

# Recommendations for Conducting Successful Research With Native Americans

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**Abstract—Background.** In this article, I discuss factors that may affect working relationships between non-Indian researchers and Native American individuals and communities and give recommendations for conducting successful research. **Methods.** I describe 7 factors including Native American communities must receive information back from researchers and have access to data collected from them, researchers must address assets and broader social issues, and researchers must place the needs of the community ahead of their own interests. **Results and Conclusions.** Carrying through on the recommendations will make for more effective, culturally appropriate research. *J Cancer Educ.* 2005; 20:47-51.

The recent emphasis on eliminating health disparities<sup>1,2</sup> has brought with it an increased interest in working with individuals and communities who experience these disparities, including Native Americans. In this article, I describe recommendations for conducting successful research with Native Americans. The recommendations target factors that may affect the working relationships between non-Indian researchers and Native American individuals and communities. Understanding these factors is vital to conducting successful research when working with Native communities, as they directly influence all stages of research from access to individuals and communities to the ultimate success or failure of research endeavors.

Because of indiscretions by researchers in the past, many Native communities are wary about participating in studies of their community's health. According to indigenous researcher Smith, "the word itself, 'research,' is probably one of the dirtiest words in the indigenous world's vocabulary."<sup>3</sup> To work successfully with Native Americans, it is essential to understand this history, its breadth and depth. Harrison<sup>4</sup> stated that individuals working with Native communities "are likely to be confronted with some of the grief and anger over losses and injustices of the past. They will be better able to deal with these confrontations if they have gained some insight into the events that caused the pain."

I developed these recommendations after spending several years working with a community-based participatory research project on the Apsáalooke (Crow Indian) Reserva-

tion. Community members and other Native American researchers, practitioners, and students have been gracious in mentoring me through this process.

## RECOMMENDATIONS

*Researchers Must Work to Know and Understand the Impact of Historical Relations Between the US Government and Native Americans on the Present Day Attitude of Native People and Research*

One factor impacting research with Native communities is the history of United States government interactions with Native Americans: a history of colonization, land theft, broken promises, and genocide.<sup>5-15</sup> "[I]t has been estimated that there were 75 million Indians in the Americas, perhaps six million in the contiguous United States area, when Columbus arrived. By 1900, only 237,000 Indians in the United States remained."<sup>16</sup> For those doing health-related research with Native Americans, it is important to remember that many of those deaths came from infectious diseases introduced by non-Indians<sup>17-19</sup> and from lifestyle changes imposed by non-Indians.<sup>20,21</sup> United States government interactions with Native Americans that cause health problems have continued since 1900.<sup>22-24</sup>

As Alfred<sup>25</sup> bluntly noted, "The truth is that neither the Canadian or the United States government has ever kept its word with Indians. Not a single treaty or agreement signed by a white man has been honoured." This history remains in the consciousness of Indians today. Davis and Reid<sup>26</sup> stated that "day-to-day interactions between American Indians and non-Indians are sometimes suffused with the thoughts of the history of their relations. Colonized peoples do not easily forget the experiences that decimated their nations." Bryan<sup>27</sup> added, "[t]o most Indians, Wounded Knee [1973] was only one of countless battles that are still being fought around the basic issues of cultural, economic, and even phys-

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Received from the Montana State University, Bozeman, Department of Health and Human Development (SC).

Supported by the Margaret Ann Wise Grant TURSG-01-193-01-PBP from the American Cancer Society. The contents of this article are solely the responsibility of the author and do not necessarily represent the official views of the American Cancer Society.

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ical survival.” Whether intentional or not, the policies and practices of the US government plausibly appear genocidal to many Native Americans. Indeed, as recently as the 1960s and the 1970s, Native American women were involuntarily sterilized by government employees.<sup>28-30</sup>

Ammerman and colleagues<sup>31</sup> talked about the effects of distrust on research; “[n]ot only can distrust adversely affect the immediate research relationship and, in turn, the validity of the data collected, it can have a profound effect on the future willingness of minority populations to engage in the research enterprise.” For those interested in conducting successful health research with Native communities, it is “important to know about historical interactions between researchers and Native people.”<sup>32</sup> The next factors relate to this history.

