanton had been taken off to hospital we went back to watching the DVD. Meanwhile, Jack came into the room with trays of fried meat he had prepared and set them on the table for everyone. He had been cooking in the kitchen during Stanton's episode and consequently missed it. As the rest of the group filled him in on the details, he told us about an occasion when he had been hospitalized after collapsing from a drinking binge and how he had boasted to the doctors he was only on his third bottle and had one more to go. The anecdote is noteworthy for Jack's attitude towards alcohol, authority and the system, and his peers. At the time, it seemed as though Jack was using this bravado as an individual coping tactic, and as a way of communicating a sense of masculine self-esteem. However, I came to learn that it was also a fairly common behaviour pattern among many of the homeless individuals I subsequently met during my fieldwork.⁶

The following day, I was scheduled to accompany Gemma on her mobile outreach rounds and I arrived at the NAHOC offices to the familiar cooking smells emanating from the kitchen where a group of clients were busy making themselves breakfast. To my great surprise, Stanton was there as well – evidently having recuperated sufficiently to have been discharged from ER - and, in reply to my question as to how he was feeling answered with a distracted and lacklustre 'okay.' Other than that, it seemed that things at NAHOC had normalized after the previous day's incident and that elsewhere on the premises, people had returned to their routines, including Wylie who was back at work on his drawing, headphones plugged in and oblivious to his surroundings.

However, when Gemma and I returned from our round later that afternoon, a somewhat flustered Annabel mentioned that the NAHOC's morning session had been oversubscribed. There had been too many clients being too unruly and demanding too many things other than food, so that she had sent them out to wait for the outreach van (i.e. for Gemma and myself). This explained, in part, why there had been more NAHOC clients than usual waiting for us in the early afternoon at one of their preferred

⁶ See Snow and Anderson (1987: 1336-1371, 1993: 223-228) on 'identity talk' and other identity construction strategies the homeless use to forge meaning for themselves on the streets.

outreach hotspots near the Central Library, and I was again surprised that Stanton was there waiting to collect handouts. This time it took him a while before he recognized me as “*the guy from England,*” and I realized from the smell of alcohol on his breath that he must have been drinking at some point after Gemma and I had left him at the NAHOC offices in the morning.

Viewed as an example of the correlation between the extreme dis-emplacment and the degree of social suffering that urban homeless Native Americans experience in Salt Lake City and the efforts on the part of the local agencies that work with homelessness to address this suffering, Stanton’s case reinforces a number of the central themes of I have so far attempted to highlight in this study.

On the one hand, it serves as a stark reminder of the perennial problems and difficulties of how negotiating one’s street identity interferes with trying to reclaim one’s Indian identity – whether through unwillingness, inability, or the guilt and shame that accompanies (or forms part of) one’s dysfunctional agency (O’Neill, 1996: 156). In this case, the dilemma is conveyed through the undertones of resistance demonstrated in a number of examples from the morning’s events. The first example of these was Stanton’s denial and evasiveness about his recent drinking. The second example came with N. contradicting Stanton when she disclosed to the rest of us that he had in fact been drinking heavily the previous evening. Jack’s previous episode and his response to it is yet another similar example and, alongside Stanton’s, indicates that these incidents are recurrent, if not frequent, and that they are usually self-inflicted or self-induced. Finally, and perhaps the most serious example is the fact that Stanton’s was back drinking again the following day as though nothing had happened.

On another level, if the episode is interpreted in terms of the indigenous healing idiom looked at so far, then the behaviour and attitudes just described can be seen as a form of dishonouring one’s reciprocal obligations – in this case, in particular - to the living and to the entities and relationships of this world, as first identified in Chapter 2. For instance, there is the wilful disregard for the tenets for living a meaningful life, of being sober, of looking after one’s body, and so on. On the other hand, there is the

shame of bringing discredit to one's family, community, cultural values and spiritual beliefs. One of my informants, John, a college professor involved in Native American studies in Utah, commented on this theme in an interview:

...you know, the shaming thing... families are important. Families are strong; family identity and the type of person you are is reflected by how you act, and in the old days, the kind of herd of sheep that you had, how well it was taken care of... how did you handle the whole economic side of that, said a lot about your family... And when you have arranged marriages, where you're going to go ahead and... select a wife for your husband, or the opposite ... the potential wife, the family is looking... you know, is this person... do we really want to marry this spouse, and so forth. It's a family thing... it says who you are as a family. So, if you're going to be a bum, you're not accepted.

...a lot of the times the grandmother, in particular, usually carries a big stick, figuratively speaking, in relations... will get on your case... "[D]on't be stupid, we're not like that... us Begays do not do that type of thing. You need to get straightened up... and work hard, and do what you should do... live the way you should live." And so... the person who is wandering around in the park doing drugs and that kind of thing, is more than just him, it's his family... that becomes the, "you are not living right, straighten up, get with it." That type of thing. So that might very well be part of the shame...

From the clients' perspective the NAHOC premises are and remain a reliable, safe, and accommodating therapeutic space where they have the freedom and autonomy to express themselves and to share in the benefits on offer (Wendt and Gone, 2012; Wilson, 2003). In this sense the clients have a unique healing relationship with the NAHOC/SHONA/SMC network; and in times of crisis, as with Stanton's case, NAHOC is also well-positioned to draw on an extensive and effective network beyond its own immediate capabilities. Clients know this and avail themselves of these exclusive advantages. On the other hand, clients might not see themselves as having alcohol- or substance-related problems, as both Stanton's and Jack's attitudes suggest, and will present "a façade of openness to the agency's ideology" so as to keep in NAHOC's good books and access services and amenities (Snow and Anderson, 1993: 288).

Meanwhile, as far as NAHOC, SHONA and SMC are concerned, undoubtedly the efficiency of the treatment Stanton received attests to much of the uniqueness and

strength of this community of care towards its clients. Yet, there are a number of moral ambiguities that face the network. Chief among which is the sense that there is no expectation by either party - the network or the client - that the client will commit to healing or sobriety, and so forth; or that the network, for its part, can provide anything more than temporary respite. If anything, there is resignation from both sides. Stanton will – and does – return to drinking, and the network will continue to help its clients unremittingly. However, as Griffin-Pierce reminds us (1992: 36), within the indigenous healing idiom, the onus is on the patient to play an active part in his or her healing, otherwise he or she dishonours their reciprocal obligations, including in this case, to the NAHOC network's care-givers.

Meanwhile, the agencies and the biomedical system are implicated in perpetuating the vicious circle and, unlike the underlying premise in traditional healing that is designed to treat the cause or causes of the affliction, here only the symptoms receive attention (Griffin-Pierce, 1992: 35-36; Walters et al, 2002: 112). Moreover, this imbalance extends to the power relations surrounding the healing contract of this incident as well. The fact that we are dealing with a biomedical intervention here, places control over the healing transaction in the hands of Dr. C. and the paramedics, and takes it away completely from Stanton (Schwarz, 2008: 98). This might explain, in part, why he and N. withheld the information that they did, since it was the only means they had at that moment to retain some form of control in the exchange – irrespective of how tenuous it was.⁷

Finally, the episode was not a one-off, as both Jack and Annabel attest, and the consequences for the client might have been more serious on this occasion.

⁷ During an interview, Cori offered an illuminating reflection of ER staff attitudes to homeless Native patients who are brought in and whom they suspect have been drinking: *“I’ve experienced it in the ERs, the emergency rooms when I’ve had to take Native clients there. I mean, if they even have a hint of alcohol they won’t look at anything else, they just assume that’s what it is, and the whole attitude changes.”* Awareness of this attitude may have had some bearing on Stanton’s denial.

Stanton was in his late-30s-early-40s, and obviously well-liked by the NAHOC community (peers and staff alike) as well as by the rest of the homeless Native American street community. Over the next few months I saw him a number of times, either at NAHOC or at various drop spots during outreach rounds. When at NAHOC, he was quite often nursing a hangover and consequently not very communicative. When on the streets, he and his street buddies were usually heavily intoxicated, and on at least one occasion that I saw him in Pioneer Park, he was passed out.

This was a fairly typical behaviour pattern among most of the homeless Native men I met in Salt Lake City (irrespective of whether or not they were NAHOC clients), and Jack, Wylie, Ranger, Fred all displayed similar behaviours at one time or another during my involvement with them. Meanwhile, it is perhaps noteworthy that the individuals who did not associate with NAHOC and with whom I interacted during my outreach rounds were the ones who demonstrated the most excessive and sustained behaviour in this regard. In their case, the question remains as to how they were negotiating the double bind of their identities, as surely they must have been.

5.2.2: Case 2. - John Knox's Illness Episode - SMC Outreach – Monday, 9.7.2012, 8.00am-4.00pm.

I arrived at the SMC's offices slightly before eight a.m. to meet with Bob and Nathan, two of SMC's key medical outreach team members. Bob has worked as an interface for SMC and SHONA for over seventeen years, and has spent most of this time on the streets attending to the whole gamut of homeless client needs. He is well-known and respected for his engagement with the homeless community in Salt Lake City and is occasionally covered by local newspapers for his outreach work. Meanwhile, Nathan has been with SMC for the last five years, and was responsible for setting up SMC's mobile outreach unit which has since evolved into a full time service. As a physician assistant and SMC's medical outreach provider, he is qualified and authorized to examine, diagnose, treat, and to prescribe and dispense medications. The plan for the day was for me to offer support to the two of them on their street medicine outreach

round, and it was agreed between Bob and Nathan that I would accompany Bob in the morning and Nathan in the afternoon.

Usually, SMC's outreach procedure followed one of two approaches, and sometimes a combination of both. A typical day would consist of attending to pre-arranged appointments with clients at agreed street rendezvous around the city. These appointments were usually referrals by SHONA or the other homeless organizations' case managers; or clients themselves would have phoned in requesting a meeting. Sometimes the police or fire department referred clients as well. The second approach involved responding to emergencies or to *ad hoc* needs while the team was out on the streets.

Bob spearheaded the early morning briefing meeting. He emphasized that the focus of the day had to be on tracking down John Knox, and the rest of the day's outreach work would then gravitate around this objective. There was some urgency in the matter as John was a couple of signatures away from moving into housing and, as I understood it, due to demand there was a time limit on how long a residence or accommodation would be held for a client once the original application had been accepted and processed. In John's case, this was due to expire within the next day or two. The matter was complicated by the fact that John had gone off the radar at this critical time and it meant that if he missed this round, he would forfeit the offer and would have to go to the back of the queue where it could take another six months or longer before his application for housing would be reconsidered. Homeless housing policy in Salt Lake City is determined and regulated by the U.S. Department of Housing and Urban Development (HUD), while SMC, SHONA, NAHOC and the other partnering organizations' jobs are, in essence, to manage policy implementation.⁸ Under the circumstances, I was not surprised at Bob's sense of urgency.

⁸ HUD offers a range of homeless assistance programmes nationwide. These include continuum of care, emergency solutions, Veterans supportive housing, and federal surplus property for use to assist the homeless. For example, in the case of surplus property, "*HUD collects information from federal agencies about their unutilized, underutilized, excess, and surplus properties and determines which are suitable for use to assist homeless persons. The decision is based on information submitted by the agency controlling the property. Every Friday, HUD publishes a Federal Register notice listing the available*

John Knox is an old SMC/SHONA client and has a long history and relationship with the organizations, including SHONA's Detox Center. He has developed quite a reputation among the various organizations as a likeable rogue who is prone to regular cycles of heavy drinking, and frequent sojourns in and exits from housing (or homelessness). He is from one of the south-western Great Basin tribes and in his mid-50s. He is a short, fairly squat man with greying hair, and Bob suspects he suffers from chronic 'organic brain syndrome'⁹ induced over years of relentless drinking. Although I did not have much to do with John directly during my fieldwork, I had seen him on a few occasions before the day's episode. On one of these, he was sitting on his own on a bench in the gardens in Washington Square nonchalantly drinking mouthwash – distinctive in its yellow-orange colour and from the shape of the bottle.

That morning, Bob's strategy was to drive along the outer reaches of Salt Lake City's homeless 'perimeter' in the hope that we would find John at one of the known Native American homeless hangouts. This entailed a fairly long and unsuccessful trip that took most of the morning. However, we did take the opportunity to stop and check in with another of Bob's regular clients, HD. HD is in his early sixties, suffers from psychotic episodes, and does not want to be indoors as a result. He needed to speak to social services to get his social security papers sorted out and Bob had set up a phone appointment for him to do so. Bob also offered to take HD to get a haircut but he declined.

property. States, local governments, and nonprofit organizations apply to the Department of Health and Human Services (HHS) to obtain the property” (HUD, 2014b).

⁹ Organic brain syndrome is: “*A transient condition following the administration of alcohol or other psychoactive substance, resulting in disturbances in level of consciousness, cognition, perception, affect or behaviour, or other psychophysiological functions and responses*” WHO ICD-10 Classification of Mental and Behavioural Disorders <http://www.who.int/classifications/icd/en/bluebook.pdf?ua=1> [Accessed: 8.3.2015].

Bob's view here echoes Cori's opinion of Fred in Chapter 2 and reflects a similar bias.

As we cruised the streets during the course of the morning, Bob and I discussed a number of homeless-related topics, including SMC, homeless access to Medicaid and Medicare, Native Americans and alcohol abuse, how Bob got into this line of work, and Bob also commented on the strain on resources that doing such work entails. This latter point is clearly something about which SHONA/SMC personnel have strong feelings. On several occasions during my involvement with the network, Bob, Jimmy, and Gemma had all independently drawn my attention to a report on the “*million dollar homeless patient*,” an account of a chronic alcoholic homeless patient in his late 60s in Solano County, California, who racked up over \$1 million in medical charges while living on the streets.¹⁰

In the afternoon, Nathan and Bob exchanged places, and we continued to trawl Salt Lake City’s streets in our search for John. DG, one of SMC’s board members,¹¹ joined us as an extra pair of hands, and the afternoon followed a pattern similar to the morning’s session. However, Nathan had a few other appointments set up and we attended to these as well and, in the midst of all of this, we also dealt with an emergency call.

A sampling of the appointments included visiting a small community of homeless men living under a bridge on the west side of the city. One of their members, BS, a frail-looking, middle-aged man is in line for abdominal surgery and Nathan needed to check in on him. A, a non-ambulatory client in assisted housing and suffering from acute anxiety wanted a private interview with Nathan and so DG and I waited outside the apartment while Nathan attended to him. We also checked up on HJ, whom we spotted in Liberty Park, south-east central Salt Lake City. I had met HJ skulking under

¹⁰ The full report can be found at:
<http://www.reportingonhealth.org/resources/lessons/million-dollar-homeless-patient#>
[Accessed: 1.12.2012]

¹¹ In my experience of doing outreach with both SHONA and SMC, it was not unusual for the organizations’ board members and their invited guests to participate as volunteers.

a bridge on a previous outreach round with Gemma. He is a solitary young man given to acute psychotic and delusional episodes involving political conspiracy theories.

Yet another chance encounter was with a SHONA client who was on his way to getting some housing documentation processed, and was particularly pleased that he had found housing so close to downtown. His parting comment to us was that he was getting too old to be living on the street.

The emergency call we responded to involved SJ, a walk-in client at SHONA's Detox Center. SJ was suffering from acute hypertension as a result of a prescription medication overdose. His blood pressure was disconcertingly high and so Nathan changed his mind about giving him further medication, opting instead to call for an ambulance to take SJ up to the University's hospital for further observation. He was clearly distressed and remorseful as he related this to us. Nevertheless, he took some reassurance as Nathan put him at his ease, and we sat with him until the ambulance arrived.

Meanwhile, our search for John Knox continued to be unsuccessful, and by the end of the afternoon we had given up and were returning to base when, as luck would have it, we spotted John passed out on a grassy embankment across from Pioneer Park. This was literally half a block away from the SMC offices to the west and half a block away from the liquor store in the other direction. The three of us eventually managed to get John into the SMC van and drove him down to the Detox Center, some five blocks due south from where we found him. At Detox, we needed a wheelchair to get him in to the building.

Three days after having dropped John off at Detox, and while I was on another round of outreach work with NAHOC, I caught sight of him outside the SMC offices talking to one of the staff members. From where I sat in the van as we drove past, John looked none the worse for wear.

As a commentary on the dis-emplacment and suffering that urban homeless Native Americans experience in Salt Lake City, alongside the healing work done by SHONA/SMC network, John's case has much in common with Stanton's. On the one hand, it illuminates the operational nature of the work the organizations do and the services they provide, of the proximal relationship between the staff and outreach crews and their clients, of the extensive terrain they cover, the issues they deal with, and the diversity and of their clients and the degree of their suffering. Overall, there is a clear idea of the fully-integrated model of care that the network provides at ground level, and it builds on the SHONA and NAHOC profiles I have looked at earlier and in the preceding chapters.

On the other hand, one continues to be reminded of some of the more intractable and problematic aspects of the engagement. As with Stanton's case, the moral question persists with regards to the healing outcomes from both the client and from the caregivers – as does the question of control over the healing process. Can these organizations really understand the suffering of their Native American clients, especially in terms of the deeper underlying cultural dimensions and idioms as they pertain to the healing transaction as I have attempted to present it? If not, are the network's efforts, therefore, nothing more than a band aid solution that treats the symptoms or epiphenomena of a deeper more indeterminate problem? Or, ultimately, are the clients themselves already too alienated from their cultural wellsprings (or too indifferent) to be able to reclaim any sense of wellbeing from the healing on offer? I return to consider some of these themes more closely later in the chapter - under the rubric of local interventions in Salt Lake City.

5.2.3: Case 3. - University of Utah’s School on Alcoholism and Other Drug Dependencies 2012 Conference.¹²

From 17th through to 22nd June 2012, I was invited to attend the *American Indian Group Section* of the University of Utah’s School on Alcoholism and Other Drug Dependencies (SAODD), held on the University’s campus. While the SAODD conference makes no explicit reference to the alcohol-oriented world of homeless Native Americans, it situates the conversation and the impact of alcohol on indigenous social suffering within the socio-cultural and political economy milieu as a factor that affects all Native American communities. It also aligns it within the wider political and moral economy of American society in general and provides a valuable perspective on my investigation.

SAODD is a division of the University of Utah’s School of Medicine, and was founded in 1952 “*to provide training on the latest methods and techniques in the field of substance abuse education, prevention and treatment*” (University of Utah, 2008a). It runs a week-long conference annually and according to SAODD director, Stephen R. Sheppard, each year “*700-1,000 attendees and 150 lecturers and staff gather at the University of Utah to share knowledge, be renewed, and network with other experts in the field*” (University of Utah, 2008a). Attendance is from across the U.S., and includes international representation as well. The conference format is a mixture of general and specialist group sessions aimed at professionals and students in the field, including substance abuse and rehabilitation counsellors, treatment centre personnel, clinicians, doctors, nurses, and other medical personnel, public health administrators, members of the legal professions, community leaders, and families. General sessions focus on current issues and trends in substance abuse education, prevention, and treatment, while group sections provide dedicated and specialized programmes for working effectively with substance abuse problems in various disciplines and areas. These cover a wide range of interests, including treatment and rehabilitation; community prevention;

¹² I have compiled this case principally from my notes taken during the various conference presentations. The account is supplemented by conference handouts and related websites.

recovery support; relapse prevention counselling and, in this case, Native American culturally specific perspectives.¹³

The *American Indian Section* of the programme¹⁴ consisted mostly of presentations, with some limited interactive work (including a talking circle), mainly aimed at counsellors working in the field, and were facilitated by Native American as well as non-Native experts. The daily programme was divided into two morning and two afternoon sessions, and topics covered generic areas of alcohol abuse management, current research, and recent developments in contemporary Native American approaches. In particular, these focused on different aspects of the Native American experience of alcoholism and sobriety, Native spirituality and healing, as well as latest trends in the general substance abuse treatment and prevention environment in the U.S. Central themes included cultural sensitivity, cultural brokerage and cultural alliances; resistance and paradigm clashes; recidivism; intergenerational behaviour pattern transmission; wounding and healing narratives and metaphors; and more. Participants were predominantly Native American and representative of a number of different tribes from across the country. On average, some thirty individuals participated daily throughout the week, with roughly the same ratio of men to women. Most of the attendees were involved in some form of Native American substance abuse counselling or administration. Many came from alcohol abuse-related backgrounds and were open and frank about their experiences in the various discussions we had during the conference.

¹³ The full list of specialism listed on the conference's official programme are: American Indian; Dental; Drugs: Treatment and Rehabilitation; Education and Community Prevention; Nursing; Pharmacy; Physicians; Professional Treatment; Recovery Support; Relapse Prevention Counselling; Substance Abuse Overview and Current Issues; Vocational Rehabilitation; Ethics Training (University of Utah, 2008b).

¹⁴ See Appendix 5 for a copy of the programme. The Salt Lake City Native American community also provided a traditional music and dance performance as the conference centrepiece on the evening of the second day.

In the following brief outline of the main sessions of the *American Indian Section* of the conference, I focus on the presentations given by the Native American experts in order to foreground the indigenous voice of the conversation.

Day 1: The main session of the day looked at an I.H.S. sponsored local approach to substance abuse treatment and care in a reservation setting as a model for Indian Country. The session was led by the clinical director of the Ute Indian Substance Abuse Prevention Program (UISAPP), and addressed youth-oriented community education and drug and alcohol abuse assessment, as well as prevention, intervention and outpatient treatment strategies. Conflicts of interest surrounding tribal enrolment and tribal politics; top-heavy bureaucracy; administrative disorganization; and outsourcing of treatment (much of it to non-Native agencies) were identified as major obstacles to intervention efficacy and efficiency.

As a response, the UISAPP initiative has placed the client and regaining client trust at the centre of its operations and it has rationalized much of the past bureaucratic inefficiency by centralizing and streamlining operational procedures, by setting up a database, by emphasizing and realigning cultural awareness and cultural attitudes, and by promoting positive sober behaviours. It adopts an eclectic, cross-cultural treatment and intervention approach that optimizes both traditional practices and western modalities. Examples of interventions include dialectical behaviour therapy, Native American nuanced evidence-based cognitive therapy, sweat lodges and ‘therapeutic ceremony.’ The programme is designed to fit in with the I.H.S. five-year strategic plan for mental and behavioural health (DHHS, n.d.; DHHS, 2011) to optimise cultural renewal, resilience, community assets, and empowerment through community mobilization.

Day 2: The first session of Day 2 was facilitated by a Christian pastor, psychologist and motivational speaker of Native Oklahoma ancestry, and focused on strategies and techniques that counsellors who work with Native American clients might use to guard against ‘compassion fatigue’ and burnout. These centred on looking after one’s physical and spiritual wellbeing through diet, exercise and rest and, on the other hand,

through nurturing self and relations with others by honouring and practicing one's Native Spirituality and/or Christian humility.¹⁵ At the same time, the facilitator used familiar metaphorical language about indigenous historical woundedness to describe the addiction trajectory¹⁶ among Native communities. His explanatory model fused genetics and disease theory with Glasser's¹⁷ theory of choice and reality therapy to accommodate accountability and to emphasize and resituate the importance of personal agency as components of healing for both counsellor and client. In this way, empowerment, resistance, compromise, release of resentment and blame, escape from boredom, loneliness, pain, and so forth can all be manifest.

The second session looked at Native American Spirituality and substance abuse intervention among Native veterans. Led by a Native addiction therapist involved with the Veterans Administration Medical Center in Salt Lake City,¹⁸ the presentation contextualized some of the difficulties some Native Vets encounter with spirituality as part of a healing modality. Many of their personal narratives tend to be extremely traumatic and tragic, and once caught up in addictive behaviour patterns the cycle is very difficult to break. Spirituality is elusive and paradoxical, and easier to experience than explain. In addition, Vets may have had few opportunities to express or share their sense of the spiritual. The pervasive lack of trust they experience makes it difficult to conceptualize a higher power and, if anything, their traumatic lives are evidence of the non-existence of God. In the words of the presenter, alcoholic pain never subsides. Consciousness of destructive or self-destructive behaviour does nothing to diminish such behaviour. It tends to be triggered by boredom and anxiety and the inability to

¹⁵ For example, Chief Seattle's prayer to the four directions sits comfortably alongside the AA serenity prayer.

¹⁶ For example, this was expressed in terms of intergenerational transmission and patterns of internalization.

¹⁷ i.e. the psychiatrist, William Glasser (1925-2013).

¹⁸ The Veterans Administration Medical Center is part of the VA Salt Lake City Health Care System, one of 21 VA geographic regions in the country.

be comfortable in one's own space; and is fuelled by guilt and shame. The addictive mind is often dominated by fear, anxiety, confusion, anger, denial, unpredictability, hopelessness, and so forth. Healing needs to take place in clean and sober environments¹⁹ and if sobriety is achieved it is usually done so incrementally over long periods of time. Individuals need to know about their injury and need to reframe their sense of identity and purpose in order to feel validated.

Day 3: The first session of the day was led by a member of one of the Plains Tribes, a recently retired director of an Indian Alcoholism Treatment Services centre in Kansas. After an early morning outdoor opening circle of prayer and song, we listened to a presentation on some of the difficulties Native American inmates experience on release. Re-entry and recidivism among reservation Native Americans is complicated by the fact that those individuals who are incarcerated under federal rather than state or tribal legislation are frequently subjected to long sentences, often without parole.

Re-entry can be a lengthy and difficult process, taking anything up to ten years. Moreover, many Native inmates are incarcerated for drug convictions rather than for major crimes. These are felonies nevertheless, and involve automatic loss of civil rights including, in some cases, welfare. Applying for jobs can be particularly stressful, and since the development of digital technology someone who has been in prison for any period over five years will encounter a technologically alien environment on release. Learnt habits and behaviours while in prison can be extremely difficult to change and prolonged incarceration can lead to resignation and indifference, which is further exacerbated through patterns of denial, the inability to manage ambiguity, and other cognitive distortions. Trust with significant others and family members can be difficult to establish and maintain.

