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# Issues of Sovereignty in Wabanaki Communities and Impacts on Health Outcomes

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Issues of Sovereignty in Wabanaki Communities and Impacts on Health Outcomes

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## **Executive Summary**

Native American populations struggle with high levels of health disparities and socioeconomic distress. We conducted surveys and focus groups to identify how sovereignty, depression and anger relate with health factors among Wabanaki communities.

Anger can be externalized through violence and aggression or more productively channeled through protest and advocacy. Internalized anger can be expressed as depression, guilt and anxiety. Long term stress, anxiety and depression have been shown to negatively impact the health of the individual facing these feelings. Depression and anger were identified as the most frequently felt emotional reactions among Wabanaki people when they think of the taking of Native American lands, lives and culture.

Self-sovereignty was defined by study participants as self-care or self-reliance. The study findings identified that the oppression of cultural identity contributed to feelings of depression, guilt and anxiety.. Oppression of cultural identity included oppression or prohibitions of traditional practices, language and other cultural traditions. The lack of traditional practices has led to long-term depression and stress. Conversely, the State of Maine's failure to honor the sovereignty of the Wabanaki people results in reactions of externalized anger, rather than internalized anger (depression).

As a result of these findings, we would suggest that the restoration of cultural traditions and practices could be an important strategy in relation to the depression and anxiety experienced in Wabanaki communities and expect that, over time, this could result in improved health outcomes. Additionally, strengthening the respectful government to

government relationship between the State of Maine and the Wabanaki Tribes could in the tribes experiencing more freedom to pursue their ventures and reduce the feeling of anger.

## **Introduction**

The purpose of this capstone is to explore how Wabanaki communities of Maine experience sovereignty as it relates to the dominant culture of Maine and how this interaction has led to current health outcomes and disparities. I do this by examining how the communities view sovereignty and understanding how internalized anger impacts these communities.

## **Background**

Overall, Native American communities have the highest rates of socio-economic distress. The average age of death among Penobscot, Passamaquoddy and Maliseet in Maine is 54 years. Chronic diseases are a significant problem in Native Communities. 17% of Native people in Maine have diabetes and deaths from diabetes are three times higher than the general population. The unemployment rates range from 15% to 70% in Native communities of Maine. Substance abuse or dependence was reported by 16% of Native communities in Maine and the rate of homicide is twice the national rate. Natives over the age of 12 were found to be at risk of becoming victims of violence at twice the rate as the US population. All of these statistics show the level of socio-economic distress faced in Native communities. By examining the impact of sovereignty and how this plays a part in the depression and anger felt among Wabanaki communities, we can find ways to improve the health outcomes for Native communities in Maine.

Drawing on the lessons of Maria Yellowhorse Braveheart, Sousan Abadian and Wabanaki people, the Maine Wabanaki-State Child Welfare Truth and Reconciliation Commission (TRC) and Maine-Wabanaki REACH (REACH) community supports seek to heal the collective trauma that has impacted individuals, families and communities. Through greater understanding of inter-generational trauma, Wabanaki people will understand the effects of history, allowing them to shed generational trauma and create a new existence for future generations. Sharing stories of trauma, pain, and survival is a pathway to healing and destabilizes the dominant narrative that has oppressed and sought to assimilate Wabanaki people.

A survey was designed with these factors in mind to fully evaluate the impact that the TRC and REACH has had on these communities. The Muskie School of Public Service has been responsible for literature review, survey instrument design, data entry, and quantitative analysis. The survey was approved by the University of Southern Maine IRB.

The objective of this survey was to identify the impact of the TRC and REACH with respect to knowledge and understanding of historical trauma and the factors impacting the well-being of Wabanaki people and relationship between Maine and Wabanaki people. The survey was administered at TRC and REACH volunteer training events, training of Maine State child welfare staff about Indian Child Welfare, TRC events in Maine and Wabanaki communities, and REACH events in Maine and Wabanaki communities.

The analysis of survey data identified several areas that merited further exploration. The data indicated that anger and depression were the most frequent responses among Native American survey participants to the how they felt when they thought about the taking of Native land, lives and culture. We began to wonder how about the relationship between Wabanaki experiences with sovereignty and their emotional response to the taking of Native land, lives and culture. We sought to explore how tribal communities experience sovereignty within their tribal and in relation to the Maine government. Focus groups were designed to explore the relationship between the experience of sovereignty and internalized and/or externalized anger. The two **research questions** examined are:

- What is the relationship between the experience of Wabanaki tribal sovereignty and health outcomes of tribal members?
- How can this understanding further impact the improvement of health outcomes and disparities?

