



# 5

## History Taking

We discuss the importance of understanding history in healthcare and human services work in this chapter. We will address how historical relationships, policies, and events relate to health and well-being and to health and social disparities in the U.S. today. This chapter includes descriptions of past practices that are not only known to be unethical by any standard but proven to have had a detrimental effect on the health and well-being of subsequent generations.

### Chapter Objectives

After completing this chapter, you should be able to:

- identify historical events and influences that manifest through the health of communities and individuals today
- describe some of the policies, laws, and other government actions that impacted health and well-being of various groups
- understand the intergenerational impact on contemporary health

- critically analyze the role of health and human service professionals in implementing policies and practices that had harmful impacts on health.

## History and Health

No health professional would or should think about trying to care for a client without first obtaining an adequate history. If asked, most people may be able to rattle off what they believe are major health concerns facing our nation and specific communities. Most often, however, they are citing *symptoms* or *consequences* of *historical impacts* on successive generations. Before being able to deal with current health issues, it is necessary to look at what has contributed to the current health crises facing our country today.

Health and human services professionals understand that a crucial step in providing good care to a client is to obtain an adequate history. Obtaining a history is more than just documenting a client's health history or their experiences. The person who we see and experience in front of us carries with them their own experiences as well as those experiences of family and others in their communities. Historical events, whether they be political, social, environmental, economic, or personal, have irrevocably changed the health and well-being of people and communities. Health and human services professionals will be limited in the safety of care they can provide until we can critically examine our nation's history and the impact it has had on health and well-being.

W. E. B. DuBois wrote in *Black Reconstruction in America*, 'We have too often a deliberate attempt so to change the facts of history that the story will make pleasant reading for Americans' (1935). Learning about the history of colonization and the impacts can be confronting, especially for people who find themselves living in reasonable comfort and privilege. There can be reluctance for some to engage in what may be seen as 'dwelling on the past.' Yet in a professional setting, professionals must inform themselves of the issues that have led someone to need their services. In this sense, taking a 'history' is part of professional responsibility. Taking a history can also be rewarding, as it adds capacity to both

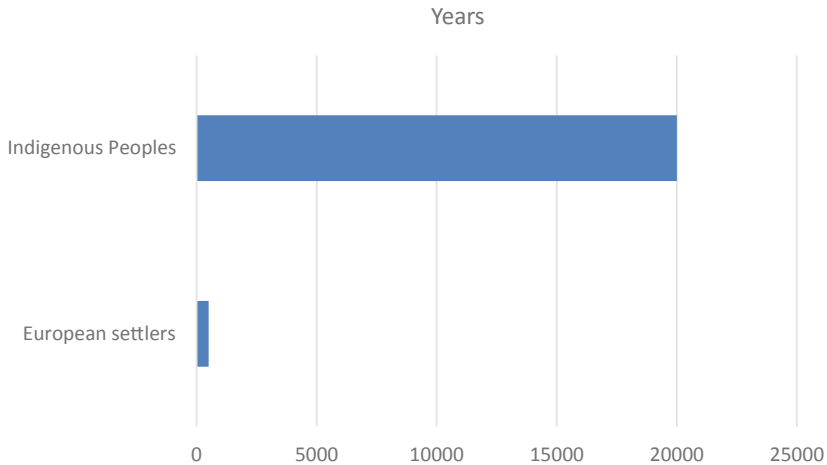
the provider and recipient of care and contributes to relationship and rapport building.

But how far back should we go when we explore history? Certainly, the consequences of colonization are continuing to be revealed in the health and social status of today, and this is evident globally. So do we need to know all that history? Let's look briefly at why colonization has been so significant to health outcomes today.

## Relevance of History

Few people would deny that European connections with this land that some had known as *Great Turtle Island* are brief in comparison to those of the first inhabitants. It is estimated that Indigenous Peoples have lived in this land that we now call the U.S. for *around 15–20,000 years*. The earliest evidence of human habitation, earthwork mounds, have been found around what is now the Mississippi River and have been estimated to have been built around 4500 BC. How long have non-Indigenous people—mostly Europeans—lived in the U.S? Most people cite 1492 as the defining year of when Europeans first arrived in North America with the arrival of Christopher Columbus. When represented visually as years on the timeline in Figure 5.1, the comparison is dramatic. Can you see the European section? It hardly shows up. What does this timeline mean to the inhabitants of the U.S. today?