While the current estimated per annum cost of maintaining an inmate in a U.S. prison is between \$25-35,000, and prison guard annual salaries can be as much as \$100,000,

¹⁹ This is a sentiment that I heard echoed by several NAHOC clients as well.

the social cost is inestimable. Typically, the ripple effect of the social impact of incarceration will look something like this:

The incident → victim → the family of victim → family of victimizer → loss of freedom → health/emotional problems → loss of family → loss of friends → friends and community → community fear → police and court costs → prison and social services costs → increased insurance costs → increased medical costs → increased tax and welfare → loss of global and civil liberties.

Correctional interventions face enormous challenges on a number of fronts. Rehabilitation programming needs to match offenders' needs in terms of re-education, learning responsibility and the consequences of violations, developing some level of financial security, accessing resources and referrals, and more. Rehabilitation staff skill sets need to reflect these requirements and ensure optimum programme delivery. Pre- and post-release family concerns and issues need to be addressed. Community links and social networks need to be developed. Case management infrastructure needs to be in place. Finally, attitudes and perceptions that the system sets up re-entries to fail need to be dismantled on both sides; and so on.

In the afternoon, we participated in a talking circle. This was led by one of the Native American section leaders and it introduced a ceremonial component into the conference proceedings while affording the participants an opportunity to attend to some of their personal concerns within the safety and confidentiality of this communal and traditional setting. Most participants present (Native and non-Native) have experienced some deep trauma in their lives – loss of loved ones, addictions, incarcerations, and sexual and other abuses, and the opportunity to express or reflect on some of these concerns provided a cathartic outlet.

Day 4:²⁰ The central presentation of Day 4 focused on community approaches to 'Indian Alcoholism.' The presenter, a Native educator from the state of Washington, addressed current attitudes among Native communities towards alcohol and

²⁰ All quotations in this section are the words of the Day 4 presenter, taken from my field notes.

alcoholism as areas where radical change needs to take place. The presentation was as much an admonishment as it was an exhortation for Native American communities to take control and responsibility for their own healing, and was reminiscent of Jerry's oration at the NAHOC memorial service (Chapter 2):

How many of you have heard: "All Indians drink?" "You're not an Indian unless you drink." How many of you knew non-drinking Indians back in your youth? We didn't see 'em! They were our elders, our traditional leaders, our spiritual people. They didn't drink. They weren't at the bars, they weren't fighting. We don't seem to think we're Indian. Our concept is: you had to drink to be Indian; you had romanticism; you had to love; you had to snag; you had to be the best fighter in the bar. And then you were Indian... Its wake up time – been so for a long time!

Decolonization, cultural reclamation, addressing internal strife and lateral violence, apprehension, learned helplessness, and so on, were all areas that needed concerted attention. While Native Americans have made significant progress in these areas, there remains much to be done:

It's kind of hard to imagine now that it was not okay to be a sober Indian - a drinking sobered up Indian, you were brutalized, mocked, beat up" or "powwow is a place where you don't drink." At one time, it was a place where you did drink. Powwow was party time... you even drank at ceremony!

In essence, healing is an on-going process and commitment that is dependent on engaging personal and collective agency and psychological self-determination: "*Self-belief is hardest when alone...*" and "*what are we willing to do... to be sober?*" Modernity has introduced dependency on dominant culture paradigms at all levels, including Native treatment centres and tribal colleges. One of the consequences of this position is that spokespeople develop mediated views of what their own traditions mean and feel they have to protect their own identities in the first instance.²¹ Worse, the internet has become a repository for self-knowledge and has alienated the

²¹ As well as Napier, personal communication.

generations.²² Traditional knowledge is being lost and elders are growing disillusioned: “*What does Indian learning have to do with the real world?*” Everyone is implicated, and “*if we don’t know our culture, how are we going to value it?*” The serious implication here is that losing one’s culture includes losing the critical ability to recognize that such loss has occurred. This is a sentiment that was expressed by many of the IIS alumni in Chapter 3.

On another level, most Native Americans “*can do the Indian, but have a hard time being the Indian,*” and there is an over-reliance on the constraints of tribal identity and getting “*involved in stuff that makes [us] Indian.*” Hence, people end up ‘policing’ each other – not dancing the right dance at a powwow, not doing the right thing at ceremonies, and so forth. Cultural reclamation is about returning to those fundamental beliefs that you have a full understanding of who you are, in a ‘good way,’ not in a “*too much stuff way.*” Creation starts with the people irrespective of tribe and every tribe sees itself as, ‘The People’ and has that same belief. In other words, cultural identity has to be authorized through the spirit world as authorized by the tribe’s foundation narrative.

Ultimately, the abdication of belief, which is another way of saying that reneging on one’s reciprocal obligations, is an abdication of healing,

The people get a disease, go to the medicine people who can’t do anything about it because it’s a new disease and the people quit believing because the medicine men can’t do anything, so their sickness is a lot more powerful than we are.

So, the fundamental question remains, “*what can we do so that we can quit doing what we have been doing?*” – for which the answer, in part, lies in controlling what we can

²² The suggestion that western technology and knowledge systems are to be eschewed or avoided for their corrosive and or secular effects on Native American consciousness provides an illuminating (and often contentious) point in salvage anthropology discourse and is worth pursuing in and of itself. By way of anecdotal contrast, I found it interesting and somewhat amusing that many LDS members not only have the Book of Mormon (and possibly other scriptures) on their cell phones, but constantly consulted them during the church services I attended during my fieldwork.

control as individuals in our own lives by finding out what works for us and by finding out what our children and grandchildren want – in other words, by returning to those behaviours and practices that constitute the pre-requisites for leading a good life.

Day 5: The final morning's workshop picked up the theme of Day 2 and looked at ways counsellors and support staff who work with Native American substance abuse clients might find their own support systems through professional and community networks. The session consisted of a number of plenary and breakout group exercises and tasks that explored boundaries and revisited and extended themes around Native spirituality that had come up during the week.

The *American Indian Section* of the SAODD conference provided a culturally specific forum within a broader social frame for Native Americans to revisit the problem of alcoholism among Native communities on their terms. The above examples extend Native conceptualizations of the impact of alcohol on their experience of social suffering. They illustrate several of the many complex facets confronting Native communities in their efforts to address this pervasive and destructive phenomenon in their lives at the same time that they foreground some of the on-going collective healing approaches and directions in advocacy and leadership.

While many of the delegates accepted the addiction-as-disease explanatory model for alcoholism among Native communities, there also appeared to be some ambivalence between guarding the right to exercise traditional healing practices, on the one hand, and a perceived necessary compromise (sometimes reluctantly) of embracing modern practices, on the other. The presumed centrality of indigenous culture, spirituality and sacred knowledge in the healing process constitute the 'active ingredients' that strive to dislodge the causal and consequential roles (the vicious circle) of alcohol and alcohol abuse and to replace them with cultural renewal at the same time that they cater to the comorbidities associated with alcoholism. One is thus reminded (yet again) of the importance of treating the root cause of the problem rather than the symptoms (Griffin-Pierce, 1992: 35). The difficulty, however, is to remember that Native Americans are not prone to alcoholism or any related co-morbidities as such. The root

cause has to do with the fact that the conditions of suffering emerge from a way of embodying meaning that historically has been a part of Native American identity in ways with which most non-Natives (and in some cases, Natives too) are unfamiliar.²³

The argument remains as much a political one as it does one of health and wellbeing insofar as it concerns negotiating space within the dominant medical culture to exercise self-determination on its own terms. As such, it is also a conversation about identity and the continued reclamation of culture and Native spirituality. In the longer term, it is about Native American communities continually evolving and recovering their own sustainable pathways to sobriety and a desire to wean themselves from western treatment and healing modalities. It is a progression that has seen a shift away from Alcoholics Anonymous in the early 1950s to greater culturally-oriented and community recovery movements in Indian Country today (Coyhis and White, 2006: 139-203). Meanwhile, it recognizes the advantages of and engages with the current on-going support of external alliance-based interventions and independent institutional partnerships such as that offered by the University of Utah's School on Alcoholism and Other Drug Dependencies.

However, what the *American Indian Section* of SAODD did not consider in its remit is its homeless Native communities – or at least, it did not do so specifically. Undoubtedly, institutionalization through the military and/or the criminal justice systems (Days 2 and 3 above) will have particular resonance for many homeless Native individuals, and it may well be that some of the NOHOC clients could readily identify with these scenarios. However, when viewed in the wider context of the problems of alcohol facing the Native American community in general, I am inclined to wonder if such an omission is not so much an oversight as it is perhaps down to the fact that alcohol abuse among homeless Native Americans is merely another item on the lengthy catalogue of suffering that afflicts Native American communities. That, therefore, it does not receive due attention because some of the other issues facing the wider community are considered more pressing. I am disinclined to think that the

²³ Napier, personal communication.

homeless Native community has no spokespeople to represent them at these fora and this could be an area where NAHOC, for example, could and should have considerably more influence and impact in the future.

5.3: Theorizing alcohol consumption among homeless Native Americans.

The role and impact of alcohol in the Native American social suffering discourse has been well documented and, as with Native American health status in general, it is over-determined and over-represented in terms of its political, socio-cultural and socio-economic etiology when compared to the rest of the U.S. population (Coyhis and White, 2006: 35-45; Fixico, 2000: 86-106; Sorkin, 1978: 56-66). The scholarly literature is replete with representations that cover the full spectrum of the phenomenon from local, pre-contact production, distribution and use of alcohol through to its devastatingly negative consequences in the contemporary experience of many Native American lives and their extended socio-cultural environments.²⁴ Nevertheless, the phenomenological reality of alcohol in the lives of many homeless Native American men such as Stanton and John Knox, together with its associated cycles of epiphenomenal behavioural patterns, is a central and unavoidable existential fact that conditions the moral economy of their experience of being.

On the one hand, the critical point underscores the problematic question between alcoholism and homeless causality: when does alcoholism precipitate homelessness (or at least increase one's vulnerability and predisposition to becoming homeless), and when is it "*a consequence of the hopeless and demeaning situation in which [homeless individuals] find themselves*"? (Snow and Anderson, 1993: 208). Of course, alcohol consumption and abuse are part of a more complex set of precipitating factors for homeless Native Americans that include experiences of childhood fostering, numerous

²⁴ A small, but by no means exhaustive sampling of supportive material I consulted for this study includes: Abbott (1996, 1998), Coyhis and White (2006), Fixico (2000), Garrity (2000), Gone (2011), Lobo and Mortensen Vaughan (2003), Marlatt, Larimer, Mail, Hawkins, Cummins, Blume, Lonczak, Burns, Chan, Cronce, La Marr, Radin, Forquera, Gonzales, Tetrick, and Gallion (2003), Medicine (2001, 2007), O'Neil (1996), Snow and Anderson (1993), Sorkin (1978), Szlemko, Wood, and Jumper Thurman (2006), Walters et al (2002).

forms of involuntary institutionalization, and a range of individual experiences of trauma, accident and loss. The role of alcohol in this setting is frequently associated with chronic homelessness and sustains the vicious circle, as Snow and Anderson point out, that “*alcohol use is in part a function of time on the streets... [and] ...the longer the time on the streets, the greater the probability of chronic alcohol use*” (1993: 209).

The phenomenon serves a number of additional explanatory purposes. Firstly, not only is it a causal factor, it also contributes to the persistence of homelessness; secondly, it is a narrative that presents as a street survival strategy; thirdly, it is a form of self-medication; and finally, it functions as an enabler of recreational purposes and the production of sociality. On the other hand, certain patterns of alcohol abuse also increase an individual’s vulnerability thresholds, particularly to accident, illness, and crime and thus makes it more difficult, paradoxically, to survive on the streets (Lobo and Mortensen Vaughan, 2003).

Yet, alcohol is also a productive mode of being that shapes the identity discourse that surrounds these individuals - in de Certeau’s sense of an *everyday practice* (1984: xi). I have suggested in previous chapters that the meaning of identity for Native American men is closely connected to the colonial discourse. Alcohol also underpins contemporary meanings of Native American masculinity and stereotyping as part of the erosion of traditional structures and traditional male roles of protector and provider within Native culture. It also complicates the parameters of cultural revitalization given the extent of cultural loss that has already occurred (Biolsi, 2005, 2008a; Dippie, 1982: 171-176; Fixico, 2000; Gone: 2003, 2004b; Holm, 2007; Knack, 2008; Lear, 2006; Strong, 2008: 343; Thornton, 2008; Walters, 1999; Witko, 2006a: 6-7).

Hence, it might be argued with de Certeau (1984: xiii) that for homeless Native American men the act of drinking is one of their ways of subverting or deflecting the hegemonic values and production modalities of the dominant culture at the same time that these individuals re-invent themselves and their masculinity daily. In doing so, these acts become more than mere survival, they become forms of self-empowerment,

defiance, and resistance in the face of mainstream society, as I suggested was the case with Jack's bravado at NAHOC earlier (Fixico, 2000; Snow and Anderson, 1993) - and at the risk of police harassment, fines and incarceration. On another level, the pattern of drinking with peers produces an exclusive and unique form of sociality and group solidarity through which shame, anger, loneliness, loss, bereavement, poverty, hardship, and so on, are mitigated. At the same time, it protects one against the social disapprobation and dangers of solitary drinking (Fixico, 2000; Sorkin, 1978; O'Neil, 1996).

However, such aggregations can hardly compensate for – or explain adequately - the extent of personal and collective cultural loss, social displacement, and marginalization that these individuals have endured and continue to endure. Neither can any of these explanations be thought of in terms of countering practices that honour one's reciprocal obligations. Hence, any dysfunctional agency (O'Neil, 1996: 156) that these individuals manifest through their drinking must remain conditioned, inevitably, by the ambivalence between the *use* of alcohol as an adaptive or coping strategy and its *abuse* as a form of capitulation.

How indeed does one cope with the relentless processes and effects of dominant culture technological and economic development and the pressures of on-going acculturation that such development imposes? If anything, such pressures alienate these homeless individuals even further from the realities of living a meaningful, modern life and from any chance of getting closer to a sense of their Indianness, and thus places them effectively in an extra-liminal zone. How then do these men navigate the vicissitudes of extreme lives in order to achieve some degree of (transcendent) meaning for themselves – some sort of belief and commitment to living good lives on their own terms within an ecology and environment of exclusion, deprivation, poverty, loss, indifference and, at worst, whether or not they think it matters? Or can these questions only reflect the inabilities and inadequacies of our attempts to characterize a degree of suffering that is beyond our comprehension? For this reason, it is important to remember that we need to extend our repertoire of explanations accordingly and review our own preconceptions, stereotyping, and other forms of

labelling in relation to the suffering of marginalized communities (DelVecchio Good, 2013; Lester, 2013).

In Chapter 2, it was seen that for the Navajo the healing transaction involves honouring one's reciprocal bonds to both the spirit world as well as to one's obligations to the living and to the entities of this world, and includes being sober and taking care of one's body (Schwarz, 2008: 124-125). Since these relations are bound by the dynamic and reciprocal laws of contiguity they are also conditioned by the transfer of properties between them, whether material, spiritual, or moral (Mauss, 1972 [1902]: 79-92; Schwarz, 1997a, 2008). In a sentiment reminiscent of Jerry's presentation at the memorial service in Jordan Park, O'Neil reinforces the idea of the transference of values in her analysis of reciprocity between the ideal self and ideal social relations that surrounds the death rituals and funerary practices of the Flathead in Montana:

Flathead wakes, funerals, and feasts ritually rehearse a sentient awareness of human interconnectedness, obedience to traditional ways, compassion and pity for others, generosity, uncomplaining endurance, and gratitude. (O'Neil, 1996: 79-109)

Geraldine Roberts, one of my informants, and a counsellor with the Native American at Risk Youth Programme (NAYARP),²⁵ extends the analogy and presents a useful analytical point for situating the healing transaction in the homeless Native American world. For Geraldine, before the Long Walk the Navajo were more attuned to and more grateful for the blessings and the bountifulness of life:

I think a lot of it had to do with gratitude. The walking in gratitude makes a difference in people's lives. If you get up every morning, you know, "Thank you for the day," and at the end of the day, you say prayers and, "Thank you, these things were good in my life." Very different context from getting beat and, you know, someone getting drunk, or the stories you make up about that... a very different context. And in gratitude, you really can't blame someone. You're not blaming, you're being... you have to be responsible for some piece of life.

²⁵ Individual and organization names, including acronyms, are pseudonyms for reasons of confidentiality.

By contrast, the disempowered homeless individual is deprived of the transactional means with which to negotiate his or her healing. He or she is also more desensitized to reciprocal exchange and gratitude. Geraldine suggests:

...it ties right back into... if the government just continues to give them things, they'd start to be entitled and take it for granted and they'd lose that gratitude. So, a prime example that just drives everybody crazy... maybe I'm just projecting but... so, if I'm Native American and I'm... I don't feel well, I don't want to wait for a walk-in appointment over here, I'll just go over to the ER because I know I don't have to pay for it.

Not only that, in therapy there's no exchange of energy, so... if there's not an exchange of some type you don't appreciate it. You just expect it. And it would set them up culturally for that and it's like, it robs you of an exchange where you could feel gratitude, or recognize that this is something I should be grateful for. That's an important component. When you're treating someone there's got to be some kind of an exchange. I mean, over and over, there's studies that say, particularly male health, if you don't charge for your services, they're not going to be effective, because you're not making that energy exchange...

...but getting hand outs and the loss of gratitude is, I see most of the Native American cultures that I've been exposed to, very much into the gratitude and that piece. The gratitude has to do with an energy exchange, if you recognize it even, and honouring that piece. So there's this whole energy exchange and gratitude that has been taken away, and I think it's disempowering.

While Geraldine's point may have future implications for how the I.H.S. might allocate and manage its resources for urban Indians in light of the PPACA (in relation to the conversation in the previous chapter), it has more immediate relevance for what happens at street level and the interactions in which SHONA, NAHOC, and SMC engage with their clients. Many of the care providers I met feel that the asymmetry of this exchange process in their relationship with their clients takes away the latter's agency.

Gemma from SHONA's outreach team goes further. For example, not only does she endorse this view of ingratitude, but she points to how some street clients use it as a countering ploy that undermines the sense of reciprocity between the carer and themselves:

I'm being very general here... of course, there were those that didn't do this. I'm talking specifically to those who had that lack of respect... giving me all

sorts of reasons why they should have more... more stuff when we had just given it to them... and sort of the ungratefulness... that was the hardest thing... the lack of being grateful. If people thanked us for what we did, it was just like, "Oh, you don't even know how healing that was!" [Laughs] ... But when they're ungrateful for it and then angry when we couldn't give more... or... because we would drop everything and drive to wherever they were to give them free stuff... what could they complain about? But they still did...

Stanton, John Knox, Jack, Wylie, Ranger, Alwyn and the other NAHOC regulars comprised a relatively small number of the homeless Native Americans that I met during the time I spent with SHONA, NAHOC, and SMC. During my various outreach sessions, I also met and interacted with at least another two dozen Native individuals on the streets of Salt Lake City on a fairly regular basis. In some cases, the encounters were one-off and I never saw certain individuals again. In general, however, the alcohol-related behaviour I observed followed a fairly consistent and predictable pattern. The NAHOC clients tended to follow extremely short cycles of sobriety – hours or days - although I did overhear Ranger ‘comparing notes’ with one of the other clients and they were speaking in terms of being on the wagon upwards of six months. Shortly after that exchange, however, Ranger relapsed and I did not see him back at NAHOC for some time.

Meanwhile, the non-NAHOC individuals tended to hang out together most of the time and tended to be extremely inebriated on virtually every occasion I saw them and when it involved outreach contact, their behaviour generally reinforces Gemma’s claims above. Be that as it may, it drew my attention to the fact that there is a much larger community of ‘invisible’ homeless Native American individuals in the city who remain not only beyond SHONA, NAHOC, and SMC’s reach, for whatever reason, but also beyond that of any other community of care. It also suggests to me a pressing need for more extensive research to be carried out among this population group.

This picture suggests that homeless Native American identity remains indeterminate on many levels, and will continue to be so. The cultural fracture for these individuals is such that it is almost as though they are situated beyond all boundaries, including liminal space – almost as a living form of absence (see Chapters 1 and 2). However,

such anonymity is (perhaps too easily) subsumed into the bigger social malaise of alcohol consumption and abuse that plagues Indian Country, which in itself is more than the sum of any culturally-bound explanatory model (including historical trauma) and which, by extension, is also an indictment of American society at large. Indeed, it is worth drawing attention to the fact that some members of the SHONA/ NAHOC/ SMC network staff were themselves in some way affected by alcohol and other substance abuse either directly or indirectly. In my exchanges with the various team members, many of them related their own personal and sometimes tragic accounts of exposure to alcohol in their lives and how they had been 'in recovery' for years:

I'm in recovery myself and so that's what drew me to the substance abuse field. I grew up in an alcoholic family. I'm alcoholic myself. I was telling you the other day, my father died of alcoholism. Also, the suicide rates are really high with our clients and the population. My son committed suicide. He was seventeen... and so I was kind of drawn to this... it's something I really had passion about in my heart, especially when I got sober. I do believe that I bring a piece that's unique. But on the flipside of that, I've seen it work both ways. Now, when I got sober myself, I actually had, you know... and the clients will agree this with you, "I wanna be with her because she knows what I'm going through..."

The use of the expression 'to be in recovery' in these contexts is itself an interesting point that connotes a number of meanings. It suggests the precariousness of (a) immanent relapse; (b) that there is no endpoint to the addiction; and (c) that complete recovery is impossible. The other meaning, of course, is about the bravery or courage in the face of vulnerability or adversity as well as of the restoration of health and wellbeing. Nonetheless, these testimonies are also examples of the healing transactions undertaken by these members of staff that include the notion of the wounded healer as part of the negotiation (Duran, 2006; Jackson, 2001; Janzen, 1982). It was a theme that surfaced time and again during my fieldwork, and I looked at examples of this with Jerry in Chapter 2 and among many of the facilitators at the SAODD conference above.

5.4: Theorizing the role of local interventions in Salt Lake City.

In their analysis of the responses by organizations affecting the survival opportunities and resources of the homeless in Austin, Texas, Snow and Anderson (1993: 77-94) identify five main patterns: *accommodative*; *restorative*; *exploitative*; *exclusionist/expulsionist*; and *containment*.²⁶ The operational perspectives of these responses range from being sustenance-oriented; treatment-oriented; Salvationist; market-oriented; hostile and alienating; and harassing, respectively. They are essentially bounded and discrete categories with little leakage between them, although the latter two are perhaps more susceptible to fluctuation and change over time.

Accommodative responses address the basic subsistence and survival needs of the homeless such as food and shelter but not the endemic problem of getting individuals off the streets. These services are usually offered by non-profit and other charitable organizations such as the Salvation Army. *Restorative responses* tend to treatment-oriented and Salvationist needs that are “*physiological, psychological, characterological, or spiritual in origin*” (1993: 87), and are effected by hospitals and mental health units, church or faith-based organizations, as well as some detox centres. Medically-oriented caretaking is usually of a short-term remedial nature and hospitals, for example, characteristically operate a revolving door policy with the homeless and deal with them “*as quickly and as cheaply as possible so that the client can be sent on his or her way... back to the social niche from which he or she came*” (1993: 88). Both accommodative and restorative responses are typically conditioned and constrained by the availability of material and financial resources, although good will on the part of providers can have a bearing too. The *exploitative* domain is a market-oriented approach that tends to commodify the homeless as a resource pool, for example, by plasma centres or for cheap labour by day-labour organizations. The *exclusionist/expulsionist* orientation is present in any community, and it is typically the

²⁶ See Snow and Mulcahy (2001: 160-164) for further elaboration of these responses with regard to the institutional control of homeless use of public space and the homeless response to such control. See Chapter 6 below, as well.

consequence of the prevailing political climate. It is exercised by local neighbourhood networks or groups, and is usually predicated on victimizing the homeless. *Containment responses* share common ground with exclusionist orientations and are carried out by local police forces following specific political mandates from City Hall, primarily in response to neighbourhood fears that conflate homelessness with crime (1993: 77-94).

Although generic in its scope, Snow and Anderson's analysis provides a useful reference point for comparing and contextualizing care provision for the homeless Native American community in Salt Lake City as illustrated by the responses of the community's network of non-profit and charitable organizations to cases such as Stanton's and John Knox's.

As already seen (Chapters 1, 2, and above), the healthcare needs for Salt Lake City's homeless Native American community are being met largely by the city's extensive network of non-profit organizations, with NAHOC, SHONA, and SMC being among the most prominent. The network organizations demonstrate an extensive and comprehensive strategy of continuous care provision, including primary and secondary healthcare with a dedicated supplemental street outreach programme. They also play a vital role in attending to this population's housing needs; and they actively foster and sustain strategic alliances with their various partners, including the emergency services, the police department, and the courts. They have created an extensive databank of their clients' health profiles, which is regularly and continuously updated at weekly briefing meetings with input from all of the participating agencies. This knowledge shared by the agencies and plays a critical role, particularly in cases of emergency or when needed during street outreach work.

Overall, the Salt Lake City network is a highly organized, autonomous, and integrated initiative with a wide socially distributed operational base in the community. In addition, member organizations (NAHOC in particular) are independent of any I.H.S. mandate and as a result, they are able to circumvent many of the impediments that homeless Native Americans would otherwise have to face if trying to access healthcare

through the UIC as their local UIHO (see Chapter 4) – or, for that matter, through other federal channels.

SHONA case manager, Cori, offers an insight into the network's operational reach:

I know more than once, I've put the word out, "I'm looking for so-and-so," you know, I've spent... I've hit the normal spots trying to find one person that had a doctor's appointment or that I heard was in trouble, and just kind of put the word out...

