A Multi-Sited Ethnographic Study in Alaska:
Examining the Culture-Communication Nexus Salient to Alaska Native Elders and Conventional
Health and Social Services

by

Jean Emily Balestrery

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Doctoral Committee:
Professor Ruth E. Dunkle, Co-Chair
Associate Professor Barbra A. Meek, Co-Chair
Assistant Professor Sandra L. Momper
Associate Professor Gayle S. Rubin

Dedication

To my father, Richard Stuart Balestrery (1937-2006), whose love, laughter, and wonder for the world and all its peoples filled my heart with happiness and joy:

"hey Pops"

 "yea kid"

"what's the most important thing in life?"

 "hmmm... ... ... "

and I waited…and waited…
"c'mon Pops!?"

 "hmmm… love."

"what?! no way! I knew you would say that! Ok – what's the second most important thing in life?"

 "hmmm… hmmm… …"

his voice always soothed me…

 "...more love"

"Pops! No way-I can't believe it! Are you serious-really?

 "yep" hahahahahahah…

I melt listening to his loud infectious laughter…
*"ok, what's the **third** most important thing in life?"*

 "hmm… let me think…hmm...
 ...love and more love"

and, hearing this, tears began pouring down my face, I knew him - more than that, I felt his heart – and he mine, the heart's fragility and fierceness.

voices inspire us all to wake up and find courage to share in the responsibility for healing our planet earth and global family.

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"Do not give up…you cannot give up…" For many reasons, I believe it was no coincidence that we were roommates—one for certain was when I asked you what your name means and you told me "Feelings"(!) Amazing! Unbelievable! To everyone at ISSP, Thank you for the generosity of your hearts, your songs, and spirits!

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Abstract

Purpose. Research shows severe health and social disparities among particular groups in the United States. Foremost among these are indigenous American Indian and Alaska Native (AI/AN) peoples. These disparities are typically addressed through conventional health and social service organizations in Native North America. Because communication is the vehicle through which services are delivered, this study investigates the culture-communication nexus among Alaska Native peoples, particularly older adults, and Alaska's conventional community-based health and social service organizations. It aims to improve the well being of this population by identifying culture-communication hindrances and solutions in service delivery.

Methodology. This multi-sited, qualitative study in Alaska resulted from 12 non-consecutive months of ethnographic fieldwork. It integrates a human rights framework, ecosystems theory, and a dialogic perspective of language-culture connections in an interdisciplinary theoretical lens. Data were collected from interviews, field notes, and documents. Data collection took place in urban, rural hub, and remote village sites and at micro-(individual), mezzo-(community), and macro-(social, legislative policy) levels. Among data collected were 22 formal interviews with Alaska Native Elders followed by member-checking and documents from community-based public activities. This study incorporates older adult participatory action, community engaged, and relational research principles with Alaska Native Elders. Qualitative methods and software (ATLAS.ti) were used to analyze data.

Findings. Findings indicate among Alaska Native peoples, particularly older adults, a cultural disjuncture exists between service delivery processes associated with Alaska's conventional care organizations and Alaska Native ideologies of culture and language. This disjuncture results from *rhetorical ruptures*—gaps or discontinuities between the rhetoric of care and Alaska Native cultural communication practices. It is evident across multiple levels in service domains of the greeting, interpersonal practice, and the model of care. Consequently, I assert these organizations exacerbate intercultural anxieties.

Implications. Findings suggest collective accountability and responsibility are necessary to address intercultural anxieties and achieve health equity among Alaska Native peoples. Recommendations include developing welcoming, comforting, and personalizing services within a paradigm of intercultural care. This paradigm connects AI/AN colonial histories to contemporary healing, cultural ideologies to communication codes, and rhetorical ruptures to violations of indigenous human rights. Recommendations emphasize solidarity strategies in service delivery.

Chapter One: Introduction

My Elders have said the time is now – We need
to get out there, speak and share what we know.
          Alaska Native Aleut male Elder, 2012

I'm really glad you're doing what you're doing
because we need to increase cultural awareness.
          Alaska Native Yup'ik male Elder, 2012

We need help from every ally we can get – We'd like you to help us.
    Terry Cross, Ph.D., MSW, ACSW, LCSW, Seneca Nation of Indians
    NICWA Director, National Association of Social Workers-Alaska Conference 2012

We need allies with good hearts to work with our tribal communities
    Priscilla Day, MSW, Ed.D., Minnesota Chippewa Tribe
    21ˢᵗ Annual Rural Social Work Conference, Minnesota 2009

The heart of justice is truth telling, seeing ourselves and the world the way it is rather than the
way we want it to be.
    -bell hooks, all about love, New Visions, 2000, p. 33

A Local, Public Discourse on *Culture*

       Arriving early in the morning at the social service agency in Anchorage during the initial
phase of field work, I walked to the administration building and asked the receptionist where
today's training on cross-cultural communication was being held. She directed me to the campus
gymnasium, down and around a hill from the administration building. I entered—to my luck—
just as an agency administrator introduced the speaker. "So, when I first came to Alaska I wanted
to learn a little bit about the Native culture, and I started asking people who I could learn that
from. Everybody kept naming the same person … It is a real delight that we have today to talk
about culture and communication: Father Oleksa."[1]

       As I listened to this introduction, I stood just inside and to the left of the gym's rear
doorway, scanning the room to see where I could sit. It seemed at least 100 people were present.

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[1] Father Michael Oleksa, Ph.D., was born in Allentown, Pennsylvania. He came to Alaska in 1970 from St.
Vladimir's Seminary in New York at the invitation of the Alutiiq village of Old Harbor on Kodiak Island. Over the
next three decades he served as a Russian Orthodox priest in over a dozen Alaska Native villages. In 1988 he
completed his doctoral degree at the Orthodox Theological Faculty in Presov, Slovakia, with an emphasis in Native
Alaskan History during the Alaska Russian period (Oleska, 2013). Father Oleksa provided verbal and written
consent to be publicly identified in this dissertation, and he also participated in a formal semi-structured interview
for this study.

Wow! I was overwhelmed by how full the gymnasium was and glad I had entered the back of the gym rather than the front! Though I am comfortable in a social-service professional context, I had no idea so many social service professionals—from direct-care staff and clinicians to supervisors and administrators—would attend.

Father Oleksa had invited me to attend the training, suggesting this as a place and time for an initial in-person meeting where we could discuss my dissertation research and plan a time for a semi-structured interview. I was excited to watch him present. After all, Father Oleksa is an iconic figure in Alaska—an expert on cross-cultural communication with an emphasis on Alaska Native cultures and communication between Alaska Native and non-Native peoples. His iconic status stems from his 42-year residence in Alaska, his marriage to a Yup'ik woman, and his service as a village priest, university professor, and consultant. Serving in Alaska since 1970, Father Oleksa has been honored by the Alaska Federation of Natives (AFN) for dedicated service to Alaska Native peoples and communities.

During my fieldwork, however, I learned that such iconic status as that accorded Father Oleska does not necessarily translate into community-wide acceptance or unequivocally positive evaluation. On the contrary, one indigenous person from a Lower-48 tribe, who has resided in Alaska for more than a decade, commented after attending a professional training Father Oleksa conducted: "I have a problem with seeing a White male priest stand up and talk about Native cultures and communication." Additionally, a non-Native community leader critiqued Father Oleska's personal economic gain associated with his iconic status. However, one Alaska Native Inupiat woman told me that she "loved" Father Oleksa "because he can say things we can't." She meant that whatever he says can be heard by others precisely because he *is* a "White male priest." Such varied comments illustrated what a life-long Alaskan community leader told me during an early phase of fieldwork: "Everyone in Alaska is controversial—or, rather, anyone who is doing any work worthwhile."

Eventually, I sat on the cement floor a few feet away from the gym's back doorway. Listening to Father Oleksa present, I was struck by similarities between this morning's training and his previous publications and television show (1994). It prompted me to think, "there *is* a timelessness in Alaska, and many things really do not change…"

Among the myriad contemporary definitions of *culture*, those described by Father Oleksa – because of his iconic statue - permeate Alaska's public spaces and places, both at this social

service agency and other places throughout the state. One Alaska Native Inupiat older adult at an urban church told me Father Oleska had conducted a training at her church the year before, and she loved his "beam of light" description. A social work colleague from rural Alaska told me, after Father Oleksa travelled there a few years ago to facilitate training at her social service agency: "Father Oleksa was great! I cannot believe that was the first time he travelled out there to do training for us! He has so much experience, we were lucky to have him."

At this morning's training, Father Oleksa unpacked three definitions of culture, embellishing each with anecdotes. He began: "Your culture is the way you see the world." He provided a simile:

> It's like walking into a barn…or a shed on a sunny day. You walk in, close the door behind you and it's too dark to see what you came for. What you can perceive very quickly, immediately in fact, are the beams of sunlight that come through the holes or gaps in the roofing. Right there in front of you, you can see a beam of sunlight stretching from the ceiling to the floor and in that brightness you can see every particle of dust suspended there in that beam of light. You look at the beam of light. But, there's another way to experience that light, you step into the barn or shed, you get into the light, you look out along it, everything else-your whole view changes. When you're in the beam of light, the shed disappears, the beam of light disappears… the point here being when you're *in* the beam of light, you can't *see* the beam of light… and what you see is true, and accurate, and good and beautiful, but someone from another culture is like someone standing in a different part of the shed looking along a different beam of light. It will be the same sun and the same sky… what this person sees is just as right, true and accurate but it's different…and Alaska Native people—I came to the conclusion after several years in the village—see the world along a different beam of light than people who were raised in what I would call it, the global culture, which is most of us.

He used a sports metaphor to illustrate the second definition. "Your culture is the ball-game of life as you understand and play it." As such, different rules exist for different ball-games.

> For traditional peoples of the world, not just Alaska Native people, what you say is binding and what you say is eternal, what's written down, who knows—it never happened…In our world, we play by the rules that someone wrote down—the regs, the standards, the requirements that have been promulgated usually by a legislator, signed, notarized...

Importantly, he distinguished between ball games based upon the presence of a clock and those that are not clock-dependent. Basketball relies on the clock, or measured time, while tennis

does not. Likewise, "the globalized culture" plays the ball game of life with a clock, while Alaska Native cultures play it without.

Third, Father Oleksa explains, culture is "the story into which you were born." So, putting myself in the shoes of a social service professional attending Father Oleska's training on cross-cultural communication at an Anchorage social service agency, I leave understanding culture as (1) "the way you see the world," like the way one sees a beam of light streaming through the holes or gaps in the roofing of a barn or shed; (2) "the ball-game of life as you understand it and play it"; and (3) "the story into which you were born."

While these explanations allow for complexity, they were discussed in a rather essentializing manner. For example, the general label of "Alaska Native cultures" or "Alaska Native people" was applied to *all* Alaska Native cultural groups while the general label of "a globalized culture" was applied to all other cultural groups. Hence, in this presentation, a local, public discourse, Father Oleksa illustrated aspects of both the simplicity *and* complexity of culture. The simplicity and complexity presented in this training laid a foundation on which I built as I met and interviewed many Alaska Native older adults about the culture-communication nexus salient to Alaska's conventional community-based health and social services. I wondered what I would learn from them!

I left the gym smiling, glad to be back in Alaska for another extended period of time, in the midst of dissertation fieldwork. The brisk air greeted me as I returned to my car. During this walk, memories of my many prior—and indelible—experiences in Alaska surfaced. Among these were the daily telephone calls with my father, whether I was in a remote village, a rural hub, or somewhere on the road system. He often told me, "home is where the heart is kid."

In January 2002, I moved to Alaska for the first time, just as my father relocated from his home of Sao Paolo, Brazil, to the United States. I didn't know it at the time, but my father would only live a few more years. During these calls, a new habit for us, I got to know my father, really know him—his tender heart and spirit. We shared many stories, laughing and, at times, crying together. I remember his gift of listening. He taught me the importance of listening as an act of love. When he listened to me, I could hear his heart beating; he was *that* silent, he was *that* present.

I arrived at my car and realized that my heart had grown roots in Alaska as a result of my many comings and goings over the past decade. As I remembered my father, I smiled and

chuckled, finding myself again in the same Alaskan places where, years earlier, I had felt so connected to him. Though my early childhood roots are in Sao Paolo, Brazil, I had expanded my connections to other peoples and places, including Alaskans and Alaska. Smiling, I felt my heart to be at home in Alaska, just as it is with my family in Brazil, just as it was with my father.

On Labels and Terms

In this dissertation, I use labels and terms which may have unclear or multiple meanings for readers. Often, this lack of clarity results from diverse contextual and disciplinary understandings, as well as charged sociopolitical histories. Therefore, at the outset of this study, I identify and define the most common labels and terms.

In this manuscript, I have used the general labels *(Alaska) Native* and *non-Native,* as used in a local, public discourse about culture in Alaska. Empirical evidence indicates a range of preference in the choice of labels relevant to *Native* (Yellow Bird, 1999). In this dissertation, and following Gone and Trimble (2012), I "refer to the indigenous peoples of the United States as American Indian, Alaska Native, Indian and Indigenous" (p. 132). *Indigenous* is a globally inclusive term, and one that is employed by the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) (United Nations, 2007). When used as an adjective I do not capitalize *indigenous*; however, when "used as a proper noun referring to particular persons, signifies cultural heterogeneity and political sovereignty of this group," I do capitalize the term (Yellow Bird, 1999, p. 2).

Regarding labels salient to *Alaska Native* that refer to indigenous peoples in Alaska, I will use those that emerge from this study's ethnographic empirical evidence. This approach is supported by indigenous scholars: "Any labels used to describe Indigenous Peoples must come from the self-definitions and identities of these groups" (Yellow Bird, 1999, p. 17). Hence, in this dissertation, I use specific labels that reflect both local community views and collectively affirming language. While a variety of community views associated with labels emerged during fieldwork, I draw on those that "promote positive social and political interactions between Indigenous and non-Indigenous peoples" (Yellow Bird, 1999, p. 17). More specifically, I draw on empirical evidence collected from an Alaska Native Inupiat female older adult:

> So we need to come to terms with the aftermath of what we've been through. In order to do that we have to be able to gather, gather our people. But we don't live in a vacuum anymore, we don't live only amongst ourselves anymore. We live with other people and

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so, in my mind, there's always opportunity to strike alliances with the wider community. And in order to do that, I always think there's some basic stuff we have to come to agreement about. One of them is like when we say "Native" and "non-Native," I don't like to use those terms at all. Because to me it's not…it's not dignifying. It's not dignifying to the people who have moved in among us. I wouldn't want to be called a "non- White." *"Oh, she's a non-white"*…And so I always think, you know, we can come up with terms that are more dignifying. And when we are going to say Alaska Native, I like to add the word 'person' or 'people' next to it, or 'group': Alaska Native person, Alaska Native group, Alaska Native people, Alaska Native community, not just 'Alaska Native,' because I have heard some folks say, to say it that way, it's like the "N-word" to African American people. Some people take it like that. That's why I say, if we're going to say Alaska Native, add that one more word to it: individual, person, people, community, group, you know, and then there's dignity there.

Hence, I will use a designator to follow *Alaska Native (AN),* such as a person or group. Further, I will employ the plural form *peoples* rather than *people* to follow *Alaska Native, such as Alaska Native peoples (ANs).* As one Alaska Native Aleut male older adult explained: "One thing about us as Natives, we don't refer to ourselves as Native people in the singular but rather Native people*s,* with an *s* because it is plural; we are not just one group, but we are made up of many hundreds of tribes and cultures…" UNDRIP also promotes the use of *peoples*.

Regarding the general label *non-Native,* I will draw upon the view offered by the same Alaska Native Inupiat female older adult cited above. As she explains:

And then for wider community, I like to say when I'm referring to everybody else, because it's still all of us. You know there is us and then there's the rest of the people. And they're not of us…but they're part of us in a way…they're part of the wider community. That's how I like to say it. It's not insulting in any way. It's just part of the larger group of people who have come to live among us.

Hence, I will use the label *wider community* when referring to a person or peoples, such as "person from the wider community" or "peoples from the wider community."

For the purposes of this dissertation, I use the label *Alaska Native peoples* to refer to any of the indigenous peoples commonly organized into five cultural groups. These five cultural groups include: "in the north, the Inupiaq; in the interior, the Athabascan; in the southwest, the Yup'ik and Cup'ik; in the south and west along the coast and Aleutians, the Aleut and the Alutiiq; and to the southeast, the Tlingit, Haida, and Tsimshian" (Mohatt & Thomas 2006, p. 95). While grouped under the general label of *Alaska Native peoples*, these groups each have unique cultural traditions, subsistence practices, and linguistic patterns. Importantly, "there are

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differences in language, religion, and other aspects of culture that need to be considered when working with Native people" (Duran, 2006, p. 6).

Another common label I employ in this dissertation is *older adult,* which refers to any individual aged 55 or older. I use *Elder,* and *elder*, or *elderly* in reference to Alaska Native peoples. As Lewis (2009) explains, "the term Elder is capitalized to differentiate between the Indigenous Elders of Alaska and those who are just considered elderly"; it "is a cultural convention that distinguishes those Elders who have lived traditionally and continue to serve as an integral part of their community and are viewed as role models" (p.1). Based on my many years of both social work practice and research, there seems to be—more often than not—complexity, or confusion, associated with who is an *Elder* and who is *elderly* in Alaska. Rather than attempt to disentangle such complexity or confusion, I use *Elder* in reference to those Alaska Native older adults who consented to participate in formal interviews and those who consented to participate as Alaska Native cultural consultants during this study. I use *elder,* or *elderly,* in reference to all other Alaska Native older adults. In so doing, I acknowledge Alaska Native interview participants and cultural consultants as representing positive role models among Alaska Native peoples and communities.

Additionally, I employ the label *conventional community-based health and social services* to refer to any and all such services, regardless of funding streams, in aggregate. This phrase refers to the gamut of medical, behavioral and mental health, substance abuse, food bank, shelter, and dental services as identified by Alaska Native Elder interview participants. By referring to them in aggregate, I do not trivialize the unique and specialized services they provide. Rather, I focus on the common factor that influences quality of service and outcomes across all service domains: the vehicle of communication. Thus, I explore people's ideas about, and experiences with, communication practices in the service delivery process salient to Alaska Native peoples, particularly older adults, as service recipients. For the purposes of this dissertation, I will employ the terms *care services* and *care organizations* to encompass the range of conventional community-based health and social services and organizations.

Regarding terms with unclear or multiple meanings, it is important to define *race, ethnicity,* and *culture.* These concepts are often conflated and used interchangeably. *Race* is historically used to classify different human groups based on biophysical, genetic traits; *ethnicity* and *culture* were not (Smedley, 2002; Smedley & Smedley, 2005). Races are more alike than

different; real genetic differences are statistically small and insignificant (American Anthropological Association, 1998; Smedley & Smedley, 2005). Ethnicity and culture "bear no intrinsic connection to human biological variations or race." *Ethnicity* refers to groups of people sharing common cultural traits, such as a common language, geography, religion, and beliefs; *culture* refers to holistic and symbolic patterns of behavior, thoughts, and feelings among human groups. Both are fluid, learned, and transmissible (Smedley & Smedley, 2005, p. 17).

Regarding the culture—communication nexus as a focus in this study, the phrase *intercultural communication* also deserves an explanation. I draw on the traditions of both anthropology and social work in my use of the descriptive term *intercultural*. I incorporate discipline-specific understandings of this descriptor into an integrated perspective.

The anthropological perspective distinguishes between *cross-cultural* and *intercultural communication.* However, this distinction "is never a hard and fast distinction, of course"; as a result, these terms are often blurred (Scollon & Scollon, 2001, p. 12). The difference between these two terms is evident in "the distinction between comparing communication systems of different groups *when considered abstractly or when considered independently of any form of social interaction* and looking at communication *when members of different groups are directly engaged with each other"* [emphasis in the original] (Scollon & Scollon, 2001, p. 13). While cross-cultural communication refers to descriptions, analyses, and understandings about communication in the abstract among different cultural groups, intercultural communication refers to such analyses and understandings as they occur in real time and social context. In general, and according to Scollon and Scollon (2001), intercultural communication refers to fieldwork, as "fieldwork takes the ethnographic researcher to the places where intercultural communication is happening" (p. 17).

From a social work perspective, *cross-cultural* and *intercultural* are often used interchangeably. However, *intercultural* often appears in a human rights framework. According to the United Nations' 2009 Report on the State of the World's Indigenous Peoples, *intercultural* carries a distinct meaning relevant to health systems. Thus, "intercultural health systems not only improve the quality of the health services for marginalized populations, but also promote greater horizontality, respect and solidarity between cultural health knowledge and procedures within the context of national society" (p. 177). Used thus, *intercultural* promotes social justice specific to indigenous peoples.

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Discourse is another common term in studies salient to communicative practices. From an anthropological perspective, discourse "includes many different aspects of language use"; among these are sentence structure, conversations, and jokes (Scollon & Scollon, 2001, p. 5). In fact, Scollon and Scollon (2001) use both *intercultural* and *discourse*, but they eventually opt to employ *discourse* or *discourse systems,* rather than *intercultural* because these terms reflect more accurately the complexity of communication. Discourse, and discourse systems, are terms that arise from individuals being members of different communication systems such as "different gender or generational discourse systems" (p. 4).

Reference to discourse systems evokes the notion of *intersectionality.* (See chapter 1, subsection *Research/er Reflexivity,* for discussion of intersectionality). Both discourse systems and intersectionality refer to individuals as situated simultaneously within multiple social identity categories and connected with larger discursive systems. These notions contain both conceptual similarities and differences; the differences are associated with analytic scale and point of reference.

In this manuscript, I use the term *intercultural communication* because it best captures and conveys the precise interdisciplinary meaning I intend. In so doing, my intention is not to discount complexities of communication—which this study does in fact reveal. Rather I aim to include communication in the abstract - as a concept; communication in actual, real context; and communication within a social justice framework.

Study Origins and Topic

This study has its origins in my long experience in Alaska. By the time I arrived in Anchorage to begin dissertation fieldwork in summer 2011, I had lost count of how often I had travelled to and from Alaska over the past decade. But by then it did not matter how many trips I had made; by then, Alaska felt like another home to me.

When I first arrived in Alaska in January 2002 to live and work, I fell in love with the beauty of the land and the peoples. The sense of space I experienced upon arrival was exhilarating; I still feel that exhilaration! The feeling of freedom envelops my entire body. During one pre-dissertation "foray in the field" of Alaska, I was asked by a local Inupiat resident in a rural region why I was interested in returning to Alaska to study and work. I responded

immediately, without thinking: "I can breathe here." Then I shared the more scientific reasons— urgent need, background identified in the literature, and research.

Despite my love of the land and the peoples, Alaska remains, in many ways, a place of great need. A place with great need often engages the emotions—at least, it engages mine. My emotions were engaged in this dissertation topic before I began to pursue it scientifically. During doctoral training I developed an ethnographic empathy—a state of being with others in context of actually caring about them, and doing so as a researcher, an ethnographer. More than just a state of being, ethnographic empathy is a state of experiencing and relating with others that exists in that "borderland between passion and intellect, analysis and subjectivity, ethnography and autobiography, art and life" (Behar, 1996, p. 174).

My path during this dissertation process was one of vulnerability at many levels— personal, social, intellectual, academic, familial, financial, and professional. Despite the challenges presented along the way, I followed my heart. In doing so, I was, and am, reminded of the words of Ruth Behar (1996): "Anthropology that doesn't break your heart just isn't worth doing anymore" (p. 177).

In January 2002, almost immediately upon arriving in the upper northwest region of Alaska where I served as a clinical social worker, I began to feel my heart break. At this time an Inupiat female Elder told me that I was, for all intents and purposes, in a third-world, or developing, country. More significantly, and specific to this Elder's life experience and that of her peoples, she told me: "What you are seeing is genocide of my people…it is about life and death, every second of every minute of every hour of every day…" As I write, more than eleven years since my arrival in Alaska, amidst much indigenous cultural revival and celebration, an element of life-and-death suffering remains among Alaska Native peoples.

In my social work practice during my first years in Alaska, I experienced communication as a vehicle of action, a vector of power. I observed communication as a dominant force or, rather, a force of dominance—a force of hegemony creating and/or reinforcing positional power in hierarchical relations, or relations of domination-subjugation. When I observed a person talking over another to get what he or she wanted, when I observed a person ignoring another in order to assert an opinion—one that steered the clinical course of action—I realized communication was a powerful force yielding real outcomes. These real outcomes included

benefits or gains for some people and costs or losses for others. I observed communication as a vehicle for pursuing power and a vehicle for transmitting, or triggering, pain.

These communicative practices occurred among multiple constituencies—between health and social service providers and service recipients, between providers themselves, between different Alaska Native cultural groups, and between Alaska Native peoples and those from the wider community. As the following examples illustrate, I experienced communication enacted as a dynamic force between people. I witnessed the impact of such force on real people with real problems in real places.

I observed a conversation in which an Alaska Native employee was cut off by an individual from the wider community, who had more positional authority, or power, in an organizational hierarchy. This conversation occurred in the context of a general administrative meeting comprised of a large and culturally diverse staff group. The outcome of this incident was threefold: First, the Alaska Native employee never finished sharing her thoughts. Second, the individual with more positional power directed the professional course of action regarding the topic under discussion. Third, later in the meeting, this Alaska Native employee left the room and staff observed her crying in another employee's office; this employee later informed others, including me, that she was crying because she felt "humiliated" and "traumatized" in the meeting.

During my first trip to a remote village, I shadowed other clinicians delivering a range of social services in multiple contexts—the village health clinic, school, counselor's office, and a resident's home. I recall vividly how some clinicians referred to village residents: "Oh, you met the psychotic disorder." "This village is home to the worst PTSD case I've diagnosed yet." "If I have time, I will meet with the abuse victim, but I can't bill for that time because he is a v-code."

At another time, I attended a clinical meeting comprised of culturally diverse staff. When the meeting leader asked a question of the Alaska Native counselors and no one immediately responded, a counselor from the wider community then wrote on a piece of paper and handed it to the leader. The leader read it and then stated, "Ok, I think that is a good idea… we can go with that…unless anyone objects." The leader was again met with silence from the group, so he began discussing another clinical topic. (Interestingly, I myself was not yet clear about a potential answer to the leader's question, and I am a person from the wider community.)

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Through these lived experiences, I became more aware of the high stakes involved in Alaska's care organizations. Consequently, I became determined to learn more about communication and to try to make a difference that would improve these organizations' service delivery practices for Alaska Native peoples.

As this determination took root, meaningful connections and relationships gifted me with the belief that I was capable of pursuing studies that would help me achieve this aim. Among these are an Alaska Native Inupiat Elder, whom I have known and with whom I have worked for more than 11 years – one of this study's Elder cultural consultants, a mentor from my previous graduate program, and my father. Together, they gave me the courage I needed to apply for doctoral studies. Fortuitously, I gained admission to the program that could provide me with the rigorous interdisciplinary training necessary to pursue the research questions—initially informed by my social work practice and later by the academic research literature—that guide this study.

This dissertation addresses the interconnected complexities of communication and culture salient to Alaska Native peoples, particularly older adults, in the context of Alaska's care organizations. Gone and Alcantara (2007) state that Native North America's health and social services are "significantly caught up in history, culture, identity, and (especially) spirituality, all within the devastating context of European American colonialism" (p. 361). Literature links the history of American Indian and Alaska Native (AI/AN) colonization, genocide, trauma, and oppression to AI/AN health and social disparities (Brave Heart-Jordan, 1995; Duran & Duran, 1995; Napolean, 1996; Whitbeck, Adams, Hoyt, & Chen, 2004). These disparities are typically addressed in care organizations, with communication identified as a vehicle influencing service outcomes.

This study aims to improve the health and well being among Alaska Native peoples, particularly older adults. It examines the culture-communication nexus associated with Alaska's culturally pluralistic care organizations. The following interrelated questions guide this study:

> *What are the intercultural communication practices and patterns among Alaska Native peoples and peoples from the wider community, including service providers and service recipients, in conventional community-based health and social service organizations? How do these communication patterns influence service delivery to Alaska Native peoples, particularly older adults? And, what if anything can be done to improve them? What auto-ethnographic insights can be distilled from my experiences, both personal and professional, in social work practice and research with American Indians/Alaska Natives during my years of periodic living and working in Alaska?*

Conceptual Overview

This study, while primarily situated at the intersection of social work and anthropology, draws on a range of theoretical and empirical developments in multiple disciplines, literatures, and areas of study. The following premises, discussed below, undergird this study:

1) Contemporary society is one of globalization; sociopolitical and geographical interdependency is a reality among groups and cultures.

2) The population of older adults is increasing in the United States and worldwide, particularly among racial/ethnic minority populations—including AI/AN peoples who continue to suffer substantial health and social disparities.

3) Care organizations in Native North America are, and will continue to be, culturally pluralistic contexts where individuals from diverse backgrounds interact on a daily basis.

4) The scientific evidence-based practice (EBP) movement marginalizes AI/AN communities, placing them at a disadvantage for accessing fiscal resources for health and social services and receiving culturally congruent, efficacious health and social services.

These premises reflect critical understandings that drive the urgency of this study.

While no single or universal definition of *globalization* exists, it is generally defined by a context of increasing interconnection, interaction, and interrelationship among different peoples and cultures throughout the world. It refers to a broad range of economic, cultural, political, and ideological processes (Appadurai, 1996; Mullaly, 2007; Sorrells, 2013). The interconnectedness of globalization is compounded by the context of colonial aftermath in which AI/ANs, people from the wider Alaskan community, and all peoples live. What this means is indigenous peoples and peoples from the wider community, whether living on or off U.S. tribal lands, are increasingly interacting in the context of AI/AN colonial histories. For example, 68 percent of the people who live in Alaska Native village statistical areas are non-Native "outsiders," or peoples from the wider community, and 77 percent of the people living on American Indian tribal lands are non-Native "outsiders," or peoples from the wider community (Norris, Vines & Hoeffel, 2012, p. 14).

Second, the world's population is aging and becoming culturally diverse, effecting demographic changes around the globe. If the current trend continues, then "by the middle of the twenty-first century the number of older persons in the world will exceed the number of young

for the first time in the history of mankind" (Bengston, Lowenstein, Putney & Gans, 2003, p. 19). Alaska is not immune to this trend. "Alaskans ages 65 and older numbered 63,832 in 2012, and the current size of Alaska's population aged 55 to 64 suggests that the number of seniors will increase dramatically over the next decade" (Alaska Department of Labor and Workforce Development, 2013, p. 12-15). The Alaskan older adult population "has increased steadily from 2.9 percent in 1980 to 4.0 percent in 1990 to 5.7 percent in 2000 and 7.7 percent in 2010" and even though "Alaska still has the smallest percentage of people over 65, it is following the nationwide aging trend" (Alaska Department of Labor and Workforce Development, 2013, p. 40).

The aging trend is evident among the AI/AN population in Alaska as well. AI/ANs in Alaska comprise 16.8 percent, or 122, 944, of Alaska's total population of 732,298 (Alaska Department of Labor and Workforce Development, 2013, p. 12-13). Among this AI/AN population, the "number of Alaska Natives age 65 and older is estimated to triple between 2000 and 2030 (6,156 to 19,004)" (Alaska Native Epidemiology Center & Alaska Native Tribal Health Consortium, 2009, p. 6).

Third, the culturally pluralistic health and social service organizations in Native North America will continue to be pluralistic well into the future. As Gone (2003) reports, there is an "infinite insufficiency" of mental health resources to meet the needs of AI/AN communities. Specifically, "only 0.1 percent of clinically trained psychiatrists and 0.6 percent of clinically trained psychologists in the United States are American Indian or Alaska Native" (Gone, 2003, p. 215). Thus "the production of mental health professionals (especially doctoral level psychologists and psychiatrists)" among AI/ANs is insufficient to meet the mental health needs of AI/AN communities (Gone, 2003, p. 217).

Fourth, the evidence-based practice (EBP) movement is culturally biased. Much extant literature reports on how the scientific EBP movement disadvantages indigenous communities (Brave Heart, Chase, Elkins & Altschul, 2011; Echo-Hawk, 2011; King, 2011; Lucero, 2011; Nebelkopf, King, Wright, Schweigman, Lucero, Habte-Michael & Cervantes, 2011; Novins, Aarons, Conti, Dahlke, Daw, Fickenscher, Fleming, Love, Masis & Spicer, 2011). Regarding EBPs, Lucero (2011) reports: "Rarely have they been tested in AI/AN communities; therefore, they have not been culturally validated" (p. 322). Nebelkopf et al. (2011) report that EBPs are based on "quantitative research and randomized controlled clinical trials," and "[t]hese

procedures and designs do not necessarily fit well with the circumstances of Native groups" (p. 265). Yet, EBPs are linked to fiscal resources: "Funding is tied to the delivery of EPBs"; "Government funders have mandated that behavioral health care providers observe the same evidence-based practice (EBP) standards that are expected in health care" (Nebelkopf et al., 2011, p. 264).

In addition to the four premises discussed above, the U.S. federal government agenda for addressing health disparities—"differences in health outcomes…closely linked with social, economic and environmental disadvantage" (U.S. Department of Health and Human Services [HHS], 2011, p. 1)— reflects the need for this study. As Health and Human Services Secretary Kathleen G. Sebelius clarifies, "health disparities exist and…health equity benefits everyone" (HHS, 2011, p. 1). Since the financial cost associated with health disparities between 2003 and 2006 was estimated at $1.24 trillion dollars (HHS, 2011, p. 2; Joint Center for Political and Economic Studies, 2010), HHS has developed an **"Action Plan to Reduce Racial and Ethnic Disparities"** (HHS, 2011) aligned with prevention and wellness initiatives outlined in the Affordable Care Act (ACA) and Healthy People 2020 (See http://www.minorityhealth.hhs.gov/npa/templates/content.aspx?lvl=1&lvlid=33&ID=28)**.**

The National Institutes of Health (NIH) has identified "racial and ethnic minorities (i.e., African-Americans, American Indians and Alaska Natives, Asians, Hispanics, and Native Hawaiians and other Pacific Islanders), low socioeconomic status, and rural persons…as health disparity populations" (NIH, p. 12). Disparities include the range of physical, emotional, mental, behavioral, and spiritual health, as well as social factors that affect health, including violence, socioeconomic status, and education.

Health and social disparities AI/AN peoples face are extreme, both in Alaska and throughout the United States. For example, in Alaska, suicide is but one example of the disparity they encounter (Wexler, Hill, Bertone-Johnson and Fenaughty, 2008, p. 311). "Suicide rates have been consistently higher among Alaska Native people than any other racial/ethnic group in the U.S."; in 2008, the suicide rate was 1.9 times higher among Alaska Native people than the rate among Alaska's total population, and it was 3.7 times higher than the rate among the U.S. total population (Craig & Hull-Jilly, 2012, p. 3). Moreover, "the Alaska Native suicide rate did not change substantially between 1979 and 2008" (Craig & Hull-Jilly, 2012, pp. 6-7).

Throughout the United States, extreme health and social disparities exist among AI/ANs. Most recently, for example, the *New York Times* reported "a surge of violence on many Indian reservations and complaints that federal law enforcement officials, who are responsible for investigating and prosecuting most major crimes in Indian Country, have done too little to address the problem" (Williams, 2013, p. A18). In response to this surge of violence, the *New York Times* reported on the annual White House Tribal Nations Conference in November 2013, during which the Obama administration formed a 12-person task force to conduct hearings, or public meetings, across the United States to study this crime and violence. Beginning in December 2013 and continuing through 2014, these hearings will conclude with policy recommendations to the U.S. Department of Justice (Williams, 2013).

Furthermore, the HHS action plan emphasizes the conceptual framework of translational research. In so doing, this action plan expands upon the tenets of the NIH research roadmap (Zerhouni, 2005). Many definitions of translational research have been proposed, including translation to humans, translation to patients, translation to practice and practice-based research (Westfall, Mold & Fagnan, 2007; Woolf, 2008). Salient to AI/ANs, a priority health disparity population, the NIH roadmap specifically identified community-engaged research as an area of translational research expansion. This study, by incorporating community-engaged research principles, reflects such expansion.

Study Settings: Urban, Rural Hub, and Remote Village Sites

Anchorage, Alaska, is the ethnographic entry point into and base-camp for this study. From Anchorage, on a clear day, Sleeping Lady can be seen resting—or rustling as she appears to be awakening—on the other side of Cook Inlet. From Anchorage I bear witness to the saying among Alaska's indigenous peoples: "When the Sleeping Lady rises, our People will come together as one." (See Appendix 1 for Legend of Sleeping Lady.)

Anchorage is the largest city in Alaska. Its estimated population of 298,842 comprises approximately 40 percent of Alaska's total population of 732,298 (Alaska Department of Labor and Workforce Development, 2013, p. 6). Known as "the biggest Native village in the state" (Fienup-Riordan, 2000, p. 41), it "is home to more Athabascans than Fairbanks, more Yup'ik than Bethel, and more Inupiat than Barrow" (Dunham, 2011). Anchorage boasts a diverse population: AI/ANs comprise 16.8 percent, Whites or Caucasians 70.9 percent, Asians and

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Pacific Islanders 7.6 percent, African Americans 4.8 percent, and residents of Hispanic origin, 6.1 percent (Alaska Department of Labor and Workforce Development, 2013, p. 12).

Alaska's geography is commonly characterized by three primary contexts: the road system (urban), hub cities (rural), and remote villages (rural). These three geographical contexts produce layers of relative, place-based perspectives. For example, residents of urban areas on the road system often refer to the lower 48 states (Lower 48) as "outside"; residents living in rural hubs refer to Alaska's road system as "the outside"; and remote village residents have been known to refer to rural hubs as "going outside." Paradoxically, when I am in the Lower 48 and a return to Alaska is approaching, I receive such comments from friends and colleagues as, "So you're heading back out again," or "You're going back out and off the grid soon, eh?" In and outside of Alaska, ethnocentrism (co-)exists along a relative continuum.

There are many remote Alaska Native villages throughout the state. "Alaska Natives, though often viewed from outside Alaska as a single group, comprise over 225 federally recognized tribes that are also separate villages scattered throughout rural Alaska" (Mohatt & Thomas, 2006, p. 95). These Alaska Native tribes are among the 565 AI/AN federally recognized tribal communities throughout the United States (Gone & Trimble, 2012). Population estimates in Alaska Native remote villages vary broadly, ranging from 115 to 765 residents (Huskey, 2009). Additionally, and across the United States, approximately 64 percent of AI/ANs reportedly live outside tribal areas, and many live in urban locations (Wiechelt & Gryczynski, 2011).

While there are numerous U.S. federally recognized , state-recognized, and unrecognized AI/AN tribes in the United States, the AI/AN population as a whole is relatively small. For example, AI/ANs comprise 1.7 percent of the total U.S. population (Norris et al., 2012, p. 3) and indigenous peoples comprise approximately 5 percent (370 million people) of the total global population (United Nations, 2009, p. 8). According to the 2010 U.S. Census, 5.2 million people in the United States identified as American Indian or Alaska Native, with 2.9 million, or 56 percent of that total, identifying as AI/AN alone and 2.3 million identifying as AI/AN in combination with another race. Importantly, however, "meaningful AI/AN status" refers to both an individual claiming a tribe as well as a tribe claiming an individual (Gone & Trimble, 2012, p. 134).

Alaska has been characterized as a land of extremes. Though the largest of all 50 states, for example, it cultivates a small-town atmosphere:

> I met someone earlier and we got to talking and then afterwards he said to call him sometime…here in Alaska, if someone says that or asks you to visit them or stay with them, they actually mean it, and that never happens where I come from in the lower 48.
> *Visitor in rural hub city in Alaska*

My personal experience in Alaska resembles this visitor's experience. Throughout my fieldwork, I often reconnected with people—from both my professional and personal worlds—whom I have known many years. Famously, the state is also characterized by extreme weather and climate patterns. On one village trip, the temperature reached approximately 80 degrees below zero Fahrenheit! Indeed, when I first moved to Alaska, I learned that surviving an Alaska winter and living there for one full year earns one the title of "Cheechako," a badge of honor.

The urban-rural geographical landscape in Alaska is marked by patterns of mobility among people and information. These mobility patterns represent flows of "cultural traffic" crossing the rural-urban divide (Appadurai, 1996, p. 47). The political economy, social and family networks, education, and health and social service needs all influence mobility and migration patterns within and across Alaska's state borders. For example, food-sharing practices connect social networks across the urban-rural divide (Lee, 2002). These networks, termed the *cooler ring* are the subsistence practices in the context of travel patterns among Native urban women in Alaska. Lee (2002) discusses such practices exhibited by her Yup'ik Eskimo field collaborator, Flora, who transports food in her industrial-sized Coleman cooler as she travels from village to village to urban areas in Alaska.

Human mobility patterns across the state's urban-rural divide are complex, and this complexity is evident at both village and regional levels (Huskey, 2009). There are in-state and out-of-state migrations in Alaska. In-state movement includes 30 percent of migration to and from Anchorage (between 2000 and 2008); out-of-state movement includes 70 percent of migration to and from Alaska (Williams, 2010). However, there has been little migration among the population above age 65. In fact, "elders have been the least likely to move out of the Majority Native Areas, which "contrasts with migration in general, where some populations experience a small increase in movement in the 60- to 65-year-old group as people retire from work" (Williams, 2010, p. 9).

Health and social service delivery in Alaska influence its statewide mobility patterns. Alaska's health care is delivered as a fragmented system, which influences both temporary and more permanent mobility from rural and remote areas to urban areas (Driscoll, Dotterrer, Miller, & Voorh, 2010; Gifford, Koverola & Rivkin, 2010). While elderly persons prefer to stay in their home villages, limited access to care services influences this age cohort to move to urban areas (Driscoll et. al., 2010). Moreover, Alaska has a severe shortage of physicians throughout the state, and rural clinics are "particularly unable to retain" behavioral health and allied professionals (Association of American Medical Colleges, 2011; Driscoll et al., 2010, p. 532)[2]. Also, it was not uncommon for Alaska Native people receiving care services in rural areas to travel to the road system to access specialized services that were unavailable in rural areas. This, in addition to migration patterns and familial, social networks spanning the urban-rural landscape, further contribute to Alaska's "small town" feeling.

In a more populous, less-isolated location, service delivery in care organizations is a discrete experience for providers and recipients. Thus, the structure of the relationships is limited to provision and receipt of care. In this setting, however, care relationships are complicated by service-providers and recipients interacting with one another outside care organizations and in other social contexts and roles. Thus dual, multi-faceted relationships commonly exist among people in communities, particularly in rural areas (Brocious, Eisenberg, York, Shepard, Clayton & van Sickle, 2013; Hensley, 2003). Brocious et al. report that such dual relationships often occur "on a daily basis" and "may take many forms; they may be service relationships where a client is also one's mechanic or grocery store clerk" (2013, p. 8). Such dual relationships commonly overlap into a provider's personal or social life.

Research(er) Reflexivity

In the research enterprise, a perennial insider-outsider debate exists. This debate typically centers on questions about who ought to be doing research among which group or community and who is best positioned to do the best research with a particular group. While the term *best* is relative, the literature does illuminate issues and concerns salient to this debate. This debate heightens the need for researchers to be reflexive in the research enterprise.

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[2] An urban area in Alaska reports that 42 percent of behavioral health provider positions turn over each year, but rural regions experience higher provider turnover and vacancy (Gifford et al., 2010, p. 13). Such turnover rates and vacancies result in extreme financial costs.

An insider conducts research with communities or identity groups of which he or she is a member and with which he or she is affiliated. In contrast, an outsider conducts research with communities and identity groups of which he or she is not a member and with which he is not affiliated. An insider—also referred to as *native* or *indigenous*—is one who has an emic, or "subjective, informed and influential standpoint," while an outsider is one who has an etic, or "more objective, distant, logical and removed" perspective (Kanuha, 2000, p. 440-441).

While often framed as a simplistic dichotomy of insider and outsider positions, this debate is quite complex and more accurately depicted in a multidimensional context. As such, I—along with everyone else—inhabit multiple social-identity categories. I am middle-aged female, from a middle-class background, with a formal higher education, and "out" member of the lesbian, gay, bisexual, transgender, two-spirit, queer (LGBTTQ) community. I am of Euro-American descent, and third generation in a familial line that emigrated from Italy, England, and Czechoslovakia, to the United States. While some of these social identities are imbued with aspects of privilege in various cultural contexts, others are imbued with aspects of oppression.

Moreover, any single social identity category may be imbued with aspects of privilege in one cultural context and aspects of oppression in another. My social identity as an out LGBTTQ member living in the United States of America is imbued with more aspects of oppression than it is in Denmark, where this same identity carries aspects of privilege similar to heterosexual identity. Hence, I view my own researcher positionality through an intersectional lens—or intersectionality (Crenshaw, 1989, 1991; Hulko, 2009; Innes, 2009; Nash, 2008; McCall, 2005). In so doing, at any given moment, I view myself to be simultaneously privileged and oppressed.

Opinions differ regarding whether an insider or an outsider is best positioned to conduct research. An insider researcher prompts concerns about validity of the research: "The critics of insider research have asserted that insiders' closeness to their research community clouds their views and leads to biased research findings" (Innes, 2009, p. 140). Yet, insider researchers claim they have a deeper understanding and knowledge of the study community than outsider researchers, which enhances their study findings. Insider researchers are criticized for their many taken-for-granted assumptions regarding study observations of their "home" community, while outsider researchers are viewed as more objective and critical (Innes, 2009; Naples, 2003). While insider researchers often claim they have easier access to home communities and better access to community informants, some communities (as is evident in Alaska) actually prefer outside

researchers because they are viewed as able to ensure confidentiality in the research process (Innes, 2009; Rivkin, Lopez, Quaintance, Trimble, Hopkins, Fleming, Orr & Mohatt, 2011). In contrast, insider researchers may be viewed as protective of the community. Yet, to believe that only insider researchers ought to conduct the research with their home communities is potentially ethnocentric and reifies essentialism.

In actuality, all researchers, when they consider their own intersectionality, are simultaneously insiders and outsiders in the research enterprise. Moreover, all researchers experience advantages and challenges related to their particular positionality (Innes, 2009). As a result, it is critically important that a researcher be responsibly reflexive in his or her social positioning so the researcher's analytic—and therefore interpretive—lens is made explicit.

In this study, I may be viewed as either an insider or an outsider depending on my multiple social identities in relation to others or to a particular cultural context. For example, I am an insider with service providers from the wider community working with indigenous peoples in care organizations in Alaska. I am an outsider with indigenous peoples in Alaska. I am an insider with the Alaska Native cultural consultants participating in this study in terms of the female gender, yet an outsider with these same consultants in terms of age. They are among an older age cohort and therefore have different life-course socialization experiences than I do.

Because I identify with the marginalized global LGBTTQ community, which strives for social justice, I see links among different forms of oppression and view myself as an *intersectional ally* in relation to indigenous peoples. Significantly, diverse marginalized communities, such as those based on race and sexuality, have mutual interests relevant to social justice efforts.

Regarding my research(er) positionality, I recall a fieldwork conversation with an Alaska Native woman who previously worked as a service provider in one of Alaska's care organizations. She shared with me her frustrations about high turnover among providers in such organizations, particularly among outsider providers from the wider community. In response, I shared that another Alaska Native person I knew also expressed similar sentiments, explaining how this person quite angrily had said to me: "These outsiders keep coming in and taking our jobs." As I shared about my own history of comings and goings in Alaska and feelings of being unsettled about my own positionality, this Alaska Native woman stated, "Yes, but, the difference with you is you keep coming back." Her comment invoked what is perhaps a more true and

accurate description of my positionality—that of a *betweener* (Diversi & Moreira, 2009). As

Diversi and Moreira (2009) describe it:

> We are Brazilians living as academics in the United States, studying back-alley lives in Brazil. In our ethnographic fieldwork in Brazil, we are insiders as fellow nationals yet outsiders as researchers. We move from the poor inequality of the streets to the rich inequality of our families' homes. We are two friends from European-colonized Brazil who had come to the United States to learn about Paolo Freire's conscientization and postcolonial inquiry. We are treated as white in Brazil and as colored in the United States of America. We can speak street vernacular as Brazilian natives yet have trouble discussing Pedagogy of the Oppressed in its original language – our own mother tongue, Portuguese. In Brazil, where we were born, we are called *gringos* by the folks we work with. In the U.S.A., where we live, the establishment calls us *aliens*. We call ourselves betweeners: (un)conscious bodies experiencing life in and between two cultures. (p. 19)

A betweener lives at the margins of different places and spaces. Aspects and layers of my

betweener positionality appear throughout this study. I am a betweener given my mobility and

travel within Alaska, as well as my travel to and from the state. For example, my during-

fieldwork travel across Alaska's urban-rural divide positions me as a betweener travelling to and

from remote villages. While immersed in an annual Alaska Native dance festival in one village, I

was witness to a community discussion about international subsistence law in another village. I

am a betweener as I come and go among different cultural groups. I am a betweener as I straddle

the context of my everyday fieldwork in Alaska and the actual writing of this dissertation at my

home university in the Lower 48. This writing process itself is *between*—it reflects voices of the

AI/AN participants in the study and those of colleagues and committee members.

Overview of Theoretical Lens and Literature

An integrated interdisciplinary theoretical lens, situated at the intersection of social work

and anthropology, guides this study. More specifically, I integrate a human rights framework and

ecosystems theory with a dialogic perspective of language and culture to guide this study. This

study builds on previous research to fill a knowledge gap and contribute to improving the overall

health and well being of Alaska Native peoples, particularly older adults, in Alaska.

From a social work perspective, this study incorporates the United Nations Declaration

on the Rights of Indigenous Peoples (UNDRIP), a global human rights instrument. This

declaration promotes indigenous sovereignty and self-determination as "less a matter of

independence and more a practice of managing interdependence" (Clifford, 2004, p. 9). In addition to UNDRIP, ecosystems theory provides the theoretical lens through which this study is viewed. It views individuals holistically and in a larger systemic context; parts exist in relation to a larger whole that comprises the total environment and all aspects of life: social, physical, emotional, mental, spiritual.

From an anthropological perspective, a dialogic perspective of language and culture is also integral to this study's analytic framework. A dialogic perspective views interpersonal interaction as a vehicle through which social and cultural realities are co-created, and it sees such realities as fluid and indeterminate. Hence, notions of language and culture are emergent phenomena, "continuously produced, reproduced and revised in dialogues" (Mannheim & Tedlock, 1995, p. 2).

Aligned with a human rights framework, this study, substantively and methodologically, incorporates all key components of an empowerment approach. (See chapter 2, subsection *Ecosystems Theory* for fuller discussion). An empowerment approach involves a cyclical process of critical reflection and action; its primary objective is social justice. It is a best, or healing, practice in the delivery of organizational health and social services among Alaska Native older adults (Segal & Smith, 2004, p. 2), and it supports overall well being among Alaska Native peoples.

Because the theoretical framework for this study is interdisciplinary and intersectional, the literature that informs it is necessarily varied and includes social work, anthropology, psychology, Native American studies, public health, and medicine.

Previous research demonstrates that cultural differences and incongruities contribute to poor communication and miscommunication in the delivery of care services in Native North America (Duran, 2006; Gone, 2011, 2007, 2004, 2003; Johnson & Cameron, 2001; Wexler, 2011; Wexler et al., 2008). Indeed, Native North America's care organizations are culturally pluralistic. Thus, professional service providers and recipients from diverse backgrounds communicate and interact on a daily basis. In these interactions, communication is a critical vehicle in the delivery of those health and social services that aim to ameliorate health and social disparities (Alegria, Nakash, Lapatin, Oddo, Gao, Lin & Normand, 2008; Cegala & Post, 2006; Kreps, 2006; Perloff, 2006; Perloff, Bonder, Ray, Berlin Ray & Siminoff, 2006; Stewart, Brown, Boon, Galajda, Meredith & Sangster, 1999; Teal & Street, 2009; Warner & Washington, 2011).

More specifically, "the role of clinician-patient interaction is a contributing factor to service disparities" (Alegria et al., 2008, p. S26). As Perloff (2006) explains regarding communication and service delivery: "…Communication is malleable, operates on multiple levels of analysis, and fundamentally involves the coordination of meaning, [thus] it is a uniquely important focal point for change" (p. 757).

Communication "is a complex process in which interpersonal factors impact on the meaning that each person attributes to the messages given and received" (White & Featherstone, 2005, p. 213). It contains layers of messages—a meta-message simultaneously superimposed on a basic message (Scollon & Scollon, 2001; Tannen, 2006; 2005). The latter referred to as "contextualization cues" Gumperz (1982) and "metacommunication" by Basso (1979). Compounding these complexities are strategic communicative practices associated with gate-keeping encounters, including clinical encounters in care services, which can influence clinical outcomes (Scollon & Scollon, 2001; 1980).

Prior ethnographic research illuminates the complexities of professional communication associated with health and social service delivery and settings (Lingard, Reznick, Espin, Regehr & DeVito, 2002; White & Featherstone, 2005; White, 2002; Wilce, 2009). For example, the quality of interaction between service providers and recipients, as well as among providers themselves, affects service outcomes (Maynard & Hudak, 2008; Robinson, 2006; Stewart et al., 1999). In some cases, communicative narratives directly influence the construction of a health or social disorder (Capps & Ochs, 1995; Speed, 2006).

Communicative complexities in Native North America are bound up with notions of culture, personhood, and political economy. Thus, communicative practices in the context of AI/AN colonial history has real-world and real-life implications directly related to resources—including access to employment, education, cultural traditions, and a sense of well being (House, 2005; Patrick, 2003; Philips, 1993/1983).

When care services are culturally incongruent for AI/ANs, the clinical encounter may become a colonial (trauma) encounter. Empirical evidence demonstrates that a critical relationship exists between AI/AN historical trauma and care services in Native North America (Gone, 2008, 2007, 2004, 2003; Gone & Alcantara, 2007; Gone & Trimble, 2012; Wexler, 2011, 2006; Wexler et al., 2008). This critical relationship is succinctly described by an Alaska Native Elder cultural consultant who participated in this study: "It's the past in the present."

Cultural incongruence among AI/ANs, particularly older adults, in the context of service delivery practices also occurs at an institutional level. Care services in Native North America have been described as "brainwashing" and an "extension of the colonial enterprise" by indigenous peoples, particularly Elders, because of the predominance of Euro-American policies and procedures in these service settings (Gone, 2007, p. 295). In Alaska, Alaska Native peoples in a rural area report that current health and social services "don't work for us" (Wexler, 2011, p. 157).

This study addresses the culture-communication nexus salient to Alaska Native peoples, particularly older adults, in Alaska's care organizations. In so doing, this study incorporates a historical view. As Fisher and Ball (2002) note: "When the health, social and economic disparities of AI/ANs are viewed outside of the historical context of intergenerational trauma, unresolved grief, and loss, they have the potential to be misunderstood and to be addressed in ways that perpetuate rather than resolve the problems" (p. 209). AI/AN older adults experience clinical encounters in the context of enduring historical trauma longer than younger AI/AN cohorts, but AI/AN older adults often transmit their experiences to younger AI/ANs through intergenerational storytelling.

Interpersonal (inter)action intersects with institutional structures in care organizations. Studies address this intersection in terms of doctor-patient interaction, or service provider-recipient interaction (Ainsworth-Vaughn, 1998; Garfinkel, 1967; Have, 1991; Sobo, 2009). Significantly, such interaction occurs within a "hierarchy of credibility": That is, "in any "system of ranked groups, participants take it as a given that members of the highest group have the right to define things the the way they really are" (Becker, 1967, p. 241). What this means is that truth is a function of power. Thus, institutional factors at the mezzo-level influence communicative practices at the micro-level of service delivery. However, such influence is not necessarily unidirectional. For example: "While traditionally the asymmetry of doctor-patient interaction was considered as an effect of institutional structures, rules or resources, it now becomes possible to think the other way around, in the manner developed over the years by ethnomethodology, and see how asymmetries are produced in and through the details of physicians' and patients' situated interactions" (Have, 1991, p. 138). Thus, human agency *is* accounted for in institutional talk.

A Qualitative Approach

This study uses a qualitative research methodology. This approach is best suited to answer the study's research questions and resonates with Alaska Native traditional culture (Mohatt & Thomas, 2006). Moreover, I adopt a qualitative approach because I am "seeking to merge advocacy with research" in response to AI/AN colonial history and trauma (Padgett, 2008, p. 17). Qualitative research contributes to social justice, or advocacy through the promotion of particular principles including equity, access, participation, and harmony (Lyon, Johnson, Bike, Flores, Ojeda & Rosales, 2013). Specifically, I used an ethnographic fieldwork method to collect empirical evidence over 12 non-consecutive months between summer 2011 and December 2012.

While collecting empirical evidence, I employed community-engaged research principles, including older-adult participatory action research (PAR) (Blair & Minkler, 2009), relational research (Caldwell, 2005; Trimble & Mohatt, 2006; Wilson, 2008), collaborative ethnography (Lassiter, 2005), community-based participatory research (CBPR) (Minkler & Wallerstein, 2008) and indigenist CBPR (Walters, Stately, Evans-Campbell, Simoni, Duran, Schultz, Stanley, Charles & Guerrero, 2009). In general, I employed the *4-Rs* (respect, responsibility, reciprocity, and relevance) in conducting research among indigenous peoples (Kirkness & Barnhardt, 2001).

Community-engaged research aligns with the core social work principles of promoting social justice and emphasizing the importance of human relationships. It is research that incorporates both a decolonizing lens and decolonizing methodological practices (Smith, 2012; 1999); the intellectual project of decolonization "needs a radical compassion that reaches out, that seeks collaboration and that is open to possibilities that can only be imagined as other things fall into place" (Smith, 2012, p. xii). Struggle is embedded in decolonizing methodological practices. "In its broader sense struggle is simply what life feels like when people are trying to survive in the margins, to seek freedom and better conditions, to seek social justice" (Smith, 2012, p. 199). Struggle can be viewed as "a tool." Importantly, it can be "a tool of both social activism and theory" but also "a blunt instrument" reinforcing hegemony (Smith, 2012, p. 199).

Older-adult PAR honors the life experience of Alaska Native Elders and (re)positions such Elders as community leaders. Older-adult PAR is a process "enabling participants to gain an increased sense of mastery and address issues of importance to them" (Blair & Minkler, 2009, p. 656). This technique is most evident in my collaboration with Alaska Native older adult, or Elder, cultural consultants.

Empirical Evidence: Collection

From the study's ethnographic base camp of Anchorage, Alaska, I employed a multi-sited and multi-level approach to primary data collection. I collected data across urban, rural hub, and remote village sites. I also collected data across micro-, mezzo- and macro-levels.

At the micro-level of data collection, I used *purposive* and *snowball-sampling* methods. A purposive sampling method is "a deliberate process of selecting respondents based on their ability to provide the needed information" (Padget, 2008, p. 53). Snowball sampling is often "used with isolated or hidden populations whose members are not likely to be found and cooperate without referral from others in their network" (Padgett, 2008, p. 54). Employing these sampling methods, I collected data beginning with three primary community-based sites: a senior center, a church, and an annual Alaska Native cultural event. Through many formal and informal interviews, I gathered data from a broad range of Alaska Native peoples, peoples from the wider community, Elders and elders, organizational health and social service providers, service recipients, administrators, leaders, and community members. Following participant consent, I wrote field notes about these interviews and conversations. Hence, many voices and perspectives inform this study. However, formal semi-structured interviews with Alaska Native Elders, aged 55 to 85 were limited to 23. (See Appendix 2 for interview guide)

I conducted a total of 23 formal semi-structured interviews—22 with Alaska Native Elders and 1 with Father Oleksa. The participant recruitment response rate among Alaska Native Elders was 88 percent. This rate was calculated based on 22 of 25 Alaska Native Elder participant referrals providing consent and participating in interviews. Importantly, I engaged in three separate contact sessions with nearly all formal interview participants. This three-phase approach included (session 1) visiting and introducing the study, (session 2) conducting the semi-structured interview, and (session 3) member-checking.

Alaska Native Elder interview participants are diverse along multiple domains, among them race, ethnic, and cultural background; social status and community influence; gender; age; and education. For example:

- *Racial, ethnic, and cultural background*

  All five major Alaska Native cultural groups are represented among Alaska Native Elder interview participants; one Elder reported she was from a Lower 48 American Indian tribe

yet she self-identified as an Alaska Native person because she was adopted by an Alaska Native Tlingit village community.

- *Social status and influence in the community*

  A couple of Elders are members of Elder Councils with two separate Alaska Native corporations; one Elder is an internationally recognized speaker and consultant; one Elder is a state-wide Alaska Native cultural consultant and presenter for a social work program at an Alaska state university; one Elder is a community leader in a local initiative to improve health and social services; a couple of Elders reside in homeless shelters; one Elder is a board member of a local church; one Elder is a recognized community artist and story-teller; other Elders fulfill family and social roles as parents, grandparents, and employees.

- *Gender*

  Among the total 22 interviews with Alaksa Native Elder participants, 8 interview participants self-identified as males and 14 as females.

- *Age*

  Alaska Native Elder interview participants ranged in age from 51 to 85 years old. While the study's inclusion criteria were based on Alaska Native older adults aged 55 to 85 years old, two Alaska Native Elder participants, one 54 and another 51 years old, were interview referrals based upon their unique individual experiences and traditional knowledge as Alaska Native Elders.

- *Education*

  Elders' education levels ranged from completing a GED or high school degree to earning a master's degree.

In addition to micro-level data collection, I also collected empirical evidence at mezzo- and macro-levels. To obtain this data, I attended many events and activities. (A list of events and activities is presented in Appendix 3.) Evidence collection began as I accessed local news media sources in Anchorage, Alaska: newspapers, radio stations, and Web sites, among them the *Anchorage Daily News*, *Anchorage Free Press,* and *Alaska Dispatch* newspapers, KNBA (90.3 FM) radio station, and, First Alaskans Institute Web site.

Empirical Evidence: Management and Analysis

Throughout this study, I employed qualitative approaches to the management and analysis of empirical evidence. Regarding management, I daily entered written field notes, audio recordings of my personal comments, formal and informal interviews, and digital photos into a secure, password-protected laptop computer. I backed up this evidence at regular intervals. All 23 formal, semi-structured interviews were transcribed and 20 percent of these interviews were randomly selected for systematic coding and analysis.

Analysis of empirical evidence began while I was in the field and involved iterative cycles. I engaged in ongoing weekly review of empirical evidence (field notes, documents, and photos). I read through all interview transcripts, randomly selected 20 percent (5) for systematic coding using the qualitative software program atlas.ti. I employed iterative cycles of open, in-vivo coding followed by re-reading transcripts to develop focused codes (Bernard, 2006; Emerson, Fretz & Shaw, 1995; Charmaz, 2006; Saldana, 2009). During this process I engaged in constant comparisons within and between transcripts as well as between transcripts, field notes, and documents. I wrote analytic memos and diagrammed conceptual maps to develop themes and theoretical insights.

Study Rigor and Reciprocity

This study incorporates multiple elements of rigor, or truthfulness. Among these terms, truthfulness more closely captures the notion of accountability in qualitative research. Truthfulness refers to research processes of fairness, ethics and the representativeness of findings to those experiences of peoples and communities under study (Padgett, 2008). In addition this study also incorporates reciprocity, giving back to AI/AN peoples and communities.

First, I audio-recorded 22 of the 23 formal, semi-structured interviews which were later transcribed. One Alaska Native Elder interview participant requested I not record her interview. Thus I took hand-written notes that were later typed. Another Alaska Native Elder interview participant required translation assistance as this Elder shifted between speaking Inupiaq and English. For this interview, I enlisted translation assistance from an Alaska Native cultural consultant who spoke Inupiaq. Then I conducted member-checking with formal interview participants. Of the 23 formal interviews, I conducted 18 in person, 4 through postal mail or e-mail, and 1 by telephone. I reviewed completed interview transcripts with Alaska Native Elder

interview participants as well as with Father Michael Oleksa. This member-checking provided the Elders and Father Oleksa an opportunity to verify, add to, and omit content in the interview transcript. I conducted this member-checking on my own without assistance from Alaska Native Elder cultural consultants.

I also ensured study rigor, or truthfulness, by including peer debriefing, conducting fieldwork over a prolonged period, incorporating triangulation and creating audit trail. For example, I conducted collaboratively with one or both Alaska Native Elder cultural consultants 20 of the 23 formal semi-structured interviews. In so doing, I incorporated peer debriefing and reciprocal information exchange associated with semi-structured, formal interviews. (Details are included in chapter 2, *Study Design*.). Additionally, I engaged in fieldwork over 12 non-consecutive months, a relatively prolonged time. I employed triangulation among: (a) sources of empirical evidence sources (interviews, documents and field notes); (b) observers (myself as principal investigator collaborating with Alaska Native Elder cultural consultants); and (c) disciplines (Padget, 2008). Logged in my field notes as a representative audit trail, I tracked my research actions and decision-making processes during fieldwork.

Importantly, I plan to disseminate study findings to local communities in Alaska, exploring multiple sites and opportunities, including annual conferences and care organizations. In so doing, I plan to further aspects of the NIH strategic component of "Community Outreach, Information Dissemination and Public Health" (NIH, p. 18).

My research follows Alaska Native Science Commission research ethics, incorporating Alaska Native voices through collaborative participation, input, and exchange. I began this process of collaboration and incorporation in 2002, living and working in rural Alaska. It continued through my four years of pre-dissertation research and more specifically through formal relationships with Alaska Native Inupiat Elders who participated as cultural consultants throughout the study.

My incorporation of Alaska Native voices into the research process through collaborative participation is capacity building for both Alaska Native communities as well as scholarly, academic communities. Hence, this capacity building is reciprocal and yields positive benefits, including knowledge and skill building, for diverse constituencies. For example, the Alaska Native Elder cultural consultants who participated in this study received research training and cultural knowledge exchange. Significantly, these cultural consultants and some of their relatives

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repeatedly mentioned their interest in learning to write grants to address ongoing needs among Alaska Native peoples and communities. Additionally, scholarly, academic communities have an opportunity to learn more about lived experiences among Alaska Native peoples and communities.

Reciprocity

Throughout this study, I engaged in researcher reciprocity. This reciprocity included *my choice* to give back to the community. I am explicit in my use of the term *choice* because many researchers do not give back to the communities from whom they gather data or empirical evidence. I enacted researcher reciprocity at both micro- and mezzo-levels, both formally and informally. By engaging in researcher reciprocity, I assert that mutual benefit exists for myself and for those communities, places, and peoples to whom I gave.

Regarding formal researcher reciprocity, I provided compensation to all formal, semi-structured interview participants and Alaska Native Inupiat Elder cultural consultants. While compensating participants is a common practice in the research enterprise, I include it as a form of researcher reciprocity because not all researchers compensate participants. This reciprocity compensates research participants for the time and experiences they shared.

As a result of researcher reciprocity, I have benefited by meeting and learning from everyday heroes. I contributed time and skills in formal ways to local communities, actively engaging with older adults at a local senior center, Alaska Native cultural activities, and Alaska Native LGBTTQ community activities. In addition, Alaska Native peoples have shared with me that I have inspired them to return to (formal) school, learn to write grants, learn to speak Native language, and write a book about their own life story.

Throughout fieldwork, I engaged in everyday informal reciprocity for the Alaska Native Elder cultural consultants who participated in this study. I provided transportation and assistance in running errands, shopping, attending appointments, going to dance practices, and making phone calls to address household service and appliance issues. For example, on one occasion, I helped an Alaska Native Elder cultural consultant transport Native food to a relative in town so the relative could cook it. (And I got to enjoy visiting and feasting!) On other occasions, I helped an Elder cultural consultant's relative gather sewing materials from around town, and

later drove her to arts and craft stores so she could sell some of her sewing items. (At the end of my fieldwork, I was unexpectedly gifted with a pair of her knitted gloves!)

Study Findings and Roadmap

This study's examination of the culture-communication nexus salient to Alaska Native peoples, particularly older adults, yields a complicated field of multiple, interrelated and contradictory processes affecting service delivery in Alaska's care organizations. Among these processes are acculturation and assimilation, deculturation and enculturation, colonization and decolonization.[3] Hence, Alaska's care contexts are a "contact zone…a social space where cultures meet, clash and grapple with each other, often in contexts of highly asymmetrical relations of power, such as colonialism, slavery or their aftermaths as they are lived out in many parts of the world today" (Pratt, 1991, p. 34).