As we think about our 'history taking' and its role for us as professionals, we need to go all the way back to the early colonization of the U.S. and understand how those early relationships started. With any relationship, the foundation is key to understanding how those relationships developed and came to be what they are today. The Doctrine of Discovery was the premise, or ideas, that formed the basis of a series of decrees or papal bulls in which Christian domination was justified during the fifteenth century. For example, in 1493, Pope Alexander VI issued a papal bull *Inter Caetera*, in which the Pope authorized Spain and Portugal to colonize, convert, and enslave the Native peoples of the Americas and to enslave Africans (National Library of Medicine, n.d.a). The English Translation of the Spanish 1513 *El Requerimento* for King



**Fig. 5.1** Indigenous and European occupation of *Great Turtle Island*, now called the U.S.

Don Fernando and his daughter Doña Juana, Queen of Castille and León shows the blatant demand of Christian domination and the effects of not agreeing:

Wherefore, as best we can, we ask and require you that you consider what we have said to you, and you take the time that shall be necessary to understand and deliberate upon it, and that you acknowledge the Church as the ruler and superior of the whole world, But if you do not do this, and maliciously make delay in it, I certify to you that, with the help of God, we shall powerfully enter into your country, and shall make war against you in all ways and manners that we can, and shall subject you to the yoke and obedience of the Church and of their highnesses; we shall take you, and your wives, and your children, and shall make slaves of them, and as such shall sell and dispose of them as their highnesses may command; and we shall take away your goods, and shall do you all the mischief and damage that we can, as to vassals who do not obey, and refuse to receive their lord, and resist and contradict him: and we protest that the deaths and losses which shall accrue from this are your fault, and not that of their highnesses, or ours, nor of these cavaliers who come with us. (National Library of Medicine, n.d.b)

**Scenario**

Someone comes into your house one day and tells you that you must agree that their beliefs are better than yours and that therefore they are the rulers and 'superior of the whole world'! And that if you do not agree, they can take whatever they want from you and do whatever they want to you, including enslaving you or even killing you and all your family and loved ones, and should any of that happen, it will all be your fault! In this scenario, we also need to understand that these people coming into your home do not speak the same language as you, so, you're not even sure what they are saying.

Does any of that sound familiar?

Can you see any parallels to some of our current cultural tensions?

What about the victim-blaming at the end of this statement: that whatever happens will all be 'your fault'? Does that sound like anything we see today? Think about some common reactions under circumstances of rape or police brutality when victims are often blamed for what happened. Health conditions today, despite being known to be influenced by a range of social determinants, are also often blamed on those who are experiencing them.

Imagine what it might be like to experience this, and what effect it might have on you. You might say, 'well, they wouldn't get into my house in the first place,' but they do get in and you don't have a chance or the resources to stop them, because they outnumber you and your family. Can you imagine going through all the grief processes as your way of life erodes before your eyes? How long might it take you to 'get over it'?

Consider that this may be what many Indigenous peoples continue to experience—deep, unresolved grief and loss.

Let's revisit that timeline. Based on time alone, Native American ownership, or sovereignty over the land, should be indisputable. The Doctrine of Discovery, more aptly described as the Doctrine of Domination (Newcomb, 2008), and the concept of *terra nullius* were the doctrines that justified European claim to lands around the world. These ideas were grounded in notions that non-Christians were less than human and provided Europeans with the legal, religious, and political

justification for colonization, enslavement, and seizing land. Not only was ownership disputed, but the very existence of an entire group of people was ignored. *Terra nullius* literally means ‘land belonging to no-one.’ Think about the consequences of this beginning to all relationships and interactions that have followed between those doing the dominating and those being dominated. From the perspective of *terra nullius*, the people who were here were basically made to be invisible; that they didn’t even exist, indeed, that they didn’t matter. Today, we see vast amounts of literature in areas such as ‘social inclusion,’ ‘anti-racism,’ and social movements such as Black Lives Matter, aimed to improve health, social, and well-being outcomes that can be connected to these early ways of thinking and interacting.

Part of the Doctrine of Discovery included the enslavement of people to make colonization possible. This included the enslavement of the people on their own lands, as well as the bringing of enslaved people from other lands. Understanding contemporary issues in health and well-being in the U.S. requires the knowledge of the history of enslavement and its part in the colonization of North America. Enslavement, domination, and displacement define much of the history from the fifteenth century. While many cite 1619 as the beginning of slavery in the U.S., others cite 1526 as a more accurate date when a Spanish ship of enslaved Africans arrived in what is now South Carolina (Guasco, 2017). That group of Africans rebelled, and the Spanish could not maintain their settlement. These early events of rebellion are a too often silenced part of history.