DS: ...and everyone... ended up looking for him?

Exactly! Exactly! Yeah, we do that. We call it "just putting the word out" and we do that at those meetings, especially, "Anybody spots this person, give so-and-so a call." Yeah, yeah... My clients always want to know, how come I know everything that's going on? Well, I have a network [chuckles] ... Oh yeah! We know what's going on and where they're at. You know, I'll call their case manager at whatever agency I know they're tied into, "Hey, I just saw so-and-so." Yeah, it is pretty amazing...

This alliance-based model represents a unique format of healthcare and housing provision for some of the most vulnerable members of its community, including the Native Americans. It is a highly efficient and effective local response to an enormously pressing local need and the network is able to extend its influence with some degree of success to mainstream social institutions and structures. Above all, it addresses some of the fundamental gaps in the health profile of urban Indians identified by UIHI (see Chapter 4 above) by expanding access to healthcare to all homeless individuals, regardless of ethnicity, tribe, or means.

In its various dealings it represents a collective, frequently pre-emptive operational response that integrates the accommodative, responsive, and containment responses that Snow and Anderson identify as constructive efforts that contribute to the survival of homeless individuals. At the same time, particularly with its strategic alliances with the various emergency services, church bodies, and local business organizations, it assists in minimizing the occasions for exploitative and exclusionist practices that would otherwise represent significant pitfalls for their clients. As such, the network is

also an example, in microcosm, that begins to approximate Grande's advocacy for cross-cultural coalitions between Indian and non-Indian communities (2000: 468).

Yet, when one returns the conversation to the original proposition outlined in Chapter 1, in terms of accountability and the response to the experience of social suffering as a product and function of social life and the political, economic, and institutional power relations implicated in the moral economy, then the Salt Lake City network navigates a trickier path.

In its efforts to expedite the management and distribution of care of its clients, the network is caught between the risk of further embedding what it is trying to remedy and, in the case of its Native American clients, the risk of misrepresenting their experience of suffering in terms that are alien to them. I have already suggested²⁷ that in its delivery of care, NAHOC's autonomy and reach is constricted by a number of internal organizational and operational parameters. There is potentially a structural and moral fault line in its dependence on SHONA's budgeting strategies and policy decisions and, on the other hand, in its reliance on SHONA and SMC's personnel and medical gaze.

Such a position constricts rather than expands the repertoire of cultural explanations and practices available with which to account for and respond to the social suffering of this particular demographic, as DelVecchio Good (2013) and Lester (2013) would otherwise advocate. Ultimately, all of this makes it extremely difficult for organizations such as SHONA, NAHOC and SMC, in Davis's words, "*to maintain a position of non-judgemental, relativistic indifference*" (1992: 159) when plying their trade.

Nor, on the other hand, is it the case that SHONA, NAHOC, SMC and the other organizations are unaware of the complexities of the dilemma. During the course of my involvement with them, I encountered many instances of these concerns first hand

²⁷ See Chapter 2.

– both on the streets during outreach work and through interviews I conducted with various members of the different teams.

Gemma, from SHONA's outreach crew, expressed the problem and its many facets in some detail in the following reflection. It underlines succinctly how complex the socio-political dimensions are that not only confront the homeless individuals themselves, but it also highlights many of the recurrent structural and systemic obstacles and shortcomings facing resource distribution and care:

G: ...the more you're there, the more you see how policies don't solve very many things. They can put a band aid on some situations, but almost across the board they just create a bunch of other problems that then have to be solved. So, I think my greatest frustration is, in order to evaluate who they gave assistance to, I just don't think you can legislate that. I think assistance should be given based on non-profit organizations because we're the ones that have the relationship with the clients. We know which ones can benefit from that... and which ones would just enable the situation that they're in... I can't even tell you how many times I got the reply of, "No, I don't want to do this or this because it will disqualify me from receiving government assistance," and that was frustrating because I felt that's a direct example of how this is stopping progress for this person.

DS: So the system, policies, etc. that were in place actually became the reason not to pursue help?

G: Yes, but the only way - I don't know how they could possibly do this, this is such a snowball effect - but the only way you can change that is if you know the people, or if you eliminate the system entirely and just have it be delegated out to them, organizations that work with them because two people that look the same on paper are very different... I mean, there were some people I would trust with money... but there are some people I knew who would just immediately go to the liquor store and spend it there. So, the government can't possibly know that, and so that was the hardest thing, they wouldn't want to move forward in getting housing or in getting a job or in pretty much anything because really, "No, I'm enabled in this situation, this situation makes me survive because I have income coming in that's not earned and so I can do whatever I want with it."

Gemma is not very optimistic that things will improve in future. Her frustrations reflect the financial, material, and political constraints on SHONA that obliges it to pursue short-term remedial responses towards its clients. In fact, she feels that the work could even be counter-productive in many ways, and even suggests an

underlying complacency at work on the part of the SHONA network in perpetuating the vicious circle.

If you stand back and look at the whole picture, I mean, how much of homelessness and poverty and addictions are any better than they were fifty years ago? They're different and in many ways they're solved for certain people... I'm sure that all the individuals that are affected have definitely been affected in a positive way, but overall I don't know how much of it really has changed at all, and so, if we really evaluate it critically we could be doing more harm than good in some areas.

When I asked her specifically how this scenario related to her homeless Native American clients, she replied:

I'd say Native Americans had a harder time seeing the value of the things we gave them. There were definitely those that weren't, that had the same issue, but I didn't know many Native Americans that held what they had as valuable as much as I knew and saw people that weren't.

I also put a similar question to Annabel Bruce of NAHOC:

...to what extent are you helping the clients, and to what extent are you just keeping them at a certain level where, because they're happy to receive stuff, they're not helping themselves... To what extent does 'enabling' come into it? Is that a question you ask yourself much?

To which she replied:

No. Because I know that I can only do so much. I know that I can't really do a whole lot, it has to be up to them. But I try to build some kind of strength, some kind of self-esteem, some type of cheer leader on the side... they can do it. And I got to remember that or else I'd really be bombed all the time, because there's not a lot that will change. That's why we even celebrate the two hours that they come in, and one week sober is a great thing; or if they're in Detox, that's another thing. And I'm waiting for that day someone's going to completely... but I have to remember I can't do that either because I can't control what they do. I just help.

Both Gemma and Annabel give an impression of how they, as staff members working on the ground, perceive some of the complex obstacles, and of the structural and

agentic failures they face on a daily basis; of their own impotence and frustrations and, ultimately, how they cope with them.

When viewing these considerable impediments from the perspective or the lived experience of the homeless individuals themselves, Cori reveals with some poignancy the negative cycles and spirals of recidivism that many of SHONA and NAHOC's Native American clients experience, in spite of the network's best efforts. I quote in length from an interview with Cori since it is quite revealing:

Yeah... I can only speak to the patterns that I've seen... which involves the substance user. The biggest pattern... we take them off the streets. They've been out there as a group drinking. They've watched each other's backs while they're on the streets. We get them into housing. We say, "Stay there, try to stay sober, fit into community standards, and don't let anybody come over." You know, because when they all come over they want to sleep here.

Or, what happens, what's happening mostly with my clients... they've been on the streets anywhere from fifteen to eighteen years. We get them indoors... I had one client that I just recently had to take a sleeping bag because he can't sleep on the bed, it's too soft. So he's still sleeping on the floor... So, those are the kinds of things that I face when I first move them in there.

Later, what I face is, someone knocks on their door, you know, "Can I stay here? It's just for the day, have some lunch," and then they end up staying for the night. And they've been family out on the street for so long, so many years, that they can't say no to them. They just can't turn them away. And then pretty soon they have a house full, literally, in a 1-bedroom apartment, you've got seven, eight guys, and that's when it becomes a property management issue. It's a violation of their lease. It... depending on what's going on, the drinking and things like that, it gets noisy, it gets loud. But they can't turn these... they're family... away.

I've been called a few times by two different clients, saying, "Can you please kick them out, because I can't." And so I'll go and do that. I'll clean the place out basically. But it's not too much longer before, you know... Then my client will sober up for a while. Then my client starts getting lonely because nobody's there. My client goes back on the streets again, and they take one person home, works out the door's open... It's the company that they have over and the way it builds up and the noise and the drinking... and a lot of crimes end up getting involved... pretty soon there are people there they don't know and it gets out of their control and they don't know how to handle it.

On the flip side of that, I've had clients at detox who'd be there quite a while... and I had one client at X one time. He was like, 60 days, 90 days sober, and he was one of the few Native Americans that would come through that programme, and he said, "I get so hungry for my native language," he said "I just want to

hear it,” and of course the only people that he knows are the ones that are drinking on the street. And all it takes is one drink and you’re back into it, and so it’s such a Catch-22, when they’re so lonely.

I love it when I listen to NAHOC when they’re all there in the kitchen, cooking and laughing. I love that because then I get a little taste of what my clients are trying to tell me about that camaraderie, that community. You know, we all have family and things that we go home and do that with, but this is literally their social circle... and so... to imagine... I know personally... and again, just as a white person getting sober is lonely. Everybody disappears. You make them uncomfortable to be around because they’re uncomfortable drinking. Different social crowd, different everything.

And so then you take this Native population that that’s their home... their culture... that whole... circle. So it’s pretty difficult for them.

And the other piece is, when they do relapse, trying to get them sober seems to be harder and harder because the shame... Probably the hardest is to see someone who is... who pulls down some long-term sobriety. If they do relapse, we never get them back. They fall hard and fast.

Annabel’s and Cori’s assertions that NAHOC or SHONA offer their clients some modicum of hope against steep odds is another way of claiming that if they did not do what they did, the homeless Native American community in Salt Lake City would be considerably worse off than it currently is. That there would be one less opportunity of aspiring to live a good life as we have attempted to understand it, no matter how elusive, or tenuous, or unimaginable. We have already seen that the SHONA/NAHOC initiative is an efficient and effective local response to an enormously pressing local need and the network is able to address some of the fundamental gaps in the health profile of urban Indians by expanding access to healthcare to all homeless individuals, regardless of ethnicity, tribe, or means.

However, one must be careful that such a position does not end up appropriating the moral imperative. As Snow and Anderson suggest, the fact that many homeless individuals feel that agencies often “*place too much emphasis on the voluntary component of their [i.e. clients] problems and not enough on external factors*” (1993: 288) can and does lead to a culture of blaming the victim.

If the Salt Lake City non-profit organizations are susceptible to the criticism that they can ultimately only treat the symptoms and not the causes of their clients' suffering, then the question remains to what extent their ideologies and practices can revise and thus affect current meanings and current representations of social forces and social structures to affect healing, as DelVecchio Good (2013) and Lester (2013) argue they should.

Within this mix, one further reflection needs to be elaborated. Non-profit organizations such as SHONA or NAHOC, doing what they do, are constantly at the mercy of unpredictable market forces as much as they are reliant on their hard-earned reputations, their past successes, and the goodwill of their community. In many ways they perform a precarious balancing act between the Scylla of an unstable and threatening moral universe, as Kleinman et al (1996) posit and the Charybdis of Davis's (1992) slightly less pessimistic view of the vagaries of society's institutional indeterminacies.

Towards the end of my fieldwork with NAHOC and SHONA, I had an occasion to observe an example of this fragility at work. For the duration of my involvement with them, NAHOC and SHONA's outreach operation was conducted from rented space inside a building complex owned by SMC in the heart of the city's homeless neighbourhood. Clients had easy and ready access to NAHOC's offices and tended to take advantage of the facilities, putting the kitchen and other space to good use – as I have already noted.

Nevertheless, earlier in the year, SMC had had a substantial grant application to extend its range of services approved, which meant that it needed extra floor space to set up its new dental clinic. It had been agreed that SHONA would vacate the premises by the end of the summer so that the space could be remodelled for SMC's new purposes. Meanwhile, SHONA had decided to amalgamate its outreach offices within its headquarters (and at a considerable loss of square footage), which are located in a neighbourhood of corporate offices and warehouses some three miles south of the original outreach location.

This would oblige NAHOC clients to use public transport if they were to access the new and considerably reduced, kitchen-less facilities. It meant that clients would have to make a more concerted effort to travel the extra distance as well as pay for bus or tram fares if they wanted to attend NAHOC activities. This would not have been a noteworthy inconvenience if the clients' lives were not already fraught with the hardships and lack of personal resources that street living brings. It was also difficult to see how SHONA's more insulated administrative staff and a group of often boisterous homeless individuals might co-exist in such a new arrangement, or whether and to what extent the new project would become a disincentive for both parties.

Nevertheless, as a parting gesture and as a closing ritual for the old premises, Annabel arranged a day for the NAHOC clients to paint a mural on one of the walls designated for demolition, and the activity took place over a couple of weeks when I was conducting research out of state. Annabel had invited me to participate but unfortunately, my schedule did not coincide. Nevertheless, I had the opportunity to view and take some photographs of the mural on my final afternoon in Salt Lake City, and was shown around the almost deserted and empty premises by Ruth, one of last of the SHONA/NAHOC case managers still based at the old office (see: Figures 12 - 18).

As I spent some time looking over the paintings that comprised the mural, Ruth gave me an update on some of the clients I had got to know during my fieldwork. After a short relapse and absence, Wylie had sobered up and was attending NAHOC sessions again regularly. Although he had not contributed to the mural, he had completed the drawing he had been working on when I first met him, and donated it to NAHOC. Sylvester had decided to return to his reservation to look after his mother and tend to the family's livestock herds. He had vacillated on doing this and had spent some time over the summer to-ing and fro-ing between the reservation and Salt Lake City, and had left the city before the mural was painted. Ranger, Stanton, and Albert, like Wylie, had dropped in and out of bouts of drinking and were currently back in the NAHOC fold. They were the main contributors to the art work. For the rest, Ruth was concerned that attendance would taper off significantly once the move to the new premises was completed at the end of the month. Moreover, she predicted that the

mobile outreach project would also suffer significantly since the move to the new premises meant that drastically reduced storage space for basic outreach resources such as food and clothing severely compromised the initiative's current, successful format.

In total, about half a dozen clients contributed to the mural, and chose mostly to portray scenes of 'home,' of their origins and roots, and of their cities and their reservations. The representations were mostly figurative, although a couple were also symbolic, as we can see from the examples.

The paintings composing the mural, with their bright acrylic gloss and bold primary colours are offset by the tentativeness of their creators' techniques, sense of composition, and cautious use of the surface area of the 'canvas' at their disposal, though this too, contrasts with the symbolic assuredness contained in the chosen subject matter. Without labouring the point too much, the symbolic and metaphorical content of the individual contributions to the mural all share a similar expressive idealization and familiar iconic cultural references.

The stand out pencil drawing somehow brings all of this together – the uncertainty and doubt of its statement, perhaps, counteracted by the radical and riskier imaginative decision not to use paint. Or perhaps the statement was reinforced by it (not unless this was an outline sketch to be filled in with colour later). Yet, here there is a paradoxically forceful declaration of a wistfulness of remembered loss and possibly pain of a previous, better life among family and relatives under the protective presence of the distant sacred mountains, or perhaps a yearning for a denied or squandered opportunity to such a life. That evanescent memory or fleeting desire now replaced with the presence of SHONA as a safe harbour or halfway station, a proxy or aspiration maybe to some form of hope and recovery between present and future – here or in some other place – yet fragile and isolated nonetheless by the greater impermanence suggested by its pencil medium.



Figure 12: Mural - Pencil drawing of life on the reservation.²⁸



Figure 13: Mural - Elder, butte, clouds and sky.²⁹

²⁸ Photograph by author.

²⁹ Photograph by author.



Figure 14: Mural - Cloud and sun.³⁰



Figure 15: Mural - Las Vegas.³¹



Figure 16: Mural - Eagle.³²

³⁰ Photograph by author.

³¹ Photograph by author.

³² Photograph by author.



Figure 17: Mural - Horse.³³



Figure 18: Mural - Sun, sacred mountain, eagle feather, and eagles.³⁴

³³ Photograph by author.

³⁴ Photograph by author.

In some ways, this phase of closure - symbolic and real - in the life of the NAHOC project is reminiscent of that I encountered during my visit to the IIS site in Brigham City. Here, too, an important site in the lives of many individuals – staff and clients alike – was on the verge of demolition, yet with the sense, perhaps, of greater finality than that of the IIS experience. In this case, there is less of a sense of affective and emotional investment in the office space on the part of the NAHOC clients - and therefore, less to carry forward - than there was with the Intermountain school alumni in the IIS site in Brigham City. Looking on now, from some distance both in time and place, I wonder how successful the transition to the SHONA headquarters has been.

As a final reflection on the spatiality of Salt Lake City's homeless Native American community evoked by the mural, the changes to the SHONA/NAHOC operational arrangements are a reminder that life on the street remains a marginal, unpredictable, complex, fluctuating and exhausting process and that the street is often a dangerous and relentless place for the homeless.³⁵ This appraisal gives some insight into NAHOC's role as a mediating agent and as a provider of therapeutic space, and for its proximity and accessibility for its clients. The new order, however, introduces a new layer of complexity that needs to be managed differently, as Gemma observed earlier, and it reminds one of the difficulties involved for anyone or any organization trying successfully to integrate the requisite "*physical and social planning*" (Wolch et al, 1988: 451) for such a demographic.

The promise of new resources and funding enshrined by the signing of the PPACA, particularly in light of I.H.S. director, Roubideaux's 2012 pronouncements (see Chapter 4), is still a long way upstream from the craggy and turbulent estuary of Salt Lake City's homeless Native American community.

³⁵ For example, see Santos (2014)

5.5: Conclusion

Following on from Bloch and Parry's argument and building on the analyses presented in Chapters 2 and 3, in this chapter, I have attempted to contextualize the premise that social suffering is a dissonant counterpoint to living a good life for many homeless Native Americans. I have drawn on ethnographic accounts and interviews from my fieldwork in Salt Lake City and elaborated local examples of the phenomenology of social suffering among some of the city's homeless Native American individuals.

Social suffering among this population is complicated by a number of elements. Firstly, insofar as the homeless Native American experience of suffering can be conceived of as an extreme form of alienation from a deeply rooted culturally and spiritually embodied sense of place, it remains incomprehensible to someone who does not share the same experience or commitment to sense of place. Consequently, non-Native modes of acknowledging and of addressing such suffering must inevitably remain inadequate. Secondly, it is precisely these homeless individuals' street identity that compounds their inability or unwillingness to reclaim their Indianness and therefore to reclaim a meaningful sense of self that will enable them to lead a meaningful existence. In other words, the disempowered homeless individual is deprived of the transactional means with which to negotiate his or her healing or recovery, and is also more desensitized to reciprocal exchange and gratitude in the healing transaction. Thirdly, homeless Native American suffering is inordinately complicated by the ambivalent role of alcohol abuse.

I have indicated that Salt Lake City presents an important and unique example of an alliance-based community model of care composed of participating non-profit organizations with dedicated culturally sensitive components. This model offers an integrated intervention ideology and praxis that addresses some of the fundamental deficiencies in the health profile of urban Indians identified by the UIHI (Chapter 4). However, it would appear that its effectiveness is independent of the I.H.S.'s strategic plans and institutionalism, and in some ways the Salt Lake City network charts a more precarious course through the uncertainties of unpredictable market forces.

On the other hand, I suggest that in spite of the on-going efforts on the part of the Salt Lake City network organizations, their endeavours in improving the lives of homeless Native Americans ultimately dependent on an act of faith as much as it does on the unpredictability of the socio-political and economic environment.

Finally, I referenced the SAODD conference as an example to contextualize Native American alcohol problems within the wider U.S. landscape and suggested that by engaging in such initiatives, Native American communities are effecting greater autonomy in their own healing and that in doing so, they are also using the healing discourse to exercise greater political self-determination.

In the next and last chapter, I attempt to draw together the central themes I have so far examined in this study in a final appraisal of the status and presence of homeless Native Americans in the U.S.-Indigenous identity discourse.

CHAPTER 6: Homeless Native America.

The real dwelling plight lies in this, that mortals ever search anew for the nature of dwelling, that they must ever learn to dwell. What if man's homelessness consisted in this, that man still does not even think of the real plight of dwelling as the plight? Yet as soon as man gives thought to his homelessness, it is a misery no longer.

Heidegger (1971: 363)

Haunted places are the only ones people can live in

de Certeau (1984: 108)

...the "homeless problem" as it appears today in the dominant discourse of media and politics is not seen as a problem of the economy or the society that produces homelessness; instead, it is viewed as the problem that the homeless create for the economy and the society in which they live. The aspect that seems most to trouble policy makers is not how to help the homeless, but rather how to control the homeless and especially how to protect the public from them...

Kawash (1998: 320)

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6.1: Introduction.

In the previous chapter, I explored how certain aspects of the social suffering of homeless Native Americans in Salt Lake City complicates the proposition that attempting to live good lives (and by extension, the hope of dying good deaths) constitutes an integral part of healing. I focused primarily on two sets of interrelated ambiguities to illustrate this.

Firstly, I suggested that for homeless Native Americans it is precisely their street identity, and the perennial problems and difficulties associated in negotiating it, that complicates their inability to reclaim their Indianness and therefore to reclaim a meaningful sense of self that will enable them to lead meaningful lives. Consequently, the disempowered and dis-employed homeless individual is alienated from and desensitized to the transactional means with which to negotiate his or her healing or recovery in traditional cultural terms. Part of this proposition concerns the more problematic question that asks at which point cultural dislocation is no longer a

precipitating factor of homelessness and becomes instead consequential of it for many of these individuals.

Secondly, I suggested that the role played by the caregiving agencies in trying to help these individuals, risks facilitating rather than alleviating the suffering it aims to address, in spite of the fact that life on the streets for many homeless Native Americans in Salt Lake City would be worse if not for the interventions of these organizations. The ambivalence in this case rests on the extent to which healing, as a restorative and transcendent moral process, is predicated on the ability to recognize and to address the suffering of the other in the other's terms. Apart from the fact that the disempowered homeless Native individual is alienated from the means with which to negotiate his or her healing, I suggested that this issue is also complicated further by the fact that the nature of the suffering that homeless Native Americans experience in relation to their sense of alienation and dis-emplacment, remains incomprehensible to those who cannot conceive of what it means to someone to have such ties to the land as do most native Americans. Hence, modes of representing and therefore redressing the suffering of homeless Native Americans are frequently inadequate and ineffective.

In focusing specifically on these two areas, I deliberately ignored other relevant factors that constitute the phenomenology of homelessness that all homeless populations in the U.S., including Native Americans, experience. I now propose to look at some of these a little more closely.

I have divided the chapter into three main parts. In the first part, I investigate homeless spatiality and pathways into homelessness. I begin by referencing Duncan's (1978) critique of homeless spatiality as a way into a more detailed exploration of the phenomenology of homelessness. In this section I consider briefly how spatializing affect connects homelessness with the geographies of affective landscapes and draw attention to how this plays out in terms of Native American sacred geography and spiritual practice. I also focus on some of the more significant biographical determinants that influence pathways into homelessness - what some studies refer to

as the 'homeless careers' of individuals on the street (Piliavin, Sosin, Westerfelt and Matsueda, 1993; Piliavin, Entner Wright, Mare and Westerfelt, 1996; Snow and Anderson, 1993). In the second section I examine the extant literature on Native American homelessness and consider how some of these themes unfold in terms of Native American pathways into homelessness as documented by Kramer and Barker (1996), Lobo and Mortensen Vaughan (2003), Westerfelt and Yellow Bird (1999) and Zerger (2004). I adopt a slightly more theoretical approach in these first two sections and attempt to draw together the central themes surrounding the presence and status of homeless Native Americans in the U.S.-Indigenous identity discourse that I have been examining in this study. In the final part of the chapter, I return to an ethnographic approach and present two vignettes from my fieldwork that illustrate some of the adaptive strategies that two of my informants have used to navigate their way through, if not out of, their situations of homelessness. The ethnographies also serve to contextualize the hypotheses outlined in the two preceding sections of the chapter.

6.2: Theorizing homeless spatiality.

According to Casey, we are always 'in place,' even when we inhabit the 'interplaces,' the intermediate places that we cross as we move from one space to another, no matter how fleetingly – those places which are “*never uneventful, never not full of spatiotemporal specificities*” (1996: 39).

In Chapter 1, I suggested that the socio-cultural and political conceptualization of homeless spatiality is predicated on the domiciled population's division and use of space into public and private domains, a set of ideologies and practices that are themselves based on titled ownership of property and its associated privileges (Wardhaugh, 1996: 703-704). Moreover, I suggested that within this conceptualization, homelessness constitutes an interdependent negative spatiality, an antithetical form of absence that revises and destabilizes the presuppositions regarding the public-private spatial exclusivity that the domiciled citizenry claims for itself (Augé, 1995; de Certeau, 1984; Meyer, 2012). The negotiation of meaning and

value within this relational dynamic is enacted daily through the interactions, the intersections, and the affects and the everyday practices of the respective incumbents, much as Anderson and Smith (2001: 7-10), de Certeau (1984: 91-110), Duff (2010: 881-895) and, more specifically, Snow and Mulcahy (2001: 154-166) and Wolch et al (1993) argue. As such, homelessness is determined by the absence of space or by restricted access to space and other resources. Typically, this implies not owning one's own home or property or the means to do so, while at ground level, it also concerns access to and use of public space or exclusion from it.

With specific regard to homeless Native Americans, this sense of absence extends to the historical displacement, placelessness, and cultural loss that their communities have endured. As a contemporary reality it is conditioned by the alienation from their families, tribes, reservations, and other cultural resources and, on the other hand, by the stereotyping and acculturation pressures of contemporary American society.