Findings indicate a micro-macro connection, a relationship between multiple levels— from individual to community to legislative policy levels. From previous genocidal policies to AI/AN peoples' contemporary era of self-determination, the (settler) colonial past is implicated in the contemporary present in Alaska's care organizations. Consequently, unfinished, neocolonial business remains and often surfaces in service delivery practices associated with Alaska's care organizations.

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[3] These terms are defined as follows: (1) "Acculturation is the process by which an ethnic minority individual assimilates to the majority culture" (Zimmerman et al., 1994, p. 201); (2) "'Assimilation refers to the eradication, in individuals, of their ethnic cultural traits, which are then replaced by traits of the mainstream society. A closely-related term…*acculturation,* is often used as a synonym for 'assimilation.' We would suggest, however, that it might be more appropriately applied to communities…rather than to individuals. According to this distinction, reservations and off-reservation rural settlements became 'acculturated' to the extent that they, as communities, adopted the English language and Euro-American style clothing, engaged in farming and wage work, and centered their spiritual life around the church. On the other hand, individual children were 'assimilated' in boarding schools, and migrants to cities 'assimilated' into mainstream urban life through adapting to the work habits and life styles of their non-Native co-workers and neighbors. Another way to conceptualize this distinction is as follows: 'assimilated individuals have lost their ethnic distinctiveness as they blend into the mainstream; in contrast, 'acculturated' individuals are able to maintain their ethnic identification, even without overt expressions of traditions, as they continue to interact with others in their community in customary ways" (Jackson & Chapleski, 2000, p. 249); (3) *deculturation* refers to "the loss of traditional ways"(Grandbois, 2005, p. 1004); (4) "enculturation refers to the extent to which individuals identify with their ethnic culture, feel a sense of pride for their cultural heritage, and integrate a traditional cultural heritage into their lives" (Zimmerman et al., 1994, p. 199); (5) *colonization,* or *colonialism*, "is a brutal, exploitive and violent experience and institution; depending upon the relationships between colonizers and colonized, its effects can resonate for generations. Colonialism refers to when alien peoples invade the territories inhabited by peoples of different race and culture and force their political, social, intellectual, psychological, and economic ideas and rules on the territory and people." (Yellow Bird, 2006, p. 232); (6) "Decolonization involves recognizing, then shedding, the mindset associated with colonial processes by which one culture subjugates another and defines it as inferior" (Weaver, 1999, p. 222).

In this dissertation, I illustrate how a cultural disjuncture among Alaska Native peoples, particularly older adults, occurs through ruptures of what I refer to as an *indigenous cultural code* salient to the rhetoric of care in Alaska's care services. This indigenous cultural code is premised upon ideologies of culture and language among Alaska Native peoples, particularly older adults. Ruptures of this code in the organizational rhetoric of care are what I refer to as *rhetorical ruptures.*

These ruptures occur in various service delivery domains, including the greeting of care, the interpersonal practice of care, and the model of care. As a result of rhetorical ruptures, care organizations exacerbate intercultural anxieties through a range of communicative actions and among multiple constituencies associated with the service delivery process. As I detail these ruptures, I assert that collective accountability and responsibility are necessary to address intercultural anxieties and improve the well being of Alaska Native peoples, particularly older adults.

Study findings may offer contributions for improved care services and benefits for various communities on multiple levels. At the institutional level, findings may inform policies and procedures in care organizations serving Alaska's indigenous peoples, particularly older adults. They may also inform direct practice, those educators and professionals-in-training in formal educational programs. Study findings may be extrapolated beyond the field site and have broader relevance for scholars, providers and community members seeking improved care services. If so, findings may yield benefits in "outwardly radiating circles of inference-sometimes referred to as transferability" (Padget, 2008, 183). Finally, findings may inform future research endeavors with Alaska Native peoples and communities as well as other indigenous peoples.

Roadmap

In chapter 2, I discuss the overall study design. I begin with a discussion of the analytic framework followed by a review of the literature and my lived experience. Then, I discuss methodological details and fieldwork realities. Building on the discussion of research(er) reflexivity in chapter 1, I reflect on my positionality in this study as an intersectional ally with indigenous peoples. I illuminate a moving epistemological lens that undergirds this study.

In chapter 3, I identify a culture–language intersection in the context of related notions such as ideology and worldview. I describe indigenous ideologies of culture and language as premised on ideas of belonging salient among Alaska Native peoples, particularly older adults. In so doing, I lay a foundation for developing an indigenous cultural code.

In chapter 4, I develop the concept of rhetorical ruptures as related to the rhetoric of care in Alaska's care organizations. I discuss these ruptures, these breaks and discontinuities, in the context of an indigenous cultural code. In so doing, I explain how this code is embedded within a human rights and social justice framework of intercultural care.

In chapter 5, I discuss rhetorical rupture associated with the *Greeting of Care.* I identify how a rhetorical rupture of intercultural care salient to Alaska Native peoples, particularly older adults, occurs in this domain at micro-, mezzo- and macro-levels of analysis. Empirical evidence from formal interviews, documents, and field notes substantiates the analysis.

In chapter 6, I discuss the rhetorical rupture associated with the *Interpersonal Practice of Care.* Similar to the process used in chapter 5, I identify how a rhetorical rupture in this domain occurs at micro-, mezzo- and macro-levels of analysis. I present relevant empirical evidence undergirding the analysis.

In chapter 7, I discuss the rhetorical rupture associated with the *Model of Care.* I identify salient aspects of this rupture at micro-, mezzo-, and macro-levels of analysis. In so doing, I draw on relevant empirical evidence to support the analysis.

In chapter 8, I conclude this study by discussing theoretical insights and practical implications that stem from study findings, asserting that Alaska's care organizations exacerbate intercultural anxieties. I then offer relevant recommendations, asserting that collective accountability and responsibility are necessary to address these intercultural anxieties and improve the overall well being of Alaska Native peoples, particularly older adults. I conclude by sharing insights relevant to a collective future among all peoples.

Chapter Two: Study Design

> Original work challenges existing understandings and arguments,
> and offers new insights. Resonance asks how well the work
> connects to the worlds of lived experience. Useful work offers
> interpretations persons can use to change their everyday worlds.
> Useful work illuminates hidden social justice processes. *(Denzin,
> 2010, pg. 49)*

> Everybody in Alaska is controversial—or, rather anyone who is
> doing any work worthwhile.
> *Professional Trainer in Cross-Cultural Interactions,*
> *Life-long Alaskan Community Leader*
> *April 2012, Anchorage, Alaska*

In the research enterprise, study design refers to the overarching plan of the research project and centers on specific research questions. A theoretical lens and a methodology guide the process for answering these specific research questions. Methodology includes specific methods for collecting and analyzing empirical evidence, or data.

An Interdisciplinary Theoretical Lens

This study's interdisciplinary theoretical lens, situated at the crossroads of social work and anthropology, informs processes of empowerment and awareness-raising specific to indigenous peoples' concerns. While chapter 1 offered a preview of the theoretical perspectives shaping this inquiry, chapter 2 explores them in bricolage fashion, moving among various disciplines. Simultaneously, a human rights framework connects with ecosystems theory and a dialogic perspective of language, or communication, and culture (see Figure 1). This integrated theoretical lens provides "person-in-environment and environment-in-person configurations" that involve reciprocal forces of influence (van Wormer & Besthorn, 2011, p. xvi). Such forces are ubiquitous, because they occur in a contemporary, globalized era of globalization.

Figure 1. Integrated Theoretical Lens
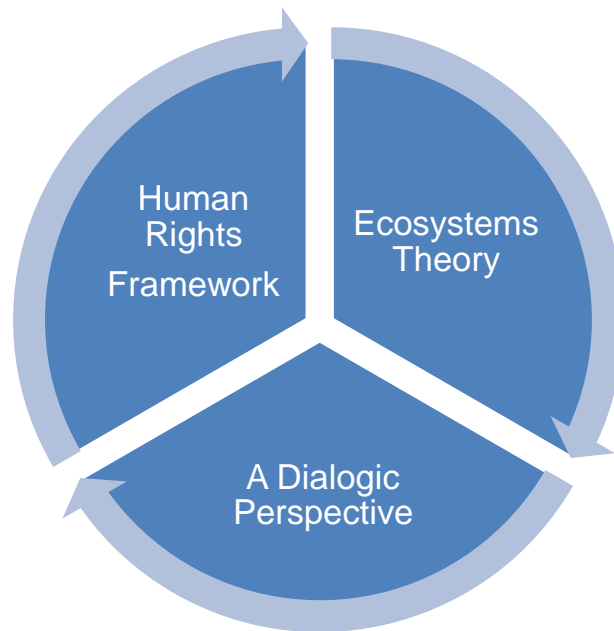
A Human Rights Framework

A contemporary human rights framework is anchored in the work of the United Nations (UN). More specifically, the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) is the living document that identifies and outlines indigenous peoples' rights to health and cultural traditions. This document, adopted by the United Nations General Assembly on September 13, 2007, is the product of more than 30 years of work (United Nations, 2007).[4]

It promotes global understanding of indigenous peoples and their nations as having a permanent right to existence, and a right to determine their cultural societies' best interest. Article 3 affirms this, safeguarding their right to "freely determine their political status and freely pursue their economic, social and cultural development." At present, self-determination is a material right and not just a process right for indigenous peoples; that is, indigenous peoples now have the right to determine final outcomes in negotiations with state governance bodies and representatives. Previously they were only able to participate as consultative voices in such

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[4] At that time, four countries opposed the Declaration. Among these were the United States, Canada, Australia and New Zealand. However, each of these countries has since reversed its position and as of December 16, 2010 all four countries have supported the Declaration.

negotiations. Thus, for these peoples, self-determination has a dual aspect: "on the one hand, autonomous governance, and, on the other, participatory engagement" (Anaya, 2009, p. 193).

This dual aspect of self-determination encompasses both interconnectedness and decentralization. That is, indigenous peoples are no longer completely separate from larger social and political structures. "Rather, they are appropriately viewed as simultaneously distinct from, yet joined to, larger units of social and political interaction, units that may include indigenous federations, the states in which they live, and the global community itself" (Anaya, 2009, p. 193). The right to self-determination promotes efforts toward reconciliation with peoples who have endured colonialism, since self-determination opposes those characteristics of colonial history, domination and conquest.

However, self-determination for indigenous communities may also occur in a decentralized, non-state context. Thus, "*full* self-determination, in a real sense, does not justify— and may even be impeded by—a separate state" (Anaya, 2009, p. 188). It is therefore incorrect "to see self-determination as meaning a right to secede or to form an independent state in its fullest sense"; such a perspective reflects a narrow vision of humanity, one "that considers the modern state—that institution of Western theoretical origin—as the most important and fundamental unit of human organization" (Anaya, 2009, p. 188-189). In contemporary society, a decentralized ordering of communities outside formal statehood boundaries is increasingly emerging.

Salient to this study, UNDRIP Articles 21 and 24 describe indigenous peoples' rights to health and well being. The articulation of these rights aims to ensure social and health equity among indigenous peoples worldwide. Specifically:

Article 21

1. Indigenous peoples have the right, without discrimination, to the improvement of their economic and social conditions, including, inter alia, in the areas of education, employment vocational training and retraining, housing, sanitation, health and social security.

Article 24
1. Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals. Indigenous individuals also have the right to access, without any discrimination, to all social and health services.

2. Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realization of this right.

These articles are the foundation for parity in health and social service delivery practices in Native North America.

These UNDRIP articles are a declaration, not a law, and the power of UNDRIP is embedded in moral underpinnings rather than legal statutes. Consequently, those involved in the global indigenous movement are being trained in strategies that focus on "winning over the hearts and minds of others" rather than "attacking" others; and conducting rigorous research and gathering empirical evidence, or data, among indigenous peoples and communities. United Nations representatives state, "we need the data" to support social justice efforts and arguments made on behalf of indigenous peoples at the United Nations (Columbia University Indigenous Summer Studies Program, 2013).

Systems Theory

In addition to a human rights framework, the integrated theoretical lens guiding this study incorporates ecosystems theory. Ecosystems theory combines general systems theory with an ecological perspective. General systems theory is premised upon a holistic framework in which parts constitute a larger whole. In response to psychodynamic theory, general systems theory entered social work in the 1970s and allowed social workers to "view their workplace, the agency, within a wider context" (van Wormer & Besthorn, 2011, p. 15). General systems theory is comprised of both structural and functional elements. Theorists posit three primary structural elements in general systems theory:

1) *Whole-to-part relationships,* in which "not only is everything connected but everything is also both a whole and a part of larger systems" (van Wormer & Besthorn, 2011, p. 18); this refers to the notion of *holon,* where the simultaneity of being the whole and the part refers to *suprasystem* and *subsystem* respectively (Carter, 2011, p. 5);

2) *Open and closed systems*, in which open systems maintain exchanges with the environment and a closed system is "shut off from its environment" (van Wormer & Besthorn, 2011, p. 18); and

3) *Boundaries,* borders that exist to delineate what exists inside and outside a particular system.

Primary structural elements relate to functional elements in general systems theory. The functional elements, while not necessarily mutually exclusive, represent "the basic 'stuff of a system,'" *energy* (Carter, 2011, p. 7). Systems include both information and resources as sources of energy. Providing potential for action, energy is transferred in and between social systems. Fundamental concepts associated with energy in systems are *entropy* and *synergy*. While entropy refers to "an unorganized condition, characterized by decreased interactions among its components," synergy refers to "increasingly available energy that results from heightened interaction among a system's components" (Carter, 2011, p. 9-10).

Regarding whole-to-part relationships, general systems theory guides the delineation among different cultural groups and various professional roles in this study, framing them as parts in a larger whole. For example, the two cultural groups, *Alaska Native peoples* and *peoples in the wider community,* and the two professional roles, *service providers* and *service recipients,* are multiple parts of a larger whole. The larger whole, in this study, is Alaska's care organizations.

Regarding open and closed systems, a general systems theory views care organizations as (relatively) open systems because service providers and service recipients are fluid parts, entering and exiting the (larger whole) organization. As Bateson (1984) explains: "To understand a living system, it is necessary to look at the constellation of factors, not in and of themselves, like single moving billiard balls, but in their relationships and contexts" (pp. 232-233). Thus, a health and social service organization is a symbolic living system.

A general systems theory also provides insight into structural properties associated with health and social service organizations. For example, it is important to understand that such organizations "maintain boundaries that give them their identities, and they tend toward homeostasis, or equilibrium" (Finn & Jacobson, 2008, p. 180). Thus Alaska's care organizations —similar to other organizations—are viewed as supporting the status quo relevant to service delivery practices.

Systems theory requires further clarification. As van Wormer and Besthorn (2011) explain, systems theory "is not really a theory at all because it does not explain anything" yet

what "it does do is show how parts fit into the whole" (p. 15). Thus, a general systems theory broadens this study's theoretical lens and allows for pattern identification across different settings and groups of people relevant to this study's research questions.

Ecosystems Theory

General systems theory, combined with an ecological perspective, constitutes ecosystems theory. Based on the metaphor of a living organism, an ecological perspective incorporates the dynamic interactions and interdependency between organisms and their environments. While systems theorists "focus on the roles that individuals play to help maintain order within their systems," ecological theorists "take a broader view by looking at the settings in which people play out those roles and at the impact of those settings on people's functioning" (van Wormer & Besthorn, 2011, p. 19). Ecosystems theory is a constructive response to general systems theory because it reframes the notion of equilibrium into one of balance in the context of a holistic environmental perspective. In so doing, it relates to social change, sustainability, and adaptation.

As a multidimensional and multilevel theory, ecosystems theory expands social work's understanding of the social environment to include the physical environment. As described by an Alaska Native male Siberian Yup'ik male Elder:

> It's like we're all together, like the human body. You have one hand and one foot and they do different things, but they're all connected…we're all connected, that's what some people don't realize. Just…some people don't, some do…communication is hard, you know, between different language groups. You know, some people don't get along…you know, just because your choices are different than ours, there's no understanding and you tend to become judgmental. And sometimes they…oh how do you say that…denigrate others. It's very important to keep communicating. Communicate, cooperate, share…those are the keys for our survival… And it's…everything; everybody is learning that right now…people are communicating, and they are all concerned about their world…the Arctic…it's like…it's our Arctic, it's everybody's Arctic, it's not just Native Arctic, it's everyone's Arctic. Now we have to cooperate and share what to learn about the Arctic because it's yours, it's everybody's, you know… That's a key to survival in the Arctic, but yeah…When you flip it over it's a key to everybody…

Despite its contributions to social work, however, ecosystems theory has been critiqued for failing to address structural inequalities and structural oppression based on issues of race, class, and/or gender. Moreover, and similar to general systems theory, ecosystems theory is more expository than explanatory. However, combining ecosystems theory with a human rights framework in this study does acknowledge the concept of power. In so doing, this study's

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integrated theoretical lens resonates with an empowerment perspective, a perspective that "encompasses the strengths approach in its focus on helping clients tap into their inner and cultural resources" (van Wormer & Besthorn, 2011, p. 44). Empowerment "goes further however, in focusing on oppression and power imbalances in the society" (van Wormer & Besthorn, 2011, p. 44).

Some scholars describe empowerment as comprised of various stages that focus on increasing critical awareness of and action that challenges and changes oppressive social conditions. It is both a process and an outcome. However, "process-oriented definitions have emerged as the more salient and revealing approach to understanding empowerment" (Carr, 2003, p. 10). Thus, rather than viewing empowerment in strictly linear and sequential steps, it may be more appropriate to view empowerment as a circular or spiral process.

An empowerment perspective is aligned with the values, principles, and ethics of the social work profession as it promotes social justice and addresses inequality. This perspective includes key components and themes such as "education, participation, and capacity building" (Finn & Jacobson, 2008, p. 184). Education increases critical awareness of societal conditions and their impact on various groups and communities. Participation and capacity building help individuals, groups, and communities change oppressive situations. In general, empowerment "[gives]people greater security and political and social equality, through mutual support and shared learning, building up small steps toward wider goals" (Payne, 2005, p. 303). Key themes of empowerment emphasize power, critical consciousness, and connection (Gutierrez & Lewis, 1999).

Similar to ecosystems theory, an empowerment perspective has also been critiqued. Described as "relatively useless" because of its ubiquitous use (van Wormer & Besthorn, 2011, p. 47), it has been criticized as focusing on the oppressed individual or group to the neglect of structurally oppressive systems (Van Wormer & Besthorn, 2011, p. 47). Yet, an empowerment perspective contributes to efforts that address discriminatory dynamics at individual, community, and systemic levels. As it does so, it articulates a micro-macro connection and draws on anti-oppressive, feminist approaches.

A Dialogic Perspective

The third component of this study's theoretical lens is a dialogic perspective of language, or communication, and culture. A dialogic perspective accounts for the making and re-making of social and cultural worlds through dialogue, or talk. According to Mannheim and Tedlock (1995):

> The root sense of dialogue is that of talk (*logos*) that goes across or back and forth (*dia-*), and in contemporary English its readiest reference is to a conversation between two or more persons. At a *formal* level, the word carries a sense of the economics of verbal exchange, as when it refers to an "exchange of ideas." (p. 4)

Thus, *dialogue*, which can also refer to language, talk or conversation, is a communicative vehicle of discursive production where meaning is co-constructed and social realities are created (Ahearn, 2001). In this view, dialogue is the site of emergent and contingent qualities of action.

The phenomenon of dialogue occurs in social context. Social context invokes concepts of "communicative framework" (Hymes, 1981/1974) and "participation framework" (Goffman, 1981). Both relate to ecosystems theory. For example, according to Hymes (1981/1974), the "communicative framework" is comprised of component parts such as speech events, their relations, their function, and activity as a whole (Hymes, 1981/1974, p. 9). "One must take as context a community, or network of persons, investigating its communicative activities as a whole, so that any use of channel and code takes its place as part of the resources upon which the members draw (Hymes, 1974, p. 4). For Goffman (1981), the "participation framework" refers to relations among "all the persons in the gathering" of a speech event (p. 137). These frameworks are flexible, open systems rather than constrained, limited ones.

From a dialogic perspective, dialogue may be viewed as replicating a dance. According to Goffman (1981), conversation is comprised of tacitly agreed upon "structured interchanges" whereby communicative practices are anchored in the relevancy between replies and responses (p. 74). Yet, these structured interchanges, while reflecting "conversational constraints," can also be disregarded by any person engaged in dialogue. When such disregarding occurs, "it's not merely that the lid can't be closed; there is no box" (Goffman, 1981, p. 74). Hence, dialogue occurs outside the proverbial box.

A dialogic perspective of language and culture is bound up in fluid, dynamic sociocultural fields. According to Mannheim and Tedlock (1995), viewing language and culture

as "dialogical to their core is to relocate them in the interstices between people" (p. 8). As such, a particular conversation in one context relates and has reach to other contexts.

Examining the culture-communication nexus, as I do in this study, requires an understanding of discursive aspects of communication. Among these are *intertextuality* and *footing*. Intertextuality is that link "between an episode of talk and other episodes, real or imagined" (Irvine, 1996, p. 131). As Irvine (1996) explains: "A communicative act has a relation to other acts, including the past, the future, the hypothetical, the conspicuously avoided, and so on, and these relations—intersecting frames, if you will—inform the participation structure of the moment" (p. 135). Thus, one communicative act is associated with others.

Similar to intertextuality, *footing* is a discursive aspect of communication critical to examining the culture-communication nexus in Alaskan care contexts. Both aspects index notions of interconnectedness.[5] Footing is defined as a "the alignment we take up to ourselves and the others present as expressed in the way we manage the production or reception of an utterance" (Goffman, 1981, p. 128). It is a participant's stance, posture, or relationship arrangement with another in the context of a particular speech event. Moreover, a particular alignment between speakers and hearers occurs within a frame, or frame space. "In brief, when the individual speaks, he avails himself of certain options and foregoes others, operating within a frame space, but with any moment's footing uses only some of this space" (Goffman, 1981, p. 230). Thus, a frame accounts for how speakers signal meaning.

A dialogic perspective of language and culture yields complexity. For example, associated with any conversation, there are "multiple contextualization frames" (Irvine, 1996, p. 146). As such, there exists a complexity of relationships between participation roles, frames, and structures. According to Irvine (1996):

> Rather than multi-vocal, we might consider a speech situation to be multiply dialogical: It is not just the speaker who is doubled (or multiplied) by other voices, but a set of dialogic relations that are crucially informed by other sets—shadow conversations that surround the conversation at hand. (pp. 151-2)

These interconnected sets of dialogic relations yield an ever-expanding reach of shadow conversations across sociocultural fields.

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[5] In using the term *index*, I am drawing on Peirce's theory of signs; index means pointing to, or establishing an association through common attribution (Peirce, 1955).

Discursive intertextuality and shadow conversations inform service recipient experiences in Alaska's care organizations. As an Alaska Native Inupiat female Elder shares:

> Okay, here's my cousin, she's also our dance leader in our church. I was at her house a couple nights ago. I just came over during the day. I was getting ready to—I was talking about going to the hospital and she says, "I need to go, I need a new dentist." She says, "I went to the clinic the other day in [urban site], and you know what that lady said to me? She said, 'Look at those teeth, you don't take care of those teeth, and blah, blah, blah, blah,'" and [cousin's name] was almost crying, she got up and walked out. She said, "She should have seen the way those people were looking at her." That provider demeaned her… So she got demeaned, so there needs to be-these people [service providers] need to realize—the workers—I don't care if they're Caucasian, Black, Inupiaq, whatever tribe they are, they're working for them [service recipients]…We're [service recipients] employing you [workers]. We're here because we need your help. It does not mean you can talk to me like I'm a piece of shit.

Here multiple contextual frames are at play—from the hospital setting to the cousin's home setting to the setting where I, as the ethnographer and principal investigator in this study, conducted the formal, semi-structured interview with this Inupiat female Elder.

Discursive intertextuality and shadow conversations link multiple contextual frames across time and place. For example, as evidenced by this Alaska Native Inupiat female Elder, many experiences among Alaska Native peoples are intertextually connected:

> Too long, I've seen it myself, and I've done it myself—I've been the victim of my own—what I'm gonna say: *"You have no right," "What are you doing?" "You shouldn't be that way." "You—do you know who you're talking to?"* That's just my example…For too long so many Natives have done, like: *"They think too little of you." "You shouldn't look at them—the way they're lookin' at you." "Look at the way they're talkin' to you." "Look at the way they're speaking to you."* It's—they're belittling…So they [Natives] get this big chip on their shoulder so that they come with the attack mode, which is wrong, and I've done it myself…yeah, it is that attack mode, but see, majority of it, it goes back to generations of pain.

This Inupiat female Elder describes how dialogue salient to Alaska Native peoples today link intertextually to past AI/AN colonial history. In so doing, charged shadow conversations surround contemporary conversations involving Alaska Native peoples. This Elder shares further:

> …But the whole thing goes back down to generational shit. I'm sorry to say it, but it's generational shit. The parents put up with it, the grandparents put up with it, and it happened to them: thinking that they were the lesser person because they're Native. So then they got this big ol' chip that becomes a mountain on their shoulder so then they're

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offended so easily when really, that guy wasn't trying to offend them, but it's how that person came in with their attitude…So then it gets all messed up in there somewhere and it becomes discrimination because this Native came in with a discriminated attitude like, "He's gonna discriminate against me; he's gonna think he's better than me so I gotta let him know." So it becomes discrimination. They kinda bring that out because they've had to deal with it for so long… And even inside of their own culture there's discrimination…

It's more than what's on the surface: *Did they really mean that? Is that what he really said? Did you see that look? Was that right? Did I take that right, or did I see that right? Did you see what he meant? How he said that? What do you think he means?*...They're asking themselves all these questions…

Natives, they go below the surface they go deeper, I'm going to say "read into" or just saying to them, *how* you're saying it, they take it not just by what you are saying, they're reading something into it, sometimes they'll over-read or over-react and it hurts everybody, now sometimes they're reading right and it helps—and they say, "Wait a minute, were you trying to say this to me? Was that what you're saying?" You know what I mean, instead of hinting clearly to me, "Is this what you're saying to me?" That's where a lot of the Native culture gets hurt because they read more into something—they make something more out of something and it hurts—some of that pain it starts with them and they spread it out, you know what I mean, and it's like they took it wrong, it affected them, you insulted them, so they're going to share it with this person, and they say, "Did you see—you want to know what they said to me...and this is how they meant it," and so then this person gets affected by how this person received it—the Native person received it. There is a lot that they [Native peoples] take in as looks and tones… they [Native Peoples] read a lot into it…

…you know, it goes down to, uhm being told, "You should talk that way," or—their Native language, Again, people taking things away from them, that's where I take— that's where I get it—it's like they're [Native peoples] being robbed of something, or somebody's trying to take them, insult them, hurt them there's so much pain inside of the culture, they read a lot into something that should be…

…it can hurt everybody…because the person you're hurting, the one that you're hurting takes it and runs it to someone else and shares it, and you see what I'm saying, you see watch them next time… then that—the same thing happens—the same reaction—they're going to tell somebody else, and somebody else, and somebody else, somebody else— and then you've got this circle of people that were offended that read too much into something, so then now you're the outcast… you're the pimple on their back… so there's a lot to read inside of Natives, the Native culture…uhm I just know inside of my own because I've seen it, even when I was a kid, I was saying, *"Wow, why is she taking it that way, come on they didn't mean it that way, did they, really(?)"*—so then later on I'll talk to them, and say, 'Well, how come…" and they'll say, "Well did you see, you know what they meant?'… so they really take it in a real personalized way when it really wasn't meant to be personalized… they're a real personalized people… for too long they've been offended, they've been made fun of, they've been teased, they've been ridiculed,

maybe in their home, or their school, or their church, or in the community, or somewhere out in their school office or whatever… so they get offended very easily and it affects things in their life… Domino Effect…

…ok, a lot of Natives…they've been offended for so long, they're very sensitive, a lot of them make a lot out of something that really shouldn't be made out of, I mean they make something more than what it is… they're very personal, they're very personalized, they take things real personal, they apply it—the whole concept is applied inside of them… they make it theirs…

As this Inupiat female Elder describes communication processes among Alaska Native peoples, one person's experience will "spread out" because that person "runs it to someone else and shares it." In so doing, this Elder's description of a "Domino Effect" reflects a dialogic perspective of language and culture..

This dialogic perspective of language and culture resonates with ecosystems theory and a human rights framework. A part—whether a speech event, communicative act, or episode of talk—connects to a larger whole through discursive intertextuality and shadow conversations. Further, a human rights framework resonates with both dialogic perspective and ecosystems theory precisely because indigenous sovereignty and self-determination are "less a matter of independence and more a practice of managing interdependence" (Clifford, 2004, p. 9). Hence, a human rights framework, a dialogic perspective of language and culture, and ecosystems theory all index notions of interconnectedness.

Intersecting Literatures

Broad literature intersections inform this overall study, including study design. Drawing on literature from anthropology, social work, psychology, Native American studies, public health, and medicine, I identify below key points that shape and drive this study. Among these are critical links between health and social disparities, AI/AN colonialism, and understandings about culture, service delivery practices and communication—all issues relevant to service delivery practices among AI/ANs in Native North America's care organizations.

Health and Social Disparities

The *National Healthcare Disparities Report 2012* lists causes for health and social disparities as "differences in access to care, social determinants, provider biases, poor patient-provider communication, and poor health literacy" (HHS, 2012, pg. H-1). In the context of

disparities within the United States, AI/ANs are identified as a "priority population" (DHHS, 2012, pg. 1-12). The high rates of AI/AN suicide, substance abuse, family violence, and other distressing circumstances are described as "AI/AN community epidemics" (Gone & Trimble, 2012, p. 151). According to Gone and Trimble (2012): "If not a rash of youth suicides, then other forms of debilitating distress and dysfunction stemming from substance abuse, violence and trauma are far too common among AI/ANs and warrant urgent attention and attenuation" (p. 132). Compared to other populations, indigenous peoples around the world have a higher "incidence of virtually every health condition, from infectious disease, diabetes, cancer and respiratory diseases" (United Nations, 2009, p. 162). Furthermore, while indigenous peoples comprise approximately 5 percent of the world's population, they represent 15 percent of the population living in poverty (United Nations, 2009, p. 21).

In the United States, AI/ANs with federally recognized tribal membership are eligible to receive health and social services from the U.S. federal government. This eligibility is based upon a "trust responsibility," or "trust relationship," established in historic government-to-government agreements between AI/AN tribes and the U.S. federal government (Gone & Trimble, 2012; Warne, Kaur & Perdue, 2012). As Warne et al. (2012) explain:

> Members of AI/AN tribes are born with a legal right to healthcare services based on treaties, court decisions, acts of Congress, Executive Orders and other legal bases, including the Indian Healthcare Improvement Act (reauthorized in March 2010 as part of the Patient Protection and Affordable Care Act). Hundreds of treaties (essentially contracts between tribal nations and the federal government) were executed in which the tribes exchanged vast amounts of land and natural resources for various sorts of social services, including housing, education and healthcare. The non-Indian population of the USA does not have an equivalent right to healthcare based on *trust responsibility*. (p. S18)

The Bureau of Indian Affairs and Indian Health Services (IHS) are among the primary agencies responsible for providing such services.

"AI/ANs are citizens of both their tribal nations and the U.S., as well as being residents of their states." Thus AI/ANs unique, complex, "tricitizenship" status (Warne et al., 2012, p. S18) makes them eligible for services as tribal citizens through IHS, as state residents through Medicaid and related programs, and as U.S. citizens through Medicare and related programs.[6]

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[6] IHS constitutes a network of "more than 700 reservation based hospitals, clinics and other health facilities across 12 geographic regions (or service areas)" and operates with an underfunded budget (Gone & Trimble, 2012, p. 136). Just over 50 percent of the AI/AN population in the U.S. relies upon IHS (Gone & Trimble, 2012, p. 144).

This unique citizenship status of AI/ANs requires navigation of complex terrain in the delivery of health and social services; indeed its "healthcare delivery system is called the 'I/T/U' system (IHS/tribal/urban)" (Warne et al., 2012, p. S19).[7] Importantly, IHS has a "goal of ensuring that comprehensive, culturally acceptable personal and public health services are available and accessible to AI/ANs" (HHS, pg. 2-28).

In Alaska, health and social disparities among Alaska Native peoples are evident as one considers the state's urban-rural divide. Geographic isolation and lack of infrastructure contribute to health and social disparities that permeate the urban-rural. The Alaska State Advisory Committee's report to the U.S. Commission on Civil Rights (2002) explains:

> For example, an urban/rural divide exists, with residents of remote rural villages, who are predominantly Native Alaskans often receiving inferior state and federal services, if any at all. The geographic isolation is compounded by a lack of infrastructure in rural communities, including adequate road systems. Many rural villages are, in fact, entirely off road and can only be reached by plane, boat or snowmobile. The resulting divide between on-road and off-road communities can be seen in education, employment and law enforcement and has a profound effect on their economic, social and cultural conditions.
>
> The disparities found in rural Alaska necessarily translate to disparities for Native Alaskans since they make up such a large proportion of the state's rural residents…It is in the rural communities that needs go unmet, projects unfunded, and services are not equitably delivered. The Alaska Federation of Natives has similarly identified the urban/rural divide as one of the most critical influences affecting the socioeconomic and political status of Alaska Natives today. (p. 9-10)

Within this urban-rural divide, suicide, a specific AI/AN health disparity, is higher in non-hub communities than in hub communities in rural Alaska (Craig & Hull-Jilly, 2012).

AI/AN Colonialism

Colonization, or *colonialism*, refers to the profound social and cultural changes endured among AI/ANs since initial European contact, including "forced schooling, political domination and suppression of…Native language" (Wexler, 2009, p. 2). The history of AI/AN colonization in the United States is comprised of multiple strands, rather than one unified, coherent story of

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[7] There are multiple components in this I/T/U healthcare system; each has unique funding mechanisms and governance systems. IHS was developed in 1955 under the Department of Health Education and Welfare, which is now the Department of Health and Human Services. "AIAN healthcare continues under this structure today, with some significant modifications including increasing tribal control of healthcare programs, services, and functions, as well as greater integration with Medicare and Medicaid" (Warne et al., 2012, p. S19).

colonization. With over 560 federally recognized tribes and many more state-recognized tribes, each tribal community has curates unique history and experiences. However, all strands of AI/AN colonialism have resulted in multiple stressors associated with ongoing AI/AN health and social disparities. Among these are "acculturation stress, identity conflicts and discontinuities between past and present" (Wexler, 2009, p. 2)

Despite the multiple threads of AI/AN colonization, the experience of trauma is common to all AI/AN peoples.

> There have been a variety of terms used to describe the multi-generational nature of distress in communities, including *collective trauma, inter-generational trauma, multigenerational trauma,* and *historical trauma. Historical trauma,* the term used most often by scholars of AIAN trauma, is conceptualized as a collective complex trauma inflicted on a group of people who share a specific group identity or affiliation—ethnicity, nationality, and religious affiliation. (Evans-Campbell, 2008, p. 320)

Historical trauma is an organizing concept in the literature, and describes the experience of distress among AI/ANs in the United States (Brave-heart Jordan, 1995). Original inhabitants of North America, AI/ANs have experienced chronic trauma, dispossession, displacement, and genocide since initial contact with Europeans. This legacy of genocide among AI/ANs is evident in the history of U.S. federal and social policies salient to AI/ANs. (See Appendix 4 for a list of policies.) Originally developed in the context of Lakota people in the Lower 48, Brave Heart(-Jordan) and DeBruyn (1998) later extend the concept of historical trauma to all AI/ANs as well as indigenous people throughout the world. As Brave Heart(-Jordan) & DeBruyn (1998) state:

> American Indians and Alaska Natives are plagued by high rates of suicide, homicide, accidental deaths, domestic violence, child abuse and alcoholism, as well as other social problems…We suggest these social ills are primarily the product of a legacy of chronic trauma and unresolved grief across generations" (p. 60).

Moreover, Brave Heart(-Jordan) and DeBruyn (1998) state: "It is our contention that other indigenous people throughout the world can trace social pathologies and internalized oppression to similar historical legacies" (p. 61).

Multiple historical traumatic events shape the memory and current experience of Alaska Natives. Among these are "The Great Death," the 1900 influenza epidemic originating in Nome, and spreading throughout Alaska, "killing up to 60 percent of the Eskimo and Athabascan people with the least exposure to the white man" and "with them died a great part of *Yuuyaraq,* the

ancient spirit world of the Eskimo" (Napolean, 1996, p. 10-11). Following the Great Death was "an attempt at cultural genocide" (Napolean, 1996, p. 18).

> The priests and missionaries impressed on the survivors that their spirit world was of the devil and evil…They told the survivors that their feasts, songs, dances, and masks were evil and had to be abandoned on pain of condemnation and hellfire. Many villages followed these edicts. The dances and feasts disappeared. The priests and missionaries forbade parents from teaching their children about Yuuyaraq and about the spirit world…. (p. 18)

Napolean (1996) uses specific terms of "survivors" and "posttraumatic stress disorder" (PTSD) in asserting that some Alaska Native survivors of The Great Death suffered from PTSD (p. 14).

In Alaska, colonialism consists of three main periods. The Russian period began in the mid-eighteenth century, when the Russian imperial government began its exploration of Alaska, expanded into Alaska, and subsequently exploited Alaska's resources. The American period (1867-1958) began when the Treaty of Cession was signed in 1867 and America purchased Alaska from Russia. At this time, Alaska became a U.S. territory (Williams, 2009, p. 119). The Russian and American colonial periods were followed by a period of pronounced resource exploitation, which began when Alaska achieved statehood in 1959. "The discovery of oil in the Arctic Slope region was one of the main reasons that Alaska was pushed into becoming a state rather than remaining a territory" (Williams, 2009, p. 119).[8]

Colonialism in Alaska is evident in historical policies and practices, most notably in the areas of education and health care. Alaska Native peoples have endured a history of colonial education, the first colonial school being established in 1794 by the Orthodox Church on Kodiak Island. However, in the 1880s, the outcome of the Molly Hooch case—a civil class-action lawsuit settled out of court by a consent decree—provided for local education of Alaska Native peoples. The Nelson Act of 1905 created racially segregated schools throughout Alaska, a practice which persisted until the 1970s.

In 1971, passage of the Alaska Native Claims Settlement Act (ANCSA) "created thirteen regional for-profit corporations and made Alaska Natives shareholders of the corporations based on regional areas" (Peter, 2009, p. 180). ANCSA "extinguished previously recognized Indian reservations in Alaska (with the exception of Metlakatla), extinguished Indigenous hunting and fishing rights, and paved the way for the oil industry and state government to access and

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[8] The discovery of oil led eventually to the 1971 Alaska Native Claims Settlement Act (ANCSA).

transport oil from northern Alaska (Peter, 2009, p. 180). Through the mechanism of corporatization, some people view ANCSA as "assimilationist" (Peter, 2009, p. 180).

ANCSA was followed by the Indian Self-Determination and Education Assistance Act (P.L. 93-638) of 1975, which supports Indigenous sovereignty. It codifies the rights of tribes to "to assume the management and control of healthcare programs from the IHS and to increase flexibility in healthcare program development"; "Under PL 93-638, tribes have the option to contract or compact with IHS to manage the delivery of health services using pre-existing IHS resources (formula-based shares tables determine funding for various IHS sites), third party reimbursements (Medicaid, Medicare, etc.), grants and other sources" (Warne et al., 2012, p. S19).

> Typically, tribes develop their own non-profit healthcare corporations to provide services to their community, and as a result are eligible for grants and other types of funding not available to federal agencies like IHS. As a result, "638 tribes" generally are able to provide more services to their community members, including cancer-related services, than they were able to under IHS control. Currently, over half the IHS budget is distributed to tribes through 638 contracts and compacts, and numerous tribes have improved access to healthcare services and have increased flexibility of health programming for their communities. (Warne et al., 2012, p. S19)

Despite increasing autonomy and flexibility among tribes in the administration of health programs, IHS funding is reportedly inadequate to meet complex AI/AN health needs (Warne et al., 2012).

Understandings about Culture

Culture is an enduring site of inquiry in both anthropology and social work, and disciplinary distinctions are of import here. Historically distinctions show anthropology is typically more theoretical while social work is typically more applied. For example, anthropology tends to employ an analytic comparative, holistic approach while social work commonly employs an interventionist approach. Thus, anthropology curates varied schools of thought regarding understandings of culture, while social work develops various models of cultural competency.

Anthropological understandings of culture are many and varied. (Kroeber and Kluckhohn [1952] identified more than one hundred and fifty definitions of culture.) They stem from various schools of thought within anthropology. Among these schools of thought are functionalism

(Malinowski, 1961/1922), structural-functionalism (Radcliffe-Brown, 1952), symbolic or interpretive anthropology (Geertz, 1973), and practice theory (Ortner, 2006). Some schools of thought view all aspects of society as interrelated, such as structural-functionalism which views culture is a "system…a complex unity, an organized whole" (Radcliffe-Brown, 1952, p. 53). In contrast, symbolic anthropology emphasizes meaning-making processes of cultural understandings: "Man is an animal suspended in webs of significance he himself has spun," with an understanding of "culture to be those webs" (Geertz, 1973, p. 5). Additionally, some view culture as relative (Boas, *Race, Language and Culture,* 1982/1940) and as patterns or personality (Mead, *Sex and Temperament in three primitive societies*, 2001/1935; Benedict, *Patterns of Culture,* 2005/1934).

These various schools contest the location of culture. Is culture located in the individual or the collective? Is it in the structure or the function of a system? Is it fluid or fixed? Throughout such disciplinary contestation and in general, the enduring anthropological view of culture comprises elements of both change and continuity. In so doing, anthropological schools of thought account for aspects of structure, function, process, and human agency. In sum, the canon of anthropology acknowledges culture as complex.

Critiques accompany each school of thought. While structural-functionalism understands cultures as whole, unified systems delimited as bounded units of analysis, it is criticized for under-theorizing regarding human agency as an influence on aspects of cultural continuity and change. While functionalist and structural-functionalist schools of thought were more static and apolitical in their models of understanding culture, later schools of thought were steeped in symbolism, contextual realities, and (politicized) semiotic representations that in many ways accounted for human agency.

Social work's disciplinary understandings of culture are embedded in models of cultural competency. In fact, cultural competence is an ethical requirement in the social work profession (Allen-Meares, 2007). Historically, however, such models are often steeped in static, fixed frameworks of competent behavior found in lists of prescriptive *do's* and *don'ts.* As such, the term *culture* is often employed in a reductionist manner. A reductionist view, however, is problematic:

> One major problem with the idea of cultural competency is that it suggests culture can be reduced to a technical skill for which clinicians can be trained to develop expertise. This problem stems from how culture is defined in medicine, which contrasts strikingly with

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its current use in anthropology—the field in which the concept of culture originated. Culture is often made synonymous with ethnicity, nationality and language. For example, patients of a certain ethnicity—such as "the Mexican patient"—are assumed to have a core set of beliefs about illness owing to fixed ethnic traits. Cultural competency becomes a series of "do's and dont's" that define how to treat a patient of a given ethnic background. The idea of isolated societies with shared cultural meanings would be rejected by anthropologists, today, since it leads to stereotyping—such as, "Chinese believe this," "Japanese believe that," and so on-as if entire ethnic groups could be described by these simple slogans. (Kleinman & Benson, 2006, p. 1673)

Importantly, cultural competency models are critiqued as tending to reify essentialist notions of culture that result in socially constructed categories of race, or ethnicity and can then lead to stereotyping (Lee & Farrel, 2006).

Efforts aiming to reduce racial and minority health and social disparities in the United States promote competent care in the context of improving health and social services. Regarding racial disparities in the United States, Perloff et al. (2006) report: "Culturally competent communication may be an important way to reduce inequities. But what is meant by cultural competence, and how effective is culturally competent training in achieving desirable health outcomes?" (p. 844).

Importantly, Dr. Terry Cross (Seneca Nation), director of the Indian Child Welfare Center, offers a caveat about cultural competence: "One of the critiques in the literature of cultural competency is that it doesn't deal with racism. You cannot become culturally competent without dealing with racism and social justice…" (Cross, 2012).

Significant variations in social work's response to the historically reductionist models of cultural competency have recently emerged. For example, a more recent rethinking of cultural competency reframes the model "away from culturally competent therapists toward culturally commensurate therapies" (Wendt & Gone, 2011). This shift relocates the locus of culture from individuals to processes and, therefore, from determinate to indeterminate approaches. Yet, the phrase *cultural competency* is still commonly employed in contemporary professional social work discourse—whether referring to older reductionist definitions or updated definitions that account for fluid and indeterminate understandings of culture. Among these updated definitions are cultural humility (Ortega & Coulborn, 2011; Tervalon & Murray-Garcia, 1998). Such updated definitions aim to move beyond the limitations and critiques of a cultural competency model premised on fixed, essentialist notions of culture.

Culture & Service Delivery Practices

An interdisciplinary discourse on culture is particularly constructive in the context of care organizations and associated service delivery practices. From a historical perspective, the work of Dr. Ruth Landes, grounded in anthropology and social work, illustrates how each discipline can inform the other. For example, Landes (1958) conducted a presentation focused on "cultural factors in relation to case-work practice" at a Veterans Administration hospital in the southwestern United States. During this presentation, Landes addressed a disjuncture between cultural factors among "patients," or service recipients, and the hospital setting.

This presentation by Landes (1958) informed both disciplinary distinctions between and contributions to anthropology and social work. First, she advocated that a cultural consultant be used in the hospital setting. Second, she urged hospital staff to view patient behavior problems not in context of the individual patient but instead in context of "how the total situation works." Because this total situation "emphasizes impersonal factors over emotional ones," Landes (1958) explained to hospital staff, "we must translate our desired objectives through the idioms of the patients' culture." She distinguished between the individual patient as a "culture carrier" and the culture of clinical psychology, or the culture of the clinic (in this case the hospital setting). Third, Landes (1958) identified that both groups of staff and patients view one another simultaneously in terms of stereotypes that may interfere with treatment. Lastly, Landes (1958) asserted that the onus rests on the individual(s) in authority—the providers—to adapt to the patient and his or her cultural idioms.

Landes' presentation on "cultural factors in relation to case-work practice" illuminates the intersection of patient culture, the provider culture, clinical psychiatry or biomedicine culture, and clinic or hospital culture. She exhorts VA hospital staff—social worker, psychiatrist, and nurse—"to think on at least three levels." They should focus on (1) getting the job done, (2) communicating effectively with patients, and (3) building trust with patients. In this example, Landes (1958) distinguishes between anthropology and social work as she adopts a holistic and comparative lens grounded in symbolic meanings ("viewing how the whole situation works") and a lens of treatment-intervention efficacy (communicating effectively and building trust with patients).

Cultural factors are a critical component in service delivery practices associated with care organizations. Multiple layers of cultural understanding permeate service delivery processes, and multiple carriers of culture are associated with service delivery practices in care organizations. (See Figure 2.)

Figure 2. Multidimensional View of Culture
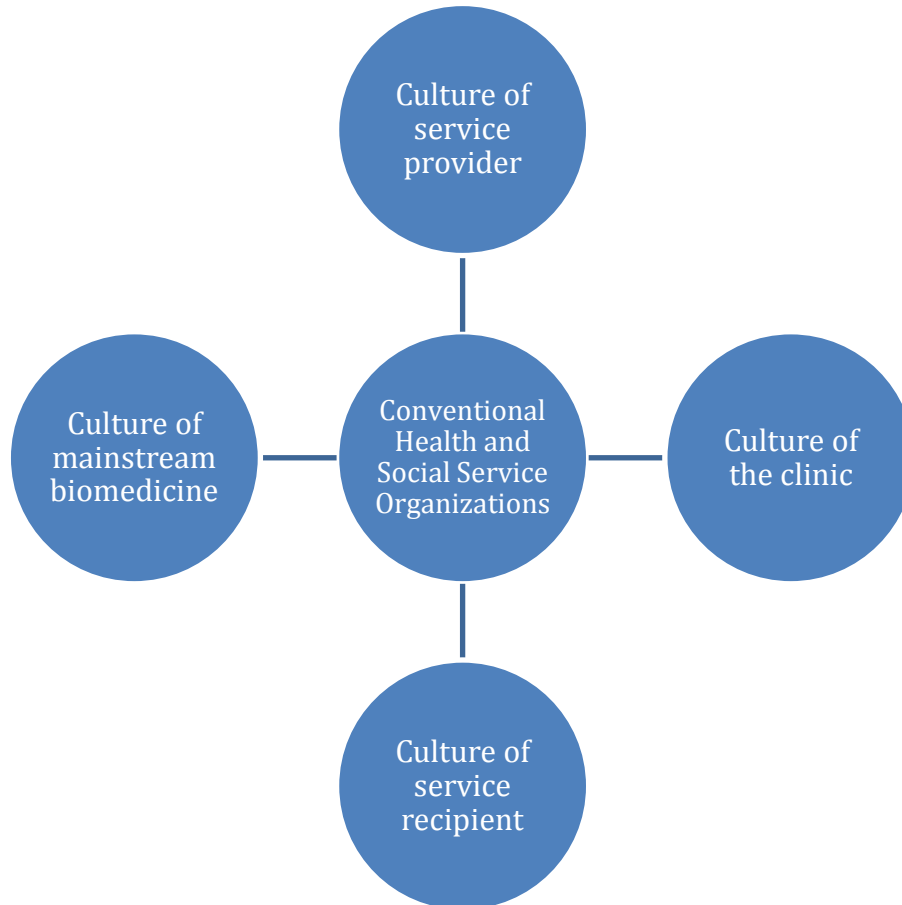
Thus, while the concept of culture in health and social service care has predominantly focused on the individual service recipient and family, the culture of the professional service provider, the clinic, and mainstream biomedicine are also of import (Gone, 2007; Johnson & Cameron, 2001; Kleinman & Benson, 2006). Importantly, these multiple carriers of cultural understandings are operationalized in the context of care organizations as systems. What this means is that *culture* is imbued within the living organism of a care organization; the organization itself is a living process, rather than an autonomous, fixed thing.

Regarding individual service provider and -recipient in clinical encounters, each "may harbor different assumptions about what a clinician is supposed to do, how the patient should act, what causes the illness, and what treatments are available" (Johnson & Cameron, 2001, p. 216). These different assumptions then influence service delivery practices. Yet, regardless of cultural background, there exist both similarities and differences among all people. Specific to AI/ANs, while illuminating similarities may be viewed as "glossing, the assumption that all tribes are exactly the same culturally," it may also be viewed as a colonizing practice. As Duran (2006) explains: "I purposely engage in what may appear as glossing because I believe that one of the most powerful colonial strategies inflicted on Native peoples has been convincing us that we are so different from one another" (pp. 6-7).

Regarding institutional carriers of culture, the culture of mainstream biomedicine focuses on biological and physical causes of disease. A biomedical paradigm "holds that distress and misbehavior are bodily diseases and must be treated as such" (Gomory, Wong, Cohen, and Lacasse, 2011, p. 148). It is reductionist and individualistic, centering on psychosocial distress and pathology. The biomedical model of care is ubiquitous in medical, mental health and social work services (Gomory et al., 2011).

Salient to cultural understandings, race/ethnic concordance—matching— between service provider and -recipient in health and social service delivery practices has been suggested as a factor that improves health care. This proposition emerged in a 2002 report published by the Institute of Medicine, part of the National Academy of Sciences. *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care* was "widely hailed as the authoritative study on health dispariteis" and cited the "dyanamics of the doctor-patient relationship-'bias,' 'prejudice,' and 'discrimination'—[as] a significant cause of the treatment differential and, by extension poorer health of minorities" (Klick & Satel, 2006, p. 2-3).

However, the literature regarding race/ethnic concordance shows mixed results (Meghani, Brooks, Gipson-Jones, et al., 2009). Examining a range of domains including provider-patient communication, patient satisfaction, quality of care, and health care utilization, some research reports that race/ethnic concordance leads to improved health care (Field & Caetano, 2010; Klick & Satel, 2006; Laveist, Nuru-Jeter & Jones, 2003; Laveist & Nuru-Jeter, 2002), while other research does not indicate this as a possibility (Jerant, Bertakis, Fenton, Tancredi & Franks, 2011; Kumar, D., Schlundt, D.G. & Wallston, K.A., 2009; Strumpf, 2010).

Moreover, there are critiques of the research reporting race/ethnic concordance leads to improved health care (Greenfield, 2003; Satel, 2000).

Significantly, and related to race/ethnic concordance, there exists multidirectional discrimination. For example, one research study reports that minority patients have perceptions of interpersonal discrimination in health care that encompass both domains of interracial and intraracial discrimination (Malat & Hamilton, 2006). Importantly, in the context of service delivery practices, "discrimination-operating through the mechanism of prejudice, stereotypes, and uncertainty-may contribute to disparities" (Strumpf, 2011, p. 496).

Understandings about Communication

In organizational care services, the vehicle of communication is a critical component in service delivery. In health and medical care contexts, "talk" or communication "is the fundamental instrument by which the doctor-patient relationship is crafted and by which therapeutic goals are achieved" (Roter & Hall, 1993, p. 3). And, in social services or psychotherapeutic contexts, "the way in which a therapist interacts with clients appears to be nearly as important as—perhaps more important than—the specific approach or school of thought from which she operates" (Miller & Rollnick, 1991, p. 4).

Communication is a complex process that influences achievement of, or failure to achieve, professional goals in the delivery of organizational care services. Communication can be characterized as being effective or ineffective. For example:

> If the parties cannot make sense of respective messages, no effective information will have been communicated between them. Furthermore, receivers of a message must be able to hypothesize what facts, thoughts or concepts are being sent to them and the meaning they infer must coincide with the meaning that was intended. Otherwise they conclude the encounter becomes chaotic or crazy. (White & Featherstone, 2005, p. 214)

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Consequently, and in the context of service delivery practices associated with care organizations in Native North America, professionals are called to "attend more comprehensively to the miscommunications, standoffs, breakdowns and failures in the course of implementing services" for AI/ANs in Native North America (Gone, 2003, p. 227).

Significantly, clinical service delivery processes center on communication practices. For example, "[s]hared understandings of patients and their troubles emerge out of interaction between clinicians" (White, 2002, p. 431).

Physicians form expectations of what a particular office visit will be like. Seeking to reduce uncertainty, they draw on demographic categories and metatheories to develop expectations (e.g., stereotypes) of individuals from different religions, economic backgrounds, and ethnicities. Patients do the same. They have expectations about what a particular doctor is like, their medical ailment, how they will be treated, and the way the health system operates. Expectations influence and are influenced by communication, which in turn can have strong impacts on outcomes, including satisfaction with medical care, compliance, and even overall health. (Perloff et al., 2006, p. 838)

Moreover, in stressful work conditions, in areas (or organizations) like Alaska with provider shortages, providers "may be especially likely to rely on decision-making heuristics such as biased expectations or social stereotypes" (Perloff et al, 2006, p. 838).

Communication impacts service outcomes. "For example, there is evidence that how physicians solicit patient's concerns can have consequences for patients' perceptions of physicians' competence and credibility, and thus for patient outcomes, such as satisfaction" (Robinson, 2006, p. 46). Literature shows a link between effective doctor-patient, or provider-recipient, communication and recipients' improved satisfaction; compliance with recommendations; and health outcomes (Stewart, Brown, Boone, Galajda & Sangster, 1999; Roter, 2006). In a recent systematic review of substance abuse, child welfare, and mental health services research, evidence emerged that provider-client relationship "has a robust relation" to client retention in treatment (Marsh, Angell, Andrews & Curry, 2012, p. 258).

Communication reflects a vector of power, whereby cultural meanings are mapped onto people, and events and activities lead to conceptually organized ideas. Such ideas are called "ideologies because they are suffused with the political and moral issues pervading the particular sociolinguistic field, and because they are subject to the interest of their bearers' social position" (Gal & Irvine, 1995, p. 2). Because Native North America's care organizations are culturally pluralistic settings, multiple, and varied, ideologies intersect.

Previous ethnographic studies show how cultural differences can have deleterious effects among indigenous peoples and communities in Native North America. For example, Philips' (1993/1983) study renders the invisible visible with regard to cultural differences between Warm Springs Indian Reservation children and Anglo children in the 1st and 6th grade classrooms of the American Anglo Madras School. Philips (1993/1983) argues that Indian children's lack of comprehension and resulting poor academic performance in the American Anglo school classroom is a result of Indian children's experience of communicative interference due to

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cultural differences rather than due to individual learning disabilities . This communicative interference results from differences in how interaction is structured and organized in the American Anglo classroom and the Warm Springs Indian Reservation community.

Philips (1993/1983) work is situated in the intellectual tradition of the Ethnography of Speaking, following previous work by Hymes and Goffman. In this intellectual tradition, the concept of communicative competence (Hymes, 1981/1967) describes the connection of language use to a particular situational, sociocultural context. This dynamic relationship between language and sociocultural context both carries social meaning and serves social goals.

In the literature on politeness, miscommunication is viewed as a result of cultural and linguistic factors that are habitual rather than intentional. That is, cultural and racial/ethnic socialization, or upbringing, is a critical factor affecting communication style. Consequently, miscommunication can lead to generalizations about different racial and ethnic groups, which can then inform racial/ethnic stereotypes. Yet, according to this literature, such miscommunication is rooted in confusion when attempting to understand conveyed and received messages embedded in cultural expectations (Scollon & Scollon, 1980; 2001).

Methodological Details

A qualitative methodology guides this study because it is best suited to examine the study's research questions, which seek "to represent the complex worlds of respondents in a holistic, on-the-ground manner" (Padgett, 2008, p. 2). It is an approach most appropriate "to capture the 'lived experience' from the perspectives of those who live it and create meaning from it" (Padgett, 2008, p. 16).

A qualitative approach is recommended when conducting research with marginalized communities and peoples, including indigenous peoples. Researchers conducting a study with American Indians in the United States discovered that after quantitative data had been analyzed "it became evident that the information collected in the interviews appeared to be more accurate" and some research participants "were more forthcoming in the interviews about the true extent" of their behaviors (Delva, Allen-Meares & Momper, 2010, p. 31). Furthermore, these researchers explain: "Based on our experiences, we believe that it is essentially a universal preference for people to be more open to telling their stories through open-ended questions than from filling out standardized questionnaires composed with closed-ended items" (p. 31).

In many ways, this study's methodology precedes my actual dissertation fieldwork. It integrates my social work practice experience prior to doctoral studies with four years of pre-dissertation research I undertook during doctoral studies. Significantly, then, study methodology is premised on my understanding of research as a process built on relationships.

Pre-Dissertation Forays in the Field

Throughout my pre-dissertation research, I explored the communication-culture nexus among Alaska Native peoples and salient to Alaska's care organizations. The topic was born from lived experience prior to my doctoral studies, and I intuited that it was worthy of research. Thus, as I began my doctoral program, I possessed epistemic privilege salient to this study's topic.

I engaged in a total of four different forays in the field of Alaska during my pre-dissertation training. My initial foray took place during the spring and early summer of 2008. At that time, I visited many places around the state, including three different cities on the road system, a rural hub site, and a remote village. I learned from all whom I met along the way, all the meetings I attended, and the many conversations I had. Most importantly, I heard directly from local communities and people—both Alaska Native peoples and those from the wider community—that my proposed dissertation study topic was critically important. Such feedback during pre-dissertation training validated what I had experienced prior to undertaking doctoral studies and during my service as a clinical social worker in rural Alaska. What I learned from local communities and peoples in Alaska confirmed what I was learning from the literature: This study topic remained an issue of great concern and interest.

After my initial foray, I returned to Alaska three times prior to beginning dissertation fieldwork: February and March 2009, summer 2009, and summer 2010. During these forays in the field, I met with Alaska Native Inupiat Elder cultural consultants, local community members, and health and social service professionals. Throughout pre-dissertation fieldwork, I engaged in both formal and informal information exchanges. For example, during my February and March 2009 foray, I engaged in formal training with an Alaska Native Elder cultural consultant. First, I collaborated with this Elder to complete formal training with my university on research ethics as related to her cultural consultant role. Second, I collaborated with this Elder in preparation for our planned co-presentation at an academic conference slated for summer 2009.

During my summer 2009 foray, I engaged primarily in informal information exchanges. I spent most of my time visiting with the Alaska Native Elder cultural consultants who participated in this study, attending and enjoying their dance group practices, travelling to visit with friends and colleagues in different areas of the state, fishing and boating in Kachemak Bay, and hiking while surrounded by Alaska's great natural beauty.

I returned to the state for summer 2010. At that time, I was preparing alongside my cultural consultants to begin the planned dissertation project in 2011. In summer 2011, following successful completion of my doctoral program's comprehensive examamination, I began initial fieldwork for this study

During my fieldwork in Alaska, I experienced both unexpected exigencies and ethnographic epiphanies. The exigencies presented challenges that resulted in adjusting initial research design from a site-specific to a multi-sited, multi-level study. Paradoxically, because of these exigencies, I was able to fulfill my dream of driving the Alcan Highway, the Alaska-Canada highway traverses rugged terrain in and between Canada and the United States and is marked by stunning natural grandeur. The nourishing natural beauty of these drives, and the ethnographic epiphanies that followed the unexpected difficulties, provided me with a deeper understanding of the importance and urgency of this study.

Having adjusted my initial study design, I was not bound to a specific organization or context. Instead, I was ethnographer untethered: I could freely follow the many and various ethnographic threads salient to my research questions wherever they led me. "Empirically following the thread of cultural process itself," I was able to engage in multi-sited ethnography (Marcus, 1995, p.97). In so doing, I followed the people and activities informing my research questions across Alaska's rural-urban divide. I travelled from urban sites to a rural hub and two remote village communities in an upper northwest region of Alaska. All travel during fieldwork occurred alongside the Alaska Native Elder cultural consultants as research collaborators.

This redesigned study, fortuitously, allowed for the strictest confidentiality for particular organizations and agencies as well as for Alaska Native Elders who consented to participate in formal interviews. For example, when one Alaska Native Yup'ik female Elder asked me, regarding the information she would share during her interview, "Is this going to get back to my [health and social service] provider?" I was able to respond with a confident "No."

Connecting Relationships and Methodologies

My time living and working in Alaska is best characterized as periodic, with variable lengths of residence. I have maintained long-standing friendships and collegial relationships from my initial time in Alaska. These include the Alaska Native Inupiat Elder cultural consultants with whom I collaborated and travelled during fieldwork. As such, my ethnographic fieldwork is based on a relational methodology (Trimble & Mohatt, 2006) and reflects relational research (Caldwell, 2005; Kovach, 2009; Wilson, 2008). Such a methodology emphasizes "nurturing relationships with community members…spending precious time visiting with people at social functions such as community gatherings, celebrations, ceremonies, local school events, and related activities…It means being willing to engage in long conversations that have nothing at all to do with one's research interests" (Trimble & Mohatt, 2006, p. 331). Throughout my fieldwork, I welcomed and looked forward to such long conversations! I found them a rewarding respite from the labor of research.

This relational methodology builds on trust and respect established with local community members. It is a methodology that is contrary to "a safari approach (also referred to as 'helicopter research') for data collection, in which the researcher drops in for a short period of time to collect data then leaves, in some instances never to be heard from again" (Trimble & Mohatt, 2006, p. 331). I received the following feedback from an indigenous researcher during an academic conference where I co-presented with an Inupiat Elder cultural consultant to this study: "You two are the opposite of helicopter research, and what we are striving for in research, but we just don't know how it can be replicated" to which this Inupiat Elder replied, "Well, why not, we're doing it, aren't we?"[9]

Moreover, my relational methodology is evidenced as I repeatedly (re)connect with previous colleagues and friends—both indigenous and from the wider community. Such (re)connections more often than not result in visiting and catching up; they include reciprocal invitations to get together over tea or coffee, lunch or dinner; they involve conversations about local events, family relationships, dance festivals, and subsistence activities.

I recall vividly a particular reconnection with an elder whom I have known over the duration of my episodic living and working in Alaska. When I was in a rural hub site and

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[9] This academic conference took place in summer 2009. I advocated for, and secured funding for, myself and this Inupiat Elder cultural consultant to attend and co-present at this conference.

running errands one afternoon, I stepped inside a local restaurant to avoid the rain while walking to my next destination. I decided to take a break from errands, dry off, and have a cup of coffee. A few minutes later this elder entered. When we saw one another I stood and extended my right hand to shake his. He smiled and opened his arms to give me a hug; I invited him to join me in having a cup of coffee; we talked and visited for almost two hours.

My conversation with this elder was highly rewarding for me. Yet, I dare say it was mutually rewarding. As we parted company he said to me: "Thank you for visiting. I enjoy talking with you. You are an easy spirit to talk to…" Then, he extended his arms and said, "Here's another thing, whenever you see an elder you really look up to, and you wish to honor that person, then you can give them a hug this way—on the right side instead of the left, because that way your hearts connect directly." We both laughed.

I have known this elder since 2002. I first met him when he was a regular ivory carver visitor to the department where I worked. I have encountered him often during my time in Alaska. During my fieldwork conversation with him, we talked about his ivory carvings and the annual dance festival in a remote village where we had also recently seen each other. We talked about his dance group's performance at this recent festival, as well as his family relationships and mine. In the context of relational methodology, the relational connection is "authentic and born from a deep abiding interest in the ways, customs, and thoughts of the local people" (Trimble & Mohatt, 2006, p. 331).

My relational methodology extends to the Inupiat Elder cultural consultants who participated in this study. My relationships with these consultants reflect "authentic partnerships" (Poupart, Baker & Red Horse, 2009; Caldwell, 2005). Importantly, responsible and culturally competent research with AI/ANs is "demonstrated in the use of an elder as a project consultant and group leader" (Weaver, 1997, p. 11).

In addition to relational methodology, I incorporate and draw on principles from other methodological approaches. These include community-engaged and collaborative approaches such as community-based and participatory-action research approaches (Chilisa, 2012; Isreal, Eng, Schulz & Parker, 2005; Minkler & Wallerstein, 2008), collaborative ethnography (Lassiter, 2005), and an indigenist CBPR approach (Walters et al., 2009). These approaches incorporate indigenous voices and knowledge into the research process, partner with indigenous peoples as

active participants in the research process, and cultivate respect and relevance for local indigenous community interests.

At this juncture, it is important to illuminate the intersection of collaboration and ethnography precisely because this study's methodology is collaborative and ethnographic. Ethnography as a research method is inherently collaborative. According to Lassiter (2005):

> Ethnography is, by definition, collaborative. In the communities in which we work, study, or practice, we cannot possibly carry out our unique craft without engaging others in the context of their real, everyday lives. Building on these collaborative relationships between the ethnographer and her or his interlocutors, we create our ethnographic texts. To be sure, we all practice collaboration in one form or another when we do ethnography. But collaborative ethnography moves collaboration from its taken-for-granted background and positions it on center stage. (p. 16)

Collaborative ethnography is the form my work assumed as I cooperated with Inupiat Elder cultural consultants in the research process, and it permeated my fieldwork. For example, upon completion of a formal interview with an Alaska Native Elder, I received a referral for another potential Alaska Native Elder interview participant. At this time, an Inupiat Elder cultural consultant told me she knew this Elder referral, so she asked to contact this Elder herself. The Inupiat Elder cultural consultant waited many days and did not receive a call back from this Elder referral. This Elder consultant placed a second call to this Elder referral and left another voicemail message. This Elder cultural consultant left no information about the reason for her call, and she made no mention of this study in her messages. Two weeks passed following this second telephone call and voicemail message. The Inupiat Elder cultural consultant stated, "She must be mad at me…"

While I offered to follow up with the Elder referral, the Elder consultant strongly suggested that I not, since she did not know what it meant that this Elder referral was not returning her calls. I followed the suggestion, and direction, of my consultant based on respect and regard for her and her community relations. In so doing, this Elder consultant acted as a co-researcher in the context of a participatory action research approach (Chilisa, 2012, p. 225-258).

By employing elements of collaboration, respect, and relevance in my work with Inupiat Elder cultural consultants in the research process, I support and reinforce the Alaska Native traditional value of respect for Elders. Such support and reinforcement is critical in Alaska, since in some places a climate of "no respect for Elders" seems to prevail (Wexler, 2006, p. 2943).

