

COMMENTARY

A MOVEMENT TO RECLAIM AMERICAN INDIAN HEALTH THROUGH TRIBAL SOVEREIGNTY, COMMUNITY PARTNERSHIPS, AND GROWING TRIBALLY-DRIVEN HEALTH RESEARCH

Victoria M. O’Keefe, PhD

Indigenous peoples have been engaged in resistance against the destructive effects of colonialism on Indigenous land, lives, all living things, and its impacts on the health and well-being of Native peoples since the first arrival of settlers in the Americas. This resistance, at its core, has been a movement to preserve Indigenous peoples, lands, identity, and ways of knowing, learning, respecting, and living harmoniously with the world. In the past half century, the spirit of Indigenous resistance has found its way to the field of health research. Starting with thought-leaders like Vine Deloria Jr. in 1969, Indigenous scholars have pointed to problematic and harmful research practices that have taken place on tribal lands, and that have sought to expand the Western canon of scientific knowledge without providing solutions to, with, and for Indigenous communities. Since that time, a narrative around collective protection, collaborative research partnerships (i.e., community-based participatory research in all its forms), and tribal sovereignty over research is increasing rapidly.

This special issue of *American Indian and Alaska Native Mental Health Research* takes a giant step forward – beyond a collective resistance against harmful research practices – to a reclamation of collaboration, Indigenous knowledge, strengths, and tribal sovereignty within health research. This group of articles highlights a diverse coalition of tribal communities, transdisciplinary health researchers, academic institutions, community organizations, service providers, and federal agencies that comprise the Collaborative Research Center for American Indian Health (CRCAIH; Kenyon et al., this issue). CRCAIH goals include improving AI health through strategic development of tribal research infrastructure and sustainability of health research with a focus on social determinants (Kenyon et al., this issue). Supported by the National Institutes of Health, the CRCAIH provides a promising pathway to eliminate health disparities among AI communities—Oglala Sioux Tribe, Turtle Mountain Band of Chippewa Indians, Fond du Lac Band of Lake Superior Chippewa, Sisseton-Wahpeton Oyate, Rosebud Sioux Tribe, Cheyenne River Sioux Tribe, and Spirit Lake Nation—in the Northern Plains and Upper Midwest regions.

Guided by the collaborative leadership of the CRCAIH, a predominant theme articulated by many voices in this special issue is the critical role of tribal sovereignty to determine the bounds and the unique protocols and practices of research on tribal lands with AI peoples. More specifically, contributing authors impart how research with AI/AN tribal nations is distinct given their status as sovereign nations with the right to self-govern (National Congress of American Indians, 2015). By honoring sovereignty over tribal research infrastructure, the CRCAIH and participating communities are together exerting protection of tribal citizens (Around Him et al., this issue) and resisting a legacy of harmful research practices with AI communities. Protection through upholding sovereignty over research maintains the CRCAIH goal to enhance tribal research infrastructures and is underscored throughout this special issue. Two articles provide informative frameworks to better understand various ways tribes may engage in research oversight and review (e.g., establishing tribal research offices and IRBs) and data governance (Around Him et al.; Buffalo et al.; this issue). Of particular importance, these articles communicate the continual impact of CRCAIH through IRB and data management toolkits, as well as a comprehensive and current list of Tribal IRBs, publicly available to all AI/AN communities (Around Him et al.; Buffalo et al.; this issue). Though CRCAIH was established as a regional coalition, these examples highlight the tremendous outputs and benefits accessible to tribes across Indian Country seeking to increase tribal sovereignty over health research. Related subthemes within this special issue include: 1) the importance of transdisciplinary partnerships guided by tribal community collaborators; and 2) strengths-based approaches to research that promote Indigenous knowledge to address health and wellness issues and solutions.

Several articles featured in the issue exemplify the transdisciplinary and collaborative goals of the CRCAIH to eliminate AI health disparities and achieve wellness among tribal communities. A unique feature of the CRCAIH's collective work includes describing tribal communities' local knowledge with equivalence, and the same or more respect afforded to academic disciplines (Heinzmann, Simonson, & Kenyon, this issue). True and genuine collaborations with tribal communities is exemplified by honoring tribal partners' vital knowledge and observations as commensurate with the highest standard of scientific inquiry and exposition. In this vein, authentic tribal community partnerships must hold respect for the tradition of Indigenous knowledge, science, and research established thousands of years ago (Thomas, Donovan, Sigo, & Price, 2011). The tenets that define how sovereignty operates within transdisciplinary community-based research collaborations go further than epitomize resistance against norms of Western academic

disciplines as a sole source or standard of knowledge, but rather reclaim Indigenous knowledge and ways of living as being the highest standard of health science within Indigenous communities. Consider for example, how local tribal knowledge is incorporated into CRCAIH projects highlighted in this issue: knowledge of Lakota culture and social/cultural determinants of health were the focus of a training for a local community workforce (see O’Leary et al.); and one Dakota community developed the Wicozani measure derived from local understandings of holistic health and wellness (i.e., physical, mental, spiritual health, and quality of life; see Peterson, Peterson, & The Dakota Wicohan Community). Collaboration with AI communities in setting local goals regarding research infrastructure and projects upholds tribal sovereignty and can be seen as a form of hopeful resistance to encourage positive futures of health research with communities.