By today’s understandings it may be hard to imagine the overt dismissal and dehumanization of entire populations, but these ideas continue to inform laws and policies that maintain domination over the land and people. Understanding the circumstances surrounding the colonization of the U.S. is essential to have some sense of the prevailing worldviews underpinning these events. This is not only necessary for the anticipated number of readers who have not grown up in the U.S., but also for those whose educational experience in the U.S. provided little other than a Eurocentric, or ‘white-washed’ view of colonization. It is a sad indictment of the U.S. school system that many students even today remain unaware of our own history beyond a one-sided view of European ‘discovery,’ ‘exploration,’ and ‘settlement.’ ‘Recent surveys, however,

show that young people in America have enormous gaps in what they understand about the history of slavery in this country. According to a 2018 report from the Southern Poverty Law Center, only eight percent of high-school seniors surveyed were able to identify slavery as the central cause of the Civil War. Two-thirds of students did not know that a constitutional amendment was necessary to formally end slavery' (Smith, 2020).

In this book, we cannot fully address the imbalance, other than to provide a cursory review of colonization as it related to the U.S. experience and the relevance of this today for healthcare and human services. To develop culturally safe professionals, we encourage extensive and regular study of history to inform understanding that will benefit your professional work.

### **Films of interest**

*The African Americans: Many Rivers to Cross*: PBS 2013

<https://www.pbs.org/wnet/african-americans-many-rivers-to-cross/>

*The Doctrine of Discovery: Unmasking the Domination Code*: 2014

<https://vimeo.com/ondemand/dominationcode?autoplay=1>

### **Activity**

Here's a quick quiz about the U.S.'s shared history: True or false?

1. Columbus discovered America in 1492.
2. Chinese explorers had been to North America well before the Europeans.
3. Indigenous groups in North America had engaged in economic trade with each other well before the arrival of Europeans.
4. Indigenous Peoples in North America didn't put up a fight for their land.
5. Africans did not resist being enslaved.

### **Critical thinking**

How did you answer the above statements? Words such as ‘settled,’ ‘discovered,’ and ‘fight for’ rarely convey processes that occurred over lengthy periods, nor do they do justice to others’ experiences and viewpoints.

If the U.S. was ‘settled’ by the British and other Europeans, what does this statement imply about the Indigenous Peoples of the continent who were already here and those who were forcibly brought here through enslavement? Remember the chapter on terminology. People were not ‘minorities’ in their own lands, they have been rendered minorities through our various histories. Additionally, how might our knowledge of extensive trade and exploration with other groups influence our view of history as well as ideas of superiority?

Importantly what do these alternate views do to current conceptualizations of people and the history of *Great Turtle Island* and what we now call the U.S.? If it is true that there were established economic, governance, and political systems in place well before 1492 then Columbus clearly did not ‘discover’ ‘America’ and yet, these views have persisted for so long. Acknowledging that others had already ‘discovered’ and named the lands called the U.S. today does not take away from their first being ‘*encountered*’ by Europeans, but these additional words are important. It does show regard for a more truthful version of history that accepts that Europeans were not ‘the first’ to know this or many other lands.

## Colonization and the Impact on Health Today

Some readers may wonder why it is relevant to discuss events occurring hundreds of years ago in the context of contemporary professional practice. However, when it comes to the history of the U.S., there is evidence to suggest that colonialism remains influential in health and well-being today for everyone.

We can link many of the disease and wellness states of people today either directly or indirectly to our colonial history. For example, prior to the decimation of Native land and food resources, the diet of Native Americans was believed to have been better than that of their European



counterparts. Similarly, enslavement of Africans severely disrupted food sources and diet. This is not to say that there were no health concerns previously, or that life was not challenging or without risk. Colonization, however, irrevocably disrupted the lifestyles that sustained people for thousands of years. Food sources were rendered inaccessible or destroyed.

With such forced displacement, and the establishment of reservations and plantations, came dependency on introduced foods such as lard, flour, sugar, and coffee. This dramatic change in diet and physical effort to get food led to further problems, not just in the immediate period, but also through successive generations. Flour and sugar remain staples for many Native and Black Americans. Canned, processed meats, high in sodium, known as ‘spam,’ have been linked to high rates of diabetes in Native communities, as is the case in other populations (Fretts et al., 2012).

### Readings

There are many books and other resources relating to history and colonization and food, nutrition, diet, and health and well-being. Below is a beginning selection of readings.