Moreover, I employ a deeper commitment of responsibility to such consultants "who are engaged not as 'informants,' but as co-intellectuals and collaborators who help to shape our ethnographic understandings" (Lassiter, 2005, p. 79).

Gathering Empirical Evidence

My empirical-evidence gathering process is, at all levels, analogous to sailing a boat. While conducting interviews, I also attended community events and initiatives that informed my research questions. As such, I collected empirical evidence at multiple levels concurrently and in a parallel manner rather than collecting sequentially. Throughout fieldwork, I tacked nonlinearly through the ethnographic waters, moving between micro-, mezzo-, and macro-level evidence collection.

For micro-level evidence collection, I recruited Alaska Native Elder formal interview participants from three primary sites: (1) local, community-based senior center; (2) local, community-based annual cultural event, a pow-wow[10]; and (3) local, community-based church. Combined, these three primary sites were purposive. They permitted me to strategically select participants within an older adult age cohort and a particular cultural group (Alaska Native older adults). Recruiting minority older adults in research through "a church-based recruitment strategy" has been proven effective (Reed, Foley, Hatch & Mutran, 2003, p. 72).

The purposive sampling approach consisted of three steps. First, I requested (and received) permission from these local sites to introduce this study. Second, I requested (and received) permission to post flyers and attend activities to introduce this study through word of mouth. Then, from an initial sampling of interview participants, I employed snowball sampling to seek additional participant referrals. "Snowball and respondent-driven sampling (RDS) are two network sampling methods (also known, generically, as chain referral methods) for studying hard-to-find or hard-to-study populations" (Bernard, 2006, p. 192).

Elements of collaboration, respect, reciprocity, and relevance salient to indigenous ways of knowing informed my formal interview process with Alaska Native Elders. For example, most formal interviews were conducted in collaboration with one or both of the Alaska Native Inupiat

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[10] The term *pow-wow* was used to advertise this cultural event. While pow-wow is a term commonly used among American Indians, *Potlatch* is a similar term among Alaska Native peoples. It describes a cultural event comprised of traditional singing, dancing, and gift exchange. Empirical evidence in this study showed that both *pow-wow* and *potlatch* were used to describe Native cultural events in Alaska.

Elder cultural consultants. This collaboration more often than not entailed my transporting the Inupiat Elder cultural consultant(s) to and from the interview location. During such times, discussion—briefing and debriefing—relevant to the interview process occurred. Often, such interviews incorporated informal conversation and space for Elders to share in anecdotal, story-telling style. Central to effective approaches in the recruitment and retention of diverse ethnic and racial groups in research is "trust and connection with the community" along with "cultural sensitivity" (Curry & Jackson, 2003, p. 4). Hence, each interview was an honored time and space.

Formal interviews lasted from one to two hours and occurred in locations convenient to the interviewee. These locations ranged from participant homes, offices, and community centers, to coffee shops and library meeting rooms. The majority of these interviews involved a three-stage process. The first stage, visiting, involved some form of informal interaction whereby I greeted the interviewee referral and introduced myself and my study, all in the context of getting to know one another. More often than not, this visiting stage occurred in person and included my being invited by the participant referral to have tea or coffee, or share in a meal or dessert, whether at a participant referral's home, in an office space, or in a public place. On a few occasions, I had a telephone conversation as an initial visit with a participant referral. The second stage, the interview, was a more formal process, including discussion of the participant consent process, completion of relevant forms, and conducting the interview. The third stage, member-checking, involved meeting with formal interview participants and reviewing the interview transcripts.

My process of collaboratively conducting these formal semi-structured interviews in many ways resonates with aspects of an indigenous research paradigm. In such a paradigm, "research is ceremony…The purpose of any ceremony is to build stronger relationships or bridge the distance between our cosmos and us" (Wilson, 2008, p. 137). Viewing research as ceremony is an alternative paradigm to the framework within which conventional research methods are understood. For example, the "conventional interview method, like other data collection methods, leans toward individualistic, Westernized assumptions and theories…" in which the individual interview centers on the individual as knower and who is talking to an individual informant (Chilisa, 2012, p. 204).

An indigenous research paradigm understands knowledge as holistic, related and collective. Chilisa (2012) explains: "Postcolonial indigenous worldviews lean toward communities' togetherness, cooperation, and connectedness" (p. 204). Collaboration and connection are central components of an indigenous research paradigm. By expanding beyond the individual as the center of knowledge production, "decolonizing the interview method" permits the researcher to create space for others (Chilisa, 2012, pp. 203-224). Thus, while a Western or Euro-American knowledge system has certain protocols of structure, a postcolonial Indigenous research paradigm offers other methods. Chilisa (2012) describes the following as an example of an alternative method that resonates with an Indigenous research paradigm:

> Gabo Ntseane (2009), in her study on rural women's transition to urban business success, reflects on how an interview with a key informant ended up in a dialogue among three people. According to Ntseane, the key informant, who was the owner of the business, wanted one of her employees to join in the discussion because she had more authoritative knowledge on some aspects of the business. Ntseane notes that during the interview, the employer and the employee helped each other to elaborate on different aspects of the business. At times they asked each other questions, and at time, they directed the questions to the researcher. (p. 206)

This collaborative format, imbued with individual insights generated via dialogue among multiple individuals, is incorporated into this study. However, additional members (e.g. Inupiat Elder cultural consultants) joining the interview were already pre-identified. Such a collaborative format accounts for a co-constructed process of knowledge sharing and a respect for participant connections and relationships.

Of the 23 formal semi-structured interviews conducted for this study, 20 were conducted collaboratively with Alaska Native Inupiat Elder cultural consultants. For various reasons, I conducted the remaining three interviews—one with Father Oleksa and two with Alaska Native Elders—independently. Drawing on the audit trail in my field notes, I explain these reasons.

The interview with Father Oleksa was conducted after working with him for two weeks to schedule the interview day and time. We finally scheduled a day just before he departed the country. A few days before this scheduled interview, the Alaska Native Inupiat Elder cultural consultants experienced the death of a relative, a situation that requires family gatherings for a lengthy time period, and unexpectedly, as such events unfold in the moment, overlapping with Father Oleksa's scheduled interview. Given the many factors at play, I was supported to move forward with conducting this interview as scheduled.

On another occasion, I worked with an Alaska Native Elder participant referral for approximately three weeks to coordinate and schedule a day and time for an interview. This interview was finally scheduled, and it happened to be just one day before this Elder would be leaving the state for an extended period of time. One hour before the scheduled interview, however, an Alaska Native cultural consultant telephoned me to share that she was still feeling ill and would not be able to participate in this scheduled interview. I then contacted the second Alaska Native cultural consultant explaining the situation and invited her to participate in this scheduled interview; she responded that she was busy currently. She encouraged me to continue with this scheduled interview as planned and she gave me her blessing to conduct it by myself to support the study.

One Alaska Native Elder participant referral explicitly stated that she would participate in an interview if it was solely with me. During my initial contact and visit with this Elder participant referral, I shared about the general interview process, describing my invitation for Alaska Native cultural consultants to join and participate in the interviews. When I shared the names of the Inupiat cultural consultants, this participant referral expressed her desire to interview only with me. Upon sharing this information with Alaska Native Inupiat Elder cultural consultants, I was fully supported in complying with the participant referral's preference.

Fieldwork Frictions & Fruitful Labor

As I conducted this study, I experienced both fieldwork friction *and* fruitful labor. Among fieldwork frictions, I experienced a mezzo-level bureaucratic maelstrom among institutions involved in the research enterprise in Alaska. The contemporary process for conducting research with Native peoples or communities typically involves multiple institutions, including tribal-affiliated boards. Responding to a history of colonization among indigenous peoples, many tribal-affiliated boards have established indigenous or tribally affiliated research review processes (Brugge & Missaghian, 2006; Colwell-Chanthaphonh, 2006). As such, a researcher conducting institutionally based research among indigenous peoples often encounters multiple institutions in the research enterprise. Alaska is no exception.

My own ethnographic fieldwork reveals multiple case examples of fieldwork friction at the mezzo-level in Alaska's research enterprise. This friction grows out of what appears to be competing needs among bureaucratic organizations, contributing to what I refer to as a "people-

policy-methods" confusion (Balestrery, 2010). While some examples centered on such individual researchers as doctoral students, others centered on Alaska Native state universities and community-based organizations engaged in research projects with Alaska Native peoples and communities in Alaska.

I met a couple of doctoral students from the wider community who were conducting dissertation research among Alaska Native peoples and communities. Among these were a doctoral student from an Alaska state university in an urban area in Alaska. This student was working in remote village communities, while supervised by faculty on her dissertation committee. This doctoral student informed me that she received her dissertation committee's support to bypass a U.S. federally funded institutional review board (IRB), a board specific to Alaska as a region and to Alaska Native peoples, because she had attempted to work with this board for more than one year with no progress. I met another doctoral student from a university in the Lower 48—also a person from the wider community—who was also working on her dissertation and conducting research with Alaska Native peoples and communities. Unlike the previous student, this student's dissertation research, conducted in urban, rural, and remote village sites, was not focused on any single tribe; thus she informed me she did not need to seek any approval from external Alaska Native tribal-affiliated research review boards outside her Lower 48 university. Neither of these doctoral students were working with Alaska Native cultural consultants in their dissertation research.

During field work, I also encountered examples of research being conducted among Alaska Native peoples and communities by research teams comprised of already Ph.D. degreed researchers. For example, one such research team was comprised of approximately five Ph.D. faculty from an Alaska state university who were working in a rural region of the state with Alaska Native peoples and village communities. I was informed by one Ph.D. faculty member on this research team that their team did not require any research approval from a U.S. federally funded IRB.

I also encountered community-based organizations involved in research projects with Alaska Native peoples and communities in Alaska. These organizations also experienced friction with tribal-affiliated institutions. For example, one organization shared about encountering repeated delays due to apparent dysfunction within a tribal-affiliated research review board.

Another organization opted not to work with any Alaska tribal-affiliated research review board whatsoever, and instead self-managed its research project.

During the initial stage of my designing this study, an indigenous faculty member on my dissertation committee commented to me, "Alaska is a mess." During my fieldwork, I received information from local community members—both indigenous and those from the wider community—in locations throughout Alaska that such friction associated with the research enterprise in Alaska reflects ongoing cycles of violence and counterviolence (Memmi, 1965) in the context of AI/AN colonial history.

One indigenous researcher proposes a re-thinking of indigenous tribal ethics research review. As Coram (2011) explains:

> To not re-examine the ethics of consent is to assume uncritically that the standards of what constitutes approval or informed consent are appropriate. I am concerned that there is a danger of re-embedding colonial relations of dominance when an [tribally-affiliated] ethics committee reserves the right to deny research approval even though communities have approved…To not examine the decolonising project, as an organising principle, means to risk circularity in the quest for knowledge…the line between gate-keeping intended for the protection of participants and their communities and the risk of sliding into paternalism is a thin one. (p. 44-45)

The concern Coram (2011) expresses is affirmed by my own ethnographic research, which includes my observations of multiple researchers and organizations involved in the research enterprise in Alaska.

These fieldwork frictions associated with research in Alaska provoked me to ask, *"Who represents a particular indigenous community, by what process and for what purpose?"; "Who exactly is exploiting whom?"; "How is such 'dysfunction' permitted to occur in the context of institutionally based research that is apparently accountable to professional business practices and ethics?"; "What is meant by 'ethics' in the context of an 'ethics review board'?"* Delva et al. (2010) respond to general debates about how *community* is defined,: The definition of community is based on location and commonality. More specifically, "[t]he key to defining community for the purposes of collaborative relationships is ensuring that the people who are most interested and affected by the partnership are being included in the decision making and/or set the priorities for the research" (Delva et al., 2010, p. 113).

In this study, I identify the community members of Inupiat Elder cultural consultants and indigenous Elder interview participants as most interested in and affected by my collaborative

partnering actions. Consequently, the voices comprising this particular constituency were included in various decision-making processes of the research. Moreover, throughout my pre-dissertation fieldwork, I engaged with multiple institutional review boards—tribal- and university-affiliated—a process that required many years. Importantly, this engagement involved my collaboration with an Inupiat Elder cultural consultant.

Other fieldwork frictions included my encounters with many unknowns. From technological breakdowns of audio-recording equipment to housing plans unexpectedly falling through at the last minute, I understand, literally, what it means to "brave the field" (Landes, 1972). There is an element of unexpectedness in fieldwork; in many ways, it is a series of cyclical breakdowns and breakthroughs. Fieldwork viewed "as a source of human understandings, happily lacks the manipulative-ness of, for example, experimental laboratories and the dream of control; it reveals cultural variety or relativity and the wholeness of any group's self-determining behavior" (Landes, 1972).

In addition to frictions, there was also much fruitful labor in fieldwork, evidenced by the many friendships I have been fortunate to forge across, and despite, cultural differences. It is reflected in the sharing of the many Alaska Native Elder voices and experiences; it is reflected in my relationships with Inupiat Elder cultural consultants who participated in this study. Such relationships reflected a place and a space

> …where struggle more than colonization is foregrounded. The juxtaposition of these stories does not simply enable multiple voices to speak; rather, it allows the indigene-colonizer relationship to be interrogated in uneasy ways that insist on examining power and common sense, as well as the place of histories in the present. In this tension is the fecundity of collaboration. (Jones & Jenkins 2008, p. 471)

These consultants shared many insights with me during fieldwork, assuring me that "if this study helps just one person, then it is worth it." Helping me understand frictions with reminders that "hurt people hurt people," they helped me gain clarity and deeper understanding as I worked.

The fruitful labor of this study extends beyond my relationship with Inupiat Elder cultural consultants. As a result of this study, collective benefit extends to the scholarly community as well as to indigenous communities. For example, in the academic context, this study results in increased representation of marginalized voices. As such, "the university receives knowledge and information to contextualize the research" (Delva et al., 2010, p. 120). For indigenous communities, this study adds value by extending and sharing resources—in social, cultural,

symbolic, and intellectual capital forms. "Community members can often find empowerment through CBPR because they learn new skills and enhance their ability to problem solve through participation in the process" (Delva et al., 2010, p. 121). Collective benefit for the community also includes acknowledgement of community member expertise and experience as valuable, important and resourceful.

Intersectional Allying

I pursue this dissertation research in response to public calls by indigenous leaders for allies to join in the larger indigenous movement. An *ally* is one "who works to end a form of oppression which gives her or him privilege" (Bishop. 2002, p. 152). Examples of allies include males who strive to end sexism and individuals from the dominant racial/ethnic Euro-American background who strive to end racism. My particular path as an ally, however, is rather complex. Not only am I a member of the dominant racial/ethnic group of Euro-American background, but I am also an out member of the LGBTTQ community and, therefore, a member of another marginalized, disenfranchised group in the United States. Consequently, in relation to indigenous peoples, I view myself as an *intersectional ally*—someone who is both privileged and marginalized (similarly marginalized and yet having a unique, different experience).

In working with indigenous peoples for more than 11 years, in multiple capacities and contexts, I have observed and experienced mixed sentiments among indigenous peoples toward allies. While some indigenous peoples effusively welcome allies, others are caustic. Becoming an ally requires immense patience, but I am also aware that it is "hardly fair for the members of the oppressed group to direct all their anger, over a long period of time, at a well-meaning would-be ally" (Bishop, 2002, p. 117).

The reproduction of oppression is both insidious and invidious. It often occurs unconsciously, as a result of prior wounding experiences. During my fieldwork, I increased my understanding about "how many people deeply engaged in the liberation of their own group, seemed not to be able to see their role in oppressing others, and how that comes full circle and perpetuates their own oppression" (Bishop, 2002, p. 12). For example, I have observed homophobia or heterosexism enacted by indigenous peoples. Such situations may trigger my own historical trauma as an out LGBTTQ community member. Yet, and however difficult, it is critical that I, and we, make a conscious effort to heal divisions among and between ourselves as

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oppressed peoples; not to do so only reinforces the dominant forces of centralizing power that oppress us all.

Within- and *between-group* tensions, contradictions, and paradoxes all hinder the path to becoming an ally. Specific to my experience and to this study, I have chosen to walk the ally path with indigenous peoples, particularly older adults, in Alaska for three main reasons. First, I was invited and supported to do so by an Inupiat Elder who is near and dear to my heart. She keeps telling me, "You do not walk in front of me, you do not walk behind me, but beside and alongside me"; "You and I are coming at the same issue but in different ways." When I have wanted to end this ally walk, I have been asked and encouraged by her not to do so. Second, I have lived the (mis)communication difficulties between indigenous peoples and peoples from the broader community when I worked as a clinical social worker in Native North America while living in an upper northwest region of Alaska. Third, I have lived, and continue to live, the reality of globalization in the context of AI/AN colonial aftermath in the United States.

These reasons motivate my continued path of becoming an ally with indigenous peoples. And while this path is fraught with intense and at times uncomfortable emotion, it is also a profound privilege. Walking this path through the years, I have moved through various stages of emotion. Among these are guilt and anger. Today, I understand how guilt is a "useless and draining non-emotion" that immobilizes and often renders privilege invisible (Bishop, 2002, pg.110-113). Moreover, guilt makes one vulnerable to manipulation by those among oppressed groups—a common part of unlearning oppression. Consequently, I continue to learn to manage my own defensive feelings when others attempt to manipulate me.

In addition, I strive to differentiate between my own liberation as an out LGBTTQ community member and the anger of indigenous peoples who belong to another marginalized, oppressed group. In so doing, and similar to Bishop (2002), I am better able to accept the anger of indigenous peoples as a result of structural and systemic forces of oppression rather than hearing or receiving it as an individual, which may result in me personalizing it. While I continue to cycle through many emotions along my path of allying, I strive to learn patience, understanding, and compassion. Most importantly, I continue to make links among different forms of oppression, aiming to share in responsibility to end oppression.

A Shifting Epistemological Eye

Epistemology, or knowledge paradigm, expresses the philosophical concept "how we know what we know" (Crotty, 1998, p. 8). The research enterprise yields classification schemes to identify and differentiate among epistemological stances.

There are a number of primary epistemological stances. Crotty (1998) differentiates between *objectivism*, *constructionism*, and *subjectivism*: "Objectivist epistemology holds that meaning, and therefore meaningful reality, exists as such apart from the operation of any consciousness" (Crotty, 1998, p. 8). Constructionism asserts that "truth, or meaning, comes into existence in and out of our engagement with the realities in our world" and that "[m]eaning is not discovered, but constructed" (Crotty, 1998, p. 8-9). Subjectivism asserts that "meaning does not come out of an interplay between subject and object but is imposed on the object by the subject" and, therefore, "the object as such makes no contribution to the generation of meaning" (Crotty, 1998, p. 9).

These stances are reflected in knowledge paradigm classifications. For example, Crotty (1998) describes knowledge paradigms, or general schools of thought, to include constructivism, positivism, interpretivism, critical inquiry, feminism and postmodernism. Creswell (2009), however, describes knowledge paradigms to include post-positivism, constructivism, pragmatism, and advocacy/participatory.

This study incorporates a shifting epistemological stance. In so doing, it draws on a range of objectivist, constructionist, and subjectivist stances in knowledge development. There were, for example, occasions during fieldwork when I recorded "the facts" as I observed them; there were occasions when dialogue, formal and informal conversations, resulted in co-created understandings; and there were occasions when I imposed my own subjective point of view on reality.

Ethnographic fieldwork has traditionally required immersion in the culture studied. This immersion is experiential and involves for the researcher a simultaneous involvement with and detachment from others. As such, these shifting perspectives reflect the dialectic between an epistemology of "intimacy" and an epistemology of "estrangement" (Keane, 2005, p. 63).

Ethnographic fieldwork during the 1960s and 1970s experienced a reframing referred to in anthropological circles as the "interpretive turn" (Keane 2005, p. 75). This explicit interpretive turn emphasized reflexivity on the part of the ethnographer and inclusion of multiple

perspectives and voices throughout the ethnographic enterprise. Rather than essentializing and othering cultures, anthropology's interpretive turn complicated the subject-object distinction to include both the ethnographer's self and the other in ethnographic representation.

My fieldwork experiences contain dialogic moments of intersubjectivity—the space between objectivity and subjectivity—and therefore blur the boundary of subject-object, private-public distinctions. For, as Landes (1972) explains:

> Field work means attempting to enter the lives of those being observed, in order to sense how things look to them, as well as to me. The 'field' teaches the researcher; the procedure minimizes the outsider's inevitable bias of forcing experience or meaning into the outsider's original categories.

Thus ethnography as a research method is experiential, emergent and complicated.

Moreover, my relational experiences are embedded within a relational methodology, which reflects an Indigenous epistemology (Wilson, 2008). Such epistemology is "based upon relationships" and involves "relational accountability" (Wilson, 2008, p. 77). Indigenous epistemology can be added to the list of epistemological stances Crotty (1998) and Creswell (2009) developed.

However, an Indigenous epistemology opposes a positivistic framework. As Wilson (2008) explains: "The idea that knowledge is approached through the intellect leads to the belief that research must be objective rather than subjective, that personal emotions and motives must be removed if the research 'results' are to be valid…With the notion of objectivity in research comes the idea of separating…" (pp. 55-56). An Indigenous epistemological orientation intersects with a feminist approach through a dialogic process that is based on commonality (Naples, 2003).

Diverse epistemological orientations inform this study. On some occasions I employed an interpretive observation-of-participation approach; at other times I employed a positivistic participant-observation approach. In so doing, my field notes and textual production—including this final dissertation—are layered with varied, multiple viewpoints and perspectives.

Moving along a continuum of epistemological frameworks ranging from interpretive to positivistic, I adopted a shifting epistemological eye. At times, the distinction between mySelf and anOther was clear, at other times it was not. This shifting epistemological eye necessarily requires one to "grapple not only with the divisions between Self and Other, between object and

subject, and between academic and community-based knowledge, but also with the complexity of representing human experience in an ever-changing postcolonial and postindustrial world" (Lassiter, 2005, p. 48).

These shifting frameworks include my own observations, as well as co-created meanings derived from conversations with Inupiat Elder cultural consultants, formal interview participants, and community-based interlocutors in the field. Throughout fieldwork, I worked both collaboratively and solely as the study's principal researcher. While dialogic processes and interactions with interlocutors in the field influenced some field notes, other notes were generated solely by my own observations and/or subjective understandings.

This study's shifting epistemological eye adds complexity to salient aspects of rigor and the truthfulness of findings. For example, Wilson (2008) explains that the crux of an Indigenous methodology, undergirded by a relational methodology, is that of "relational accountability: Right or wrong; validity; statistically significant; worthy or unworthy: value judgements loose their meaning" (p. 77). Instead, Wilson (2008) asserts that what is more meaningful and important is "being accountable to your relations" (p. 77). However, Naples (2003) is clear to acknowledge that, "from the point of view of ethnographic practice, it is seldom clear to whom one should be 'accountable' and therefore I prefer the term *reflective practice*." Naples uses this term to refer to "both individual self-assessment and collective assessment of research strategies" (p. 41).

This chapter has mapped a vast expanse of intellectual terrain, perhaps as disparate as Alaskan geography. Beginning with the bedrock of theoretical foundations, it moved to the bricolage of literatures, historical strands, and contemporary issues that punctuate the landscape of AI/AN care organizations. It then followed the winding path of study design and methodological approaches through exigencies, epiphanies, and epistemologies, carefully navigating the distinctions and overlaps between anthropology and social work. Chapter 3 uses these insights to identify culture-language intersections salient to Alaska Native peoples, particularly older adults.

Chapter Three: Culture–Language Intersections

> If it is the meaning of things that we are after—the meanings of words, objects, events and the claims people make about themselves—language and culture must be studied hand in hand. Our knowledge of one can only enhance our knowledge of the other. *Wisdom Sits in Places,* Keith H. Basso, 1996 (pp. 69-70)

> "Because language and culture are so tightly interwoven, neither should be studied in isolation from the other" Annual Review of Anthropology, *Language and Agency,* Laura Ahearn, 2001 (p. 131)

Basso (1996) observed that culture and language are interrelated; Earlier Sapir (1949) explained that language is "a perfect symbolic system," one that "does not as a matter of actual behavior stand apart from or run parallel to direct experience but completely interpenetrates with it" (pp. 10-11). According to Sapir (1958/1929): "The fact of the matter is that the 'real world' is to a large extent unconsciously built upon the language habits of the group. No two languages are ever sufficiently similar to be considered as representing the same social reality" (p. 69). This study examines the complexities of different social realities among cultural groups, or parts from an ecosystems theory perspective, in Alaska.

Among Alaska Native peoples in Alaska, the culture–communication nexus centers on ideologies of culture and language. In using the term *ideology,* in this study, I draw on multiple definitions. Among these are definitions proposed by Woolard (1998) which defines ideology "as conceptual, having to do with beliefs and ideas; second, as reflecting social positioning and experience-based perspectives" (pp. 6-7); and the definition proposed by Scollon and Scollon (2001): "By ideology we mean the worldview or governing philosophy of a group or a discourse system" (p. 108). Thus, ideologies are orienting frameworks linking to such notions of personhood, cultural identity, communicative practices, epistemology, and morality. The culture-communication nexus, the focus of this study, is therefore embedded in ideologies that mediate between communicative practices and social worlds.

Ideologies of Culture and Language

Language is a medium through which individuals are socialized into a culture or society. Cultural conceptualizations and ideologies are in many ways rooted in language. Significantly, Cross (1997) states: "Different worldviews often use different conceptual language to describe the same phenomenon." Thus, worldview, ideology, culture and language are all interrelated.

Ideologies of culture and language among ANs in Alaska are associated with ideas of belonging. More specifically, these ideas index a "culture of belonging" as a connection to place (hooks, 2009, p. 221). Described by bell hooks (2009), a "culture of belonging" is belonging to a place where one can "feel at home, a landscape of memory, thought and imagination" (p. 221). In addition, a language of belonging is "a language of healing." It is a language "of hope, of possibility, a language of dreams" (hooks, 2009, p. 223). Notions of belonging among Alaska Natives in Alaska are bound up in forces of continuity and change.

In Alaska, with all of its extremes, forces of continuity and change involve geographical situatedness, or place, and mobility. *Emplacement* and *cosmobility,* respectively, frame contemporary phenomena of cultural continuity and change among Alaska Native peoples in Alaska (Voorhees, 2010). According to Voorhees (2010), emplacement is a restorative process focused on Alaska Native peoples strengthening ties to geographical place and subsistence landscapes as a means of resisting cultural displacement. In contrast, cosmobility reframes mobility among Alaska Native peoples from a discourse of outmigration as cultural loss to one that depicts outmigration as positive and a sign of Alaska Native cultural revitalization.

Examples of emplacement and cosmobility were evident throughout my ethnographic fieldwork. Not only do culture camps around the state inculcate a sense of cultural identity for Alaska Native youth, (See Appendix 3 for a list of culture camps and other events.) but Alaska Native peoples who permanently reside in the Lower 48 return to cultural events in Alaska to sell indigenous arts and crafts. Thus the notion of Alaska Native culture is tied to geographical place *and* it is mobile. Cultural flows continually move across the urban-rural divide in Alaska, and even back and forth across Alaska's state boarder (Appadurai, 1996, pp. 51-52).

Notions of culture depicted by many Alaska Native Elders are imbued with ideologies of intimate connection with places and peoples. Commenting on a culture-language intersection, one Yup'ik male Elder explains:

> Depending on where you are in the state, your foundation is gonna be stronger or weaker in different areas, and the foundation I'm talking about is the cultural foundation….the language foundation. In the Yupik society, Yupik culture is one of the strongest cultures in Alaska, got good strong foundation.

Such connection manifests as one with nature, the land, and sea, a subsistence lifestyle, and other people in community.

Ideas of belonging are multilayered and complex. Regarding ideologies of culture and language salient among Alaska Native peoples, particularly older adults, I draw predominantly on the emotional dimension of belonging. The emotional dimension "refers to people's attachments to places and the ways they construct a sense of belonging in, and in relation to, particular places" (Nagel, 2011, p. 109). While referring to people's attachments, a sense of belonging also—and paradoxically—indexes ideas of exclusion, marginality and therefore struggle.

Ideas of belonging among ANs invoke a link between past and present. In so doing, the past indexes AI/AN colonial history, while the present typically indexes two worlds. A Yup'ik male Elder describes this link in the context of learning from Elders and the contemporary reality comprised of both "old ways" and "a new life":

> Grandma and me usually all alone. [relative] come and she brought seven elders with her so, uh, between them seven elders, my great grandmother, and my grandmother there was nine elders and me. They put me in the hot seat, in the middle. They told me, 'An elder stopped to talk, that's why we talk, you stop what you're doing and you listen.' 'What they tell you or what they decide to tell you at that time gonna help you further on down the road.' She said, "Better remember, a lotta these elders, they were forced not to speak their language…They were forced to put away their old ways, told to go the Western way. And so when an elder decide to talk about the old ways and the culture, you stop what you're doin', you listen." So all of them elders, one by one they tell me story. And those stories I continue to tell today. And that song I wrote, it's about listening to your elders because of that, because you look around now, the second verse of it is, you know: 'stop, look, and listen. And, uh, go out and, you know, your elders ain't always gonna be there. So when they're finally willin' to open up and to talk, you listen.' You know, that's why we used to visit all the time, check on elders, they teach us.

> Huge controversy, you know, in, uh, our way of life. In Western, Western way of life, the two, the two…that's the only way I ever learned, was to observe. I go hang around up on great-grandma and grandpa and grandma and grandpa and they tell me stories. That's what I was raised with anyway so…You know what, what woke me up too was the first time, the first time I heard Native Eskimo talking and singing, my chest, my heart and I started *crying*…Learning from our elders and watching them, learning how to hunt, fish,

call the animals…tell stories. We learn all that from watching as young boy. Grow up in Western world: new phone, TV, gotta work, pretty soon you get paid paper instead of birds or fish, you know, and yeah, and after you start thinking, 'Well, I earn my money, I can do what I want.' You forget the teaching of the elders, you know, then some of them, they forget the elders…My great grandma once said, "You watch; one day you're gonna see families fighting with families, families killing family members." She used to get mad, she used to say, "You just watch; we're all gonna change." Well, if you look at, you got to look at old ways—even three different ways how it affects us, White man come trade with our people for food, shiny objects, fire water, different kind of food. Creature come, they bring fire water, but wine and same thing, you know? We never had that in our life before, who don't matter if it's wine, beer, or whiskey: gonna kick your butt.

We heard the elders speak, we'd be quiet 'cause the elders speaks. Tell us to be quiet, listen. So we learned about their world and what we're gonna come into pretty soon when we get older. And reinforce that they might tell a story that would connect with that, the younger generations while we continue that, that story plant a little seed, and when you get older,…you wake up. That seed grow too, boy, finally there's fruit! Come out the side. Wake up inside. Wake up inside. …in order to wake up, you must first have a spirit to wake up, and if you haven't been taught spirituality, what's gonna turn on? … You see light bulb, no switch? Spirituality, eh, the best way I can put it in your terms would be like this: A good shaman once said, a shaman was our spiritual guide; he was our healer, he was our doctor, he was our priest. He was held in high regard, very knowledgeable…A good shaman once said that, "When the Creator created us, he created many different types of people, and he placed them all over this Earth. He gave them different colored hair, different colored eyes, different colored skin. He gave them a language so that they could communicate. He also gave them a very powerful condition and culture to live by." He also, he also gave us a very powerful culture and tradition to live by. We continue to live that culture and tradition today. Those of us who continue to live the old ways or keep the old ways alive in our new life because in this society we can, we can't really live the old ways anymore. We've been stretched apart by the Western society, we've been stretched away from our land. And the land in which we occupied in the old ways had all the animals and plants and berries, everything we needed to sustain, sustain our livelihood….and so when Western community come, they changed the land, animals disappeared; so we truly cannot live the old ways. We can attempt to live the old ways by continuing to harvest off the land, and living off the animals who, and continuing our culture by, um, acknowledging the accomplishments of our next generation… and they can only be acknowledged once that knowledge has been passed on. And those of us in the middle, we still need to gather… and even though we're getting nearer to the top, we continue to gather. We continue to gather, we continue to gather knowledge. We continue to gather knowledge to pass on. You know? Because there's, there's things that I know that I have not witnessed. I have not witnessed or I have not lived, but stories told to me by the elders. They told me to share them, pass the knowledge along.

As this Yup'ik male Elder shares, he identifies an ideological connection between spirituality and a sense of belonging. For this Elder, spirituality is imbued with the cultural value of listening to elders, learning from them, and telling stories across the generations.

In the context of AI/AN colonialism, this link between the past and the present conjures up the paradox of inclusion and exclusion associated with a sense of belonging. For example, this same Yup'ik male Elder identifies ANs living between the "old ways" and "a new life" as "stuck in the middle" without a sense of spirituality; as he explains: "in the traditional way, his reward for working and accomplishing things was that he fed, his refrigerator's full, the community's smiling, the elders were smiling. People in the middle that didn't get taught traditional or white man's ways didn't, wasn't, didn't accept either one or had trouble being accepted in either one went and got a job and there white man taught 'em that their reward was spirits"; About himself, this Yup'ik male Elder discusses the clash between "old ways" and "a new life" and : "I grew up the old ways, learned about…spirituality, cultural, and when them two clash and they broke apart and you see that middle road, nowhere to go."

Ideologies of culture among ANs, particularly older adults, center on connections to places and peoples, the past and the present. Such connections are interrelated, invoking notions of personhood and cultural identity associated with healing from colonialism. Among ANs, contemporary processes of healing from colonialism are grounded in resilience. For example, a Yup'ik male Elder shares the following:

> I'll tell you like this, one thing that an elder once said and I find very true, and I can only speak for the Yupik cause it was a Yupik elder that told me, you be proud of who you are. When you look at the Yupik people, we have not been conquered. We have been invaded, we have gone to war, we have continued to move forward, we continue to strive, we have our elders, we have our drumming and our singing back, we are strong culturally, and we're our people. We have not been conquered. We would be conquered if they did assimilate us and we lose the language for good. We kept that language. We had the few that said how dare you? And we kept our culture and our language strong, ok? And so we continue to be. We continue to be because we have not been conquered. So if you go to the lower 48, they have people, some of them have been conquered…both language wise, and land wise, home wise. They…thousands of miles away…They get conquered…weeded out… When you look at it, there's trails of tears all over this country, all over this world. That one only one spoke about. How many other you never hear?

As described by this Yup'ik male Elder, resilience among ANs encompasses a contemporary reality of not having been "conquered," not having lost "the language for good," and continuing "to strive." Resilience is part of AN healing from a past history of being "invaded."

<center>Ideologies: Connections to Places and Peoples</center>

Ideologies of culture and language among Alaska Native peoples, particularly older adults, are reflected in connections to geographical places or contexts, such as to nature, to the land, and to the sea. For example, "for Tlingits, and perhaps all indigenous peoples, place is not only a cultural system but the cultural system on which all key cultural structures are built" (Thornton, 2008, p. 4). Specifically defined, "[a] place is a framed space that is meaningful to a person or group over time" (Thornton, 2008, p. 10). Real geographical places or contexts are sites where traditional Alaska Native cultural practices occur. Among such practices are a subsistence lifestyle.

Many Alaska Native Elders share about their subsistence-related socialization experiences that inform Alaska Native ideologies of culture and language. For example, one Yup'ik male Elder shares about growing up Native traditional:

> I did all kinds of uh traditional things…like hunting and preparing food and uh we'd get some water and ice. Wintertime we get ice, summertime we get water…that's how we live up there…up north. We didn't have no toilets, no flush toilets, nothing. So that's how I lived when I was growing up—No, no White man's stuff… It's all, it's all, it's all Native, Native ways of ah um living… you eat White man's food… (laughter) like we eat Native food. (Laugh) Like we, we go out to the ocean for the walrus or whales or bearded seals. And then in the land moose, caribou, and ducks and fish, that's um summertime… Fall time is the best time to hunt caribou too.

Another Yup'ik male Elder explicitly defines the "Yup'ik way of life" in terms of subsistence: "In the Yupik way of life, uhm subsistence way of life, you get what you can and then you share what you get and then in sharing you get uhm blessing, blessing from other people, to become more successful in your own future…" As articulated by this Yup'ik male Elder, a connection to place also relates to a connection to peoples.

Regarding intimate connection with nature, an Alaska Native Aleut male Elder describes his early socialization experiences on the sea. He shares:

> …my people used to navigate, ah, you know without the aid of stars because well the Bering Sea you know is overcast most of the time. But yet my people in their kayaks would go all the way down to South America *thousands* of years ago, and they'd come

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back...and it wasn't just following the coastline. They could navigate without the aid of any navigation instrument of any kind, without the aid of the stars, without any reference point except energy. You know how birds when they migrate they're feeling the electro-magnetic field of Mother Earth, we have that ability. We just have lost it. So I could navigate—by the time I was eleven I could navigate in pea soup thick fog, without any navigation instrument, go ten miles and land on a specific *rock,* because I can feel the energy of the water, I can see and feel the motion, movement and the rhythm of the water, I can notice the coloration of the water, I would notice sometime birds would fly right through the fog above the boat, how far above the water are they flying, what kind of species they are, and whether or not they are male and female—All of these give clues to where I am in orientation to the island…ah, direction of the female seals, if a female seal pops up and several of them come up and they're all going in one direction, I know exactly where female seals feed.

I can tell you by the time I was eleven I can tell you about the sea bottom without ever seeing it. I can tell you if it's sand, I can tell you if it's rock bottom. I can tell you where the borderline is between sand and rock. I can tell you where the halibut by age go, and so, three-foot halibut over here, four-foot halibut over here, five-foot halibut over here, females over here, nursery over here. I can tell you in the vastness of the Bering Sea where they are, ok…uhm, by the time…

I started fishing for halibut when I was five years old, subsistence fishing for halibut using hook, line and sinker jiggy—it's a one-on-one relationship. So by the time I was *eleven* I can tell you if the halibut was near my line, ok, now fishing in twenty fathoms of water, that's one-hundred-and-twenty feet, very shallow, and I can tell you, the halibut-you know the white side of the halibut it has a lateral line on the bottom, the white side, ok, that's a sensory organ, when it goes over my bait on the hook, got a j-hook you know with the bait on it, and I could tell you if the halibut is going over my bait, that lateral line, I could tell you if its suck testing the bait. They go like that, in a micro-second really fast they suck in the bait and spit it out, I can tell you uhm when it's going to actually bite my hook. I can tell you when it's hooked if it's by the lip, or by the jaw or the side of the body. I can tell you what size it is. I can tell you in general most of the time I can tell you if it's male or female, and I can tell you how it's going to fight on the way up. These are things that are not quantifiable in Western science, but these are things our people always had, all traditional peoples had that and, what it is, is through the suspension of thought, allowing the inherent intelligence of the real human being to come forward, staying connected in the present moment intensely through the heart. It all comes alive.

This Aleut male Elder links subsistence practices and the suspension of thought. In so doing, he emphasizes connections between the "present moment," a sense of place or physical environment and "the heart."

An Alaska Native Yup'ik male Elder, in describing his experience as a service provider, emphasizes connections to place. For example, this Yup'ik male Elder discusses the importance of subsistence practices connected to a specific geographical location, region or place:

Well, yea, for those that are going into alcohol treatment, they're already feeling bad, they're already depressed—many of them are depressed and feeling bad because of things they did, uhm because of all the drinking they've done and all the things that came with drinking… What I tried to find out was where are you from? What have you done? Where have you lived? What is *in* you? What have you gone through? And, if they grew up in a village and I know what happens around that village when I start talking to them about, you know moose hunting…if they're from a moose-hunting area, you know right away they look at me, and you've gotten into something that is *in* them, that matters to them…and then you start talking about, you know, the actual hunt and then they start telling their stories…and then you are connected, then you get into whatever you're going to talk about—same thing with seal hunting from the coast, walrus hunting, beluga hunting, Bristol Bay—places like Bristol Bay, commercial fishing, complete commercial fishing area, talk about commercial fishing and then you connect with just about anybody in Bristol Bay…

According to this Yup'ik male Elder, identifying connections to place leads to personal connections among Alaska Native peoples.

In addition, a Yup'ik male Elder observes that subsistence occurs in urban as well as rural areas. However, he explains that subsistence in urban areas is not as visible:

It's hard to see it around here, because—like I am an active subsistence hunter, fisherman… in the [rural/village] community, you can see that clearly, but here [in the city] it's hard to see… because I do it with my mom's first cousin that lives here. We hunt together, and then we take on younger people and then we teach them, we bring someone else that is related to us, and have them help us, and we give their family part of whatever we catch… uhm but I have like two sisters…that we provide for too… and [mom's first cousin] has sisters here and he provides for them too… uhm… and there are other guys, that hunt and fish, not a whole lot that do it actively, but there are some that do it actively here… that's why I say there is a need for cultural awareness training, because you can't really see it here—cultural awareness training will help, if a person is able to listen and understand where the Native population is coming from, uhm…

As described by the Yup'ik and Aleut male Elders above, connections to place are associated with a subsistence lifestyle. Regardless of rural or urban location, subsistence practices index a connection to nature—the land, the sea.

In addition to subsistence practices, culture camps around the state inculcate Alaska Native connections to a sense of place. For example, the culture camp of Umiakmut was sponsored by the Calista Elders Council and included five Yup'ik Elders teaching the Yup'ik way of life to 20 teenagers (Fienup-Riordan, 2004, p. 63). According to Fienup-Riordan (2004), this culture camp is an example of "conscious culture," which is premised on "active efforts to

preserve and reproduce" cultural ways and practices (p. 64). In so doing, the Yup'ik Elders shared many stories with the younger generation. "One might say the elders' words can be accounted for as part of the Yup'ik search for identity" (Fienup-Riordan, 2004, p. 63).

The culture camp of Umiakmut was developed to teach young people about subsistence. The Yup'ik Elders explained the purpose of raising funds for the camp was to teach "*nerangnaqsaraq* [subsistence, literally, 'trying to find something to eat, seeking sustenance']" (Fienup-Riordan, 2004, p. 66). One of these Yup'ik Elders shared:

> Now those people who have given welfare have said that…this source of money is going to run out. When welfare is no longer available, people will have to return to the subsistence way of life. Those who have jobs among the *kass'aq* [non-Natives] will continue to eat *kass'aq* food, but a person who doesn't have a job, if they don't try to subsist and take care of food, they will have no food.

One Yup'ik Elder speaking to young people at this culture camp made an explicit connection between subsistence practices and a Yup'ik way of life: "You need to be encouraged to not let our Yup'ik ways disappear but to live by them, because we want you to start supporting yourselves and to know about the proper way of taking care of food" (Fienup-Riordan, 2004, p. 75).

Culture camps in Alaska also emphasize connections among peoples. At Camp Igaliq in rural Alaska, a camp facilitator explains: "The vision for this camp, it's about bringing our people together, building those healthy relationships, healing, learning our tradition, our values and learning through practice…" One Alaska Native Elder at this culture camp tells young Alaska Native people: "What you learn here you will remember it when you get older…" A camp facilitator emphasizes to the young people: "We're really lucky to have these Elders that came to be with us for this afternoon…" This facilitator followed up saying "I let the Elders know a little bit that what we were just doing was we were having our circles of trust and we open up some of those wounds and we let out some of that hurt, what we had, but we want to fill that back up with strength, and a grounding, a connection to each other." (Peter, 2011)

Ideologies: "The Reverse Society" or "Inside-Out Society"

Notions of belonging among ANs are captulated in what some Elders term the *Reverse Society*, or the *Inside-Out Society*. An Alaska Native Aleut male Elder describes it thus:

…like our elders taught us, you know, and the Yupik elders say this too, where they call this "The Reverse Society" or "The Inside-Out Society," where before the heart used to tell the mind what to do, now the mind tells the heart what to do and that is reversed. Before we used to teach how to live, and now we teach how to make a living… ahh, you know, before we used to contemplate the mystery of death, and now all we're doing today is contemplating the mystery of life, you know we're trying to figure out, take the pieces and figure out how it works, how to extend our lives. We've put our seniors in old folks homes because they remind us of our own vulnerability to death, you know, it's a subconscious thing and it permeates all industrialized society. And so, when mind does not interfere, when you have the discipline, which I learned by the time I was six, how not to think at all, I could not have a single thought come to my head for hours. When you do that and you suspend that, the inherent intelligence of us as real human beings comes out. And, it's magical even somehow…

This Aleut male Elder describes the Reverse Society or Inside-Out Society in terms of a positional relationship between the heart and the mind. In so doing, this Elder indexes connections among peoples.

The Reverse Society or Inside-Out Society also indexes connections to place. For example, during fieldwork, I travelled in collaboration with an Inupiat Elder cultural consultant to a remote village in an upper northwest region of Alaska. During this village trip, I met and visited with elder village residents in their homes; some were relatives of the Elder cultural consultant with whom I was working. During one such visit, we were graciously offered coffee and listened to an Elder who was on the village Elder Committee. He was in his 60s and he shared about some of the changes in this village, where he had lived his entire life. In so doing, this Elder indexed the Reverse or Inside-Out Society as he commented on his Alaska Native traditional value of Respect for Elders and cultural practices of subsistence:

respect for Elders…well, it was taught as part of our culture, it wasn't stressed, it was taught… we grew up with it… mostly we just grew up with it, no one had to be told… everything was taught as a family and as a community—all the rules, everything was unspoken, we knew… they knew when they grew up what they had to do to survive… just like an animal life, compared to an animal cycle…it was not taught as a topic… well, the difference today is that, well, we're not—just not emphasizing the life cycle, like my grandchildren—we hardly ever take them out boating, they're growing up in town, not in the country, it used to be when I was growing up the whole community—they selected sites for caribou hunting and the only people that would be left in town for the summer were the postmaster, storekeeper and the pastors…and the town would be empty until like I said until it was time for the kids to go back to school, and then everyone went back again… the whole town was empty…the only time when we came back to town was well when they ran out of coffee…it's just the opposite now, *just the opposite*… we had to survive, we had to do the subsistence, but now most of the kids would rather have that pizza…hamburger… well, the Elders are not observed probably by some of the young

ones, when we were growing up and we would see an Elder that needed help we'd drop everything with everyone, and we'd quit playing and help, and now… some of the Elders, especially in town, if something like that happens well, some of those younger ones that are able to help hasn't…helped… and that is a major upsetting… we're not teaching our young ones the old cultural way of growing up…

For this Inupiaq male Elder, the cultural changes he has observed throughout his life are reflected in a contemporary society that he describes as "just the opposite." Hence, the opposite society is the Reverse Society, or Inside-Out Society.

The Reverse or Inside-Out Society, is also alluded to by an Inupiat female Elder. This Elder explains:

…building a cognitive frame of reference…but it could be at the expense of a lasting relationship. See what I'm saying? It's not conducive for striking an alliance that's going to endure or that's going to develop and grow. See what I'm saying? A lot of times among Native people, in the most traditional sense…this is not across the board…but in the most traditional sense you can see people visiting and being together without even talking…without saying nothing much…we don't have to talk about it…style of communication. When you get a group of White folks together, it's gonna be loud because of the way that people communicate. There's not good, there's not bad, there is just style. I'm not putting a value judgment on it. But when you get a White person that wants to get acquainted with a Native person, happens after church all the time…after our worship service and we go drink coffee. A newcomer…There was a lady who works at the hospital, and she came to church with her husband, as a newcomer, and as soon as we sit down to have coffee she started… questions… question… question…hurling questions. All at once, you know…did you go to school somewhere else or where did you… you know… I'm very uncomfortable saying where I went to school when I'm among my own people. Because when I am sitting among my own people, and I say this, this, this and this, it could intimidate them. My goal is not to intimidate them, my goal is to bring them closer to me. And so sometimes if I feel the cost is going to be too high then I will not answer. I just act like I didn't hear it. Because if I were to announce and say yeah, I've gone through six years of college that's earned two degrees, automatically, it's going to distance me from my own people. Cause we don't talk about ourselves, and yet…for me and you, it creates something in common, so it's gonna be like that common ground…but at the expense of distancing me from people I care about. See what I'm saying? So communication is a real, real tricky thing, very, very tricky. When I use an image, what I see working is when you walk with us, not talk with us, just walk with us without saying much. Observe in an unintimidating way. These nuances that matter to us, but the moment we give voice to them, it undermines the very thing we're observing.

This Inupiat female Elder's reference to "building a cognitive frame of mind" illustrates the mind leading the heart, what some Elders call Reverse Society. Furthermore, as this Elder emphasizes,

following the dictates of Reverse Society could be done "at the expense of a lasting relationship."

Ideologies of culture, rooted in ideas of belonging, among ANs are evidenced in the value placed upon relationship. An Alaska Native Inupiat female Elder discusses the importance of relationship among her indigenous peoples. She explains:

> The relationship is almost like the baby that's between us that we're both nurturing… We nurture it and we're real careful with it, and we try to preserve it, and we try to keep it alive. The relationship… and Native people are all about relationship, we're a very relational people. Some of the…maybe much of the self-destruction you see among our people, has to do with severing of relationship. A severing with relationship with ourselves… a severing of relationship with one another…. And a severing of that relationship that has everything to do with defining that sense of belonging… and…relationship is everything, everything, everything in life, even beyond life, for people of faith…

As articulated by this Inupiat female Elder, it is the severing of relationship that is the source of self-destruction among Alaska Native peoples. This Inupiat female Elder captures the complexities associated with belonging, complexities that involve ambiguities and paradox. This paradox is anchored in attachment and exclusion, inclusion and marginality—all of which entail struggle.

The value of relationship is further emphasized by an Alaska Native Yup'ik male Elder. He acknowledges differences among peoples in the context of valuing relationship and connection:

> Remember when I told you when I tell a Native story, each story has a life lesson to be learned… when the creator created us all, he created many different types of people, and he placed them all over this earth, gave them different color hair, different color eyes, different color skin…Gave them the language so that they could communicate with each other. He also gave them a very valuable and powerful tradition and culture to live by. A tradition and culture to live by is what we continue to display with our story telling, drumming, and dancing. The main focus of that is it's all about respect. Ok? When I'm at home…let's say I'm at my….this actually happened with me and my Uncle…I was sitting there with my Uppa, she sees stranger come into the village, never see this man before. He walk around looking around, my Uppa, she…go ask that guy how is he doing, see if he need help, see if he lost. If he's thirsty invite him in, if he's cold, invite him in, let him warm up. Maybe he's thirsty, give him water. He's hungry, give him a little bit…something if we can. Help him, ok? Ask him if he need help, if he lost. Alright, now that's good, now you're gonna go out, you're gonna leave your home. You going to different country, belong someone else. See different people, different things. When you

see the people, you look only for the good in them. Two good things come together can only get better. Many different people…we must show respect….offer to help…

This Elder's story acknowledges the value among ANs of relationship. In so doing, it indexes connections among peoples.

This same Yup'ik male Elder shares another story which further illustrates the value of connections to peoples. This one is about three different types of poverty:

There's three types of poverty. No matter where you go in this world, richest palace, nature, forest, country, doesn't matter where: you will always find poverty. Usually amongst the Inuits, the people of the land because they have learned to live off the land and what God and Mother Nature provided for them to live with. M'kay? So you'll see them livin' shoddier houses, maybe no plumbing, maybe only sawed house, no house, but they living. They're still poor. They don't have the material things we're accustomed to. That easy to be fixed, that can be fixed with material things. Second type of poverty, you will find those who are alone and unaccepted…to stand before the people that you're being accepted. With that one thing gone, one less tool to let 'em know we accept you. You know, so many alone, unaccepted to me. That can be fixed by acknowledging their accomplishments or accepting them, but if you're not being accepted, you do something to help the community to get acknowledged. So it works both ways. The third type of poverty and worst type, and this is the part that hurts the worst, is those who are unin, those who are all alone with nowhere to go. Even if we're alone, if I'm alone on the tundra, I got question, I got somewhere to go. I pray man upstairs. I know spirituality. If I didn't have spirituality, I have nowhere to go.

As evidenced in this story, this Yup'ik male Elder emphasizes the value of relationship among ANs in the context of a sense of spirituality and faith. More specifically, the three different types of poverty indexes the Reverse Society, or Inside-Out Society.

<center>Reciprocal Connections</center>

In many ways a reciprocal relationship exists between ideas about culture and ideas about language. Thus, cultural ideologies inform language ideologies while language ideologies inform cultural ideologies. (See Figure 3.) Ideologies of culture and language among ANs are premised upon interconnection.[11] As such, these ideologies invoke notions of personhood and cultural identity.

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[11] Among indigenous peoples worldwide, ideologies of culture and language embody aspects of interrelatedness and interconnection. For example, among New Zealand's indigenous peoples, the Maori language shows a functional relatedness of meaning embedded in the notion of "time":

'Time' in a Maori World-View: The Eurocentric view of English speakers is that time is linear, whereas Maori view it as cyclic. The Maori word for the 'past' or 'before' is *mua,* but it is also the word for 'front.'

Figure 3: An Ideological Lens

Ideologies of Langauge → Worldview → Notions of Belonging → Ideologies → Ideologies of Culture → (back to Ideologies of Langauge)
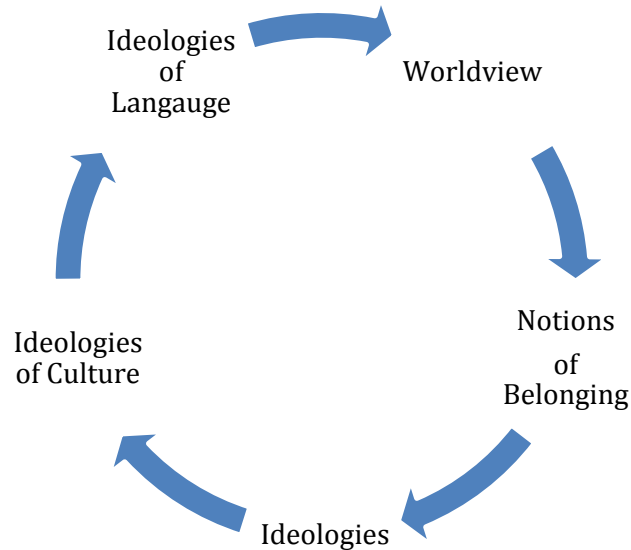
Concepts of and beliefs about culture, language, and a sense of identity are all related to and embedded in a sense of belonging. In addition, AI/AN colonialism informs beliefs about culture, language, and identity.

The legacy of AI/AN colonial experience lingers in the present. For example, a Yup'ik male Elder shares his thoughts about the ongoing health disparity of suicide among Alaska Native peoples:

> Number one reason why children commit suicide, they aren't accepted, they're bullied, no self esteem, no self worth. When I'm brought before the people, this young man catch his first moose, he's feeding you with this moose. He's a part of our community. Pride, self esteem; I'm part of the community, I feed them. They didn't turn away me…they're gonna watch over me. I go catch fish, use for myself. Person of no moral ways don't feed

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The Maori word for 'future' or 'time to come' is *muri,* which is also the word for 'behind.' Therefore, time 'past' is the time that came 'before,' and 'future' time is the time that came 'after.' According to Maori world-view, the past lies before us…Being Maori denotes that you inhabit the world of your *tipuna.* Therefore, events that occurred before you were born become part of the fabric of your life as the experiences of your *tipuna* weigh heavily on the present…Maori culture suggests that we look to the past for the answers for our future. (Ka'ai-Mahuta, 2005, pp. 52-53)

it, don't give it away…don't acknowledge. I catch moose, how come I'm not even happy…

It's like layers like that…and if you were able to look back in time, and you looked at just those who committed suicide, and looked at their parents..ok?...and distinguish their parents from traditional custom and new custom…and if they were in traditional but yet didn't go to church, I bet that demographic would be that lost generation that did not learn the spirituality, ok?

This Yup'ik male Elder identifies a correlation between the health disparity of suicide among Alaska Native peoples and a sense of belonging.

Alaska Native Elders explicitly link a loss of cultural identity to the loss of Native languages. For example, as an Inupiat female Elder explains:

At one time I heard an elder say that even though you don't speak your language of origin anymore, you know because we're impacted people, that language is imprinted on your soul. You carry it within you… Yeah, and out of ignorance, when I was a child some elder would almost ridicule me for not talking Inupiaq? And I heard that so much for this one elder. I got tired of it, and I was still a child then and he said, you don't even talk Eskimo, and finally, after hearing him say that lots of times, I said to him, "'Cause you never taught me." I just said it to him…"Because you never taught me." I put the responsibility on him.

This Elder further comments about those in her parents' generation who taught their children to speak English and in so doing reinforced elements of cultural loss:

But, at the time it seemed like the way to help your children survive. And what it does is, we were taught to try to be the best…do the best we could to fit in as well as well as we could…in this community. Cause this is where we grew up…yes, and it was done at the expense of our cultural identity.

Throughout my fieldwork, I learned about the importance of Native languages as related to personhood and a sense of identity.

One Alaska Native Yup'ik/Athabascan female Elder shares about the reasons she was not explicitly taught by her parents her Native language while growing up. She explains:

My mother was fluent in Athabascan, and my father was fluent in Yupik. They both spoke each other's language a little bit, but they didn't teach us and the reason is when my mother was growing up in the village… she would get spanked and punished if she spoke her language. They were forbidden to speak their language by the teachers. When I was an adult I asked her, "Why didn't you teach us the language?" She said, "Because we were not allowed to speak our language and we were punished." She said, "We were treated badly so we didn't want you kids to go through that." That's why we don't know

the language. But I know some… I know words because I used to listen. My mother was surprised at how many words I knew. I can't speak it but I can… And she'd ask me, "How do you know all those words?" I told her, "I listened to you and auntie gossiping when I was a little girl."

This Yup'ik/Athabascan Elder then shared about the effect not learning her Native language while growing up had on her. She shared that her Native language is:

> a part of our culture, and if we lose our Native language we're losing that important part of our culture that we could never get back. It's our, it would be, it would be so special to me if I could speak that language I would feel a part of my background you know. Right now, how I feel is that something is missing. That's how I always feel when…I speak, when I think of my language, I think there's something missing from my life and it's that language…And maybe many, many people probably don't think of it that way but that's how I feel. And I feel like I have a big loss.

As this Yup'ik/Athabascan Elder explains, there are profound connections between culture, language, and a sense of identity.

A sense of connection fosters belonging, and connection and belonging are indexed throughout Alaska Native languages. For example, an Aleut male Elder shares:

> *Tunaa Awaa* means "Work of the land"…The spiritual basis of all indigenous peoples, including my own, is that everything is connected so we try to find a word that connects everything, so it basically means, you know, acknowledging everything in Creation… And then we greet each other, you can use this for yourself, we say *Aangwaan,* which means "Hello my other self"...that's the way we greet each other…

This Alaska Native Aleut male Elder further shares about his Native language as a vehicle of connecting to place or context:

> So the land, *Tunaa Awaa,* is that we could feel the vibration of that land and from that vibration we can reach the sounds that then become the words. So that is the real importance of language. It's far more important than anything else because that language for those people who live in this area for thousands of years was used to communicate with Mother Earth, ok, I would use it to talk to the plants, to talk with the wind, to talk with the ocean—It's not a romantic notion. Thankfully we still have elders. We have *awesome* elders in Alaska, we do…And thankfully we have these elders because they still remember, they still know. There are still elders in Alaska, there are Yup'ik elders primarily that still remember when the outsiders came. Their knowledge line was never interrupted. And, we had—we all had— …I was listening to one my elders, Howard Luke—Do you know Howard Luke?—Well he runs a spirit camp up in the interior, he's now 90 years old. I was admiring his—he made beautiful Athabascan dog sleds, Dine dog sleds and I noticed the runners, I said, "Boy, beautiful sled, did you steam bend the wood?" He said, "No, I don't steam bend the wood! I talk to the trees, they tell me which ones will do that."

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In this example, notions of belonging and interrelatedness are embedded in Alaska Native languages, or in specific terms within the language. This Aleut male Elder further explains: "I mean there are obvious things about the importance of language you know, staying connected because language reflects your worldview, it does color your world view; it colors your thoughts."

A Yup'ik male Elder describes how his Native Yup'ik language embodies a functional aspect of connection with peoples. He compares his Yup'ik cultural ways to mainstream health and social service paradigms:

> There is a definite clash… the value systems clash…and when I went to treatment for my drinking, what AA [Alcoholics Anonymous] taught people to do was you look at yourself, and it was hard for me to do that because in our culture we're taught to look at ourselves as part of our family…our family's like that [bringing both hands together with fingers intertwined], you do your role in the family and if you don't it hurts the family… if you're—like I'm the first son, I'm supposed to take over what my dad does.. and repay him that way, that's what we're taught to do, if you want to pay back your dad, take over what he does, so he doesn't have to work hard hunting and fishing anymore—it, literally translated the word is ah, well the word is *atan akumshuk*: "sit your father down," that's what we're supposed to do as male children of a father… to sit our father down, so that he can rest, quit hunting, quit fishing, you take over what he does, you repay him that way, you get what he needs, he fed you he raised you up now it's your turn…to feed him and get him what he needs, and for women it's the same way, and the things is, when we're teaching children in our culture, teach them so that you can sit down—teach them how to do things, teach them how to fish, teach them how to hunt, for women teach them how to sew, teach them how to take care of fish, meat—… so they can learn that and you don't have to do it anymore…

As this Yup'ik male Elder evidences, meanings of connection emphasize continuity between intergenerational relationships and teachings.

Many words and phrases in Alaska Native languages are difficult to define or translate into English, because they possess distinctly Native Alaskan concepts of personhood and identity. As one Alaska Native Yup'ik male Elder shares:

> I always tell people there are a lot of things in our culture that can't be translated into English, and traditional jokes can't be funny, I mean aren't funny when you try to translate them in English. I tried that with my wife, she's Inupiaq but she was raised here and then to other people too… language, culture comes with language… it's the way people are, but language is the way people are… they have words, like for instance, we have lots of words for snow because we live with snow, and we have lots of words for different types of ice because we live with that, and then the weather because it's part of our environment, there's different words for specific type of weather, and then coldness

too…because it's *our way*—it's what we live with…and in English they don't talk about that much, you know when it's cold it's cold, when it's hot it's hot you know, when it snows it snows; we have words for the different types of snow… we have words for them and we define what type of snow it is, and when you say what type of snow it is, people know how to dress for that type of weather…

Consequently, semantic meaning is often either misconstrued or lost entirely in the process of translation from Native languages to English.

An example, *Yuuyaraq* as an indigenous language term referring to traditional cultural expectations for behavior, thoughts, and speech is in the personal introduction. For example, Charles (2009) explains that in his Alaska Native traditional custom, he introduces himself to others and elders in context of familial relations and places. His personal introduction includes information such as "I am the second son of *Ayginar* (One Who Leisurely Travels), my father, from *Qaluyaaq* (Place of the Dipnet-Nelson Island) and *Nengqeralria* (One Pleasantly Extended), my mother, from *Nunacuar* (Place of the Little Land)…" (p. 57). Significantly, the introduction protocol among Charles' Alaska Native traditional customs "and other notions such as a belief in the birth, death, and rebirth of both human and non-human sentient beings reflect basic notions inherent in *Yuuyaraq* (The Way of the Human Being) as understood and expressed in the *Yupiaq* language by my family" (2009, p. 57). Identifying a link between his Yupiaq language and culture, Charles illustrates how *Yuuyaraq* is integral to notions of personhood and cultural identity. He shares: "The remembrances, stories, songs and artist's impressions of my immediate and extended family will provide a synoptic view of the family's life experiences and give a glimpse of the meaning of *Yuuyaraq,* thereby giving us our identity and by extension our ethnicity" (2009, p. 57).

As many Alaska Native cultural traditions are based on a relationship with the land and sea, Alaska Native languages also express aspects of relatedness to nature. For example, because there are no landmarks on the land or in the sea, upon which Alaska Native peoples have traditionally depended for survival, Alaska Native languages such as Inupiaq and Yup'ik "have therefore developed an elaborate set of demonstrative pronouns and adverbs that are used to direct the listener's attention quickly to the nature and location of a particular object" (Maclean, 2010, p. 49). So, directional information is indicated in the words themselves rather than in any external specific landmark. "Each stem gives information about proximity, visibility, or vertical

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position and implies whether the object is inside or outside, moving or not moving, long or short" (Maclean, 2010, p. 49). Significantly, for example:

> Inupiaq has at least 22 stems that are used to form demonstrative pronouns in eight different cases and demonstrative adverbs in four cases. American English has two demonstrative pronouns, this and that (plural forms these and those), with their respective adverbs here and there. (Maclean, 2010, p. 49)

As is evident, the range and breadth of some aspects of Native language structure surpasses developments in parallel aspects in the English; Native language structure is highly flexible, fluid, and dynamic—as are the land and nature that influence it.

Healing and Hope

Despite the history of colonialism that forms an AI/AN history and informs many aspects of contemporary life, AI/AN individuals and communities foster healing and nurture hope. A (re)claiming of cultural identity and personhood is critical to healing the colonizing, genocidal history of indigenous peoples. Alaska Native author Oscar Kawagley (2011/2000) asserts that (re)claiming of Alaska Native identities is "best done through the use of the Native language because it thrusts us into the thought world of our ancestors and their ways of comprehending the world" (p. 260). Additionally, Kawagley (2011/2000) states: "With the use of the Native language, we begin to appreciate the richness and complexity of our traditional philosophical and spiritual world views" (Kawagley, 2011/2000, p. 260). By connecting to a sense of spirituality, a Native language functions as "a language of the heart" (Sampson, 2011/2002, p. 119).

Among Alaska Native peoples, there exists a critical connection between culture, language, and healing in the context of their colonial history. Articulated by Alaska Native Elders and authors, these concepts index healing processes. As Alaska Native author Oscar Kawageley (1999) explains:

> Our Native languages come from the land. They are derived from the land. It is the language of the land that makes our Native people live in harmony with Nature. According to the Muskogee Cree, Beart Heart, harmony is a tolerance, a forgiving, a blending. This is what our Native languages allow us to do. Our Native words come from the creatures and things of Mother Earth naming themselves, defining themselves throughout action words—that's reality! Nature is our teacher…In the use of our Native languages, we come to live life intimately because we are enmeshed in it rather than looking at it from a distance through a microscope or telescope. It behooves that we relearn our languages and learn to live close to nature to regain our health as a Native people. (p. 294)

In this view, Native languages are directly linked to quality of life.

Healing and hope are indexed in Alaska Native language use. For example, Kawageley (1999) references *heart talk.* Heart talk is part of Alaska Native peoples' healing process as they encounter the legacy and continued implications of AI/AN colonialism. Heart talk, unconditional love, is a "love for self, a love for others, and a love for place, giving one a sense of responsibility to take care of oneself, to care for others and the environment that one lives in" (Kawageley, 1999, p. 295). Enacted, or operationalized in actions, heart talk reflects "kind, gentle talk that makes one want to be polite to everyone and everything around them" and "allows members to know each other, what their likes and dislikes are, to know of problems they are having with friends, siblings, and school" (Kawageley, 1999, p. 297). It is akin to a loon's cry, which is a mournful cry of remembrance of a time and place when Nature was in harmony, with all its beauty and diversity, in contrast to the pollution presently contaminating Earth.

I recall the comment of an Alaska Native Aleut male Elder who spoke about heart consciousness during his formal interview. He shared a story of a prior encounter in a remote village area with an adult man, whom he knew, who wanted to kill himself. This Elder explains, "I had been a community leader out there for 35 years, and so one day I walking down to the dance hall, one evening, and I encounter this group of 11 men in a circle with one man in the middle with a butcher knife, he wanted to kill himself and these guys were trying to talk him out of it, so again no thought, listen to your heart..." In this situation, this Aleut Elder said, he listened to his heart, which had him acknowledge to this man that he cared about him. As the Elder did so:

> he [the suicidal man] dropped his knife, he dropped to the ground, in a fetal position, sobbing, crying like a little baby and I just held him, after that he never drank another day in his life and he set his life to being in service to people in real hardship, just that one little act of love makes so much difference, it's not so much the actions, as the energy…and that energy can only come from the heart…

In this example,e this Aleut Elder evidences heart consciousness which indexes Kawageley's notion of heart talk. It is, however, important to note that heart talk does not occur when "we listen only with the mind" (Kawageley, 1999, p. 293).