Meanwhile, Duncan (1978) theorizes urban homeless spatiality in terms of *prime* and *marginal* spaces and argues that homeless migration between these domains is regulated by the inherent 'moral order,' the property and ownership rights of the domiciled majority, and the political-economy that determines these rights. Prime and marginal spaces frequently overlap and are organized according to the intersection between their different temporalities and productive values, as we see, for example, when public parks, shopping malls, public libraries, and so forth double up as homeless enclaves, meeting points and shelters depending on time of day or the 'use' values attributed to them by the different players. Such fluidity has a significant impact on shaping homeless culture, identity and experience - both internally in terms of group solidarity, mobility patterns, and coping strategies, and externally through stigmatization, labelling and stereotyping (Duncan, 1978; Hodgetts et al, 2008; Johnsen et al, 2005; Kawash, 1998; Snow and Anderson, 1987, 1993; Snow and Mulcahy, 2001; Wolch et al, 1993).

For Duncan the moral order of the landscape is configured according to the power relations and the 'rules' that control the use of public and private spaces, and public

order. These dynamics are determined by the dominant or 'host' group, who decides and regulates what the 'correct' etiquette and behaviour for people in social space should be. In other words, the domiciled have 'normal identities' while the homeless have 'spoiled identities' (Duncan, 1978: 24-29; Goffman, 1963). However, each group within the urban landscape has its own conceptualization of moral order and these are held in a continuous dynamic tension by the different and competing needs of the different interest groups. On the one hand, there is the middle class citizenry, the police, the town planners, and, on the other hand, we have the street gangs, the homeless, and any other non-host group (1978: 25).

The moral order regulating homeless space is thus determined by differentials in power relations with the host group that determine how land or space is used and who has access to it – a view Wardhaugh (1996) reinforces with her observation that the politics of space are predicated in favour of the domiciled. Consequently, the homeless population's conceptualization of the moral order of the landscape is determined by *"the strategies they employ to exist in the nooks and crannies of the urban world whose moral order denies the legitimacy of their nomadic existence"* (Duncan, 1978: 24), and their extreme marginalization makes it increasingly difficult for the homeless to impose their own moral order onto public space. Homeless adaptive strategies are primarily their mobility (Wolch et al, 1993) and the extent to which they can co-opt the 'host' group's spatial dynamics to their advantage.

On the other hand, the social value of the landscape is based on the 'market place ideology' of individual property rights and degrees of investment in them. Social value is an organizing principle that is determined by how space is used rather than implying any *"inherent value in the space itself"* (Duncan, 1978: 27). For instance, this is seen in the distinction between the 'use' and 'exchange' value of real estate and the different interests of the respective actors involved, such as the tenant or the landlord (Snow and Mulcahy, 2001: 156). The fact that homeless, non-propertied individuals are disinvested in the 'host' group's moral order also makes them disinclined to maintain it, and their nomadic predisposition not only aggravates this, it also poses a threat to the status quo.

According to Duncan, the homeless navigate the physical and moral terrain of the landscape by keeping as low a profile as they can, by using the landscape as 'cover,' and through reciprocity with their street 'brothers.' They are nevertheless at a disadvantage on a number of levels since how they look and dress, their 'apparential' identity (Snow and Mulcahy, 2001: 154), makes it difficult to remain inconspicuous. Similarly, using the landscape as cover requires a highly specialized knowledge of the environment and knowing "*how the host group classifies space and specifically the social value that it attaches to different landscapes*" (Duncan, 1978: 27). On the other hand, reciprocity with their fellows often involves a degree of intra-group competitiveness and conflict over various resources. Although a different ethos seems to prevail among homeless Native Americans, undoubtedly influenced by the strong reciprocal bonds that Native Americans traditionally have with their land (Kramer and Barker, 1996; Lobo and Mortensen Vaughan, 2003; Zerger, 2004).

The categories of prime and marginal space also mark the scale of social value that determines how public space is used. Public space is accessible to all citizens provided they adhere to the rules of etiquette that govern access to the space. However, being 'property-less', as I have suggested above, can also restrict one's access to public space (Snow and Mulcahy, 2001: 156). By comparison, because private space is defined by property ownership, it remains essentially inaccessible to the homeless. Most urban public space is prime space and therefore potentially dangerous to the homeless individual, in the sense that he or she might easily be arrested or become a victim of crime in these spaces (Wardhaugh, 1996: 703) - although, marginal spaces can be equally dangerous. Prime spaces include public libraries, public parks and gardens, train stations, and so forth (Hodgetts et al, 2008; Kawash, 1998; Wolch et al, 1993).

Generally, however, the homeless aim to occupy marginal space. Marginal space is perhaps easier to characterize, and includes "*alleys, dumps, space under bridges, behind hedgerows, on the roofs of buildings, and in other no man's lands such as around railroad yards*" (Duncan, 1978: 27). Nevertheless, the notion of prime and marginal space is part of a continuum rather than dichotomous, and is relative to the

fluctuations in time when different groups use these spaces. This also accounts for why in some cases there are 'jurisdictional voids,' since different interest groups can and do form temporary alliances and enter into 'implicit bargaining' pacts, as sometimes occurs between the police and small groups of homeless individuals over particular spaces at given times (1978: 28-43).

The idea that the homeless person has a 'spoiled identity' derives from the assumption that "*the social value of an individual must be roughly commensurate with the social value of the place he frequents*" (1978: 29). In this context, Snow and Mulcahy draw attention to the 'contamination' that the homeless person transfers or carries when entering prime space (2001: 161). However, while stigma can be spread by "*spatial association*" (Duncan, 1978: 29), the fact that the homeless person makes little claim on space generally, means that the risk of stigma contamination is minimized. Meanwhile, marginal spaces are contaminating insofar as "*they convey stigmatizing information about their inhabitants*" (1978: 30), and are thus seen as being morally bankrupt. Ultimately, however, homeless social marginality is reaffirmed by the fact that the homeless are usually subjected by "*the host's strategy of containment*" (1978: 30), and are thus in a weak and disadvantaged position to negotiate use of space.

Snow and Mulcahy elaborate Duncan's analysis of the different value categories of homeless spatiality in a number of ways. For them prime space is conceptualized as:

...any space within a community that is being used by domiciled citizens for residential, recreational, or navigational purposes; by entrepreneurs for commercial, financial reasons; and/or by politicians and their agents for political and symbolic purposes... [and] ...oftentimes, a parcel of urban space can serve several purposes or functions. (Snow and Mulcahy, 2001: 157)

By contrast, marginal space:

...has little if any use value to most residents; little if any current economic or exchange value to entrepreneurs, except perhaps as a tax write-off; and no immediate political or symbolic value. Because it is essentially valueless from the standpoints of recognized community residents, entrepreneurs,

and political agents, marginal space generally appears to be abandoned and ignored by the three major sets of urban actors. And as a consequence, it tends to be ceded, whether intentionally or unwittingly, to the marginalized—that is, to the powerless and property-less. In most communities, clusters of abandoned buildings, unkempt allies, vacant lots, impoverished and run-down residential areas, skid rows, and homeless encampments and shantytowns are all, for the most part, situated in marginal spaces. (Snow and Mulcahy, 2001: 157)

Lastly, they entertain the idea of a third space, a domain of transitional space that:

...is neither fully prime space nor fully marginal. It often is being used by domiciled citizens, entrepreneurs, and marginal individuals such as the homeless, and typically, it is either populated by low-income, marginalized but domiciled citizens or sits as a buffer between such an area and one that is more fully prime. Such areas are often the object of reclamation efforts for economic or political reasons or both. (Snow and Mulcahy, 2001: 157)

The growing presence and visibility of homelessness in cities across the U.S. since the 1980s has produced new, more complicated, socio-spatial relationships with the domiciled population; and homeless street life becomes a function of the intersection between homeless subsistence practices and the organizational and institutional constraints on them. Thus, the homeless inhabit spaces that are not designed or intended as residential and, in some cases, are caught up in the double bind of being non-legal occupiers of public space.¹ Meanwhile, they inadvertently invest the spaces they occupy or transition with their own brand of political and symbolic value, for example, by being property-less, they inadvertently contest the ‘use’ and ‘exchange’ value associated with prime space real estate. Moreover, although they might use marginal space as ‘home territory,’ the homeless are dependent on accessing and exploiting prime and transitional spaces for their subsistence needs and survival. Meanwhile, strategies of social control on the part of security agencies such as the police strive to contain, displace, or exclude the homeless from the spatial domains of

¹ “Not only are they not legally recognized residents, but they apparently have no clear-cut, unequivocal constitutional right to occupy or use private or public space to attend to the essential needs that residents, be they renters or owners, take for granted” (Snow and Mulcahy, 2001: 156).

the domiciled. The homeless, in turn, either resist, adapt or exit the scene (Snow and Mulcahy, 2001: 159-161).

Significantly, Snow and Mulcahy found that economic factors were not necessarily the main concern of the various parties involved when contesting space. Political, legal, and quality-of-life issues and grievances were far more significant. They also found that:

...the value of urban space of any kind, including marginal space, does not inhere in the space itself but [that it] is imputed or constructed on the basis of its use and significance... [and that]... spatial contestations are in part disputes about how space is defined and by and for whom. (Snow and Mulcahy, 2001: 165)

On the other hand, the role of affect and practice in the production of place generally has been largely overlooked in much of the research (and specifically in this case in terms of connecting homelessness to spatial production). Consequently, it also means that a key area of human experience continues to be unacknowledged (Anderson and Smith, 2001). Emotional and affectual geographies emphasize the importance of recognizing *“the extent to which the human world is constructed and lived through the emotions... [and how] ...emotional relations shape society and space”* (Anderson and Smith, 2001: 9). Emotions produce spaces of relationality through time and place that shape and are shaped by *“our interactions with the people, places and politics that make up our unique, personal geographies”* (Davidson and Bondi, 2004: 373). Through the *“very intensity of their attachments... [emotions] ...align individuals with communities—or bodily space with social space”* (Ahmed, 2004: 119).

Duff (2010) elaborates the role of affect in the production of place by suggesting that we imbue places with the *“imbrications of affect, habit, and practice”* (881) at the same time that *“the lived sensation, the feel, and emotional resonance of place”* (882) shapes our experience of place. These ‘affective atmospheres’ capture both *“the emotional feel”* and what is *“potentially enactable in that place”* (2010: 882), and give one a sense

of meaning and belonging by “*forging a series of affective and experiential connections in place*” (2010: 882).

Places evoke distinctive affective responses (i.e. feelings and emotions) that are indicative of the subjective mood of certain places, and frame the activities and practices that can and do occur within those places (2010: 884). Affects also constitute our “*dispositional orientation to the world*” and how we are affected by the interplay between ‘good’ or ‘bad’ encounters. Hence, our interaction with place means that places constantly transform in relation to “*the affective pitch and echo of the myriad practices and encounters experienced in place*” (2010: 885). Yet, affects are autonomous in that affective engagement with place “*captures an emergent force or intensity that is a function of the assembling of bodies, both human and nonhuman, without ever being reducible to these bodies*” and “*creates a zone of indeterminacy, an intensity, that transforms space in the very instance of creating place*” (2010: 886).

Duff’s argument echoes Duncan’s earlier claims that the social dimensions of this sense of place-making is defined by the extent to which individuals navigate the “*tensions between private and public spaces and the difficulties... experienced in cultivating a place for privacy and/or intimacy*” (2010: 888). ‘Sense of ownership’ of these places is determined through the practices enacted in them and the extent to which the places lend themselves to supporting such practices. Hence, individuals and groups are “*deeply affected by place, just as they are deeply affected by the varied practices, activities, and bodies they encounter in place*” and the “*diverse affective atmospheres*” that this process engenders. Moreover, these affective atmospheres and their emergent properties “*are unique to each occasioning of place*” and are renewed with each visitation (2010: 891).

By the same argument, however, this connection to place also suggests that the production of place can and does exist in negative configurations as well, as we see in Duncan’s (1978) analysis of public space as ‘prime’ and ‘marginal’ as it relates to the tensions inherent in the domiciled-homeless experience and practices of spatiality

enacted in places such as public libraries, museums, public parks, shopping malls, or public transit.

For Native Americans, on the other hand, the role of affect in the production of sense of place is inextricably linked to indigenous sacred geography and spiritual practices. It helps to explain the devastating nature of their affective and emotional response when that bond is severed, particularly as it impacts homeless Native American experience of suffering, as I have illustrated in earlier chapters.

As we have seen, Native American spatial practices are closely connected to their ethnogenesis and are inclusive of both their history and their cosmology. They are processes that ‘map the sacred’ and integrate stories of the land, songs, epic narratives, drawings, paintings, and so on (Nabokov, 1998: 243; Nye, 2003: 9). Specific places and sites are considered sacred and Native American sacred geography has a vital role in group identity formation and collective social cohesion (Walker, 2005: 1448). The purpose of ritual practice is to ‘enter’ the sacred and to enable direct access for an individual to experience it on a personal level, and ritual efficacy is thus also dependent on actualizing ritual performance at sacred sites at the proper times (2005: 1449). Traditionally, Native American spatial representations and modes of spatial ‘measurement’ foreground the importance of experiencing the environment in terms of hunting, foraging, and subsistence locations and as spaces of spiritual practice that are measured in terms of ‘units of activity’ (Nabokov, 1998: 246-247). Of prime importance within this setting is the fact that Native American ceremonies represent “*the continuing search for balance and harmony*” in which “*the whole web of cosmic life*” is represented (Deloria, 1999: 203).

The metaphysical underpinnings of the spatiality of Native American origin narratives, for example, stress the multiple ‘lived relationships’ and the emotional or affective ties that people maintain with places (Basso, 1996: 106). This position aligns with the tradition that the moral purpose and the socially organizing function of Native American stories constitute an intrinsic and embedded part of the spatiality of Indianness. The spatiotemporal dimensions of this lived relationship allow for the

reflexive processes that shape a sense of selfhood across past, present and future (as well as in terms of other places), and for places themselves to produce their own 'fields of meaning' – a dynamic and reciprocal process that Basso refers to as *interanimation* (1996: 108). This consciousness is conditioned by religious, secular, and affective agency as well, and stories illustrate both the interconnectedness of life, i.e. the 'linkages' between human, natural, and spiritual worlds and serve as moral teachings on how to conduct one's life in and between these worlds. So, for example, there are frequent allusions to the unimpeded communication between humans and animals or to the intercessory purpose of animals in fable-like tales within most Native cultures (1996: 112-117).

In the cultural logic of the Apache, for instance, landscape and objects in the landscape such as mountains, rivers, trees, rock formations, and so forth, form the basis of knowledge from which wisdom is acquired. They also serve a mnemonic function in geographical orientation and in shaping the metaphors and figures of speech that inform dialogue, narrative and song (Basso, 1996: 130-134). For example, the underlying moral currency in Apache cautionary tales implies that in practicing good conduct, that conduct becomes, or should become, habitual and thus easier to effect through one's life (1996: 138-144). Moreover, right living needs to be constantly reinforced – the self needs to be constantly 'replaced' – and stories have the power to effect self-reflection and social behaviour. In this process, landscape is:

...a repository of distilled wisdom, a stern but benevolent keeper of tradition, an ever-vigilant ally in the efforts of individuals and whole communities to maintain a set of standards for social living that is uniquely and distinctly their own. (Basso, 1996: 63)

Nevertheless, there is fear among Native elders that the younger generation is losing touch with or becoming disinterested in this part of their culture and the concern reminds us, once again, of the point made by de Certeau of the correlations between loss of story, space and culture. We saw this sentiment expressed by Barney in Chapter 3, and the topic came up again in an interview with one of my informants, a traditional artist and medicine man from the southwest:

I've always heard our elders say, "Aren't our stories strong enough? Aren't they being told? They're supposed to provide that foundation, that stability in someone. What's going on?" They always ask these questions. They always say, "We're losing our power; we're losing our protection; we're losing our prayers." That's what they always say. That's their fear. That's their fear.

6.3: Pathways to homelessness.

With few exceptions, most of the social science research into homelessness in the U.S. since the 1980s has focused on three main areas. Namely: the demographics and disabilities of homeless individuals; variations in and degrees of poverty, unemployment, housing affordability, and rates of homelessness; and lastly, on the survival and adaptive strategies of street life among the homeless – with the first of these categories receiving the greatest attention (Snow and Bradford, 1994: 455; Snow and Mulcahy, 2001: 151). In addition, much of this research suffers from the distorting tendencies of over-generalizing data, uncritical use of psychiatric inventories, decontextualized analysis, and a rhetoric of disability rather than in the language of the “*biographical vulnerability*” of the homeless (Snow, Anderson and Koegel, 1994: 463-469).

Within this framework, anthropological research into homelessness has emphasized the political-economy of exclusionary ideologies and practices resulting from urban renewal in the latter part of the 20th century, including the social mobility patterns to which such practices and policies have given rise (Glasser and Bridgman, 1999; Kawash, 1998; Rapport and Overing, 2007; Susser, 1996). It has also investigated the manner in which these dynamics mediate the construction of identity, self, and personhood in light of prevailing stereotypes and labelled representations (Arrigo, 2004; Duncan, 1978; Hodgetts et al, 2008; Johnsen et al, 2005; Kawash, 1998; Mendel, 2011; Snow and Anderson, 1987, 1993; Snow and Mulcahy, 2001; Valado, 2006; Wolch et al, 1993).

What is missing in the general body of research, according to Snow and Anderson, is adequate attention on the “*individual-level factors that push some of those at risk over the edge and onto the streets*” (Snow and Anderson, 1993: 234), and I now turn attention to some of these elements.

6.3.1: Operational definitions of homelessness.

Current operational definitions of homelessness in the U.S. are defined by two fundamental concepts, both of which describe the structural roots of the phenomenon. The first has to do with the instability of an individual’s living arrangements (Bureau of Primary Health Care, 1999); and the second, with its temporality (Piliavin et al, 1993; Piliavin et al, 1996). According to the Bureau of Primary Health Care, a person may be considered homeless if the individual:

“...lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility (e.g., shelters) that provides temporary living accommodations, and an individual who is a resident in transitional housing.” A homeless person is an individual without permanent housing who may live on the streets; stay in a shelter, mission, single room occupancy facilities, abandoned building or vehicle; or in any other unstable or non-permanent situation. An individual may be considered to be homeless if that person is “doubled up,” a term that refers to a situation where individuals are unable to maintain their housing situation and are forced to stay with a series of friends and/or extended family members. In addition, previously homeless individuals who are to be released from a prison or a hospital may be considered homeless if they do not have a stable housing situation to which they can return. (Bureau of Primary Health Care, 1999: 7)

These definitions also distinguish between short-term (‘episodic’) and long-term (‘chronic’) categories of homelessness, and are useful as operational and instrumental terms, especially with regard to formulating policy and deciding funding on housing or accommodation issues. However, they do not account for exits from or the return to homelessness or for the variances within both short- and long-term homelessness, and the aggregations of frequency and recurrence of episodic homelessness that blurs these categories. Nor do they address the fact that “*the systemic aspect of*

homelessness within U.S. culture exceeds the economic and social dislocations that might be invoked as its cause” (Kawash, 1998: 325).²

Moreover, as will be seen shortly, these definitions are inadequate as cultural markers to account for the Native American experience of homelessness, given that Native American perception and experience of home are grounded in a sense of connectedness and belonging to the land as well as to family, community, and culture. It also needs to be remembered, as was seen in previous chapters, that Native American foundation narratives conceptualize a first peoples’ claim to a place “*because of the intervention of spiritual beings... [and] ...a sense of primeval oneness with the places they inhabit.*” For them, “*parts of the world are almost invariably seen as sacred spaces*” (Nye, 2003: 9). Homelessness for Native Americans is thus experienced as a powerful sense of disconnectedness, disaffection, and lack of belonging on a number of levels that involve the personal and collective through to the spiritual and sacred, and while a sense of home for many Native Americans is linked to reservations and tribal lands, homelessness is a phenomenon that is prevalent both on reservations and in urban areas (Zerger, 2004).

6.3.2: ‘Homeless careers.’

Over and above any residential and/or economic dislocations that effect homeless causality generally across the United States, one needs to consider the biographic or ‘individual-level factors’ as well (Piliavin et al, 1993: 580-582; Piliavin et al, 1996: 36-38; Snow and Anderson, 1993: 265-302).

² Residential dislocation is largely the consequence of the compounded effects of the diminishing supply of low-income housing, governmental indifference, and market forces that saw redevelopment and gentrification of city centres, i.e. the transformation of marginal space into prime space, in the U.S. in the 1970s and 1980s (Snow and Anderson, 1993: 103-104; Susser, 1996: 416-417; Wolch et al, 1988: 446). Whereas deindustrialization and the shift away from manufacturing, job and income polarization, governmental cutbacks, unemployment, and the rumour of work were some of the main factors that account for the economic dislocations impacting the evolution of homelessness occurring at the same time (Snow and Anderson, 1993: 242-252).

For instance, Snow and Anderson (1993) conceptualize homeless 'career paths' as a progression in identities amongst homeless individuals, which they present in terms of three typologies, namely: the *recently dislocated*, the *straddlers*, and the *outsiders*. These categories are complemented by the notions of 'identity work' and 'identity-oriented constructions of meaning' in which homeless individuals frequently engage in order to reclaim a sense of selfhood (1993: 213-230).³ However, they point out that "*there is neither a definitive path nor any necessarily terminal stage in homeless careers*" (1993: 276), even though the longer one has been on the streets, the more difficult it is to extricate oneself. Some careers on the street are brief, some are episodic, some are chronic, and returning to conventional society can take place at any point during any stage. The temporality of homelessness can and does shift between these categories, and the extent to which material circumstances and adaptive responses vary as contributory factors in any given instance plays a significant role to homeless duration as well.

Career paths of the recently dislocated tend to follow one of two directions: "*early extrication from homelessness*" ... [or] ...*increasing immersion in street life*" (1993: 273). Early extrication often takes place through some form of involuntary institutionalization such as incarceration, hospitalization for mental illness, or substance abuse rehabilitation. However, such institutionalization may also facilitate or accelerate an individual's path to 'outsiderhood.' Some recently dislocated individuals manage to find jobs and work their way back to conventional society. Others, those who stay on the streets, tend to progress gradually into the in-between status of 'regular straddlers' where they can remain for extended periods of time. Some members of this group also exit homelessness through involuntary institutionalization, or they find their way out typically by taking on "*institutional positions in the agencies they frequent*" (1993: 272). Others still, move towards greater outsider status. Outsiders themselves "*exist apart from the larger system not only structurally but also cognitively*" (1993: 57). As such, many of these individuals remain

³ I discuss Snow and Anderson's notion of 'identity work' in relation to the ethnography of my homeless Native American informants below.

permanently on the streets, and here too, institutionalization can play a significant part in conditioning their status and the duration of their homelessness.

6.3.3: Biographic Determinants of Homelessness.

The biographic determinants that mark the onset and persistence of homelessness are conceptualized primarily in terms of degree of exposure to one or more of a set of factors (Piliavin et al, 1993: 580-582; Piliavin et al, 1996: 36-38; Snow and Anderson, 1993: 265-302). These factors include: *institutional disaffiliation; personal disabilities and psychological dysfunction; acculturation or street-based ties; lack of human capital; personal resource deficits; and cognitive factors.*

Institutional Disaffiliation – This distinction refers to an individual’s disassociation from social institutions due to isolation, traumatic events, or voluntary withdrawal. Indicators include family and marital histories, personal relationships, living arrangements, criminal history and childhood placement in foster care. Piliavin et al (1993) and Piliavin et al (1996) argue that once institutional disaffiliation has been experienced the likelihood of re-entering conventional society diminishes. The experience of homeless men, particularly the chronically homeless, frequently reflects this profiling, as they are more likely to have been socially withdrawn in their youth, to be without friends, to live alone, to have never married, and have little or no family contact.

Snow and Anderson, on the other hand, are slightly more circumspect. While they suggest that the relationship between deinstitutionalization and homelessness as a major precipitant has been exaggerated, they feel that it needs to be considered contextually rather than in isolation (1993: 236-237). In particular, they draw attention to the limited success some caregiver agencies have in their efforts to get individuals off the streets. This is due, in part, to the fact that “*their organizational structure and proximate goals undermine the realization of their restorative ideals*” (1993: 283). These agencies aim to change the attitudes and behaviours of their clients, often in ways that inadvertently reduce their clients’ chances of getting off the streets. Their

practices and programmes frequently exhibit selective bias when offering assistance and treatment - so much so that *“as the homeless develop routines based on the availability of services, they become accommodated to street life rather than directed toward disengagement”* (1993: 283). These are sentiments that are echoed by Gemma from SHONA’s outreach team, as we saw in the previous chapter. Meanwhile, other clients still ‘worked the program,’ as a way of keeping in the agencies’ ‘good books.’ In addition, some rehabilitation and detox centres *“exhibit many of the operational dynamics of total institutions, such as prisons and mental hospitals”* (1993: 288).

Personal Disabilities and Psychological Dysfunction – While instances of physical disability, mental illness, alcoholism, and drug use among homeless populations remain pronounced, it is unclear to what extent this category reflects an individual’s vulnerability rather than his or her predisposition to homelessness. Similarly, it is difficult to ascertain whether such disabilities precede the onset of homelessness, whether they are causes, or whether they are behavioural and psychological adaptations to street life and thus a consequence of homelessness, given that existing research tends to address the current experience of homelessness rather than pre- or post- experiences.

As with most of these categorizations, personal disabilities and psychological dysfunction need to be seen in relation to other precipitant factors – especially the lack or absence of familial support (Piliavin et al, 1993: 580-581; Snow and Anderson, 1993: 256-259). Family relationships for many homeless individuals tend to be non-existent or extremely dysfunctional – although this seems to show some variation for homeless Native Americans (see below). Frequently the families themselves are economically marginalized and unable to offer financial support, and this would appear to be one of the necessary conditions for homelessness (Snow and Anderson, 1993: 265-269).