The aforementioned themes revolving around protection of Indigenous peoples through sovereignty over research and transdisciplinary and tribal community-based collaborations provide a necessary foundation for successful research collaborations resulting from the CRCAIH that are rooted in local strengths. There is a prominent movement to elevate the importance of strengths-based research with AI/AN communities that address local priorities around health and wellness (e.g., Morse, McIntyre, & King, 2016; Henson, Sabo, Trujillo, & Teufel-Shone, 2017; Thomas, Rosa, Forcehimes, & Donovan, 2011; Wexler et al., 2015). Important examples of strengths-based research projects featured in this special issue demonstrate how community collaborators are pivotal in defining health and wellness holistically through a tribally-specific lens. Through community-engaged research, these projects spotlight AI youth defining what gives them hope to inform future suicide prevention programming (Gray, Schrader, Isaacs, Smith, & Bender, this issue), development of the Wicozani (Dakota concept for overall health and wellness) measure (Peters, Peterson & the Dakota Wicohan Community, this issue), and an intervention study to address social determinants of health through improving goal setting and self-efficacy (McCormack, O’Leary, Moran, & Hockett, this issue). All of these studies incorporate local tribal cultural values and a strengths-based focus throughout research processes and outcomes with significant promise to create sustainable change with tribal community partners.

While the movement towards reclaiming Indigenous-led research, inquiry and exposition grows—with important documented advancement from this issue—we continue to find ourselves in a time in which resisting unjust research is necessary for the survival of Indigenous lands, communities, and cultural values to be carried forward to future generations. As of this writing, Native Hawaiians and other supporters are protecting Mauna Kea, a sacred mountain that holds

significant cultural values and spaces, from scientists and academic institutions attempting to disrupt this sacred place with the Thirty Mile Telescope (About Mauna Kea, 2019). When Indigenous peoples engage in resistance, these movements often center around themes that illustrate community and collective strength (e.g., “we exist, we resist, we rise”) to protect Indigenous peoples and lands. Indigenous resistance is continuous and “defines freedom not as the absence of settler colonialism, but as the amplified presence of Indigenous life and just relations with human and nonhuman relatives, and with the earth” (Estes, 2019, p. 248). The CRCAIH aligns with these movements by bringing together diverse stakeholders to increase tribal sovereignty over research and promotes protection of tribal citizens, true collaborations, and research focused on strengths to elevate the health and well-being of AI communities. While the CRCAIH promotes tribal self-determination over research from one regional center, the impact, sustainable transdisciplinary partnerships, and tools developed by this coalition are models for Indian Country and all scientific communities striving to achieve Indigenous health equity.

REFERENCES

- About Mauna Kea. (n.d.). [website]. Retrieved from <https://www.protectmaunakea.net/about-mauna-kea>
- Deloria, V. (1969). *Custer died for your sins: An Indian manifesto*. Norman: University of Oklahoma Press.
- Estes, N. (2019). *Our history is the future*. Brooklyn: Verso.
- Henson, M., Sabo, S., Trujillo, A., & Teufel-Shone, N. (2017). Identifying protective factors to promote health in American Indian and Alaska Native adolescents: A literature review. *The Journal of Primary Prevention*, 38(1-2), 5-26. <http://dx.doi.org/10.1007/s10935-016-0455-2>
- Morse, G. S., McIntyre, J. G., & King, J. (2016). Positive psychology in American Indians. In E. C. Chang, C. A. Downey, J. K. Hirsch, & N. J. Lin (Eds.), *Positive psychology in racial and ethnic groups: Theory, research, and practice* (pp. 109-127). Washington, DC: American Psychological Association. <https://doi.org/10.1037/14799-006>
- National Congress of American Indians. (2015). *Tribal Nations and the United States: An introduction*. Retrieved from http://www.ncai.org/attachments/PolicyPaper_VmQazPEqbvZDMeaDvbupWTSZLmzyzBKOknQRXnUyoVMoyFkEWDGH_Tribal%20Nations%20and%20the%20United%20States_An%20Introduction.pdf

- Thomas, L. R., Donovan, D. M., Sigo, R. L. W., & Price, L. (2011). Community-based participatory research in Indian country: Definitions, theory, rationale, examples, and principles. In M. C. Sarche, P. Spicer, P. Farrell, & H. E. Fitzgerald (Eds.), *American Indian and Alaska Native children and mental health: Development, context, prevention, and treatment* (pp. 165-186). Santa Barbara, CA: Praeger/ABC-CLIO.
- Thomas, L. R., Rosa, C., Forcehimes, A., & Donovan, D. M. (2011). Research partnerships between academic institutions and American Indian and Alaska Native Tribes and organizations: Effective strategies and lessons learned in a multisite CTN study. *The American Journal of Drug and Alcohol Abuse*, 37(5), 333-338. <http://dx.doi.org/10.3109/00952990.2011.596976>
- Wexler, L., Chandler, M., Gone, J. P., Cwik, M., Kirmayer, L. J., LaFromboise, T., ... Allen, J. (2015). Advancing suicide prevention research with rural American Indian and Alaska Native populations. *American Journal of Public Health*, 105(5), 891-899. <http://dx.doi.org/10.2105/AJPH.2014.302517>

AUTHOR INFORMATION

Dr. Victoria M. O'Keefe is an assistant professor at Johns Hopkins Bloomberg School of Public Health in the Department of International Health at the Center for American Indian Health in Baltimore, Maryland.

Please direct correspondence to Victoria M. O'Keefe, Ph.D., Assistant Professor, Johns Hopkins Bloomberg School of Public Health, Department of International Health, Center for American Indian Health, 415 N. Washington Street, 4th Floor, Baltimore, MD 21231, USA, Phone: (410) 955-6931, Fax: (410) 955-2010. Email: vokeefe3@jhu.edu