This Aleut male Elder shared another story about heart consciousness, describing a time when he facilitated a meeting among all the leaders in a particular region.

One day I was facilitating a meeting of all the leaders in [region], about 240, they represented 40,000 people, and I arranged the conference room in a circle to be more reflective of our understanding, where everyone is equal, no one is more or less, it reflects our spiritual understanding of the connection with people, it contains an energy, because the circle is the womb, it has the power, some of it—that, but when you have women in ceremony work that space it is actually energetically creates a womb on the outer world… it's one of the importances of ceremony of women, to understand why women were as sacred from the beginning… so I opened up—I had women, several women elders in traditional ceremony and prayers and they were willing to do it, and so I opened up the meeting, I had the microphone, it's a circle and I'm in the middle, and I started opening up the meeting and this guy starts hollering out, obviously he's drunk, and people were saying, "Sit down, quiet down. Where's the sergeant at arms? Go home, you don't belong here." And I said, "No, no, no…come down now." 'Course everybody thought I was nuts, giving the microphone to a man who was drunk, and so he started talking in a drunken ramble for six minutes—seven minutes, and I just—ahh people couldn't understand until he stopped talking and started crying, and he said, "You know, I know I'm drunk, but I've got so much pain that I don't know what to do with it, because five kids killed themselves in my village in three months." And you could hear a pin drop in the room, and so I took the mike (microphone) back, and I put my arms around him; he's sobbing uncontrollably, and I said, "Anybody who wants to come down and join us, with this man, come"—there wasn't a dry eye in the room; we had a 240 [person] group hug, and after that it changed the whole tone of the conference…we had a conference for four days, changed the whole tone—people realized that that man's pains was ours, and that you know our judgement, and our criticism, our put-downs is what keeps us from healing…and so I was so thankful I followed the dictates of my heart, I didn't have the interference of my mind, my heart was saying to bring him down. He shows up the next three days sober, doesn't say anything. At the end I asked, "Any final comments?" I asked the group, and he raised his hand, so I give him the mike, and he said, "I don't know what happened here, on the first day that I was here, I went home and I went to bed and when I woke up the next day, I felt lighter than I ever felt in my whole life." He said, "It has changed my life whatever happened here and I know it has to do with you all so I just want to thank us." Now that's the difference from thinking from the head and actually being actualized from the heart.

The difference between heart talk and the Reverse Society is clarified through metaphor. For example, one Alaska Native Aleut male Elder refers to "the Original Language of One," which he defines as "all people and everything in creation, which spiritually connects with each other and communicates." In so doing, this Elder is differentiating between the *inner-net* and the Internet. The world of the inner-net is "when the heart speaks the loudest, because the mind

doesn't interfere, words don't interfere, it's very clear communication, it's totally clear…" Thus, metaphorically, the inner-net represents the heart leading the mind, while the Internet represents the mind leading the heart, or "The Reverse Society."

Healing and hope are also indexed in specific Alaska Native language terms. *Yuuyaraq,* for example, the Yup'ik term discussed earlier does refer to Yup'ik unwritten traditional expectations for behavior, thoughts, and speech. However, it also signifies the Yup'ik (cultural) law of how to exist with "all living things" and "maintain a harmonious relationship with them" (Napolean, 1996, pp. 4-5). As such, it illustrates these concepts of heart consciousness and the metaphor of the inner-net.

Unfortunately, observes one Alaska Native Aleut male Elder, many people have "buried it [heart consciousness." As they bury heart consciousness, they also bury the possibilities for healing and hope embedded in this concept. This Elder shares that, "our teachers are the 2-year old child—that is the model for a real human being." He explains further:

> Think about a 2-year old child, you know the 2-year old child when they're pissed off, they get into their whole body, and then two minutes later it's gone and they're playing, or they're crying because they're hurting but they're crying in the moment when the hurt occurs, when they're happy they're happy, I watched two you know 2-year olds they were fighting each other, they were really mad, and then after they fought for about a minute they just off and started playing together again, you know, there's no problem… the 2-year old child stays present and is heart-centered because they don't have all of the shields, and the pains, and the wounds that we have that covers that up, but that is the road back, in order to be a real human being again, you have to be able to—like my Elders said, "You gotta go where the pain is, you can't run away from it," and the most unselfish thing that I could do if I want to help the world is to help myself, don't try to help anybody else, and the rest will become clear, once you do that healing the rest will become clear as to what you need to do in any given moment because you will be present and you will be coming from your heart…

Yuuyaraq, "the way of being a human being," refers generally to the "real human being" and involves heart consciousness.

This idea of heart consciousness is depicted in specific terms that refer to spirituality. For example, in Yup'ik, *Ellam iina* is one such word:

> As a Yupiat, we have many rituals and ceremonies, some of which require special masks. Some of the masks are human masks. A few of these will have a third eye painted on the forehead. This eye we call *Ellam iina,* the eye of the universe, the eye of the awareness, thus intelligence. This says to me that the Great Consciousness, God if you wish, resides in my mind, and my consciousness is in the Great Consciousness. It is there that we find

our collective memories and the power of our collective mindfulness. These essences of memory are imbued into the creatures, plants and elements of nature to remind and teach us how to be people that live lives that feel just right. Nature is our textbook as a Native people… Knowledge is merely information, but wisdom requires that we understand, become enlightened or aware and, as we grow, live what we know! This is what we learn from our wise Elders-this is wisdom. This wisdom cannot be separated from the sacred-our Native spirituality. Wisdom is embedded in the sacred, thus we live it… *Ellanginginartuqut*—we are becoming more aware! (Kawagley, 2011, pp. 305-8)

The eye of the universe, *Ellam iina,* conveys interdependency and the interrelatedness among all things; These ways of being represent healing from the current fragmented, isolated experience of AI/ANs, which is evidenced by the fact that the suicide rate among Alaska Native peoples is three times higher than the rate among the U.S. total population and that such rates have not changed substantially between 1979 and 2008 (Craig & Hull-Jilly, 2012, pp. 3, 6-7). They represent hope as they convey possibilities beyond current experience.

An Alaska Native traditional worldview involves not only the interdependence of multiple variables, but also continual motion. Both concepts, interdependence and motion, are in the Alaska Native understanding of the world, hopeful—pointing to possibilities for healing. Kawageley (1999) explains: "Native ways of knowing imply action, states of knowing that entail constant flux of doing. The universe and Mother Earth are constantly changing. If we are looking at and trying to make sense of the world in which we live, we must speak of it as an active process" (p. 230). This particular worldview is illustrated through a circle metaphor, the circle representing the universe. "The circle represents togetherness which has no beginning and no end"; it represents a unification of human, natural and spiritual worlds whereby all aspects are related and involved in maintaining balance, or harmony (Kawageley, 1999, p. 231).

An indigenous relational worldview is evident among many of the Alaska Native Elders whom I met and formally interviewed throughout my fieldwork. For example, one Alaska Native Siberian Yup'ik male Elder shares:

We're all in the same world, we all share the same air and water, you know…It's like we're all together, like the human body. You have one hand and one foot and they do different things, but they're all connected… we're all connected, that's what some people don't realize. Just…some people don't, some do…in the universe everything is connected…

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As this Siberian Yup'ik male Elder describes, connections exist between people and nature. Importantly, these connections offer hope and opportunities for healing among ANs.

In addition to Alaska, a profound connection exists between Native languages and healing from the legacy of AI/AN colonialism. For example, 60-year-old Oglala Lakota activist, Alex White Plume, reports his own Native language literally saved his life. During an interview at his home near Wounded Knee Creek on Pine Ridge Reservation, he posed the following question: "Do you know what saved me from becoming a cold-blooded murderer? …. My language saved me. There is no way for me to be hateful in my language. It's such a beautiful, gentle language. It's so peaceful" (Fuller, 2012, p. 48).

Heartbreak and Hope

Participation in one specific event, the Alaska Native Languages Roundtable (ALNR) in May 2012 deepened my understanding of just how significant and profound is the connection between language and culture. My discovery of this event was, like much experiential and emergent ethnography, a fortuitous serendipity. Driving through urban Anchorage, my ethnographic base-camp, I was listening to the Native radio station, KNBA (90.3 FM)—a practice that I began as an aspect of fieldwork, which I continued for personal interest and pleasure. I actually enjoyed the music!—and I heard for the first time about the Alaska Native Languages Roundtable event.

I jotted down the telephone number the announcer provided for participant registration. At the time I was not clear how this event would inform my research questions, or why I intuitively felt compelled to attend, but I called nonetheless. A state legislator's assistant answered, and I mentioned my interest in attending the upcoming Alaska Native Languages Roundtable. The legislator's assistant requested my full name; I asked if that meant there was still room for me to attend, and he said yes. So, I provided my full name, asked a few questions about the event, and thought, "OK, why not?"

I awoke on May 7, 2012, excited and a bit nervous as I prepared to attend the day-long ANLR at the legislator's office in downtown Anchorage. The event programming began at 8:00 a.m. I entered the building, took the elevator to the floor where this event was being held. The room was half-full with other participants; at first I did not recognize anyone. So, I signed in at the table just to my left and picked up a stack of participant handouts. I found a seat in the very

back row. The seats were arranged in theatre style; about 20 rows of chairs faced a front roundtable, or rather, a horseshoe-shaped table. Various individuals sat at the front table. After reading the day's program schedule, I looked up and an Alaska Native Yup'ik male Elder interview participant enter the room; when he saw me he smiled a big smile. I jumped up, ecstatic, also beaming a big smile as he opened his arms to give me a hug. I responded. I felt a true exchange of warmth, appreciation, and deep regard for our shared understanding as to why we were here at this particular event. He pointed to his sister who had accompanied him, and he went to sit next to her.

The event began with formal introductions. As introductions began, I recognized other participants. In addition to the Alaska Native Yup'ik male Elder who participated in a formal interview for this study, I had previously met participants affiliated with the Arctic Study Center at the Anchorage Museum and the Language Center. Others I recognized but had not yet met individually. Among these were highly visible Alaska Native leaders, many of whom I had previously seen at the annual Alaska Federation of Natives conference and Elders-Youth conference.

The day began with discussion of Senate Bill (SB) 130, which supported Indigenous language preservation, restoration, and revitalization and established the Alaska Native Language Preservation and Advisory Council. As Senator Donald Olson stated in an April 12, 2012, press release: "Alaska Native languages are the backbone of our culture, but unfortunately some of them are almost extinct…Senate Bill 130 ensures important Alaska Native customs continue on and [can] be passed from generation to generation" (The Alaska Historical Commission, Alaska Native Languages Roundtable Packet, 2012). The text of SB 130 begins with "Legislative Findings." It asserts: "The legislature finds that the preservation of Alaska Native languages is a critical component in the sustenance of cultural identity. The legislature further finds that Alaska Native languages are the foundation of cultures and are vital in maintaining traditional knowledge and understanding" (Alaska Native Languages Roundtable Packet, 2012). The profound connection between indigenous language, culture, and identity were becoming evident to me at this roundtable.

Yet, it was heartbreaking to learn of the many indigenous languages already extinct. The statistics quantifying indigenous language loss daunted me:

Only 22 percent of Alaska Natives statewide can speak their Native language. More specifically, only 29 percent of the Eskimo Aleut population, less than 2 percent of the Tsimshian and Haida, and less than 5 percent of the Athabascan and Tlingit communities combined are fluent speakers. The Eyak language recently lost its last Native fluent speaker. Of the state's 20 Alaska Native languages, only two (Siberian Yup'ik in two villages on St. Lawrence Island, and Central Yup'ik in seventeen villages in southwestern Alaska) are spoken by children as the first language of the home. (Alaska Native Languages Roundtable Packet, 2012)

As I listened to this information, I began to feel overwhelmed.[12] Simultaneously, I felt a breath of hope as I looked around the room and saw every participant chair filled, heard stories about the importance of Native languages from Alaska Native peoples who were present, and observed this state-sanctioned social policy process.[13] I continued to listen, experiencing the paradox of simultaneous heartbreak and hope.

Long and painfully overdue, the turning tide of social policy relevant to indigenous peoples and sovereignty was finally being enacted. Senator Donald Olsen shared the following hope for the Advisory Council established by SB 130: "My hope is the advisory council will give effective representation for Alaska Native languages at the state level, which would be a monumental event for many elders who still remember being scolded in school for speaking their Native language…This legislation is the most significant piece of legislation affecting Alaska Native languages since 1972 when laws were passed requiring mandatory bilingual education in state-operated schools where children speak Alaska Native Languages" (Alaska Native Languages Roundtable Packet, 2012). Listening to others discuss the importance of preserving Native languages in Alaska, I became aware of how this social policy, SB 130, relates to preserving indigenous cultural traditions more generally.

Loss of indigenous language(s) is loss of indigenous culture—loss of indigenous traditional understandings, practices and ways of seeing the world. Cultural and language extinction - real and perceived – invokes the collective cultural memory; further, it provokes "the anxieties of an Inuit modernity" (Stevenson, 2006, p. 168). In response to such loss, the global

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[12] 3,500 of the 7,000 languages in the world are estimated to disappear in another generation; In 2006 in the United States, only 201 of 400 Native languages were being spoken; it is estimated that only 20 of these Native languages will be spoken in 2050; and, as Eyak recently lost its last fluent speaker, there are actually 19 remaining Native languages in Alaska, and these 19 are identified as endangered (Alaska Native Languages Roundtable Packet, 2012).
[13] The Esther Martinez Native American Languages Preservation Act of 2006 was passed by the United States Congress and signed by President George W. Bush as an amendment to the Native American Programs Act of 1974 (Alaska Native Languages Packet, 2012).

activist indigenous movement is increasing visibility of and raising awareness about the importance of preserving and protecting such (re)sources.

Gaining and securing protection against loss of indigenous language(s) and cultural traditions typically entails institutional involvement at local, state, and federal levels. In Alaska, for example, this institutional involvement is represented by the advocacy work of First Alaskans Institute and the Alaska Federation of Natives; and, internationally, by the work of the United Nations. Preserving and protecting indigenous language and cultural (re)sources is a human right among all indigenous peoples—individually and collectively.

Intersecting Ideologies in Service Delivery Contexts

The power of Alaska Native languages among ANs in Alaska is evident in service delivery clinic contexts. During my fieldwork, a service provider from the wider community shared the following:

> …also some Natives being kind of forced to speak English can bring up their own trauma issues, so you may have a Native client who is angry and you don't know why, because you—I didn't do anything, but they're angry and they obviously have unresolved emotional issues stemming from whatever…I recently had a case with that with a man. He said outright, "I don't like your language"—it's complex the language issues…

This example demonstrates how the use of English in clinical settings can trigger feelings of anger among Alaska Native peoples.

Landes' (1959) perspective on culture-language intersections in service delivery contexts is helpful here. As she explains:

> Consider what happens in the realm of spoken communication when, for example a social worker has the English language as his mother-tongue while his fellow-worker or a client has Spanish as the mother-tongue. Language conveys the spirit and style of a culture, for vital aspects of life as well as dialect nuances are contained in the items of vocabulary, in the categories of grammar, in the type of slang, in the kinds of things omitted, in the melodies of speech, in the tones of voice characterized through localities and social class.(p. 1)

Landes (1959) further discusses salient culture-language intersections in a workshop she facilitated for "social caseworkers" on cultural factors. She explains:

> If you have ever tried to live in another land, you will know how the mind is paralyzed by efforts to comprehend the foreign language—and the further awful realization that not

only are the words foreign, but also the gestures, emotions and silences, and other rules and assumptions of the game of living.

Usually the American social worker is unaware of all these. Only English is spoken over our continental expanse, and until recently it was held firmly that only English should be spoken. New Mexico, with Spanish, and Louisiana with French, were anomalous exceptions. Indians were forbidden to use tribal tongues at schools, Mexican children until 10 years ago were punished for using Spanish on California school grounds. We of the majority don't like things "different"—and if it is any consolation, we seem to have inherited this from Britain, where people still disapprove of continental Europeans who speak their native tongues on English streets. In America, we must all be "equal" in limiting ourselves to English. (p. 4)

In this workshop, Landes indexes a rupture between rhetoric associated with America as a country – a place – where all are created "equal" and the dominance of the English language.

During fieldwork, I learned more about intersecting ideologies of culture and language when Dr. Eduardo Duran discussed Native languages at the annual diabetes conference held in Anchorage, Alaska.[14] Regarding relational worldviews, Dr. Duran explained:

…One of the problems as I see it is in the language piece of it… because a lot of the Native languages, not that I know how to speak them, but in asking people who can over the years I have kind of asked, "Well, how does your language work?" You know, "What's in that language?" And what I've found out is a lot of the tribal languages not just from Turtle Island but from other places in the world—I was just in New Zealand a couple of months ago and I asked them the same thing—is that a lot of the Native languages do not operate on nouns, to where in English, what carries the meaning is the noun, and once we say a noun, it objectifies the world, and when you objectify the world it freezes it and then once you freeze it, it separates it from you, so when we talk in nouns you know, like if you say, "There's a woman over there," then that's all she can be; it freezes her in that space-time and there's—that's it, there's no movement out of that, and with a lot of the tribal languages they don't operate that way, they operate where the verb carries the meaning, and it's a very different way of being in the world when you think that way. So instead of saying, "There's a woman over there," you say something to the effect, you know, using English: "The woman-ing is happening," or "Man-ning is happening," "Food-ing is happening," "Diabetes is happening"… and it's not a concrete moment in space-time but it's in perpetual movement and the world looks really different when you think that way, and I suspect a lot of people that you work with up here in this sacred land called Alaska, they see the world that way…

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[14] I conducted personal communication with Dr. Eduardo Duran on November 30, 2012, at the annual diabetes conference held in Anchorage, Alaska during which he gave me verbal consent to use any of his content from his presentation that day for my dissertation research.

As Duran (2012) explained, the emphasis on verbs Native languages leads to a worldview based on perpetual movement and dynamic fluidity among all things relationally connected in the world.

The link between worldview and language is described by linguistic scholars. For example, understanding that language "is a self-contained whole and a principle of classification," the structure of language in many ways conditions one's worldview (de Saussure (1966/1910, p. 9). Language, as a system of wholeness, "exists in the form of a sum of impressions deposited in the brain of each member of a community, almost like a dictionary of which identical copies have been distributed to each individual" (de Saussure 1966[1910], p. 19). De Saussure's (1966[1910]) analogy of a chess game illustrates aspects of the arrangement of language:

> In chess, what is external can be separated relatively easily from what is internal. The fact that the game passed from Persia to Europe is external; against that, everything having to do with its system and rules is internal. If I use ivory chessmen instead of wooden ones, the change has no effect on the system, but if I decrease or increase the number of chessman, this change has a profound effect on the "grammar" of the game. One must always distinguish between what is internal and what is external. In each instance one can determine the nature of the phenomenon by applying this rule: Everything that changes the system in any way is internal. (p. 23)

The system of language contains internal and external elements, and these elements are interconnected. Aspects of language transmit explicit messages and metamessages, all of which possess capacity to reinforce ideologies of culture and language premised upon interconnection.

Connections and Clashes

Cultures and languages in contemporary Alaska are remarkably diverse. However, since English is the state-sanctioned dominant language, many indigenous peoples who speak both their Native language and English must navigate between separate and distinct grammars, semantic systems, and ideologies. Such navigation produces both connections and clashes between different worldviews and ideologies. One Alaska Native Inupiat female Elder, when discussing her Native Inupiat language, explains the negotiation process between her Native Inupiat language and English as transposition. This Inupiat Elder shares:

> That's my first language, but I'm losing it now. I can understand when we're talking but I wouldn't be able to talk back to her [Inupiat mother]. So it's not…it's just a little words

here and there that I have to…if I sit there and think about how I say it, I can do that. You know, transpose it?...but, it's getting more difficult for me to do that… It's really tough when you have…when you have…it's like…especially like when you are in the park system? How they do… We have to transpose that… what they just said… or have to take a minute to listen and say, oh, this means this way in our language. So we have to transpose it to our language and that's why it takes a while for us to answer. You know, when people ask you a question, you have to absorb that. It's like, what are they really saying. Or what are they really asking…

This description of language transposition indexes Reverse or Inside-Out Society. In this example, the Inupiat Elder explains how she negotiates the process between her Inupiat and English, changing or reversing order, or actual semantic meaning. In contemporary Alaska, a terrain of multilingual and multicultural communities, multiple cultural and language codes and transposition processes must occur in any particular context, or between contexts. This yields complexity, messiness, and tension among multiple cultural communities.

Alaska's multilingual complexity and messiness grows out of a context of socio-politically and emotionally charged social spaces and places. For AI/AN peoples in the United States, and in Alaska more specifically, these charged social spaces are a "contact zone" a social space "where cultures meet, clash and grapple with each other, often in contexts of highly asymmetrical relations of power, such as colonialism, slavery or their aftermaths as they are lived out in many parts of the world today" (Pratt, 1991, p. 34). Importantly, a "contact zone" is a social space or place where legacies of oppression are real and present—overtly or covertly; they are spaces and places where such legacies continue to be lived out.

Pratt (1991) discusses a course entitled "Cultures, Ideas and Values" to illustrate how a classroom context can be a contact zone. Pratt (1991) explains that the "the classroom functioned not like a homogeneous community or horizontal alliance but like a contact zone" (p. 39). Thus, everyone in class had a relationship to the historical discourses being addressed and, therefore, the stakes of identity for each student were at play. Significantly, this classroom yielded a range of experiences:

> Along with the rage, incomprehension and pain, there were exhilarating moments of wonder and revelation, mutual understanding and new wisdom—the joys of the contact zone. The sufferings and revelations were, at different moments to be sure, experienced by every student. No one was excluded, and no one was safe. (Pratt, 1991, p. 39)

That no one was safe produced awareness among students in this course of how important "safe houses…social and intellectual spaces where groups can constitute themselves as horizontal, homogeneous, sovereign communities with high degrees of trust, shared understandings, temporary protection from legacies of oppression" are (Pratt, 1991, p. 40). While contact zones represent intersecting cultural crossroads where legacies of oppression are unfinished, "safe houses" represent a site of respite from such zones.

Contact zones salient to indigenous peoples in the United States, including Alaska, are charged spaces and places where the legacy of colonial history persists. These zones are replete with tension between indigenous cultures and those among the wider community with Euro-American understandings. Thus, it is an experience among indigenous peoples—articulated so clearly and concisely by an Alaska Native Inupiat Elder cultural consultant in this study— in which "the past is in the present." The colonial regime and colonial policies are of the past, but their attendant behavioral and communicative practices continue in the present. Hence, the past's colonial legacy is lived out in the neocolonial present. Among indigenous peoples, it is a contemporary reality comprised of diachronic layers of oppression upon oppression.

The tension associated with contact zones is described by an Inupiat female Elder as she shares stories associated with her own lived experience with people from the wider community—specifically people from a Euro-American cultural background:

> …you can walk into some place, and people will just glance and then just look away. And then it hits into my core issues. My core issues of rejection, of abandonment…of you know…feelings of low…you know…low feelings….unworthiness…nothing being valued. All those core things that a human being struggles with… they hit that injury and it makes me (*ningallik*)…*ningallik* is when you're uncomfortable and you don't feel welcome and feel not at home…

This Inupiat female Elder also shares about her personal experience attending a conference and witnessing the interaction between two political leaders, one Indigenous and the other a U.S. federal government representative:

> …let me give you an opposite, let me give you an opposite example of that…opposite. One time I was in Seattle at this conference, it was something on tribal state, federal government conference and I had gone to this conference really struggling inside, and I couldn't name my struggle. …There was this Indian leader, elder, he was up on the podium, and he had braids, you could tell he was a real dignified tribal leader. And there was an issue going on at the time, you know between tribes and the feds, and it was real divisive. And the man that represented the U.S. government came up onto the podium

and he sat down, and you could tell that what this Native leader represented and what the white federal bureaucrat represented, were so opposite. …You could see it, like that's what they represented. But do you know what happened? That Indian leader leaned toward that federal bureaucrat and he talked to him very gently. I think he welcomed him and he was soothing him. He was helping him to become comfortable. And as he was doing that you could see a physical reaction in that federal bureaucrat. He started to relax, his face got real peaceful, and then pretty soon he started to smile… because his humanity was touched and he was welcomed. Even though, politically they were enemies. The Indian leader had the grace and the wisdom to do that. …As I watched that, I started to weep. Because what I had encountered was the oppressed comforting the oppressor, and I said Lord, is that what you brought me here for?

The contact zone offers opportunities for intercultural connection or separation; it also offers opportunities for the re-enacting of hierarchical, asymmetrical relations based on dominance and subjugation, or for the healing of unfinished (neo)colonial business. The contact zone is a charged social space of tension, as illustrated in the above example of dismissive, disrespectful behavior toward the Inupiat Elder, or a charged social space of enacting heart talk or heart consciousness, as illustrated in the Inupiat Elder's recollection of the Indian leader's behavior toward the federal government representative at the conference.

The culture-language connections and clashes are fluid, dynamic, and indeterminate. Occurring in safe houses and contact zones respectively, these culture-language connections and clashes involve ongoing cultural histories and cultural identities. Importantly, rather than view ideologies of culture and language salient to Alaska Native peoples as technical and essential truths, I use information relevant to this culture-language nexus to make general points. Notions presented in this chapter are meant to convey general understandings rather than represent an absolute, essential, or technical truth.[15]

This chapter, Chapter 3, explicates culture-language intersections salient to Alaska Native peoples, particularly older adults. In so doing, it illustrates how Alaska Native ideologies of culture and language index notions of belonging. Importantly, a sense of belonging among ANs involves on-going healing from AI/AN colonialism. This healing occurs through re-affirming connections to places and peoples and nurturing hope as it relates to resilience and the future.

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[15] Though not a focus of this dissertation, it is important to acknowledge the history of inter-tribal warfare, discord, and conflict among tribal groups in Alaska (Langdon, 2002; Burch 2006, 2005, 1975). For example, Burch (2005) reports that "archeological evidence indicates that warfare in northwestern Alaska predates Western contact by at least 300 years and probably more than 1,000" (p. 58). Thus, Alaska Native ideologies of culture and language as premised upon interrelatedness and interconnection has its evident limitations.

Healing is directly relevant to the concept of *rhetorical ruptures* which I address in the next chapter, Chapter 4.

Chapter Four: Rhetorical Ruptures

> I would say, uhm, respecting both the young people and the elders.
> I think that's a major issue. The parents and grandparents, and
> other community members are not respecting the young people…
> as far as raising them properly. And then the same as with the
> elders, to me there's like a lot of rhetoric…like when we talk about
> our culture, values…we say, you know, this this and this…but
> then, you know, people…they're real easy to talk about it but
> they're not easy to live that… It's like… 'oh, we share'…
> 'everybody shares,' but with today's… everybody's busy working
> and we've lost the old ways. You know, we haven't made the
> connection…like it's different—I assume it's different in smaller
> communities, but like with [rural hub]… like … I have like the
> elders that I bring to annually, but every generation you have
> another set of elders coming up, but there's… I've seen no real
> effort to really identify… ok who all needs food, you know, kind
> of thing. I mean there's no real…I would hope that our tribal
> governments would try to get a list up…*Inupiat female Elder*

As evidenced in this quote by an Inupiat female Elder, community-based rhetoric is associated with Alaska Native cultural values and traditions. Such rhetoric is defined as "people…they're real easy to talk about it but they're not easy to live that…"; what this means is that "we haven't made the connection" between words and actions. Rhetoric is directly applicable to Alaska's care organizations.

In this chapter, I first situate the study's focus on intercultural communication in health and social service delivery in a human rights framework. Then, I discuss the rhetoric of care associated with Alaska's care organizations and relate this rhetoric to an *indigenous cultural code*—which can be understood as deep-seated understandings about social interaction grounded in ideologies of culture and language—that exists among Alaska Native peoples, particularly older adults. Next, I show how this indigenous cultural code misaligns with the rhetoric of care in conventional care organizations. In so doing, I show service delivery gaps, or disconnects, that occur between Alaska's care organizations and Alaska Native peoples, particularly older adults; I term these gaps *rhetorical ruptures*. Rhetorical ruptures occur at micro- (individual), mezzo- (community, group), and macro- (social, legislative policy) levels, and I examine examples of each in turn.

Human Rights and Service Delivery Systems

In sketching a human rights framework for health and social service delivery, I employ the UNDRIP articles 21 and 24 as the concrete principles that support the human rights of indigenous peoples (discussed in chapter 2). As outlined in these UNDRIP articles, indigenous peoples have the right "to access, without any discrimination" and "to the highest attainable standard*"* regarding all social and health services including indigenous traditional medicines and medicinal plants.

A classification typology of health and social service organizations in context of promoting social justice comprises this human rights framework. This typology draws on monocultural, multicultural, and intercultural health systems (United Nations, 2009, p. 176). Of these health systems, it is the intercultural health system that supports indigenous peoples' human rights. The mono- and multicultural systems privilege the dominant Euro-American, or Western, ideology—an ideology indexing a biomedical model of care which is reductionist and individualistic, centering on psychosocial distress and pathology. Hence, the intercultural health system is the ideal model for supporting human rights among Alaska Native peoples. Yet, this model is not consistently enacted in Alaska's care organizations.

In general, mono- and multicultural health systems exacerbate marginalization indigenous peoples experience. For instance, a monocultural health system is structured "on a concept of society being homogeneous," and services are culturally irrelevant among marginalized communities such as indigenous peoples (United Nations, 2009, p. 176). In contrast to a monocultural health system, a multicultural health system does include and recognize the presence of different cultures and ethnic communities. However, it is "still insufficient if it fails to ensure equality among those cultures or to promote mutual learning" (United Nations, 2009, p. 176).

The intercultural health system, a social justice-promoting model among indigenous peoples, is the type that ensures equality among different cultures and ethnic communities. It "goes beyond merely recognizing the existence of different cultures to seeking exchange and reciprocity in a mutual relationship, as well as in solidarity, among the different ways of life" (United Nations, 2009, p. 177). It promotes dialogue, mutual acceptance, respect and inclusion of a multitude of diverse cultures and peoples. As explained in the *State of the World's Indigenous Peoples* (United Nations, 2009):

Intercultural health systems not only improve the quality of the health services for marginalized populations, but also promote greater horizontality, respect and solidarity between cultural health knowledge and procedures within the context of national society. In practice, this implies that both Western and indigenous health systems should be practiced with equal human, technological and financial resources, with spaces for exchange of knowledge, methodologies and practices that ensure the ongoing development of both systems. (p. 177)

Thus, while mono- and multicultural health systems are typically viewed as assimilation-oriented and paternalistic toward indigenous peoples, intercultural health systems are understood as inclusive and respectful of indigenous cultural values, traditions, and rights.

Intercultural health systems promote full, equal participation and power-sharing among all culturally diverse stakeholders. While mono- and multicultural health systems employ predominantly a Euro-American, or Western, biomedical paradigm, intercultural health systems employ a culturally diverse mixture of health and wellness paradigms.

An intercultural health system incorporates intercultural communication in a globalizing era. According to Sorrells (2103), intercultural communication in an era of globalization is characterized by:

- An increasingly dynamic, mobile world facilitated by communication and transportation technologies, accompanied by an intensification of interaction and exchange among people, cultures, and cultural forms across geographic, cultural, and national boundaries;

- A rapidly growing global interdependence socially, economically, politically, and environmentally, which leads both to shared interests, needs, and resources and to greater tensions, contestations, and conflicts;

- A magnification of inequities based on flows of capital, labor, and access to education and technology, as well as the increasing power of multinational corporations and global financial institutions;

- A historical legacy of colonization, Western domination, and U.S. hegemony that continues to shape intercultural relations today. (p. 32)

Thus, an historical legacy of AI/AN colonization permeates the intercultural communication relevant to service delivery practices associated with Alaska's care organizations.

Intercultural communication affects cultural identity development and concepts of personhood. As described by Sorrells (2013): "The increased exposure today through interpersonal and mediated communication to people who differ from ourselves deeply impacts

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how we make sense of, constitute, and negotiate our own identities as well as the identities of others" (p. 32). Through intercultural communication, the past connects to the present and histories are (re)constituted through daily interaction with others in contemporary society.

Thus, exploring intercultural communication among Alaska Native peoples and those from the wider community in a globalized context promotes a social justice approach. This approach shows how histories and cultural ideologies "frequently frame and inform our intercultural interactions" (Sorrells, 2013, p. 32). Of the health systems previously mentioned, it is the intercultural system embedded in Alaska's culturally pluralistic care organizations that supports human rights among Alaska Native peoples. However, this *intercultural system* is not consistently operationalized in Alaska's care organizations, as evidenced by the presence of rhetorical ruptures, those gaps or discontinuities, when implementing an intercultural health system in Alaska's care organizations. These ruptures reflect service delivery difficulties.

The concept of rhetorical rupture draws on Hill's (2002) critique of advocacy campaigns for language endangerment. Such campaigns are specific to the endangerment of indigenous languages.According to Hill (2002), there are "expert rhetorics" associated with these advocacy campaigns yet she identifies how such rhetoric among the experts in fact undermines campaign goals. According to Hill (2002), three primary themes embedded in and "ubiquitous in expert rhetoric on language endangerment may inadvertently undermine its goal of advocacy" (Hill, 2002, p. 120). These primary themes include "universal ownership," "hyperbolic valorization" and "enumeration" (Hill, 2002, p. 120). Hill contrasts these themes with what is said and written by other local community members about endangered languages. For example, specific to the first primary theme of "universal ownership," Hill (2002) shares the following anecdote:

> A linguist who had learned to speak an indigenous language was conversing in it on the sidelines at a dance. He was assaulted by a drunken local man who threatened him with a knife, saying "You white people have stolen every single thing we've had, and now you're stealing our language." (p. 122)

Referring to this anecdote, Hill asserts that there exists "a theme of a fear of loss of control over resources and more specifically a theme of theft that is widespread in communities where endangered languages are spoken" (p. 123). Furthermore, Hill asserts that there is a contrasting discourse evident in local communities which centers on viewing endangered languages as intellectual property. Specific to the primary theme of universal ownership embedded in expert

rhetorics, Hill (2002) summarizes: "The discourse of local control, the discourse of theft, and the discourse of intellectual property all contradict the theme of universal ownership" (p. 123).

Hill (2002) follows the same analytic strategy when considering the other primary themes associated with expert rhetorics on language endangerment—contrasting and comparing the rhetoric of experts in endangered language campaigns with that of local community members who speak and write in these languages. In so doing, Hill (2002) aims to find balance in how the two communities, so-called "experts" and local community members, can achieve respective goals without the "expert rhetorics" undermining the intentions, desires, or goals, of local community members. Hill (2002) provides the following suggestion: "An ethnographic task for linguists and linguistic anthropologists should be to collaborate with members of communities to identify rhetorics that emanate from and make sense in terms of community concerns, yet may be effective with the broader community of funders and policymakers" (p. 129). In conclusion, Hill (2002) supports the development of "thoughtful forms of advocacy" that all constituencies find useful to preserve endangered languages (p. 130).

I employ a similar analytic strategy in the context of Alaska's care organizations and Alaska Native peoples, particularly older adults. I identify different parts, or groups, in the larger organizational care system, including service providers as representative "experts," and service recipients among local Alaska Native community members. I then adopt a comparative approach in identifying ruptures in the rhetoric of care among Alaska's care organizations—including service providers—and perspectives among local Alaska Native community members.

Rhetoric of Care

The primary goal of Alaska's care organizations is to render care services that ameliorate illness and improve wellness. In so doing, these organizations describe and promote care services through various messages. My multi-sited fieldwork yielded empirical evidence from a variety of health and social service organizations that used a broad range of such care messages.

The rhetoric of care associated with Alaska's care organizations is both general and specific. While a general rhetoric of care is just that, general, a more specific rhetoric of care refers directly to Alaska Native cultural beliefs and values. A general rhetoric of care associated with Alaska's care organizations indexes the following messages:

- We all give care

- We provide care for human beings

- Kindness and compassion guide our service of care

- We provide health and social service care, yet patients come to us for *care*

- We provide patient-centered care

- We provide care that is high quality

- We provide care that is safe and accessible

- We offer personal choice for patients in care services

- We empower patients to participate in their care through health literacy

- We offer a physical environment that is healing and promotes well being

- Patients are entitled to the highest of quality care

In addition to the above general messages of care, many of Alaska's care organizations describe and promote a range of values and beliefs specific to Alaska Native culture(s). These culturally specific values and beliefs are captured in posters and photos displayed in a variety of clinic locations, among them lobbies, hallways, and meeting and office areas. Some examples of specific cultural values and beliefs among Alaska Native peoples include:

- Respect for Self, Others, and Elders

- Listen with your heart and mind

- Live with and respect the land, sea and all nature

- Learning by doing, listening and observing

- Discipline and obedience to the Traditions of our Ancestors

- Reverence for our Creator

- Our language defines who we are and lets us communicate with one another

- Subsistence is sustenance for the life

(See Appendix 5 for a list of Alaska Native traditional values)

These care messages, both general and specific, constitute the rhetoric of care associated with Alaska's care organizations.

In addition, a rhetoric of care is inscribed in the codes of ethics of many professions involved in organizational health and social services. For example, in the social work profession,

the National Association of Social Workers (NASW) stipulates the following in its code of ethics preamble: "The primary mission of the social work profession is to enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty" (NASW Code of Ethics, 2008). The social work profession's mission is rooted in specific values. Among these are service, social justice, integrity, dignity, and worth of the person (NASW Code of Ethics, 2008). The social work profession through its code of ethics instantiates a nationally recognized rhetoric of care.

The NASW code of ethics identifies the value of social justice. Correlated with this value, is the ethical principle, "Social workers challenge social injustice." For example:

> Social workers pursue social change, particularly with and on behalf of vulnerable and oppressed individuals and groups of people. Social workers' social change efforts are focused primarily on issues of poverty, unemployment, discrimination, and other forms of social injustice. These activities seek to promote sensitivity to and knowledge about oppression and cultural and ethnic diversity. Social workers strive to ensure access to needed information, services, and resources; equality of opportunity; and meaningful participation in decision making for all people. (NASW Code of Ethics, 2008)

Thus, social workers are ethically obligated to challenge discriminatory policies and practices.

A general rhetoric of care combined with specific Alaska Native cultural beliefs and values informs an intercultural health and social service system in Alaska's care organizations. This type of service system is anchored in a human rights framework and promotes social justice. As such, it is a service delivery system that provides what I call *intercultural care,* a paradigm that promotes service delivery spaces that enhance mutual exchange, development, and solidarity across diverse cultures. A paradigm of intercultural care is reflected in the following simple equation of meaning:

<p align="center">**Intercultural Care = Service Solidarity + Complete Care**</p>

While this equation of meaning is simple, its enactment is complex and challenging because it occurs in the context of multiple worldviews, or ideologies, among peoples from diverse cultures, communities and backgrounds who, in whatever role—whether service provider or recipient—interact on a daily basis in Alaska's care organizations.

This paradigm of intercultural care links together peoples from diverse cultural backgrounds—different parts of the system—including service providers or service recipients. In this paradigm, links among people foster solidarity, a joining or unifying. Importantly, such

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solidarity occurs through an acknowledgement of both similarities as well as differences among peoples; hence, the locus of solidarity is, respectively, in the individual and collective society (Durkheim, 1997/1933). As such, the concept of solidarity indexes the "paradox of cross-cultural communication," which is based upon a dual and conflicting need among people to be together and to be separate. "Human beings are always balancing the paradoxical fact that they are simultaneously individuals and social creatures" (Tannen, 2005, p. 24). Hence, service solidarity combined with complete care operationalizes this "paradox of cross-cultural communication," or intercultural communication in the paradigm of intercultural care.

An Indigenous Cultural Code

The culturally pluralistic makeup of Alaska's care organizations means that many different cultural ideologies permeate Alaska's care organizations. Such cultural ideologies are evident in and enacted through *cultural codes*. Before we move to a discussion of cultural codes, it is vital to clarify how *code* is used here.

Code has multiple meanings. While some scholars define code as literally a language, others define it more generally. For example, code can refer to a single grammatical system, or a single language (Gumperz, 1982; 1972). Hence, the English language is a code just as an Alaska Native language such as Yup'ik is a code. A linguistic code refers to "patterns of language usage" (Gumperz, 1972, p. 22). However, defined more generally, a code can refer to social "guides to conduct" and "rules of conduct," understandings, expectations, and obligations associated with social interaction (Goffman, 2008/1967, p. 49). There are also semiotic codes that refer to shared meanings (Scollon & Scollon, 2001). In this study, I use a range of definitional understandings associated with the term *code*—indexing a specific language, interactional norms and shared meanings—specific to my explicating an indigenous cultural code.

A dialogic perspective of culture and language accounts for code use in social contexts. Thus, codes are correlated with a variety of communicative aspects in a sociocultural field. What this means is that language—or talk, communication—is a socially co-constructed process constituted by intersecting cultural codes, contextual understandings, and multiple meanings.

Guided by the analysis in chapter 3, I draw on ideologies of culture and language among Alaska Native peoples, particularly older adults, to explicate the *indigenous cultural code*. This

indigenous cultural code is based on a sense of belonging, a sense of feeling connections to place, or context, and peoples. Because it is based on this sense of belonging, I account for a code-context-meaning intersection.

Among Alaska Native peoples, a sense of belonging is associated with a sense of cultural identity. This association is depicted in such Alaska Native traditional cultural practices as subsistence. For example, in Alaska Native languages it appears in phrases such as "We are the Land, We are the Sea" (Smelcer & Young, eds., 2007). Regarding different cultural understandings of identity, it is important to note that while Euro-American, "Western" cultural assumptions of personhood generally index notions of individualism and mind/body dualism, ethnic minority cultural assumptions of personhood index notions of collectivity and mind/body holism (Landrine, 1992). However, I wish to acknowledge these assumptions are assumptions; they are not intended as essentialized truths.

In general, and for the purposes of this study, *indigenous cultural code* draws on ideologies of culture and language among Alaska Native peoples, particularly older adults. It is depicted in the following equation of meaning:

Indigenous Cultural Code = Contextual Interconnection

That is, an indigenous cultural code constitutes a holistic worldview based upon ideas of belonging, of connections to place, or context, and peoples. To reiterate, I use the term *code* to signal any number of definitions—a specific Alaska Native language, or guides to conduct, understandings of social norms or expectations or shared meanings—all of which index communicative practices with capacity to generate a sense of belonging.

Care and Rupture

The rhetoric of care associated with Alaska's care organizations translates to intercultural care when applied specifically to indigenous peoples, including Alaska Native peoples. Often care organizations show rhetorical rupture—a gap, break, or discontinuity—of intercultural care salient to Alaska Native peoples, particularly older adults. Alaska Native presenters, Kanaqlak (George P. Charles) Yup'ik Ph.D. and Akpayak (Jim LaBelle) Inupiaq, in association with the National Resource Center (NRC) of American Indians, Alaska Natives, and Native Hawaiian Elders at University of Alaska at Anchorage, actually employ the term *gap* in a professional

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presentation.[16] In this presentation, "Bridging the Cultural Gap," Charles and LaBelle (2006) identify a "dichotomy of cultural characteristics" in two primary categories: "Indigenous Culture" and "Western Culture"

Empirical evidence collected during my fieldwork, however, indicates multiple ruptures. Significantly, these rhetorical ruptures of intercultural care among Alaska Native peoples occur in the context of "varying degrees of disruption or loss with regard to their traditional lifestyles and worldviews" (Kawagley, 1995, p. 2). As such, Alaska's care organizations are contact zones (Pratt, 1991). Hence, each instance of a rhetorical rupture is a discursive event and each discursive event sutured together is part of a larger intertexual whole connecting past histories of AI/AN colonization with contemporary service delivery practices. Hence, one rhetorical rupture yields "intertextual association" with other rhetorical ruptures (Hill, 2002, p. 124). With one discursive event following another in these service settings, each event inheres in an intertextual contemporary discourse of neocolonialism—or ongoing relations of domination-subjugation— salient among Alaska Native peoples.

A neocolonial context is reflected in the many tensions and conflicts associated with service delivery practices in Alaska's care organizations, and these tensions and conflicts produce intercultural anxieties. My reference to *intercultural anxieties* is guided by a systems perspective and ecosystems theory. With Alaska's care organizations representing colonial aftermath arenas, or contact zones (Pratt, 1991), the many different ideologies and codes that clash and grapple with one another necessarily involve various parts or groups: Alaska Native peoples and peoples from the wider community and represented among service providers and service recipients, all of whom interact daily in these organizations. And given the interconnected, small-town nature of Alaskan social relationships, these interactions may be in the service-delivery context, or they may be in the context of shopping at the local grocery store, picking up or sending out mail at the local post office or fixing one's car at the auto repair shop. Consequently, intercultural anxieties affect all constituencies involved in service delivery practices among these organizational systems. Thus, while Alaska's care organizations aim to ameliorate the health and social disparities among AI/ANs, they simultaneously exacerbate intercultural anxieties as a result of repeated and multiple rhetorical ruptures.

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[16] "Voices of our Elders" (2006) PowerPoint presentation

Service providers and service recipients experience intercultural anxieties, including peoples from both Alaska Native communities and the wider community. For example, a service provider from the wider community—an individual with many years of clinical and administrative experience—in Alaska's care organizations shares the following:

> I felt very strongly about Native folks getting the Western view of education in order to take our jobs and…but they [Alaska Native leadership in a care organization]…pushed that agenda too soon, there weren't people to fill the jobs, so they essentially pushed out a lot of the non-Native professionals but didn't have anybody to replace them with and it severely jeopardized and threatened the health and well-being of the people of the region…

Significantly, among the "non-Native professionals" referenced in this quote who was "pushed out" of the care organization pursued litigation from the care organization in response to this event. This case received widespread local publicity, and it was reported and discussed in the rural Alaskan hub community's local newspaper.

Other examples show that service providers from the wider community experience intercultural anxieties. One nurse from the wider community shares: "I've been called every name in the book by the [Alaska] Native folks, including [Alaska] Native providers—you name it, I've been called it—now, given the history I can understand where that comes from, but I can't continue to work under these conditions so I am leaving when my contract is up." This nurse reported she had been working at one of Alaska's care organizations for approximately three months at the time she shared this information, and was planning to leave in the next month or two. Relevant to this nurse's experience, an Alaska Native Inupiat Elder shared with me during fieldwork: "My own people don't speak up to support each other, so why would they speak up against another Native in the face of disrespecting White people."

Throughout my fieldwork, a broad range of allied health providers from the wider community reported intercultural anxieties. In addition to the nurse above, another provider from the wider community—a social worker—shared about her experience of working for many years in one of Alaska's care organization for more than three years:

> …a lot of Native people who—where English wasn't their primary language and because you are in a—you are in the United States you forget that English is not necessarily a primary language—so that certainly was a barrier. Folks that you worked with clinically would sometimes have to hear what you were asking and then translate it into their Native language and then formulate a response and so there would be a lag, or a delay time in their response that sometimes could be interpreted as not hearing you, or not

being very bright, or not understanding your question or you know there were a lot of different ways to interpret that lag time and if you didn't ask questions and find out what that lag time was about you usually came to not great conclusions about the person you were talking to…I think the first way it can be improved is to understand that you are a guest…a visitor...The non-Native professional is a guest in somebody else's culture, in somebody else's home and you are not there to tell people how to live their lives. You're there to hear how you can help, so you have to hear how you can help... and that means you have to be patient, you have to take time to be accepted, you have to not force yourself on people, you probably have to be about 80 percent, 90 percent less verbal than you are used to being, you have to be accepting, you have to be—you have to squash your—there are a lot of things that you have to squash that you bring from a Western culture in order to be accepted by Native people and if you do all that your communication is improved… I personally feel that you better have a pretty good handle on who you are and what you are all about before you tackle anything like that...I was more mentally affected by white people than I was by Native people…I was negatively affected by those [White] folks who were running away from places that they couldn't get jobs—they were pretty horrific. There were a lot of people who were unethical, you know it's not ok...

As described by this social work provider from the wider community, intercultural anxieties include tensions and conflicts even among and between "White" people.

Intercultural anxieties are also experienced by service providers from Alaska Native cultural backgrounds. For example, a Yup'ik male Elder, a trained social work provider with a masters degree, shared:

I did my undergraduate work and then my graduate work in social work [in Alaska] and both times what I tried to tell them is that Yup'iks have traditional way of doing social work, but they wouldn't touch that because they don't know anything about it, they were afraid to touch any of that…What we need to recognize is—what *the system* needs to recognize is that the traditional ways are there, all we need to do is do some research and bring them out…

Importantly, this Yup'ik male Elder articulates a micro-macro connection between service provision at the individual level and intervention approaches or models at a larger systems level.

On a related note, Alaska Native professionals in care organizations and research shared their frustrations with needing to import service providers and researchers from the Lower 48 who are among the wider community; one Alaska Native professional shared: "They don't listen to me."; further, there is a reported contemporary diaspora among Alaska Native peoples with doctorate degrees, the reported total of which is 50 (KNBA radio station 90.3 FM, 2012).

In addition to service providers, service recipients also experience intercultural anxiety. For example, an Alaska Native Inupiat female service recipient shared the following about her

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local care organization: "I won't go there again, the way the doctor treated me—no way; he looked at me and asked if it was true whether Alaska Native women get raped as often as they do." This Inupiat female stated the doctor to whom she was referring was an individual from the wider community.

Indigenous cultural code ruptures in the service delivery of intercultural care associated with Alaska's care organizations are a *communicative practice*. Repeated and multiple rhetorical ruptures salient among Alaska Native peoples, particularly older adults, reveal *communication patterns*. These communication patterns, instantiated in AI/AN colonial history, represent neocolonial incursions of indigenous human rights.

Rhetoric and Rupture

In addition to Hill (2002) and "expert rhetorics," the concept of rhetorical ruptures also builds upon the work of Kurtz (2006), which follows that of Stoller (1995). Charting the historical terrain of racist language in Alaska, Kurtz (2006) extends Stoller's (1995) conceptualization of the "slipperiness of racial discourse" and the associated "ruptures and recuperations" of such discourse. In so doing, he identifies the binary code structures of "Native/White" and "rural/urban" and their respective associations.

The historical discourse associated with racial politics in Alaska maps onto the urban-rural divide. According to Kurtz (2006), there is an "entanglement of two binary structures used to categorize and govern Alaska's population: formations of race (particularly Native/White) and the frameworks of space (rural/urban) that are often understood in Alaska as code for race" (p. 602). Hence, *rural* is code for *Native* while *urban* is code for *White.* Such binary ordering "carries with it a normative message: that Alaska Natives 'belong' in rural areas, while white citizens are the rightful inhabitants of urban areas" (Voorhees, 2010, pg. 68). These binary categories of difference are instantiated in Alaska's history.

Kurtz (2006) outlines Alaska's racialized discourse instantiated in binary categories of difference using a paintball metaphor from the highly publicized 2001 incident in which three White male teenagers targeted Alaska Native peoples in Anchorage with paintballs. In so doing, he identifies four primary paintball incidents relevant to Alaska's history. Among these are: (1) racial prejudice leading up to passage of Alaska's 1945 anti-discrimination act, (2) the political process that constructs rural Alaskans (most of whom are Alaska Native peoples) as minorities

with weak voting power, (3) state funding allocated to urban projects, and (4) hatred, or the language of racism.

Regarding this last paintball incident, one blatant example is recorded in a 2008 letter to the editor of the *Anchorage Daily News* titled, "Hate Speech in Anchorage on Station KBFX." Penned by then-Alaska Federation of Natives president, Julie Kitka, it describes a hate-speech incident:

> On April 10, one of the radio personalities "Woody and Wilcox, on Station KBFX, made brutally offensive racial remarks on their show. The two were bantering about what it means to be a real Alaskan. One asked the question, "Have you ever made love to the Yukon River or peed in a Native woman?" How often have you heard a single sentence that racist or sexist?

Referring to this public discourse as "hate speech," Kitka stated that, "many Natives, while sickened, thought it was all too typical of Alaska's race relations" (Kitka, 2008).

Significantly, this example of hate-speech evident in the local community permeates understandings associated with the culture-communication nexus in Alaska's care organizations. For example, one service provider from the wider community shares:

> …there is a problem in communication-and I think it is one in which the Native believes that "I don't understand that" and in turn we believe that they don't understand us and that they should try harder to understand us in the majority society—and so, it's clear that there is need for some cross cultural training on both sides. And, so we need to bring these people together more often. I have some knowledge of [a community social service agency] and I think the relationship there is really strained because of the nature of their work…and there is constant fighting over the Indian Child Welfare Act…and as a result the communication is really, really bad—and, I am not sure the agency is doing all that it can to foster better interpersonal communication skills among its workers…I recall there were two radio DJ types—they were suspended from their jobs because they used derogatory language—they gave a very nasty joke about an Alaska Native woman so they were suspended and…they returned to work…So the relationship can be much improved… However, I should say that the mayor's office and some church groups are doing a lot to facilitate communication and the relationships…

This example illustrates a binary category of difference—"the Native" and "us in the majority society"—instantiated in a racialized discourse that permeates care organizations. Another service provider from the wider community with extensive practice experience in both urban and rural areas illuminates the reality of Alaska's racialized discourse:

> …in [village A] there was tremendou*s* prejudice to the Philipinos… and there was also even between the Inupiats, if you were an Inupiat from [village A] versus an Inupiat from another community—you weren't necessarily accepted if you were coming in as Inupiat

from a community outside and—and there was this historical bad blood…I saw a lot of very open discrimination… and I've seen it here in [urban city] too but it's not always—as I've said—the dominant culture with the non-dominant—well, no, sometimes it's the dominant culture actually if you think about it for that region it may be the "dominant culture" versus the "outsider" but like, you know, like I hadn't thought about it that way, but not how we refer to the term meaning "dominant" like Western, I mean in [village A] I mean Caucasians were very much discriminated against, Philipinos were very discriminated against and certainly as I said and even depending on what Inupiat community you were from and so in fact I mean if you think of "dominant" in [village A] the Inupiat *were* dominant, I mean you could turn it on its head in that way and think about it that way…

As is evident from this quote, *dominant* is relative; hence, the dominant cultural group is relative, specific to a particular place, whether it is a rural or urban geographical area and what population demographics comprise that particular place.

Extending the work of Kurtz (2006), I explicate an indigenous cultural code premised upon Alaska Native ideologies of culture and language and relate it to Alaska's care organizations through the notion of rhetorical ruptures. In so doing, I assert that rhetorical ruptures are neocolonial incursions of indigenous human rights in Alaska's care organizations. Thus, ruptures between an indigenous cultural code and intercultural care index a racialized discourse permeating Alaska's care organizations. More specifically, rhetorical ruptures are misalignments in footing (Goffman, 1981)—a relational misalignment between intercultural care provision and an indigenous cultural code salient among Alaska Native peoples, particularly older adults.

The rhetoric of care associated with Alaska's care organizations, because it occurs in the context of AI/AN colonial history, yields charged meta-messages salient to Alaska Native peoples, particularly older adults. While the basic message is the explicit message of care, whether general or specific, the meta-message becomes one associated with feelings of being accepted, of belonging—or not. What this means is that when there is misalignment in footing between intercultural care provision and an indigenous cultural code salient to Alaska Native peoples, particularly older adults, it is a charged experience. Consequently, just as misalignments in footing are charged so are alignments. Hence, there are rhetorical ruptures - charged emotional and sociopolitical experiences indexing AI/AN colonialism – and there are rhetorical resonances salient to Alaska Native peoples, particularly older adults. It is through rhetorical ruptures that Alaska's care organizations exacerbate intercultural anxieties.

Intercultural Care Continuum

Service delivery practices of intercultural care associated with Alaska's care organizations may be viewed along a continuum that shows characteristics associated with rhetorical ruptures—gaps, breaks, or discontinuities—and rhetorical resonances—continuity—of intercultural care. Among these characteristics are the unfamiliar and rejection, familiarity and reassurance. (See Figure 4.)

Figure 4. Intercultural Care Continuum

Rupture   **Resonance**

Unfamiliar**--** Familiar

Rejection --**Re**assurance
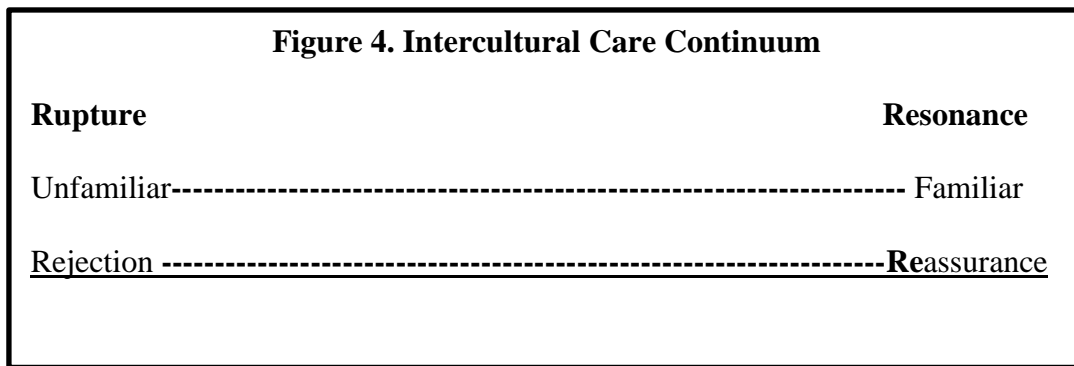
Significantly, and in the context of AI/AN colonial history, this intercultural care continuum is situated in a framework characterized by charged experiences. These charged experiences are linked to "anxieties over belonging," or what Middleton (2013) terms "anxious belongings…a collectively embodied phenomenon—at once historical, social, and pregnant with political possibility" (p. 608). Anthropologically, this phenomenon is viewed within a shared "structure of feeling" (Williams, 1977, p. 128). Thus, a historical racialized discourse (Kurtz, 2006) in Alaska intersects with Alaska's culturally pluralistic care organizations in a representative contact zone (Pratt, 1991). Consequently, AI/AN colonial history reverberates among Alaska Native peoples, particularly older adults, in the context of service delivery practices that trigger deeply felt experiences of belonging (i.e., rhetorical resonances) or not belonging (i.e., rhetorical ruptures).

AI/AN colonialism impacts service delivery practices in Alaska's care organizations because AI/AN colonial history is a shared experience. Thus, and salient to Alaska Native peoples, "feelings of shared experience do not just move through individuals and communities; they constitute them" (Middleton, 2013, p. 612). For example, a Yup'ik male Elder shares the

following about service delivery practices: "And how do we coexist? How did we coexist with one another before…We had to be accepted into the community, if you're not accepted, can't work with them [service providers and care organizations]." In another example, an Inupiat female Elder explains: "The initial part of working with this [intercultural communication] is getting over 'are you gonna be accepting?'…'are you gonna be open to the problems that we've gone through before?' and 'how are you going to deal with that?'…or how… 'are you going to accept it or are you going to shun away from it?' or 'are you going to deal with it…are you going to be there to listen to us about it?'…or…you say, 'that's too bad,' 'it's too bad,' even though it hurts us really bad."

Characteristics of rhetorical ruptures and resonances along a continuum of intercultural care include a binary of the unfamiliar and the familiar. Characteristics of the unfamiliar index rhetorical ruptures while characteristics of the familiar index rhetorical resonances. For example, an Alaska Native Tlingit female Elder explains:

> So when you have a situation where a person is going into a clinic, to a Native person it's being extremely formal. So a person who grows up with a European background, or western society background, where they grow up with that, that's normal. To them it's normal expectation of how to behave and react and how to communicate with people. But to a Native person, it's not normal. To me normal is…I grew up in the country…to me normal is going out and walking by the lake with nobody there, and nobody talking to me. That to me is normal. So you get this connection happening, and the space and place and the idea is to make it a more comfortable place…   yeah, a place that's not so formal. The more formal you get, the more uncomfortable it gets…and in some situations it's called to be formal. Even in the Native communities, like here…in the villages…in the Yupik villages I was in, it was very, very informal. But it also depends on the Native culture and the Native person, because they all come from different cultures too…within a culture. It's almost like you've got to get to know that person, who they are, and the tribe and study the tribe to really know who they are. Like the Tlingit people, they're more formal. Now they would probably be completely more comfortable in that situation, because they're raised that way. They're formal and their society is more formal, where they get up and they give talks and it's expected to be formal. That's their cultural expectation. In fact, because I didn't grow up like that, I'm Native, but I didn't grow up like that. That's not my Native culture. And so, there's this lady that's getting after me because I didn't have a speech. So, you know, the culture within the culture of the Native people can change. That makes it probably even more confusing! (laugh) …that's probably a lot of it with people, you know, with the expectation of the person in the city that grows up in the city, their used to it being… well this is the way it is… And then, a person from the village comes in—and everybody knows their name and knows who they are, and there's that sense of familiarity—and it's not there. In place of that familiarity, there's a formality. It's the way people survive in the city, you know, they're protecting themselves, because everything is fast paced and there's a formality that helps people to

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survive, emotionally, in some ways. But what it does, it's just like the [grocery store] thing, where people aren't looking at each other. And I thought, oh my gosh, what's happening? You know?… people have become more formal, but in that formalness they lost part of their humanity…in some ways. Because they become more and more formal in order to cope with everything and to have, like, I guess a structure…to society. So what they do is they lost that spontaneity. So you've been in situations that have been so formal that you're afraid to laugh almost…

As this Tlingit female Elder shares, a sense of the unfamiliar indexes a rhetorical rupture; this unfamiliarity can refer to either an experience of formality or one of informality, depending upon the tribe's unique traditional cultural values and practices; hence, while a sense of the unfamiliar indexes a rhetorical rupture, a sense of the familiar indexes a rhetorical resonance.

Another binary of charged experience salient among Alaska Native peoples, particularly older adults constitutes a continuum of intercultural care. This binary is characterized as by a charged experience of either rejection or reassurance. As described by a Yup'ik female Elder:

an example when the communication is not good between an Alaska Native patient and a doctor…it would be interpreted by either one as a rejection. Now, for example, the doctor I had told the Pharmacist I rejected him when I told my doctor I did not want to take the Codone drugs. The codone drugs are synthetic morphine. I'm not interested, I don't need to take that and I'm not interested in becoming a damn addict. That wasn't what I said to him, all I said was "I don't want to take the codone drugs," so he told the pharmacist I'd rejected him, and I feel that is not true, he rejected me. To me he's not operating as a sensitive or considerate doctor. Wouldn't he want to know how I respond to any drugs? Wouldn't he be glad to hear that? So that he could be more effective in what he's doing? I feel that he's just an arrogant bastard. I shouldn't…there's a huge arrogance there if he treats me like an idiot because I'm dumb cause I don't know…the last doctor that I saw, one of the last specialists I saw, a delightful cardiologist…had to see the cardiologist…to check my heart if it's working….it's working…It shows the damage I had from Rheumatic fever, I had in college, it shows the damage there…but I'm not to be considered…when it starts skipping beats, I guess it doesn't really mean that much. Very intense, handsome young guy… I loved talking with him…by the name of Dr. [name]…He was very, very intense, and he said 'what is your profession?' When I told him that I had been an engineering designer, he figured maybe I was going to understand what he was going to tell me. He told me all about how the heart functioned…which is interesting in itself, but I was more fascinated by his personality, his intensity. It was wonderful, you know, he could have said your heart is fine go on, but he didn't. And it made me feel very, very reassured - that he knew what he was doing and what he was telling me was really I was fine…reassured - that means that what he's telling me, from what he knows I believe to be true, and I'm not going to think I'm going to have to be running out to see someone else… When I feel very pleased, this is a good doctor. And I feel the doctor that I have…ok, they say your primary doctor…The primary doctor, as far as I'm concerned, is the one you need to go through to get to the specialists. And I know what specialist I need. Now, the doctor who wanted me to take any kind of medication he

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wanted to give me without me telling him how I respond, I didn't want to, what was he thinking? I essentially felt that if I had been rejected than I better not have that doctor for mine…reassurance means safety…when he cares…

This Yup'ik female Elder's reference to rejection as compared to reassurance is reinforced by an Alaska Native Inupiat female Elder: "The patient has to feel important, like they count… They're not just a patient, we're not just a chart, we're more—we make that whole thing but there's more to us than that paperwork."

The Alaska Native Elders participating in formal interviews for this study are among a particular older adult age cohort. For example, one Yup'ik female Elder was alive during the administration of President Richard Nixon; as she shares about her life history she mentions the Alaska Native Settlement Claims Act (ANSCA):

> I was very, very—I was living outside when the Alaska Native (Settlement) Claims Act came through-went through, and I knew some of the people who worked on it and I met Wally Hickle once. I met Wally outside after they wouldn't let him become governor again, after he had been Secretary of Interior under Len Nixon…But he was pretending to be an environmentalist, so he came out and I was living in Orange County, California, and he came there to give a talk at the University of California-Irvine. So I saw it in the paper and I said, hey that guy used to be the governor of Alaska I'll go over see what he has to say. So I did and he talked about the environment or whatever the hell it was. I know a bit about his background, so afterwards when they were having the wine and cheese get together you know, where you could meet the people and could ask them questions, I walked up to him and I said, "Mr. Hickle," I said "I don't have a question about the environment, but I do about Alaska." He got [??] "How are the Natives doing with the Natives Lands Claims Act?" And, he puffed up and said, "They are doing very well, very well…you know it was I who got that for them…" What an egotistical guy see — then I made a mistake and let him know I was from up here [Alaska]; then I made another small mistake and let him know which town I was from [chuckle], and he said "Oh, well then you know Don Young don't you?" And I said, "No, he was a Republican wasn't he?" And he turned on his heel and walked away…[chuckle] rude little guy, it wasn't he who got—he happened to be there when Don right from Nenana and a few other people were in Washington, when Nixon you know signed the bill—I have met Don Young but I didn't know him then…

This Yup'ik female Elder is one among many Alaska Native Elders currently residing in Alaska who has lived through tumultuous, challenging social justice times for Alaska Native peoples. Among these is period when ANSCA was debated and passed.

Intercultural Communication Complexities

Ethnographic evidence gathered during fieldwork revealed a community-based awareness of the importance of doctor-patient, or service provider-service recipient, communication in service delivery practices among care organizations. For example, when I picked up the *Senior Voice,* a local Anchorage newspaper that serves older adults, I noticed an article entitled "Stereotypes Impair Doctor-Patient Communication" (*Trussell,* 2012). This article reported important facts, including the high frequency of visits to doctors by older adults, the high number of medications taken per year by older adults, and that communication between doctors and patients is complicated by expectations and biases held by *both* constituencies [emphasis mine]. Consequently, these intercultural communication complexities contribute to the complicated terrain associated with service delivery practices of intercultural care.

When I read this article, one particular statement, directly related to this study, caught my attention. It cited research suggesting, "doctors should try to maintain eye contact with their patient, instead of focusing on the patient's chart or the computer screen" (Trussell, 2012, p. 9). However, when I read this article, I was already analyzing the formal interviews conducted with Alaska Native Elders. The findings from these interviews showed a mixed preference salient to the communication behavior of eye contact. So, while the article reported general prescriptive caveats about doctor-patient communication, the article lacked a focus on cultural differences associated with doctor-patient communications. This study aims to fill that gap.

Empirical ethnographic evidence emerging from my fieldwork shows intercultural communication complexity associated with intercultural care service delivery specific to the communication behavior of eye contact. Among Alaska Native Elders who participated in formal interviews, some commented on how Alaska Native peoples—particularly Elders—prefer to communicate with indirect eye contact, while others stated that Alaska Native peoples prefer to communicate with direct eye contact. One Yup'ik male Elder explains:

> …and as far as social work is concerned, and clinicians that go out there—many times they're not prepared to work with clients in the villages…they're still there looking directly at their clients, and scaring their clients who aren't used to just eye contact all the time, and then very close, in many cases they go very close to them…

And, while this Yup'ik male Elder discusses communication styles in the context of Alaska Native peoples living in a remote village, indirect eye contact is also reported to occur among Alaska Native Elders living in an urban area. For example, one Inupiat male Elder living in a city on the road system explains, "Well, when I'm talking I don't, I don't look straight in eyes like

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this [looks directly into my face and eyes]…(laugh) I just, how I talk, I don't look straight in the eyes cause I just talk like my relatives..."