Acculturation or Street-based Ties – These ties are predicated on the assumption that street survival is dependent on assimilating the values and lifestyle of a street culture and identifying with other homeless people. Street-based ties tend to serve a number of *“social, psychological, and instrumental functions”* (Snow and Anderson, 1993:

290). They reinforce street attachments and adaptive strategies and tend to sanction withdrawal from certain behaviours, as is frequently the case with peer-group drinking behaviours (1993: 290). Consequently, individuals are drawn towards a homeless sub-culture and find it difficult to leave. This category tends to explain the persistence, rather than onset, of homelessness.

Lack of Human Capital – Human capital here refers to degree of education, occupational skills, and work experience. Many of the individuals in the respective investigations were relatively disadvantaged in terms of these attributes.

Personal Resource Deficits - Homeless individuals lack material resources and ‘social margin’ that inhibit their efforts and opportunities to find work and housing. These are things the domiciled population often takes for granted: “*clean clothes, access to facilities to maintain personal hygiene, private and public transportation, personal tools for skilled and semi-skilled labour, and a telephone*” (Snow and Anderson, 1993: 280). Social margin is the extent of goodwill others are willing to extend to the homeless. It is closely correlated to stigma, and “[b]y the time an individual hits the streets, he or she usually has little, if any, social margin left” (1993: 281).

Cognitive Factors - Snow and Anderson suggest that one of the biggest cognitive dilemmas that confront the homeless is “*their inability to formulate concrete plans of action directed toward getting off the streets*” (1993: 293). The homeless exhibit an over-reliance on street routines, mistrust of conventional social life, and confusion and demoralization from living on the streets (1993: 298). However, responses to this deficit, in terms of levels of psychological anxiety on the part of the homeless themselves, depend on the amount of time spent on the streets. Contrary to expectation, Snow and Anderson found that the longer an individual was on the streets, the less the anxiety since street-hardened individuals tend to have developed their street-based infrastructures and networks and have acclimated to street life (1993: 293-295).

Nonetheless, Snow and Anderson also remind us that much of the research on homelessness is from a middle-class perspective that tends to see (and therefore distort the meanings of) these various behavioural and cognitive adaptations on the part of the homeless as *“bad habits and fatalistic attitudes that must be overcome in order to be able to take advantage of opportunities for mobility”* (1993: 298). Such a position on the part of the researcher risks judging *“the behaviours and cognitions of the homeless by standards outside their world”* (1993: 298) and returns to the notion mentioned earlier with regard to the inadequacies of efforts to represent the homeless Native American experience of suffering. In the worst case, this position can ultimately obstruct a homeless individual’s chances of getting off the streets.

Ultimately, these biographic factors are not discrete and bounded categories and they usually occur concurrently or frequently overlap. They constitute *“a holistic web in which the homeless are ensnared by multiple strands”* (1993: 299), and go a long way to explaining why the homeless find it so difficult to get off the streets. At the same time, they form part of the complex substrate of the state of homelessness itself and as such constitute another, complex barrier that needs to be overcome. It appears that the transition from straddler to outsider is a longer trajectory than that from recently dislocated to straddler. In part, this can be accounted for by the fact that the shift from acceptance to identification with street life can take a long time (1993: 300). The corollary to this, of course, is that the longer a person is on the streets, the more difficult extrication becomes.

On the other hand, the longer a person is on the streets, the more difficult it is for agencies to help people get off the streets, and the agencies themselves run the risk of institutionalizing homelessness insofar as their services do little more than facilitate a “Band-Aid” solution to the problem – especially as their services affect the long-term homeless. These effects underline some of the enormous difficulties and dangers implicit in over-pathologizing or over-institutionalizing the homeless. They risk entrenching attitudes, behaviours and policies that ultimately blame the victim and detract from initiatives and interventions that constitute *“any serious attempt to alleviate the problem of homelessness in the United States”* (1993: 302).

These notions echo SHONA outreach member Gemma's concerns on the same themes in Chapter 5:

If you stand back and look at the whole picture, I mean, how much of homelessness and poverty and addictions are any better than they were fifty years ago? They're different and in many ways they're solved for certain people... I'm sure that all the individuals that are affected have definitely been affected in a positive way, but overall I don't know how much of it really has changed at all, and so, if we really evaluate it critically we could be doing more harm than good in some areas.

The Piliaven et al studies corroborate most of these findings as well. Individuals have longer homeless careers if they have disjointed or inconsistent work histories, have experienced childhood foster care, and are more acculturated to life on the streets. However, they found that people who had experienced psychiatric hospitalization prior to homelessness had shorter homeless careers than people who experienced mental health issues after their first and/or subsequent bouts of homelessness. In addition, the homeless careers of individuals suffering from severe alcoholism were not significantly different from the average length of less substance-dependent or non-substance-dependent homeless individuals. The authors were less successful in explaining transitions between homelessness and domiciled states and the episodic nature of homelessness. Finally, whereas Snow and Anderson's study's core sample included only one Native American individual (1993: 64), the Piliavin et al sample (used for both their studies) was composed of roughly 22% Native American.

However, while Snow and Anderson's conceptualization of progressive homeless identities, alongside the Piliavin et al studies, offers a useful reference point for discussing different stages of homelessness and for reflecting on inherent aspects of causality within homelessness and the dynamics that impact it, it is essentially a diachronic and linear model. Any points of overlap between categories, and any correlations between their various biographic determinants, tend to be characterized in terms of degree of lateral or horizontal movement as points of transition from one phase to another. As such, it is a somewhat restrictive representation and it does not

account for, nor accommodate the absence of, or lack of conformity to the categories that constitute homeless transitions as the authors elaborate them above. Moreover, we need to remember that these categories are not in and of themselves discrete and bounded entities. Neither are they the exclusive preserve of homelessness. Nor are the biographical determinants in and of themselves sufficient and necessary conditions of homelessness.

For instance, involuntary institutionalization may play no part in either the onset, the persistence, or extrication from homelessness in the same way that personal disability and psychological dysfunction can be entirely absent characteristics among homeless individuals, irrespective of time spent on the streets. Similarly, degree of street acculturation alone is not a factor preventing extrication while, on the other hand, any cognitive deficits and behavioural anxieties and attributes that homeless individuals may display may also be shared by domiciled members of the public – for example, with addiction behaviours and mental health. Meanwhile, lack of human capital is not the same as the non-existence of it and, as with many of these categories, they may have more to do with highlighting the incommensurability between individual and institutional agency.

There are other significant gaps as well. As we noted earlier, both Snow and Anderson and Piliavin et al acknowledge the inherent limitations in current research into these domains of homelessness. Researcher bias and point-in-time rather than longitudinal investigations preclude more in-depth analyses of the emic perspective, particularly with regard to how the homeless construct and inhabit their own liminality and experience of suffering.

Ultimately, however, this model of progressive homeless identities does not factor in the cultural dimension and determinants of homelessness. This is a particularly significant omission in the context of determining the onset and persistence of Native American homelessness insofar as it ignores the cultural, relational, and affective attachments to the land and sense of place that constitutes a fundamental part of

Native American meanings and constructions of identity (and home) as I have attempted to understand and represent them in this thesis.

In the next section, I examine the extant literature on Native American homelessness in terms of pathways into homelessness as documented by Kramer and Barker (1996), Lobo and Mortensen Vaughan (2003), Westerfelt and Yellow Bird (1999) and Zerger (2004) in light of the above critique. I then present an ethnography of two of my homeless Native American informants by way of illustrating some of the lacunae and contradictions inherent in Snow and Anderson's and Piliavin et al's appraisals, and suggest that my informants' narratives describe an alternative set of parameters that determine Native American pathways into and out of homelessness.

6.4: Tracing the origins of indigenous homelessness – reviewing the literature.

Until 1980, homelessness was primarily composed of poor, single, white men between the ages of fifty and fifty-four. Since then, it has become progressively more heterogeneous with significantly more minority representation from ethnic groups, women, children, families and veterans. Similarly, homeless populations have a younger mean age and there has been a shift to greater representation of physical and mental disability among homeless individuals, and I have already outlined in some detail some of the social and economic determinants of the phenomenon (Kramer and Barker, 1996: 397; Snow and Anderson, 1993: 17).

To date, there has been very little dedicated research into Native American homelessness. Where it does receive mention, it tends to be treated as a subset of ethnic minority homelessness, as a margin-within-a-margin, and typically as part of the research into the homeless demographics, disabilities, and socio-economic disparity categories listed above where it suffers from similar research distortions. For instance, while Native Americans represent less than 1.5% of the U.S. population, they account for between 3% and 8% of the total homeless population, in spite of their diversity and distribution throughout the country (Kramer and Barker, 1996; DHHS, 2001; Zerger,

2004). The difficulty involved in monitoring homeless populations generally would suggest that these statistics represent a significant under-count when tracking the homeless Native American population as well (Lobo and Mortensen Vaughan, 2003; Moore, Day and Hardy, 2010).⁴ Yet, while such structural considerations are important for this demographic, they mask the historical and cultural dimensions that condition the Native American origin and experience of homelessness (Kramer and Barker, 1996; Lobo and Mortensen Vaughan, 2003; Westerfelt and Yellow Bird, 1999; Zerger, 2004).

On the other hand, the emergence of Native American homelessness remains in the penumbra of a larger Native American identity discourse, and as a direct consequence of the U.S. federal government's termination and urban relocation policies after World War II. I indicated in previous chapters that these policies failed to provide adequate housing, employment opportunities, healthcare, education, and other social services in cities such as Chicago, Cleveland, Dallas, Denver, Los Angeles, Oakland, San Francisco, San Jose, and Salt Lake City, while urbanization also exposed numerous Native Americans to the negative effects of globalization (Bruyneel, 2007; Fixico, 2000; Sorkin, 1978).

It was seen earlier that current operational definitions of homelessness predicated on the premise of "*recognition of the instability of an individual's living arrangements,*" including its temporality (Bureau of Primary Health Care, 1999: 7) are inadequate as cultural markers to account for the Native American experience of homelessness. Rather, homelessness for this group is experienced as a sense of disconnectedness and lack of belonging, given that Native American perception and experience of home are

⁴ According to Moore et al (2010), the number of all homeless people on a single-night point-in-time count in Utah in 2010 was 3,372. Of this number, 136, or roughly 2.5%, were Native American individuals. In addition, the U.S. Department of Housing and Urban Development (HUD) "*requires that all states with federally-funded homeless services participate in "Point-in-Time" (PIT) counts during the last week in January in odd years. The PIT count is a physical count of all homeless persons living in emergency shelters, transitional housing, and on the streets on a single night. Utah has chosen to conduct its count annually. This enables policy makers and advocates to determine the size and characteristics of the homeless population; however it does not capture those who experience only brief episodes of homelessness or account for changes throughout the year due to economic and social forces*" (2010: 6). This partly accounts for the lack of data pertaining specifically to homeless Native Americans in Utah after 2010.

grounded in a sense of connectedness and belonging to family, community, and culture (Zerger, 2004). However, this sense of dis-emplacement and not belonging needs to be understood in the context of Native American notions of suffering, and it is important to remember that the Native experience of homelessness is inseparable from their experience of suffering, as Griffin-Pierce (1997) and Schwarz (1997b) remind us. To be disconnected from one's lands implies that both the person and Mother Earth suffer:

The dependency between Navajo and the earth is reciprocal; the health and well-being of Mother Earth is dependent on the care of those people who have been given stewardship over particular locales just as Navajo people are dependent on the continuing nurturance of their mother, the earth. (Schwarz, 1997b: 51).

Leaving the land is 'potentially dangerous' for a number of reasons. Not only is the duty of stewardship of Mother Earth violated, but so too is the reciprocity with the Holy People and the spirit world (Schwarz, 1997b: 46). In addition, the lives of both the 'relocatee' – in this case, the homeless person – and his or her family and community members can be affected (Schwarz, 1997b: 50) by the discredit brought on both parties by separation. Once the connectedness to one's sense of place is violated, not only do individuals who fall between the cracks, so to speak, fall very deeply, but such a rupture also speaks to the difficulty of repairing the bond and connectedness.⁵ Moreover, being removed from the land in the sense of being on the streets does not adequately explain the experience of being removed from access to the sources of power and healing inherent in one's sacred geography. If anything, it exacerbates the fact that one's past behaviour may be an obstacle to returning to one's land or reservation while at the same time it compounds the possibility of a meaningless life.

Urban migration among Native American populations was accelerated both by employment opportunities afforded in the defence industry as a result of the U.S. involvement in World War II, and as a result of federal policies at the time. The

⁵ Napier, personal communication.

associated housing problems that subsequently emerged as a result have increasingly become key factors contributing to persistent Native American homelessness in cities since the 1950s. With more than 70% of Native Americans now living in metropolitan areas (U.S. Census 2010: Brief C2010BR-10: 1; U.S. Census 2010: Brief C2010BR-10: 13), access to housing in urban areas is hindered by lack of affordable homes as well as by discrimination and competition in the housing market. Socio-economic barriers such as poverty, lack of education, and unemployment (or underemployment) further restrict opportunity. Similarly, housing shortages on reservations are acute, housing standards are inadequate, and the problem is exacerbated by overcrowding (Zerger, 2004). Nevertheless, a significant difference in prosperity outcomes can be observed in favour of Native Americans who relocated voluntarily (mostly to southern California) compared to those who had been forcibly removed by the B.I.A. to other locations. A similar trend occurs within the latter group with respect to levels of education (Kramer and Barker, 1996: 404)

As with other categories I have looked at, homeless Native Americans are significantly overrepresented by comparison with the general homeless population. On the other hand, pooled data sources regarding numbers of homeless Native Americans compared with the general homeless populations from Chicago, Denver, Los Angeles, Milwaukee, Phoenix, Portland, and San Francisco since the 1950s suggest that percentages have been as high as 20% in some cases - with veterans particularly noticeable (Kaspro and Rosenheck, 1998; Kramer and Barker, 1996; Zerger, 2004). However, as has already been suggested, Native American homelessness is not an isolated category that singularly affects Native American experience. It emerges from the larger U.S.-Indigenous relations discourse and, as a contemporary phenomenon it exists as one of several inter-connected precipitating factors impacting both health and socio-economic disparities. These are set alongside substance dependency, childhood fostering⁶ and other involuntary institutionalization, and accident and trauma, and

⁶ See Garroutte for an interesting insight into cultural misunderstanding on fostering: *“Many commentators have suggested that a number of Indian families lost their children less because they were genuinely unsuitable parents and more because they refused to abandon traditional cultural values in favor of those enforced by the essentially white, middle-class, social service bureaucracy.” For instance, it is a rather common custom in many Indian cultures to share child-rearing responsibilities among*

often need to be investigated simultaneously (Kramer and Barker, 1996; Lobo and Mortensen Vaughan, 2003; Westerfelt and Yellow Bird, 1999; Zerger, 2004). Hence, of the literature that does exist on Native American homelessness, much is situated around public health discourse and reinforces assumptions about the historical, socio-economic, demographic, cultural, and behavioural factors that explain both the onset and the persistence of homelessness among Native Americans as well as their health status and efforts to address them.

As seen in Chapters 4 and 5, issues surrounding healthcare access for homeless Native Americans are central to this conversation and are compounded by the fact that, on the one hand, institutional and cultural barriers, as well as individual vulnerabilities contribute to the uniqueness of the homeless Native American experience. On the other hand, there is a lack of trust in government-run and other non-Native organizations and, as a result, homeless Native Americans frequently resist or delay seeking healthcare. In addition, limited I.H.S. healthcare provision and medical insurance; a lack of resources and dedicated Native American alternative facilities; reduced welfare; alcoholism and other substance abuse; and mental health issues are all frequently cited as reasons that reinforce the Native American homeless environment.

In one of the few dedicated studies on Native American homelessness, Westerfelt and Yellow Bird (1999) use the Piliaven et al analyses to examine the causal and consequential differences between indigenous and white homelessness in Minneapolis and conclude that the experiences are significantly different in a number of ways.

Firstly, the cultural context of Native American homelessness is indicative of higher poverty and greater irregularity in patterns of employment. This further suggests that

various members of the extended family, with the outcome that children do not necessarily live with their biological parents. It has been a common complaint among Indian families that Social Services representatives have automatically assumed, in such cases, that a child suffers parental "neglect" and have used this reasoning as an excuse to initiate foster care placement" (Garrouette, 2001: 228).

finding a way out of homelessness through economic means will prove to be exceedingly difficult for homeless Native Americans.

Secondly, the higher misuse of alcohol is related to personal disability while lower use of mental health services is indicative of structural disability, that is, lower access to alcohol treatment and treatment facilities. This points to the need for policy changes in developing specific programmes with greater accessibility for Native Americans, including early detection and screening and more detoxification centres.

Thirdly, discrimination towards homeless Native Americans is reflected in previous experiences of childhood placements. Not only do Native Americans have higher rates of out-of-home placement, but also the average age of first placement was younger, and the average placement itself is longer.

Lastly, and perhaps most significantly, it reflects greater support from family and friends. It underlines the cultural importance of the strength of family relationships and ties as a support system, a point that is corroborated by Lobo and Mortensen Vaughan (2003: 63) and Zerger (2004: 32).⁷ This is further reinforced by the fact that homeless Native Americans tend to receive more shelter and food from their families than homeless whites, in spite of their inordinate abuse of alcohol. The family ethos appears to extend to their friendships for the same reasons. However, while subjects believed their families cared about them and would help them, they were equally reluctant to seek out their help. Similarly, while they were willing to ask friends for help, very few actually did so, although they received more help from friends than did white homeless subjects. In general, they were more willing to approach friends than family members for help, and demonstrated greater affinity with homeless culture than their white counterparts.

⁷ “While the barriers are immense, the fact that Native Americans on the whole have profound strengths within their communities and extended families should not be overlooked; to the extent possible, those strengths should be tapped as important coping strategies” (Zerger, 2004: 32).

Overall, both the Piliaven et al and the Westerfelt and Yellow Bird studies indicate that Native American homelessness shares a number of the biographical determinants I have examined above. However, apart from the brief analysis of the out-of-home placement experience, the Westerfelt and Yellow Bird report does not explore the historical and cultural factors that account for the uniqueness of most Native Americans' experience of homelessness. Nor do the Piliavin et al studies (1993; 1996).

Beyond this, available reports on Native American homelessness tend to emphasize the historical and intergenerational trauma experiences that many Native American have endured as the result of the colonial encounter and the accompanying erosion of indigenous cultural structures and institutions effected by the succession of federal policies that followed – including the boarding school phenomenon, and the socio-economic consequences of an unprecedented urbanization process.⁸

Nevertheless, the migration of Native Americans from rural to urban areas has been occurring since the early 20th century, and cyclic migration is likely to continue in the foreseeable future. The impact federal policy had on this process in the 1950s has already been touched on in previous chapters. However, the dynamic has since shifted from the political motivation on the part of the federal government to one for a search for economic, housing and educational opportunity, on the part of Native Americans themselves (Biolsi, 2005; Bruyneel, 2007; Fixico, 2004; Forquera, 2001). Paradoxically, this urban migration has not only contributed to the phenomenon of Native American homelessness, it has also confounded initiatives to serve those at risk of homelessness – in part because of the dispersion of Native American populations within cities, and

⁸ For example, Zerger draws attention to the following: “In 1993, American Indian families were slightly larger than all other U.S. families, with 3.6 versus 3.2 persons per family. More telling, perhaps, is the fact that American Indians had a much higher “dependency index.” The dependency index compares two groups: 1) the proportion of household members between 16-64 years of age; and, 2) those younger than 16 years and older than 65 years. The index assumes that the former group is more apt to contribute economically to the household and that the latter are therefore (economically) dependent. In many Native American communities, the dependency index is far higher than it is among other groups in the U.S. population – one source notes that “households in many American Indian communities exhibit much higher dependency indices than other segments of the U.S. population and are more comparable to impoverished Third World countries” (Zerger, 2004: 7).

in part because of the cyclic nature of movement between the city and the reservation. It is also suggested that for some homeless Native Americans urban migration is the result of a traumatic event related to mental illness or substance abuse and that this has complicated relationships with individuals' families, communities, and critical support systems, thus making a return to the reservation even more difficult (Zerger, 2004: 9). However, older homeless Native Americans, by comparison, do not appear to practice reverse migration (Kramer and Barker, 1996: 398) – a feature borne out by my own observations in the field.

As suggested earlier, Native Americans conceive of home in terms of a sense of belonging rather than in terms of a shelter, a street address, or real estate. Typically, this is linked to the relationship with tribal lands or reservations, and life in the city is often viewed as a temporary condition even if one is a homeowner there. However, there are several barriers to home ownership in cities and these contribute further to the increased risk of homelessness. Firstly, demand for affordable, safe housing exceeds supply (HRSA 2003: 3, in Zerger, 2004: 13). Secondly, navigating the housing market is complicated by discriminatory bias towards Native Americans, as it is for many minority groups. Clients may be subjected to 'predatory lending,' greater loan application rejections, higher cost mortgage loans, and more, and urban Indians do not have the benefit of the political institutions of tribal government to protect them (Kramer and Barker, 1996: 398).⁹ Moreover, clients may not be well-versed in the economic benefits of home ownership, particularly in light of the long-term commitment that purchasing property usually entails. On the other hand, for Native Americans who rent accommodation a common problem arises with overcrowding and

⁹ In addition, Anderson and Smith draw attention to the critical, yet “*uncharted emotionally-charged personal relations*” that characterize and affect house buying: “*housing transactions are largely cast in terms of supply, demand, profit, loss, and to a lesser extent preference structures (taste and aesthetics). In fact house buying and selling has been recognized for many years by medical sociologists as a key stressful life event. The process is shot through with emotional relations (including humiliation, shaming, anger, pride, greed) between a host of parties, including buyers and sellers, agents and brokers, lenders and advisers. These emotional relations are rarely acknowledged in the conduct or dissemination of research, and their impact on housing outcomes is virtually unknown. It is hardly surprising that we continue to be puzzled by the dynamics of housing market competition and its cycles of boom and bust, when its most intimately relevant (emotional) logics are so routinely set aside.*” (Anderson and Smith, 2001: 8).

consequently to transgressing contractual agreements which can lead to eviction (Zerger, 2004: 13-15). Examples of how some of these features play out specifically for homeless Native Americans in Utah were illustrated in the ethnographic accounts in the preceding chapters.

In a report profiling homelessness among older Native Americans in Los Angeles, Kramer and Barker (1996) examine both institutional and intra-cultural descriptors. Homelessness is described in terms of the Bureau of Primary Health Care's operational definitions I looked at earlier; and the definition of 'elder' is determined by the local Native American community's criteria of old age rather than pre-determined, Census-based categories such as blood quantum, tribal enrolment, or age (although these had an overall contextual bearing). The definition also includes: "*declining health, limitation of activity, and acceptance of social roles such as grand-parenting*" (1996: 396). Homelessness among this group is typically chronic and frequently acute, and usually involuntary. In addition, all of the oldest members of the population avoid using available shelters preferring to camp out permanently, and in some cases homeless careers have spanned up to fifty years.

The study found that homeless Native Americans are worse off than their urban domiciled or reservation-based counterparts, and although they were younger on average (fifty-three compared to fifty-eight), they had significantly higher rates of ill health which often presented as symptomatic of someone ten-to-twenty years older. Nevertheless, they were functionally healthier than their urban domiciled or reservation-based counterparts, and this was partly explained by the fact that street and domiciliary survival require different degrees and modes of functionality (Kramer and Barker, 1996: 404). Depression is prevalent, especially on reservations, and is a precipitating, accompanying, and exacerbating factor of indigenous homelessness. However, there is less reporting of anxiety disorders among older homeless Native Americans, though the authors suggest that mental health evaluations with regard to this population in general need to be contextualized more carefully with cultural relevance (1996: 405). Alcohol use and abuse among the group was high but consumption was less and drinking patterns differed in frequency cycles compared

with the drinking habits of younger members of the homeless Native community. All members of the group were born on reservations or other historic tribal lands and while they expressed the desire to return to the reservation, few ever did. This reflects the pattern among the vast majority of the overall Native elder community in Los Angeles. A significant proportion of the group was tribally enrolled, representing fifty-four tribes of ninety-three for the total Los Angeles Native American population. This contrasted with the mixed-blood members in the group, of whom none had enrolment. Illiteracy and unemployment ranged between 10% and 15%, respectively, while the non-elderly, i.e. those under the age of sixty, had greater access to economic resources.

Until the signing of the PPACA in 2010, health services for all off-reservation Native Americans had been the responsibility of the state or of local UIHOs (see Chapter 4). This meant that access to healthcare for the homeless Native population in Los Angeles remained extremely limited with around 60% having no health insurance coverage compared to 14% of their domiciled counterparts. Many received some medical care through the Veterans Health Administration while a certain amount of healthcare was dispensed inadvertently through the judicial system as a result the high rate of frequent arrests and incarceration this population experienced. They would also have been less likely to have had any regular contact with physicians or healthcare providers and more likely not to have complied with treatment programmes. Institutional and cultural barriers and systematic biases as well as a lack of culturally sensitive programmes in cities are other prevailing factors that have restricted access to healthcare.¹⁰ For some individuals, shame and burn-out play inhibiting roles as well.

¹⁰ *“In response to the findings that many American Indians do not live long enough to qualify for “older” American services, and that impairments associated with aging typically occur twenty years earlier than the general population (NICOA, 1982), Title VI of the Older Americans Act recognizes the need to provide support services to older American Indians living on reservations who may not yet be 60 years of age. The legislation allows a tribal contractor to serve the frail middle-aged elders if fifty adults aged 60 or more are also served. That waiver is not extended to elders in urban settings. Many of the “old men – and women – of “Apache Alley” in Los Angeles tend to be too young to qualify for Medicare or for community-based services for senior citizens. To meet the needs of the older American Indian homeless, greater coordination is needed between community services for active adults and aging services for those in declining health” (Kramer and Barker, 1996: 405).*

Having said that, homelessness for many elder Native Americans presents both as a new and as an involuntary experience with little opportunity for respite, given that virtually no 'reverse migration' has occurred among this group (Kramer and Barker, 1996: 397-398). Ultimately, it remains to be seen how benefits resulting from the signing of the PPACA will filter through to this and similar groups.