Alcon, A. H., & Agyeman, J. (2011). *Cultivating food justice: Race, class, and sustainability*. Cambridge, MA: MIT Press.

Mailer, G. (2013). Decolonizing the diet: Synthesizing native American history, immunology, and nutritional science, *Journal of Evolution and Health, 1*, 1–41.

Mailer, G., & Hale, N. (2018). *Decolonizing the diet: Nutrition, immunity and the warning from early America*. New York: Anthem Press.

Mohammed, K. G. (2019). The sugar that saturates the American diet has a barbaric history as the ‘white gold’ that fueled slavery. The 1619 Project. [https://www.hayscisid.net/cms/lib/TX02204837/Centri-city/Domain/2797/Sugar%20from%20The%201619%20Project\\_upd\\_ated.pdf](https://www.hayscisid.net/cms/lib/TX02204837/Centri-city/Domain/2797/Sugar%20from%20The%201619%20Project_upd_ated.pdf)

It is all too easy to look at historical events through contemporary lenses and respond with disbelief or judgment. The idea that anyone

could arrive in an unfamiliar place today and fail to see the local inhabitants as having any rights or, worse still, to be seen as less than human, would be difficult to grasp and yet colonization still occurs. The methods might have changed in some areas from militaristic to economic strategies, but anywhere that power is asserted over others, it can be seen as colonizing practice. No doubt today's attitudes, actions, and values will also likely be subject to scrutiny in years to come. It is crucial, therefore, that the context be examined and analyzed, rather than judged.

What were the drivers of colonization? The major motivations for European communities seeking out lands beyond their own borders can be separated into three main categories:

1. religious motivation—either in seeking to convert masses or in escaping religious persecution
2. empire building—the amassing of wealth and resources, both human and material
3. overcrowding, overuse—the need for land.

As the scramble for land acquisition intensified in the late eighteenth century, it became necessary for European countries to establish some guidelines for the process. These guidelines were undoubtedly about the interests of the European superpowers and had little to do with the colonized populations. An International Court of Law was established to agree on the requirements for colonization. Three criteria by which territories could be 'legally' claimed (according to European legal systems, not the existing laws of each territory), were:

1. conquest
2. negotiation of a treaty with the original inhabitants
3. the declaration of land as belonging to no one—known as *terra nullius*.

The doctrines of discovery and notions of *terra nullius* informed much of the colonization and enslavement of people and land globally. How could anyone suggest that land was unoccupied when there was obvious

evidence of people already living on the land? Well, through eighteenth-century European, Christian eyes, the Indigenous Peoples displayed no ‘recognisable’ signs of ownership, and, as non-Christians, they were ‘heathens’ and in need of ‘saving.’ Indigenous People’s ecologically sustainable ways of living in harmony with their natural environments were in stark contrast to the European environments that were fenced and ‘created’. The doctrines of discovery (domination), *terra nullius*, and *Christianity* had a profound impact on the way Indigenous and other peoples were regarded in official policies of the newly ‘acquired’ lands, but what relevance does it have today? We should also note that terms such as ‘Christianity’ and ‘European’ also suggest enormous diversity. Experiences and attitudes of some groups may not reflect others who may be labelled by the same terms.

### **Critical thinking**

Consider the ongoing impact of the Doctrine of Discovery. How might this have influenced successive governments and individuals to respond to the original inhabitants? *The Doctrine of Discovery* essentially resulted in specific populations, such as Indigenous peoples on their native lands or enslaved peoples who were forcibly removed from their lands, being treated with *indifference*. Can you still see evidence of this sort of treatment today? What does it mean to treat someone with indifference? How does *indifference* relate to *matter*ing?

### **Making it local**

What evidence can you find in your local area of Indigenous-protected or significant sites? Search your local media and historical organizations. Are there any issues around sacred sites or potential tensions between particular groups? For example, look into the Black Hills as sacred land for the Lakota Sioux and the tensions relating to Mount Rushmore.

Look at the media responses to other cultural groups, both positive or negative portrayals. Can you identify any current concerns relating to

disability services, asylum seeker placements, mosques or other religious centers, or drug rehabilitation centers or other issues with a particular group?

- What knowledge do you have of the Indigenous history of where you currently live? You will need to consult a range of sources (local libraries, councils, Indigenous organizations) to find your own answers for this activity.
- Whose traditional land do you now live on?
- Whose traditional land does your workplace or university occupy?
- What Indigenous language names can you find for your local area?
- What acknowledgments or evidence can you see of an Indigenous history in your area?
- How easy or difficult was it to find the necessary information?
- What other cultural, religious, or other groups have been or currently are particularly relevant in your area? Maybe there was a significant historical event? Are there current cultural events or traditions that are still practiced that might be unique to your area?
- What, if anything, does this say about the importance given to the original inhabitants and their descendants?
- What relevance might this information have for your profession?