In addition to Alaska Native male Elders, some Alaska Native female Elders also state that indirect eye contact is a preferred, or typical, communication style among Alaska Native peoples and cultures. For example, one Inupiat female Elder living in a city on the road system shares the following:

> And when you're spoken to, you don't look at us directly in the eye. So, for us to see them—from a professional, it's like scolding us. (Laugh) That's why sometimes when we're talking without really seeing you, it's like, ok, we're giving you like a respect. Like with her [Elder's mother in room], when we're talking we don't see…straight in the eye. That's not…being respectful. And yet they're teaching us…they're telling us, even now, my work [health and social service organization]… "You need to look people straight in the eye" —that's not our culture— "When you talk to them you have to look at them straight in the eye"… Yeah, cause for us to look at a person in the eye is disrespectful, especially if it's an elder…

Thus, for this Inupiat female Elder, while indirect eye contact indexes respectful behavior direct eye contact indexes disrespectful behavior.

However, indirect eye contact can index disrespectful behavior among other Alaska Native Elders. For example, a Yup'ik female Elder who lives in a city on the road system shares: "Direct eye contact is very important to me, you know, that's my way of—if we have to talk we can to talk, you know, eye to eye or have eye contact, but there's people that talk like this, you know, they talk to you: 'Are they talking to me?' no, they're not even looking, they'll go like this, [turns face away from me] but then you know…honestly, I don't really care for that…that's just me." Another Elder, an Inupiat female Elder, also living on the road system makes the following comments about health and social service providers: "Why don't they look at us in the eye?...The providers—they don't care, they must not care…for example, why does she [provider] not look at me in the eye when I talk to her?" This Inupiat female Elder further explains that, "the provider thinks that we don't care if we don't look at them in the eye."

In addition to these Alaska Native female Elders, Alaska Native male Elders also report indirect eye contact indexes disrespectful behavior. For example, one Inupiaq male Elder explains: "Ah, it's like also when that person looks away from you and try to talk to you, it's like the doctor's talking to you but he looks a different way, it's like to me yeah it's that, ah it's like

he wants to say something but he don't really want to look you straight in the eye and say it to you in front of your face, so I feel ignored."

Among Alaska Native Elders, whether male or female, whether located in an urban or rural location, the communication behavior of eye contact can index either respectful or disrespectful behavior. Consequently, the comparative context within which this study's research questions are framed can in many ways be rendered as specious. That is, categorically identifying individuals from different cultural backgrounds such as "Alaska Native peoples" and "peoples from the wider community" is in many ways artificial and potentially reinforces stereotypes. For instance, one Inupiat female Elder, when asked about communication differences, responded: "I don't think you can say non-Native and Alaska Natives or non-Natives and Natives. I think it's professionals. Of course we have different ways of communicating, you know…but when you are dealing on a professional standpoint, I think it's more of a professional issue than a real communication issue…" Another Inupiat female Elder explains it in the following way: "Here's another thing: Sometimes my husband will say, 'Well, they treated you like that 'cause you're Native.' I said, 'I have a hard time with that *Native* thing'…'I'm a person. Who is Native? But, I'm a person and there's so much to me that, that's there. So much here. You, it's your fault if you see me as a Native that doesn't have anything to offer, so, that's the way I feel about it."

Regarding intercultural communication complexities, the contemporary reality is one aptly described by the phrase, it "all depends." As a social worker from the wider community explains:

> …You go to a professional workshop and they say well Alaska Natives don't like
> persistent eye contact, or that's rude or…the pace of speech is much slower…longer
> pauses…you know, all those kinds of stereotypes which have some truth but it also all
> depends…it depends on the acculturation, it depends on urban versus rural, it depends on
> the person's age…And, so it's sort of like within group differences can be as great as
> between-group differences…

As articulated by this social worker, it is very difficult to essentialize—or generalize—any particular characteristic of communication with any particular cultural group. So, when Alaska's care organizations promote an Alaska Native cultural value of "Respect for Elders" in the rhetoric of care, it often provokes the following questions—at least for me it does—*What exactly is meant by "respect" and to whom?*

Further empirical evidence of intercultural communication complexity appears in documents I collected during fieldwork. I attended many Alaska Native activities and events that displayed public advertisement materials. These documents indexed simultaneously metamessages of integration and complementarity—similarity—in the context of messages of difference. For example, when I attended a Native art event, I visited all the art booths, and at one booth I read about an Alaska Native program soon to begin at a local Alaska Native organization. On the cover of this program's advertising pamphlet, or brochure, was the phrase "Two Worlds, One Spirit." I also attended a Native tribal community's song and dance celebration, which was publicly advertised with the following phrase(s) on the flyer announcement: "Pow-Wow/Potlatch." Then, when I attended a music concert by an internationally known indigenous music group, the public announcement displayed the following description: "American Indian/Alaska Native [music group]."

Contemporary intercultural communication complexity in Alaska is influenced by forces related to globalization. Themes of continuity and change salient to village and city life in Alaska exist across the rural-urban divide in Alaska. While elements of continuity invoke romanticized images of Native peoples and places, elements of change invoke notions of Native displacement, cultural disruption and loss. Consequently, the conceptualization of a Native Alaskan village is often romanticized as a small, close-knit community characterized by cooperation and solidarity among its members. Yet, as Alaska Native scholar Kawagley (1995) explains: "The outside perception of villages as quaint places where people live a romanticized lifestyle persists because we are unwilling to admit that many of our villages are little more than ghettoes by conventional Western standards" (p. 105).

Specific to Alaska Native peoples, the multiple interacting, and often contradictory, forces of assimilation, acculturation, deculturation, and enculturation contribute to intercultural communication complexity. For example, an Alaska Native elder, Davis Sockpick, shares about his life experience growing up in a remote village:

> Growing up, growing up seems like a different lifestyle compared to now… The lifestyle that our young people are going through right now is entirely different from when we were growing up, to me it's like living in two different worlds; it's very very different… most of our emphasis now is on Western style living, not living off the land entirely… Elders were in charge in the community, what they say was done and it was like a law, and that is no longer the same, there is too much to do right now, too much activities and everybody just going their own way… like an urban area though, it's the same way…

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Significantly, regarding this elder's observation of people "going their own way" in the village community, he commented: "That's what the ancestors said, that was their main goal: to unify people…" (KNOM Elder Voices, 2013). In addition, Alaska Native scholar Oscar Kawagley (1995) explains: "In Yupiaq eyes, Western society often appears as a monolithic entity, despite the fact that it is made up of many diverse institutions and divergent points of view" (p. 3).

Intercultural communication complexities associated with Alaska's care organizations are exacerbated by Alaska's contemporary mobility patterns and by provider turnover in Alaska's care organizations. My own participant-observation ethnographic fieldwork corroborates this high provider turnover. For example, I observed in one health organization in Alaska that one senior leadership position turned over four times during a six-year period. As one service provider from the wider community explained: "…we have a lot of regular clients who trust us and work with us but then again there's also a lot of distrust too because of our high turnover rate…and also on a tribal level, the different governments, some tribal councils are more receptive toward outsiders while others are less receptive…" The high provider turnover rate exacerbates intercultural communication anxieties and complexities.

Stereotypes and Service Delivery

Stereotypes, generalizations based upon similarities among aggregate groups, contribute to the complexity associated with delivery of intercultural care in the context of Alaska's care organizations. Among these is the fact that any constituency, or part, in the service delivery system—provider, recipient, administrator, and so on—can allow preconceived notions of a person, place, or thing of a particular cultural, racial, or ethnic group to influence perceptions and experience. Miscommunication can be attributed to either the sender or receiver of a message.

Ethnographic evidence collected during fieldwork shows biases and stereotypes among multiple cultural groups, including the cultural groups of Alaska Native peoples and those from the wider community. From a dialogic perspective, no cultural group is an autonomous thing; rather, moving beyond disciplinary debates associated with what delimits a speech community, each cultural group is more accurately viewed as a unique community, or social aggregate, in the context of "the relational logic that that organizes a social field" (Irvine, 2006, p. 696). As such, social processes intersect with one another, each reciprocally influencing the other.

In Alaska's culturally pluralistic care organizations, each community represents a part among a larger systemic, or organizational, whole. However, an individual may belong to—or rather have access to—multiple communities based upon the capability of code-switching (Gumperz, 1982). Thus, an individual may affiliate with and switch between multiple and different racial, ethnic, and cultural groups. In so doing, individuals affiliating with or switching between multiple and different groups challenge preconceived notions of aggregate group characteristics, thereby challenging essentialized understandings of racial, ethnic, and cultural groups. For example, the Alaska Native Inupiat female Elder cultural consultants participating in this study—as well as myself—engaged in ongoing code-switching between local, community-based discursive practices and institutional academic discursive practices.

Stereotypes are essentialized understandings. As one Inupiat female Elder explains about general intercultural relations among Alaska Native peoples and peoples from the wider community:

> Uhm, I think that they'r pretty good, but I do see some prejudice on both sides, you know, I see Native people that are prejudiced against White people, Black people… and vice versa, you know, and I think uhm there are stereotypes for each race…Black people are 'gangsters,' or 'thieves,' and Natives are 'drunks' and White people are 'taking advantage of everybody'…it's 'The Man' [chuckle]… yea, I mean the government is White…"

This Inupiat female Elder draws a correlation between stereotypes and prejudice. Among ANs, such correlation between stereotypes and prejudice indexes AI/AN colonialism and historical oppression. For example, another Alaska Native Inupiat female Elder shares:

> There's been so much belittling inside the cultures, inside the races, inside the education; there's so much belittling that the person with the higher education is a better, finer, greater person than, than me - bullshit…I mean, cuz like for so long we've even been taught, I remember being taught as a child that they're better than us because they're white. I was, I used to think "*I wish I was white. Why can't I be white?*" Oh, I've got some real light streaks of hair right here, I'm almost white, you know...But here, I had a, I mean, I've got an eighth of Caucasian in me…It rises up every now and then in me to cause trouble, I have to settle it down…but I always thought White was better because I was told that: *they know better, they're better, they know more.* So in reality, we were kinda taught that, I was. I don't know about the other Alaskan Natives: Athabascan, Tlingets, Haidas, Yup'iks, you know what I mean?...but I think they were too-that they were always taught or thought that they weren't as smart as, or as good looking as, as valuable as them – that we're devaluable, we're less valuable… it becomes a chip on the shoulder, so then the prejudice turns into hurt, that prejudice, so the prejudice comes out.

In this example, this Inupiat female Elder alludes to iterative cycles of violence whereby forces of oppression extend beyond any unilateral direction to become multidirectional.

Stereotypes permeate intercultural relations and interactions in the general community. For example, one Yup'ik male Elder shares his perspective:

> When I was a board member for [business organization], I was on the board for that, maybe there were 3 of us that were Natives… but most of them were from Washington, Oregon, or California—they were mostly Italians, and at the meeting they'd be talking right on top of each other, and even though you'd want to say something you couldn't, so when they asked me, "How come you're not saying anything?" I told them: "I don't have room…people are talking on top of each other," and I said, "It's like a basketball bouncing all over the room…" and they were laughing, that's the way I saw it, it's like a basketball bouncing all over the room, just boom-boom-boom…" [chuckling]

The Yup'ik male Elder is essentializing communication styles specific to the cultural groups of Natives and others who "were mostly Italians." Another Yup'ik male Elder essentializes communication styles between Alaska Native peoples and White people. This Elder explains that when community members "came to [tribal chief], and when [chief] had people come to him, you couldn't speak. And so you'd sit there and listen, and you listen to speak and then speak, and then [chief], he speak and let them know what he was gonna do to make it right. And after [chief] speak, we say our questions, then we ask questions. We don't just jump in, White man jump in…we gotta do this…before they even finish, he get into reason why. God give us two ears, one mouth. Listen twice, speak once. Interestingly, this communication difference can be represented by the following equation: "H_2O" = Hear twice, Orate once.

Prejudice can be widespread among racial, ethnic, and cultural groups. As an Alaska Native Inupiat female Elder explains: "There's prejudice that can happen between non-Natives and Natives and between Natives and non-Natives, and then there is prejudice between Natives and Natives and there is prejudice between non-Natives and non-Natives, yea, prejudice is so global, Global…" According to this Elder, the strategy or action to address such prejudice is "through cultural education-learning more about each other, and viewing each other as equals, that's the biggest thing… like, most White people think they're better than anybody, than Black people or anybody else…" Yet, this Elder explains that in order to implement "cultural education" people "have to be interested in the first place—they have to care enough…they have to care enough to get it otherwise they won't get it…they have to care enough to make an effort,

it has to come from the heart…some people are shallow—they only care about themselves, only if it benefits them or if they can get something out of it…when they're so shallow they're just interested in the money—I think generationally people are getting more materialist and shallow."

In addition to local communities, stereotypes permeate Alaska's care organizations. This reality can lead to prejudice and potentially discrimination, affecting all relevant constituencies—or parts—of the service delivery system. The following is an example shared by another Inupiat female Elder about how stereotypes can influence service recipients:

> Let me tell you a story that happened recently. A Native came up and visited and stayed with us and he got sick. So he went up…and he was already starting to formulate his response them [health and social service providers] just giving him medication without having a diagnosis. You know, "we don't know what it is but here this might help you"…you know without any… And he was really surprised that the level of care that he received up in our [health and social service organization]. The doctor actually couldn't…didn't really understand…so he pulled in and used all available resources and actually had two more of the doctors come and say this is what I think it is. It was a childhood disease, illness, virus that he had, which was really rare in adults. So he was, I don't want to say impressed with the level of care he received up here in our [health and social service organization], cause like I said he was already…in his mind he was formulating how he was going to be aggressive and not just take antibiotics or whatever they were going to give him to help him… That's usually the level of care that…you know they don't use all the resources that are available to them to try to understand what's going on with their patient. So, we have a lot of plus's, but there's always room for improvement.

As this example shows, stereotypes rather than being reinforced can be challenged and therefore rendered as inaccurate.

Alaska Native peoples and peoples from the wider community are two general yet distinct groups that report experiencing forms of discrimination by the "other" group. As one service provider from the wider community states about her care organization: "There is visible racism here, even though people don't see it, I see it… and I see it all the time…" Another social service provider from the wider community shares:

> …and there are some communities where there really is reverse—and even some organizations—where there really is reverse—very blatant reverse discrimination—I think it takes the exceptional person to be able to say 'that's ok' you know, that that's what this corporation is about right now and someone coming in to work here needs to know that their priority is going to be—to unabashedly further their own people and their own culture and that can often mean that it's not the best person who gets the job and that you're not going to advance and that you accept and are ok with that—and there aren't many people that can walk in and say 'that's ok'…so I mean I guess I've seen both

sides… I've seen White people, I've seen Philipino, more than just Philipino but Inupiat and other people and also the Athabascan… but I mean I've seen it go both ways where I've seen people be wounded on both sides…and so you know I don't think it's all a one-way…

Such comments referencing "racism," "reverse racism" and "stereotypes" by service providers reveal a racialized discourse permeating Alaska's care organizations.

Stereotypes adversely affect service delivery practices among both service providers and service recipients in Alaska's care organizations. Regarding internalization of stereotypes, a social service provider from the wider community who lives and works in an urban city on the road system explains:

A lot of times when Alaska Natives go to determine their information or ask questions they'll immediately identify themselves as, 'I'm not homeless,' or, 'I'm not crazy,' or drunk, 'I'm not drunk,' so they don't get treated that way…it's like they need to upfront tell you just that they're better than what you already assume they are—like they're already stereotyped I suppose… I would say a lot of elder Alaska Native people would say that versus the younger crowd. I would say at least three to four Alaska Natives a day, and that doesn't sound like a lot, but that's just me over-hearing people at the front counter, and then the scheme of the people I actually see…you know, requesting, 'I lost my food stamp card,' and then when the clerk will ask them what's a mailing address, 'Well, I'm not homeless,' you know, automatically like we're assuming that we're asking because of that, which it's just so we can mail them a card…

As evidenced by this provider's experience, internalized stereotypes impact intercultural communication in service delivery practices.

Stereotypes rendered into prejudices affect service delivery in Alaska's care organizations at multiple levels, including the micro-level of provider-recipient communication as well as the mezzo-level of administrative leadership. As one Inupiat female Elder shares, she discusses "lateral violence" among leadership in Alaska Native organizations:

[rural hub city] is a multi-ethnic community, it's a…I think for the most part, many of the decisions that impact the whole community are made by the immigrant, White, community and that impacts everybody. So, I think there's an imbalance there. I also realize that the Native groups who reside in this community are impacted people. You know we've had contact with the outside world for, I don't know, 200 years maybe. And there's been a process of acculturation that's taken place, to some degree voluntary, and to a larger degree involuntary. And so with that has come…it's impacted the spirit of the people, it's impacted the strength of the people, the traditional social system, the traditional support systems that sustained healthy communities in the past has eroded…or else people have lost sight of it as new generations have come… And I think to some degree, there's been silence, where people have been silenced about trauma…

And it's almost like that silence has originated from being traumatized at some point, maybe by multiple factors, and because of that it has…it puts people in survival mode when you're traumatized. You're just trying to stay alive. You don't have time to attend to your emotional state, to your mental well-being, to your phy…any…any of that. You're just trying to stay alive. And when that happened, like the flu epidemic for example, a number of them…

 [An Alaska Native cultural consultant interjects the following at this time during this interview:

"Still, a descendant, like me and you, it's still existing. I mean, we are still carrying it even to my kids and grandkids and great grandkids. It's still…we are still acting it out…or our actions…where we present ourselves and the way I talk and the way I am in the public and…I'm still in that mode."]

It's an intergenerational thing, you it started at one generation and then it goes to the next, and the next and the next. And we have numerous Native groups in [rural hub city], who bare the aftermath of trauma and acculturation. And then they, sometimes by forced relocation, now reside here. And then they are trying to survive. But, you know when people are impacted there's a phenomena called ah…well there's acculturation of course, and then there's also a phenomena of…um…what's called… lateral violence. And that lateral violence is…when we are oppressed, and we don't have the means or the power to respond to the oppressor or the source of oppression in a way that brings justice or fairness or…you know… well-being to our lives, when that…for some reason is not there, it creates, like a rage within a person or a hopelessness. It needs to come out somewhere. And the phenomena of lateral violence says it's gonna come out to people who are closest to me or people who are weaker than me. And that's where the domestic violence comes…or else we turn on ourselves. And that's where the substance abuse… where we just self-destruct, or try to self- destruct. And it's all originating from that…it's all originating from acculturation, oppression and trauma.

[Alaska Native cultural consultant: "We're still oppressed people. We're still living it…"]

We are an oppressed people. And [rural hub city] is like a…in my cynical days, I used to say, when people say where are you from, I would say I am from the colony of [rural hub city]. Cause it's like a colony. And there's the tyrants and the people in power and there's the people who are like surfs…who work for them.

Now the thing that disturbs me is that it's even being acted out in the Native organizations. Because when we are an impacted people we, um, turn on ourselves and each other, we don't want to see each other succeed, we ,um, there's lots of jealousy and competition. You know, it's like we're fractured and we're divided. And that's being played out in all of our Native organizations too. It creates an opportunity for the outside world to come in with their workforce and just take over and call the shots, because we

are not aligning ourselves behind one another to have a block of power to look after our collective interests. And so, that's what the outside world does, it comes in. And then when you have that going on, what I have seen is that the Native leaders in our organizations do not want to see people of the spirit. They don't want to see people with strong…with a strong shining spirit to move among them and work among them because they're threatened by it. And so they banish them from the organization and I truly believe that that's what happened to me…in the last Native organization that I worked with. Cause I saw an outflow of those kinds of folks. And I listened to a Native professional man describe that to me just two months ago. Over the phone, he called me. He had been a very visible Native leader here for a number of years and we worked together many years ago at [organization]. And he said to me, he said we have…we just trampled on you. He said "our people trampled on you." He said "you had so much to give," and he said "we just trampled on you and kicked you in to the gutter." And when I thought back about it, I thought, that's true. You know and it's not something I say in the spirit of self-pity, I see it now as a phenomena. As something that is…we're caught up in this thing, and I allowed that to happen. And what ended up happening is, um, I lost my voice… I was silenced. Not physically, but I was silenced…it affected…I couldn't speak out anymore. It's like I was so battered in my spirit, I just stopped, turned away, and like went into hiding for a few years, and it took probably about maybe six years before I made an effort then to go into another line of work. And that one lasted for six years, and after the funding ran out from that I decided I was done. And um…but sometimes I think I still have something to…I just have to find the forum or avenue to start speaking out again, because our people are really suffering now... they are…very much so…you know one of the reasons too that I went back to school too was I saw…I saw how our Native organizations were being taken advantage of. So I went back to school and pursued a Master's Degree. And then one of the things I said to myself is when I have that, then people won't have to look down on my perspective because I'll have the same credentials as they do. I've always tried to maintain that perspective. But you know we're an impacted people. All of us are impacted peoples. And there are certain things that push my buttons, and I'm trying, at this stage in my life, to come to terms with them so I can interact more effectively with the general public. One of the things that push's my buttons is arrogance….if I encounter arrogance I just, you know….Anyway, where we have to come to terms with what we're going through. And I have heard people say, in gatherings, I've heard before that it's going to be a fight. It's gonna be a fight to get our people sober again. It's gonna be a fight. And as we wage war on these things that are devastating us now, not everybody's going to live through it. You know people can lose their lives for it, trying to fight for this stuff and now…

Explained by an Inupiat female Elder, lateral violence is a result of prior AI/AN colonization.

AI/AN Colonial History

Historically, when you look at even pre-Alaska time coming into Western history the idea that there was a superiority based on either spirituality or race was an established

ideology that was then practiced to control and/or dominate other people—their lands and their resources—and that ideology, it really became entrenched in a lot of the policies and what became apparently Indian law that was applied to American Indians and Alaska Natives, and I think that getting to the core of that and understanding what it means to address that is certainly a part of the process for us to heal and recover as well as strip some of that ideology from the background of some of that legislation and that policy so that we can begin to breathe again… and really move towards a true place of equity… From the looks of politics in the United States recently, I'd say that we are not in the best, healthy state as far as where we are at as people, and so I think a lot of this has to do with getting back to some of those roots and understanding how to heal and change the way that we think and then the way that we relate to each other and then the way that our policies, regulations governs us…

I think that there's a lot of educating that's needed, a lot of spaciousness, patience, and listening so that we can really hear each other out, and I think that any real exchange has to be two-sided…so that it's not just me sharing some of my thinking inside but also listening to others, and I think that's how we refine how it is that it's best for us to be able to enter into these conversations with each other so that—and to also hold onto that bigger vision that we have of *what would equality really look like for us in Alaska as Natives and non-Natives?*…and with the full multiculturalism that we do have here in Alaska now… but I think that it's imperative for the future of our state—politically, economically, socially, and certainly for the future of our people within the Alaska Native community… because we have a younger generation that's suffering in many ways, due to the institutionalized racism and the history of colonization and assimilation and they need to know that it's ok for them to be who they are…

In Alaska…I think that we have such a profound, unique opportunity to address a history of colonization and assimilation and build relationships between Indigenous and non-Indigenous peoples based on real values of equitability, simultaneously while carrying out a healing process for us, and I think that we could set an example for the world because the world is in need of that example direly right now, of *how do you heal relations between ethnic groups that have a history of tension, injustice, inequity and oppression within them?* And we have all that here… I think we could build a model for the world of how we can really relate to each other and moving us forward…and I think that's really where I see so much hope for the future *if* we're willing to tackle the tough issues, and I think that one piece of that is that as a Native person it is challenging to always have the onus on us to be able to explain how racism exists, what the history of racism is, what the history of colonization and assimilation are, and why it's an issue right now… and I think what's critically important is us having people like Karen [another participant on the television show] who is an advocate from within the non-Indigenous Euro-American community who is a strong advocate reaching her peers and her community, because right off the bat as a Native person, when we begin to speak about our issues already there are a lot of preconceptions that come out, "*Oh it's an angry Native*" or "*It's a drunk Native,*" or "*It's a…*" whatever—and so it's hard sometimes for people to get to hear what it is that we really have to say, because they have these lenses

that are already being applied to us before we open our mouth, and so I think that that onus needs to be shared by others…

(Peter, 2012)

This commentary by Alaska Native leader Evon Peter profoundly captures the sentiments associated with raising cultural awareness salient to AI/AN colonial history. In so doing, Peter emphasizes the importance of collective intercultural dialogue and comments on Alaska's potential to serve as an example for the rest of the world. By participating in this public forum and sharing this message, Peter exemplifies the exhortation of another Alaska Native leader I recorded during fieldwork: "We need to stop playing the victim role…what many of us as Alaska Native people need to understand is that there are things we can do to try and make a difference."

The legacy of AI/AN colonial history continues today. In Alaska, an Alaska Native Inupiat female health and social service provider working at a care organization in a rural hub community shared the following with me:

> Well, it's not so much miscommunication, as it is fear…think about it, when you walk into a room full of Natives, how do you feel? Don't you feel fear, and the same with a Native who walks into a room full of non-Natives… for us, it's a feeling like, "Are we going to be respected this time?" and for the non-Natives it's, "Are we going to get attacked?"

In addition, this Inupiat provider makes another comment regarding what an elder told her about the reason it can take so long for Natives to respond to another person, or persons, from the wider community: "An Elder told me the reason we as Natives take longer to respond is, it's not that we are stupid or need more time to process, it's that we are thinking of how we can say what we want to say without being disrespectful…" These comments reflect the contemporary Alaskan climate of intercultural relations among Alaska Native peoples and peoples from the wider community.

That fear undergirds intercultural communication among Alaska Native peoples and those from the wider community, both generally and specific to health and social service delivery, also surfaced in responses by an Alaska Native Aleut female Elder during her formal interview. Instead of the term *fear,* this Elder referred to the emotionally charged intercultural context in general as one of panic: "I would say probably panic…yeah, because from either side you're afraid you'll do or say the wrong thing. And you're there to try to make a good

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impression…to try and work with somebody…and what if I get off on the wrong foot? Then what do I do? Help! (haha)" This Elder identified that a Native person would feel this "panic" because of the following: "I don't exist, they look down upon me, I shouldn't be here…they think I'm intruding, I don't belong here. All sorts of reactions."

I then asked this Aleut female Elder during her interview, "Where does that panic come from?" and she responded "Ignorance. Not knowing." Elaborating on this observation, this Elder identified peoples' various reactions to such ignorance:

> I think it's, 'Oh God, here comes another bureaucrat to tell us what's what'…it's...uh…yea, 'That's a lot of bullshit, I wonder what she's really here for?' …and then 'Oh God, another one?' …I mean I'm trying to think of the various reactions… 'Well I'm fed up with this, I wish they would all go away, I could kill 'em all'—the only thing is some may be getting to that point, because, I think another thing is, nationally, people are too quick to kill now. I mean look at the multiple killings we've had just in the last month, in various parts of the country, for no rhyme or reason.

This Aleut female Elder situates this notion of panic in context of intercultural communication in health and social service delivery:

> Uh, it's like, uh, some of them…I'm a doctor now, don't tell me how to be a doctor. I'm oversimplifying. You have to establish a give-and-take and sometimes out of panic… ok I'm a doctor now, I have to treat these people, how am I going to do this. It could be partially from fear that they might take an arrogant approach. In other words it might be a protection. You just have to find out from time to time…

This emotionally charged climate, characterized by fear and panic in general intercultural relations within health and social service delivery is evident.

Perspectives on Providers

Relevant to intercultural anxieties, empirical evidence gathered through formal interviews with Alaska Native Elders shows mixed results about provider preference related to health and social service delivery practices. While some Alaska Native Elders report a preference for a provider from a particular racial, ethnic, or cultural background—specifically an Alaska Native background—others do not. Among those Alaska Native Elders who commented directly about provider preference, 80 percent reported having no preference for a provider from a particular racial, ethnic, or cultural background. Rather, the majority of these Elders reported having a preference for a provider who is well qualified, well trained, and has professional expertise. This

80 percent reporting a preference for a provider who is well qualified and well trained includes Alaska Native Elders in both urban and rural sites.

Preference for Professional Expertise

There are multiple examples of Alaska Native Elders having a preference for well-trained providers with professional expertise regardless of racial, ethnic, or cultural background. While some Alaska Native Elders are more explicit about stating a preference for a provider's professional expertise, others are not. For example, one Yup'ik male Elder states such a preference more explicitly: "It does not matter if my provider is Alaska Native or non-Native, they should just be professional…the one most qualified, because if it's Alaska Native but they're not doing what's right that's not good…" However, another Yup'ik female Elder states such a preference more implicitly: "It doesn't make any difference to me…oh, it doesn't make any difference, it really doesn't—if any person is good enough to go through medical school and make it through and become a doctor, you know, that's his job… or hers…" This Yup'ik female Elder shares further:

> Some from the ones that I have encountered, who happen to also be Native Alaskan, I would find just not quite as capable or as good as the ones who were not Native…however… well it all depends on the interaction between the patient and the doctor, and maybe how sure the doctor is of himself or herself, and whether they seem at all interested in the patient. And I find…I get the feeling that the Alaska Native ones don't care that much…what the hell…that's their job, but then you come in as a disease that needs to be handled…So maybe I should look into how they make it through medical school and how they were treated there…meaning they are maybe treated as inferiors in medical school…and so it goes on…you project what you get—If somebody thinks that I'm not very good at what I'm doing…I work in a man's field, I work in a man's job. I have run into great discrimination there between a few of the engineers or designers I worked with because I was a woman. I have walked out of two jobs where I quit because I was blamed for anything wrong that went on just because I was a woman. That's absolute prejudice, and I can sense it for a while and if it continues on and gets very bad, I just leave it. You know, I don't need to fight that, but a majority of time, I have been treated very well. Because it's just a job to do and I could do it, and anybody could to it, and I did it. But there are men who always want to feel superior to women no matter what we do. And maybe the British maybe also feel superior no matter what they do—who went around trying to colonize the world and take everything.

This Yup'ik female Elder insightfully identifies a micro-macro connection salient among AI/ANs as she connects provider-patient communication to AI/AN colonial history.

An Alaska Native Elder's preference for a provider who has professional expertise is described as having a preference for a "good doctor." For example, an Inupiat male Elder identifies that he prefers "a good doctor," someone who "knew what he was doing." Responding to a question about whether he prefers a particular provider, he states:

> ok…some of your Alaskan Natives they're like, uh you know, everybody's got their different opinion. Everybody's not the same, they will have their own say so on each subject, but it could be helpful or it could not be helpful. Even with the non-Natives, it could be helpful and it can be non-helpful for each individual, not as a whole group, but for an individual person. The way I see it, everybody is different. We are not all the same, we are different. We have our different feelings, our different expressions or explanation on any type of subject…it has to be someone who does the right thing…they have to do the right thing by the patient, or the client…

For this Inupiat male Elder, a provider's professional expertise is evidently preferred to a provider's racial, ethnic or cultural background. Another Inupiat male Elder shares the following similar sentiments about his preference for a provider based on professional expertise:

> Well, if he's a Native doctor—first of all to be a doctor he's got to know just as much if not equally…he knows just as much as Caucasian doctor if he's going to be a doctor. And if the doctor's what he says, or somebody says is what he is you tend to go with what you're being told what they are. And then they go out and comment to your friends and relatives…yea I got a good doctor. Because you learned, either by being told or by experiencing certain procedure. Then you make your own decision about the care you're getting…through experience. If the Native doctor is qualified to do what the…what he's… if he's qualified and he's able to do something about it, then I feel like I'm on the right path. So my answer is, I don't prefer…I don't decide on…I don't make my decision on the doctor's race, color or…If he's a doctor he's gotta be capable of doing something.

For these Inupiat male Elders, it is preferable to have a "good" and "capable" provider, one who does "the right thing by the patient, or the client…"

One Alaska Native Inupiat female Elder draws an analogy with happenings at her church when expressing her preference for a provider based upon professional expertise. Explaining that there used to be an Alaska Native doctor at her health clinic, she says:

> There was one but he retired. It's like when I brought it to the church and I said, you know, you have been here for over 200 years and I said there wasn't one Native. So they quickly ordained somebody and then he raped somebody and was in jail. And I said, you don't just all of a sudden get somebody ordained just cause you want them to show that they're ordained.

This Inupiat female Elder is clear in stating that she prefers Alaska Native providers only in the following situation: "If they were adequately trained in their expertise, whatever it might be. Once they put them in there they just think they don't have to report, they don't…they don't care, they don't care right now."

An Inupiat male Elder shares his experiences with health and social services, reporting that the racial, ethnic or cultural background of a provider does not matter to him. He explains: "I don't think it makes any difference… Dr. [name] is good, I know he's a White person, that other doctor is Eskimo or half breed or whatever he is, I don't mind seeing him either." While not necessarily identifying that a provider's professional expertise is preferred, this Inupiat male Elder is clear in stating that a provider's racial, ethnic, or cultural background is not an issue for him. An Inupiat female Elder echoes the same sentiment of preference for a provider with professional expertise:

> I can pretty much tell right when I go in…it's not often that I go up…you know I've been going up like with my parents and what not, but I can pretty much tell if it's a good doctor or not…you know…and good nurse or not…But you know to me it's, you know, it doesn't matter what race you are, you can be a good doctor. I mean you could be a Native and be a bad doctor. I mean just cause you're a Native doesn't mean you're…you know…for any profession…social work…yup…yup, any profession…if you got it you got it, if you don't you don't. You know it helps…if you were raised traditionally and are able to bring that to the table, that makes a big difference because you automatically understand. And I think in the lower level, just within the reception area, communication…who has most…the first communication with the patient…I mean the patient kind of thing… Those are real key positions too. It's just not the upper level…I think being Native, I think it's a big plus, but I think anyone can be… I don't want them hiring just because they're a Native. To me that's doing as much a disservice to us as if they hire a non-Native just because he is non-Native…I mean you know…

While this Inupiat female Elder reports she has no preference for a provider based on race, she does prefer a "good" provider who is Alaska Native. This Elder offers a caveat about providers from the wider community: "They get jaded, they're like…since we get it for free, we're not paying for it…at some point they just start disrespecting."

An Aleut female Elder offers another example of an Alaska Native Elder who reports a preference for a qualified, well-trained provider rather than a preference for a provider based on racial, ethnic, or cultural identity. When asked whether she prefers an Alaska Native provider or a provider from the wider community, this Aleut female Elder responded: "Doesn't matter. Male or female. I know some people won't go to a male doctor, or won't go to a female doctor,

whatever. I…if you are capable of doing your job and doing it well, I want you. I don't care who what, I've always been that way. I want good quality service. And maybe that's why I get it." Similarly, a Yup'ik female Elder, when asked the same question responded: "I don't care. I don't care, I have to always…by listening and by looking and…just listening to what they're saying I could pretty well tell what kind of a person I'm dealing with. And most of the time I like the people I'm working with, I do. They're mostly non-Native, but they're very good at what they're doing because that's what they're taught to do."

Preference for Provider

An Alaska Native Inupiat female Elder shares her preference for Alaska Native providers and organizational leaders. However, she explains that while having Alaska Native peoples in such positions or roles "would be good," she also issues a caveat:

> That would be good, but as long as they don't fall into that same thing as in *"I know more than you"* shit…I'm sorry, but you know what I mean?...As long as they're there thinking "I'm here to serve you," that's where the problem is: A lot of those doctors don't feel or don't think that they are there for us. They're here to serve me. That's the whole purpose. And then the teachers should do the same thing: *"I'm here to serve you, let me show you what I know."* I tell you what…but anyway, they need—if they had Natives, as long as the Natives don't get puffy headed, then we won't have any problems, otherwise we get back to the same problem again.

Another Inupiat female Elder also reports having a preference for an Alaska Native provider when receiving health and social services. Regarding her preference, she states: "probably an Alaska Native and a woman more than a man." She reports that to her while all providers are all "pretty friendly," she prefers a provider who is Alaska Native:

> They were all pretty friendly, uhm, no matter which race, but I just think I have more of a rapport with the Native [provider]…there's more of a mutual respect that we're from— you know, we're both Alaska Natives…I think that the Alaska Natives are more humble… and then more friendly, not that the Whites aren't friendly, but they're I think just to me White people seem more clinical [chuckle]…it's like they're more removed from Mother Nature, you know, they're technology and science… Native people are of the Earth… that's it in a nutshell…

This Inupiat female Elder then explains what humble means to her: "The way they carry themselves, their body language, I don't know, they're just more relaxed, they look down more, they don't try to stand above you… or look down on you…you can tell, when someone thinks they're better than you, and I don't get that as much from Native people as I do from White

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people…" She then explains what she means by clinical: "Antiseptic, I don't know, you know, like more shallow, more phony, ahhh, more materialistic, you know that kind of thing…"

Importantly, this Inupiat female Elder reports she feels a higher level of trust with Alaska Native peoples, and therefore Alaska Native providers, as compared to peoples—and providers—from the wider community. When asked how the trust level with providers from the wider community can be increased or improved, this Elder responds: "It can't, trust has to be earned you know…you don't trust a stranger, so the health providers are pretty much strangers to you, in a way…well, trust is increased as you go to them and see them more often, uhm, other than that, uhm if they'd just be more humble they'd be easier to trust [chuckle]." Furthermore, this Inupiat female Elder comments on health and social service organizational leadership: "Take the White people out of authority, that's what pissed me off when I worked there…my manager was White, the person above him was White, so give those positions of authority to Native people…"

An Athabascan female Elder reports a preference for Alaska Native providers based on shared cultural understandings. She states: "Because I think…I think they would know what it's like…I'm trying to explain it, it's really hard…" This Elder further explains that Alaska Native providers would have qualities of "lack of pretense," humility and "just being present."

One Yup'ik female Elder reports having a preference for an Alaska Native provider as she shared a personal story. This Elder shares about her provider preference in context of her own experience as a service recipient in one of Alaska's care organizations followed by her pursuing a position in such an organization. She reports that having an Alaska Native provider does make a difference:

> Yeah, it does. Cause you know when I went to treatment, I went to treatment in [rural site a], and they had all Native counselors and all counselors knew both languages. So the participants got to speak in whatever language they were comfortable speaking in. And this was kind of interesting, cause I spent 42 days up there, sobering up, learning about 12 step. Then I go to [rural site b] and I was still doing aftercare, but they did have an opening, and like I said, I did want to be a counselor. So I applied for the job, and they hired a lady from [Lower 48] a White woman, and they hired a Native person…local…which was ok with me…sort of…except for that the lady that came up from [Lower 48] she got to use the company car… They made sure she had a car and a nice place to stay and blah, blah, blah… and the Native hire had to find his own way to work, which usually meant getting a cab, or you know. But yet this other woman was provided for…That's where I got into…I got moved into anger. Sat up all night kinda

wrestling with that one. So I go down there and I confront the director the next morning. So I go, ok, so you guys sent me to [rural site a] cause the treatment center in [rural site b] hadn't quite…they were a week shy of opening, that's why I got sent to [rural site a]. I said, so you send me to [rural site a] to go to treatment and they have nothing but Native counselors that know both languages, but none of them have degrees…they got certificates!!!! (Laugh…) Anyway…never thought that as funny before, but it is. So anyways, I come back to [rural site b] and I'm doing aftercare and the only one that qualifies to counsel me is somebody from [Lower 48] cause she has a degree…who knows nothing about the culture, or about the people, or the language. And I said, furthermore, she comes up here and she gets to use the company car and everything's paid for, and this other hire, local, has to take a cab. I said where's his car? And her comeback to me was, I can't help it if you're double whammy'd. And I went, what do you mean by that? She goes, well number one you're a Native, number two, you're a woman. And I go, ok, so as far as I'm concerned my aftercare down here is complete. I said, "I will not support something that will not support me as a person." And I said, "you had better be careful with your little program down here, because if too many of us Natives get sober, we might start doing things for ourselves and you might be the one out there looking for a job…" and I walked out. She was married to one of my relatives who was a Native…half breed, and I hadn't said anything to him till about a year later. He calls me up, he wanted my sister's phone number so I gave it to him, and then he goes on to tell me, he says, "boy [interview participant's name] you'd better get off your ass and find yourself a job, because if you don't, you're just going to get drunk again, because you're nothing but a drunk." And so I go, "ok, tell you what, I did apply for a job one time. You know what your wife told me?" And he goes "what?" "She told me I was double wammy'd, because number one I was a Native, and number two, I was a woman." And he didn't believe what I said. And that's the norm…the drunk's word over a counselor's word. So that's why I guess I hadn't told him in the first place, but he just kind of pushed a button when he called me a drunk and not having a job and stuff. So anyways, that's…and it happens over and over and over.

In sharing her preference for an Alaska Native provider, this Yup'ik female Elder also shows the reality of how professional and personal relationships—dual relationships—can intersect in Alaska's conventional health and social service organizations.

There is an Alaska Native Yup'ik female Elder who shares a mixed opinion regarding provider and organizational leadership preferences. Regarding preference for a provider, this Yup'ik female Elder comments: "In general I would say that it depends on the people." To this Elder each provider is different and ought to be evaluated individually and not based on racial, ethnic, or cultural background. However, this same Yup'ik female Elder reports having a preference for Alaska Native leadership in care organizations to improve communication salient to Alaska Native peoples:

Well my thoughts are…because years and years ago we didn't have a lot of, you know, before the Native Land Claims Settlement Act… we didn't have lots of Native people in positions. So, yeah, there was lots of miscommunication. The way the Native hospital was run down there was just, it wasn't good you know. People were pushed aside. People were not treated good, but after that Land Claims Settlement Act came in the attitudes changed because we had guardian angels now. (Laugh) We have the corporations that look after our rights. We had going into authority, Native people…going into authority and it changed. The attitudes changed toward Native people by people who knew…the difference. And then course there's always some, how do you say, rednecks who won't change. But so…who cares, Let them be unhappy if they want to and…oh well. But I just learned to ignore people like that because I tell my kids that people come up and say things to you just say, I, just say I'm not interested in listening to you, you know. I've got better things to do… (Laugh)…than to listen to the things like that so. Um, I just tell them just say, Oh well you know. What's the big deal about something. Just don't bother me I'm not interested…And that way they all get along. And they, my kids get along with everybody…They don't, they don't go and look for all that little redneck punishment… And that way when we get along with people…we improve ourselves… And that way we're able to help our people better. Because if you go in there, like with these guys with the Land Claims Settlement Act, go in there with a big attitude about, and you know, not willing to communicate civilly…well, who's going to listen to them. You know. Who's going to listen. So they have to learn how to communicate just like the other person, the non-Native person. So they have to learn how to work together.

In this Yup'ik female Elder's opinion, Alaska Native corporations—as representing Alaska Native leadership—represent "guardian angels."

Regarding intercultural communication patterns among Alaska Native peoples and peoples from the wider community, empirical evidence reveals a complex terrain. These complexities exist in both local communities and service delivery practices associated with Alaska's care organizations. This evidence corroborates the literature relevant to race/ethnic concordance discussed in chapter 2. Thus, stereotypes and prejudicial perceptions exist among multiple cultural groups, including Alaska Native peoples and those from the wider community, and they can be either reinforced or challenged.

The reality of intercultural communication complexities reveals rhetorical ruptures that result from ideological clashes among different cultural views. Yet, and importantly, these views are multiply located—in individuals, professional paradigms, and intervention approaches. In the following chapters, I use qualitative analysis to identify and examine rhetorical ruptures in three service delivery domains: (1) the greeting of care, (2) the interpersonal practice of care, and, (3) the model of care.

Chapter Five: Rhetorical Rupture #1: The Greeting

> A generous heart is always open, always ready to receive our going
> and coming. In the midst of such love we need never fear
> abandonment. This is the most precious gift true love offers - the
> experience of knowing we always belong.
> bell hooks, *All About Love: New Visions*

Empirical evidence gathered during fieldwork shows rhetorical ruptures occurring across multiple levels of service delivery within Alaska's care organizations. One of the major ruptures occurs in the primary service domain of the greeting of care. A rhetorical rupture in this domain is a rupture occurring during a service recipient's initial entrance into one of Alaska's care organizations; it marks gaps or discontinuities between an indigenous cultural code and intercultural care salient to Alaska Native peoples, particularly older adults, in a care organizations.

Rhetorical ruptures in the greeting of care are boundary-making processes distinguishing among those who belong and those who do not. Thus, and in the context of AI/AN colonialism, the greeting of care indexes metamessages among ANs of either rejection or reassurance. It is important to understand "that belonging is necessarily relational: it involves the construction of boundaries that distinguish between 'us' and 'them'" (Nagel, 2011, p. 118); it "excludes as much as it includes" (Nagel, 2011, p. 121). The greeting of care is a juncture in the service delivery process indexing messages, and metamessages, of belonging through communication practices.

The focused code of *Acknowledging* undergirds rhetorical ruptures relevant to this primary domain of "the greeting of care." This code (Acknowledging – person; Acknowledging – past colonial history; Acknowledging – present hurts; Acknowledging – positives; Acknowledging – place) is defined as recognizing, identifying, or naming the presence of a person, place, or experience. That is, aspects of the past or present, or a particular experience, are recognized, identified, or named in such a manner that indexes honor and healing. Thus, the focused code *Acknowledging* invokes a "structure of feeling" (Williams, 1977, p. 128), associated with a sense of belonging to a shared history, a shared contemporary reality, and a collective community.

Micro-Level Rhetorical Rupture #1: The Greeting

Empirical evidence from interviews, documents, and ethnographic field notes reveals a rhetorical rupture in the act(ion) of greeting salient to ANs, particularly older adults, in Alaska's care organizations. This act(ion) of greeting is critically important among Alaska Native Elders in Alaska. In the context of AI/AN colonialism, the act(ion) of greeting among ANs, particularly older adults, indexes a "culture of belonging," or "culture of place," and "language of healing" (hooks, 2009, p. 223). In so doing, among ANs in the context of AI/AN colonialism, the greeting symbolizes an act of reparation between the past and present. Thus, when the act(ion) of greeting is ruptured—as reflected by a missed communication or miscommunication - in service delivery practices, it is a felt experience among ANs as "the past in the present," as a instance of neocolonialism; when it is fulfilled, it is a rhetorical resonance, and indexes a sense of reassurance and belonging.

The importance of the greeting is repeatedly emphasized among Alaska Native Elders. Through such emphases, Alaska Native Elders show evident rhetorical ruptures indexed in Alaska's care organizations. An Inupiat female Elder explains:

> The other basic thing that has to do with communicating across cultures has to do, to me, it has to do with the initial greeting. More often than not, when you walk into an office building, you're not greeted. And the most important thing is to be greeted…to be greeted…just the basic greeting. If you're talking to someone who is much older, make sure they have a place to sit immediately. Cause sometimes people will walk in and they're so out of breath they can hardly stand. Basic greeting…place to sit…see what their immediate needs are. I see this even in church gatherings, you can walk into some place, and people will just glance and then just look away. And then it hits into my core issues. My core issues of rejection, of abandonment…of you know…feelings of low…you know…low feelings….unworthiness…nothing being valued. All those core things that a human being struggles with…they hit that injury and it makes me *ningalluk…ningalluk* is when you're uncomfortable and you don't feel welcome and feel not at home.

This Inupiat female Elder summarizes: "And so that greeting part is real important you know…" Whether verbal or nonverbal, the greeting indexes among ANs the value of relationship. As was previously addressed in the context of Alaska Native ideologies of culture and language: "and Native people are all about relationship, we're a very relational people. Some of the…maybe much of the self-destruction you see among our people, has to do with severing of relationship.

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A severing with relationship with ourselves… a severing of relationship with one another…. And a severing of that relationship that has everything to do with defining that sense of belonging…

Another Alaska Native female Elder, a Tlingit female Elder, also describes the importance of the greeting. According to this Elder, there are changes in society impacting human interaction in general:

> It's changing. Things are changing, and I think part of it is because things are accelerating. And, like, I went into [grocery store] and I saw all of these people and they all had their computers and I walked by…it's just that's our modern society. Not one of them looked at me and I thought…it gave me a weird feeling cause I thought, you know, I thought…I thought that is really weird because in the old days you would walk into a restaurant or you would walk into somewhere, everybody would look at you, and that's the way of acknowledging each other. You don't have to talk to each other, but you just look at people. It's just a way of communicating with people. And I thought, you know that's kind of sad that that's what's happening now. Our computers are good, but they're also bad. You know, there's a good part of them that, like, communicating with my sister in Canada for the first time cause she doesn't usually write letters… but you know, we communicate like that. So it's good for that but when I saw that I thought, you know, that's kind of sad that that's the kind of society we're turning into. There's something happening that's kind of strange.

This action of acknowledgement, whether verbal or nonverbal, is evidently important among Alaska Native Elders in feeling a sense of belonging; the act(ion) of greeting operationalizes "contextual interconnection"—an indigenous cultural code.

A rhetorical rupture in the greeting of care is characterized as a "meaningless greeting." For example, an Alaska Native Yup'ik female Elder distinguishes between a meaningless, or generic greeting and a good greeting. She identifies this distinction as follows:

> Make them at ease you know, greet them… they [providers] can greet them and say 'Hello' and don't say 'How are you?' because I say 'Well, if I were fine I wouldn't be here'—All [providers] say that and it's a norm. To me, it's a meaningless greeting, a generic greeting, so to help people maybe if they personalize it a bit better…ok, an example could be to greet them in their Native language…I was thinking about that, thinking if they would have another way to greet… if a doctor or provider gives a good greeting it will distract them and make them deal better and feel at ease…

Thus, a generic greeting is meaningless while a good greeting is meaningful and personalized among Alaska Native peoples, particularly older adults.

A good greeting entails action on behalf of the provider to help an Alaska Native Elder feel at ease. For example, the same Yup'ik female Elder who distinguished between meaningless

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and good greetings offers the following comments on provider communication (this example is drawn from this Elder's experience of conducting trainings for providers in a formal educational program):

> Some of them need to know how to communicate and they ask, you know, "Well this person [service recipient] comes in and I said, just, kind of like you go in there," if somebody comes in to you and don't want to talk and everything, just make them at ease…You know you have to work at making them at ease and taking their mind off things by doing something…To change it. Like, oh, I would say, "Well, do you know how to play rummy? let's play rummy." Ok, well, while we're playing rummy and we start talking about things you know. You know what I mean?.. Change the scenery—not just sit and staring at each other, because that could intimidate people, you know?...And so I think that what they should do is just go to a relaxed state, like have a cup of coffee, let's go have lunch or something…or let's go take a walk. If they don't want to go…in that office and talk, let's go take a walk. Or you know… let's go have coffee… or play cards, and that way it would, I think it would distract the person…and then it would relax them, and then pretty soon they'll, it might take a couple of times, but maybe pretty soon they'll start, you know, feeling like talking.

Caveat of Communicative Complexity

At this juncture, I offer a caveat regarding the Yup'ik female Elder's comment about a meaningful greeting to include the example of providers greeting Alaska Native service recipients in their Native language. Importantly, there are many other indigenous peoples who agree with this Yup'ik female Elder's suggestion or idea of having providers greet Alaska Native service recipients in their Native language. However, not everyone would agree.

Among those in agreement with Yup'ik female Elder above who suggest having service providers greet Alaska Native peoples in their Native language are other Alaska Native Elders and indigenous scholars. For example, another Yup'ik female Elder made the following comment about the topic of providers speaking her Native language: "I like teaching…you know, if they ask me like, 'How do you say this in your language?' I'd be so happy…" Furthermore, an indigenous scholar in social work identifies the following as among the required qualifications for what "accurate advertising for Indigenous social workers would look like:

> JOB DESCRIPTION
>
> Wanted: Social workers to assist Indigenous Peoples…
>
> Can speak the language of the Nation they want to work for"
>
> (Yellow Bird, 2008, pp. 59-60).

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In May 2012, during dissertation fieldwork, I attended the 1st Elders Summit in Anchorage. There I heard additional voices and persons who also supported the idea that providers learn the Native language of those Alaska Native peoples with whom they work, to whom they render services.

Yet, this support has its limits. For example, another Yup'ik female Elder expressed her opinion about others, including providers in Alaska's care organizations and peoples from the wider community, learning Native languages. She shared adamant opposition to such an idea or suggestion. As she explains:

> Because with the guy that moved into our area, learned the language, got invited into the village as a member of that village, but then later used the language and his knowledge of the people against them, and started using it to take advantage and take land and, you know, and then the people didn't have their own language and couldn't talk about him because he would understand what they had to say. So, it was like he had invaded their little world by learning the language… to me it's almost, like, it's…like the last thing that you can take from a culture…from a people…is their language. And then there is nothing of their own that they have anymore.

However, a Yup'ik male Elder, who supports peoples from the wider community in learning Native languages, explains that if any sort of exploitation results from language learning, there are ways to deal with it. As Elder explains: "If they try to um take over we can always go to the Village Council or, and have a meeting and do something about it, it'd be stopped and that way if they try to manipulate us and everything, just call the City Council and have a meeting over it." The opposing and contrary opinions regarding this issue illustrate the complexities involved in whether or not providers ought to learn Native languages.

Another Alaska Native Tlingit female Elder shares about her experiences associated with the greeting. In so doing, this Elder states:

> They [service providers] also need to learn to be a people person…Greet them [service recipients] with open arms and show that you care and you're not there just because you're wasting your time…I've seen ladies in there, like, 'What do you want?' I said, like, 'Well fine,' and some days I just feel like walking away…I hate it when they become plastic, not real…They got this snobbers attitude that 'I got a job and'—well, fine you got a job but be a people person, use your open arms…we're not here because we want to see you for pete's sake—if I can get away with taking care of my own health

without doctors needs than fine, but there's times that I need a doctor, but I don't need this attitude that, 'Why did you get sick in the first place(?)'

Furthermore, this same Tlingit female Elder also discusses her experience of having to wait for the provision of service. She explains: "I want the people at that hospital to know who I am, and I will not put up with no bull crap, after you yelled at us for being on time and on schedule and do all the things that you want us to do, then they sit there and make us wait two more hours? No, that does not work with me. They get paid good money to take care of us." This Elder goes on: "Well they didn't yell, but it felt like yelling. But when you get upset after you've been told, 'Be there on time,' 'Be 15 minutes before that' and you're right there on schedule…or if you come to your appointment if you called it in…And then you go in and you do everything they asked you to do and then you end up waiting two more hours?...that's crazy making, you know…and painful…my mother had to bring my brother in one year. And he was profusely blue in the back…they wouldn't take him in. They had… of blood everywhere and she ended up waiting almost an hour before she got seen…"

The experience of having to wait extended periods of time for service in Alaska's care organizations is one more experience among Alaska Native Elders of feeling dismissed, disregarded, and ignored. Yet, and quite significantly, in the context of AI/AN colonialism, a rupture in the greeting of care is a felt experience among Alaska Native peoples, particularly older adults, that is "crazy-making" and "painful"; it is, in essence, an emotionally charged feeling of being rejected.

The Tlingit female Elder above explains that service providers are "there to take care of you, get you in and out, not [to] make you wait and wait and wait. Hey I'd be home watching t.v. enjoying a bowl of popcorn or whatever…" In explaining that the role and function of providers is "to take care of you," this Elder illuminates a rupture in the rhetoric of care: "I guess when you [Alaska's care organization] make it a point, 'This is what you gotta do,' 'This is when you gotta check in,' and, 'If you don't do this,' or 'You don't do that...' you know, they [Alaska's care organization] make sure it's very clear that you understood that the things that need to be done— so when we do what they ask us to do and then they make us wait for another 20 minutes…it's like frustrating…they say I have an appointment at 11:00 I expect to be seen at 11:00 and not 20-30 minutes later…"

The Tlingit female Elder above continues: "They [service providers] get paid good money. I would love to do what they do and make good money. I'd enjoy people coming in…glad to see them that they decided they choose to come in, not cause they have to. We're not there because we want to be, holy smokes." She says she wishes service providers would "just smile, come in, get their job done and not look sad…just be jolly and happy!"

The experience of lengthy waiting periods in Alaska's care organizations reverberates among other Alaska Native Elders in Alaska. For example, an Alaska Native Aleut male Elder shares the following experience at an Alaskan care organization on the road system:

> I was in the emergency center…and there's this guy there in a wheelchair he just had a heart attack and they asked him to wait for an hour, there was no triage going on and then in the emergency room, and of course you know, the psyche of internalized oppression is you don't feel good enough, you don't challenge authority, the escort to this man wasn't saying "hey, he's got to be seen right now because he's had a heart attack"—I had to go do that, and I said you know, "This guy's got a heart attack he could die right here," "Ok" —they were seeing somebody with another problem that wasn't half as bad, so they finally did get him in when I interceded. And, it's very complicated in some ways, where because of the internalized oppression, when you live it every day with every person in the village practically, what does "normal" look like? What would it be if we didn't have it? Would I have stood up? Because the feeling is, you know, it's undignified to single yourself out, you shouldn't be assertive, that kind of thing, I think that is true and one of the beautiful things of our cultures, except it's lost it's ability to see the dictates of the heart… where the heart, the compassion for this man is you've got to do something, you can't just stand here, and they're not paying attention, do something… but there are a lot people who can still do that… but in institutions it's very hard to challenge that authority because of that internalized oppression.

As this Aleut male Elder explains in this example, the lack of providers intervening in situations where a lengthy waiting period occurs—associated with an Alaska Native person's lack of assertiveness—is correlated with a sense of internalized oppression, a form of oppression whose roots are historical and associated with AI/AN colonialism.

Lengthy waiting periods in Alaska's care organizations are not isolated to any particular geographical location. They occur on the road system and in rural areas throughout the state. As one Inupiat male Elder in a rural hub site explains: "They should see you right away, as soon as you come in for your appointment. But they let you sit there and wait. I think it was last year, I went there for an appointment and they let me sit there for two hours. Finally they call me in, and that's after a couple hours in the waiting room. Then after a while they said they were busy and

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so they send me home." This Inupiat male Elder further shares that his brother also experienced a lengthy wait time at a health and social service organization. He tells me that his brother:

> had to wait four hours…but he spoke up and he got a hold of the administrator and all that and he told them and they called here [at home] and they told the hospital here [in town] to see him right away, yeah, they changed right away…you have to complain to them or else they'll treat you funny, yeah that's right, they do, that's like when my kids when they go up there, they wait and wait and then they complain and then they got seen. That's what they did, but not me, I don't know, I just waited. They let me see them the next day, that's what they did. And if it was serious or something, what can you do?...You know, it is a concern. If it's serious, you know, then they don't see you. Then when you go home you get worse, you know?"

Caveat of Communicative Complexity

At this juncture, I offer a caveat regarding the identified behavior of speaking up, or complaining. While this Inupiat male Elder clearly identifies the potential benefits of speaking up, or complaining, in Alaska's care organizations, speaking up or complaining is not necessarily easy for many of Alaska's Native Elders. In fact, more than being a difficult or hard task, the act(ion) of speaking up or complaining for Alaska's Native Elders is quite contrary to this age cohort's life history and cultural socialization.

This act(ion) of speaking up, or complaining, as relevant to the cultural socialization among Alaska Native Elders, is similar across Alaska's major cultural groups of Native peoples. For example, a Yup'ik male Elder explains: "It's not common for people in my culture to speak up, it's not common, it's not common to question someone, if you're a young person it's not common for them to question someone else that's older than them, or someone that is more professional than they are, you know that knows how to do things…" Similarly, an Athabascan female Elder shares: "And we were brought up in a family where we…you're not supposed to ask questions—which is different from the White culture [where] you ask questions and you wonder why—but you get in trouble if you're a little kid and you want to know why…at least in my family." Additionally, a Yup'ik female Elder states that "it might not always be safe to ask questions, cause there's punishment, maybe…if you ask…or they will be misunderstood, or they would be looked upon as bitches or something, whatever, it might put them in a bad position where they have to compensate somehow…asking questions to a provider, that could be very much against their culture."

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This history of cultural socialization among many Alaska Native Elders, who have been socialized to not ask questions, reciprocally influences their experience of being the individual to whom questions are asked. According to one Inupiat female Elder: "It's basically that Native people don't like it when someone asks a bunch of questions…" Whether one is asking or receiving the questions, it is evident that the general act(ion) of question-asking for Alaska Native peoples, particularly older adults, is an emotionally charged one.

Additionally, I offer a caveat about the rhetorical rupture that occurs when Alaska Native Elder service recipients must wait extended periods of time for service provision. Interestingly, this reality calls to mind Father Oleska's training on cross-cultural communication facilitated for social service professionals, as described at the beginning of this dissertation. He described how Alaska Native cultures follow different rules than other cultural groups in the ball-game of life. Among these different rules was the distinction between ball-games that rely on the clock, or measured time (basketball) and those that do not (tennis). He compared the globalized culture to Alaska Native cultures, explaining that the globalized culture plays a ball-game of life based upon a clock while Alaska Native cultures do not.[17]

During field work however, I noted with interest that, among all formal interviews I conducted, all Elders were on time for the interviews, while Father Oleksa—an individual from the globalized culture —arrived approximately thirty minutes late. This ethnographic observation during fieldwork is empirical evidence that directly contradicts what Father Oleksa said in his training; thus, general descriptions of cultural groups leads to stereotyping and essentializing notions of culture.

Mezzo-level Rhetorical Rupture #1: The Greeting

At a mezzo-level of analysis, rhetorical ruptures are evident when viewing Alaska's care organizations as service systems. This mezzo-level expands beyond a micro-level, or individual,

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[17] Regarding the concept of time: "Analysts such as Edward T. Hall (1969) have argued that there are two basic dimensions of time. Erickson and Shultz (1982) have argued that we might also distinguish between what they called (borrowing Greek terms) *kairos* and *chronos* concepts of time. A monochromatic sense of time simply means that one feels that things should be done one at a time. A person with a polychromatic sense of time prefers to maintain multiple threads of different activities…The distinction between *kairos* time and *chronos* is not quite the same as that between monochromatic and polychromatic senses of time. If we think of *chronos* time being 'clock' time, then we can see that it contrasts with *kairos* or 'appropriate' time." (Scollon & Scollon, 2001, p. 203-204).

perspective and is instead concerned with a community-based, organizational perspective. Additionally, and significantly, while I differentiate between micro-, mezzo- and macro-levels in my analysis of rhetorical ruptures, they are not necessarily mutually exclusive and may, in fact, overlap. For the purpose of this study's overall argument, I differentiate among them to articulate a general micro-macro connection that affects service delivery practices salient to Alaska Native peoples, particularly older adults, and is associated with Alaska's care organizations.

The greeting relates to the initial felt experience, the first impression, for a service recipient upon entering a care organization. Elders articulate rhetorical ruptures of intercultural care in greeting at the mezzo-level with comments such as, "Whenever I go to the clinic, it sucks the spirit right out of me" (Inupiat female Elder), and "There's an information table right there when you walk in to the clinic, but most times it's empty and no one is there" (Yup'ik male Elder). These comments refer to the environmental setting, or structure, the overall ambience, of Alaska's care organizations. In so doing, they underscore the importance of the greeting salient to Alaska Native peoples, particularly older adults, in service delivery.

In addition to comments made by Alaska Native Elders, my own direct observations during fieldwork illuminate mezzo-level rhetorical ruptures relevant to the greeting of care. For example, I heard from many Alaska Native community members, including Elders, both on the road system and in rural areas that the new care organization in a particular rural area is – in their words - "state-of-the-art." According to these community members, "state-of-the-art" meant the physical facility was "wonderful," "beautiful," and "amazing." So, I decided to check it out myself.

When I first saw this new organization from the outside, I was struck by the size. It was so large that it appeared to be the biggest building, towering above all others, in the rural hub city. Then I walked inside.

Upon entering the front doors of this new building, into a space of what I presumed was the lobby, I noticed a couple of large silver elevator doors with a couple of permanent benches right in front; however, rather than a lobby it looked like and felt like I was coming upon a platform akin to a train or subway station. Then, just beyond these elevator doors that greeted me, I noticed a large table-like desk behind which a gentleman in a uniform was sitting and talking to another individual sitting in a chair beside him. In addition to the silver elevator doors and desk nearby, one other predominant structural element of the building's environment caught

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my eye—beckoned me, actually—when I first walked through the front doors: a grand staircase just to the left side of the large desk. When I saw this grand staircase, I had the following immediate thoughts: "Wow, what's at the top—a grand ballroom(?)"; "Oh my gosh, the staircase is so wide and expansive—I guess I better walk up rather than take the elevators;" and, "But do I have to?...I wonder how long the elevators take?"

On entering this new organizational health and social service building, I approached the uniformed gentleman behind the large desk. I thought initially that this was some sort of information table, a place where I could get information about where exactly to go if I were a service recipient. However, this was not the case. Instead, the uniformed gentleman informed me that he was a security guard. I asked if I could leave my heavy backpack at this desk for him, or someone, to keep an eye on so I would not have to lug it up the many stairs or lose it. He told me, "Sure, not a problem."

Large silver elevators, a security desk with an individual in uniform seated behind it, and a grand staircase—these environmental or structural aspects of the new building greeted me upon entering this health and social service organization. In addition to this initial greeting, another ethnographic observation struck me. This one occurred on the third floor.

As I approached the top of the third floor in this new building, I took a moment to look around. As I stood at the top of the stairs, I saw that hallways went in both directions. So, I could walk down the hallway either to my left or my right. I chose to first walk down the hallway to my right. As I did, I saw a few people—some sat; others walked around. Among these were a frail-looking elderly female accompanied by two individuals, one male and one female. Both appeared to be middle-aged adults, younger than the elderly woman. As I approached these three individuals, I smiled directly at them and silently waved my hand in hello to them as I might often do when walking by others. I noticed they were all looking at maps on the wall, which were maps of the floor plan of the building. As I was walking right by them, this elderly woman, who later self-identified as Inupiat, immediately asked me, "Do you know where patient sign-in is?" And, as I looked at her, the other two adults looked at me and remained silent. I smiled at all three individuals and responded, "Well, let's see, I just got up here myself and this is my first time in this new building." They all softly chuckled.

As I looked further down the hallway, I noticed a window with a counter protruding from the wall and a man behind this window. I pointed in the direction of this window, mentioning

that we could ask that man. We walked together down the hallway and, arriving at this window, I asked the man behind it where patients go to sign in. He looked up at me and pointed with his hand down the hallway in the opposite direction. I confirmed with him that the patient sign-in area was further down the hallway in the opposite direction and beyond the stairs, where the grand staircase reached the top of the third floor. Then, this elderly Inupiat woman and the two adults accompanying her thanked me and proceeded to walk down the hallway in the opposite direction to the patient sign-in area.

As I continued exploring the third floor of this new building, I stumbled on the office of the patient advocate, located down a dark side hallway toward the end of the main hallway. There was a woman who identified herself as the "patient advocate" in this office, and we spoke at length. As I left her office, I had to remember exactly how I had arrived there as it was dark and no land markers reminded me of my directional location. When I found the main hallway, I returned to the top of the stairs and walked down to the first-floor security desk. When I arrived at the security desk, I saw that no one was there! I immediately felt anxious—and frustrated—because I was afraid that my backpack might have been stolen! I had left it with the security guard at the desk thinking I could trust that it would remain secure while I explored the building. I held my breath, walked around the security desk and, to my relief, saw my backpack. *Thank goodness!* I thought to myself. I grabbed it and left the building.

On reflection, in many ways I, too, thought that the physical appearance of this new care organization in this rural area was indeed beautiful. After all, there were state-of-the-art computers atop a row of small tables by a large open window; there was Native art on display throughout the building, including glass encasings that displayed exquisite ivory art by local Alaska Native carvers. Yet, such apparent beauty does not necessarily index continuity of an indigenous cultural code, of contextual interconnection.