Overall, Kramer and Barker's findings revealed that there was considerable diversity within the population. Elder homeless Native Americans are marginalized from their families, mainstream society, and economic opportunity, and they tend to find their sense of identity through the shared cultural values of their 'Indianness;' their homelessness and the "*loose network of mutual assistance*" (1996: 399) within it; and their alcoholism.¹¹ As was seen earlier, here too attitudinal attributions towards this group reflect a directly proportional and progressive relationship to duration of homelessness, so that the longer individuals have been homeless, the less desire or hope they have for change. Elder homeless Native Americans prevail as an over-represented minority that is sorely under-served by social and welfare services and are ignored by the public at large.

From the perspective of the Native American community, however, homeless elders form an integral part of the urban Native American community as a whole, and their identity and status accrues from their experience and their stewardship, advocacy and mediation of cultural traditions and practices. Ultimately, what is at stake for elder homeless Native Americans has to do with the extent to which they themselves feel they honour their identity as elders within the context of their communities (1996: 406). The extent to which they are able to successfully negotiate this identity is, in turn, dependent on the extent to which they navigate their street identities as well.

¹¹ "*For example, when camping on the streets the younger, stronger men tend to sleep on the perimeter and form a protective circle around the more vulnerable members of their community*" (Kramer and Barker, 1996: 400). One of my informants relates a very similar account of a group of homeless Native Americans in Salt Lake City.

The role and impact of alcohol on Native American homelessness has been looked at in some detail in Chapter 5. Nevertheless, in a study on the subject of alcohol among homeless Native Americans in Arizona and California in the late 1990s and early 2000s (Lobo and Mortensen Vaughan, 2003), the authors attribute some of the precipitating factors of indigenous homelessness to the inter-relationship between childhood fostering; numerous forms of involuntary institutionalization among native youths; and individual experiences of trauma, accident and loss. They also looked at their participants' survival strategies and mapped these in terms of their extended network of family, close friends, and Native American organizations that offered a range of services and support. Their findings support a number of the hypotheses pertaining to the biographical determinants of homelessness postulated in both Piliaven et al studies, and reflect similar and consistent patterns in the Kramer and Barker report.

In particular, Lobo and Mortensen Vaughan emphasize the diversity and dispersion of urban Indian communities (tribal diversity in California is particularly pronounced) and the relational rather than geographically determined sense of community among the urban Indian population. There are no Indian districts or neighbourhoods and the urban Indian population tends to be situated around "*locational nodes*" (2003: 63) that are comprised of various social service agencies, public spaces, and social events to which the homeless Native populations gravitate. The authors also underline that there is considerable transience in this population and given its high mobility and fluidity, it tends to elude Census counts and conventional definitions of what is and what is not 'home' and that homelessness itself exists in many forms beyond "*the more visibly homeless*" (2003: 64).

Most of the subjects in the Lobo and Mortensen Vaughan study manifested episodic forms homelessness and their lives rotated between staying with family, friends, on the street, in parks, under bridges, in cars, shelters or treatment centres and prisons. Indian drop-in centres, other agencies (both Indian and non-Indian), and sobriety groups, and soup kitchens afforded them valuable respite from the tribulations and disorder of street life as well as administrative assistance with housing, mail, storage, and so forth – more so than their families could or did. Moreover, these organizations

maintained their own level of autonomy compared to more regulated shelters and undoubtedly exercised greater empathy towards the homeless individuals. Significantly, I found a considerable amount of overlap with a number of these markers and trends in my own fieldwork, and have endeavoured to reference and contextualize them throughout this document.

In some cases, participants' views on emergency shelters varied, although they were generally seen as "*places of last resort*" (2003: 67). Shelters were viewed positively when perceived as sites for obtaining drugs and alcohol. More typically, they were considered unsafe, threatening, over-crowded and uncomfortable. Possibly, these attitudes reflect a residual suspicion, ambivalence, hostility and resentment towards the institutionalization that has characterized many of their lives - the perpetuation of the intergenerational dimensions of foster care and the recycling of alcohol abuse witnessed in cases of foetal alcohol syndrome (FAS) and attendant health risks being especially poignant reminders. In other instances, adoption into non-Native families and the subsequent rejection or denial of one's own cultural identity provoked "*a metaphoric homeless condition*" (2003: 67).

Nevertheless, participants also maintained, recycled and re-articulated their sociality through a variety of informal social networks and often homeless acclimatization bred an extended family ethos among groups, usually those individuals who were the most persistent alcohol abusers. Barriers created as a result of inter-tribal friction in some urban Indian healthcare quarters (Zerger, 2004: 26) appear to matter less in this acculturated atmosphere of the Native American homeless street experience. In camps where members of different tribes congregated, their communalism was often located in mutual, cross-cultural interest and cultural exchange within their 'Indianness' as was seen in Kramer & Barker as well (1996: 399). In another case in the Bay Area, a loose group of homeless men from the same tribe had been together for over ten years offering each other social interaction as well as protection. In addition, these groups also tended to prefer sleeping outdoors for the greater sense of freedom it afforded from discrimination and the regulations of many shelters. In other cases, some individuals stayed aloof and eschewed too much contact. Of course, we have no way

of knowing about individuals who stayed off the grid completely. Here too, I found considerable corroboration in my own fieldwork experience.

While Native American homelessness remains an acutely problematic domain with many interrelated variables, Lobo and Mortensen Vaughan's study brings some attention to the role of individual agency in the production and experience of the Native American homeless phenomenon. What remains particularly pertinent to my investigation is the manner in which homeless Native American individuals construct their subjectivities as instrumental strategies in order to penetrate and inhabit not only spatial and social borders but also the moral, spiritual and cultural borders. The fact that sense of place and belonging is such a fundamental and inextricable component of most Native American communities' worldview and belief system also means that when this connection to sense of place is severed or lost, not only does it bring a specific meaning to the understanding of indigenous homelessness and suffering, but the possibility for homeless Native Americans of living meaningful and fulfilling lives is fundamentally compromised and can, ultimately, lead to a bad death as discussed previously (see Chapter 3). The outcome is dependent on the extent to which these individuals negotiate the persistent problems and difficulties of living on the streets and how doing so interferes with their efforts to reclaim their Native American identities on a daily basis.

However, such considerations themselves remain perennially complicated by socio-economic and other foundational factors (structural, biographic, or mitigating) that give rise to homelessness in the first place and thus perpetuate and preserve its indeterminacy and, at the level of the individual, the patterns, cycles and duration of homeless careers. This is particularly the case when Native American homelessness is viewed in terms of the linearity of Snow and Anderson's progressive identity model described above. Rather, Native American homelessness needs to be seen in terms of specific cultural dis-placement and lack of belonging and the notions of suffering that offset it. In particular, Native American homelessness is inextricably tied to the rupture of the bond one has with the land and the accompanying loss of sense of place to which such a rupture gives rise. Culturally and historically this bond is enacted

symbolically through the ceremonial practices of sacred knowledge that ties one to the world of the spirit in a reciprocal relationship through the land, typically represented as Mother Earth. Therefore, being on the streets does not adequately explain either the experience of suffering, nor the inability to access the sources of healing inherent in one's sacred geography once such a rupture has occurred. Ultimately, it compounds the possibility of a living a meaningless life, as we saw earlier. However, like the investigations carried out by Snow and Anderson and Piliavin et al, Native American homelessness is poorly researched and suffers from similar research distortions and biases that the authors identify in their studies.

6.5: Ethnographic context

In the following vignettes, I present an ethnography of two homeless Native American individuals I met in Salt Lake City during my field work. Their narratives illustrate some of the limitations and contradictions inherent in Snow and Anderson's model of progressive homeless identities at the same time that they present an alternative set of parameters that describe Native American pathways into and out of homelessness.

The first example looks at the case of a NAHOC client's reservation-based real estate inheritance and his entitlement to a federal land settlement compensation claim; while the second vignette relates the personal narrative surrounding the ambiguities of biculturalism of one of my non-NAHOC subjects. In both examples I focus on some of the biographical and 'individual-level' aspects of the homeless Native American experience that Snow and Anderson's (1987, 1993) conceptualize as 'identity work' and 'identity-oriented constructions of meaning' – as ways of "*salvaging the self*" (Snow and Anderson, 1993: 213-230). In other words, in line with the central argument of this thesis, these vignettes are examples of how these two individuals attempt to transcend their street identities in an effort to reclaim a meaningful and purposeful existence.

It will be useful to outline Snow and Anderson's conceptualization of homeless 'identity work' briefly, by way of prefacing the two case studies.

Expanding on Goffman's (1963) notions of role and stigma, Snow and Anderson (1987: 1336-1371) present an interesting conceptualization of homeless identity construction based on the 'identity talk' of their homeless subjects that complements their model of progressive identities discussed above. They distinguish between three categories of identity: social identities, personal identities, and self-concept. Social identities are externally assigned and based on "*appearance, behavior, and the location and time of action*" (1987: 1347). Personal identities are self-attributions based primarily on one's interactions with others; and self-concept is the overarching view one has of oneself, which includes a sense of one's inner worth.

Since the homeless "*fall outside the hierarchy of structurally available societal roles and thus beyond the conventional, role-based sources of moral worth and dignity that most citizens take for granted*" (Snow and Anderson, 1987: 1339), 'identity talk' is one of the principal channels available through which the homeless can reclaim any sense of personal identity, self-esteem, and personal dignity. Accordingly, Snow and Anderson identify three 'generic patterns' of identity talk in which the homeless engage: *distancing, embracement, and fictive storytelling* (1987: 1348).

'Distancing' entails differentiating oneself from someone or something with which one does not want to be associated, and for the homeless, this means distancing oneself from homelessness as a general social category, from specific homeless individuals or associated institutions, or specifically from identifying with the role of being homeless. It can also include distancing from dysfunctional families and even one's communities and culture. This category occurs typically "*among those individuals who saw themselves as on the verge of getting off the street*" (1987: 1349).

'Embracement' refers to the acceptance of and attachment to a social identity or a specific role, to a set of social relationships, or to an ideology, and occurs among homeless individuals who fit the straddler profile described earlier.

Lastly, 'fictive storytelling' "*involves the narration of stories about one's past, present, or future experiences and accomplishments that have a fictive character to them*" (1987: 1358-1359). These are of two types: 'embellishment' and 'fantasizing.' Homeless individuals will tend to embellish or exaggerate past or present experiences in order to present themselves to each other in a positive light, or they will engage in fantasizing when presenting 'future-oriented,' 'fanciful constructions' of themselves as a means of disassociating from their past or present. Typically, these embellishments and fantasies involve accounts of financial, material, and sexual successes (1987: 1360-1361). Generally, fictive storytelling tends to be adopted by recently dislocated individuals or individuals who "*still had one foot anchored in the world they came from and who could still envision a future*" (1987: 1362) for themselves off the streets.

Ultimately, and depending on the length of time spent on the streets, the identities that homeless individuals construct for themselves tend to follow a progression "*from categorical distancing and the assertion of fanciful, future-oriented identities to categorical embracement, distancing from specific types of homeless individuals and street institutions, and the embellishment of past experiences and encounters*" (1987: 1364).

However, as with their conceptualization of progressive identities, Snow and Anderson's notion of 'identity work' and 'identity-oriented constructions of meaning' suggest a degree of boundedness and progressive logic that my informants' personal experiences and narratives of homelessness tend to confound and contest. I suggest that to a large extent this is due to the fact that Snow and Anderson's formulations omit a deliberate consideration of the cultural dimension that, in this case, would apply specifically to the homeless experience of Native Americans.

6.5.1: Vignette #1 – Moe’s story.¹²

Moe is a member of one of the Northern Plains tribes, in his early forties, a military veteran, and according to Annabel only visits NAHOC intermittently. On the occasion that I met him at the Centre, he told those of us present about the complications surrounding his real estate inheritance and compensation over a federal land settlement claim. Apparently, this claim is part of the recent Cobell v. Salazar lawsuit settlement which entitled hundreds of thousands of Native American individuals to compensation from the federal government for discrepancies in the management of funds from lands held in trust, mainly for unpaid royalties on leases for oil, gas, grazing and timber (Tribune Staff, n.d.).¹³

Both of Moe’s parents had recently passed away and he had unknowingly inherited land from them separately on two different parts of the reservation. He only found this out from his relatives when he returned to the reservation to attend his mother’s funeral, and he was aggrieved that they had not mentioned any of this to him before. He thought that because his relatives worked for the B.I.A. and because they did not own any land themselves, there was jealousy involved and that this was why they had not disclosed the facts to him.

Moreover, as he relates the story, the parcels of land he had inherited had already been leased out on a twenty-five year agreement and consequently, as things stood he could not claim full or proper title to the properties, and he was at pains to point out that this arrangement had occurred without his knowledge or consent. A reservation-based lawyer friend of his was offering him *pro bono* help in the case and apparently in doing so this had led to the friend being estranged from the community as well. The situation was further complicated due to the fact that Moe’s parents were members of two different tribes. Not only have these tribes been traditional enemies,

¹² This account of Moe’s story is compiled from my fieldwork notes.

¹³ For more details see: *Great Falls Tribune*: <http://archive.greatfallstribune.com/multimedia/125newsmakers6/cobell.html> [Accessed: 12.2.2014].

but the inheritance, it seems, was governed by two different and irreconcilable sets of tribal land legislation and membership status criteria as set out by the respective tribal governments.¹⁴ It appears that Moe's complicated ancestry and tribal enrolment status were such that they put both his inheritance and his land claim settlement at risk, and it goes some way to explaining his agitation, frustration and concern.

As it was, Moe had a fairly abrasive way of speaking and he spent most of the time at the coffee-making machine in the corner of the conference room making coffee for himself as he related his story. His narrative was interspersed with a number of other unrelated anecdotes - mostly quirky, but interesting non-sequiturs. These included accounts of making fry bread, the four colours and why the Creator chose the colour red for the Native American, the Chinese ideogram that represents man, his own take on the Mormon account of Native Americans as a lost tribe, the excitement of chasing a black bear from his camp, how apple cider is a cure for aching joints, and how the federal government learnt some of its land appropriation practices from the Mexicans. He would punctuate these snippets frequently with a reminder that we are all equal because we are all the products of *Mother Earth*.

Nevertheless, he was obviously annoyed at the sense of injustice he was feeling in relation to his inheritance and compensation and got rather irritated and somewhat dismissive when we tried to engage in a dialogue with him – so much so that everyone else, apart from myself, soon lost interest and occupied themselves in other activities and their own conversations. With regard to the Cobell settlement, he was especially critical of opportunistic claimants, as he saw them, whom he felt had “*come out of the woodwork*,” not all of whom were Native American or *bona fide*. Ironically, as I got more interested in his story, he became increasingly agitated, evasive and cryptic, and perhaps even slightly suspicious in his responses to some of my questions, ultimately referring me to the internet to look up the Cobell case there if I was that interested.

¹⁴ See Appendix 6 for a more detailed account of the historical background on the relationship between tribal membership and modern Indian land ownership as it relates to this context.

Soon after, however, he made his excuses to Annabel about another appointment and left the NAHOC premises.

If Snow and Anderson's criteria are to be adopted to describe Moe's homeless career profile, it is difficult to think of him as being *recently dislocated*. He most likely fits somewhere between their *straddler* and *outsider* categories. He came across as a very wary and guarded street-harden individual, he was cagey and mistrustful of others, and had probably been on the streets for some time. While he was talkative and his fictive storytelling – characterized by both embellishment and fantasizing - was suggestive of being *recently dislocated*, his mode of communication was predominantly argumentative and defensive or evasive and hence more suggestive of the distancing associated with Snow and Anderson's definition of a *regular straddler*.

On another level, Moe was caught in a liminal space, between the notion of his traditional Native bonds to the land and to Mother Earth, and, on the other hand, to the idea of land ownership through his inheritance. His concern, naturally enough, is that he may not resolve his various disputes with his relatives and miss out on any payback from the land claim settlement as well. Yet, he has decided to fight for his claims and thus also carries the hope that something will work out in his favour.

6.5.2: Vignette #2 – Sarge's story.¹⁵

At the time of my interviews with Sarge (33), he had been in Salt Lake City for just over a month and he was living in transitional housing through a VA¹⁶ programme for homeless veterans while he looked for employment. In comparison to all of the other homeless Native American individuals I met, he had a very different mind-set and was an atypical subject. He was a loner, sober and abstemious (by his own admission), and

¹⁵ I conducted two semi-structured and open-ended interviews with Sarge early in January, 2012. Both interviews lasted around an hour and a half each and the excerpts I have used here represent a small fraction of the material that Sarge very generously provided.

¹⁶ i.e. The U.S. Department of Veterans Affairs.

had he known about NAHOC, I doubt whether he would have found any need for or have been interested in using their services. In Snow and Anderson's definition, Sarge was *recently dislocated* and looking to exit his homelessness early through his own efforts with a clear idea and plan of action to achieve this. In his own terms, Sarge saw himself as being 'in transition' and thus had distanced himself quite considerably from homelessness as such. Nonetheless, his transitional status situated him in an autonomous and well-defined betwixt-and-between zone which, by all indications, he was navigating successfully, and there was no reason why he would not achieve his aims both to extricate himself from his homelessness and to his get his life back on track.

Although he was 47% Native on his father's side (his father is a 97% blood quantum member of one of the Great Lakes tribes in northern U.S.), Sarge was born and raised in an Anglo environment in upstate New York. He thought of himself as White or Anglo, and did not show much interest in or empathy with his Native roots beyond the immediacy of what his father embodied or represented. Even his incipient curiosity later on did not develop much beyond going through some of the motions – for example, in formalizing his tribal enrolment, as will be seen shortly. On his mother's side, he is fourth generation American, and has a very complicated family background.

My parents were never married to each other and they were together pretty much constantly, except for... I think they broke up for like less than a year when I was... three, maybe? My little sister was five years younger than me and... my dad and mother broke up for a little while and he went and dated M. and had my little half-brother, C. who is, he's just under a year older than my little sister... but from that point on they were together till I was about in first grade... about between kindergarten and first grade, and then my dad went and got married to my two younger siblings' mother, S. Yeah, they jumped back and forth for fucking years. Right now my mother is married to like one of her first boyfriends... but she's actually married to him now and they been married... twelve-thirteen years now finally. But they had been married to each other before too when I was eight for like less than a year. So, basically after she got divorced from G. when I was eight, mom and dad dated again for a little while you know, on and off... It's just way too complicated [chuckle] to actually list.

This complex genealogy extends to his siblings and half-siblings:

...I have one full-blood brother and one full-blood sister. Same mother, same father. But my mother she has one son, he's the oldest, and two others, two other half-sisters of mine that are both older than myself. And then my father also has another... [counting] ...two sons and a daughter through two other women. So, it gets kinda convoluted, but, yeah... So, I'm the dead centre of nine all told, so...

His spent much of his childhood, up to and including high school, living between his parents' different residences and with one of his older sisters and her husband - all within a thirty-mile radius of other each. He and his older brother had also spent a year in foster care, and later, as an adult, his brother had been incarcerated on a murder charge.

He had had a troubled relationship with his father from early on, hinting at his father's authoritarianism, previous alcoholism, and occasional periods of absence as the main causes. However, they have reconciled in recent years, and Sarge expressed his admiration and respect for his father later in our interviews. Meanwhile, his brother-in-law became a father figure to him once Sarge had gone to live there in his teenage years, and he acknowledges the importance of B. in his life during that period. As he describes it,

... I cut him [i.e. his father] out of the equation and went and lived with my elder sister for my whole high school time... I didn't have anything to do with living with either of my parents... And my brother-in-law, B. ... He was more of a father than my father... My father did nothing but piss me off when I was younger you know... trying to be that hand-fisted control... If it hadn't of been for B., my brother-in-law, I wouldn't have graduated high school... I would've probably followed my brother in his criminal footsteps and then ended up in jail... And my brother-in-law he's like, one of the biggest influences in my life, I mean, he made sure I did my academics and he got me into sports, and he was actually military as well so that, basically, I just kinda followed in his footsteps really.

He dropped out of college after a year and joined the airborne division of the military for a further three years, after which he eventually drifted into Utah and Salt Lake City. However, this too was a temporary arrangement as he planned to return to college to follow a structural engineering programme in Michigan for the beginning of the fall

semester in 2012. Meanwhile, he had fathered a son from a brief relationship during his time spent in the air force and has subsequently had little contact with either the boy or the boy's mother - although he expressed the hope to have more involvement in his son's life in the near future.

In response to my questions concerning his Native roots, he expressed a certain degree of ambivalence. He felt a measure of antipathy on the part of his Native relatives when he spent some time on the reservation with his father. This was in large part because of his upbringing in an Anglo environment, and, by his own admission, through a lack of cultural knowledge and awareness of his Native heritage. Moreover, he did not give me the impression that he was particularly interested in investing in this part of his cultural background – even though he had obtained tribal membership - as he felt that it did not offer an improved alternative that was any different to his current situation and experience:

I'm on the tribal roll and everything. But I didn't even get on my tribal roll until I was twenty-one...

My father is, and he lives up on the reservation up there now. My little sister's up there now as well. I lived up there for a couple of months and, [laughs] yeah, I met some of them [i.e. his relatives]. Like everybody up there on the Rez is related to me somehow... But I didn't spend all that much time up there, 'cause really, I didn't get along with a whole lot of them. I was seen as an outsider... it was their reactions to me. I grew up away from there, so I was already out of the service by that time. By the time I got there they're like, "Well, we don't know you; we don't know who you are." I'm like, "Well, you know my aunts and all my cousins; you met my father now, some of my siblings, so, you know, what's the big deal?" Most of them are actually blood related to me. So, I mean... "I came here to try and make a life and you guys wanna shut me out; stonewall me. That's fine too."

Evidently, his father had grown up away from the reservation and was now invested in reclaiming and rediscovering his Native roots in his retirement. Sarge, however, experienced the double exclusion from his relatives in spite of his initial efforts to get to know them and in trying to acquaint himself with his indigenous heritage. On the other hand, he had misgivings about the social restrictions and lack of opportunities he would have had to deal with if he had stayed on the reservation:

...if I had been there [i.e. on the reservation] it would've been totally different... I had more fights there [chuckle] and I know more people, but I don't want to go there because I can use my travel tuition and all that... and one of the colleges that offers the engineering program [is off-reservation], so...

Weaver (2001) has indicated that within the broader indigenous identity discourse, self-identification as a Native American often attests to individual or personal agency, and individuals may choose to claim a certain cultural identity as their evolving sense of cultural awareness unfolds in their lifetimes. Hence, it is not unusual for individuals to claim (or re-claim) a Native heritage as they get older. In part, individual choice also reflects shifting motivations as one negotiates various political, economic or socially competing circumstances, and may manifest as expressions of specific tribal or reservation affiliations, or as resistance to assimilation. On the other hand, the extent to which individuals share a common history and other cultural traditions within a community (be it tribal or inter-tribal) constitutes an integral part of community membership and counts for more than identity formation processes that occur through professional memberships, as is frequently the case with western culture (Weaver, 2001: 244-245). In still other cases, some individuals may self-identify in contexts without community validation or support. Nevertheless, most contemporary Native Americans tend to “*trace identity through descent, lineage, and clan*” (Weaver, 2001: 247).

From the following extracts, it is clear that Sarge does not subscribe to these notions in theory or in practice. In fact, he has an opposing view, arguing in favour of a somewhat unclear, reductionist proposition based on biological (and cultural) assimilation.

As to my Native experience, not really! [Laughs] I mean I don't have a lot of knowledge in that background, period! ...as I said, it's way too broad for me. I mean, I do know my tribe actually has one of the first written treaties with you know, the white man... My tribe actually has the oldest tribal casino in the U.S. ...It's like, “ok, hypocrites... what happened there?” It's like ok... how can I really criticize because of that long-standing history? I mean they signed treaties with the French and then after that you got the

Catholic missionaries and all that. Like, "oh, you got uneducated heathens!" Whatever... if I'm going back two hundred and fifty years, it's like they don't see it that way...

There's gonna have to be a balance. Eventually there's not gonna be very many racial lines in our whole species. It's gonna happen. It's just one of those inevitabilities. And that's something that I would actually look forward to, you know, because then our race is truly one. But right now, there's still way too many lines. There's too many boundaries. There's you know, everything comes in cycles, period. It does. Right now, well, it's adapt and overcome. Survive.

I approached him with the same question about his cultural roots from the point of view of his Anglo background. His response was similar to the one he offered before:

DS: Do you... separate that from what your ...Anglo identity...

I don't. There's something like .001 difference in genetics for all of us, so it's like why are you going to start separating us? Why would you do that on a global scale, because nowadays, especially this time of our history, right now, why would you try and separate? We're going to actually all need to work together to survive anything that comes, so, it's like, "Huh?" The Native side, yeah, I can go learn some of the history, try and learn the language... But, my Anglo side, yeah, I was born and raised upstate... and a predominantly White area, so there's no escaping that. There's no getting in touch with my roots there...

Throughout the course of the interviews, Sarge was clearly more concerned about getting his future back on track than on recovering his Native heritage as he did not see it as having a critical bearing on his more immediate needs, for which he felt some sense of urgency. Moreover, he was confident in his abilities, self-reliance and motivation to achieve his targets and was eager to forge ahead:

Yeah. I'm gonna go back to college and all that... and get, you know, some kind of career and life built. Then I can go and do that [i.e. investigate his Native background] 'cos that's not something that's really, you know, crucial to my survival right now... I want to build things... and hopefully our economy and society turns around enough that it's still a viable field to be building things. That way I can do that for, you know, a career and I can also do my own, 'cos I want to build my own house, you know. I want to build my own home and I want to be able to do that on my own... if I can do it for a job, I can do it for myself as well... double up...