The **audience** for this study were the:

- Maine Wabanaki Tribal Communities
- Maine-Wabanki Truth and Reconciliation Commission(TRC)/REACH

## **Methods**

The focus group, led by a moderator and assistant moderator, took place in Indian Township on 4/23/15 and lasted 1 hour. Five individuals signed consent forms and participated in the focus group. The focus group was audio taped with the consent of participants. The members all had previously taken the survey and had participated in either the TRC or REACH activities.

Participants were asked to introduce themselves and described their role or experience as it relates to the process of the TRC and/or REACH. Participants were asked about anger and depression reactions to the taking of Native land, lives and culture. They were asked to define sovereignty and to describe the nature of the relationship between the State of Maine and their community and to discuss the experience and expression of sovereignty within their community.

Following the focus group, the audiotape was transcribed by the student. The transcript was provided to the capstone advisor and second reader. For the analysis of the data we used a classic method by identifying concepts that emerged in the focus group transcripts and writing them down on sticky notes. In reviewing the concepts on the sticky notes, we identified themes that were frequent, specific to the goal for the project, and related to the emotional responses of anger and depression. The more extensive comments from the focus group was able to shed light on the questions of this capstone proposal and are summarized below.

## **Results**

When we analyzed the qualitative data, the first major theme that emerged showed a relationship between the experience and expression of sovereignty within the tribal community and depression. From the focus group we learned that participants identified that the oppression of cultural beliefs and practices (e.g., death rituals, birthing practices, “I mean the ghost dance was outlawed. And they outlawed our religion”) contributed to a sense of despair and depression.



The idea of self-sovereignty emerged. Sovereignty, within the focus group discussion, was defined as self-care and self-reliance. "To me sovereignty is being self-reliant." The individual and community's ability to practice the beliefs passed down from their ancestors represents an important aspect of spiritual/cultural self-care and self-reliance. The oppression and dismantling of their culture, and the fact that Native people's ability to cope with the continued trauma and stress has been hampered has led to widespread depression and grief in Native communities.

This idea is reflective of the work Maria Yellow Horse Brave Heart has done in this area. She found that sharing concerns and worries with other Native American people in traditional context provided cathartic relief and the grief resolution would be initiated through more positive identity and a commitment to individual and community healing.

Anger was another prominent response by Native American people who took the survey in response to the question about their reaction to thinking about the taking of Native American land, lives and culture. "We have been here at least 13,000 years and they've been here 500. It's the arrogance and the mind set of possession. Wanting to own and possess the land, the water."

The anger that participants talked about in the focus group was more connected with how the State of Maine honors the Wabanaki sovereignty. "They're not keeping the treaties and I don't know what you call it but the white mans way is the way. Nothing else counts - 'You

have to do what we tell you.” The discussion showed that there is significant anger towards the State – with numerous comments about the taking of the land and about the oppressive acts by the State, such as disputes on whether Wabanaki Nations may conduct bingo games and have casinos on the reservations, discriminatory wood and elver harvesting policies, and salt water fishing rights.

The State, as with many other governments, has been encroaching on the sovereignty of the tribes for a long time. This anger is the anger felt when thinking of the ways in which the State does not allow the tribes to freely pursue their own undertakings. This applies to economic developments and other areas of Tribal goals and plans. Anger was directed at the state’s intrusion on external matters (e.g., land, economic development initiatives), rather than the internal experience of cultural identity or spirituality. The focus group discussion repeatedly asserted that the tribes should be more self-reliant but the due to State interference it is difficult to move towards this. (“We have so many talented people here but were not tapping into our own resources.”)

We found it interesting that external matters elicited externalized anger where internalized anger (depression) was more associated with internalized matters such as spirituality and identity. This anger is outward and is directly related to the sovereignty of the tribes in relation to the dominant culture and government of Maine, as opposed to the internal self-sovereignty described above.

## **Discussion**

From the focus group we were able to identify several major themes that hold interest for public health understanding within tribal communities. We noted that self-sovereignty is related to the feelings of depression and guilt in Wabanaki communities. We identified that this stems from the oppression of cultural beliefs and community healing practices. The loss of self-identity and cultural practices has had a resounding impact on Wabanaki people. The depression and guilt that was identified can be subsided utilizing traditional methods as shown in the model developed by Maria Yellow Horse Brave Heart.

Oppression of cultural beliefs and practices included efforts to assimilate Tribal members through the practice of forbidding Native children to speak their language when placed in non-Native setting, such as boarding schools, adoptive homes or foster homes.