My participant-observation experience of this new building invoked a previous interview I had with a Yup'ik male Elder who is a traditional story teller. During the interview, this Yup'ik Elder shared about his current dream to build a *qasgiq*[18] in his rural home community, describing

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[18] Regarding *qasgiq,* this Yup'ik male Elder explains that:

> The *qasgiq* was our church…learning place…like in my culture, in Yup'ik culture where I grew up, and if you had the *qasgiq,* a place of learning, or a place of worship, or place of gathering, if you had that there and you had elders teaching younger generation true meaning of the songs and dances, the true meaning behind the drummer, the person behind the drummer, the meanings of the stories, or at least tell them the stories so that they have the lessons in there so that when they wake up in their time of need, that story will

how such a physical environment, or sense of place, can either create or cut off a sense of personalized meaning. In so doing, he compared a traditional *qasgiq* to a brand new gymnasium:

> And so, when I as a storyteller tell a story, in order to get the story across, I put my frame of mind into bein' a part of it, bein' a part of the stories so that I can personalize it, so that the younger generation that is listening will at least feel or know that it is coming from my heart. And also they will get a sense of how our ancestors lived long ago. Whereas if they can capture that one essence of how our ancestors lived long ago, we will better understand the stories and their meaning. Put it this way: If I tell a story of long ago inside a *cup'ik qasgiq,* men's house okay? Everyone in the *qasgiq* will be focused on men, and I'll be telling a story not only with language, my words, but also with my hand, my hands, my facial expressions. That's why when an elder speaks you stop what your're doing and you look and you listen. 'Cause they don't only speak with their, their mouth. You, you know, we talk with our hands, yea, I tell that story inside the *qasgiq*, younger generation will understand. I tell that story to another group in a brand new gymnasium, young children, maybe 80 percent, won't understand, only 20 percent will understand because that 80 percent, they don't really want to listen… "Wow, nice building, cool," New way…yeah, yeah, New way, yea, see, they say, "Wow, see this is a really nice, new building, warm, better than *qasgiq.*" See, they don't understand how our ancestors lived. If they get a feeling for how we lived and understand by seeing the old objects, the old *qasgiq*…

The comparison this Yup'ik Elder makes between a new building, a brand new gymnasium, and an old traditional building, a *qasgiq,* centers on how a particular place, or physical environment, plays a critical role in enhancing or inhibiting a sense of personalized meaning. This personalized meaning, as explained by this Yup'ik male Elder, indexes a connection to place—or context—and peoples.

This personalized meaning in the context of an old and new physical place is elaborated on by this Yup'ik male Elder. He continues:

> But one thing…getting back to the *qasgiq*, it was taken away, and you know how they say if it ain't broke don't fix it. Well, it wasn't broke; they took it away. We brought it back, but it's yet to be fixed, cause we're not back in the *qasgiq*. So it was taken away…it wasn't broken…but it was taken away and where we truly get it back, we need it all to come back…the *qasgiq*. They say, sometimes, new is better. Get a new one, it will be better, it will last long time. How come? This old one still work! Why I need new one? Sometimes you have to go back to the old way to get it right. And then if you go back to the old way, as far as getting the *qasgiq* back to the community, you'll see a

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come back and go, "Oh, that's why grandma told me"… acknowledging tradition, yeah, and so you, you know if we do that, we're in the *qasgiq*, you—you get a stronger, you start to build spirituality within the younger generation by doing that because you're teaching them what it means. And when you teach them the meaning of the songs and dances and some of the stories, the spirituality comes out…

> stronger social setting within the community, you'll see a stronger social network within the community, you'll see…, people being brought before the community…being accepted within the community, you'll see elders, widows…being cared for inside the *qasgiq*…by the different potlatches and… That was our social security, that was our food source, that was our council… everything was there. It was all held within the *qasgiq*. But there were different times when we…of all them things. Just like the seasons…And so, if it ain't broke, don't fix it. And sometimes we gotta go back to the old ways to make it right. Just that one building in the community, and it would be very interesting…

Symbolically embedded in an old, traditional place, such as a *qasgiq*, a personalized meaning and a sense of spirituality links to an overall sense of well being and health according to this Yup'ik male Elder. As he continues to share:

> …if you have parents with no spirituality they're not going to teach their children. They're not going to show them the old ways. And then that's where this resurgence of drumming and dancing coming back to life, it wakes them up inside. The drum wakes them up inside, it starts to wake them up. That's…realize, hey…we are real people, I know where I come from, right here…spirit, he's all around us. But if you don't have that you're just… And so that's why when we bring the old back…and so while we have this resurgence of cultural…coming back…through song and dance, we bring it back and we teach them the real meaning. And we do it without federal money so that they can't mandate what we teach…

As evidenced in this example, this Yup'ik male Elder explicitly associates having spirituality with a sense of place where there is personalized meaning in the context of an awareness of being real people.

In addition to my own ethnographic observations, I recall another Yup'ik male Elder sharing his experience of a mezzo-level rhetorical rupture in the greeting of care. This Yup'ik male Elder identified that:,

> One of the problems we have at our hospitals is we don't know where to go and what to do. People are getting lost…well, the elder is, I can see that…when the hospital first opened up I got to see it before, that I went touring the hospital before they opened it and I see people getting lost and I just directed them, I asked them what they were looking for and I take them to the place where they were supposed to be. I did that before…because ah, we…well, I was working with my corporation and uh we all had a tour of the hospital…

Another Indigenous Elder in Alaska, a (mixed) Yup'ik/Aleut female Elder, also shared about an important difference between one of the old care organizations in Alaska as compared to the new one in her area of residence:

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Do you remember the old [care organization]… when you walk in there was just a big room where everybody met, you walk down the hall and it was a lot smaller, so… but everybody—you would bump into each other all the time…when you walked up on ward everybody's name was there, you could stop in and say "Hi"…And I believe that's a really big part of healing. I stand firm on that….a big part of healing is having people - It's like when my dad had his stroke he was at the [clinic], people would stop by and say "Hi" and encourage him and just, you know, they were connecting…they shipped him over to [another clinic] for rehab, and because [clinic] was way out of the way, he didn't get the company…He laid there in bed by himself day after day after day until they released him. There was no encouragement, there was no…And now with this new [clinic], yeah you got the gathering place here but you got this department over here…and everybody's so separated now. And you can't go up on ward and see the names on the board anymore because of confidentiality. So you don't know who's there, you don't know who to go visit. And there was a time…they did that in the past. And there was people that said no I want my name up there, I want people to be able to come and visit me. So for the patients that wanted their name on the board, they put them on the board. But then they changed that again and now it's all confidential; nobody's name gets on the board anymore. And I think that's sad…because that connection with each other is really a big part of healing…

This Yup'ik/Aleut female Elder goes on to discuss the Western system in the context of care organizations. She comments: "It's like they're trying to tear us apart and separate us. And we just keep getting sicker and sicker by living by their rule and their way." Such a difference between the old and the new care organization, as described by this Yup'ik/Aleut female Elder, reveals an evident rhetorical rupture of an indigenous cultural code—that of contextual interconnection.

Caveat of Communicative Complexity

At this juncture, I note that some of Alaska's care organizations appear to be aware of mezzo-level rhetorical ruptures salient to Alaska peoples, particularly older adults, as service recipients. For example, one particular organization is striving to establish a welcome table where individuals can both welcome and assist Alaska Native service recipients inside the building. Such assistance includes the vision of physically escorting service recipients inside the building so they do not get lost and also requesting as needed a patient advocate to ensure that the needs of service recipients are met.

However, such a vision and any efforts associated with establishing a welcome table leave me with questions. Among these are: Will such a welcome table be consistently staffed? Why do Alaska's care organizations even need patient advocates? If the function of such an

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organization is to provide intercultural care, why are patient advocates necessary? In other words, that a care organization employs patient advocates reflects, to me at least, that structural, or environmentally systemic, barriers exist for service recipients that require advocates to navigate.

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Macro-level Rhetorical Rupture #1: The Greeting of Care

A macro-level analysis encompasses social and legislative policies that inform factors associated with the greeting. Among these are the actual driving forces, or resources, that translate into issues of access to health and social services. These forces, or resources, often relate to the socioeconomics of the health-care industrial complex. Such forces index a rhetorical rupture of intercultural care among Alaska Native indigenous peoples, particularly older adults.

While rhetorical ruptures at micro- and mezzo-levels presuppose a context of health and social service availability, a rhetorical rupture at the macro-level instead entails a complete lack of service availability. Various legislative and social policy events in contemporary society affect issues of access to health and social services among AI/ANs at the federal level. Among these are the 2013 federal budget sequestration (P.L. 99-177), the Affordable Care Act (ACA) (P.L. 111-148), and the Violence Against Women Act (VAWA) (P.L. 103-322).

The 2013 sequestration are among social and legislative policies at the U.S. federal level having an adverse effect upon AI/ANs in the area of access to health and social services among AI/ANs.

> "Sequestration" is a process of automatic, largely across-the-board spending reductions to meet or enforce certain budget policy goals. It was first established by the Balanced Budget and Emergency Deficit Control Act of 1985 (BBEDCA, Title II of P.L. 99-177)…In general, sequestration entails the permanent cancellation of budgetary resources by a uniform percentage. This uniform percentage reduction is applied to "all programs, projects and activities (PPAs) within a budget account. (Spar, 2013, p. 1)

According to the 2013 U.S. federal government sequestration, $109 billion dollars reduction in spending is required in fiscal year 2014 and each subsequent fiscal year through 2021; this reduction applies to both defense and non-defense programs (Spar, 2013, p. 5). It should be noted however, that some programs are exempt from sequestration. "While the law provides a list of programs and types of spending that are exempt from sequestration, it provides no

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definitive list of programs or types of spending that absolutely *are* subject to sequestration"
(Spar, 2013, p. 8).

The 2013 federal budget sequestration (P.L. 99-177) is addressed in news media. For
example, the *New York Times* is diligently reporting on this issue. One recent articles reports:

> It's an old American story: malign policies hatched in Washington leading to pain and
> death in Indian country. It was true in the 19th century. It is true now, at a time when
> Congress, heedless of its solemn treaty obligations to Indian tribes, is allowing the
> across-the-board budget cuts known as the sequester to threaten the health, safety and
> education of Indians across the nation. (*New York Times,* July 23, 2013)

As a result of the 2013 sequester, the federal government across-the-board budget cuts "are real,
specific, broad and brutal" among indigenous reservations in the U.S., and impacting "the
poorest, sickest and most isolated Americans."

Even though a majority of AI/ANs reportedly live outside tribal areas with many AI/ANs
living in urban areas—as previously mentioned, the 2013 sequester is having deleterious effects
on reservations. The effects include: "More people sick; fewer people educated; fewer people
getting general assistance; more domestic violence; more alcoholism," according to Richard
Zephier, executive director of the Oglala Sioux Tribe (*New York Times,* July 23, 2013). The link
between federally influenced socioeconomics and (neo)colonialism among indigenous peoples is
evident:

> The damage is being done to agencies and programs whose budgets rely nearly entirely
> on federal sources, now being slashed. In signing treaties with Indian nations in return for
> land, the federal government promised a wide array of life-sustaining services. One of the
> most important is the Indian Health Service, which serves about two million people on
> reservations and is grossly underfinanced even in good times. It routinely runs out of
> money halfway through the year. Though Medicare, Medicaid and veterans' health were
> exempted from sequestration cuts, the Indian Health Service was not. It stands to lose
> about $228 million in 2013 from automatic sequester cuts alone, out of a $4 billion
> budget. That will mean 3,000 fewer inpatient admissions and 800,000 fewer outpatient
> visits every year. (*New York Times*, July 23, 2013)

The effects of sequestration are resulting in the elimination of direct health and social services on
Native reservations throughout the United States. Consequently, as the *New York Times* reports,
there have been calls for the U.S. Congress to exempt indigenous reservation communities from
sequestration.

In Alaska, sequestration is compounding the already existing challenges associated with health and social service delivery. Among these are Alaska's extreme geographical isolation. Referred to in the above-referenced *New York Times* article as "America's emptiest corner," rural Alaska's service delivery has been adversely impacted by sequestration:

> The complex machinery of health care is being reimagined everywhere in the nation through the combined prism of new regulations and shifting economics, even here on the continent's frosted fringe. The grandly named Yukon-Kuskokwim Health Corporation, for example, where Dr. Hodges is chief of staff, is scrambling this spring to install a new electronic medical records system. That is a hallmark of the federal health-care overhaul, compounded out here by the fact that computers run by generators in far-flung villages are subject to brownouts and fuel shortages.

> Cost controls are also the way of the medical frontier no matter where you look. In other places, such constraints may be driven by insurance companies; here, by sequester-driven budget cuts to the federal Indian Health Service. The agency is the 50-bed hospital's main support in treating the tribes and villagers who have lived for thousands of years in the boggy crescent of lowlands where the Yukon and Kuskokwim Rivers carve their paths to the sea. (Johnson, 2013)

Sequestration spreads health services thin in Alaska, particularly in rural Alaska. The following example illustrates the contemporary health and social service reality in rural Alaska—a reality marked by isolation, limited resources, and extreme weather conditions:

> Take a glimpse, for example, into Alexandria Tikiun's world: At age 25, with four children at home to care for, she is a community health aide, the closest thing to an M.D. in her village, Atmautluak, population about 400.

> The aide system itself is uniquely Alaskan. It was developed in the 1950s, during an outbreak of tuberculosis, when the first health aides were trained to dispense medicine. Now, in sessions here at the hospital, Ms. Tikiun and 150 other aides, mostly women, learn medical skills that include trauma response, pregnancy testing and vaccination, all based on a book that they call their bible, which walks them through a kind of algorithm of step-by-step questions leading to treatment protocols.

> But life in the Alaskan bush, with all its attendant risks and mayhem, is never far away. Ms. Tikiun said she once spent two hours on the floor of a pickup truck, ministering to an accident victim with multiple fractures and lacerations as her driver raced down the frozen Kuskokwim River ice road, bound for Bethel's nine-bed emergency room.

> The added stress of the work, said another village aide, Randall Gamball, is social. In a tiny village, every patient is without exception also an acquaintance or a relative. "It's really tough to work on someone you know," Mr. Gamball said.

The hospital's flight paramedics, meanwhile, have to be ready with unpredictable medical emergencies and a sometimes radically ferocious climate at the same time. Whiteout conditions and temperatures 40 degrees below zero are not uncommon in winter.

Mark Stevens, a paramedic originally from eastern Washington, described one particularly memorable rescue: His team — two paramedics and a pilot — landed their propeller plane on a village airstrip, but then freezing fog closed in, coating everything with thick, heavy ice. It took three hours of frantic scraping — two crew members at the plane, the other with the patient — before they could head back. Every flight must be a consensus, Mr. Stevens said, and any member of the three-person team can veto the plan if conditions seem unsafe. "It's three to go, one to say no," he said. Doctors and nurses are also mostly from the lower 48, doing stints here of a week or a month. (Johnson, 2013)

In addition to sequestration's adverse effects on AI/AN peoples throughout the U.S., including ANs in Alaska, the Affordable Care Act (ACA), produced another macro-level rupture in service availability. According to the U.S. Department of Health and Human Services, the ACA (P.L. 111-148) was signed into law by President Obama on March 23, 2010. The ACA "puts in place comprehensive health insurance reforms that will roll out over four years and beyond" (Retrieved from http://www.hhs.gov/healthcare/facts/timeline/index.html). Describing the ACA, Gorin (2013) explains:

The 2012 elections marked major movement in the struggle for universal healthcare coverage in the United States. Barack Obama's reelection as president and the return of a Democratic Senate ensured that the Affordable Care Act (ACA), or Obamacare as it's colloquially known, will survive through 2014, when much of the healthcare reform it contains will be implemented. This legislation is not perfect.

The ACA's fundamentals are simple: Beginning in 2014, everyone will be required to obtain healthcare coverage, and insurers will no longer be able to exclude individuals due to preexisting conditions or increase premiums because of health status or gender. Individuals without coverage will be subject to a fine of 1% of income or $95, whichever is higher, growing to either 2.5% or $695 in 2016. It is estimated that 3.9 million people will owe the penalty in 2016.

As Gorin (2013) explains, there are two primary vehicles in the ACA for expanding coverage:

The ACA primarily will expand healthcare coverage in two ways. The first is through health exchanges, which go into effect in 2014. Exchanges are marketplaces where individuals and small businesses (up to 100 employees) will be able to compare and purchase a range of insurance plans. States will either create their own exchanges or the federal government will step in to create exchanges for them.

A second vehicle for expanding coverage is Medicaid. As originally written, the ACA required states to extend Medicaid coverage to individuals at up to 138% of the poverty line. This was expected to extend coverage to an additional 17 million people. However, in June 2012, the Supreme Court found this requirement unconstitutional on the grounds that it imposed an unfair burden on states.

Although the federal government will cover most of the costs of the Medicaid expansion, the court left it to the states to determine whether they will participate. Several states have either not decided or said they will not participate in the expansion. This could have a particularly adverse impact on individuals who earn below 100% of the poverty line.

There is a third, less publicized strategy for expanding coverage: States can create their own basic health programs. This "public health insurance" would be available to individuals who earn too much to qualify for Medicaid but have incomes below 200% of poverty (Cassidy, 2012). There is concern that these programs could threaten the viability of a state's health exchanges.

Looking to the future, contention over the ACA seems likely to continue. Seventeen states have refused to set up their own exchanges, and more have not yet decided. Several have remained noncommittal or opposed expanding Medicaid coverage. In addition, in November 2012, the Supreme Court ordered a lower court to reopen a previous challenge to the ACA and evaluate it in light of the high court's June 2012 decision to affirm the ACA's constitutionality. While this may not pose a serious threat to the legislation, it does illustrate the depth of opposition to it and the determination of opponents to prevent it from being implemented. (Gorin, 2013, p. 22)

As is evident, the ACA is a contentious piece of legislation. Gorin (2013) identifies that social workers "have long supported healthcare reform and have a stake in defending the ACA" and in addition to many clients "are likely to be among the 32 million people who will gain coverage thanks to the bill." Furthermore, in "November 2012, the NASW released a fact sheet aimed at educating the public about the benefits of the ACA" (Gorin, 2013).

The ACA and its definitions have real consequences for AI/ANs throughout the United States, including Alaska. For example, the Minneapolis *Star Tribune* reports:

The Affordable Care Act takes a narrow view of who is considered American Indian and can avoid the tax penalty, which will reach a minimum of $695 when fully phased in. It limits the definition to those who can document their membership in one of about 560 tribes recognized by the U.S. Bureau of Indian Affairs. Yet more than 100 tribes nationwide are recognized only by states and not the federal government. Many tribes do not allow their members to enroll before they are 18, meaning some school-age children whose parents are American Indian might not be considered "Indian" under the definition of the act. Other tribal governments have complicated blood-quantum requirements or rules that all members must live on the reservation, even though nearly two-thirds of

American Indians and Alaska Natives now live in metropolitan areas, partly a legacy of federal relocation and adoption programs. (May 15, 2013)

Regarding the act's definition of American Indian, the U.S. Department of Health and Human Services "is powerless to change it without an act of Congress" (*Star Tribune,* May 15, 2013). Indigenous advocacy groups estimate the number of (Indigenous) peoples impacted by this act could be up to 480,000. The 2010 U.S. Census indicates that nearly one-third of the total 5.2 million people who identify as American Indian or Alaska Native lack health insurance, and about 28 percent of the total 5.2 million people who identify as AI/AN are living in poverty.

These macro-level rhetorical ruptures occur in the context of historical nation-to-nation treaty obligations between the U.S. federal government and AI/AN tribes. More specifically, this rupture—situated at the nexus of socioeconomics and federal legislative policy—is evident in the following contradiction: "The Indian Health Service, a division of U.S. Health and Human Services, oversees a network of clinics that are required to serve all patients of Indian ancestry, even if they cannot document their federal tribal status" (Minneapolis *Star Tribune,* May 15, 2013). Hence, the ACA, with its current limited definition of American Indian in effect, eliminates the availability of health and social services for thousands of AI/AN peoples who, prior to this act, received services regardless of federal tribal documentation.

The impact of AI/AN colonial history lingers in ruptures caused by macro-level social and legislative policies that violate the human rights of AI/AN peoples. Another such violation is specific to Alaska Native women and associated with President Obama's reauthorization in March 2013 of the Violence Against Women Act (VAWA) (P.L. 103-322). This Act was initially authorized in 1994: "For the past 18 years, since Vice President Biden initially wrote the Act in 1994, VAWA has helped to decrease the rates of domestic violence across the country" (Jarrett, 2013). With rates of domestic violence highest among AI/AN women in the U.S., VAWA improves the tribal justice system.

The legal protections for women provided by VAWA, particularly for AI/AN women, are critical important for all women, yet particularly so among AI/AN women and AN women in Alaska.

Alaska Native women suffer the highest rates of sexual assault in the United States. In some off road communities, 100% of the women have reported being a victim of domestic or sexual abuse at some point in time. (Indian Law Resource Center, 2013)

According to Alaska Native Lisa Frank, who is Gwich'in and an advocate for survivors of sexual assault and domestic violence, she has listened to many women in their 40s and 50s who report experiencing abuse but who have not talked about it. Frank explains:

> "They were told not to; that it was bad karma for them to say anything happened to them. A lot of them told me they weren't believed, even as children. I think it's the same situation today, but slowly and surely, people are starting to talk more about it and trying to bring solutions to the problem." (Indian Law Resource Center, 2013)

In Alaska, health and social problems such as issues of sexual abuse and domestic violence exacerbated by geographic isolation in some remote communities. Frank continues: "For a lot of women living in rural communities, it is easier to forget than to seek a prosecution…Their perpetrator walks free among them, among their own community. It's like nothing happened." Because Frank's assault occurred "downstate," she explains: "I don't have to worry about seeing the perpetrator walk by me. I don't have to act like nothing happened. What really did heal me was coming back to my land, just being one with the nature and living among my people, practicing my cultural activities" (Indian Law Resource Center, 2013)

While not a direct health or social service per se, VAWA is a vehicle of protection to physical safety, health safety, and overall wellness. More specifically, VAWA includes "new provisions allowing tribal governments to prosecute non-Indian perpetrators of domestic violence and sexual assault" (Landreth, 2013). VAWA purportedly ensures legal protection of human rights, health, and well-being for AI/AN women. However, Alaska, and more specifically Alaska Native women, were excluded from VAWA's protections. According to Natalie Landreth, senior staff attorney at the Native American Rights Fund (NARF) in Anchorage:[19]

> Yes, it's true. Alaska tribes, and therefore Alaska Native women who are battered or sexually assaulted by non-Natives, were excluded from protection under the Violence Against Women Act (VAWA). Senator Murkowski inserted an Alaska exclusion euphemistically called "the Special Rule for Alaska." Only there's nothing special about it. The exclusion is part of a larger strategy to prevent Alaska's tribes from being treated like all other tribes in the United States. There are Alaska exclusions in numerous bills, most inserted by a previous senator, and this is yet another. This one, however, cuts the deepest.

> This past weekend, Senator Murkowski posted on her Facebook page that she had created an "inclusion," suggesting that all she did was to make sure that Metlakatla (which is the only tribe in the state with a reservation) "would receive the same rights and jurisdiction

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[19] The Native American Rights Fund (NARF), founded in 1970, is the oldest and largest nonprofit law firm dedicated to affirming and asserting the rights of Indian tribes, organizations, and individuals nationwide.

granted to Lower 48 reservations." It's not my usual practice to write a direct response, but the Alaska exclusion was being reported as an inclusion, so I decided to set the record straight based upon the information that I have been privy to throughout this debate.

As most of you know, law enforcement works differently in rural Alaska. Because of the vast distances, weather conditions, and lack of state trooper posts in the vast majority of villages, response times can be very slow—sometimes too late to help. The only place many women can go for help is their Tribe. Because they have retained aspects of their inherent sovereignty pre-dating the United States, tribes have jurisdiction to handle certain problems that impact the health and safety of their tribal members. Domestic violence is one of those problems. The most common exercise of this power is to issue a protective order directing the perpetrator to stay away from his victim, refrain from contacting her, you get the idea. Tribes in Alaska have been doing this for many years in an effort to protect their more vulnerable tribal members. This power was restated and expanded to include the words "any person" in Section 905 of the VAWA. Those two simple words clarified that tribes could issue protective orders against non-Native perpetrators. But for the Alaska exclusion, this clarified authority would have applied here.

The other section from which Alaska was excluded is Section 904. It is a partial fix for a long despised case called *Oliphant*, which held that tribes have no criminal jurisdiction over crimes committed by non-Indians. Section 904 "recognizes and affirms" domestic violence jurisdiction over non-Indians who (1) reside in the Indian Country of the tribe; (2) are employed in the Indian Country of the tribe; OR (and note this says "or" not "and") (3) are the "spouse, intimate partner, or dating partner" of a tribal member. See what Congress did there? The third option removed the "Indian Country" trigger. Come to think of it, Section 905 (the civil jurisdiction described above) doesn't require Indian Country either. This is important because detractors and deniers claim that this bill was only intended to apply in "Indian Country" and that it wouldn't matter up here. Not true. Both civil and criminal jurisdiction provisions would have applied up here in Alaska regardless of whether you think we have "Indian Country" or not.

But for the Alaska exclusion, Alaska Tribes would have had the ability to issue civil protective orders against "any person" and also would have had the ability to arrest or detain any perpetrator, Native or not. Given the extraordinarily high rate of domestic violence and sexual assault in rural Alaska, how could anyone object to that?

Senator Murkowski did. I can't explain why. I can only guess that this is yet another Alaska exclusion for which the Alaska Attorney General's office lobbied heavily. It has done so in the past, particularly when issues of tribal jurisdiction arise. In any event, there can now be no doubt that Section 910, the Alaska exclusion, originated in Senator Murkowski's office, and that she was repeatedly asked to remove it both during the 2012 session and again this year. In case you do not believe me, the Native American Rights Fund has posted letters from AVCP, AFN and numerous tribes that sent pleading letters this year and last. We are also going to post the whole text of the VAWA there so you

can read sections 904, 905 and 910. Then decide for yourself: how does an exclusion become an inclusion? (Landreth, 2013).

By excluding protection for all AI/AN women, specifically Alaska Native women, VAWA becomes a national travesty and a macro-level rhetorical rupture.

VAWA's lack of protection against domestic violence and sexual assault for Alaska Native women is exacerbated when considering the social and environmental context. While the statistics of violence against AI/AN are approximately 2.5 times higher than against other American women, access to real protection and safety for Alaska Native women is typically non-existent, and when it does exist, it is often encumbered by significant delays. As Moore (2013) explains:

> The vastness of Alaska works against victims here. We have about 140 villages with no state law enforcement. Gov. Sean Parnell believes he can get some help to them in the next 10 years. In the meantime, they are, depending on weather, days from having a state trooper available to protect them and enforce the law.
>
> Fifty villages have tribal or village police. The remaining 90?
>
> Zero. No law enforcement.
>
> It's nearly impossible to get a restraining order where there isn't a judge and you have to take a long ride on a snowmachine, boat or airplane to get to court. Escaping a scene of violence can cost you hundreds of dollars, with nowhere to go for support.
>
> According to the U.S. Department of Justice, at least 86 percent of the victimizers of American Indian and Alaska Native women are non-Native men.
>
> These facts make the particulars of the passage of the Violence Against Women Re-authorization Act (VAWA) even more disturbing. The VAWA gave "domestic violence jurisdiction and civil protection order" powers to tribal courts. This seemed like progress for communities without conventional courts readily available to issue restraining orders, etc.
>
> Our senior senator, Republican Lisa Murkowski, added a "Special Rule for the State of Alaska" to the VAWA. That rule effectively bars 40 percent of American tribes from being able to protect their women. Our senator excluded 229 Alaska communities from that part of the act.
>
> The Association of Village Council Presidents and the Aleut community of St. Paul Island spoke out against the Alaska exclusion. The Alaska Inter-Tribal Council said it "objects to anti-Alaska Tribal Provisions in the Violence Against Women Act."

The Tanana Chiefs Conference opposed it. The Native American Rights Fund led the charge against it.

The AFN wrote to the senator: "Although Alaska Natives comprise only 15.2 percent of the population of the State of Alaska, they comprise 47 percent of the victims of domestic violence and 61 percent of the victims of sexual assault."

Murkowski ignored their requests.

Here Moore (2013) identifies differences between Lower 48 American Indian tribes and Alaska Native tribes. In so doing, she offers a scathing editorial on state politics in Alaska, politics that prevent Alaska Native women from accessing legal protection of their human right to safety and health:

The state of Alaska seems not to miss an opportunity to stop tribes from asserting jurisdiction over issues like Native adoption, alcohol control, subsistence hunting and fishing, etc. At every turn the state acts to circumscribe, as tightly as possible, the sovereignty of First Alaskans.

The difference between Alaska Natives and Native Americans is all about land. The Lower 48 has reservations. In Alaska, tribes don't have reservations, so they can't base claims of jurisdiction on reservation boundaries.

The worry for Alaskans like Parnell is: If we give Natives power over themselves, where will they stop? What if they don't like a certain resource development—they might be able to get in the way. How could we let tribes enforce laws against non-Native predators? Oh, it could be a slippery slope, so let's prevent Native communities from enforcing state law, and then we'll pretend Alaska doesn't have the money to pay for troopers to do it instead.

What's a few rapes—as long as they happen way out there?

Last year the Obama administration took exception to the exclusion of Alaska tribes from the VAWA. At the time, a Murkowski spokesman claimed it was a "draft error." Weird that she made the same error again this year, ensuring that our Alaska Native sisters wouldn't get the same protection as Lower 48 Native Americans.

The state of Alaska has no higher responsibility than to protect its citizens from harm. While the governor walks around with a "Choose Respect" bumper sticker on his forehead, and legislators throw baskets of cash at every goofy development project that comes along, they all agree we can't afford police protection for rural Native women, and then they work to keep the tools of self-protection out of the hands of communities.

The federal government wanted to give Alaska tribes the same jurisdiction as those in the Lower 48. Unfortunately for them, Lisa Murkowski, Michael Geraghty and Sean Parnell were standing in the way.

As VAWA, the ACA and sequestration show, there are multiple macro-level ruptures related to access to health and social services in Alaska. In the context of AI/AN colonial history, the repeated legislative and social policies of AI/AN exclusions are neocolonial incursions into AI/AN human rights.

A Micro-Macro Connection in the Context of AI/AN Colonial History

Neocolonial incursions that affect AI/AN peoples evidence a micro-macro connection in service delivery practices associated with Alaska Native care organizations. Specifically, the AI/AN individual's experience of oppression is related to social, legislative policies at state and federal levels. Forces of oppression are invidious and their subsequent harmful effects are often invisible. Among these invisible effects is internalized oppression. Internalized oppression in the context of Alaska's care organizations is illustrated in the comments of an Aleut male Elder. This Elder shares:

> First of all, most of the participants in the health care system are from a privileged class, and second, they're not aware that they have that kind of privilege, where I as a Native person coming in there doesn't have that kind of privilege, I have to fight for everything that I get and I have to be better than most in order to be considered average… and then the way that they act is like, "I know better than you," "I'm the doctor, you listen to me." Ok, when you empower a patient, in the myriad of ways you could possibly do that in the first contact of that patient to that medical institution, and you understand that healing is a co-creative process, that you need the patient to help in the healing process, and that's really probably the most important part, and when I feel like I have no control over it, the mind plays—the words are so powerful when I say, "I don't have control over this," "I can't do anything about it, I just need to follow what the doctor says." It has a huge physiological effect on the body, because I feel powerless. But, when you get to a person and they feel filled with power, they believe in themselves, they trust the healing process in their body, they activate whatever is inherent in us for healing, that's what the doctor needs to allow, and then work with that, but we don't. I think the medical system is probably responsible for killing more people than healing, the number of people that are healed.

This Alaska Native male Aleut Elder identifies a profound distinction between the states of powerlessness and empowerment. In so doing, and generally speaking, this Elder indexes

relations of domination—subjugation in the relationships between a privileged class and Native peoples.

Relationships of domination and subjugation index forces of opposition; thus charged emotions are typically associated with such relations. Such emotions are evidenced in the words spoken among Alaska Native Elders—such as the term *fight* above, which indicates that oppression is deeply felt. In addition to the Alaska Native male Aleut Elder, above, who has to "fight for everything that [he] get[s]," an Alaska Native Inupiat female Elder shares her experience of oppression also employing the word *fight.* This Inupiat Elder initially refers to another industry altogether, followed by relating her experiences of oppression to an occasion when she assisted her elderly mother in accessing services from Alaska's care organizations:

> It's hurts our people to have somebody at that professional level and to feel like we can't shed tears about it, and then when we leave it hurts so bad you can't hardly breathe because they didn't feel anything. So why do we have to keep fighting? Why do we keep fighting? But we need to keep talking about it over and over so that we can start the healing process…For people to hear us…and to not say, oh, that's just [name]…forget that…They get people to fight with each other…but that's the same way with the…unless you go with the elder… I went with her [elderly mother] one time, and they [service providers] were so afraid, because I looked them straight in the eye too and I said, "What do you mean by that? You know, she's been going through this for a long time and why is she not given that?" That's when they gave her that (some kind of drug). I said, "Haven't you given her [medication]?" I said, "They aren't compatible with her health"…I said, I'm going through the same thing…People don't want to hear me. I think they're…I get so angry, it takes anger to change everything and when there's enough of us then we can change it.

A deep, and profound experience of oppression permeates the experiences of service delivery for Alaska Native peoples, particularly older adults in the context of Alaska's care organizations. This experience is felt through multiple and varied mechanisms; sometimes it occurs through the lens of perception by the service provider, sometimes through the lens of perception by service recipient, sometimes through a professional paradigm, and sometimes through actual intervention practices.

A micro-macro connection salient to rhetorical ruptures in the domain of the greeting of care is reflected by lack of access to health and social service resources. Commenting about this lack of access related to health and social service resources, an Alaska Native Inupiat female Elder shares:

We need more of what we don't have. I think what we've been talking about has to do with what we don't have. It means recovering from the aftermath of trauma. That recovery needs to be there. We need support systems that promote wellness and creativity. The other thing we need is access. You would allude to privilege, from my perspective it has everything to do with access. Access to resources, access to services, access to people in power, access to opportunity for employment, access to resources when you want to pursue your education…all kinds of access.

According to this Inupiat Elder, privilege "has everything to do with access." In the context of UNDRIP, articles 21 and 24, a lack of access exemplifies a neocolonial incursion against human rights. For example, UNDRIP Article 21 states: "Indigenous individuals also have the right to access, without any discrimination, to all social and health services." UNDRIP Article 24 states:

Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realization of this right.

As evidenced by ethnographic evidence salient to rhetorical ruptures in the greeting of care, these human rights are not currently being protected.

Given the cultural diversity of Alaska's care organizations, individuals from diverse backgrounds interact with one another on a daily basis and constitute parts within a larger system. This larger system is comprised of multiple ideologies of culture and language intersecting through social relations that function interdependently; these social relations constitute social networks. Fundamental properties of social networks include connection and contagion (Christakis & Fowler, 2011, p. 30). That is, emotions, such as happiness and anxiety, spread through social networks. According to Christakis & Fowler (2011): "Our unavoidable embeddedness in social networks means that events occurring in other people—whether we know them or not—can ripple through the network and affect us. A key factor in determining our health is the health of others" (p. 130). This embeddedness in social networks affects all stakeholders involved in the service delivery system. "Our particular relations with other human beings are therefore crucial….Our embeddedness in social networks means that we must cooperate with others, judge their intentions, influence or be influenced by them" (Christakis & Fowler, 2011, p. 214).

Social networks are vehicles. From a dialogic perspective, such networks can be viewed as a public good in which benefit for all flows or they "function as conduits for pathogens or

panic" (Christakis & Fowler, 2011, p. 294). Both violence and goodness can spread through social networks.

> To address social disparities, then, we must recognize that our connections matter much more than the color of our skin or the size of our wallets. To address differences in education, health or income, we must also address the personal connections of the people we are trying to help. To reduce crime, we need to optimize the kinds of connections potential criminals have—a challenging proposition since we sometimes need to detain criminals. To make smoking-cessation and weight-loss interventions more effective, we need to involve family, friends, and even friends of friends. To reduce poverty, we should focus not merely on monetary transfers or even technical training; we should help the poor form new relationships with other members of society. When we target the periphery of a network to help people reconnect, we help the whole fabric of society, not just any disadvantaged individuals at the fringe. (Christakis & Fowler, 2011, p. 302)

Through social networks, we are all connected, with capacity to reciprocally influence one another. "The great project of the twenty-first century—understanding how the whole of humanity comes to be greater than the sum of its parts—is just beginning" (Christakis & Fowler, 2011, p. 305).

Retorical ruptures in the greeting of care make visible a micro-macro connection, a tension associated with issues of entitlement to health and social service care. This tension centers on access to care and, more specifically, access to quality care. It sparks a public discourse among many from the wider community that Alaska Native peoples receive "free" health care.

Ethnographic evidence—documents and advertising materials associated with Alaska's care organizations—shows basic messages in the rhetoric of care explicitly stating that Alaska Native peoples are entitled to quality care. As an Alaska Native Inupiat female Elder explains: "Well I think one of the things that needs to be understood is expectations. We expect to receive good care. Because we expect the doctor to know what the heck he's talking about doing. He's a doctor, hello."

Explicit messages salient to Alaska Native peoples regarding access to quality health and social service care are embedded in a public discourse that Alaska Native peoples receive free health and social service care. I recall that, during fieldwork, I had a conversation with a local community member from the wider community who lived on the road system. During this conversation, I shared about my research and study topic. This community member told me she had rented her home to an Alaska Native male person. As this individual shared her support for

my research, she commented about one occasion when this previous renter got really sick with the flu and he refused to get help from Alaska's care organizations. She said that she directly asked him to go to the health clinic, explaining that it was free for him, and she got upset because he refused. He apparently responded by saying he did not want to go because he did not want to wait to see a nurse or a doctor.

In Alaska, comments and questions about Alaska Native peoples receiving free health and social services are typical. The ubiquity of such comments and questions prompted formal written clarification from one of Alaska's care organizations:

> **Do Alaska Native people get "free" medical care?**
>
> Along with questions about corporate dividends, this is perhaps the most commonly asked question about Alaska Native people by non-Natives who live in the state. A better understanding about the history of Alaska Native peoples and American Indians and their relationship with the federal government can clear up the confusion this question represents. (Southcentral Foundation, p. 78)

This response goes on to explain that health and social service care for AI/ANs in the United States has been "pre-paid" as a result of prior government-to-government agreements in which the U.S. government agreed to protect certain AI/AN rights and provide certain services to AI/ANs in exchange for AI/AN land and resources. Among these services is health and social service care. The terms of this government-to-government relationship are instantiated in the U.S. Constitution. Accordingly:

> Because they were the only groups whose lands were taken by the United States government, indigenous peoples are the only groups for which the United States must— by legal, contractual obligation—indefinitely provide health care services. Established in 1787, this relationship is based on Article I, Section 8 of the Constitution. The organizational vehicle for fulfilling this obligation is the Indian Health Service (IHS). (Southcentral Foundation, p. 78)

As explained in this written response to a common question, Alaska Natives do not in fact receive free health and social service care.

Analysis of ethnographic evidence shows rhetorical ruptures in the greeting of care across multiple levels of encounter. Such ruptures—misalignments between an indigenous cultural code and intercultural care salient to ANs, particularly older adults—are lingering exacerbations of injustices indexed by AI/AN colonialism. Consequently, these ruptures are emotional and socio-political experiences among ANs, particularly Elders. Rhetorical ruptures in the greeting of care

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send metamessages of not belonging, of being excluded in the context of place or among peoples—in this case, in service delivery practices associated with Alaska's care organizations. Rhetorical ruptures illustrate how important a welcoming, comforting, and personalized greeting is among Alaska Native peoples, particularly older adults, in care organizations. Rhetorical ruptures in the greeting of care relate to rhetorical ruptures in the interpersonal practice of care.

Chapter Six: Rhetorical Rupture #2: The Interpersonal Practice of Care

> So when you combine all of these kinds of elements, of the real
> human being, of empowerment of others, of connection with the
> other through the heart, through suspending your logic when it
> comes to healing, and working in partnership with the person that
> you're working with, that will create miracles just by itself… and
> with the Elders—you know there's a distinction between Elders
> and seniors, Elders are sought out for their life wisdom and their
> connection to their own ancestry, seniors are people—I mean I
> know an 80-year-old senior who has always emotionally been at
> the 6-year-old emotional level, with no life wisdom whatsoever…
> but anyway, seniors and Elders overall, in working with them I
> find—like, I go to these Pioneer Homes here, and it's sad, it is so
> tragic oh my gosh… you know, people are sitting there in their
> wheelchairs, they might be watching TV with no expression, no
> life in their eyes…some of them don't even watch TV—it's tragic,
> and it's tragic what our society does with older people… because
> what keeps a person alive when you start to age like that is to have
> meaning, especially when you're at that age, you need meaning,
> more than anything else, more than all the medications, more than
> whatever else you can provide, meaning to their lives and meaning,
> it physically means being contacted, being in connection with, in
> relationship to your society who looks at you and says, "Hey, you
> have life wisdom, can I just be with you every day and help you
> out and maybe you can share some of your life wisdom and your
> stories with me?"—that will perk up the Elder really good, and you
> maintain that. Most young people, and most younger generations
> who are in charge of these institutions for elders or seniors don't
> understand what it means when you've lost all of your family, you
> maybe lost a lot of the physical functions of your body and people
> are treating you like an automaton, you know just ahhh a thing in
> the institution to maintain every day, they don't understand it, why
> it's so important to have meaning to your life…for these Elders
> and seniors to feel it, to know it, to experience it, you would
> transform the elders around the whole U.S. if you could change
> that part, we would have bright eyed, alive—you know, sharing
> their wisdom, they have meaning to life, they're re-engaged back
> to humanity, oh my gosh… *Alaska Native Aleut male Elder*

Rhetorical ruptures of an indigenous cultural code in relation to intercultural care emerge

not only in the greeting of care, but—as I demonstrate in this chapter—in the interpersonal

practice of care. The focused codes, "distinguishing what is real" and "creating comfort" were

generated during qualitative analysis of randomly selected formal interview transcripts. These concepts help us to make visible rhetorical ruptures in the interpersonal practice of care. Both focused codes represent a felt experience among Alaska Native peoples, particularly older adults. Elders specifically mentioned "quality treatment" in Alaska's care organizations. More specifically, they mentioned that the felt experience of quality treatment relates to whether an Alaska Native Elder experiences "real service" as compared to a "real disservice" in such organizations.

The focused code "distinguishing what is real" refers to aspects of authenticity and full value. More specifically, identifying "what is real" indexes the notion of the "real human being." In comparison, the "real human being" is contrasted to characteristics such as inauthenticity and pretention.

The focused code "creating comfort" refers to feeling at ease and supported; more specifically, and in context of AI/AN colonial history, this focused code conveys a metamessage of reassurance in the context of an intercultural care continuum salient to Alaska Native peoples, particularly older adults, in service delivery practices. That is, *comfort* conveys acceptance and validation while *discomfort* conveys invalidation.

Micro-level Rhetorical Rupture #2: The Interpersonal Practice of Care.

This domain of rhetorical ruptures encompasses the range of knowledge, skills, and attitudes relevant to service delivery in Alaska's care organizations. Empirical evidence from interviews, documents, and ethnographic field notes reveals that the rhetorical rupture in the interpersonal practice of care centers on a distinction between real service as compared to real disservice. Real service is effective interpersonal practice while real disservice is ineffective interpersonal practice. More specifically, real service is comforting while real disservice is discomforting.

The "Real" Human Being

Many Alaska Native peoples, particularly Elders, describe *real-ness* with a general understanding rooted in the notion of a real human being. As one Aleut male Elder explains:

> But I grew up in a way where I could feel the—I was experientially learning from the adults. The adults' responsibility was simply to provide the opportunity for me to learn, not to tell me *what* I'm going to learn, not to tell me *how* I'm going to learn, no

instructions, no explanations. They simply created the space for me to take whatever I can get or learn on my own to the maximum of my ability as a real human being, ok, so part of that upbringing included processes that I was exposed to that allowed me to utilize all the senses and gifts of the real human being, which is not only the five senses, but intuition, heart, synthesis of all the aspects of the human being, gut feel, uhm without thought…

According to this Elder, a sense of real-ness is rooted in experiential learning and linked to personhood through the notion of the "real human being." This Aleut male Elder further describes a "real human being":

> When we talk about the real human being, our cultural systems are based on the understanding of the real human being and the 2-year-old child is our teacher.

This Aleut male Elder explains that, "In order to be a real human being again, you have to be able to—like my Elders said, 'You gotta go where the pain is, you can't run away from it.'" Relatedly, and in reference to this notion of pain, an Alaska Native Inupiat Elder cultural consultant commented: "It is healing to go through the pain." As illustrated in the comments among these Alaska Native Elders, the ability to, and process of, experiencing emotions, which include pain, is a critical component of being a "real human being."

This notion of the real human being is alluded to in comments made by an Alaska Native Tlingit female Elder. This Elder invokes the metaphor of a mask to represent an insulating layer that covers the real human being and insulates, or inhibits, a person from becoming a real human being. This Elder shares:

> You've got to put a mask on in order to survive and play a game. And that's the game people expect you to play. And if you don't play that game they treat you differently and it's usually not nice. I've had that reaction among people. That's kind of strange. I didn't quite understand it, so I couldn't put it into words. Yeah. I find that over and over and that's why I told my husband, I can't work because it makes me mean.

This Tlingit female Elder draws a connection between "to put a mask on" and to "play a game" in the context of communicative and interactional processes. In so doing, she comments that—for her—among Native peoples "you don't have to play a game…You don't have to play…the rules aren't there…that rule isn't there. That rule of survival isn't there…the mask…yeah, it isn't there. If you want to be quiet and not say anything you can. If you…if you want to talk you can, but you know, it's not expected. But if you feel it's expected, then you feel like, well, I gotta do this and that and that and that. And the expectation's different."

In context of this metaphor of a mask, this Tlingit female Elder explains different situations are imbued with different messages about ways—or rules—of interacting. Consequently, this Elder explains, she feels confused:

> It's like a catch 22…yeah, it's a catch 22…and I've tried different situations, and I've tried to react to people with different ways, and if I'm quiet they think I'm being stuffy and being a snob, and if I'm loud they think wait a minute, you're supposed to be quiet and sad, and you're being loud and happy, and that doesn't fit into my category where you need to be. You know, it's just strange. And so I go through my life trying to react this way and trying to react that way. And my nephew was having trouble with that at work, he was very upset because he said that, uh…he's in his twenties… and he said somebody that he worked with was saying he was being snobby and thinking he was better than everybody else or something like that, and it really hurt him. So he said he was very hurt and I thought, oh yeah, I've been through that…

This metaphor of *a mask* indexes pretense and inauthenticity; as such, it indexes a particular set of interactional norms, or social guides to conduct, that are apparently incongruent with an indigenous cultural code. Specifically, a mask is associated with certain "rules" and this Tlingit female Elder calls it—however paradoxical—the "rule of survival." Thus, *a mask* symbolizes a rupture of an indigenous cultural code—a disconnection between people.

Among Alaska Native Elders, a real human being is a real person. According to one Aleut female Elder, being treated with respect is being treated as a real person. For example, as this Elder describes it: "Basically, making an individual feel he or she is worthwhile. I'm a real person. I have self-worth. And then when you get to that point then… either you treat me with respect or I'm gone…" This experience of being treated like a real person is a potent factor influencing whether or not an Alaska Native person, particularly an older adult, experiences "real service" in Alaska's care organizations.

An Inupiat female Elder refers to a real human being as a person who is in service to others. This Elder describes Alaska Native peoples who are real human beings as those who are

> opening themselves up to be of service, they're making themselves available, that's a powerful point there. A lot of the Native cultures are not self-centered. We go way back when. We're not here for ourselves. We're here for each other. We're here for each other. We're not "Gimme-gimme; my name is Timmy." We've become, some of us have become that way, but we need to reach back and pull them out and bring them back to where we were before. Get back to the real human being.

Elaborating on the concept of human being, a Yup'ik/Aleut (mixed) female Elder, who currently works as a provider at a community-based health and social service organization,

discusses the link between *culture* and *becoming human.* In so doing, this Elder identifies that apparent differences between peoples from diverse cultural backgrounds are undergirded by similarities that exist on "an emotional level":

> First, instead of all this cultural stuff, let's first be human. And then we can respect each other's cultures...human…so we connect right now as human beings, first…and we come from different places, that's ok, but the bottom line is, we're still people. And where we come from, that's what makes us different. It's just like the difference between men and women, but they can show each other…be with each other… on an emotional level. They can be human to each other, but a man will never be a woman and a woman will never be a man. That's why they have the book…*Men Are From Mars*!...that's why I say, getting human first, becoming human beings first…and then learning to respect each other's culture or look at it and appreciate each other's cultures. But it's about becoming human, because, you know, we're all in this boat together. Why are we throwing each other out of the boat?

The emotional level represents a bridge to what an Inupiat female Elder refers to as equal footing and common ground among peoples from diverse cultural backgrounds; it is a bridge—a vehicle—through which we are all human.

The notion of a real human being indexes an indigenous cultural code. This code, summarized as contextual interconnection, refers to a holistic worldview based upon connections to place, or context, and peoples. As such and related to the interpersonal practice of care, rhetorical ruptures occur when aspects of a real human being are ignored, dismissed, or semiotically erased (Irvine & Gal, 2000) in service delivery practices associated with Alaska's care organizations. Many Alaska Native Elders in Alaska speak to instances when such erasure of the real human being is felt and experienced.

<center>*"Real"-ness in Service Delivery*</center>

A real heartfelt response...a real point of contact…a real provider…a real nation…a real hidden underground… According to Alaska Elders in Alaska, these are all aspects of real-ness that represent discursive sites of fissure or sites where service solidarity is forged between service providers and service recipients in the interpersonal practice of care. As such, the presence of real-ness reflects a "real service" and its absence a "real disservice."

A real heartfelt response reflects real service while a lack of such response reflects a real disservice. For instance, a Yup'ik/Aleut (mixed) female Elder identifies a rhetorical rupture as

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she describes an example of discontinuity in service solidarity between an Alaska Native Elder and a provider from the wider community:

> A lot of times for Native people it's like being around statues. When I was going through my [care organization] training, I called them plastic people…yeah, cause that's what it feels like to us. How would you like to talk to a statue and never get any real heartfelt response? It makes you feel like—and then it can also bring a person that has been vulnerable and open and crying and showing emotion, it can bring shame on them. Because I just opened up my heart to you and you're still a statue…or plastic.

In this example, this Elder is referring to a provider from a Euro-American—or Western or White—background. This Elder continues:

> and to show emotion…that's the hardest thing I see for White people to do, is to openly cry in front of a group of other people, Native people. And it separates us, it really separates us. Because when a Native person can sit and cry, and a non…and they're in the same room together, and a non-Native can't cry, the Native looks at the White person, says, what's wrong with him? And the White person looks at the Native, goes, I wish I could be like that, because, that's part of being human…That's why we've got emotions…and feelings…you know?

For this Elder, the emotional level is a salient mechanism of (dis)connection between Alaska Native peoples and others from different cultural backgrounds.

Among Alaska Native peoples, particularly older adults, *a real point of contact* translates into "real service" while a lack of such response translates into "real disservice." As an Aleut female Elder describes it: "I establish a real point of contact…I think that simplifies it. I establish a base or point of contact so that they [providers] aren't talking at me or down to me. We're on a give and take and I'm a person that they're treating. I'm just not symptoms or a fifteen-minute appointment to take care of this this and this." Significantly, establishing *a real point of contact* is being able to get across that one is a real person; this Elder further explains:

> So that's the way I've been able to get quality treatment because I get across to them "I'm a real person." In other words they know a little bit about my family, I know a little about their family, or they'll come in and they'll say oh.. [relative] …says she won the swimming race. And,…Or like she says she's going to Michigan cause she's … they've got a good swimming team. Ok, I'm there to have my teeth cleaned…

Thus, real and effective service among Alaska Native peoples, particularly older adults, in Alaska's care organizations is operationalized through basic and meta-messages which convey the notion of a real person. "Real service" enacts service solidarity plus complete care, which constitutes provision of intercultural care.

A real point of contact increases a sense of comfort among Alaska Native peoples, particularly older adults, when receiving health and social services because the provider becomes less of a stranger. According to an Inupiat female Elder: "Trust has to be earned you know…you don't trust a stranger, so the health providers are pretty much strangers to you, in a way." Furthermore, some Alaska Native Elders lack a sense of experiencing comfort in general. For example, an Inupiat female Elder speaks of her life history: "I was born and raised very traditional, Mother and Father, and a brother and sisters, but uhm when I moved away from our village and moved to [hub city], I had nothing, no more comfort, personal comfort…we never got that one growing up…" An Aleut female Elder also speaks regarding comfort: "I have never had it." She continues, "I'm in a White man's world. Maybe with my family and people I'm close to… it's here. But you, you're a stranger….arm's length…You get any closer than that and I back off, get uncomfortable and either get afraid or get stubborn… but negative feelings…"

A real provider is someone who provides "real service" that a real person deserves. It is "real service" that promotes social justice in the context of intercultural care. As one Yup'ik male Elder explains:

> …that's the kind of thing we go through. A lot of Natives go through that, you know, a lot of Natives would be alive today because they…when was it, yesterday, I was talking with this one certain person and he was saying that they're just…give him pills…take him home, even though his pain was still there. Rather than double examine their situation. And then they're just…give him a pill, pain pills…send him home without doing anything. That's what he was telling me…some Native guy up at [care organization]. Cause I spend couple of days up at [care organization] talking with people also. How their pain is still there regardless of what kind of pills they gave them… It's just the doctors, they're not doing their job right, especially in [care organization]. And yesterday… and the other day I was thinking…because a lot of times they send these patients that are in pain, they send them home. Just give them some kind of pill rather than fully examine their situation…more likely to me, the more I think about it, we're being treated like guinea pigs…more likely, and a lot of our Natives know it. A lot of them would be alive if they treat them the right way instead of just give them pill and let them go…

When talking with this Yup'ik male Elder, I asked him what it looks like when a doctor is doing his or her job "right." This Elder responded: "The right way would be double exam that patient…fully exam, not partial…we need real doctors, yup, that's what we need…Uh huh, you know like they got to go through procedures, more like procedures they need to be checked. If that one don't know nothing about what's going on then go to the next one. I think that would

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put less stress to our Natives. Cause our Natives are in stressful need sometimes…" While this Yup'ik male Elder describes a real doctor in terms of practice skills, or professional procedures, another Alaska Native Inupiat male Elder describes a real service provider in the context of professional title.

A real provider is a provider with a complete professional title, a professional who is fully and completely trained and qualified for his or her position. For example, an Inupiat male Elder differentiates between a real doctor and a physician's assistant:

> I'm treated ok, but I still think this [care organization] needs more doctors and you know, real doctors, not the ones that are here. Some of them I don't think are really doctors… P.A.s, you know, you go see, you go to the hospital and you got a lot of P.A.s that see you, not doctors…the P.A.s…they're just learning. They should have real doctors here instead of P.A.'s. Only one probably is the real doctor, that Dr. [name], I'm pretty sure he's a real doctor…yeah, they're not real doctors I don't think…I don't really like to go to [care organization], I don't you know. I go there only when I'm really bad…You go there, you go see a P.A. And the P.A. doesn't know…like you go there and they're not real doctors and they don't know nothing really much about what's…and I don't think they're training you right. I'd rather see a real doctor instead of P.A.'s, unless you got a real doctor there with the P.A. Then the doctor probably could help the P.A. out and teach him, you know? I hope they get real doctors when they get this new [care organization] in…

As illustrated in this quote, a PA, or physician's assistant is, not a real doctor and, therefore, represents a provider who is not able to provide quality care, or real service. According to this Inupiat male Elder, a PA is only qualified when "you got a real doctor there with a PA." Another Alaska Native Elder, an Aleut female Elder, describes a PA as "a step down from a doctor." While such a description is technically accurate, it evidently conveys a metamessage that receiving services from less than a real doctor is a real disservice. Hence, a real person deserves real service.

A real nation is another distinguishing characteristic of "real"-ness evident in empirical evidence emerging from fieldwork. This type of nation is one where all languages, in addition to English, are accepted equally and across industries, including Alaska's care organizations. Thus, *a real nation* indexes intercultural care, which is "real service." An Alaska Native Tlingit female Elder explains:

> People should be allowed to speak their own language. I really want to see it happen. And I think if they really want it to be a real nation for everybody, that's fair to everybody. It has to change…because that to the Native people is part of their healing…that's part of the healing. And it's happening, you know, cause I see it, I see it happening. Where now

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the younger people, they hear their grandparents and different people speaking and they're getting more and more educated, and they're realizing that this is what we need to do because it's part of the healing. It's a healing not only for the young people, it's a generational healing, but it's also healing for the elders to have their grandchildren come up to them speaking their language….their Native language…and I can't even put into words how healing that would be.

In the context of the link between Native languages and healing this Elder describes, the ethnographic evidence I collected during fieldwork clearly demonstrates a rhetorical rupture in the interpersonal practice of care.

For example, when I attended during fieldwork an annual Alaska Native conference in an urban city I took time to visit the conference exhibit hall. A conference exhibit hall is typically a large area filled with rows of booths, which display a range of items and information. At this annual conference, I walked around the exhibit hall visiting with people I knew and meeting new people too. I visited art carver friends among the arts and crafts booths; I learned about environmental justice and policy initiatives in support of indigenous rights as I visited various booths. I also approached some booths where local health and social service organizations were advertising their programs and services.

I was drawn to one booth in particular because it had a large visual display of a peaceful image propped up behind the individual sitting at the booth's table. As I walked up to the table, I noticed a brochure with the same peaceful image and I was curious about the printed words; there was a phrase in English on one side and a phrase in what I presumed to be a Native language on the other side. When I asked the individual sitting behind the desk about this brochure and what exactly the phrases meant, he said, "Well, I'm not Native so I'm not sure…" and then he proceeded to look away and return to his task at hand, writing something on a paper. I then assertively, yet politely, asked, "Well, do you think this phrase in this [I presumed] Native language means the same thing as the phrase next to it in English?" He looked up at me again, making direct eye contact, and genuinely smiled, "Oh, gee, well, I have to find out…" He looked around; another individual stood at the far end of the next booth. He looked at me and said, "Oh, there is someone I can ask." He walked about 10 feet, showed the brochure to this individual (an apparent staff member at this organization because she was wearing a shirt with the organization's logo on the front). He talked with her for a minute or two and then returned to where I stood.

Upon returning to me, he smiled and informed me he was able to ask one of his co-workers who also works at this care organization; he informed me that she is Native. He then told me that, in fact, the phrase in the Native language was written in the Athabascan language and that it had the same meaning as the English phrase printed next to it on the brochure. He explained how the phrase(s) relate to the behavioral health program services advertised and described in the brochure. I thanked him for his assistance in clarifying the meaning of the phrase. As I left the booth, the social worker in me thought: "How can he sit there as an employee of a Native organization and *not* know what the Native language phrase means on the cover of a brochure that is clearly advertising various health and social services?"

In the context of a rhetorical rupture in the interpersonal practice of care, this lack of knowledge by such an employee is a metamessage of not caring— not caring to learn what the Native language phrase means on a service brochure. More specifically, this lack-of-care metamessage of a lack of care is transmitted by an individual from the wider community. That is, the paradigm of intercultural care is ruptured through a metamessage of not enacting service solidarity with Alaska Native peoples.

Caveat of Communicative Complexity

At this juncture, I note that, while some Alaska Native Elders have a strong belief about the healing aspect of Native-language revitalization, other attempts to speak one's Native language are not so evidently, or explicitly, healing. For example, one Inupiat female Elder commented during her interview that her children and her grandchildren make fun of her when she tries to speak Inupiaq to them. This Elder explained that this behavior occurs "because the children don't respect themselves and they don't respect their culture because they've been taught to be ashamed of their culture."

While a real nation indexes intercultural care and therefore "real service," *a real hidden underground* inhibits "real service" and instead contributes to a "real disservice" among Alaska Native peoples, particularly older adults, in service delivery practices. This underground is a site where a range of emotion is hiding; such emotion permeates both cultural groups of Alaska Native peoples and peoples from the wider community; it is emotion associated with intergenerational AI/AN colonial history. When this emotion is felt by a person from either

cultural group— an indigenous person or a person from the wider community— and avoided, it contributes to a communication barrier in service delivery practices.

The range of emotion associated with *a real hidden underground* includes fear, anger, and guilt. For example, when getting her new glasses, a Tlingit female Elder shares the following:

> I got some glasses. I just got some glasses in town. Well you know what? This is weird, because the lady that worked there was a White woman, and I felt like she was afraid of me. It was weird, you know, and I thought, I feel like she's afraid of me. She was fixing my glasses and she had to put a dot on there, and I looked and I thought, she didn't even put the dot on right. So I looked at it and I says, do you have a mirror? And so I started telling her, you remind me of one of my friends— one of my friends, she has real long, red hair, and after that, she relaxed…cause she knew, you know, I wasn't going to judge her. But, I felt that, before I said that, I felt like she was nervous, she was anxious…She was scared, how she was going to get treated…she was scared. And I thought, you know that's really weird, you know, I'm picking up all this stuff from this woman, but after I told her that, she relaxed. And I told her, "Oh, I have a friend with long red hair like you." And she relaxed and she didn't have to…she kept putting the dots wrong on my glasses because she was so uptight…guess that's the only word I can think of… And I looked and I thought, oh I need a mirror, so I says ok, I'll …I says I can see…looking in that mirror, these are not in the middle of my pupil (laugh) So she finally got it!

This Elder further explained the originating source of such emotion: "It's generational curses…from generations, and it might go back… I see the generational curse…that was a generational curse on her from her ancestor, of what happened…So, those things are real…" Significantly, according to this Elder, indigenous peoples have a generational curse" from their ancestors while those from the wider community have a similar curse from their ancestry.

In addition to being real, the emotions associated with such generational curses are deep. These emotions include pain and guilt. According to this Tlingit female Elder, there is "a pain of generational curses"; "it's hidden" and "it's deep and it affects the people that you're around, it affects how you react to people." Rooted in AI/AN colonial history, these generational curses are "a wall" and a "burden" between Native peoples and those from the wider community. This Elder shares further: "I feel that over and over from people that aren't around Native people or haven't been around Native people, that there's this guilt thing. It makes people do some really weird things let me tell ya. I know 'cause I've had my own guilt I've had to deal with and I've had to pray over it cause it's so powerful." Commenting about these intergenerational curses, this Elder explains: "But with this, everything is underground, so to speak, now."

In addition, empirical evidence shows an emphasis on *openness* as a contributing factor to creating comfort for Alaska Native service recipients, particularly older adults. A sense of openness contributes to intercultural care - service solidarity plus complete care - among Alaska Native peoples. Paradoxically, an approach of openness in the interpersonal practice of care is reflected by a more indirect style as compared to a direct style of communication.

Openness is, in general, characterized as having "no walls." As one female Tlingit female Elder describes it:

> You know, a Native person around another Native person…it's kind of like…there's no walls, but with somebody who doesn't know Native people or hasn't been around Native people a lot, there's a wall….because they don't know. This one lady made an interesting comment and I think it's kinda true in some ways, 'cause my husband's non-Native…and he tries…bless his heart, he tries really hard to understand it...the people and their culture and everything… But there's this one woman and she's talking about her husband, and he's not Native and she is Native, and she said, "He's known me all these years but it's still like he's looking through the key hole."

This reference to walls refers to a barrier that this Elder identifies as typically present between Native peoples and peoples from the wider community.

Openness is about creating wide open space. One Yup'ik female Elder, identifying that she has no preference for either a Native provider or a provider from the wider community, explains this approach of openness:

> I don't care. I don't care, I have to always…by listening and by looking and…just listening to what they're saying I could pretty well tell what kind of a person I'm dealing with. And most of the time I like the people I'm working with, I do. They're mostly non-Native, but they're very good at what they're doing because that's what they're taught to do…I like this person I'm going to be seeing tomorrow. She works in behavioral health. She honestly…I just like to be around her, I feel it's so wide open, we're talking and laughing and …Yeah…that laughter is like medicine…uh huh. I have fun with her. I told her, you make me feel so relaxed that I'm not trying to hide anything, like, "I don't want to really see this"…I don't feel that way at all…

A sense of openness for this Yup'ik female Elder means the space is "so wide open" in such a way that contribute to this Elder feeling comfortable and relaxed. Experiencing openness is evident in context of the least level of intervention, as this same Yup'ik Elder continues:

> I also make sure the person that I'm gonna be seeing knows what I'm going through, understands what I'm going through, not say just "No we're going to put you on this medication right now and see what happens." But, you know they try…and, "We'll try it this much for now and then if it helps you we'll continue with it"…not just throw it at

you, you know. You know, like, "I think this will help, you can start on in"…you
know…I like that part about behavioral health; they're not just people that just throw
anything at you…

For this Elder, a sense of openness occurs when medication is an adjunct component in a larger
intervention rather than the primary or initial focus of intervention.

Mezzo-level Rhetorical Rupture #2: The Interpersonal Practice of Care

In the interpersonal practice of care, rhetorical ruptures also occur at the mezzo-level.
Specifically, such ruptures—between an indigenous cultural code and intercultural care—among
Alaska Native peoples, particularly older adults, occur in relation to the notion of a real human
being. For example, a rhetorical rupture in the interpersonal practice of care is indexed by "The
Reverse Society" or "Inside-Out Society," and a rhetorical resonance is indexed by personalized
experience and experiential modes of interconnection. Relevant to ruptures and resonances of an
indigenous cultural code in the interpersonal practice of care is the communicative practice of
silence.

I have distilled from empirical evidence some general understandings about intercultural
communication salient to Alaska Native peoples, particularly older adults. As described by one
Inupiat female Elder: "The thing that works with Native people, by and large, is a friendly face, a
warmth of spirit, a sense of openness, and interest…a sense of not being judged. Those things
work, and those all can be conveyed silently without words." These general understandings
about communication salient to Alaska Native peoples, particularly older adults, reference
silence as a medium of communication that supports an *experiential interconnection*.

Experiential Interconnection

Among metaphors reflecting experiential interconnection are *getting dirty,* associated
with subsistence practices, and *giving attention.* For example, a Yup'ik male Elder describes
getting dirty:

> A big part of it, … your work becomes— your work becomes easier when you start to
> really understand who you're working with… (nonverbally uses right arm and hand to
> draw a circle in front of himself) … it *all* goes *around*… I mean— I know, I know like a
> principal, a former principal that I was talking to, he was a principal out in the [remote

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village] area for a long time, and I knew he was a good principal— he got in touch with the people, he danced with the people in the community and…he got dirty, and he eventually got married to one of the locals…and got more into subsistence way of life— understanding subsistence way of life and values that are connected to subsistence way of life is important— sometimes it affects school, but it's a way of life for the people in the villages… I was in a gathering maybe a month ago, and one of the teachers said— when they ask them "what made you such a— well, what made you comfortable in the village?" And her answer was, "I got in, and I got dirty." She got in and got connected with the family and helped them with their subsistence… got dirty with their fish, got dirty with their meat, and then that family taught her Yup'ik way of being, made her understand the Yup'ik way of being, and I was really happy to hear her say that… because that's what people need to do to really understand people in the rural area— subsistence is a way of life out there, and values that are connected to subsistence way of life are what runs people, the rules in the subsistence way of life, values in the subsistence way of life guides peoples' way of being…

While this Elder's description of *getting dirty* focuses on teachers, it is relevant to service delivery practices in Alaska's care organizations.

As I reflect upon my previous years of social work experience in Alaska, I am mindful of a social service program for which I worked that provided decentralized mental health and substance abuse services. In so doing, we were able to engage in this type of approach— experiential interconnection and *getting dirty* alongside one another. This program model was actually identified as a "Best Practices" model throughout the state of Alaska. However, due to various circumstances at the time, this program did not continue as originally designed.

Experiential interconnection illustrated in the *getting dirty* metaphor can translate into any form of shared activity salient to culturally grounded Alaska Native practices. One Yup'ik female Elder describes the importance of experiential interconnection as a culturally based teaching-and-learning method. In the context of intergenerational relationships, this Elder explains:

> …and that's how we teach…by example— We teach by doing things, like knitting, can teach patience, It's planting the seed, it's teaching them to be patient, you're putting something in them that they will remember… my grandson learned numbers by playing cards. You can teach all kinds of ways, like baking-teaching how to clean up— Like when I was baking with my granddaughter and afterwards I said I had to go to the bathroom and by the time I got back she had cleaned everything up, put the baking cups in their place, put everything away…in the villages we can have more talking circles, or sewing circles with kids…

This Elder shares further about teaching "by example" and in so doing she draws a comparison between experiential interconnection and the Reverse or Inside-Out Society. As this Elder shares, the Reverse or Inside-Out Society is characterized as one that is:

> like the missionaries: They come into the village and tell everyone what to do, "I'm the boss"— the non-Native way— "Our way is right and their ways are wrong"— like the missionaries, they turned you into whatever they were, Catholic or Episcopalian— they didn't give us a choice to be whatever we wanted, that's why I am open to other religions, I'm Catholic, but I can go to any church and feel comfortable, but my mother she was brainwashed to be only one way— brainwashed: They tell you to follow them; they don't teach you, they tell you, "if you don't follow us you're going to hell."