## Past Policies

Throughout history, the government has used various policies and laws to restrict and control the lives of people and groups. These laws and policies have directly impacted basic freedoms, despite our apparent rights to life, liberty, and the pursuit of happiness. It was only in 2013 that the federal government agreed that the Defense of Marriage Act was unconstitutional, when it stated that only marriage between a man and a woman could be recognized. Prior to 2013, in most states, marriage between same-sex individuals was not legal. Many groups in the U.S. have had some form of government intrusion or management over just about every aspect of their lives since before the U.S. existed.

Reconsider the scenario of the elderly veteran who wanted to collect their hearing aid. Try to think about why their sensitivity to someone trying to control and ‘manage’ them might be greater than someone whose life has not been impacted in a similar way.

## Key Dates and Events in History

U.S. history is unfortunately full of events, laws, and policies that negatively impacted peoples’ cultures, identities, and freedoms. You may want to explore the history of events, policies, and laws for groups of interest to you. For example, search for a timeline of significant events related to LGBTQ rights. There are people still living who will remember when homosexuality was illegal in certain states and people could be jailed or lose their employment. In some cases, people were subjected to medical procedures such as castration, aversion therapies, and lobotomies to ‘treat’ what was deemed a mental illness until 1973 when it was declassified by the American Psychiatric Association. What is ‘don’t ask, don’t tell’ and the Stonewall Riots? You might also want to explore history as it relates to mental illness, disabilities, and religious freedoms. Think about what it might feel like to have your government tell you that you can’t serve your country in the military, as has happened for transgender people. Within recent years this particular ban has been overturned, reinstated, and then overturned again.

### Critical thinking

What must it be like to live through changing policy directives in one lifetime? What might it mean in terms of your day-to-day health and well-being? What might have been the rationale that underpinned each change?

As a start, for policies affecting other groups, here are just a few things to explore: Look up the Fugitive Slave Act of 1793, the Religious Crimes Code or the Code of Indian Offenses of 1883, or the Chinese Exclusion Act of 1882.

Look at more recent events and their aftermath and consequences and how they relate to our shared histories and our current health and well-being such as the shooting of Michael Brown and the Ferguson protests, the Charleston, South Carolina church shooting in 2015, the Black Lives Matter (BLM) protests of 2020. Do you know who Brock Turner is and his relationship to the #MeToo movement? How about Chanel Miller?

## Government Responses

Various government policies have reflected, and continue to reflect, the worldview of the eras in which they were developed. By today's values, most policies were anything but benign, even though some may have arisen out of benevolent or well-meaning beliefs. How current policies will be judged by history is a matter for speculation, but the fact remains that the very policies supposedly designed to protect and assist people are undeniably implicated in the disastrous circumstances still being played out today. One of the most controversial issues has been the attempt by governments and other institutions to define individuals according to their common descent.

## Definitions of Identity

Race and ethnicity definitions are governed by the 1997 Office of Management and Budget (OMB) standards on race and ethnicity. These standards guide government agencies, reports, and data collection such as that collected through the U.S. Census. Overall, a person's racial and ethnic identity is self-determined, which means that you decide which box to mark or how you describe yourself. Only since 2000 have people had the option to identify with more than one category in the U.S. Census. Five categories are required by the OMB standards as listed below (alphabetically):

American Indian or Alaska Native – 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.

Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American – A person having origins in any of the Black racial groups of Africa.

Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Racial, ethnic, or national identity in the U.S. is not a straightforward or simplistic category, nor has it been consistent historically. We can think of identity as relating to biological descent, self-identification, and community acceptance. The element of descent relates to biology, such as your family members' identity. This could be a mother, father, grandparents, or great-grandparents, but the element is biologically determined. However, is this element a *necessary* condition for identification? Consider self-identification. For example, someone might have a great-grandparent who was Native American, but, due to a wide range of factors, perhaps this person does not 'self-identify' as Native American, despite their biological (descent) element. Is it possible for someone to self-identify as Native American without the biological element?

With the increasing popularity of DNA testing to determine ancestry, many people are now finding out possible ancestral backgrounds that they were not aware of. This may have some influence on dramatic changes in racial and ethnic identification in more recent surveys such as the census. The element of community acceptance can serve to 'authenticate' identity but think about how past policies such as the forced removal of children to boarding schools and assimilation may have compromised this community acceptance. Is a Native American who does not have tribal affiliations any less Native American? Who decides?