When we discussed homelessness specifically, Sarge described his transitional housing arrangement and his housemates:

They have a rehab there and so basically they have just a specific number of rooms set aside for us, for the... programme... Those of us veterans we're not there for the rehab, we're like there for transitional housing.... Most of the guys who are up there now... there's one who was living way up in the woods, up to the north there or whatever, because he became a hermit. Now, he's going to go buy a house somewhere in Louisiana, or something, and live with his wife again. There's another guy, he came here because he was living with his sister and her house got repossessed, so he's here going to college, putting money aside. His girlfriend is getting rapid re-housing, so basically what it is, is just transitional housing. A lot of guys who are there for medical reasons, they can't stay at home and still be here at the Salt Lake VA Center to get their [benefits]... One guy's waiting on a liver biopsy or something right now, so, he's probably going to go through surgery and then recovery and then head back home to Colorado. So, it's transitional housing.

Much of what Sarge relates about his homeless experience, including his observations of his housemates, is about moving out of homelessness. He conveys the idea that homelessness is a temporary liminal space in which people who are down on their luck for whatever reasons - whether having one's house repossessed, whether one was in rehabilitation, or whether one is awaiting medical treatment - can regroup before moving forward. For Sarge specifically, homelessness is a space that affords him the opportunity to build up financial and social resources in preparation for the next step in his trajectory towards returning to college:

Tomorrow I have an appointment up at the VA for a job, a possible job which is CWT – I forget what that stands for – something work training, so... But once I get working I'm gonna be able to start saving money and if I actually get to work up there, that's not a full-time job it's like thirty-two hours a week because they want us to go out and look for other employment and stuff, so... But once I'm actually working, that actually makes it a whole lot easier to find a different job, so... It's not hard to stay clean and sober as long as I've got a roof over my head and meals in my belly...

6.5.3: Comment on ethnographies.

My two lengthy interviews with Sarge provided me with a rare, detailed personal narrative of some of the extremely complex and difficult contexts in which homelessness can manifest. On the other hand, I only met Moe briefly on the one occasion and therefore did not have a similar opportunity to garner much detailed information on his homeless background. Nevertheless, Moe's involvement with NAHOC and our exchange on that occasion, together with the time I spent talking to Sarge, enabled me to get an extremely invaluable insight into what it means to be on the streets and, more importantly, perhaps, what it means to get off them.

When we consider Moe's and Sarge's pathways into homelessness in terms of some of the spatial and biographical factors outlined above, then we can identify a number of elements, in varying and sometimes opposing degrees, in the homeless 'careers' of both individuals. Yet, we can also recognize a large degree of self-belief, self-reliance, resilience, and ingenuity in their strategies to negotiate the obstacles of their daily experiences and in their plans to exit their homelessness – factors which much of the literature reviewed above overlooks.

Specifically in terms of some of the homeless descriptors I have looked at, both individuals come from or have conflictual and complicated dysfunctional family backgrounds. Both had some degree of institutional disaffiliation through their military experiences, and Sarge, we know, was in foster care and had also dropped out of college. Moe displayed greater street acculturation tendencies than did Sarge, yet Sarge's profile was more in line with the Bureau of Primary Health's definitions of homelessness in that he was in a temporary housing situation. As far as I could tell, both men had limited personal resources. On the other hand, neither individual demonstrated any apparent physical disability and, in fact, appeared quite healthy. In addition, their very clear plans and strategies to get their lives back on track demonstrated a high order of cognitive capacity and, in Sarge's case, human capital, thereby confounding Snow and Anderson's and Piliavin et al's claims to the contrary.

Moreover, the manner in which both Moe and Sarge exercised their sense of agency would seem to indicate that they have a more extended repertoire of adaptive strategies than the categories in the literature would suggest. For instance, the drive towards property ownership by both men reflects a carefully considered degree of enterprise and creativity that would situated them (spatially at least) in different ways in the dominant group category of the domiciled. For Moe, possibly, migrating from marginal to prime space would translate into moving from the city (and therefore, out of homelessness) to the reservation and, ultimately, to provide the opportunity to reclaim his cultural identity as well. Sarge, meanwhile, inhabits his homelessness as a productive space to build up resources in preparation for the next phase of his life. In this sense he uses the landscape as a very different form of cover to that which Duncan suggests many homeless individual do. These endeavours on the part of Moe and Sarge can also be seen as empowering strategies that restore the transactional means with which to negotiate healing, in the sense that I have been looking at in the preceding chapters. They also underline the fact that the literature does not pay much attention either to the role of individual agency and moral imperative, to the instillation of hope, or to the significance of homeless spatiality as a productive liminal zone.

When Moe and Sarge's narratives are looked at in terms of Snow and Anderson's model of identity talk, both accounts provide numerous examples of distancing and elements of fictive storytelling. But here too, we see these modalities used as expressions of resilience and productive application in the protagonists' efforts to extricate themselves from their predicaments rather than as street survival coping strategies.

Both individuals register strong expressions of distancing towards members of their immediate families or relatives, their friends, or their peers, as well as towards the various institutions that impede them in their efforts to move forward. Moe is heir to a legacy of both intra- and inter-tribal antagonism and alienation, and his personal loyalties are contested on several fronts. He has to content with the complications of dual tribal identity and possibly the conflicting bureaucracies of tribal councils; the

circle of his relatives; his allegiance to his lawyer friend and the reservation community at large; and lastly, there is his investment in his peer group at NAHOC and the wider homeless Native community in Salt Lake City.

In a sense, Moe has over-distanced himself in these various encounters and has positioned himself somewhat precariously in relation to his counterparts. He remains dependent on maintaining some sort of working relationship with these groups, and especially those on the reservation, if he is to resolve his land dispute. After all, he might also have some of these individuals as his neighbours in the future. However, it may also be that he feels less invested in either the reservation or the NAHOC community and therefore less dependent on them as resources for supporting or reinforcing his identity work. Meanwhile, the fact that he has committed himself to a litigious path with regard to his inheritance can also be seen as a particularly unequivocal and proactive way of empowering himself and embracing a new or renewed sense of identity and self-esteem.

On the other hand, his catalogue of anecdotes about bears, fry bread, his knowledge of Chinese ideograms and so on, were as much embellishments and exaggerations of personal accomplishments as they were a demonstration of his self-assurance. Insofar as they were symbolically representative of Moe disassociating himself from his homeless identity, they were also expressions of his disassociation from homelessness in general, and the NAHOC community specifically and, therefore, an indirect way of renewing and improving himself along the lines of Basso's (1996: 59) proclamation of replacing the self as someone better, as referenced earlier.

In Sarge's case, we see a long history of familial detachment, particularly from his father (with whom he was eventually reconciled), but also from his siblings and, more recently, his son. He has also increased his distance from his paternal relatives and remains aloof from his Native heritage, even if he intends to revisit it at some later stage.

On the other hand, while I was unable to obtain much information regarding Moe's experience of homelessness, from what Sarge disclosed in his interviews, he did not think of himself as being homeless. In Snow and Anderson's terms he might be characterized as being 'recently dislocated' since there is a certain amount of evidence to suggest that his experience matches a number of the homeless profile criteria we looked at earlier under this rubric – especially in terms of precipitating factors. For instance, his upbringing is marked with considerable familial and institutional disaffiliation as he experienced considerable disruption in his relations with his parents and his siblings, as well as with his education and schooling and, to some extent, during his time in the military.

By the same argument, however, there is also ample evidence that contests these premises. He did not display any indication of physical disability, mental illness, or substance abuse. Nor did he give any indication of any street attachment behaviours frequently attributed to homelessness; and while he might have lacked material resources and an interrupted college education, he had also acquired a specialized set of skills as an intelligence analyst in the army. As he says, "*I was top of the food chain there.*" He also reasserts a strong sense of self-sufficiency and independence in his efforts to find employment and through his intentions to return to college. In doing so, he is in effect also reconfiguring many of his estranged relationships and plotting a more stable existence away from the nomadic pattern of his more recent past.

If anything, Sarge's status as a homeless person at the time that I met him is probably best described by the catch-all operational definition that would impute homelessness on the basis that he lacked permanent housing - after all, he was "*an individual who is a resident in transitional housing*" (Bureau of Primary Health Care, 1999: 7). Yet, this attribution is ultimately proscribed by this temporality, and it probably makes more sense to understand Sarge's homeless status in terms of the liminal descriptors I used to describe his status earlier since these get closer to the ambiguities he was experiencing.

Overall, however, rather than contradict what has been said before about Moe's and Sarge's efforts to extricate themselves from homelessness, these elements of identity talk and identity work that characterizes their narratives serve to reinforce their single-mindedness, self-belief and confidence in their pursuit of their objectives. In fact, the success of their endeavours depend on the extent to which they can maintain the appropriate degree of distance from the various individuals, institutions and identities that would otherwise risk obstructing their purpose.

Finally, as local, micro-narratives of a much larger chronicle of homelessness in the U.S., Moe and Sarge's all too brief and fragmented biographies serve as a prism for viewing the central themes I have been exploring throughout the thesis. De Certeau has already reminded us that every story is an authorizing spatial practice that if lost, encompasses a concomitant loss of space (1984: 123) but also, by extension, loss of culture, loss of self, and loss of meaning. In this sense, Moe and Sarge's narratives (alongside all of those that I heard from all of my informants over the course of my fieldwork) remind us that we are a part of the narratives and stories of the spaces in which we move (see Chapter 3) and that we can and do have a say in how we produce and navigate these spaces. At the same time, we also add "*further fragments of text to existing discourses*" and make important "*small corrections and amendments*" (Kociatkiewicz and Kostera, 1999: 42).

At the heart of these vignettes, which are also expressions that attempt to reclaim a sense of collective or cultural identity, Moe and Sarge's narratives convey a fundamental, persistent, and unsurprising disapprobation. There is disapprobation at the enormous and ineffable sense of loss suffered at a personal and individual level; of regret at failed personal, familial and community relationships; and of anger at systematic, institutional, and other historical, political and socio-cultural injustices endured. Above all, it is about loss of opportunities for living lives in a good way. They also remind those who cannot begin to understand the dis-placement that so many of these homeless individuals experience, of their unarticulated loss and suffering. Yet, paradoxically, it is this seemingly unbridgeable disaffiliation that enables Moe and Sarge to penetrate and inhabit those moral, spiritual and cultural borders we

mentioned earlier, since these narratives are also about hope. They cannot and do not change the fact of loss and suffering. However, by expressing their sense of loss and some of the reasons and causes of this loss, Moe and Sarge can and do convey a sense of hope as they begin to 'salvage' themselves unstintingly, doggedly, and with purpose: Moe in pursuing his inheritance, and Sarge as he prepares to return to college hoping one day to build his own home.

6.6: Conclusion.

In this chapter, I have revisited some of the aspects of the phenomenology of homelessness that I had not considered in the preceding sections of the study. I focused on conceptualizations of homeless spatiality and pathways into homelessness in terms of their biographical determinants or "*individual-level factors*" (Snow and Anderson, 1993: 234) and how these elements manifest in the Native American experience of homelessness, and used fieldwork ethnography to reinforce my investigation.

I began with an appraisal of Duncan's analysis of prime and marginal space and the division and use of space as public and private domains based on titled ownership of property. This conceptualization constitutes homelessness as an antithetical form of spatiality that revises and destabilizes the presuppositions regarding the spatial exclusivity that the domiciled citizenry claims for itself while it reminds us that homelessness is also about the absence of space implicit in not owning one's own home or property or the means to do so. I then considered pathways into homelessness in terms of the personal and individual factors that shape homeless 'careers.' These factors include a range of personal dysfunctions and institutional disaffiliations, acculturation to street life, lack of personal resources and other forms of social capital – all of which influence the nature and duration of the experience of homelessness. However, the existing literature on homelessness overlooks specific cultural dimensions as they pertain to the Native American experience of homelessness in terms of both its double marginality and in terms of the suffering endured as a result. In the final part of the chapter I presented an ethnography from

my fieldwork to contextualize these themes in their local setting in Salt Lake City and to illustrate some of the alternative adaptive strategies that two of my informants have used to navigate their way through their own experiences of homelessness. I suggest that these narratives contest some of the assumptions inherent in Snow and Anderson's notion of progressive homeless identities as an adequate model for explaining the onset, persistence of, and extrication from homelessness for Native Americans.

With specific regard to pathways into homelessness for Native Americans, their experience of homelessness cannot be separated from their experience of suffering and consequently, homelessness extends to the historical dis-placement and cultural loss that Native communities have endured and which today is conditioned by the alienation from family, tribe, reservation, and other cultural resources, as well as the acculturation pressures of contemporary modern life. Moreover, these aspects tend to be overlooked in much of the general literature on homelessness and, since Native American homelessness remains a neglected domain of research, part of my objective has been to highlight and acknowledge these elements in this setting. As part of this process, I reviewed some of the existing literature on Native American homelessness and I explored the origins of indigenous homelessness. I attempted to draw attention to some of the cultural dimensions and cultural differences that characterize the causes and the persistence of the Native American experience of homelessness within the larger panorama of the homeless phenomenon in the U.S.

In the ethnographic examples specifically, I explored Snow and Anderson's notion of the identity work and identity talk that homeless individuals engage in in presenting themselves in their social interactions (predominantly with their peers) and in their attempts to reclaim and assert a sense of self. In the case of my two subjects, I suggested that their identity talk, in particular, forms an essential part of a productive strategy in their efforts to navigate their exits from homelessness. The outcome for these two individuals depends as much on the current duration of their homeless careers and their willingness and ability to navigate their homeless identities as it does on how they choose to negotiate their Indianness. Indications are that they have

embraced these challenges and have demonstrated a remarkable degree of self-belief and self-reliance, resilience, empowerment and hope.

CONCLUSION

In this thesis, I have explored the argument that homeless Native American suffering is inextricably linked to a profound geographic and cultural dislocation resulting from historical, cultural and social pressures since the early part of the twentieth century, and I investigated the notion that this experience of suffering complicates the understanding of indigenous homelessness on a number of levels. Firstly, I have drawn attention to the fact that the loss of sense of place that homeless Native Americans experience can lead to severe and debilitating forms of suffering that are difficult to comprehend to someone unfamiliar with such suffering. Secondly, I have suggested that this experience of suffering is compounded by the fact that current, non-Native modes of representing and addressing it are inadequate. Thirdly, I have argued that the experience of suffering has eroded the capability and/or volition on the part of homeless Native American individuals to engage in healing transactions and, consequently, that this inability compromises the possibility for these individuals to reclaim a meaningful sense of self in order to lead meaningful lives. Lastly, I have examined how this experience of suffering is mediated through the social distribution of healing on the part of the agencies that work with homelessness in Salt Lake City, and have suggested that in spite of their committed efforts to improve the lot of their clients, the agencies' work runs the risk of obscuring the distinction between efforts to empower the homeless Native community and practices that reinforce dependency.

I began my analysis by looking at the symbolic mediation of Native American homeless dis-placement and loss as spatial metaphors of absence and invoked the idea that the transaction of healing is predicated on the role of personal agency in honouring one's reciprocal bonds to both the spirit world and to the entities and relationships of this world in accordance with traditional Native American cultural and spiritual practices (Chapter 2). I then elaborated the spatiality of cultural and geographic dis-placement and absence to highlight the incommensurability between the persistent experience of suffering endured by homeless Native Americans and, the adaptation, resilience, and cultural regeneration and growth in the face of similar loss

of Native Americans who had recently experienced the federal government's boarding school system in Brigham City, Utah (Chapter 3).

I went on to consider the emergence and evolution of the urban Indian healthcare landscape since the 1950s. I focused on the current status of urban Indian health in relation to the rest of the U.S. population and examined how urban Indian healthcare needs are currently being addressed. I then appraised historical trauma as the predominant Native American explanatory model for the contemporary experience of indigenous social suffering as a way of offsetting current, non-Native modes of representing and addressing the indigenous experience of suffering (Chapter 4).

I then returned to my discussion of the social distribution of the illness and healing experience of the local homeless Native American community in Salt Lake City and the work of the agencies that provide this community with healthcare, housing support, and outreach services. This part of the investigation drew attention to the difficulties that both parties face in negotiating the healing exchange and illustrated ethnographically how healing outcomes are complicated by the double bind of having to navigate a street as well as an Indian identity (Chapter 5).

Finally, in order to reinforce the original premise of the thesis that the Native American experience of homelessness cannot be separated from the experience of suffering, I theorized the *spatiality* of homelessness generally as part of the framework of homelessness in the U.S. and specifically as a critical component of the Native cultural experience of dis-emplacement. I drew attention to the unique cultural, historical and political dimensions that highlight some of the critical differences between indigenous homelessness and the rest of the homeless population in the U.S. and indicated how these processes played a significant part in facilitating Native American pathways into homelessness since the 1950s. I explored these themes as multiple representations and suggested that Native American homelessness is a neglected narrative within the wider moral economy of the U.S.-Indigenous identity and healthcare discourse (Chapter 6).

In presenting the argument that one of the biggest difficulty homeless Native Americans face is the dilemma of reconciling their street and their Indian identities, I have suggested that their cultural dis-emplacement is a more critical contributing factor to their homelessness than perhaps are some of the other structural factors and contingencies that influence homeless careers generally. On the one hand, the cultural rupture is especially problematic for homeless Native individuals since it creates an extra dimension of complexity that non-Native homeless individuals do not have to negotiate. Not only are homeless Native Americans alienated from their families and communities because of their homelessness and the associated stigmatization and shame, but they are also 'placeless' in the more critical sense that they are cut off from their sense of place and from their cultural origins as set out by their traditional belief systems. In many cases, they are also cut off from the belief systems themselves. On the other hand, homeless Native individuals probably experience their sense of cultural dis-emplacement more acutely than other non-homeless members of the Native American community because of the compounding effects of their street lives. I attempted to highlight aspects of this difference by comparing similar experiences of cultural disruption experienced by domiciled Native Americans in the ethnography of the boarding school experience in Chapter 3.

Similarly, I have suggested through the ethnography that many of these individuals embody a dysfunctional sense of personal agency and that consequently, they are either unwilling or unable to reclaim their Indianness and therefore to reclaim a meaningful sense of self that will enable them to lead 'good' lives. I have argued that for Native Americans, the notion of living a good life and dying a good death is predicated on honouring one's reciprocal obligations to both the here and now – to the world of the living in all its forms - and to the spirit world of one's ancestors. If one accepts the premise that homeless Native Americans experience cultural dis-emplacement more acutely than their domiciled counterparts, then not only is their degree of suffering likely to be proportionately magnified/amplified, but the capability of (and opportunities for) exercising their reciprocal obligations is also likely to be proportionately diminished. This dynamic is reflected in the words of Annabel, talking about the recidivism of some of her clients at NAHOC,

They go sober for a while and then they actually jump off the wagon... and they get deeper. And it's harder for them to come back... I don't know why they do that, but I see that and it's harder to bring them back out of it, and it takes longer... it just seems harder... and they're deeper into it, they drink even more... It's hard to talk to them because they're not conscious... You can't reason with them.

Furthermore, this downward spiral undermines the capacity to negotiate one's healing and recovery, at the same time that it desensitizes the individual to and devalues the exchange process of the healing transaction. Yet, the ambivalence is inherent in the role of the independent agencies and community of care and their relationship with these individuals as well, and this too contributes potentially to the erosion of the transactional means of healing in that these agencies risk entrenching what they aim to heal. I have suggested that, in part, this deficit is constituted by the inability on the part of the caregiver, operating from a different cultural frame and set of values and experiences, to comprehend and/or represent adequately the suffering of the other.

It is not the case that all homeless Native Americans are stuck in this cycle, as I have attempted to show in Moe's and Sarge's narratives in Chapter 6, and one must continue to support the enormous and laudable efforts of these individuals to exit from their homelessness at the same time that one must continue to help them minimize their suffering. Sadly, though, from what I saw during my fieldwork, cases like those of Moe and Sarge seem to be the exception, and it is more typically Stanton's, John Knox's and, ultimately, Alwyn's stories that prevail.

In appraising the work of the various institutions that attend to the healthcare and wellbeing needs of urban Native American populations, including the homeless community, I attempted to illustrate a difference between the humanist commitment to alleviating suffering and the political proscriptions of government policy in providing healthcare and how this distinction is broadly embodied by the current agendas and practices of Salt Lake City's agencies and the I.H.S. and UIHOs respectively.

In Chapter 4, I suggested that while the I.H.S. and the UIHOs have a crucial role to play in terms of their commitment to representing and serving their constituents' healthcare interests and needs, they are structurally and operationally limited by their resources of economic and human capital and thus in their political, geographic, and medical reach. To a large extent, their agendas are conditioned by the political and bureaucratic necessities that tie Native American healthcare and healthcare provision to the Native American self-determination discourse of current federal government policy. Consequently, the daily work of the I.H.S. and the UIHOs would appear to be more administrative than executive in their management of healthcare distribution. For example, I suggested that the fact that the PPACA now authorizes the I.H.S. to attend to the healthcare needs of the urban Indian population is, paradoxically, increasingly disadvantageous to urban Indians. This is largely due to the fact that the constraints on the I.H.S. annual budget means that the organization has to service a considerably wider demographic need on a budget that, for historical reasons, is discretionary and economically stagnant. Ultimately, the concern in this context has to be that as the I.H.S. continues to be forced to prioritise its resource distribution based on urgency criteria, the homeless Native American population will remain at the bottom of the hierarchy of healthcare needs and therefore continue to be overlooked. Meanwhile, discrepancies within existing legislation regarding a Native American individual's access to healthcare provision as originally determined on the basis of tribal identity and tribal enrolment, which in theory, should facilitate access to healthcare – and irrespective of whether the individual lives in a city or on the reservation - have not been resolved and most likely will not be in the foreseeable future (Cotto, 2013).

By comparison, the independent non-profit organizations of the Salt Lake City network have the autonomy and, generally, the resource base to respond to their clients' needs immediately and usually with some noticeable effect. They are thus able to transcend the politicking to which its federal counterparts are not, and, in their organizational and operational structure, they present a template that could feasibly have wider practical and effective geographic applications. However, they too are at the mercy of market forces and the influence such forces may have on social, financial and other

resources. On the other hand, their greater professional intimacy with their clients than the I.H.S. would appear to mean that they are perhaps more susceptible to the risk of eroding the healing transactions they engage in in the sense that they are complicit in creating an enabling rather than a transcendent therapeutic dynamic for their clients. Yet, this compromise needs to be contextualized and seen in terms of the healing, transformation, and change that they do effect. Illness and suffering, and by extension, healing are not static or discrete modes of being. Rather they have fluid boundaries and reflect and embody the discontinuities of daily life – good or bad – and thus are also interdependent in a way that illness and suffering require healing as much as healing exists to mediate the experience of suffering.

However, Native American healthcare and healthcare provision is a politically laden subject, and undoubtedly always will be, and the risk (and in some cases, the accusation) will always draw critical attention to these perennial and intractable questions as they pertain to the perennial needs of the indigenous homeless population of the U.S., as I have attempted to present them in this thesis.

Limitations of the Study.

There are two basic limitations in particular that I felt impinged on this study. The first is structural and relates mainly to limited data sources and availability of data; and the second is methodological.

In the first instance, the study drew on a small and relatively remote demographic – both population-wise and geographically. The fact that homelessness in general is an over-arching category obscures its compositional diversity. This is particularly relevant with regard to Native American homelessness. For example, I drew attention to the fact that NAHOC has worked with individuals representing at least twenty different tribes. Its core client base consisted of mid-to-long term regulars but the majority of its clients were short-term, itinerant homeless individuals, with an age spread from late teens through to late sixties. During my field work with NAHOC, I met individuals from at least thirteen tribes, of whom only six or seven were regular NAHOC service

users. In addition, most of these men were in their forties or older. The homeless subjects I engaged with were unreliable and their elusiveness often made interaction sporadic and inconsistent overall. Consequently, I drew fairly extensively on the input from NAHOC, SHONA, and SMC staff members, as well as from other individuals and organizations involved in Native American healthcare, socio-political and cultural interests in Salt Lake City and across the state.

Moreover, Native American homelessness does not seem to be an area of study that receives much attention, and existing data on this sub-group is scant, dated, unsystematic and fragmented. In addition, the fact that Native Americans account for between 3% and 8% of the total homeless population in the U.S. (Kramer and Barker, 1996; DHHS, 2001; Zerger, 2004), complicate the generalizability of any findings and insights that have emerged from this study with regard to other indigenous homeless populations in the country. I have reviewed and integrated the relevant aspects of this data in the different sections of my thesis.

From a methodological point of view, on the other hand, I did not design the study to establish a particular methodology. Nor was it intended to be tribally specific, and the cross-sectional, multi-sited qualitative approach that I adopted allowed for considerable flexibility and access to a wide range of relevant fields of inquiry. However, much of this strategy was a logical response to some of the unexpected obstacles I encountered in the field, as I have indicated above. Moreover, the study was designed as a short-term PhD project and, in addition, the specific population sample was too small to produce reliable findings. The ecology of indigenous homelessness and its concomitant suffering is perhaps better suited to a longitudinal, quantitative or mixed-methods study that can encompass and accommodate more variables more systematically and, ultimately, can have more impact at an advocacy or policy-making level. By comparison, in this study, I have presented many of my observations and findings in a generic manner and this can be misleading in the sense that it presents a homogenized picture of the homeless Native American landscape and risks falling victim to some of the distorting tendencies of over-generalizing data that Snow, Anderson and Koegel caution against (1994: 463-469).