*Researchers Must Show Knowledge of the Issues Specific to Tribes Being Studied and Avoid the Common Mistake of Grouping All Tribes Together*

Some non-Indian researchers make the fundamental mistake of grouping all Indians together under one culture and treating all tribes as if they had the same customs and history. This problem is not unique to Native cultures; it is a common complaint by many minority groups. “George Snell, an Assiniboine tribal leader, put it simply: ‘The non-Indian has a way of lumping us all together, and I don’t like it. Blacks don’t like to be lumped with the Spanish, and Irish don’t like to be lumped with the English, so why does everybody have to call us Indian?’”<sup>27</sup>

There are more than 550 federally recognized tribes in the United States<sup>33</sup> and “in some instances, within-group differences may be greater than differences between a particular American Indian culture and the majority population.”<sup>34</sup> Although similarities abound, different tribes often have completely different worldviews, notions of personhood, and views of health and healing. Health behaviors and health status also differs across tribes.<sup>35-39</sup> Programs and educational materials have been developed for one tribe and delivered across vastly different tribes as if they had the same history, culture, and traditions. Red Horse<sup>40</sup> gave the example of research about rural Cherokees in Oklahoma being used to explain the behavior of Chippewas in urban Minneapolis.

*Native American Individuals and Communities Must Be Invited to Be Involved With Research*

Often, Native people are not invited to be involved in research. They experience having research done “to,” “on,” or “about,” rather than “with” them.<sup>41</sup> Native scholars have been treated as the objects of research rather than being seen as researchers themselves.<sup>42</sup> Sometimes the sole involvement researchers have with Native communities is to request a letter of support for a research project, not as a way to involve the community but as a mandate from a funding agency. Trimble<sup>43</sup> stated that few Native Americans that have participated in research endeavors have “had the op-

portunity to participate in the full venture, from problem formation to conclusions.” Deloria et al.<sup>44</sup> stated, “we have been the objects of scientific investigations and publications for far too long, and it is our intent to become people once again, not specimens.”

This type of research does not recognize the intellect, experience, strengths, abilities, and talents of community members. As Harrison<sup>4</sup> reminded us, “in the past, the dominant views of educators were that indigenous peoples were not capable of academic or intellectual study.” This reflects the stereotyped view of Native Americans as ignorant and undeveloped savages<sup>3</sup> and does not give just regard to tribal knowledge,<sup>44</sup> nonwestern ways of conducting research,<sup>45,46</sup> or Native interpretations of research outcomes.<sup>43</sup> It also continues the premise that minorities are inferior to Whites, will benefit from contact with Whites, and through this contact be more like the White culture in positive ways.<sup>47</sup> Not turning to community members for advice in a research project promulgates these views and stereotypes and not surprisingly often results in a “lack of community cooperation.”<sup>48</sup>

*Native Communities Must Receive Information Back From Researchers and Have Access to Data Collected From Them*

There is a long history of Native communities being denied access to data or research findings.<sup>48-50</sup> It has been said that this is the biggest criticism from study participants to researchers.<sup>51</sup> As Crazy Bull<sup>46</sup> stated, “[i]f research is to benefit the community, the results must be communicated to the community.” The history of using individuals and communities as sources of data<sup>52</sup> “leads participants to feel exploited and to be resistant to further research ventures.”<sup>53</sup>

Some Native people see this as the continuation of a pattern of exploitation connected to the history of cultural items and remains of ancestors taken for “research” and never returned. From a western perspective, this may not seem to be related to health; but from the point of view of Native Americans, the removal of ancestors’ bones and other cultural material is directly related to the health of the tribe. This history keeps some Native Americans wary of what happens in the name of science.<sup>3,44</sup>

*Native Communities Must Receive Benefits From Research*

Ambler<sup>42</sup> referred to researchers who fail to provide benefits to those who participate in their work as “research poachers,” and there has been much medical research conducted in this manner.<sup>48</sup> Deloria<sup>54</sup> stated that the “[c]ompilation of useless knowledge ‘for knowledge’s sake’ should be utterly rejected by the Indian people.” Deloria<sup>54</sup> added that “[w]e should not be objects of observation for those who do nothing to help us.” Information gathered in Native communities “must ultimately benefit those communities and not simply be used to meet the needs of researchers or the scientific community.”<sup>53</sup> There are countless examples of

studies being conducted that do not translate into tangible benefits for the Native people being studied.

Sometimes research does actual damage.<sup>55</sup> Past research has contributed to negative stereotypes of Native communities<sup>4</sup> and perpetuated misinformation.<sup>56</sup> Researchers have published restricted tribal information.<sup>50,56</sup> Mihesuah<sup>57</sup> stated that this type of research “constitute[s] a major source of interracial conflict.” Davis and Reid<sup>26</sup> listed examples of research that resulted in no benefit to communities and that brought direct harm and stigmatization to Native peoples. One community was ostracized after a state health department study on syphilis was published in a local newspaper and in a scientific article without sufficiently masking the tribe’s identity. In another example, a non-Native researcher was given access to private tribal materials and then misinterpreted tribal history and knowledge.<sup>46</sup> It is reported that in the 1950s, the federal government conducted experiments in which they injected radioactive materials into Native peoples and did not fully disclose the involved risks.<sup>48</sup> Macaulay<sup>55</sup> stated that these abuses are not easily forgotten: “[R]esearchers will never know or understand the degree of hurt and anger felt by the community as a result of these actions.”