For American Indian or Alaska Native identity, the Bureau of Indian Affairs provides this statement:

As a general rule, an American Indian or Alaska Native person is someone who has blood degree from and is recognized as such by a federally recognized tribe or village (as an enrolled tribal member) and/or the United States. Of course, blood quantum (the degree of American Indian or Alaska Native blood from a federally recognized tribe or village that a person possesses) is not the only means by which a person is considered to be an American Indian or Alaska Native. Other factors, such as a person's knowledge of his or her tribe's culture, history, language, religion, familial kinships, and how strongly a person identifies himself or herself as American Indian or Alaska Native, are also important. In fact, there is no single federal or tribal criterion or standard that establishes a person's identity as American Indian or Alaska Native (Bureau of Indian Affairs, n.d.)

Each tribal group makes their own determinations about who can claim tribal identity and access tribal resources. For example, the Cherokee Nation state the following for tribal registration on their website:

The Cherokee Nation Registration Office processes Certificate of Degree of Indian Blood (CDIB), Dawes and Tribal Citizenship applications and issues CDIB, Citizenship, and Photo ID cards. The Registration office also issues Indian Preference Letters, provides verification of Tribal Citizenship, verifies eagle feather applications and provides registration services as needed.

The basic criteria for CDIB/Cherokee Nation tribal citizenship are that an application must be submitted along with documents that directly connect a person to an enrolled lineal ancestor who is listed on the "Dawes Roll" Final Rolls of Citizens and Freedman of the Five Civilized Tribes. (Cherokee Nation, n.d.)

The Navajo Nation state the following, 'A person MUST be at least 1/4 (one quarter) Navajo to be enrolled as a member of the Navajo Nation. To determine if you are eligible for tribal membership, contact the Navajo tribe' (Navajo Nation, n.d.).



The complexities relating to identity are obvious and cannot be simplified; nevertheless, most understandings and definitions today are an improvement on the past purely biological definitions that presumed an ability to quantify ‘blood’. Even so, as we see above, some tribal affiliations continue to require minimum blood degrees. This perpetuation of biological notions of identity, revealed in phrases and terms such as ‘half-blood’ and ‘full blood’ were based on extreme ethnocentrism and European notions of racial purity and impurity. Such categorizations of people were, and arguably still are, used to justify policies and practices that can be divisive and destructive.

### **Critical thinking**

- What might be the impact of a government-imposed identity?
- Can you come up with some examples of how ‘race’ or ‘ethnicity’ are still described in quantities, such as the Navajo Nation requirement?
- Does it matter if someone is half or quarter Indigenous, or Irish, or Polish? And what exactly does that mean?
- How might quantities of ethnicity or race be used in policy or by governments, tribes, or other groups to restrict or gain access to certain resources? How might the current definitions, above, be used to benefit or disadvantage certain people or groups?
- Think about your own family heritage. Most people today have a variety of ethnicities in their background. If you had to choose, which single one would you identify with and what would be the impact on those in your family that you have to deny?
- How does identity influence health and well-being? Does identity matter when it comes to understanding and treating health and illness?

## **Current Policy**

Major shifts in government policy have occurred over the last few decades. Of enormous significance have been the policy developments of the current and previous federal governments. As health and human service professionals, we know that the need to validate people’s pain and

suffering is a key aspect of care. How might we, in the U.S., acknowledge and repair the many harms that have been inflicted on targeted groups throughout our shared history? In the most recent Presidential election of 2020, one candidate for the Democratic nomination promoted a platform of reparations and racial reconciliation and healing for the descendants of enslaved people. Let's look at some events for which there was formal acknowledgment of the harm and in some cases, reparations.

### **Activity**

Look up some apologies in the U.S. such as the apology for the Japanese Internment Camps, the apology for the Tulsa Massacre of 1921, or the MOVE bombing of 1985 in Philadelphia (see Thompson & Slaughter, 2021).

- What are some similarities or differences between those apologies and Obama's apology to American Indians?
- What do these experiences tell us about the importance of having one's trauma 'witnessed and acknowledged'?
- Why might some groups be told to 'get over it' or to just forget the past, while it would be inconceivable to expect other groups to stop engaging in recollections of harms of the past? The Holocaust, 9/11, and Pearl Harbor, for example, are often memorialized and respected as appropriate remembrances but for other groups, such as American Indians or Black Americans, seeking acknowledgment of past wrongs is often seen as problematic. What underpins these different responses?
- Do you know anyone or have family members affected by any of these 'apologies'? What are their perspectives on the values or limitations of apologies?
- What are the limitations of apologies? Some people criticize that apologies don't change anything. What are some advantages and disadvantages of apologies? How do reparations relate to larger processes of reconciliation in healing harms from the past?
- What does the research tell us about the value of an apology for a wrongdoing in health care?