As I mentioned in the introduction to the thesis, the limitations of my fieldwork were also determined by the time constraints conditioned by requirements of the PhD programme. These parameters had some bearing on the structural and methodological points I have made above. By way of recapping, to have extended my population sample to include a fair and accurate representation of harder-to-reach homeless Native individuals would have required more time than I had at my disposal, not least because homeless Native Americans are a particularly research-resistant and elusive population and thus establishing trust would require a particular time- and culture-sensitive approach. Similarly, such a representation would most likely also have benefitted more from an extended, mixed-methods research design, as already indicated, and possibly shared across an alliance-based platform. Nonetheless, the contact that I did have with my various homeless subjects leads me to believe that under these more ideal conditions the study would have yielded more penetrating and generalizable findings.

On the other hand, the fact that I did cross paths briefly with a large number of homeless Native Americans in Salt Lake City who, possibly for reasons of mistrust similar to those Snow and Anderson highlight (1993: 288), eschewed the services on offer from the carer agencies and their various networks, does not mean that they would not benefit from such help. At the same time, however, I also feel that this segment of the homeless Native population has another, different set of unregistered needs to those who do use the services, and that gaining some access to these individuals would help to alleviating some of the suffering that they experience under the radar. While my own research did not penetrate this harder-to-reach group beyond a few brief encounters, I feel that the premises of my research provide a valid reference point for future research in this area.

Contribution to the Literature.

In undertaking this investigation into the social suffering of homeless Native American men in Salt Lake City, I have endeavoured to draw attention to a neglected domain

within the wider moral economy of the U.S.-Indigenous identity and healthcare discourse.

To the best of my knowledge, this study is one of the first that opens a medical anthropology conversation with homeless Native American suffering. By doing so, it has aimed, first and foremost, to acknowledge a level of suffering that has otherwise gone unnoticed in most of the vast bodies of literature that exists on homelessness, illness and social suffering, and on Native American cultural loss, trauma and traditional healing. The study also aligns with the applied nature of anthropological engagement with vulnerable populations as an inquiry into future research, practice, and advocacy. In this sense, the model that NAHOC, SHONA, SMC and the other Salt Lake City agencies have evolved as part of the response to the needs of their homeless community is a unique case and warrants greater attention. It could have a significant future role to play in how we go about providing help, support, and care, as well as research, to all homeless populations.

Moreover, given the sensitivity of working with Native American populations in particular, I feel that my research has the potential to impact service practices and outreach with homeless Native American communities beyond Utah. Generating and sharing applied findings and recommendations in future publication remains one of the main objectives of this study, and may be seen as a way of bypassing any criticism or disapprobation from Native American researchers and practitioners due to my outsider status.

As a final consideration, by undertaking this investigation, I do not claim the moral authority or right for myself to speak about the suffering of another. Rather, I speak from the degree of empathy that I was able to engender and share with all of the individuals with whom I interacted and who shared their stories freely with me. The empathy that was created between us enabled me to gain some insight into how complex the lives of many of these individuals are. It also enabled me to highlight how complex some of the problems of identity and suffering are for anyone living on the street who has to grapple on a daily basis with the incapacity, unwillingness,

disempowerment, chaos and guilt of trying to fulfil their cultural identities at the same time that they struggle to survive.

Homeless Native Americans, in particular, are deprived of their voice by many intermediaries and for many different reasons. I hope, therefore, that this study can at least draw attention in some useful way if not to what the homeless Native American voice is saying, then at least to the fact that it is not being heard. It should be.

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APPENDIX 1: SAMPLE - INFORMATION SHEET (draft).

PhD Research Project

Provisional Title: Refracted Truths: Mediating Constructions of Identity through the Illness and Healing Experience of Homeless Native American Men along the Wasatch Front, Utah.

Introduction and Background

I am a PhD student in medical anthropology at University College London, U.K. Medical anthropology studies the human experience of health, illness and well-being in a range of different cultural contexts. For the purposes of this course I am undertaking a research project to develop my professional experience and understanding of working with Native American adult male populations in healing contexts.

I would like to invite you to participate in this study. You should only participate if you want to; choosing not to take part will not disadvantage you in any way. Before you decide whether you want to take part, it is important to read the following information carefully and discuss it with others if you wish. Please ask if there is anything that is not clear, or if you would like more information. If you decide to take part in the study you will be given this information sheet to keep and be asked to sign a consent form. You can still withdraw from the study at any time if you change your mind.

Research Outline

While the main aim of my study is to get a better understanding of the illness and healing experience of homeless Native American men in Utah, a secondary aim of the research is to explore the urban perspective (as far as possible) of Native American adult male healing in the broader and more general context of Native American health and wellbeing in the U.S. I am particularly interested in doing my research in Utah because of the state's cultural and historical significance as well as its importance as a geographic location for the Native American communities in the U.S.'s Great Basin.

For the practical component of the research project, I would like to work with between ten and fifteen Native American men who engage with either traditional or western healing practices, or who have done so in the past, and who would be prepared to participate in short individual interviews and informal group discussions. Participants would be free to participate in either or both formats.

I would also like to engage with other Native and/or non-Native Americans (male or female) researchers, academics, practitioners, organizations, and healthcare and homeless service providers in the field and conduct a series of similar interviews and group discussions as above. This would involve collecting relevant data about the history, organization, mission, community role, services, programmes, and affiliations provided by individuals and organizations represented within this category.

My role will be to facilitate the interviews and discussions. All participation is voluntary, and the research methods will emphasize the co-production of information between the involved parties as participants and myself as the researcher. As part of my academic requirements, I would be working through UCL's medical anthropology PhD programme remit with full compliance and respect for confidentiality, informed consent, and all ethical approvals.

The interviews and discussions will take place in private, confidential and safe settings. It may be necessary to video or audio record some of the work but your permission will be sought on each occasion before any sessions begin. All the information that you give me will be used solely for this research study and will be completely confidential. I will not use your name or any personally identifying details or information in the report.

The research aim is to get an understanding of the positive aspects of the healing experience, but in doing so it may also involve some exploration of personal and autobiographical information that may make you feel uncomfortable. You don't have to disclose any information you don't want to. You may withdraw your data from the project at any time until it is transcribed for use in the final report [30th September 2012].

Relevance and Benefits

While the research is not intended to establish a methodology or prove efficacy, the study will contribute to a better understanding of how healing with Native American men can be managed, and may help other men, families and community members in need. Members of the wider Native American community may also benefit from this knowledge.

The men who participate in the research can benefit from the opportunity to develop their understanding of some of their health-related difficulties and their experience of healing. The study may also help their self-confidence and self-esteem, and help them to express themselves more freely.

The study may also be of benefit to organizations which work in the field of Native American healthcare and homeless service provision.

Your participation will be highly valued and will contribute to the development of knowledge in this area of research. I will be happy to offer you an electronic copy of the final report once it has been evaluated.

Thank you for considering my proposal to undertake this research. If you have any questions feel free to contact me at...

APPENDIX 2: SAMPLE - INFORMED CONSENT FORM (draft).

PhD Research Project

Provisional Title: Refracted Truths: Mediating Constructions of Identity through the Illness and Healing Experience of Homeless Native American Men along the Wasatch Front, Utah.

Please complete this form after you have read the Information Sheet and/or listened to an explanation about the research. Thank you for your interest in taking part in this research. Before you agree to take part the person organising the research must explain the project to you. If you have any questions arising from the Information Sheet or explanation already given to you, please ask the researcher before you decide whether to join in. You will be given a copy of this Consent Form to keep and refer to at any time.

Participant's Statement

I

- Have read the Information Sheet and the notes written above, and understand what the study involves.
- Understand that if I decide at any time that I no longer wish to take part in this project, I can notify the researchers involved and withdraw immediately.
- Consent to the processing of my personal information for the purposes of this research study.
- Understand that such information will be treated as strictly confidential and handled in accordance with the provisions of the Data Protection Act 1998.
- Agree that the research project named above has been explained to me to my satisfaction and I agree to take part in this study.
- Understand that my participation may be video or audio recorded or photographed and I am aware of and consent to any use you intend to make of the recordings for the purposes of the project.
- Understand that the information I have submitted will be published as a report and I will be sent a copy. Confidentiality and anonymity will be maintained and it will not be possible to identify me from any publications.
- Agree that my non-personal research data may be used by others for future research. I am assured that the confidentiality of my personal data will be upheld through the removal of identifiers.

Name of Participant	Signature	Date
Name of Researcher	Signature	Date

APPENDIX 3: CITI Report.

Collaborative Institutional Training Initiative (CITI) Human Subject Research Completion Report

CITI Collaborative Institutional Training Initiative

Human Research Curriculum Completion Report Printed on 6/11/2011

Learner: Daniele Stolfi (username: rtpcthe)
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Social Behavioral Research Investigators:

Stage 1. Basic Course Passed on 06/11/11 (Ref # 6079496)

Elective Modules	Date Completed	
Introduction	05/29/11	no quiz
Students in Research - SBR	06/11/11	10/10 (100%)
History and Ethical Principles - SBR	05/30/11	4/4 (100%)
Defining Research with Human Subjects - SBR	05/30/11	5/5 (100%)
The Regulations and The Social and Behavioral Sciences - SBR	05/30/11	5/5 (100%)
Assessing Risk in Social and Behavioral Sciences - SBR	05/31/11	5/5 (100%)
Informed Consent - SBR	05/31/11	5/5 (100%)
Privacy and Confidentiality - SBR	06/11/11	5/5 (100%)
Research with Prisoners - SBR	06/11/11	4/4 (100%)
Research with Children - SBR	06/11/11	4/4 (100%)
Research in Public Elementary and Secondary Schools - SBR	06/11/11	4/4 (100%)
International Research - SBR	06/11/11	3/3 (100%)
Internet Research - SBR	06/11/11	4/4 (100%)
Research and HIPAA Privacy Protections	06/11/11	11/11 (100%)
Conflicts of Interest in Research Involving Human Subjects	06/11/11	2/2 (100%)
UA - Native American	06/11/11	16/19 (84%)
Indian Health Service (DHHS) Research Program	05/31/11	no quiz

For this Completion Report to be valid, the learner listed above must be affiliated with a CITI participating institution. Falsified information and unauthorized use of the CITI course site is unethical, and may be considered scientific misconduct by your institution.

Paul Braunschweiger Ph.D.
 Professor, University of Miami
 Director Office of Research Education
 CITI Course Coordinator

APPENDIX 4: SAMPLE INTERVIEW GUIDE.

Interview with Annabel Bruce, NAHOC Project Co-ordinator (draft).

Background & NAHOC Organization

- When did you join NAHOC?
- How did NAHOC start?
- How do you plan, structure, and budget the NAHOC programme? Who do you report to?
- What training did you receive from SHONA?
- What kind of feedback do you get from clients (solicited & unsolicited)?
- How do you recruit your clients?
- What entitles clients to use NAHOC services?
- What conditions/code of behaviour is expected?

Links with Other Agencies & Programmes & Services

- What's NAHOC's relationship with SMC and the other network partners?
- Does NAHOC /SHONA have anything to do with the I.H.S. or the IWIC/UIC?
- Do you know if any of your clients use the IWIC/UIC or LDS services?
- Does NAHOC draw on any other (i.e. non-agency) forms of community support?
- Do you help clients with Social Services; the Police/Criminal Justice Services, etc.?

NAHOC Clients

- What sort of client profile records do you keep? For example, do you track attendance and/or analyse any other patterns and trends? And how do you use this information?
- How many men/women clients have used NAHOC services since it was established?
- What's the age range of NAHOC clients?
- What are the attendance patterns?
- Where are their families?
- How long have they been in SLC and how long do they stay?
- Do you clients visit their reservations regularly/frequently?
- How many clients have experienced the Boarding School System/LDS Placement & Foster Care?
- Do they talk much about their schooling/educational backgrounds?
- Do clients think of themselves as 'traditional'?
- Do you know much about NAHOC client spiritual affiliations, e.g. Native American Church; Pentecostals; Traditional? Are any of them LDS members or other?
- Do clients express concern about the idea of losing their culture, language, etc.?
- What are some of the common themes NAHOC clients joke about?

NAHOC Programmes-Services

- Could you say something about NAHOC's programme strategy, i.e. how do you decide programmes; how much emphasis is put on 'active'/'pro-active' educational approaches?

- How many events (such as the memorial service) does NAHOC run a year?
- How many talking circles do you hold, on average (who does the smudging)?

Traditional v. Western Healing Practices/ Illness-Healing Experience

- Are NAHOC clients comfortable about using both western medicine and traditional healing at the same time? Is there any sense of conflict of interests?
- Do NAHOC clients use one type of ceremony more than another to treat particular illnesses?

Alcohol & Substances

- Many NAHOC clients seem to be quite comfortable talking about their use of alcohol, homelessness, their various accidents and illnesses. What are some of the areas they feel less comfortable talking about?
- What are the clients' views on sobriety and wanting to be sober?
- How big an issue are drugs and other non-alcoholic substances with NAHOC clients?

Other

- What are some of the biggest challenges for NAHOC and your job?
- What stands out as a success story for you & why?

APPENDIX 5: SAODD Programme, June 2012.

University of Utah School on Alcoholism and Other Drug Dependencies Annual Conference, June 2012.

Programme for the American Indian Section from the conference website:

<http://medicine.utah.edu/uas/American%20Indian.htm>. [Accessed: 5.4.2012]. See Chapter 5.

JUNE 17-22, 2012

Section Leader: Nino Reyos, CSW
Assistant Section Leader: Terry Begay, LCSW

PROGRAM

Sunday, June 17

1:00-7:00 p.m. - Check-in — *Union Building, East Panorama Room*

Monday, June 18

7:30-9:00 a.m. Check-in [Continued] — *Union Building, East Panorama Room*

9:00 a.m. General Sessions

12:00 noon Lunch

1:15 p.m. Opening Ceremony, Welcome and Overview — *Nino Reyos, CSW; Terry Begay, LCSW*

2:45 p.m. Break

3:00 p.m. Windows into the Homeland: Developing Contemporary Solutions to Historical Problems on the Uintah and Ouray Indian Reservation — *Anthony Guzman, ASW*

5:00 p.m. Video Festival — *Union Building, Theatre*

Tuesday, June 19

8:30 a.m. The Magic of Building Assets in Youth — *Brad Barton*
[Combined with Education and Community Prevention Section]

10:15 a.m. Break

10:30 a.m. Lighting the Fire Within — *Chuck Jackson, Ed.D.*

12:00 noon Lunch

1:15 p.m. Native American Spirituality — *Rod Betoney, M.S.W., CSW*

2:45 p.m. Break

3:00 p.m. Prescription and Over the Counter Drug Abuse: Drug Seekers — *Patrick Sammon, Ph.D.*

5:15 p.m. School Picnic — *Union Building Patio*

Wednesday, June 20

8:30 a.m. Returning to the Circle: Reentry and Recidivism in Indian Country — *Gayl Edmunds, LAC*

10:45 a.m. Break

11:00 a.m. Annual Clyde and Marie Gooderham Lecture — *Union Building, Center Ballroom*

12:00 noon Lunch

1:15 p.m. Humor As a Therapeutic Intervention — *George Obermeier, M.S.*

2:45 p.m. Break

3:00 p.m. Talking Circle: Discussing Native American Life Ways — *Terry Begay, LCSW*

7:30 p.m. Alcoholics Anonymous Meeting — *Union Building, Saltair Room*

Thursday, June 21

8:30 a.m. New Challenges in Drug Treatment: The Pharmacological Implications of Spice and the Smoking Cession Initiatives on Treatment Strategies — *Darryl Inaba, Pharm.D.*

10:00 a.m. Break

10:15 a.m. Stories of Colonization, Culture and City Living as Seen Through Tobacco Tinted Lenses — *Ed Napia*

12:00 noon Lunch

1:15 p.m. Indian Alcoholism 101: We Were Killing the Beer, the Wine and the Booze, and They Were Killing Us — *David BrownEagle, M.Ed.*

2:45 p.m. Break

3:00 p.m. Indian Alcoholism 102: Today We are Making Peace and We Have Acknowledged the "Enemy" and the Source of Healing — *David BrownEagle, M.Ed.*

Friday, June 22

8:30 a.m. Creating Sober Images in Native America: Wellness, Healing and Vision — *Damon Polk, CADCI*

10:00 a.m. Overview and Evaluation; Closing — *Nino Reyos, CSW; Terry Begay, LCSW*

11:00 a.m. Closing General Session — *Union Building, Center Ballroom*

12:00 noon Adjourn 2012 School Sessions

Section adjourns Monday through Thursday at 4:30 p.m.

APPENDIX 6: Historical Background to Vignette #1 - Moe's Story (Chapter 6).

In order to contextualize Moe's narrative in Chapter 6, some historical background is necessary, and I draw principally on Biolsi's (1995) analysis of the federal government's institutionalization of Lakota identity in South Dakota between 1880 and the mid-1930s as a point of reference.

During the period of transition in U.S. federal-Indigenous relations that saw the end of the so-called Indian Wars and the end of the treaty-making era after 1871, a new market economy based on the commodification of land and labour had effectively erased an indigenous mode of economic production based on a hunter and kinship-based social structure (among many Indian communities). The federal government placed the administration of Native American land in the hands of the Office of Indian Affairs (OIA) - as the Bureau of Indian Affairs was then known - and the adoption of the General Allotment Act by Congress in 1887 laid the ideological and structural foundations of modern Indian property/land ownership, indigenous political space, identity, citizenship and sovereignty (Biolsi, 1995: 28-30).

Briefly, the General Allotment Act, also known as the Dawes Act:

...authorized the breakup of the reservations at the discretion of the president by allotting tribal lands in specific amounts to individual tribal members. Title to the individual properties thus created was to be retained by the United States for a trust period of twenty-five years, or longer if the president so decided. After the trust period had ended, the allottee was to receive full title and could dispose of the land as he wished. Meanwhile he could become a citizen upon receipt of a paper showing that he would eventually get full title. Citizenship was also granted to Indians who had voluntarily left the tribe, were living elsewhere in the United States, and had "adopted the habits of civilized life." Surplus tribal land left over from allotment was to be sold and the proceeds retained in the United States Treasury, together with annual interest. This money was to be used for the benefit of the tribe whose lands had been sold and could be appropriated by Congress for the education and "civilization" of the tribal members. (Hertzberg, 1971: 4-5)

The criteria for apportioning land were complex and based on variants such as the recipient's position in the family, age, and to what productive end land would be used. Originally, allotments were held in trust for individual Indians, as were substantial sums of money and some personal property, and could only be leased or sold with OIA permission or supervision – *“unless or until they were deemed competent.”* (Blolsi, 1995: 36). However, once the notion of the appreciation of the value of the land as a means of commercial production and as a marketable commodity took effect, the demand for Lakota land was such that the sale or leasing to non-Native farmers and ranchers was a significant contributory factor to Lakota subsistence by the beginning of World War I. In reality, the allocation of reservation land did not take into consideration the ‘moral attachment’ that either the Lakota or the government may have held towards the land being distributed, and land privatization also marked a shift in the moral and spiritual economy among the Lakota from the notion of the stewardship of ‘mother earth’ to one of ownership. Meanwhile, the OIA introduced a census system to expedite the administration of reservation property ownership based on a range of criteria, including blood quantum and genealogy (Blolsi, 1995: 28-32).

Blood quantum was a General Allotment Act requirement for keeping accurate records before allotment could proceed. Information enumerating number of adults and children per household and their blood quanta was compiled into what became known as the Dawes Rolls. In contrast to the racial practice of hypodescent based on establishing discrete and rigid legal and social boundaries as applied to the African American population, Native American blood quantum ascription was *“a matter of gradient”* (Blolsi, 1995: 40), although it was assumed within the OIA that blood quanta and ‘competence’ were correlated. Currently, as Garrouette points out,

Indians are generally required - both by law and by popular opinion - to establish rather high blood quanta in order for their claims to racial identity to be accepted as legitimate, the individual's own opinion not at all withstanding. Although people must show only the slightest trace of "black blood" to be forced (with or without their consent) into the category "African American," modern American Indians must formally produce strong evidence of often rather substantial amounts of "Indian blood" to be allowed entry into the corresponding racial category. (Garrouette, 2001: 231)

Blood quantum was thus used as *“an active tactic for reducing the size of tribes and ending trust authority over individuals”* (Biolsi, 1995: 41). The implications of establishing the degree of one’s blood quantum in the interim had real and significant material consequences in that it was fundamental for tribal enrolment (see below). It meant that competing identities translated into competition for limited resources on the Lakota reservations. The division and distribution of tribal lands; the allocation of tribal trust funds; and the elimination of federal services, including education and healthcare were all affected. For example, in 1917 all Native Americans of less than one-half Native blood were declared U.S. citizens and were thus no longer entitled to fee patents¹ (1995: 41). Ultimately, the federal government’s rationale behind the idea was based on a political and economic platform that would reduce the administrative costs involved in the management of allotment land; it would increase property tax revenues; and it would shift the control of Native land to non-Native farmers and ranchers (1995: 46 n.26).

Meanwhile, the need to document genealogy among the Lakota emerged primarily from the need to probate allotments and other property held in trust and for determining heirs and beneficiaries (Biolsi, 1995: 42-43).

Today, tribal governments set their own criteria for tribal membership (or enrolment)² and these conditions *“are formulated and applied by different actors for different purposes”* (Garrouette, 2001: 224), but most adopt a minimum blood quantum reference as the primary way of determining degree of native ancestry.³ In many cases,

¹ Fee patents *“if granted, would essentially remove restrictions on the sale and lease of allotments owned by the patentees. Simultaneously, the land became subject to state and local property taxes, and the patentees became U.S. citizens (all Indian people were made citizens by Congress in 1924) and subject to the jurisdiction of state law even while residing on the reservation”* (Biolsi, 1995: 38).

² *“[T]his prerogative is commonly viewed legislatively as one of the most fundamental powers of an Indian tribe”* (Garrouette, 2001: 224).

³ For Biolsi (1995: 41) *“Blood quantum was associated not with the separation of the races, but with assimilation.”*

the minimum blood quantum is one-quarter, although it can vary from significantly less through to 'full blood' (Biolsi, 1995; Gone, 2006). As already mentioned, the concept derives from the General Allotment Act of 1887 and criteria originally connected to eligibility for individual land allotments that were compiled on the basis of "*the immediacy of one's genetic relationship to ancestors whose bloodlines were (supposedly) unmixed*" (Garrouette, 2001: 225). In other cases, certain tribes require patrilineal or matrilineal descent over and above blood quantum; whereas others dispense with specific blood quantum requirements, insisting instead on direct lineal descendant, reservation residency, the vote of the tribal council, parental enrolment, community participation, and fulfilment of minimal duties and obligations (Garrouette, 2001: 225-226).

Often, identity is conflated with notions of status that are reflected in forms of polarized self-labelling between "*reservation/urban, traditional/assimilated, full-blood/mixed-blood, dark skinned/light skinned, federally recognized/non-recognized, enrolled/non-enrolled, and "authentic"/"wannabe"⁴*" (Gonzales, 1998: 208). Self-identification, which often involves non-Indians claiming some degree of Native ancestry, is particularly susceptible to controversy as ethnic authenticity is highly contested by Native groups on grounds of 'ethnic fraud' (Gonzales, 1998), 'ethnic voguing'⁵ (Grande, 2000), and who has legitimate access to tribal resources and federal benefits.⁶ These types of objection can lead to a form of identity 'policing' on

⁴ "*The term wannabe is applied to individuals who publicly avow themselves to be Indian and attempt to pass themselves off as Indian through conspicuous style of dress or other symbols associated with American Indians. Similarly, the term pretender describes the non-Indian who falsely claims to be Indian or to have some vast knowledge of Indian culture or spirituality*" (Gonzales, 1998: 209).

⁵ Ethnic voguing is the process whereby "*Whitestream individuals appropriate and try on various elements of Native culture... dysconscious of the fact that their adventures have conscripted Native culture fashion, Indian as exotic, and the sacred as entertainment*" (Grande, 2000: 477-478).

⁶ Although, Nagel points out (as does Grande, 2000): "*Some native scholars and commentators have taken offense at the notion that Indians are a "mere" ethnic group, arguing that they are instead, sovereign nations*" (1995: n.2: 950).

the part of some Native Americans who claim greater degrees of Indianness - a praxis that forms part of the status chain itself.

In many cases enrolment is mandatory. Yet, tribal governments also practice various forms of identity exclusion and this can have significant implications for individuals (Weaver, 2001: 247; Garroutte, 2001: 224-227).² For example, in the context of claiming and exercising tribal citizenship and membership rights such as voting, holding office, participating in cultural and political life, share of revenues (from gaming or other sources), reservation residence and land inheritance (Garroutte, 2001: 225). Ultimately, the problem with tribal enrolment as the main conduit for establishing identity is that accessing resources boils down to “*a simple matter of documentation*” (Gonzales, 1998: 212).

Given what is at stake, therefore, failure to negotiate identity can have very real and serious implications, and in Moe’s case, it appears that his complicated ancestry and tribal enrolment status were such that they put both his inheritance and his land claim settlement at risk, and it goes some way to explaining his agitation and frustration.

² For an example of inter-tribal conflict, see Garroutte (2001, 238: n30): “*Modern descendants of such individuals - referred to then and now as "freed-men" - often continue to maintain documentation of tribal affiliation. Presently, they do not qualify for social service benefits, mineral rights, and other benefits that sometimes accrue to those who are tribal citizens by blood. This state of affairs could conceivably change, however. Since 1996, two groups of African American freedmen have been engaged in legal struggles with the Seminole Nation (Oklahoma). A central issue has been their right to share in a \$56 million settlement that the tribe received in a land claims case. In 2000, the tribe stripped the black Seminoles of their tribal membership. The Department of the Interior, however, declared the action illegal. As of this writing, the final outcome of the dispute is uncertain* (2001, 238: n30).