The experiential interconnection approach is contrasted with general perceptions held by Alaska Native peoples about those from the wider community. For example, one Siberian Yup'ik male Elder shares the following:

> You don't have to say a lot of words to make the point across...It's just that way, like, in a couple of words we say it but non-Natives they talk about it, explain it…what every word…Every other word that comes out of their mouth you've got to look up in the dictionary…I wonder what he's saying here…For what we say in two words a non-Native would say in fifty words… Like there are people, Natives, that don't want to be told by anybody to do that…or certain things. You should talk about it and make it clear. Like sometimes people say that guy talks too much. I never had a chance to talk back…yeah, there are certain Natives that, yeah, you go that way…I'll go this way…Yeah, communication is very important between Natives and non-Natives…If we don't communicate we don't learn from each other…what we're thinking. Like non-Natives say I look mad or something looking at her, from not speaking, but I'm not… yeah, or not friendly, yeah…It's totally wrong, we should communicate.

In this example, it is evident that preconceptions about others can be easily drawn based upon assumptions. Regarding a similar perception, an Inupiat male Elder informed me the reason Alaska Native peoples have a tendency to use fewer words is because "it takes too much energy to talk" in Alaska's cold climate.

Experiential interconnection is also illustrated in the metaphor of *giving attention*. For example, one Yup'ik male Elder describes this approach in context of service delivery practices:

> Well, if you feel their attention, they're willing to help— they're willing to help a patient and…rather than ignoring them in their sickness or their pain…if he [provider] encourages you, it would be good— if you explain your pain…where it's at. If you explain your pain to the doctor maybe the doctor will understand what kind of pain you have….. The attention is like…cause a lot of times I can feel that they don't want to listen at times, you know. They just want to ignore it. Some are ignoring, some are willing to help, but those that are ignoring, they shouldn't be around…for example, if I

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have a pain, and you don't know where it is…but if you find out where it's at you'll try to help me…It's just us that…well I know our elders are going one by one because of what they try to …they try to explain their pain but they just let them go, just give them the pain pill and make them drug addicts sometimes. What you call it…used to…whatever kind of that prescription drugs…and then when they get used to that drug…that prescription drug…and then the elderly will just keep on taking it…

As this Elder explains, *giving attention* is embedded in the action of helping, which means literally a provider increasing a service recipient's understanding of an ailment.

The description of *giving attention* as described by some Alaska Native Elders invokes the notion of the Reverse Society. For example, the same Yup'ik male Elder emphasizes the heart of the provider in context of helping, and *giving attention.*

…when you want to help…it comes from here, from the heart. Heart, mind, and soul— That's the best way to solve somebody's problem…It's just like, a person want to help another person and he or she feels uncomfortable, and you'll just go to another helper. …Um hum, to me that's the main part of it…the whole situation is trying to help them and gotta be from the heart…and mind…The feeling can be…what you call it…what you call that, um…But anyway, the feeling, when you feel it from somebody else, then it comes from the heart. Then…it's almost on my head…there's a word for it though. I know because, um, like…for some…the reason if I can hear your feelings…maybe I can explain something to you because you're trying your best to do something like this. And to me, the feeling [is] you're trying to understand what I'm trying to say.

In this Elder's comments, he emphasizes the heart preceding the mind. He emphasizes a provider literally "hearing feelings" as reflective of *giving attention.* In service delivery practices, to "hear your feelings" first is contrary to the Reverse Society— where the mind leads the heart.

Giving attention includes giving encouragement and giving value. One Yup'ik female Elder shares how her service provider gives encouragement: "She's so positive all the time...I'm talking about something through that's really hurting me, that's making me be like I'll never make it up to the top, but she will encourage me, she will show me the ways to climb up again: 'There's no 'down there' she says, 'You know you're not gonna be stuck down there the way you think you are going to be.' It's just encouragement and ideas and trying other things."

Another Inupiaq female Elder emphasizes the importance of service providers giving value as an example of *giving attention.* This Elder explains it as: "My provider, 'What do you have for me?' It's not, 'What you can do for me.' It's 'What do you have for me?' You got an answer. You went to college. I— I need help. It doesn't mean you're a better person...And a lot of Natives get trapped in that, and even White people, I've seen it. Because there's been so much

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belittling inside the cultures, inside the races, inside the education; there's so much belittling that the person with the higher education is a better, finer, greater person than, than me— Bullshit."

Reflecting experiential interconnection, *giving attention* is providing comforting care. Such care, according to one Yup'ik female Elder, is embodied in acts of patience and gentleness. This Elder states, "like I say, it's not because they don't understand you because some of them can't hear…and maybe, yeah, maybe some can't understand English as well so you go slow with them and if they don't understand you…even in Anchorage…" Significantly, *giving attention* conveys a meta-message of reassurance while not giving attention conveys the opposite meta-message of rejection—charged experiences in the context of AI/AN colonial history.

Importantly, just as rejection can be interpreted by provider or recipient, so can *giving attention.* According to one Yup'ik female Elder, she states, "It's both sides," in terms of members among both cultural groups—Alaska Native peoples and those from the wider community—needing to bear responsibility for intercultural communication.

> If people are looking for trouble they will find it. If Native people say, "White people they're all that," if you have a bad attitude it will go to them. You have to talk to people nice and kind and treat people the way you want to be treated—it's both sides. I don't like categorizing people, like with "Elders"—even though we are elders, we need to show respect to everyone and teach by example. Like sometimes when I go to corporation meetings and there's an open mike, Elders get up and mouth off…that's wrong and I don't like that, another example is with potlucks, we can't just say, "I'm an Elder and I can say and do what I want." Like, Elders always get in line first, because if we do that we're teaching them that just because we are Elders we're selfish and it's all about us— No, I'll say there are other people here who don't have food and need it first, so I'll look to see if there are families or kids that need food… I'll keep teaching them that when I ever go to potlatch or potluck we need to teach the kids…

If bearing responsibility for intercultural communication rests on both sides, then it follows that bearing responsibility for intercultural care also rests on both sides.

Experiential Interconnection vs. Diagnosing

Comparing the concept of a real human being to mainstream professional language used in Alaska's care organizations reveals a mezzo-level rhetorical rupture in intercultural care that affects Alaska Native peoples, particularly older adults. This mainstream professional language is embedded in service delivery practices such as diagnostic labeling. Specifically, this

mainstream professional language, including the practice of diagnostic labeling, is instantiated in a biomedical model of care.

A predominant source guiding diagnostic labeling practice is the *Diagnostic and Statistical Manual* (DSM), developed by the American Psychiatric Association (APA). "While DSM has been described as a 'Bible' for the field, it is, at best, a dictionary, creating a set of labels and defining each" (Insel, 2013, p. 41). This manual has a lengthy history in the United States with regard to its diagnostic framework and substantive content. The APA published the first edition in 1952, producing multiple editions since then, culminating in the most recent edition, DSM-V, published in May 2013. The DSM is a cultural and ideological social construction. That is, it is guided by a mainstream biomedical model premised upon a reductionist paradigm of distress and pathology.

In November 2012, during fieldwork, I attended the Annual Diabetes Conference in an urban location. At this conference, I attended Dr. Eduardo Duran's presentation on historical trauma as it relates to AI/AN peoples. Dr. Duran is an American Indian and a clinical psychologist with training that includes formal Euro-American, Western, education. He has worked with Native peoples in the United States for decades. In his presentation, Duran addressed the topic of professional labeling practices and the implications of such practices among indigenous peoples:

> "You *are* a diabetic"—you see, when we say that, then we freeze it in space-time, and in that moment that you say that they take that breath and then they become it and then it's real hard to get out of it… But if we say, "The spirit of diabetes is visiting you," well, there's a lot of possibilities with that, and something can happen, because I've talked to young Native people over the years, where they've been given that name, in the naming ceremony called a session with their doctors, doctors are the ultimate shamans in our culture and they perform naming ceremonies all the time, and these naming ceremonies have to do with diagnosing people with different things… and so when they pronounce that there's a whole identity that goes with "You are a diabetic" and a lot of people tell me when they hear those words for the first time it just really crushes them; it just really hurts their heart, and it hurts their spirit because now they know that there's this whole way that this is going to go because they've been brainwashed into thinking this is how it's supposed to go… and so that's where we get all this difficulty. There's the language piece and then there's the medical model piece…

Here, Duran identifies how the clinical practice of labeling indexes notions of personhood and cultural identity among indigenous peoples.

Additional empirical evidence from my formal interviews with Alaska Native Elders reveals the impact of such labeling practices. For example, one Aleut female Elder states the following about her counselor at a behavioral health department: "I don't understand her… because she says I'm PTSD…and I'm the most severe case she's ever seen. And where she gets that I don't know, but I…" This Elder then defined this acronym: "It means post-traumatic stress syndrome," and followed by telling me she agrees with her counselor "to a certain extent, yes." Later, during a follow-up visit for member-checking with this Elder, she stated she agreed with her counselor about the diagnostic "PTSD" label, saying: "Yeah, I agree with her on it…yeah, except basically mine's incurable…" This Elder further explained that it is her—not her counselor—who is saying that her PTSD is "incurable"; this Elder says this "because I've lived with this almost my whole life. I've adapted and assimilated and coped with it. So it's stuck as an inherent part of me. That's my feeling on it because it's never been treated when it should have been treated."

Relevant to clinical labeling practices, Duran asserts that therapists themselves can be perpetrators of historical trauma. This situation may occur through the "colonial diagnostic paradigm" (Duran, 2006, p. 34). The perpetration of this trauma occurs through "clandestine defensive maneuvers" whereby mental health providers among the "dominant culture" avoid any reference to or discussion of the historical context of AI/AN colonization and trauma (Duran, 2006, p. 34). Such avoidance leaves indigenous service recipients "who are victims of historical trauma in an invalidated position, which can only serve to exacerbate their symptoms because now they are sure it must be they who are defective" (Duran, 2006, p. 35).

Professional labeling practices in the interpersonal practice of care occur in the context of a mainstream biomedical paradigm of pathology. Thus, professional labels in clinical practice—such as that reflected in the DSM—represent (seemingly) deficit-based and objective descriptors. As described by Dr. Duran, such labels freeze a sense of identity upon an individual. In so doing, the practice of professional labeling is an interpersonal practice rupture of intercultural care salient among Alaska Native peoples, particularly older adults. In so doing, it supports "The Reverse Society," thereby subjugating personalized experience and modes of experiential interconnection to cognitive frames of reference.

Importantly, the DSM-V includes a Cultural Formulation Interview (CFI), which acknowledges the importance of cultural context and history in the diagnostic process. In so

doing, it addresses: "cultural identity of the individual, cultural conceptualizations of distress, psychosocial stressors and cultural features of vulnerability, and resilience and cultural features of the relationship between the individual and the clinician" (pp. 749-50). Despite constructive, culture-related changes in DSM-V, multiple aspects of the DSM-V reflect a rhetorical rupture in interpersonal practice.

For example, even though the DSM-V acknowledges the importance of cultural context through emerging measures and models such as the CFI, these measures and models are presented as ancillary. At present, the CFI is adjunct information as compared to primary information; it is an enhancement tool, not a primary diagnostic tool. Hence, while the constructive changes associated with the DSM-V reflect a change from a monocultural to a multicultural health system, there appears to be a (rhetorical) rupture in terms of enacting an intercultural health system. After all, what would it look like if all current indigenous tribes each had their own tribally based DSM? This situation could reflect an ideal intercultural health system, one that epitomizes intercultural care among indigenous peoples.

In many ways the emerging CFI model is constructive, producing change in the DSM in the context of all care organizations. Yet, it is also only a beginning. For example, while the current DSM-V contains a "Glossary of Cultural Concepts of Distress," the glossary references only a select number of cultural groups. For example, it includes the concepts of *Ataque de nervios,* attack of the nerves, which is relevant to individuals of Latino descent; *Khyal cap,* or wind attacks; relevant to Cambodians in the United States and Cambodia; and *Maladi moun*, humanly caused illness or sent sickness, relevant to Haitian communities (DSM-V, 2013, p. 833-837). However, this glossary does not appear to include any cultural concepts relevant to indigenous tribal groups, including those in Alaska, in the United States. Such omission appears to be an example of erasure of AI/ANs, a cultural group listed as a priority health disparity population in the United States.

The DSM-V has clear limitations. Among these is its lack of validity; it functions as a symptom-based diagnosis tool, driven by a process of consensus about clusters of clinical symptoms rather than any objective measure. In response to such limitations, the National Institute of Mental Health "has launched the Research Domain Criteria (RDoC) project to transform diagnosis by incorporating genetics, imaging, cognitive science, and other levels of

information to lay the foundation for a new classification system (Insel, 2013, p. 41). The RDoC is a framework that will guide data collection processes for a new classification system.

The importance of culture permeates an indigenous worldview of health and wellness. "The indigenous concept of health articulates physical, mental, spiritual, and emotional elements, from both individual and communal points of view, and involves political, economic, social, and cultural aspects" (United Nations, 2009, p. 157). An indigenous logic of relationality in the context of health and wellness is symbolized by the Medicine Wheel, which represents a "philosophy of life" (McCabe, 2008, p. 145). "Physically configured as a circle that is made up of four quadrants," the Medicine Wheel "is also a process (healing), a ceremony (sweats, sharing circles) and teachings (a code for living)—it can be a place and at the same time an action and a presence" (McCabe, 2008, p. 144).

> It [Medicine Wheel] has the directions east, south, west and north as guides embedded within it. Each direction is connected to a part of the person, which include the spirit (east), body (south), emotions (west) and the mind (north). It is also connected to conditions of life such as determining (spirit), giving (emotions), holding (body) and receiving (mind)…The Medicine Wheel philosophy of life…is a framework for understanding the interconnectedness of mind, body, emotions and spirit." (McCabe, 2008, p. 145)

The Medicine Wheel represents a paradigm of holism, balance, and harmony in relation with all things.

The Medicine Wheel contrasts with a mainstream biomedical model permeating service delivery practices in conventional health and social service organizations. This paradigm, typically referred to as Western, or Western medicine, is "also called Occidental medicine, biomedicine, conventional, allopathic, or orthodox medicine; it is a system of medical practices that use an approach of treating illness through remedies that produce effects that oppose the symptoms of the illness" (United Nations, 2009, p. 157). Thus, a biomedical model is based primarily on the internal logic of the physical body while an indigenous traditional paradigm, as reflected in the Medicine Wheel, encompasses an internal and external logic associated with the physical body and its interconnection with aspects outside the body.

Furthermore, mainstream professional ideology encompassing a biomedical model of care influences service delivery practices in care organizations. Dr. Duran—previously mentioned - is a clinician and administrator who, having conducted numerous programmatic reviews in inpatient and outpatient clinical settings, identifies substandard practices in

mainstream care settings Such reviews aim to ensure that basic standards of clinical practice are met and no harm is being done to service recipients. Regarding such reviews, Dr. Duran explains: "At this point, cultural competency is not even part of the equation" (Duran, 2006, p. 37). He identifies factors, many of which are "essential elements of basic clinical practice," and in "some of the leading health care delivery agencies in Indian country," that exhibit substandard practices:

> Lack of proper charting procedures is very problematic and directly affects the quality of care that patients receive. It is remarkable that the above deficiencies exist, when one considers that most clinicians who work in Indian country also work in what are known to be mainstream health settings. When confronted about the lack of minimum standards, the clinicians all acknowledge that they know how to deliver a minimum standard of care. Therefore the simplest question is, "Why don't they do this in their work with Native People?" None of these clinicians would ever think about getting away with such inadequate clinical work in a "White" agency or hospital…There is an attitude of not having to do as much for Native People who are considered to be "simplistic," as some clinicians have expressed to me. Because the fantasy of these clinicians is that Natives are not very sophisticated, it follows that the care they receive also can be unsophisticated and of lesser quality. Viewing people in a dehumanizing manner can only be described as racist, and because clinical practice is the issue, it makes sense to apply the term *clinical racism.* (Duran, 2006, p. 36)

Such clinical racism, Dr. Duran asserts, permeates the culture of the care organization. Indeed, the ideology of clinical racism permeates treatment programs – service delivery practices, philosophy and people involved with such programs. Permeating the culture of a clinic, ideological aspects of care services impact all levels in the service delivery system—Native service providers as well as service providers from the wider community. As Dr. Duran describes, ideology permeates all aspects of an organization and affects the quality of service delivery practices.

Health literacy is also a critical component in professional industry-based language practices. Accordingly,

> A recent Institute of Medicine (IOM) report, which defined health literacy as "the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions," found that nearly half of all American adults have limited health literacy. "It affects every domain of communication in a doctor's office, with implications for quality and for safety," says Dean Schillinger, M.D., associate professor of medicine at the University of California San Francisco and San Francisco General Hospital.

> The problems associated with low health literacy are magnified for people from non-

Western cultures who might not share their physician's perspective on disease or treatment, those who have limited English proficiency, and English-speaking Americans who struggle with basic math and science concepts.

Further, research has consistently shown that health literacy is associated with health care outcomes. "You can't have quality care unless you have health literacy woven throughout the program and the care that's provided," says Linda Johnston Lloyd, M.Ed., senior advisor and health literacy coordinator for the Health Resources and Services Administration. (Foubister, 2006)

In addition, there is increasing responsibility among all relevant constituencies, or parts, in the system for improving health literacy. As Foubister (2006) explains: "More recently, the focus has shifted from the patient side of the communication equation to the health care delivery side. 'We just, in general, have to do a better job of communicating information to consumers of health care,' says Michael S. Wolf, Ph.D., M.P.H., an assistant professor and director of the Health Literacy and Learning Program at Northwestern University."

Health literacy appears to be an area evidencing ruptures in Alaska's care organizations. For example, a Yup'ik male Elder reports: "We don't understand the words they're saying, and then you know, some use hard words we can't understand, all because of being Natives and it's just the way they are…so I don't try to listen to them too much, I know what kind of sickness I have at times. I try to take care of it myself…I do, because it's just…they won't do anything at times, you know, they'll just let you go, and so well, may as well do it by myself."

Macro-Level Rhetorical Rupture #2: The Interpersonal Practice of Care.

A macro-level rhetorical rupture in the interpersonal practice of care is evidenced by *professional policy irony*, or contradiction. Such a macro-level rupture shows aspects of policy irony associated with intercultural care provision among Alaska Native peoples, particularly older adults. At this level, a rhetorical rupture in the interpersonal practice of care shows incongruence between professional, social, or institutional policy and professional action. Consequently, such a rupture is cause for serious concern; it may erode public trust in a profession.

An example of professional policy irony is evident in the Alaska Mental Health Trust, which demonstrates an inherent contradiction between its organizational purpose and its actions.

"The Alaska Mental Health Trust is a state corporation with a mandate to manage its resources, including land, to fund mental health assistance and treatment programs" (Alaska Community Action on Toxics [ACAT], 2012, p. 4). Yet, this state corporation has invested in the mining and export of coal as a revenue-generating venture.

> …The Trust has sold two of the largest coal leases in Alaska, the Chuitna watershed and the Matanuska Valley, to coal mining companies with plans to strip mine through mountains and salmon streams-all for export to coal-burning power plants and smelters in Asia.
>
> Coal burned overseas generates a toxic cloud of emissions, including mercury, that travels back across the North Pacific and contaminates our land, water, and fish with mercury and other harmful substances. Coal mining here for export overseas will increase mercury content of Alaskan fish, threatening the health of all Alaskans. Mercury is a potent neurotoxic chemical best known for causing developmental and learning disorders in children.
>
> There is an inherent contradiction between the health treatment programs of the Alaska Mental Health Trust which include programs for people with developmental disabilities, and the Trust's use of the coal industry to fund their important work. ACAT is collaborating with people who are affected by the proposed coal development in the Matanuska Valley and Chuitna to educate the Mental Health Trust Board of Trustees about medical studies linking exposure to coal industry contaminants with serious health problems including developmental disabilities. ACAT staff provided public testimony at The Trust Board meetings in May and September and will continue to do everything we can to compel The Trust to divest from coal. (ACAT, 2012, p. 4)

During my ethnographic fieldwork I spoke directly with an ACAT employee when I attended a public, ACAT-sponsored presentation during the 2012 AFN conference in Anchorage, Alaska. During my conversation with this individual, I was informed that ACAT researched the financial status of The Alaska Mental Health Trust and, as a result, determined there was no financial risk for Alaska Mental Health Trust to divest from coal. That is, ACAT concluded that there was no critical need for The Alaska Mental Health Trust to invest in the coal industry to fund its work.

A second macro-level professional policy irony relevant to Alaska's care organizations appears in a community-based volunteer group comprised of Alaska Native Elders who aim to increase health literacy among Alaska Native peoples, particularly older adults. This group is sponsored by a Pfizer, pharmaceutical company. I attended various activities and events open to the public where I saw this volunteer group of Alaska Native Elders present on their community work. In so doing, this volunteer group made visible at such events various marketing materials

associated with their group. The marketing materials publicly displayed the pharmaceutical company's name, Pfizer.

This Alaska Native Elder volunteer group, which is striving to increase health literacy among Alaska Native peoples, has yielded evidence of improving practices in health and social services. Among these improvements is increased medication compliance among service recipients. However, such improvement must be viewed in the macro-level context of the "American health care ecosystem" and "the health-care-industrial complex" (Brill, 2013, p. 20). According to Brill (2013), this health-care-industrial-complex "spends more than three times what the military-industrial complex spends in Washington" and generates profits that permit CEOs of university health care systems earn up to 58 percent more than the president of the same university (Brill, 2013, p. 20, 28).

Health care is big, profit-generating, business. In the United States "people spend almost 20% of the gross domestic product on health care, compared with about half that in most developed countries" and in "every measurable way" the results are "no better and often far worse than the outcomes in those countries" (Brill, 2013, p. 20). Additional ethnographic evidence collected during fieldwork supports this theme of exorbitant cost and profit-making in the health care industry.

During fieldwork, I saw flyers in many different urban places, among them a coffee shop and a bookstore, advertising a forthcoming public event addressing the health-care industry at a local university. I made it a point to attend. The presenter at this event was Gilbert Welch, a medical doctor discussing his book, *Over-Diagnosed, Making People Sick in Pursuit of Health* (2011). The message conveyed at this event was clear: In America "we are in the midst of an epidemic of diagnosis" (Welch, 2011, p. xii).

Among the major players and stakeholders involved in the high costs and profit-generating health-care industry are pharmaceutical companies in the United States. They are, for example, often stakeholders in the process of setting thresholds associated with various medical issues, or ailments. For example:

> The head of the diabetes cutoff panel was a paid consultant to Aventis Pharmaceuticals, Bristol-Myers Squibb, Eli Lilly, GlaxoSmithKline, Novartis, Merck, and Pfizer-all of which make diabetes drugs. Nine of the eleven authors of recent high blood pressure guidelines had some kind of financial ties—as paid consultants, paid speakers, or grant recipients—to drug companies that made high blood pressure drugs. Similarly, eight of the nine experts who lowered the cholesterol cutoff were paid consultants to drug

companies making cholesterol drugs. And the first cutoff for osteoporosis was established by a World Health Organization panel in partnership with the International Osteoporosis Foundation—an organization whose corporate advisory board consisted of thirty-one drug and medical equipment companies. (Welch, 2011, p. 24)

Welch (2011) is clear to state that many experts may in fact have good intentions; however: "the fact that there is so much money on the table may lead them to overestimate the benefits and ignore the harms of overdiagnosis. These decisions affect too many people to let them be tainted by the businesses that stand to gain from them" (p. 24).

The confluence of factors all linked in the health-care-industrial-complex web and associated with this community-based Alaska Native Elder volunteer group leaves me with many questions. Including:

- *What is the motivation of Pfizer in supporting this volunteer Elder group?*

- *Is this Elder group operating independently from any care organization?*

- *How representative is this Elder group of the Alaska Native community?*

- *What message/s or metamessage/s are being conveyed—by whom, to whom, for what purpose—in the context of AI/AN colonial history as a result of this group's efforts to promote Alaska Native service recipients, including Elders, to ask questions in health-care encounters?*

While answers may not be readily apparent, it is critical to pose such powerful questions.

This same Inupiat female Elder infers conventional service organizations can make such connections with Alaska Native peoples, particularly older adults, if they "go one step further." She explains:

> To me, if someone's hurt…you're in a hospital…it should be like if you're…like in the movies how they always…the hospital always makes sure they roll you out cause of the liability? I think they should go one step further. That's what that test was supposed to be about. You know that capabilities…are you able to use the crutches right…are you able to go up go down… At your home do you have steps? If you do and you're not capable of using crutches yet… At some point I was able to, in fact I was able to help Angie when she… I was able to tell her how to use her crutches to go make sure you use this foot to…first…you know when you're going up and down…that kind of thing. So even questions like that. So if you're not able to use crutches, then you're going to have to crawl. Where I was at I had to crawl, and there was a grate and I had to make sure there was padding to put down so I could crawl on…(laugh) Cause if you don't have the strength even to pull yourself up on the railing to lift yourself up…I mean there's a whole…I mean even going to the bathroom. There was a whole…I mean just with that…When you have surgery…and you have surgery and they want you to get up and

walk, there's a reason for that. They need to take care of their [patients]…just cause they put the screws in and what not and closed it up…you know…I'm good and …bye see you later…

A third example of a professional policy irony is evident in a contradiction between the health services provided by an Alaska care organization and the employment conditions of health aides providing such services. During fieldwork, I travelled with an Inupiat female Elder cultural consultant to remote village sites. During one village trip, this Elder cultural consultant and I stayed in village guest housing with other guests. During a small group conversation, the topic of the recent "health aide problem" at the regional non-profit health corporation was discussed. Following this conversation, I gathered more information about it through local public media.

The article I read regarding this "health aide crisis," as one of the village guests called it, reported that the region's non-profit health care organization's health aides were preparing to go on strike. This article reported the following:

Health Aides in 15 communities across the [rural region] are set to go on strike Monday if a dispute with hospital administration is not resolved. They say administrators are instituting unfair labor practices and ultimately causing harm to their health, and their ability to care for patients.

The dispute centers on [individual] the director of Village Health Services for [care organization]. The community health aid association says that [director] has made employment conditions "intolerable" for aids. They say 48 aides, nearly 70 percent of the workforce, have resigned or been fired since Collins took the position 18 months ago.[individual] is a Community Health Aide in [remote village] and the president of the Health Aid Association. [Community Health Aide] says aides had given administration numerous complaints about [director]. They are now calling for her to be fired for the strike to be averted. [Community Health Aide] says to begin with, Collins is not qualified for the position.

Aides are also asking that the person who hired her, [individual], the Assistant Vice President for Hospital Services be terminated as well. [Community Health Aide] says aides have brought their issues regarding [Director] to hospital administration in the past.

Aides say [Director] and [care organization] leadership have failed to provide for employees following critical incident care, leading to post traumatic stress syndrome among aides, and eventually resignations, self medication, and even suicide. [Community Health Aide] says it's become a matter of health for patients and employees.

The proclamation also cites labor practices like requiring aides to take vacation time after working nights and weekends and being called into work during vacation. And given the

high turnover, aides want staff who have been pushed out or resigned to have an opportunity to be rehired.

Hospital administration and the board met this afternoon to discuss the situation. CEO [individual] says because it is an internal personal issue, he is not able to comment. Five days before a possible strike begins, [Community Health Aide] says she's gotten the signatures of 43 of 51 health aides from 15 clinics. Health aides are the only provider in many communities. She says that if the strike goes through, aides will respond to emergencies but will not see regular scheduled patients.

The aides say they are prepared to strike beginning on Monday. (Matheson, 2011)

This "health aide crisis," as one of the village guests called it, illustrates a macro-level rupture in the interpersonal level of care; it is an example of ineffective operationalizing of professional purpose and policy in health care.

This "health aide crisis" illustrates the professional policy-related irony of health aides reporting the working conditions associated with providing health services are harming their own heath. Furthermore, when I read this article online, I clicked on the website link for the Alaska Native non-profit health corporation and in so doing I was immediately greeted with the following caption on this corporation's home page: "Helping Alaskans live a better life." At the time I read this, I shook my head in response to the starkly apparent rhetorical rupture.

A Micro-Macro Connection in the Context of Colonial History

Among Alaska Native peoples, particularly older adults, neocolonial incursions in the interpersonal practice care articulate a micro-macro connection. From professional labeling practices privileging diagnosis in a biomedicine paradigm to professional policy ironies, neocolonial incursions in this service delivery domain are ruptures of a relational logic. Rhetorical ruptures are breaks, gaps and discontinuities in the perspective of a "real human being" and an approach experiential interconnection.

Interpersonal practice knowledge, skills and attitudes reflecting "real service" as compared to "real disservice" among Alaska Native peoples, particularly older adults, centers on the aspect of "symptoms." As an Alaska Native male Aleut Elder explains:

> What the Hopi Elders talk about is like, it's like a great whirlwind, and if you get sucked into that whirlwind it's going to be really hard to get back out of it, so what happens in the healthcare industry and system is that you've got so many patients running through, every year there's more and more of x, y and z happening in terms of illnesses in the body, and the system's already over capacity, the medical workers are-they've got caseloads that are beyond human ability to maintain over a long period of time, you've got patients running through, you've got residents working like 17 hour days… it's like crazy, and so what it's doing is feeding itself, and it'll make things worse so that the whirlwind just keeps wrapping up tighter and tighter and tighter, and so you've got to be able to break that, and the only way to break it is stop dealing with the symptoms and deal with the root causes, and the root cause is here [pointing to heart], it's separation it's disconnection that's creating all the sicknesses… *Alaska Native male Aleut E/elder*

As explained by this Elder, it is important to identify a distinction between the "symptoms" and "root causes" associated with illness. In so doing, forces of separation and disconnection are contrasted to those of connection.

Many professional labeling practices in service delivery practices are paradigmatically structured to address the "symptoms" of illness. Among these are practices employing the DSM "Bible" of the diagnostic classification system in psychopathology. The potency of mainstream professional language and ideology is directly addressed by Alaska Native Elders. For example, in sharing her perspective on this topic, an Inupiat female Elder indexes an indigenous cultural code – based upon contextual interconnection—when referring to "a Western science approach" to medicine and specifically in terms of identifying that listening is a problem among service providers:

> Yeah, that's a real big issue, because their approach to medicine is a western science approach. Where when we approach what ails us, we think about everything that's impacting…like…It's like tunnel vision…You know it's like with your disciplines. There's no connections… like it's too…even within the… I don't want to say hierarchy…but you know like competition. They don't share and acknowledge… to me they're, like selfish. I mean they're rude, their…I mean instead of benefiting the whole community, you know, they're just out for their little accolades or whatever.

As described by this Inupiat female Elder, a "Western science approach" is characterized as an approach where there are "no connections." Furthermore, according to this Elder, this approach indexes characteristics of a clinic culture comprised of hierarchy, competition and selfishness. In so doing, this Elder identifies a "Western science approach" as antithetical to a cultural perspective based experiential interconnection—*getting dirty* and *giving attention.*

This same Inupiat female Elder infers that a way to make such "connections" salient to Alaska Native peoples, particularly older adults, is for care organizations to "go one step further." She further explains:

> To me, if someone's hurt…you're in a hospital…it should be like if you're…like in the movies how they always…the hospital always makes sure they roll you out cause of the liability… I think they should go one step further. That's what that test was supposed to be about. You know that capabilities…are you able to use the crutches right…are you able to go up go down… At your home do you have steps? If you do and you're not capable of using crutches yet… At some point I was able to, in fact I was able to help Angie when she… I was able to tell her how to use her crutches to go make sure you use this foot to…first…you know when you're going up and down…that kind of thing. So even questions like that. So if you're not able to use crutches, then you're going to have to crawl. Where I was at I had to crawl, and there was a grate and I had to make sure there was padding to put down so I could crawl on…(laugh) Cause if you don't have the strength even to pull yourself up on the railing to lift yourself up…I mean there's a whole…I mean even going to the bathroom. There was a whole…I mean just with that…When you have surgery…and you have surgery and they want you to get up and walk, there's a reason for that. They need to take care of their [patients]…just cause they put the screws in and what not and closed it up…you know…I'm good and … 'bye see you later'…

In Alaska's care organizations, going "one step further" according to this Elder will help to establish linkages in the service delivery system.

Establishing interconnections between places and peoples contributes to rhetorical resonances among ANs, particularly older adults, in service delivery practices. Language, or communication practices, are a critical component in doing so; As an Alaska Native Inupiat female Elder discusses language, or communication, she emphasizes the importance of health literacy:

> In the city they use the words that people from the villages would rarely ever hear. They use big long words and the people from the villages, and myself, would feel like they think I'm dumb and stuff. But if I asked what that word means…you know…like urinary tract infection…you know…and Inupiaq, wow that sounds like a big problem. And it

is…can you say it to me in a way I would understand it? That's what I'd say, but a lot of people feel uncomfortable being questioned cause, you know, the pace in the city is so fast that in the village, you know it's just like oh my gosh. It's so…laid back in the village.

As this Elder illuminates, the practice of improving health literacy is vital to improving quality care.

The indigenous cultural traditional practice of a naming ceremony is a potent site for illuminating a micro-macro connection in service delivery practices. An Athabascan female Elder shares about the meaning associated with the "doctor," or provider:

I think the [care organization] situation is very lacking. [care organization] is not bad though, they do have some understanding I think. I mean, I never felt like I was down here [places hand down low in the air] and doctors were here [places hand up high in the air]. I feel like they're pretty close…But when you go out to [rural hub] or [rural hub] it's pretty profound, I think… It's because the doctors don't want to be there. They only go there cause that's where they're working… It's work. They don't want to live there…they don't interact with anybody. They have their own community housing, and they go home every night and you don't see them out in the grocery store. I don't anyway…maybe they go out there, I don't know. So they don't interact with anybody.

This Elder shares the following as ideas that might improve the relations:

I would say…maybe… volunteering at the… shelter or something I don't know. Just…if they can't make any friends, inviting people over or…cause the Natives are not gonna invite them. They're not going to invite their doctor to their house, that's not going to happen. So the doctor would have to, like, maybe volunteer himself to help out with... something…

When I asked this Elder the reason a Native person would not ever invite a doctor over to their house, she responded:

That's like inviting the Prime Minister to your house. I mean, it's just, I wouldn't. You know, unless I really liked him, unless I really knew him, unless he made himself available to me and said…you know…but that's very unlikely. I've never seen that happen. It would be hard for me to even imagine.

This Athabascan female Elder's reference to providers, or doctors, being analogous to the "Prime Minister" indexes status and a social hierarchy. Thus, a distance is present between provider, or doctor, and community members.

This chapter, Chapter 6, delineates rhetorical ruptures in the interpersonal practice of care associated with Alaska's care organizations. It illustrates through interweaving contrasts and

comparisons how Alaska Native ideologies of culture and language, as indexed in notions of "real"-ness and experiential interconnection, are ruptured in service delivery practices. Further, such rhetorical ruptures articulate a micro-macro connection showing a distinction between addressing "symptoms" and "root causes" among ANs. In the next chapter, Chapter 7, the model of care represents another service delivery domain showing rhetorical ruptures salient to ANs, particularly older adults.

Chapter Seven: Rhetorical Rupture #3: The Model of Care

> The bureaucracy has assumed the verbal paraphernalia of the
> military. Routinely its officers set themselves the task of improving
> Aboriginal disadvantage in their area of intervention, and routinely
> they fail to do so, or fail to do so very significantly. Nevertheless,
> impeccable procedures are followed through standard institutional
> structures and these allow for reporting that all is well, with the
> organization and its officers, despite its lack of impact in the
> world. It is common in Aboriginal circles to attribute this to a lack
> of care, bad faith or incompetence, but this is unfair and simplistic.
> If, instead, we accept that Aboriginal development programs have
> been undertaken for the past forty years by motivated, skilled and
> intelligent people in administrations with the world's 'best
> practice' standards, we clearly must look elsewhere for their lack
> of success. A good deal of the answer is cultural. (Sullivan, 2011,
> p. 85-86)

Care organizations, in Alaska as elsewhere, are often representative bureaucratic life-worlds. Such life-worlds are comprised of multiple stakeholders intersecting through layers of communication channels—where often "no step can be taken without informing or inquiring to a person next highest in authority, who then passes to a higher up, and so on" and where "any particular communication may require some time for clearance, and occasionally gets lost" (Landes, 1945, p. 365). The conventional health and social service organization—because it is a *conventional organization*— reflects a bureaucratic culture, where reports, meetings, trainings, policies and procedures are the communicative capital of the bureaucratic imagination (Lea, 2008).

A bureaucratic culture is one of accountability and performance. Thus individuals—employees, providers—working in such institutions are circumscribed within certain roles and functional status; relationships are prescribed. For example, the bureaucratic activity of "continual audit is not practical but cultural": In fact, "it reflects and mediates relations of authority within a work centre" and "constructs and articulates the nature of the group" (Sullivan, 2011, p. 97). As Sullivan (2011) explains, the performance audit is an activity that "describes who we essentially are, our values, our aims, which achievements we consider central to our social reproduction and which are peripheral" (p. 97).

As ethnographic evidence I collected during fieldwork makes clear, Alaska's care organizations reflect characteristics of bureaucratic cultural contexts. Through these characteristics, such organizations index an impersonal, rational life-world – thereby discounting anything real such as *a real human being…a real person…a real heartfelt response...a real point of contact…a real provider…a real nation…a real hidden underground…* In so doing, an indigenous cultural code, an entire cultural ideology premised upon personalizing care in service delivery, is semiotically erased.

Micro-Level Rhetorical Rupture #3: The Model of Care

A *model of care* is a paradigm of care. It involves a particular viewpoint, or perspective, of approach salient to service delivery. It is the representative "beam of light" to which Father Oleksa referred in his discussion of culture. Thus, a model of care refers to the angle from which one sees the world.

In the model of care domain, the focused codes "being stretched apart'" and "overflowing charged emotions'" are the most relevant building blocks undergirding this rhetorical rupture. The code "being stretched apart'" is defined as experiencing a sense of separation from an indigenous cultural identity, collective community, history, and knowledge. "Being stretched apart" expresses a sense of disconnection from some person(s), place(s), or thing(s). The code "overflowing charged emotions" represents always-already present feelings of cultural loss and ideological incursions linked to AI/AN colonialism. Thus emotions of pain, anger, and grief associated with the past – AI/AN colonialism - continue to exist in the contemporary present.

Traditional Healing

A micro-level rhetorical rupture regarding models of care in Alaska's care organizations is evident in service delivery associated with indigenous traditional healing practices. There are varying opinions about traditional healing; some people believe it ought to be separate from conventional services provided in a Euro-American, Western biomedical model, others advocate integration. For example, one Yup'ik female Elder believes the following about these two models of wellness: "You make them complementary; you blend them and make them complimentary." In addition, Ted Mala, the first male Alaska Native physician and director of

Tribal Relations at the Alaska Native Medical Center in Anchorage, supports this complementary approach to indigenous traditional and Western healing practices.

In August 2012, during my dissertation fieldwork, I was fortunate to meet Dr. Ted Mala and learn more about indigenous traditional healing when I attended the 15th International Congress on Circumpolar Health. Dr. Mala and two Alaska Native traditional healers facilitated the traditional healing workshop. In so doing, the topics of traditional healing and medicine were defined and discussed. Dr. Ted Mala shared the following during this workshop[20]:

> …I hope some of you will come to Anchorage and will visit us at the Alaska Native Medical Center, where we have the only clinic that is accredited by the Joint Commission of Hospitals, received an award from Indian Health and is part of the Baldridge Award…so it's very well acclaimed…

> …So, the point is that traditional healing is hitting a nerve around the world… and people are looking to it very, very much today. They're looking for something that just isn't in Western medicine, and what we try to do is combine the two…to bring the two together, not one is better than the other, and we take the best of 10,000 years of traditions or traditional healing and bring it together with Western medicine… So, in traditional healing we do-we have two branches, we have the counseling, or mental branch, and the physical…we bring them together all the time… but it's a completely different approach than what you see with Western medicine. In our center clinic, in our primary care, they see people for 15 minutes…and we do over an hour, sometimes two hours with people…*who are you? where are you from? what village are you from? how were you raised? Who are your relatives? Where did they come from?* And, we find out who that person is, and where they're coming from, because so many people carry things in their lives. We have patients that are 100 years old who are still carrying things from something that happened in childhood, it's amazing… if people knew what the effects are of doing things to children that they carry their whole lives,

> …we deal with children, we deal with elders…in Western medicine you can distill things, we have a traditional clinic garden, and we have a whole bunch of plants and the people that I've dealt with are interested in 'what's the magic ingredient?' …and we don't do that because it's just part of the process…we can't just explain it…you have to know about it, with medicinal plants, you have to know what parts to use, you need to know when to pick it, you need to know what prayers to say, there's all kinds of things… those in Western medicine want a quick fix… people are missing substance… I hear people say 'I don't have time for the pain,'…and to me it's like having a car and when the red light comes on, you can "I'll fix the motor or I'll cut the wire" and a lot of people are just cutting the wire… and there's a price and they crash. So, traditional healing says 'slow down, take a deep breath.' We have rounds every week…I'm the head of the branch of traditional and Western medicine, and we talk about 'well, where are we all going with this one person?'… we find patients that 'wow they're falling through the

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cracks' and that too many people are treating them and no one is coordinating where they are going with them…and then we tell people you're responsible for yourselves, not us, you're your own care-you're your own physician, and we're just tools of prayer and we tell you what you think you should hear, but …and we put the responsibility back in the hands of the individual…

Additionally, the notion of traditional healing was defined and discussed by an Alaska

Native traditional healer in the following manner:

When I work on people, and people wonder what I do, I tell them 'to help you all understand that I'm a massage therapist, a chiropractor, and a physical therapist all put into one…I've learned that the energy in people I could feel…when they hurt…I learned that I have to sit with somebody when I first get them… sit with them so they can feel comfortable with me…sometimes I can feel somebody is stuck, their emotions… they've buried something way deep inside, I know how to use my hands to pull it up…traditional healing to me is about curiosity… finding out what's bothering people, if it's physical, if it's emotional…I always follow my gut – use that as your counselors…

Traditional healing and medicine emphasizes an individual's personal experience, story and resources in the context of viewing healing as a process and not a "quick fix."

While supporting a model of complimentarity between traditional healing and Western medicine, Dr. Mala, a doctor who has an Inupiat tribal affiliation in Alaska and who comes from a family of traditional healers, emphasizes the value of traditional healing practices. He explains:

For people coming back from the military with this post-traumatic stress and so on, especially Native people, have not found any kind of solace or comfort except through traditional healing, and the VA is actually funding a Navajo medicine man to work with people in that classification, and they've been asking us how to help heal some of the trauma. Every day you hear the terrible stories of people stressed out and suicides and so on. If Western medicine was working so well— and I believe in Western medicine, but I believe in it being complementary—is working so well, then why is it a multibillion-dollar industry trying to help people look for something else? (Dr. Mala Interview, Native Voices, Retrieved from http://apps2.nlm.nih.gov/nativevoices/interviews/index.cfm?mode=name&speaker=35)

Mala further discusses the important role of Alaska's Native Elders in terms of Native peoples striving to live a balanced life and seeking wellness:

And I think there is a great movement for people to learn from elders, to relearn their culture, relearn who they are. And not to go back to living in a museum, not to go back to going to the heritage center and visiting an Eskimo family, but basically to figure out how to balance life and live in two worlds with one spirit. Because one is not going to go away, and the other one is not going to go away, but until you find who you are and what

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you are and yourself, you're always going to be kind of transiting in limbo. (Dr. Mala Interview, Native Voices, Retrieved from http://apps2.nlm.nih.gov/nativevoices/interviews/index.cfm?mode=name&speaker=35)

Among Alaska Native leaders like Dr. Mala, Native health, wellness, and balance is viewed within a paradigm of complementarity between Native traditional and Euro-American, Western biomedicine.

A traditional biomedical model of healthcare focuses on biological and physical causes of disease. This mainstream biomedicine paradigm in health and social services reflects an "ideological and institutional project" (Gomory et al., 2011, p. 137). It is a "biomedical industrial complex" defined as:

> the reinforcing and interlocking connections between pharmaceutical, biotechnological, and medical industries that- together with academic experts in the helping professions, governmental funding and regulatory bureaucracies, such as the National Institute of Mental Health (NIMH) and the Food and Drug Administration (FDA), and professional and family lobbies – promote and support a biomedical model of psychosocial distress and disability." (Gomory et al., 2011, p. 137)

In conventional health and social service organizations, a biomedical model of care is predominant. Biomedicine's dominance in health care includes social work and mental health care (Gomory et al., 2011, p. 139).

The DSM is associated with a paradigm of biomedicine and is therefore limited, because it focuses on diagnosis of distress or pathology rather than a service recipient's personalized story. Furthermore, a biomedical paradigm "holds that distress and misbehavior are bodily diseases and must be treated as such" (Gomory et al., 2011, p. 148). Hence, the pharmaceutical industry is integral to the mental health system. Health and social services in a mainstream biomedical model of care context are therefore more focused on developing and distributing psychoactive drugs than improving human relationships or environmental living conditions. While a biomedical model is reductionist and problem-focused, a social work "person-in-environment" perspective is more encompassing and strengths-based (van Wormer & Besthorn, 2011, p. xvi). In addition, a biomedical model is contrary to an indigenous traditional healing approach.

The micro-level rhetorical rupture salient to Native traditional healing practices, or services, includes issues of equitable access and service integrity. Regarding equitable access, for example, one Inupiat male Elder states that, while he would be interested in receiving traditional

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healing services he has not ever been referred to them, even though such services are available at his care organization. This Inupiat male Elder explains that the process of referral for these services is initiated by providers: "They [providers] would recommend it."

A similar referral process for traditional healing services is explained by another Inupiat Elder. This Elder, a female, with many years of employment experience in a care organization states: "You don't get referred, you have to ask, yeah, nothing is brought up. They [providers] don't bring those things up. They don't say, 'these are the things you can try to do, these are the things you're supposed to do…' because they're so threatened because they [traditional healers] are gonna get them out of…their own jobs."

Yet, even when an Alaska Native Elder is referred to, and receives, Native traditional healing services at a conventional care organization, empirical evidence I collected during field work reveals a rhetorical rupture. For example, an Aleut female Elder explains about her medical provider: "Oh, the other thing is, I had to ask him twice before he finally made my appointment with traditional healing. I called and he said, 'OK, we'll make an appointment for you at Traditional Healing.' So then I went down and I said, 'Do you have an appointment for me yet?' 'Nobody's called us'…I said well it's Dr. [name]… 'No we haven't heard from him.' So I went back, I called his case worker and I said, I haven't got any contact with Traditional Healing yet."

There is also a rhetorical rupture related to service integrity in traditional healing practices. For example, one Yup'ik/Aleut (mixed) female Elder identified a limit to traditional healing practices within a conventional care organization. She said:

> Sometimes they ["Western" organization] cut out the traditional healer—all the ways of the traditional healer… like, they can't do everything, because they have to do it according to their ["Western" organization] laws or their ways. What they want them to do. It's like they can't practice…really practice…traditional because they have to follow the rule…so, you know, there's limits that those traditional healers, working for the corporation, have.

This Yup'ik/Aleut (mixed) female Elder then shared about her personal experiences receiving traditional healing services. She shared:

> And as a patient in traditional healing, I went for four years, but I didn't see the benefit of it. I really didn't. To me it was a lot of time…I felt that…you know…people taking from you…a lot of times my traditional healer would take notes of things that I said and kind of…you know at times I felt like she was taking more from me and …you know what I mean, I feel like the roles were switched. I experienced that more and more being around professional people, it's like they…you know…they take your thoughts and ideas

because they're so unique and different or…you know…from what they're programmed to believe…and start using it as their own.

It is significant to note that this Elder's comment about when the traditional healer took notes was a "felt" experience of the traditional healer "taking more from" her than—as she insinuated—giving to her; hence, this Elder shared that such behavior by the traditional healer illustrates an act(ion) of role-reversal.

This same Yup'ik/Aleut (mixed) female Elder explains that her experience of traditional healing was not what she expected. She continues to share:

> So I just…like I said, I felt like I wasn't…I was…The whole idea of traditional healing was not what I thought it was going to be. To me I didn't see too much traditional anything there. Like I shared earlier, I believe that a traditional healer is somebody that really wants us in wellness, and I didn't experience that. And having a traditional healer that was medicating many times, to me that wasn't very traditional. And not…like I said…walking in wellness, walking in health…She [traditional healer] had told me she was on medication…wellness…it's about taking personal responsibility for wellness…ownership—Own your health, own your body, own your mind…There is lots of options out there but…There's so many medicinal plants and ways of…exercise, eating healthier…you know, instead of sitting there eating a bunch of junk and then going to somebody to give you a pill to make you feel better. That's not health, that's not wellness.

The crux of the rhetorical rupture illustrated in this example is based upon the act of the traditional healer medicating herself by using pharmaceutical drugs. It is noted that in a care organization, a brochure advertising its services explicitly states that, "no medication is used" in association with traditional healing. Regardless of the specifics, the basic message this Elder received was: incongruence between her expectation of traditional healing and her traditional healer's behaviors; the metamessage this Elder received was hypocrisy and lack of integrity associated with traditional healing practices. Furthermore, this incongruence conveyed a metamessage of pretense and inauthenticity—a lack of "real"-ness—to her.

This same Yup'ik/Aleut (mixed) female Elder emphasizes the traditional healing approach of viewing food as medicine. She describes the example of a man she knew who had cancer:

> I saw him last winter, he was over here getting medical treatment for cancer, and he looked terrible…he looked like he was going to die any minute. And then I ran into him this summer when I went home [rural area] to put up fish and he looked great. His hair was all grown back and full and he looked happy, there was a smile on his face…he

looked strong. And I asked him what happened to him and he said he went back to drinking the medicine plant. And one of our other elders, they live in the same village, and I'm sure that she influenced him in that way of going back to the traditional. Because she had gone through the traditional…with chemo and radiation, and had lost weight and really looked terrible too. She went back home and gave up all that stuff and started drinking medicine plant juice, and she's still alive. That's 12 years later, you know.

Clearly, this example conveys to this Yup'ik/Aleut female Elder the potency of traditional healing practices.

The importance of traditional healing practices among Alaska Native peoples, particularly older adults, is a critical component to "real service" in care organizations. An Athabascan female Elder comments on how food is medicine. She shares:

…fortunately I don't have any problems right now, because [health and social service organization] would rather give you chemicals rather than tell you food is medicine. Why don't you go out in the field and look for chickweed and make a tea and that will help your sinus's or whatever problem you have. Cause I'd rather …if someone could tell me that, and even show me, cause I wouldn't know…I've never…you know, I know all the berries, but I don't know the greens. You know like, I know what chickweed is, and dandelion chard, and fireweed, but the other things like stink cabbage…and I'm not exactly sure what they do or…I would love it if I had more of the nature pathic. I would go to that.

This Athabascan female Elder also discusses her Native traditional cultural ways in context of referring to a friend of hers who is from the wider community. In so doing, she identifies how individuals can challenge presumptions, or stereotypes: "My friend [name]… she's a non-Native, but she lives a very traditional…I mean she kind of reminds me of a Native person. Because ya know she goes berry picking, she'll…she goes fishing…gathers all the same foods the Natives do. She does her jarring and canning. She's very quiet. If she told me she was Native, I would have believed her."

Mezzo-Level Rhetorical Rupture #3: The Model of Care

A distinction between symptoms and root causes informs a mezzo-level rhetorical rupture between an indigenous cultural code and intercultural care salient to Alaska's care organizations. While symptoms are typically ameliorated by such organizations, the root causes are rendered invisible. Hence, and as previously identified by an Alaska Native Aleut male Elder, Alaska's care organizations are metaphoric "whirlwinds" that continue: "The whirlwind just keeps

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wrapping up tighter and tighter and tighter, and so you've got to be able to break that, and the only way to break it is stop dealing with the symptoms and deal with the root causes, and the root causes is hear [pointing to heart], it's separation, it's disconnection that's creating all the sickness."

Mezzo-level rhetorical ruptures in the model of care include metaphors that emerge from empirical evidence collected during fieldwork. Among these are the metaphor of a "CYA care package"—a cultural climate in care organizations reflecting a "cover-your-ass" mindset in association with service delivery practices—and "the middle people." Rhetorical ruptures also develop as a result of professional distance and staff turnover, which contributes to an impersonal, bureaucratic culture. All of these examples reflect dehumanizing service delivery practices and rupture an indigenous cultural code of contextual interconnection.

In addition to the metaphor of whirlwinds salient to Alaska's care organizations, one Yup'ik male Elder identifies a CYA care package metaphor::

> You got people that was assimilated…people that was weakened, told to do the White man's way. Doctor comes and there's this medicine. OK, they find out bad things happen when you give too much of this. DEA come say it's illegal, you do this, OK? And so they had good intentions; we're gonna take care of the pain. We're gonna take care of the problem. OK? We give you this medicine. No follow ups. Now DEA comes…says oh, you're doing this…you're supplying drug dealers for the street. So now the doctor goes…oh I can't lose my license over that. So now it's a CYA [cover-your-ass]…you know, and when you have a CYA care package, there is no care…you get a shot in the ass…told to go home…call me tomorrow…

This Elder's reference to a "CYA care package" points to a provider prioritizing his or her job duties over patient, or service recipient, needs. This Elder continues to share:

> See anytime you have a mandated program…you know…and it's sad that the government would consider it a… but it's a mandated program. They take the land that we have and they pay for it with their healthcare. So there's animosity there to begin with. OK? And now we're throwing billions of dollars into this healthcare…more animosity begins to brew. You throw DEA in…your prescription drugs…then the animosity within the system…it spread around animosity. Still, they come down and they say, ok, now you have this much to take care of all these people. Now you've got (?) going… how we going to do this? So they go for the cheapest solution. Common sense, you know, you're going to go for the cheapest solution. Often times that solution isn't the right one. That's why they wanted (??) these doctors from Native hospital. Because they have a mandate, you have to take care of these people, but you only have this much money to do it. And so instead of a patient that's now a person with a number. They have a chart number. You're not a patient no more. You know, there's no personality left. Like they tell my wife, ok, we'll go ahead and do the surgery for you. We'll send you outside

and take care of the surgery. It coming out of our pocket now. How come it coming out of your pocket? Cause you drug your feet too long and she had insurance to pay for it, they tell you to explore…that you can pay for it…no, no no, we can't do that. Now no insurance, and then, ok, we find what's wrong, but we can't afford to fix it…OK, well let me call Uncle Ted. Who's Uncle Ted? Ted Stevens. Let me call this guy, let him know how you treated me and my wife. He can see what kind of business you're running. Hold on, we have a meeting tomorrow, we'll bring up your case. Ok, you're approved, we're going to fix her up, but this is the last time we're shipping your wife out of the hospital. You have to sign this before we go ahead and fix her. Now does that show care for the patient? …Yeah, our basic right that was given to us, because of what they did in assimilating us.…you need to live like this…under our rules…if you do that we'll take care of your health needs. Unless it's inconvenient to us.

This Yup'ik male Elder makes an analogy between a CYA care package and the history of colonization by the church. Regarding the church, he says, "Even though the church come back and they apologize to my elders, we cannot accept that." He comments:

Because they did not do that to us. They did that to our ancestors. Our ancestors said, how dare you, and they kept it alive for us to continue. So we thank them for what they did. We can't accept apology on their behalf, cause they might say hell with you. I don't care you say I'm sorry thousand times, what you did was wrong. We can't think for those who were done wrong to. They have to make their own mind up. We can say we're glad that you feel this way now, but we can't accept your apology on behalf…

Well anytime there is friction, there's going to be different levels of acceptance and appreciation…or willingness. You see it's going to vary from place to place. There's going to be places where they cut a leader down, very bad, and boot him out of town. Now they want to welcome him back and have him share…share with them…what they outcast. Why should I share with you? Something you have done to me. You know but in the end, well, I'm finally glad you woke up.

You know, and that's like anything and anyone in this world. There's always going to be a constant working of how we're going to go…of how each…is gonna be, and that's going to be tied with the culture. That's why our culture is so important…you know? …yeah, because each person is different. Not only the person, but the culture, and a way of coming about a solution is going to be different because of the surroundings.

Regarding differences among people and cultures, this Yup'ik male Elder comments:

different people…different way of believing. The Raven…many different meanings… different cultures. Yup'ik non believers say medicine man, when he pass away gonna come back a Raven. This is a bad sign when Raven come visit. OK? Athabascan, when their elders pass away, come back as Ravens to watch over them…help guide them. Yup'ik men go to Athabascan country, he see a bunch of Ravens around chiefs house, bad sign. Athabascan…my elder is here to help me… Stranger come to visit… they don't talk to each other, they don't know good or bad. Same way with doctor and patient…

They don't talk to each other or know good or bad. And if you have CYA project, you're not gonna to talk to them, they're too busy…covering…

In his sharing, this Yup'ik male Elder identifies Alaska's conventional health and social service organizations as bureaucratic cultures operating as a CYA care package—where there is no care —and, as such, ruptures an indigenous cultural code of intercontextual connection.

This Yup'ik male Elder refers to planting seeds as a way of thinking—a lens, a perspective, the angle of Oleska's "beam of light." He explains that he is planting seeds by way of his story-telling; "I'm planting seeds, but that's not the kind of thinking when you have CYA… when you have CYA it's a small purpose, when you look at big picture it's gonna blossom… you're looking right for the flower to come." This notion of a CYA care package involves separation or disconnection between provider and service recipient. From such a place of disconnection, assumptions are often made by one particular group toward another, and vice versa. That is, assumptions are often made when people from different cultural backgrounds do not talk and get to know one another. Such assumptions may be easily related to presumptions and, therefore, stereotypes. Moreover, and as previously discussed, stereotypes may be internalized and they can also lead to discrimination.

The metaphor of "the middle people," in addition to the metaphor of a CYA care package, indexes a bureaucratic culture in Alaska's care organizations. An Inupiat male Elder describes this metaphor of the middle people as a characteristic of bureaucratic culture; this culture encompasses the multiple layers in the middle between the patient and doctor. This Inupiat male Elder explains:

> A problem with a lot of Natives is ability to understand what their medical treatment involves, I believe…unable to communicate directly with their doctors—the communication the doctor's getting is from an intake person—It's the inability of the patient to understand what is being tried for his or her benefit…the communication problem…to educate the people that are in the middle of the doctor and the patient, to educate the people that are in the middle…to give the care taker a better chance to give the patient the best care possible, is to educate the middle people that are between the doctor and the patient, short of becoming a doctor or a caregiver themselves…short of becoming a doctor, I find I make…I'll comment on this…I find that a lot of the healthcare people are people that are in between the doctor and the patient…So the miscommunication comes there in those areas…and so that leaves a Native patient feeling…things get lost in translation …press that button here [laughter], like the person that's talking between the patient and the doctor and what does he do…what does she do? He goes to the computer and punches some buttons…."

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One Inupiat female Elder explains the people in between the doctor and patient in this way: "It's like trying to get my medication, the communication problem between the doctors and the pharmacist and the healthcare workers… too many people trying to communicate instead of two people communicating…"

The CYA care package metaphor references the institutionalization of policies and procedures, rules and regulations and points to a culture of bureaucratization. As Weber (1998/1948) explains: "Bureaucratization offers above all the optimum possibility for carrying through the principle of specializing administrative functions according to purely objective considerations…The 'objective' discharge of business primarily means a discharge of business according to *calculable rules* and 'without regard for persons'" (p. 215). An Inupiat male Elder gives an example of his experience with bureaucratic culture in context of his wife as a service recipient:

> You know when you're…when you have somebody with chronic pain, ok? Chronic pain can be something from an accident, can be something from abuse…everything, you know?...could be a pinched nerve from…any number of things. Child birth, you know? But sometimes people have pain all their lives. Sometimes people have problems trying to find the source of that pain. The way the hospitals are here, we get doctors shipped up…they gotta work off their loans, ok? …it's part of their bill. Sometimes…a majority of the time, that's all the doctor does. A minimum amount of time and then he's out. What happened to that patient… he here? And this happened to my wife just recently. Ok? Doctor comes, work on patient, got plans…he don't care. If this don't work, this gonna do next. That doctor finish here. Never tell nobody else. Who gonna fix the patient? There needs to be continuity of care, without animosity. Sometimes doctor leave with animosity-other doctors' animosity. It's like what happened to my wife…well you know our doctor left. But he was the planned care. I mentioned the name; the doctor. After I said that, 'well if you want to follow her she's over at [another clinic], you can always go over there.' I said, hey, we're Alaska Natives, we deserve care here, that's why we're here. We're telling you planned care here. You know. There's no need to…if the doctor has animosity with another doctor, it should never ever be projected to the patient. That's part of that cultural…cultural training I talked about…when doctors come…yeah, lack thereof. You know if you've got the orientation of the people you're with, why should you continue to continue with care…or have continued plans of care for a person…if you don't have any inclination of who they are or what they are. They're real people, they have to realize they're real people. They have to realize their values and traditions, regardless of any of that, any service organization has to continue to keep the communication open, otherwise no business.

Regarding the nature of bureaucracy, Weber (1998/1948) explains that it "develops the more perfectly the more the bureaucracy is 'dehumanized,' the more completely it succeeds in

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eliminating from official business love, hatred, and all purely personal, irrational, and emotional elements which escape calculation"; thus, bureaucratic culture is based on a "rational law" (p. 216). In so doing, a bureaucratic culture forecloses opportunities to acknowledge a sense of"real"-ness, such as *a real heartfelt response, a real person and a real hidden underground.*

In addition, there are multiple examples indexing professional distance in empirical evidence collected during fieldwork. Such evidence exists across the urban-rural divide in Alaska. For example, an Athabascan female Elder shares the following about her experience in a rural location:

> It was like the doctors and the Natives…really…kind of separate…and I saw it again at the [rural] hospital. The doctors and the Natives…there was no…even though the [rural] hospital really tries, and they even have their mission statement…you know like…'We are working together'… 'We are together' and I never saw that. It was still like 'the doctors' and 'the Natives'…" This Athabascan female Elder shares about her experience at a care organization when she was helping her father who was ill and a service recipient at the clinic: "From talking to his doctor, he didn't relate to my dad one iota, didn't even try. My dad was profoundly deaf and so I only communicated writing notes. I don't remember his doctor writing him a note. He talked to me and let me talk to my dad…

Another example of professional distance indexed in Alaska's care organizations is provided by Father Oleksa:

> I think that bosses have to know that these interactions, their social workers, their nurses, they have to allot more time… because the doctor's looking at his watch, he's got his appointment book, and he starts making all those other patients wait in the waiting room too long, so somebody further up the line of command is going to hear about it… that's where the systemic part comes in, where the system doesn't allow the time we need to be effective health care providers, or teachers, or …

As identified by Father Oleksa, there are systemic issues associated with service delivery practices.

In addition to professional distance, professional staff turnover is a contributor to mezzo-level, model of care rhetorical ruptures in service delivery practices. One Inupiat female Elder shares her experience with provider turnover:

> I've gone through different providers because one was too slow, one moved out of town, one could care less if I was there or not. This last one I kind of ticked off because she's put me on meds and I—it's my rights as a patient to know what's the results are gonna do, what's they're gonna do, what the side-effects are. If you don't know the side effects of the medication you're taking, then honey, you got a few things loose in your head; you should be knowing what those things do…They gave me a piece of paper. It's up to me to

read that paper, not everybody reads those papers or asks for those side-effects. …Well, one of them, my muscles froze. After two or three days, I wanted to move. My mind said, you know, you don't think to walk, you just walk… You know you know where you're going, well, my feet weren't going there…My legs weren't moving so I got off of those. So, and then another medicine I was on to lower my cholesterol, it gives you dementia. So one of the side effects is dementia. Well, I told my doctor that and she kinda got ticked off, she says, 'I'm on those….I'd rather have this than a heart attack.' 'I don't want either one, thank you.' You know what I mean, 'is there something else I could take?' Is there, I asked her, 'Isn't there other—'What's that word? when you use, um, natural—my traditional healers—Yeah. 'Isn't there something natural in the earth I can take? She said, 'I don't know. You're just a pain.' Or something, 'You're giving me a lot of trouble.' Or something to that nature—Well, we—I've—and this is what I told her. I says, 'Well, I'm in a lot of pain. I am so tired of this pain. I'm almost ready to drink.' I just said that to see her reaction. There's no face, there was no face in there. I said, 'I haven't drank in ten years.' Still no face so something's wrong there. She's there for me. So, uh, I called and left. It didn't bother me right away, it was until I got home and I thought this process of, I said, 'What the heck? This is not right.' I don't demand respect; I don't demand that you treat me a certain way, but I'm respecting you. You should be doing the same thing. I'm not treating you any way to be belittled,' but she treated me like, uh, I was just a pain in the ass. So I called up her case manager and I called up her, and somebody else, I said, 'I'm switching doctors; I'll tell you why.' But—the thing, there's processes—the process of respect—processes of respect. The doctor made their own trouble—She's Philippino.

Provider turnover and changes rupture an indigenous cultural code of contextual interconnection. It is a mezzo-level rhetorical rupture characterized by impersonal care.

Macro-Level Rhetorical Rupture #3: The Model of Care

A bureaucratic culture in the model of care is an impersonal culture. It is also a culture where social, legislative policy presents a bureaucratic roadblock. In Alaska's care organizations, salient bureaucratic roadblocks that reflect rhetorical ruptures include federal funding gaps relevant to Alaska Native language interpreters and formal mechanisms of patient feedback forms contrary to Alaska Native traditions associated with oral communication.

Native Language Interpreters

During fieldwork, I visited the Language Interpreter Center in Anchorage. During my visit to this center, I spoke with a staff member in administrative leadership. This staff member told me that the center's focus on providing language interpreters trained in Alaska's Native

languages was: "another unfunded government mandate." Thus, while social policy is in place to support, or technically mandate, Alaska Native language use, there are not enough resources to enforce this mandate and ensure language usage. Hence, there is a far greater need for Alaska Native language interpreters than there are resources available for training to meet such a need. This scenario reflects a sociopolitical disjuncture relevant to Alaska Native Languages; it evidences a gap between the mandate of social policy related to Alaska Native languages and the feasibility of implementing them.

Alaska Native language interpreters are in apparent demand in Alaska's care organizations. For example, one Inupiat male Elder shared with me: "I know a lot of Elders who don't go to the clinic because they don't have a language interpreter—they need more language interpreters." Supporting the sentiments of this Inupiat male Elder, a Yup'ik male Elder further expressed a need for more language interpreters. As this Elder explains: "They need more interpreters because you never know how many patients come in from the villages…never know…Yupik…Inupiaq's… It's just sometimes they go home and…and they come right back. They come back and forth, you know, because in the first place they didn't do it right. Or to my knowledge I think they didn't do it right in the first place. And then when it don't work out it just get worse. Know what I'm saying?"

When Alaska's Senate Bill 130 was passed by the legislature and signed into law in April 2012 , institutional support, in the form of public law, was given to preserve Alaska Native languages. However, in the context of Alaska's care organizations, when a language interpreter is not available for an Alaska Native service recipient, particularly an Elder who may only speak —or prefer to speak—his or her Native language, an indigenous cultural code is ruptured. In such situations, no language choice exists, and English dominates as the nation-state language.

Language choice is a critical component of the human rights framework and the paradigm of intercultural care. An Inupiat female Elder shares the following about the importance of language choice: "If they, if the Native language—I wish that the schools, the colleges, would give people a choice besides Spanish and English or French. Let's have Inupiaq, Athabascan, Aleut." Without language choice available, Alaska Native languages are subjugated to the English language. Regarding language choice, a Yup'ik male Elder describes the situation in this manner: "You throw an interpreter in there then there's—it's back to a level playing field."