As health and human services professionals, there is an ethical imperative to reflect. Knowing our histories is part of reflection. When talking

about history, however, there can be a disconnection between events that happened before our time and the present. In terms of the relationships between groups, history is continuous. That means historical events affecting the health of groups of people have occurred and continue to occur within the living memory of people.

**Scenario**

A person in their 70s is struggling to remain in their family home. Their husband wants them to consider moving into supported accommodation, but they are adamant that they do not want to go into care. They are convinced that they will be separated from their husband and made to take medication that will keep them sedated and not in control. There is no convincing the person that neither is true and their anxiety is growing.

What assumptions has this scenario brought up? Who might be fearful of being separated from their life partner or forcibly treated against their will? How rational might this fear be today? How would you approach this situation? What would you need to know to allay the person's anxiety? Can you think of any historical events in the last 70 years or so that could have influenced the response?

Even a brief examination of cultural interactions since colonization will reveal the role of health and human services professionals in implementing policies that impacted negatively on people's lives. In the context of this history, consider the need to critically examine the perceived power inherent in professional roles.

## Policy and Cultural Safety

Cultural safety as a philosophy requires health and human services professionals to reflect on their position in relation to those in their care. Reflection on power differences can be most obvious when the professional is from a 'majority or dominant' cultural group and the client represents a 'minority or marginalized' culture, but often, these differences are not obvious and they are very often more complicated.

Regardless, professionals are often at the forefront of policy implementation and, as such, should be mindful of the potential power this entails.

The activities associated with this chapter ask you to look at current and previous policies and developments in relation to contemporary health concerns. Reflect on the cultural safety of these policy directions and your role as an agent of policy implementation. Are 'good intentions' enough and who is it that determines what is truly in someone's 'best interest'?

## **Case Study: Native American Boarding Schools**

The forced removal of Native American and Alaska Native children from their families is undoubtedly one of the more controversial issues within contemporary discussions of the treatment of Indigenous peoples in North America. In 1879, Richard Pratt founded the first federally funded Native American boarding school, the Carlisle Indian Industrial School, in Carlisle, Pennsylvania. Based on his philosophy to 'kill the Indian, save the man', Native American children were forced to attend these schools and not permitted to speak their Native languages or engage in any cultural practices as a way to facilitate their assimilation into Euro/American culture.

After the Department of the Interior conducted an investigation of the boarding schools in 1928, finding lack of food, overcrowding, abuse, and overall lack of care, these schools were technically all closed by the 1930s. Remnants of the boarding schools remained until the 1970s. Only since 1978 with the Indian Child Welfare Act, could Native American parents legally deny their children's placement in off-reservation schools.

For many people today, the idea that children were 'forcibly removed' is hard to comprehend. Harder still is the notion that the official policies used by government could be defined as 'genocide'. Genocide, by definition, includes the deliberate removal of children from their families with the intent to assimilate them into another culture. What do you think could be some implications for health and human services today

of the Native American boarding schools? While we might look back on these events and see how these policies and practices were horrific, are there current policies and practices that are similar today, justified as being helpful? Separation of children from families in migrant detention centers and ongoing issues in child welfare and foster care show us that these concerns continue to be unresolved.

Our focus here in discussing these policies is not about applying blame or developing guilt, although some might suggest that we should. Until this history is accepted and acknowledged, it will be harder to move forward together. Many populations have experienced similarly destructive treatment. Overall, if we do not want to repeat the mistakes of the past, and if we hope for positive future outcomes, it is essential to ensure an understanding of the events and attitudes of the past that have shaped contemporary health. Unfortunately, even with such knowledge, a positive outcome is not guaranteed.

If you were to find yourself, literally overnight, subject to government intervention on the basis of some aspect of your identity alone, can you imagine the damage to any level of trust that you might have had in the healthcare and welfare systems?

### Resources of interest

See the website for the Carlisle Indian School Digital Resource Center, <http://carlisleindian.dickinson.edu/>

This article is about the traumatic legacy of Indian boarding schools.