Additionally, Wabanaki children were often sent away from home and the reservation for the summer to live with white families to provide social experience outside of the reservation. (“I never even knew that when I was going up to the Point [Pleasant Point Passamaquoddy Reservation] that the other children were taken away off the reservation. I never knew that.”) Children who returned to the reservation after extended time away could no longer speak their language and did not know their cultural traditions. Subsequently, some Native families would urge their children to speak English out of fear of persecution.

Schools and churches were also tools of assimilation through teaching and socializing to dominant culture ways and spiritual practices. United States government policies

(Department of the Interior) outlawed Native spiritual practices. It was not until 1978 that suppression of Native spirituality was repealed through the American Indian Religious Freedom Act.

These and other strategies of assimilation contributed to the widespread repression and loss of cultural practices and dismantling of cultural identity and sense of self within Wabanaki people and communities. Within the focus group discussion, this loss of identity and self was tied to the experience of depression.

It is well known that long standing depression, feelings of guilt and stress have serious implications on the health of the individual. Traditional hunting, bringing back birth and death rituals, and bringing cultural practices to the tribe would help to connect community members with one another and strengthen self-sovereignty. Further understanding the implications for traditional practices being a strategy to improve health outcomes is an important area of future research.

The anger that was identified in relation to how the State of Maine respects (or does not respect) the sovereignty of the Wabanaki Tribes is visible in the many disputes over tribal rights and land. If the Wabanaki Tribes were able to be to pursue ventures without state interference (e.g., economic development, authority over natural resources, etc.) not only could the tribal-state relationship be improved, but could also contribute to improvements in the socio-economic status of the tribes and well-being of their citizens. Anger and stress related to anger are other contributors to potential negative health outcomes, particularly

if experienced over a long period of time. If we explore the Wabanaki people's history with the dominant culture over hundreds of years, we begin to understand their exceptionally high rates of socio-economic distress.

Through more traditional cultural practices to strengthen self-sovereignty, the community may be more connected and able to stand up more to policies that they find oppressive towards their sovereignty. This would be an area of future study to examine how community building and improvement impacts the relationship between the State of Maine and Wabanaki communities as well as how they respect the sovereignty of these communities.

## **Conclusion**

Focus groups provided further insight into the prior survey that was done with Wabanaki people engaged with the TRC and REACH. These insights about the relationship between the tribes internal experience of sovereignty through the restoration of traditional practices and language learning (self-sovereignty) could contribute to reduction in depression and negative health outcomes as well as community building.

Feelings of anger directed towards the State of Maine's respect for the sovereignty of the Wabanaki tribes can also be linked to health outcomes as well as improving the relationship with the State.

From the results we have found, there opens up new areas for future research. Examining further how sovereignty, as we have discussed here, relates to health outcomes in Native American communities may lead to new understandings and ideas for how to improve these outcomes. It is also an important factor for policy makers to consider when interacting with Native American communities. The results here showcase the impacts that sovereignty in two different forms impacts Natives. By bearing in mind these ideas and understandings, we can improve relations with the State of Maine and the Tribes as well as improve the health of the communities.

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Maria Yellow Horse Brave Heart, Ph.D



## **Appendix**

### **Literature Review**

A literature review has been completed for this work using MEDLINE as the primary search engine. MEDLINE has provided journal articles and been the primary source of information. As the literature review progresses databases and search engines will be updated.

### **Historical Trauma**

Historical trauma is cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma. It is the trauma felt generation after generation on a group of people who have lost massive amounts of lives, land and culture. Native Americans represent a group that are now dealing with long term historical trauma as a result of their past. The Lakota Nation exemplifies the challenges and problems that are associated with historical trauma. Much of the grief felt by the Lakota is the result of several major events including the assassination of Tatanka Iyotake (Sitting Bull), the Massacre at Wounded Knee, and the forceful removal of tribal children to boarding schools. These boarding schools were many times overcrowded, lacked quality health standards, and were the places of abuse. The Maine-Wabanaki Truth and Reconciliation Commission (Maine TRC) deals with this issue, specifically looking into discovering and reconciling with the truth of what happened to Wabanaki children and families from 1978 (the passing of the Indian Child Welfare Act) to now.

Many generations of Native Americans have had to live with the grief, guilt, anger, and many other feelings from colonist policies. They have lived with a great deal of physical, social, spiritual and mental stress that has negatively impacted the communities and resulted in health outcomes that are much less than ideal. There has been comparison to the Native American genocides to the Jewish holocaust survivors. Both groups saw great loss and suffering that negatively impacted their communities and well-being.