#### *Researchers Must Address Assets and Broader Social Issues*

Many Native commentators and researchers have pointed out how most non-Native researchers focus on a community’s problems as opposed to their strengths or assets.<sup>43,56,58,59</sup> Trimble<sup>43</sup> reported on a review he and a colleague conducted on American Indian adolescent socialization. Trimble<sup>43</sup> stated that “[f]ew studies addressed the positive competent Indian adolescent, leaving one with the impression that few Indian adolescents had anything to be positive about.” An additional dilemma is created by most requests for proposals being based on problems rather than assets or strengths.

Additionally, non-Native researchers have committed the error of assuming that “the locus of a particular research problem lies with the Native American individual or community rather than with other social or structural issues.” “Negative” research findings are sometimes presented in a decontextualized way that does not take more complex sociopolitical factors into account. Minkler<sup>60</sup> discussed the limitations of focusing on the individual and ignoring the social context in which individuals make their decisions. These limitations include blaming the victim and ignoring research-based factors that affect health and health decisions including poverty, amount of control over life events, racism, and an individual’s cultural environment. Focusing on the individual also “lets the government off the hook by assigning blame for premature morbidity and mortality and the like to the individual.” Additionally, Minkler<sup>60</sup> pointed out that focusing on individual behavior limits our definition of health and leads to solutions that are not effective or long lasting.

#### *Researchers Must Place the Needs of the Community Ahead of Their Own Interests*

Some researchers seem vested in their own interests and careers instead of the good of the community they are working with.<sup>26</sup> Mihesuah<sup>57</sup> stated that often, non-Native researchers use information gained from research with Native Americans for “tenure, promotion, grants, marketability, and prestige.” Harrison<sup>4</sup> talked to Native people who had read publications written about their communities who came “to believe that the research served the interests of the researchers and their societies rather than the interests of the people studied.” Deloria<sup>54</sup> discussed a researcher who spent close to \$10 million over a period of 20 years studying a tribe of fewer than 1,000 people. Deloria<sup>54</sup> asked us to imagine what would have happened if that money had been invested for the good of the tribe.

There are many other examples of projects benefitting researchers and not communities. La Fromboise and Plake<sup>58</sup> provided results of a review of 962 educational research papers on Native Americans that found that most non-Native investigators “studied issues of interest to themselves rather than those of importance to the communities being studied.” One Native researcher stated that when this happens, “[n]ative people are often left with the feeling that they were exploited much as someone might study a guinea pig in a laboratory experiment.”<sup>32</sup>

Ambler<sup>42</sup> mentioned that the quality of the scholarship also suffers when researchers enter communities with their own agendas. To help solve this problem, Roubideaux<sup>61</sup> suggested that “[w]e also must resist the temptation to enter Indian communities as ‘experts’ who will control programs and outcomes. A more productive role is to be a resource to the community and to help build local capacity.”

## DISCUSSION/CONCLUSIONS

This history has led many Native people to be suspicious of researchers who are often both non-Indian and government employees.<sup>32,62,63</sup> Increasingly, tribes are now insisting that research findings “benefit the very people who are the subjects of the research.”<sup>48</sup> The result, as Smith<sup>3</sup> observed, is that “[m]any indigenous communities and organizations have developed policies about research, are discussing issues related to control over research activities and the knowledge the research produces, and have developed ethical guidelines and discussion documents.”

Despite the many challenges, it is possible for non-Indian researchers to work successfully in Native communities. Given the state of Native health in America, much research still needs to be done. Many communities are open to collaborative, respectful work. As Davis and Reid<sup>26</sup> stated, “American Indians recognize the importance of appropriate and meaningful research among their people and appreciate research when they participate in a project’s development and execution and when they can live healthier, fuller lives as a result.” This quote points to a more promising approach of

community-based participatory research in the field of Native health.<sup>31,64,65</sup>

Other recommendations include working honestly and cooperatively with communities, working from a standpoint of respect, spending time with communities, working with tribal colleges, and ensuring that Native communities are involved in all stages of the research endeavor. A list of readings with recommendations can be received by contacting the author (SC). Crazy Bull<sup>66</sup> eloquently explained a culturally respectful research process:

As we seek our own understanding of tribal research and scholarship, we must remember the people of the community are the source of our profound understanding of tribal life, values, and rituals. We must hear their voices and participate in their stories and ritual in order to attain the wisdom we seek. As we explore the world of scholarship, the everyday people and everyday rituals must form the foundation for the lodges we build.

Adhering to the preceding recommendations and working from a primary standpoint of respect will engender change in health disparities experienced by Native Americans.

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