Pember, M. A. (2019, March 8). Death by civilization. *The Atlantic*. Accessed from: <https://www.theatlantic.com/education/archive/2019/03/traumatic-legacy-indian-boarding-schools/584293/>

### Critical thinking

- What might be some of the legacies left by a policy such as that related to Native American Boarding Schools? Think about people you may have encountered in your professional work. Remember that many

people alive today would have been impacted by at least some policies or have family members who were.

- How might this affect their attitude and response to healthcare or human services today?

### **Films**

Mary Frances Thompson, best known as Te Ata, was an actress and citizen of the Chickasaw Nation known for telling Native American stories. She performed as a representative of Native Americans at state dinners before President Franklin D. Roosevelt in the 1930s. *Te Ata: True story of Mary Thompson Fisher* <http://www.teatamovie.com/>

*Dawnland* is a documentary about the removal of Native American children

<https://upstanderproject.org/dawnland>

### **Making it local**

In this chapter, we began a discussion about the importance of historical events, policies, and laws on current health and well-being but have not provided all the historical and policy details—there is much more to learn. The U.S. is a big country with a very complicated history and, as we will see in coming chapters, diversity in population groups depending on where you are geographically. What can you find out about events or policies in your local area that may be relevant to health and human services? You may also want to explore in more depth the histories relating to particular groups or issues. For example, what can you learn about the history of mental illness and policies and care?

## Conclusion

In this chapter, we explored various historical impacts and briefly considered how events might impact the health and well-being of people today. We explored the relevance of history as well as the role of cultural safety in understanding historical impacts on health and well-being. We further examined the impact of worldview and colonization and the implications for identity. Case studies and activities further illustrated the impacts of history on contemporary health.

Cultural safety asks us to decolonize ourselves. In order to do this, we need to recognize what it is to colonize and be colonized. It is essential for health and human services professionals to acknowledge the influences of history and experiences that can still have impacts today on all clients.

There are countless personal ‘histories’ of people you may work with or care for in health settings that highlight the need to be *regardful* of the power that relationships and historical influences bring to every interaction.

## References

- Bureau of Indian Affairs. (n.d.). *Frequently asked questions. Who is an American Indian or Alaska Native?* <https://www.bia.gov/frequently-asked-questions>.
- Cherokee Nation. (n.d.). *Tribal registration*. <https://www.cherokee.org/all-services/tribal-registration/>.
- DuBois, W. E. B. (1935). *Black reconstruction in America*. Oxford University Press.
- Eilat-Adar, S., Zhang, Y., & Siscovick, D. S. (2012). Associations of processed meat and unprocessed red meat intake with incident diabetes: The strong heart family study. *The American Journal of Clinical Nutrition*, 95(3), 752–758. <https://doi.org/10.3945/ajcn.111.029942>.
- Guasco, M. (2017, September 13). The midguided focus on 1619 as the beginning of slavery in the U.S. damages our understanding of American history. *Smithsonian Magazine*. <https://www.smithsonianmag.com/history/>

[misguided-focus-1619-beginning-slavery-us-damages-our-understanding-american-history-180964873/](#).

- National Library of Medicine. (n.d.a). *A.D. 1493: The Pope asserts rights to colonize, convert and enslave*. <https://www.nlm.nih.gov/nativevoices/timeline/178.html>.
- National Library of Medicine. (n.d.b). *A.D. 1513: El Requerimento: Spain demands subservience*. <https://www.nlm.nih.gov/nativevoices/timeline/178.html>.
- Newcomb, S. (2008). *Pagans in the promised land: Decoding the doctrine of Christian discovery*. Fulcrum Publishing.
- Navajo Nation. (n.d.). *Frequently asked questions: How can I become an enrolled member of the Navajo Nation? How can I find my Navajo roots? (Ancestry)*. <https://www.navajo-nsn.gov/contact.htm>.
- Office of Management and Budget (OMB). (1997). *Standards on race and ethnicity*. <https://www.census.gov/topics/population/race/about.html>.
- Smith, C. (2020, September 24). 'Telling the truth about slavery is not 'indoctrination''. *The Atlantic*. <https://www.theatlantic.com/ideas/archive/2020/09/real-stakes-fight-over-history/616455/?fbclid=IwAR12aQFjTnK3BcmcpHp3GNLln0j96D08mql-WVZ-TYQj5wliCOYnIL-XYJM>.
- Thompson, P. B., & Slaughter, U. (2021). Re-Member MOVE: The anatomy of a reconciliation. *American Journal of Community Psychology*, 67, 130–141. <https://doi.org/10.1002/ajcp.12478>.