This historical trauma continues to effect communities and health even today and the question is how to intervene and curb these challenges faced by Native communities? Truth and reconciliation commissions (TRCs) were first emerged in the 1970s and gained much more recognition in the 1990s as a result of Nelson Mandela and others who were leading efforts to aid South Africa from the effects of apartheid. Truth and reconciliation commissions deal with intense topics and not ones that are easily discussed. This process is an effective way of approaching, understanding and dealing with these events. It is also a tool of healing. In the Lakota Nation where a TRC was implemented, there was an immediate benefit to the community and the knowledge of Native American historical trauma was greatly advanced. Thanks to this work, spear headed by Maria Yellow Horse Brave Heart, the theory that was in development regarding trauma and grief was greatly advanced. It is clear that the chronic trauma and grief faced by Native communities has contributed to high rates of illness and social problems. TRCs will help to heal these underlying issues through interventions with traditional ceremonies as well as western treatment modalities for grieving and healing.

## **White Privilege and Racism**

Racism is an issue that has been dealt with in society since people were able to interact with those who were different. It entails the mistreatment and segregation of those who are of a different race. It has large negative impacts on both an individual, community and population level. Native American communities have been the subjects of racism since colonist policies were first imposed on them. Much of the thought behind racism is that it is always on an individual level and not understood as an invisible system that exerts dominance. This brings up another issue need be addressed though. This is the issue of white privilege.

White privilege is the benefits that white people have from being white. These benefits are widespread and can range from shopping alone without feeling followed or harassed to doing well in a challenging situation without being called a credit to your race. Through the evaluation process we intend to look into historical trauma but also racism and white privilege. Through understanding the underlying issues in all communities we can come to accept and deal with them to enhance all communities. It is especially important for the process that white privilege be discussed in white communities and then self-examination on an individual level to understand all the challenges and benefits associated with it.

## **Adverse Childhood Effects (ACE)**

The ACE study is an ongoing research project being conducted between the Centers for Disease Control and Prevention and Kaiser Permanente. It uses a survey where the individual taking the survey checks off on statements that they believe is true to their experience as a child. A score is then given to the person based on how many marks they checked and this is considered their ACEs score. The score measures the exposure to child abuse and neglect. Resiliency is another aspect to ACEs that can play a big role in healing. Building resiliency is a method that has been shown to curb the impact that abuse and neglect has. It has been shown that there is a significant connection between negative early childhood experiences and health and well-being. Addressing these adverse childhood effects can help us understand how exactly they play a part in Native American communities. Wabanaki children were forced from their homes and families into boarding schools where many times they were abused and neglected. The ACEs study tells us that early childhood mistreatment leads to negative health outcomes as well as poor quality of life and this can be connected to the mistreatment of Native American youth and the health outcomes we now see today. A high ACE score has been shown to cause alcoholism, depression, liver disease, suicide attempts, and ischemic heart disease. Through measuring and building resiliency in communities that have been impacted by adverse childhood effects, we can start to understand and help those affected by them and change the health outcomes of these communities.

## **Reconciliation**

Reconciliation deals with resolving and improving a relationship that has been shaken. Truth telling is one of the greatest parts involved with the reconciliation process. It is important that those who have perpetrated an offense towards another people acknowledge that this happened and look for ways to correct it. When the truth comes out it can lead to community healing, individual healing and preventing these offenses from happening again. With the truth out we can identify the necessary methods needed to heal and correct the problems and we can head towards reconciliation. The State of Maine has committed an injustice towards the Wabanaki people and the Maine Wabanaki-TRC hope to foster reconciliation and healing through understanding the truth.

## **Data Collection, Data Analysis, and Participants:**

A survey has been administered at various Wabanaki community events since April 2014. This survey included questions regarding sovereignty and historical trauma and will be a source of data and included both tribal member and non-tribal members. It was given at various TRC and REACH events to help better understand the impact that these events had on Wabanaki communities. The evaluation committee was established with this goal in mind. The survey was given at events in a trial phase where it was edited to fit the needs and changes the committee deemed necessary. It received IRB approval and to date there have been about 400 pre and post surveys administered at TRC and REACH events. Initial findings found that most people strongly believed that culture identity is important to a societies health. It also found that most people felt anger, depression, and guilt when thinking of the taking of Wabanaki lands, lives and culture. These findings helped form the

ideas for this proposal. Focus groups will also be conducted to further understand trends that were seen in the survey. These focus groups will be individuals who are part of Wabanaki communities and may or may not have taken the survey. They will also have taken part in Maine Wabanaki TRC and REACH events.

The survey and focus groups have already received IRB approval and analysis will be from a secondary perspective. The focus groups will be led by TRC and REACH members in the communities then the data analyzed and trends determined. Through these findings, the Wabanaki communities will have a better understanding of the connection between sovereignty and health outcomes and through truth and reconciliation they can begin a journey of healing.