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The staff member at the Language Interpreter Center informed me of the importance of employing in a professional capacity a formally trained language interpreter, rather than just any individual, to provide interpretive services. When talking to this staff member, I mentioned a language bank, a concept discussed during the 1st Annual Elder Summit in Anchorage in 2012. Language banks are applicable across industries such as education and health and social services. They are an on-call resource of persons who can assist in language interpretation or translation when no trained language interpreter is available. Yet, the staff member informed me that problems such as giving mixed messages can occur in processes of language interpretation. They recommend only the use of trained language interpreters in professional contexts.

A Yup'ik female Elder shares her experience of serving as a language interpreter for her sister. As a result of her experience, this Yup'ik Elder states she understands the problems that can occur when a relative or friend serves as a language interpreter in a professional context. She explains: "I could understand that, because years ago…I made the mistake of saying, ok, I'll interpret for my sister when she went to court for—against her husband for child support, and right there he used it against me because I'm her sister, and so she didn't have a chance. Well I don't know… why they did that…see I told them before that I shouldn't do that, but they said, 'It's ok,' you know and…I said, 'No, it's not ok.' Well it was not ok….and they used it against me…probably conflict of interest…bias—because they didn't believe that I was telling the truth…"

Patient Feedback Forms

Alaska's conventional health and social service organizations typically have a formal mechanism for peoples accessing and receiving services to provide feedback. My ethnographic fieldwork revealed that patient feedback forms associated with health and social service organizations range in visibility. At some organizations, these forms were visible upon entrance; at other organizations these forms were nowhere to be seen. In addition to the mechanism of patient feedback forms, Alaska Native Elders report providing feedback to organizations regarding health and social service delivery in a direct, face-to-face manner.

Among the Alaska Native Elders who commented during formal interviews about the organizational mechanism of patient feedback forms, there was a common sentiment of low efficacy. For example, an Athabascan female Elder shares: "I mean, I even took one of their…I

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mean I even took a suggestion sheet that they give out, you know to people who want to complain or a complaint sheet. I filled it up and I faxed it to them and I haven't heard back from them. I was just stating…I even saved a copy for myself."

An Inupiat female Elder reports a similar sentiment of low efficacy regarding patient feedback forms at her local health clinic. For this Elder however, low efficacy is characterized by cultural irrelevance. As the Elder explains:

> and then even too they have a suggestion box, to me that's not a tool that our people are comfortable with…because it's like, to me the way they want things is 'if you're going to make a…if you're going to criticize, you should have a solution or a recommendation.' But it's more easy to criticize than to come up with a solution, because to me a lot of times the solutions are…those are what your leaders come up with, it's not necessarily your grandma or…your grandma, she's going to complain right out…if she don't like something, she's gonna…you say boy they treated me bum. And then when well what should they do…So it's easier to expect people to, um, have a recommendation or a solution to…or what went wrong with their…what they're expecting or…I think there needs to be a different approach. So listening is a real big issue I think. People don't listen."

Hence, the mechanism of patient feedback forms is not necessarily a tool of comfort.

Alaska Native Elders do bypass the mechanism of "patient feedback forms." For example, a Tlingit female Elder shares the following about her complaints salient to health and social service delivery:

> [Me: *You can go and put suggestions in a box. Is that like how you complained?*]
>
> No, I went to administrative and told them straight up…They said, 'Do you want to make it known who did it?' and I said, 'Yes.' I want the people at that hospital to know who I am. And I will not put up with no bull crap. After you yelled at us for being on time and on schedule and do all the things that you want us to do. Then they sit there and make us wait two more hours? No. That does not work with me. They get paid good money to take care of us.

As made evident by this Elder, feedback is also provided directly in a face-to-face manner to an organization's administration.

Another example of an Alaska Native Elder providing direct feedback to administration at a health and social service organization is evidenced by an Inupiat female Elder. This Elder shares the following about her experience with health and social services, after which she proceeded to give direct in-person feedback to the administration:

Well I went…I had fractured my ankle, so it required me to be [transported from rural hub to Anchorage]. So I had surgery and then they released me the next day. They had a …not a skill test…but part of their protocol was I had to be able to do certain things before they would release me. Like being able to use crutches properly…so all that…like being able to go x-amount using them, and being able to go upstairs, being able to go down stairs. They just had certain things that I had to be able to do before I would get released. And all this had to happen in one day, under their normal schedule. And being overweight, it wasn't going to happen with me. It wasn't happening, you know I was trying and just…and so I tried to tell them that and what they did was… In the morning the nurse came in…and I had refused um…they had me on a drip for narcotics, and I have a real high tolerance for pain…so when she would come in and you know she'd say how are you feeling, I'd say I'm fine. She said oh you haven't been pressing your…to get you know the drug. I said I haven't needed it, and she didn't say nothing. So then my appointment for physical therapy was going to be in a couple hours, and so she came back in maybe about an hour before my physical therapy and dosed me herself…and I just assumed it was part of their…procedure…so basically what happened was they dosed me up so I was feeling no pain actually when I went for my physical therapy. Then of course I wasn't able to um…which was pretty much expected I imagine, cause you have to have some level of coordination and what not…but then I'm pretty coordinated. But then my weight was the issue. So then I had another one scheduled that afternoon, and they did the same thing. Then they wanted to release me that…and I says no. So it was they were just shoving me out the door is basically what they did. It got to the point where I had them put me up in the [specific care program] But still they had really bad…'cause I was…it required surgery…and I was in really bad shape. I was just baffled to the point where of course I made it known…we were in contact regarding the care I received there for about six months I worked with them…to try improve their…[procedures]…yeah, but it was just their…yeah you should have…but you should be evaluating your patient, but if they're overweight they're not going to have the level of…their physical health…fitness is not going to be there versus like if you …I mean you know…and it was like they…and then you know the test that they had…they just…oh…good enough kind of…not…I mean they weren't even following their own protocol. And I kind of… the impression I received, you know my overall impression that I received was I just wanted drugs. Yeah, cause you qualify for……potent stuff…People manipulate to get access to that ……and then when I came back they would just give me the dosage for…it was like a pain in the butt for me to have to go up to the hospital and get more pain pills. So what I started doing, cause it was I was in pain… at some point I… you know…I was in pain… Right after the surgery I wasn't. So I started taking Tylonol, and I was taking the max dosage and that was before they came out with that Tylonol issue…so it was a good thing I didn't drink alcohol when I was during it…otherwise I would have been in some pretty serious trouble I think. My liver would have been shot. Cause I was taking the max dosage as soon as that…and I'm pretty good about taking my medication… so I was…you know…I'd follow the max.   Tylonol works for me, where Motrin doesn't. For some reason, the pain, it doesn't…where Tylenol will…acetaminophen will help me.

Yeah, and some of it too, it was like the shifts were different. So, the night shift was different than the day shift…kind of their mentality…their… But you could tell too just by observing them, it was like (laugh)…to be slap jacked you know… It was like their supervisor wasn't doing his or her job monitoring the nurses. Because they tended to visit. I would notice… yeah…and they would be complaining…about being busy. And to me they'd spend time complaining and visiting about being busy…you know it's just like…whereas the night shift, they were just real caring people. They were just obviously doing their job. There was a real difference between the night and day shift for some reason, I don't know… it was terrible. And I'm a pretty strong person for me to get to a point where you know…I mean it was just terrible. Cause I was defenseless, I mean I couldn't help myself. I needed their help, I needed to understand what the barriers were going to be for me and what I was capable of… Cause I was wheelchair bound basically…

To me they're just basic things that should be happening… They need to listen and establish protocols that are effective and meaningful and helpful. I don't really understand how an elder council will help with the hiring. Just because they're elders and natives, how can they understand exactly what the qualifications are? To me I don't see how that's going to help. I mean, that's not important. They don't have to be here for the rest of their life. They just have to know their stuff….I think one of the things that needs to be understood is expectations. We expect to receive good care. Because we expect the doctor to know what the heck he's talking about doing.

Following this personal experience, this Inupiat female Elder followed up with providing direct feedback to the organization's administration. At this juncture during the interview, when this Elder commented that she provided feedback to the administration, I asked if she did so through the "patient suggestion box" and she responded: "No… I just called them up. I let them know that I was not happy at all with the level of care that I received. And I told them exactly why I wasn't happy. And I told them that they were wrong and somebody heard something…and plus I had a niece that worked there and I made sure…ya know I was really…I not only said the bad things about it but I told them what I thought was right and what I thought worked."

An Inupiat male Elder shares his thoughts about the mechanism of a patient suggestion box associated with health and social service delivery. As this Elder shared his own experience with service delivery and reported having to experience long waits upon arrival for his appointments, I asked this Inupiat male Elder about whether the place where he had his appointment had a patient suggestion, or comment, box where he could provide the organization feedback about his experience. He responded, "I don't know if it helps. I don't know if it does or not…there's some - they probably don't even look at it. They probably throw it away…"

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Evidently, this Elder sees very little, to no, utility in using an institutional mechanism of a service recipient—or patient—suggestion, or comment, box.

Micro-Macro Connection in Context of AI/AN Colonial History

> We have a good health care system, I'm just really proud of what
> we have, we've worked really hard to get what we have, am I'm
> real proud of it. But like I said, there's always room for
> improvement. We're probably the luckiest Natives in the whole
> nation as far as having our own facility, and then our statewide
> facility…the…what we have out in our communities…and with
> tele-medicine. We've come a long way. We still have a ways to go.
> *Inupiat female Elder*

As this Inupiat female Elder explains, even though the health care system in Alaska is good, there is still room for improvement. Empirical evidence that I collected during my ethnographic fieldwork shows that this room for improvement articulates a micro-macro connection. It shows aspects of a bureaucratic culture—an impersonal culture—permeating the reality of Alaska's care organizations. In so doing, the communication style of Alaskan villages is ruptured—places which "bring community members into frequent contact," where people "never have to resort to memos to communicate" and where "news spreads from household to household without the need of newspapers" (Delpit, 2006, p. 96).

A micro-macro connection in the context of AI/AN colonial history entails rethinking resources – resources associated with the service delivery process across micro, mezzo and macro-levels of intervention and comprised primarily of people, intervention models and money. Across these levels, ethnographic evidence reveals concern about resource allocation, distribution and management. This concern relates directly to AI/AN health disparities and efforts to achieve AI/AN health equity.

Suicide prevention illustrates the concern about resource allocation. Earlier in this dissertation, I stated that "the Alaska Native suicide rate did not change substantially between 1979 and 2008" (Craig & Hull-Jilly, 2012, pp. 6-7). Furthermore, and in the context of an Alaska Native suicide rate that is more than three times higher than it is among the U.S. total population, prevention efforts to address this health disparity among indigenous peoples is critical. However, after approximately 30 years, serious questions remain regarding suicide prevention efforts.

Fieldwork revealed a public discourse among researchers regarding resource allocation specific to suicide prevention efforts. In August 2012, as part of dissertation fieldwork, I attended the 15th International Congress on Circumpolar Health in Fairbanks, Alaska. In so doing, I met and spoke with many researchers who were involved in suicide prevention efforts specific to Alaska Native peoples and communities. One commented about the recently published *Alaska Epidemiology Bulletin* of 2012, which reported on recent suicide statistics among Alaska Native peoples. In so doing, this researcher acknowledged that these statistics show that what we have been doing has not worked. What this means is that the amount of money, a financial resource, spent to ameliorate this health disparity over the past three decades has apparently not been as effective as it could have been.

Regarding concern about resource distribution, the example of compacting agreements between Alaska Native non-profit health corporations and the U.S. federal government is relevant. During fieldwork, an Alaska Native Inupiat female Elder shared with me about her experience as a village IRA president for her remote home village. Regarding the Alaska Native non-profit health corporation for her home village region she explained: "They are oppressing the people in the villages…oh, I've seen it, the federal government only compacts with the Native corporations and corporation members get their financial per diems and bonuses but they don't give it to the villages, and people still have no running water out there…it doesn't have to be that way…" This former village IRA president further explains: "I know, because I saw what goes on with the [Native] corporation, how much money they get and what they do with it…I've even… seen the financial numbers from the government on the computer…" She explained how the U.S. federal government compacts directly with Alaska Native non-profit health corporations but not the villages and how many corporation members are "getting rich off the villages."

Importantly, legislation associated with AI/AN self-determination has influenced organizational management practices. One Inupiat female Elder explains her experience of a shift in management practices in the context of her having worked in patient services in one of Alaska's care organizations; she explains she worked in patient services for "ten years, but I was working with the hiring and firing, personnel actions, with the [care organization]…I've worked everywhere, I was government, I was federal government civil servant, and then when around the same time as 1990, oh, my gosh, that was the turning point for everything, that was when the Alaska Native corporations got together and said hey, we're going to run our own hospital,

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except Barrow, Barrow was the one that said no…around 1990...there's very few federal workers there, except for the professionals…the cardiologist, surgeons and all that stuff."

Ethnographic evidence reveals a discourse of "within-group" politics among Alaska Native peoples and communities related to resource distribution. As such, this discourse indexes notions of exploitation and paternalism that permeate the research enterprise in Alaska. For example, while some local Alaska Native rural hub and village communities have developed their own research ethics review board, there exists another IRB at the U.S. federal level that is relevant to research among ANs in Alaska. However, ethnographic evidence reveals that while some researchers, or research teams, seek approval from the U.S. federal level IRB, some do not. For example, ethnographic evidence reveals researchers who have already earned their Ph.D. degrees and doctoral student researchers conducting research with Alaska Native peoples and local communities without approval from the U.S. federal level IRB. When I spoke with many of these researchers, they informed me that the local Alaska Native communities did not require them to secure approval from this U.S. federal level IRB.

Regarding concern about resource management, the example of a provider's experience is relevant. During fieldwork, I engaged in formal and informal conversations with service providers associated with Alaska's care organizations. One service provider, a social worker from the wider community, shared about resource management specific to one of Alaska's care organizations:

> I recently left my position out there (rural area in Alaska) because of what I saw happening…well, it was the organization's leadership… it was how money was being spent and allocated… it kind of actually relates to your current work and research… I mean I think what your study is about is critically needed, but when I think about how some of the Native leaders and even my previous Native colleagues used their per diems - travelling to the "big city" for conferences, they spend all their time shopping and going to restaurants rather than going to the actual conference… and this just kept happening, without anything changing… so, to hear from such leaders that there are on-going problems for their people and communities, well—they too are part of the problem…well, yea, and having a double-standard for employees—particularly between Native and non-Native employees—is not helping the situation…

As evidenced by this service provider's experience, all parts, or stakeholders, involved in Alaska's care organizations are accountable for resource (mis)management.

Another example relevant to the topic of resource management is provided by an Alaska Native Athabascan male Elder, Howard Luke. Luke is a highly respected, visible leader among Alaska Native communities. During fieldwork, an Alaska Native Elder with whom I was conducting a formal interview told me: "If you want to know anything about the history of Fairbanks and Native Athabascan peoples talk to Howard Luke— he knows everything!" In 2012, shortly after I conducted this interview, I heard Luke deliver a keynote address at the 15th International Circumpolar Health Conference in Fairbanks, Alaska. I met Luke later the same evening, following the conference plenary session.

Howard Luke refers to resource management in his comments about Alaska Native traditional values, including "Respect Elders" and "Cooperate." For example, he shares:

> I wish the young people now would listen better. These are the things I am trying to tell them. These are the things I am trying to do. It won't always be like now. When the time comes and the Native people start selling stock in their Native corporations, we may have to go back to the old ways. How are the young people going to know how to get along?
>
> Chief Thomas knew. He said, "One day Indians will be stealing from Indians." It's happening now. What they call our leaders in the corporations are not our leaders. They use big words that our people don't understand. I was against the land claims. What Chief Thomas said was right. I go to meetings and I talk but it don't do no good. I don't get the support I need. In the old days, people used to really support each other. They would listen to their elders and they would choose their chiefs carefully. A chief would help his people. Today what they call our leaders live in big houses and drive big cars and are in it for themselves. It's not right. Our people don't understand. (Luke, 2006/1998, p. 2)

Based upon the above commentaries, resource management is a concern, both in general and specific to Alaska's care organizations.

Ethnographic evidence shows that resource allocation, distribution, and management associated with Alaska's care organizations are an evident concern among both Alaska Native peoples and those from the wider community. In contemporary reality, these concerns may be linked to larger issues of globalization:

> Current trends in colonial and postcolonial studies have not effectively addressed the complicated legacy of the colonial periods. The colonial period applies to the older pre-twentieth-century geopolitical climate of European and American government domination and expansion of their respective empires. Although we have passed through this period, American corporate forces continue to dominate the planet in terms of control of resources such as oil, as well as to support and suppress governments and movements that operate to counter their for-profit capitalist model—a model that does not acknowledge environment or culture as valued resources. In this context, Alaska finds

itself in a neocolonial period in which corporate interests are protected at the expense of indigenous cultures, languages, and land. (Williams, 2009, p. xiii)

As this quote states: Significantly, in a contemporary reality of globalization, there are "within-group" as well as "between-group" class structures associated with different cultural groups. Alaska Native peoples and communities are no exception (Lee, 2002). In fact, one Inupiat female local community member shared the following about the within group tensions and conflicts among Alaska Native peoples: "Well, it's really challenging for someone who is Native in a rural area when a person goes away to college and then comes back and has a degree…they aren't really accepted back in and they are often shunned." These within-group tensions and conflicts permeate Alaska's care organizations across all levels of analysis.

Ethnographic evidence shows within group tensions relating to rhetorical ruptures across all levels in service delivery. For example, one Inupiat female Elder explains the following in terms of Alaska Native traditional healing services in Alaska's care organizations:

> I think, again, it's leadership. You know, the leadership has to establish it as a priority that this is going to happen. And they need to make that choice. So like the head of the doctor, they have to buy into it. It has to be part of the hospital, part of their goals is to do that. So they need to work with both…because it's hard for traditional doctors…professional you know…to buy in to traditional medicine. And I think a large part is I think it's something…they're afraid they don't know, they don't understand.

This Inupiat female Elder shares further shares about not being referred to a traditional healer in her personal medical situation:

> They need to be referring the patients to the traditional healer too. Just like when they did the surgery, they…I don't want to say they just stuffed everything back in, but basically that's what they did. They just stuffed muscles back in and they didn't have a really good understanding of the… And then they didn't even give me physical therapy for it, there was no communication between ANMC and the hospital here. So, I went up and the tradition…so she was really, really working on it cause it was all out of wack. The surgeon did a real beautiful job but he just kind of shoved everything back in and didn't…stapled it… So it took her a long time, but she was able to work it…and then I was still having issues with it and then boy if the next year I didn't fracture my other ankle. But this one didn't require surgery, so it was all locally. There were some issues with that, but one thing that they did do, is they did put me through physical therapy. So I was able to apply the same exercises to this one. I still do them. So the limitations is on the hardware so I asked if I could have it removed…and they just…anyway…so I'm just kind of dealing with that…

This Inupiat female Elder's experience shows a rhetorical rupture relevant to the human rights framework of UNDRIP.

As made evident in this chapter, Chapter 7, numerous complexities are associated with service delivery practices in Alaska's culturally pluralistic care organizations that reflect a bureaucratic model of care. Whether it is through a barrier to traditional-healing access, or some characteristic of a CYA care package, Alaska Native service recipients—particularly older adults—encounter rhetorical ruptures relevant to a culture of bureaucracy. Embodying an impersonal culture, the bureaucratic model of care ruptures notions of real-ness and the real human being. Such a rupture invokes the metaphor of communication as either a pipeline—or buckskin, as either an information system or a personal relationship (Basso, 1979; Scollon & Scollon, 1983). Further, rhetorical ruptures in a model of care articulate a micro-macro connection associated with care organization resources. In the next chapter, Chapter 8, a cultural disjuncture among ANs, particularly older adults, between rhetoric of care and intercultural care associated with Alaska's care organizations is discussed. Following this discussion, implications and recommendations are suggested as a result of study findings.

Chapter Eight: Inside-Out and Outside-In Views

> If we are to maximize social work's contribution to society, we must attract the world's most passionate and gifted individuals to the profession. We must bridge the gap between the science and the practice of social work and between social work and other disciplines and fields. We must develop effective interventions and bring those programs to scale with sustainability. In addition, we must dramatically increase the public understanding of why the science and practice of social work is crucial not only to the quality of life but also to the sustainability of our lives.
> *Grand Challenges for Social Work Executive Committee, 2013*

In this study I illuminate complexities of the culture–communication nexus among Alaska Native peoples, particularly older adults, and relevant to Alaska's care organizations. Significantly, these complexities exist across all levels of service delivery (micro-, mezzo- and macro-levels) and across the rural-urban divide in Alaska. Evident in rhetorical ruptures in the initial greeting, interpersonal practice, and model of care, these complexities also articulate a micro-macro connection. Rhetorical ruptures are intertextually linked to AI/AN colonial history, thereby representing neocolonial incursions into indigenous human rights. Thus, a general distinction exists between real service and real disservice among Alaska Native peoples, particularly older adults. It correlates with effective and ineffective service delivery practices within a social justice framework. Furthermore, this culture-communication nexus affects all constituencies involved in service delivery, because Alaska's care organizations are, and will continue to be, culturally pluralistic. To conclude this study, I share implications from study findings, provide future recommendations, and offer insights about a collective future.

Discussion

In our era of globalization, Appadurai (1996) argues that we are now engaged in a "new global cultural economy." He asserts that we are no longer able to theorize global processes in binary frameworks or models: We are in a new world characterized as "a complex, overlapping, disjunctive order that cannot any longer be understood in terms of existing center-periphery

models"; it is a world based on "fundamental disjunctures between economy, culture, and politics that we have only begun to theorize" (Appadurai, 1996, p. 32-33). This disjunctive order is constituted by multiple and plural perspectives, simultaneously situated across time and space. Here, unpredictable cultural forces of opportunity and constraint co-exist, overlap, and collapse onto one another.

Relevant to this disjunctive order is a cultural disjuncture among Alaska Native peoples, particularly older adults, participating in Alaska's conventional care organizations. This cultural disjuncture results from what I refer to as rhetorical ruptures—gaps or discontinuities associated with an organizational rhetoric of care in relation to Alaska Native ideologies of traditional culture and language. Appadurai (1996) identifies a basic framework comprised of five dimensions of global cultural flows. However, I have explored more generally the cultural traffic of communicative codes in communication practices salient to Alaska's culturally pluralistic care organizations.

Study findings show that a cultural disjuncture among Alaska Native peoples is not simply bifurcated along two seemingly bounded cultural groups—Alaska Native peoples and peoples from the wider community—nor is it transparent. Instead, this disjuncture is a complex, complicated situation comprised of intercultural tensions and anxieties across multiple places and spaces.

This cultural disjuncture among Alaska Native peoples, particularly older adults, is further complicated by a bureaucratization of these conventional services. That is, a cultural disjuncture intersects with the ideological project (Nadasdy, 2003) of the nation-state; this ideological project is characterized as a project of industry institutionalization. Similar to Nadasdy (2003) and his analytic examination of underlying assumptions associated with First Nations people engaging in land claims agreements and co-management, I examine underlying assumptions associated with Alaska Native peoples, particularly older adults, receiving service from Alaska's care organizations.

Nadasdy (2003) explains that First Nations involvement in land claims issues undermines in many ways the very cultural practices and life they wish to preserve. In other words, such involvement accepts and reinforces bureaucratic contexts, policies, and practices based on assumptions of land as a commodity or property to own. However, it also undermines their own traditional assumptions about land and animals which are based on stewardship.

As a result of this study, a similar analogy can be mapped onto the culture-communication nexus. For example, study findings show communication can be viewed as either a vehicle or a site of contextual interconnection; it can be a means to an end or an end in itself; it can be a space for getting work done or a place of dwelling—all depending on ideologies of culture and language. I assert that Alaska's care organizations—where diverse ideologies of culture and language clash and grapple with one another—exacerbate intercultural anxieties among all constituencies involved in service delivery practices.

Interestingly, Nadasdy (2003) argues that a standard narrative of colonial domination fails to account for the complexity of the nation-state. "The state is a complex yet loosely interrelated set of institutions and processes with many different—and often contradictory—interests and agendas…"; this complexity affects how First Nations people "experience state power: as the sum of many everyday interactions with different state officials and institutions rather than as a coherent set of policies and actions administered by some monolithic entity known as the state" (Nadasdy, 2003, p. 28).

Based on study findings, I agree with Nadasday (2003) that the contemporary relationship between indigenous peoples and the nation-state is not a straightforward story of colonial domination; it is instead a complicated situation that needs to account for the "pressures of bureaucratization" (p. 12).

Nadasdy (2003) refers to neocolonial subtleties. In his analysis, he explains: "Although on the surface land claims and co-management seem to be giving peoples increased control over their lives and land, I argue that these processes may instead be acting as subtle extensions of empire, replacing local Aboriginal ways of talking, thinking, and acting with those specifically sanctioned by the state" (p. 9). Drawing upon Nadasdy (2003), I suggest study findings show rhetorical ruptures associated with Alaska's care organizations reflect neocolonial incursions—"subtle extensions of empire"—of indigenous human rights. Hence, while the colonial period is in the past, its legacy continues to linger in the present.

Significantly, any part—or person regardless of cultural background or affiliation—can potentially cause rhetorical ruptures in service delivery practices associated with Alaska's care organizations. In context of such culturally pluralistic organizations, all parts, or persons, are caught in a double bind. As Tannen (2005) explains:

> Put another way, human beings are always balancing the paradoxical fact that they are simultaneously individuals and social creatures. They need each other and yet they need to be separate…we are all caught in the double bind of being the same and not the same as others. That is why all communication is a double-bind… (p. 24)

This double bind entails that the communicative styles of deference politeness and solidarity politeness be attended to in communication.

In a gate-keeping situation such as that between service provider and recipient, the onus is on the gatekeeper, the service provider, to attend to incidents of miscommunication. In so doing, the service provider is responsible to "serve these dual and conflicting needs" associated with the double bind of communication. This double bind of communication is addressed in politeness literature.

According to literature on politeness, there are general ways, or strategies, of being polite: *Deference politeness* refers to aspects of independence and autonomy, and *solidarity politeness* refers to aspects of involvement in and commonalities in practices of communication and interaction (Scollon & Scollon, 1980; 2001). Deference politeness is demonstrated when one individual refrains from imposing on another individual. Solidarity politeness is demonstrated when one individual shows what he or she has in common with another individual. Assuming solidarity with an individual is assuming "that there is little social distance between interactants and that there is little power difference between them" (Scollon & Scollon).

Significantly, and paradoxically, both aspects—deference politeness and solidarity politeness—are involved in all communication. Consequently, there are risks to communication—risks associated with emphasizing one politeness strategy over another:

> If I show you too much involvement, you are likely to feel that your independence is being threatened. On the other hand if I grant you too much independence, you are likely to feel that I have limited your involvement. (Scollon & Scollon, 2001, p. 48)

In sum, according to the literature, the ideal is to seek a balance between deference politeness and solidarity politeness. Consequently, the ideal is to seek a balance in managing both differences and similarities among human beings.

Alaska's contemporary neocolonial period reveals Alaska's care organizations to be AI/AN colonial aftermath arenas that exacerbate intercultural anxieties. These anxieties include

primary feelings of animosity, anger, and pain. Regarding feelings, Alaska Native Elder and scholar Oscar Kawagley comments:

> The loon does not blame anyone even though its environment is rife with problems and pollution is beyond its control. Its mournful call reminds us that we, as humans, must do our part to regenerate and reciprocate with Nature. We, the Native people, must quit blaming others for our problems. When we blame others, we are saying that someone else should take of the problem and deal with our feelings about the situation. We don't like what has been happening in the schools, so we blame the state, district, and teachers. We are saying to them, "take care of the problem," and "take care of my hurt and confused feelings about my own education. Please, heal me." Why should we continue to do this? Why should we continue to say how confused and mixed up we are by the new civilization that has come to our villages? (Kawagley, 2010, p. 297)

Even though Kawagley calls on "the Native people" to "quit blaming others for our problems," much healing remains to be done in Alaska's contemporary neocolonial period.

Practice Implications

This healing involves everyone. It involves Alaska Native peoples and peoples from the wider community. An Alaska Native Inupiat female Elder explains:

> I fully, completely, unconditionally believe in accountability at every level. I'm accountable for my individual recovery, even if the sources of the trauma or the pain came from out there. At some point in my life I become accountable for healing from it. I believe that quality education, everybody's accountable for that…not just the teachers. I think the administrators, the school board, the parents, the grandparents, the community at large… everybody's accountable. We all have a part in making sure that takes place. I have a part in making sure the child is…has a good night's sleep, is in a safe home environment, has quiet time to get homework done, is well fed…you know has limits and boundaries so that they're not out of control and they go to school. It's not always like that, but that's what we strive for. And then in the social welfare system, I think we are all accountable there too, because if we are in community, everybody's responsible. One time [public official] came into my office at [health and social service organization] when there was almost a movement to close the bars downtown. At the time he was in a very high public official position. He came into my office and he said, "I have the right to party if I want to party." And I said, "Yhat's fine, you party if you want to party." I said, "And if…if…in you making that choice to party, a child becomes at risk or becomes hurt, then your decision to party becomes my business too." And he walked out. He couldn't respond to that…he didn't know how to respond to that. And it's because I was saying to him that we're all responsible and we are all accountable. Everybody…and that could be a guiding principle for improving social services. You know, we are all responsible, we are all accountable. But we see happen…was we see when the social welfare system breaks down, we see social services scurrying to cover their legal ass. That's what ends up happening. That's what happened to my [relative] when he died in a fire in [town].

Little six year old boy... After the state took custody of him… He ended up perishing after they starved him…after they starved him he ended up perishing in the house fire where he was staying. And before that happened, months before that happened, the school principal at his elementary school had called Social Services and said you guys have custody of this little guy. Something's not right, he is so, so hungry all the time. Nobody ever came and investigated. The great-grandmother here kept calling social services, and calling the police who had taken him in the first place, and saying, "Something's not right, they're not letting me talk to him. I used to be able to talk to him on the phone. They're not letting me talk to him on the phone." And one of the officials said to her, "What are you going to do, sue me?" And that hurts her more than anything…is that memory…what you going to do sue me? Seeing how the system has failed to the point of children dying, to me that's the ultimate criminal act. That we cannot…from this breath forward we say this is never gonna happen again. We will do everything we can. We will come together, we're going to name what's wrong, and we're going to deal with it. And we're going to use everybody's intelligence, we're going to use everybody's insight, we're going to use everybody's power, we're going to use everybody's skill…all the resources…and we're going to come up with what's going to work in the future to close that gap so that it never happens again. That's the kind of will I'm talking about we need to muster. To muster up that will to say this is never going to happen again. These children are not going to die like this. We're going to make certain of it; that it never happens again.

This Inupiat female Elder speaks to interconnecting individual matters, family relations and global unity. Addressing contemporary health and social disparities is a collective concern.

Multiple and diverse worldviews clash in Alaska's culturally pluralistic care organizations. From the Alaska Native peoples' (a "health disparity population") perspective, a Yup'ik male Elder shares the following about service delivery practices: "And how do we coexist? How did we coexist with one another before…We had to be accepted into the community, if you're not accepted, can't work with them." This Yup'ik male Elder continues:

…a general goal… with cultural understanding….you know…being a main focus of it, because, like, you go to [remote village] you might meet with a bunch of Inupiaq people, and then you go a little bit inland, you're going to run into Athabascan… different way of life…yeah, so that's why there is always going to be constant working…a doctor in [urban area] here is going to see a whole mix of culture, because we all get shipped here. Ok, so he learn little bit of respect, but he has to generalize it…because he sees our differences... better care by understanding…

Significantly, this Yup'ik male Elder emphasizes that "there is always going to be constant working" in the context of intercultural communication and intercultural service delivery practices.

In showing the existence of rhetorical ruptures in service delivery practices associated with Alaska's care organizations, study findings show a shift in footing between an indigenous cultural code and organizational rhetoric of care. This shift in footing is a misalignment of the frame space between service provider and Alaska Native service recipients, particularly older adults. Consequently, these organizations exacerbate intercultural anxieties.

These intercultural anxieties impact all parts in the service delivery system. Among Alaska Native peoples, particularly older adults, these anxieties relate to the greeting, to interpersonal practice, and to the model of care. Regarding the greeting, an Inupiat female Elder's comments about how "much of the self-destruction you see among our people, has to do with severing of relationship, a severing with relationship with ourselves… a severing of relationship with one another…and a severing of that relationship that has everything to do with defining that sense of belonging… and…relationship is everything, everything, everything in life, even beyond life, for people of faith…" Regarding interpersonal practice, a Tlingit female Elder refers to "a real hidden underground" of "intergenerational curses" in the context of AI/AN colonial history. Regarding the model of care, a Yup'ik male Elder states "and when you have a CYA care package, there is no care…you get a shot in the ass…told to go home…call me tomorrow…"

Intercultural anxieties also impact peoples from the wider community—both in local communities and in Alaska's care organizations. Ethnographic evidence collected during field work identifies these anxieties in comments about "reverse racism" and comments such as "I've been called every name in the book…" among service providers from the wider community. Among Alaska Native peoples, particularly older adults, these anxieties are linked to AI/AN colonial history.

AI/AN colonial history is indexed among Alaska Native peoples, particularly older adults, in service delivery practices associated with Alaska's care organizations. As such, and because these organizations are culturally pluralistic, rhetorical ruptures reveal a critical link between history and intercultural communication. Ethnographic evidence demonstrates such a critical association. For example, one Inupiat female Elder shares about her experience as a health and social service provider:

> When I organized communicating across cultures for the [health and social service organization] one time, I said, "I'm not going to go into the hospital and tell White people how they need to interact with Native people." I said, "We're going to bring White
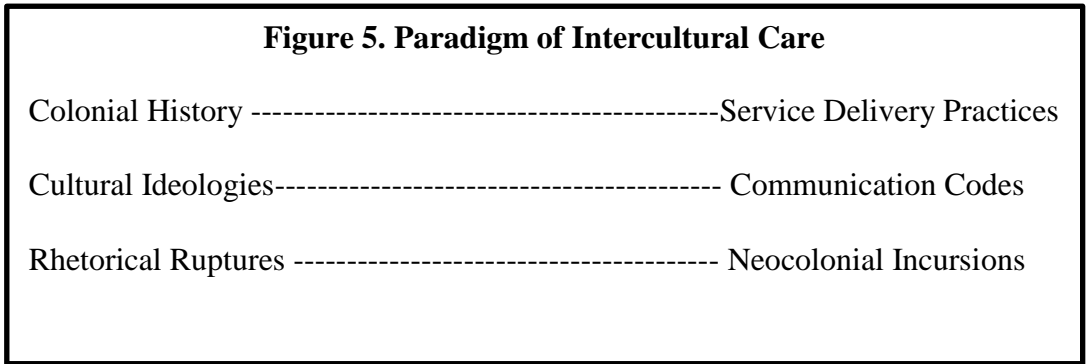
people into the planning of our training and they're going to participate as presenters." And so that's what we did, it was six months to a year where we would meet and gather, and we came up with an agenda with what things we wanted to address. And there was about maybe four White professionals who were in on the planning and they became presenters.

What came out of that, just our planning meetings is, these folks learned that… it was a real basic concept…that all groups, globally, Caucasian groups…whatever your ethnic group… globally, and including White groups, whether it's Germanic groups or whatever, every single group of people in the world that you can identify through history…they come from a tribal group. Every single one of them…. And if you go back and trace your respective histories, it always came down to a particular group that all have characteristics of a tribal community. And so if you accept that premise, based just on historical research, you will see that a basic truth of humanity is that we are all tribal people….all of us. And when you bring people together, you're bringing people…you know when they move into a community and they have a history…you know…like we have now, you have people who have lost sight that they have come from a tribal group. They may have…because people immigrated to America. It seems like the identity starts maybe one generation away from when they moved to America. And prior to that, people don't know. By and large, some families know, but by and large, most people don't know. They say, "I think we're Irish American," or "My great grandparents came from Ireland," or something. That may be the extent of what they know.

What that says to me is that being American became the first primary identity in the psyche of people. Ok. And so that's fine and well, but when you're talking about communicating across cultures, the extent of American history, with regard to folks interacting with indigenous groups, has to do with conquering, oppressing, overtaking, massacring… that's what we're talking about just with our American history. How are we supposed to effectively live in peace, and establish mutuality among people, when we have that kind of a history? To me, we have to deal with this history, yes, but the wider community groups have to go back in their history to find out who they really are. What your true cultural identity is…you know…in a way where you can, um, you can see it…where the dimness is taken away and you can see, "Oh, this is who I am and this is where I come from." And ultimately it becomes something you can celebrate. When you can celebrate your cultural identity, both the good and the bad of it… some people came from extreme poverty, that's why they moved to America…but when you're talking about poverty, people automatically feel shame. They don't want to say…we were dirt poor. Cause we hear that…you know…poor white trash. You can hear that prejudice kind of talk?

As emphasized by this Inupiat female Elder, it is critical to deal with history—specifically AI/AN colonial history—because it is indexed in communicative practices associated with service delivery in Alaska's care organizations. Such history relates to notions of personhood and cultural identity.

Study findings suggest Alaska's care organizations and providers should employ a welcoming, comforting and personalizing approach in service delivery practices within an explicit paradigm of intercultural care. This paradigm holistically connects colonial histories to contemporary service delivery practices, cultural ideologies to communication codes, and rhetorical ruptures to neocolonial incursions of indigenous human rights. (See Figure 5)

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│               Figure 5. Paradigm of Intercultural Care            │
│                                                                    │
│  Colonial History --------------------------------------Service Delivery Practices │
│                                                                    │
│  Cultural Ideologies------------------------------------- Communication Codes │
│                                                                    │
│  Rhetorical Ruptures ------------------------------------- Neocolonial Incursions │
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Father Oleksa affirms the following about miscommunication: "Expect it to happen"; "Give the other guy the benefit of the doubt"; and, "Learn to talk about it."

This study also demonstrates that any individual from any cultural, racial, or ethnic group can potentially contribute to rhetorical ruptures in service delivery practices. Thus, any individual can potentially contribute to ameliorating such ruptures. One Yup'ik female Elder refers to the "game triangle" as it relates to the interpersonal practice of care in the service delivery process:

> I believe that if the adult thinks or knows they're being taken advantage of, wouldn't it just be natural to try to protect themselves from that? Or give the perpetrator a dose of his own medicine? …it's every game…the perpetrator, the rescuer and the victim. The game triangle...That means that the perpetrator is the one who will create the situation, pick on anybody, generally goes after the victim, creates victims…the police and the control freaks, or the ones who think they are superior. And then in comes the church rushing in to rescue, or the kind person, or the [clinic], or whatever…gotta rescue the victim.

This Yup'ik female Elder describes the game triangle as "who's better than who and who can take advantage of who." In so doing, she identifies that this game triangle can occur in health and social service delivery practices, that social services can slip into the role of "do gooder" or "rescuer": "Ok, if you have…if there's…the do gooder… the social services (chuckle), ok, if they're claiming they're coming in to do something good, maybe it was to be the rescuer, who

are they going to come and rescue? The victim! Why is there a victim? Cause there's a perpetrator. Somebody trying to take advantage of them."

According to this Elder, the game triangle can be enacted in service delivery practices whereby any individual (provider or recipient), any cultural or racial/ethnic group, (Alaska Native or wider community), any health or social service, can fill any particular role (perpetrator, victim, or rescuer). Thus collective responsibility is necessary to address rhetorical ruptures and attendant intercultural anxieties salient to Alaska Native peoples, particularly older adults, and Alaska's conventional health and social service organizations. Collective responsibility is also necessary to improve the overall well being of Alaska Native peoples, particularly older adults.

Further study findings suggest service providers and organizations expand understandings of culture. For example, the following excerpt from the "Dichotomy of Cultural Characteristics," a resource publication by the National Resource Center on American Indian, Alaska Native, and Hawaiian Elders at University of Alaska Anchorage (UAA), is potentially re-inscribing essentialist notions of culture, cultural identities, and personhood:

Cultural Differences Between Indigenous People
and Western / European People

Dichotomy of Cultural Characteristics

Indigenous Culture   Western Culture

Silence   Talk too much and loudly
Consensus building   Authoritative; "The Boss"
Present oriented   Future oriented
Ecological knowledge   Science knowledge
Native time   Western time

Study findings suggest providers and organizations employ communication practices that incorporate a broader, more complex understanding of culture. A dialogic model of language, for example, would permit cultural understandings to be co-created within a social context.

Recommendations

Study recommendations aim to improve the health and well being of Alaska Native peoples, particularly older adults. As such, they are based upon a paradigm of intercultural care; this paradigm encompasses Alaska Native ideologies of traditional culture and language, which

index notions of belonging—connections to place, context, and peoples. Hence, study recommendations support and advocate rhetorical resonances among Alaska Native peoples, particularly older adults, as service recipients in Alaska's care organizations.

Notions of belonging are central among Alaska Native peoples, particularly older adults, as indexed by their frequent reference to Reverse or Inside-Out Society. As previously mentioned, this society is one in which "the mind tells the heart what to do," "where before [when an Alaska Native worldview was in place] the heart used to tell the mind what to do." Consequently, study recommendations are premised upon a foundation of reversal.

That is, rather than working from a foundation of Inside-Out, it is recommended that Alaska's care organizations and providers work from a foundation of Outside-In. Working Outside-In is working from an ideological view of reversal in conventional thinking and doing; this reversal permeates all levels (micro-, mezzo-, and macro-levels) of intervention.

Study findings yield four concrete and practical recommendations. The first addresses professional training and continuing education among providers. The second and third address direct professional practices and interventions. The fourth addresses the reality of resources.

Professional Training

Continuing Education through Ethnographic Education

(a) Recommend provider training to be acquired by attending local community-based Alaska Native cultural events and activities. Such events and activities include Pow-Wows/Potlatches, Alaska Native dance performances and events at Alaska Native Heritage Center, annual Alaska Native Federation of Natives and Elder-Youth conferences, culture camps, Elder Summit gatherings, World Eskimo-Indian Olympics, and others.

*(b) Recommend provider training across the rural-urban divide. S*uch rotations entail providers based in an urban areas having opportunities to travel to rural hub and remote village locations for cultural immersion.

These recommendations in the area of professional training entail policy restructuring at the macro-level. Thus it is recommended that professional licensing boards across all allied behavioral health professions restructure how providers acquire professional CEUs. At the mezzo-level, these recommendations entail a restructuring of employment service duties among allied behavioral health providers in Alaska's care organizations. Specifically, it is recommended that such providers engage in multi-sited service provision as an integral component of his or her job. Such restructuring entails considering the model of travelling nurses who have employment contracts that range in length while other allied behavioral health professionals do not. At the

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micro-level, these recommendations entail paradigmatic restructuring among service provision approaches to emphasize a systems perspective. What this means is increasing the property of synergy rather than entropy among organizational leadership, staff, and providers.

These recommendations emphasize experiential education and learning opportunities for providers. As such, the metaphor of the inner-net is literally—in concrete and practical terms—contrasted to the Internet in the office. In the context of a bureaucratic culture associated with Alaska's care organizations, the clinical office is a place of "The Reverse Society" or "Inside-Out Society." Local community-based Alaska Native cultural events and activities are places of physically relocating Outside-In. So, instead of securing CEUs regarding Alaska Native cultures by renting a CEU video from the professional chapter office or watching it in a conference meeting room at a local agency, it is recommended that providers acquire relevant CEUs by participating in an Alaska Native cultural activity such as at the Arctic Study Center's permanent exhibit at the Anchorage Museum.

Improving provider training has been repeatedly identified in ethnographic evidence collected during fieldwork and in literature as an area to address in service delivery practice and research. Among ethnographic evidence supporting this area as one to address for further improvement are the following direct quotes:

> *Father Oleksa:* "I don't think we've done a great job of orienting newly imported, newly recruited staff…I'm almost never called to the hospital to do this kind of training…I do way more in—in public institutions, in businesses like banks and oil companies, in schools, and it's once or twice a year maybe [for me] to go to a medical or health care institution…"

> *Inupiat female Elder*: "They don't understand our culture and where we come from. They need to go out to the village and live there for a couple of years and then they can say ok, let me help you get well."

> *Inupiat female Elder:* "The healthcare system, they need to come up with um…when they orientate, whether it's quarterly, annually, whatever, but the employees need to be reminded that these are the people that are paying your salary. You know, you are working for these people and you need to respect them. Because what happens is they tend to lose sight of why they're there. They tend to lose sight of giving care, being responsive, providing good care. It really affects their level of professionalism. And to some degree they'll label, stereotype…you know…they're just a bunch of drunks. So if an individual goes in to a receive care and they're exhibiting signs that could be perceived as being drunk, they just automatically assume that that person is drunk…without having an open mind and saying…you know there's other symptoms of illnesses where you may look like you're drunk or act like you're drunk…"

Service Provider from the wider community (with 10+ years service provision across the rural-urban divide): "oh and that's just where I kind of laugh, "cultural competencies" or "cultural diversity," whenever you start a position at an agency and you get your half-hour or up to 2 hour training of "cultural competency" or "cultural relevancy" – or whatever title they want to call it, and it's like you know, half the time the people who are teaching it really in my opinion have no understanding of what cultural competencies really are… because they've gained their knowledge not from like really living and immersing in a Native community… if they lived in it they still probably were not actively participating in it, they were still separating themselves out with others of like culture, I mean I hate to be generalizing in saying that but I can only tell you from my observation of seeing it on a regular basis… it still is like on one level a misconnection…"

Thinking and doing Outside-In as it is relevant to professional provider training builds and strengthens intercultural social networks inside and outside the clinic office. The importance of social networks as a mechanism to address health and social disparities is addressed in the literature (Christakis & Fowler, 2011; Smith & Christakis, 2008). Hence, "spillover effects of illness from one person to others have all documented the interconnectedness or interdependence of health among socially tied individuals" (Smith & Christakis, 2008, p. 420).

The second and third recommendations address direct professional practices and interventions. These recommendations account for an understanding of multiple cultural ideologies intersecting in Alaska's culturally pluralistic care organizations. In so doing, both recommendations account for multiple cultural perspectives and backgrounds, including those of the service provider, service recipient, mainstream biomedicine, and the clinic setting.

Interpersonal Practice KSAs

Reversing the Clinical Alphabet

(a) Recommend interpersonal practice occur A-CB, rather than ABC. Reversing interpersonal practice knowledge, skills and attitudes (KSAs) reverses the order of how Alaska's care organizations and providers employ interventions. Specifically, it reverses the order of A-BC = Acknowledging Biomedicine before Culture to A-CB = Acknowledging Culture before Biomedicine.

(b) Recommend interpersonal practice occur AYC, instead of CYA. Specifically, this ideological reversal reverses the order from CYA = "Cover your ass" to AYC = Acknowledge your culture**S**

These recommendations in the area of interpersonal practice KSAs entail a reversal of the order of clinical protocols. Such protocols are evident in diagnostic resources and professional practices. Among these are the DSM-V and the typical clinical interview, a structured format comprised of a series of question-answer sequences. These recommendations are succinctly encapsulated in what I refer to as *people before pills* and *interests before interviews.*

Persons before pills. The DSM is a common professional resource employed in service delivery practices, and the most recent edition, DSM-V, includes the Cultural Formulation Interview (CFI). However, the CFI is a supplement located in the back of the manual. In fact, the DSM-V explains: "This Section contains tools and techniques to enhance the clinical decision-making process, understand the cultural context of mental disorders, and recognize emerging diagnoses for further study." Located at the end of the manual and identified as a tool to enhance the clinical decision-making process literally subjugates cultural understandings to a position outside the culture of biomedicine. In this very literal, physical, tangible sense, then, it is apparent that notions of culture are marginalized in the context of mainstream biomedicine. A complete reversal, however, repositioning the CFI in the front of the DSM-V so that it leads or frames the entire clinical encounter, would realign interactional protocols.

Additionally, such a reversal of protocols would privilege a cultural frame of reference to support and encourage addressing cultural concepts regarding illness, distress, and health. In so doing, opportunities exist for Alaska's care organizations and Alaska Native communities to explore and identify what certain symptoms mean in cultural context. For example, it would be critically helpful to develop a community manual of health and wellness cultural concepts relevant to the many different and distinct cultural groups in Alaska.

The importance of privileging a cultural perspective over a biomedical one is emphasized by ethnographic evidence in this study as well as in extant literature. During fieldwork, an Alaska Native Yup'ik male Elder commented on the importance of connections to place, or context, in service delivery practices:

> and clinicians that go out there—many times they're not prepared to work with clients in the villages…they're still there looking directly at their clients, and scaring their clients who aren't used to just eye contact all the time, and then very close, in many cases they go very close to them—that for a person that grew up in the village that's very scary.. and then by the time—many times by the time they're just starting to open up, the practitioner would say, "the client is non-responsive," "is non-responsive," "is not cooperating" or uhm—when I did cultural awareness training for NASW here and other agencies like

BIA, what I told them was that ah, "when you're working with villages you need to know where they're coming from, if they're from the coast, if you start talking about seals, uhm for women it's having to do with seal parties and stuff like that, you're going to catch their attention because that's what they know, that's what they grew up with, but if you're going to talk with inland, Yupik that come from up river—Kuskokwim up river Yukon—if you start talking about moose you'll get their attention or salmon you know, because those two is a big part of what they hunt for and fish for…and put away, they put away a lot of salmon, along the coast it's a lot of herring, a lot of halibut, some salmon…

As this Yup'ik male Elder explains, a nuanced distinction exists between when a provider views a service recipient as non-responsive or not cooperating and when a provider is able to catch their attention. However nuanced, this distinction indexes two different frame spaces; it is a misalignment among multiple—and different—ideologies of culture: One ideology of culture is that of the service recipient and another is that of biomedicine or the provider, or some combination thereof.

Interests before interviews. As previously mentioned, Alaska Native physician Ted Mala acknowledges the importance of, and supports a complementary approach toward, addressing illness and distress. This approach incorporates Native traditional healing practices and Euro-American, Western biomedicine. This approach is also viewed among many Alaska Native Elders as the ideal, the best approach in organizational care. However, salient to Alaska Native peoples and particularly older adults, how care organizations and providers operationalize these approaches is critical, since it is in operationalizing that they convey (meta)messages of belonging—or not.

Clinical protocols in conventional care organizations are structured to privilege the clinical interview format. In the medical arena, such interview formats typically "index patients' institutionally relevant concerns" (Robinson, 2006, p. 39). That is, the initial contact in the clinical encounter between service recipient and provider is biomedically focused; it privileges the culture of biomedicine. For example, a series of screening questions structure interventions guided by Alaska's Community Health Aide/Practitioner Manual (CHAM); there are "consistent treatment protocols" and a "basic step-by-step process of questions" for providers to follow (Putnam, 2012). In fact, a provider who is a health aide is to "start with the inside front cover questions, continue gathering history and performing exam skills in a deliberate sequence" (Putnam, 2012).

The typical clinical interview format is a charged issue among Alaska Native peoples, particularly older adults, as made apparent by ethnographic evidence collected during field work. In the context of AI/AN colonial history, question-asking behaviors can convey potent metamessages of interrogation, thereby invoking relations of domination-subjugation. Institutional expectations, as premised upon a culture of mainstream biomedicine, typically structure and reinforce such relations. Consequently, and in general—as there are case-by-case exceptions, it is recommended to focus first on personal interests and experience among Alaska Native peoples, particularly older adults, as real people followed by a formal clinical interview. In so doing, a provider dialogically co-creates a real point of contact with a service recipient and conveys a real heartfelt response to him or her.

Significantly, in gate-keeping situations such as the clinical encounter, the onus is upon the provider to negotiate the double-bind endemic to intercultural communication. This double-bind accounts for both a sense of independence and interdependence, differences and similarities, in the context of diverse cultural backgrounds and ideologies. As Father Oleksa explains:

> So…yea, those are the two main steps, because I say, "Expect it to happen" so when it happens you don't get upset, "Give the other guy the benefit of the doubt"…you didn't— they probably didn't get here today just to push your buttons, but then thirdly "Learn to talk about it": "I feel *blank* when you *blank*,"… you know, there's that reluctance—to save face, to not want to sort of put yourself—make yourself vulnerable you know, "I think we miscommunicated," oh, no-no-no, they're not going to say that, 95 to 99% of the time if people notice that we just had a miscommunication and can *say* we just did the other guy said, "Yea, I think you're right," now what went wrong might take a little while to figure that out—but it you know, you ask them…

The process of negotiating this double-bind leads to either reinforcing provider-recipient asymmetries in communication practices or forging a connection based on symmetry. Hence, clinical interviews "are sometimes almost like conversations" and at other times "they resemble interrogation"; however, "mostly they are somewhere in between, zigzagging between the two poles in a way that is negotiated on a turn-by-turn basis by the participants themselves, whether they are Anglo-Saxons or Dutchman (Have, 1991, p. 162). By focusing first on interests before interviews, a clinical encounter resembles a conversation and thereby reflects an interactional style that operationalizes intercultural care.

Engaging in Acts of Acceptance

(a) Recommend incorporating language reversal during interpersonal practice. Professional interpersonal practices are typically embedded in the dominant nation-state language of English. Reversing language use entails employing Alaska Native languages during interpersonal practice, whether at the point of an initial greeting or during a session. Importantly, this recommendation also includes accountability among providers to understand Alaska Native language usage in service materials, such as brochures, associated with care organizations.

(b) Recommend incorporating interactional frame of reference reversal from I to We during interpersonal practice. Professional interpersonal practices are typically conducted in a one-to-one relationship between service provider and service recipient. In this dyadic relationship, it is typical among service providers to employ language terms reflecting *I* rather than *We* in the context of both provider-provider relations and provider-recipient relations. In actuality, services are more often than not a collaborative, team-based process; yet service recipients often do not see this reflected in practice. Also, when working directly with recipients, providers typically employ *I* during interpersonal practice, even though the process is very much a collaboration between provider and recipient. In the context of AI/AN colonial history and the hierarchically based relationship between provider and recipient in a conventional care organization, the use of *I* is potent and can convey metamessages of domination-subjugation in an already charged space and place. Consequently, *I* can lead to inadvertent rhetorical ruptures of intercultural care while *We* can convey metamessages of service solidarity and complete care.

(c) Recommend incorporating a language function reversal from instructing to learning during interpersonal practice. Professional interpersonal practices occur in an already-always hierarchical relationship in the context of Alaska's conventional care organizations. What this means is that providers are typically in a position of privilege and have access to certain resources, such as power, in relation to service recipients, particularly among Alaska Native peoples in the context of AI/AN colonial history.

Formally educated and trained, providers do possess expertise. However, there is potency associated with metamessages in terms of how this expertise is operationalized. If it is employed in a directive manner, it risks conveying a rhetorical rupture; if it is employed in the context of mutual learning, such expertise can convey a metamessage of acceptance and giving—a rhetorical resonance.

Examples of mutual learning include storytelling within a frame space of connections to places and peoples at the micro-level as well as in mezzo-level community-based gatherings. Such community gatherings encompass the range of constituencies, including local community members as recipients of services as well as professional providers and researchers. These gatherings are an effective place to address translation issues critically relevant to communication practices across diverse contexts and among diverse constituencies.

This recommendation of engaging in Acts of Acceptance distinguishes between viewing language as a vector of power and a vector of validation. As a vector of power, language use

creates and reinforces hierarchical relations. In the context of an already-always power differential present in an organizationally situated relationship between provider-recipient, it becomes a charged relationship in the context of AI/AN colonial history whereby the service recipient is an Alaska Native person, particularly older adult.

Regarding Acts of Acceptance, study recommendations represent guides for interpersonal practice among Alaska Native peoples, particularly older adults, as service recipients. For example, specific to the recommendation of language reversal, an Inupiat female Elder comments: "You don't have to have your language to understand what your culture values are, what your traditional values are. You don't need your language to do that, you just need to have the understanding of what they are and what they mean." Specific to an interactional frame of reference reversal, it is important to note that the use of *I* in language use does not necessarily preclude provision of service solidarity. Instead, it is important for providers to become aware of an "indexical ground of deictic reference" (Hanks, 1992, p. 43). What this means is that socially constructed frames of reference convey metamessages, however nuanced, that are charged in Alaska's care organizations. They represent contact zones because they serve Alaska Native peoples in a contemporary reality of an AI/AN colonial aftermath.

Recommendations of Reversing the Clinical Alphabet and Engaging in Acts of Acceptance encompass rhetorical resonances with ongoing healing among Alaska Native peoples. Regarding these specific recommendations, Father Oleksa provides additional insights and examples of how such recommendations can be operationalized in service delivery practices:

> I think at the micro-level the only way to make it effective is for the two parties to know each other … that helps to provide—It can't just be somebody in a white jacket with a badge, because this person [Alaska Native] is going to tell you what for them they don't talk to with nearly anybody else… but who are you? So, I would say the first initial interview has to be three times, even four times longer than usual…. And it's the health care provider who has to come in and say, "I've never met you before but, oh, let me tell you who I am…" that will come as a pleasant surprise to the elder… "I'm really not from Alaska; here's my mom here's my dad; I just graduated from medical school you know two years ago; this is the school I went to; I'm dating this girl; I'm married to this man or whatever, uhm. I've always been interested in healthcare since…whatever whatever, and ever since I've been in Alaska I've really been fascinated by learning about what it means to be Alaska Native people, so it's a real privilege." The elder needs a context, so once you've established who you are, as a human being, all the rest of it flows…until you've established that, you're gonna have to—'I think we just miscommunicated'—that will happen over and over again… the only way to avoid that is to establish a personal—an interpersonal context in which the conversation occurs, because people have to recognize

that in almost all other communication or conversations this village person has, they're talking to somebody they've known all their life—and when they come to the hospital they're meeting people they've never seen before… and worse, they might not ever see again, so why should I open my heart to you and … because it's a waste of time if you're not going to be here the next time I come… I'll have to start all over again with your replacement…

Emphasized by Father Oleska, interventions that establish a real point of contact and common ground between service provider and recipient reflect real service versus real disservice. This real service includes storytelling, or story sharing. Father Oleska shares the following example:

I said this the other day at ANMC—at ANTHC, ahh I said uhm, people had a hard time in Bethel's hospital the doctors asked me, "Why do elders have a hard time committing themselves to an appointment?" and they took it to mean, uhm, "an unwillingness to take responsibility for their own wellness." You ask them, "Can you come in on Tuesday?" [with response from elder] "I don't know," "How about Wednesday?" [with response elder] "I don't know," "Thursday-Friday-Saturday?" [with response from elder] "I don't know." "I don't know" in Yup'ik means the same as no. So, "Why—don't they [elders] care? Don't they [elders] want to come in? Are they [elders] evading the question? What's going on here?" The problem being that it's the difference between oral communication and written… For traditional elders, an oral commitment is the same as a signed, certified affidavit… Can I really make a—If someone made you swear that you would be here at two o'clock next Wednesday and have a notary to witness it, *whoa!*, you'd probably be reluctant [to] sign, and that's what it sounds like to an elder when you ask them to give their word—So how do you get around that(?): If the spoken word is like an iron-clad contract to them and the written word has no relevance, where in our [Euro-American, Western] culture it's just the opposite, then how do you get around?— and I said, "Well, you can't, because the elder does want to come in next Wednesday at two o'clock as you suggested, but they're not going to commit to that unless you acknowledge that it's not a legal contract," in other words, if you say, "Well, if you happen to be around the hospital I'll come in to Bethel next Wednesday, and if the weather is good, and your snow machine is still running, and the ice hasn't gone out on the river," all things being equal, "If you happen to be in town on Wednesday, and you could possibly come by the hospital around two o'clock we could go over your blood results, your test results," Yea—then you got an appointment, but it's to acknowledge that it's not up to me [the elder], I'm not in charge—even of my own life, there are factors beyond my control—that's why I can't give you that kind of commitment because who knows between now and next Wednesday whether my truck is still going to be running, or that my grandson is not going to have measles, whether there's not going to be a blizzard, or that—you know, and it's just to acknowledge that—it's a matter of —in rural Alaska—reasonable humility, that just because I want it, doesn't mean it's going to happen, there are all these other factors that are out of my control, but if none of them come into play I'll certainly be here at two o'clock next Wednesday… So, you almost have to tell a story to an elder, right, to say, "You know your x-rays are going to be here on Monday, Tuesday at the latest; the blood results will be here—whatever but by Wednesday we could probably go over the results so if you could possibly be in town

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weather permitting, and ahhhh and if you're feeling healthy enough to make the trip back in from Selowik, right [chuckling]—we're talking Kotzebue here—and uhm, if everybody's fine, and the planes are flying and you could come in, then maybe at two o'clock that afternoon we could sit down and talk about this…" You get an appointment that way, but not, "Can you come next Wednesday at two o'clock?"—that's not going to happen, not from an elder, maybe some kids who actually live in Bethel who fly in, hitch a ride from a taxi, don't need a snow machine, yea, but for the average villager who's come in to a hub area, to make that kind of commitment: "I don't know," and they really don't… but it's not because they're not—trying not to make the appointment, or make an excuse ahead of time, but it does come across that way to the health provider, because, "Why are they being so evasive(?)" From their perspective…they're not being evasive, and there is a whole other line of thinking about indirect and direct questioning that is a matter of politeness—how direct are you gonna be? Supposed to be? My wife, we've been married 38 years, and when she has an appointment tomorrow, she never says, "I have an appointment tomorrow at 4 o'clock" she starts off with, "How busy are you going to be tomorrow?" [chuckling] I know already where this is leading, and I've even encouraged her just to come right out and say, "I have an appointment tomorrow at the hospital at 4 o'clock," but she still has a hard time being that direct, so she starts out, "Well, how busy are you going to be tomorrow?" and then, "Well, how about in the afternoon?" and then, "How about around 3 or 4 o'clock?" And then we eventually get around to what's all this about and, "Well, I have a doctor's appointment."—But, it's the last thing, not the first thing…

Father Oleksa also shares about the importance of storytelling as it relates to the notion of the real human being. He does so in the following example while commenting on the topic of cross-cultural communication and relevant training needs in this area:

…while I started from a public school perspective, working with children, I've come to realize that it's just as much if not more of a problem in the health care context, but there's less—to me at least the administration recruiting new staff is not aware that this kind of training is, to me from my perspective, essential—It's not just school teachers in other words, that need this before they go into the classroom and they usually never get it before, they're in the classroom, months or even years before they get the training, but it's also with law enforcement officers, health care providers and almost anybody who has to deal with rural Alaskans. I've had a contract the last six months going three times to Houston, Texas, to talk to oil company executives who regularly have to fly up to the North Slope and deal with neighboring villages, except that they're oil company executives who are always on the run so they fly up in their private jet, spend the daylight hours of one day in a village and think that they've connected with that community, and I'm at their main office in the meantime saying, "If you're gonna go up for a day don't bother, spend a week, get to know the people, bring your family album and show them that you're a human being, with connections and family ties and roots some place, so they can relate to you as a person first, and as a CEO of Exxon later… because if you don't—if you just come in as the rich and famous guy on his private jet, still waiting on the airport for you to be done with your orientation to Nuiksut, you're not gonna get any kind of insight into the people of Nuiksut, nor will they appreciate you the next time you

come…spend a week the first time and everything from there on for years to come…but you know, sit with the elders and have tea, introduce yourself on a first name, don't have your jet wait on the airport, send it back to Houston—you know, these kinds of things, they think that they're like celebrities with lots of money and power, and part of that—the perks of all of that is having their private jet wait on the airport but it sends the opposite message: "You're only here for the money, you're only here because it's your job to do it, you could care less about us as human beings, so why should we care about you and your issues?" [chuckling]… Anyone who's lived in rural Alaska knows that it's all based on how well we know you and how well we trust you…*as a person*, "Your title doesn't mean much because we've had a dozen others like you in and out of our village for the last 20 years" …

Whether in a rural or urban area of Alaska, it is recommended micro-level interventions attend to notions of the real human being and ideologies of culture and language emphasizing connections to place and peoples. Specifically, it is recommended such interventions attend to personal experiences of Alaska Native peoples, particularly older adults. Among these are intergenerational impacts from AI/AN colonialism. As one service provider from the wider community explains:

unless you are dealing with historical grief, and you really have to look at the root values in a culture… and here you have these Inupiat values of *Respect for Others, Avoid Conflict*… so when they were told to go to boarding school and they were told to go to Western churches with the missionaries, and it was basically rammed down their throat… with the value of *respect for others* and avoid conflict… what do you do? You shut down and you be quiet. The more you shut down by avoiding conflict and not talking the more internalized it becomes…the more dissonance that you're creating, the more imbalance and dis-ease that you create… so until you get people talking, and talking about the past as a viable option, it's not going to change…

Resources

Rethinking Resources

(a) Recommend research on resource allocation, distribution and management across all levels, micro-, mezzo- and macro-levels, associated with AI/AN care services. It is a truism to state that resources are limited. However, in the context of long-standing health and social disparities among AI/AN peoples combined with a reality of care organizations striving for decades to ameliorate such disparities, this truism is potent. It is therefore critical that a collective rethinking of resources occur to effectively ameliorate such disparities. Hence, it is recommended that research explore how resources are allocated, distributed, and managed. The complexities of within-group and between-group tensions and conflicts support this recommendation (See chapter 7, Micro-Macro Connection for a discussion of re-thinking resources).

This study recommendation to rethink resources in the context of health and social service delivery in Alaska's care organizations is based upon empirical evidence gathered during fieldwork. There is a critical need to learn how best to allocate, distribute, and manage resources relevant to health and social services among AI/AN peoples and communities. The multiple discourses indexing within-group and between-group tensions and conflicts substantiate a need for research in this area. Because issues of AI/AN sovereignty and self-determination are more about managing interdependence rather than complete autonomy as a nation-state, it behooves all of us, as a collective, to rethink resources.

This recommendation to collectively rethink resources entails deconstructing reductionist categories of race, ethnicity, and culture. As evidenced in both this study's empirical evidence and the extant literature, issues of race/ethnic concordance are in many ways irrelevant to effective service delivery practices. What this means is that any person, regardless of racial, ethnic, or cultural background has the potential to enact rhetorical ruptures—and therefore rhetorical resonances—in service delivery practices. It is a dialogic perspective of culture, and dialogically co-created understandings of cultural identities, that contribute to effectively negotiating both the differences and similarities that exist among people. "Research that lumps all members of a given racial group together leads to spurious conclusions because members can be from completely different backgrounds" (Sobo, 2009, p. 103).

Alaska is no exception to a reality characterized by limited resources. According to Karen Purdue, president of the Alaska State Hospital and Nursing Home Association, "health care employment in Alaska has doubled in the last decade" and is comprised of over 31,000 Alaskans working in the state's health care industry, "generating a payroll of $1.5 billion comprised of over 31,000 Alaskans working in health care" (Purdue, 2012). The financial costs associated with Alaska's health-care industry are reflected by the following reality: "In 2009, Alaska hospitals reported $410 million in lost revenue from underpayments and uncompensated care, or about 21 percent of their total operating expenses. Alaska hospitals offered $178 million in care to people who simply could not pay what it cost." (Purdue, 12). These exorbitant financial costs are then absorbed in one way or another by those who can afford to pay. Hence, we all pay for the underpayments associated with continued disparities. There are reportedly "potentially tumultuous times ahead" for the health-care industry in Alaska. What this means according to

Perdue is: "Plain and simple, we will need to deliver better care and bend the cost curve at the same time."

<div style="text-align:center">A Collective Future</div>

Addressing rhetorical ruptures in Alaska's care organizations is one more step toward achieving the goals of Healthy People 2020. Healthy People 2020 is an intiative focused on setting national targets for health promotion and disease prevention for all people (HHS, 2011). The initiative is structured around four primary goals. Among these is, "Achieve health equity, eliminate disparities and improve the health of all groups." This study and its findings aim to contribute toward eliminating health and social disparities among priority health disparity populations, a designation that includes AI/ANs.

Addressing the needs of health disparity populations, including AI/AN peoples and communities, yields collective benefits for all. These benefits include supporting sustainability, increasing job satisfaction, and reducing costs that impact the nation as a whole. In addition to these primary collective benefits, however, there is a general understanding that ameliorating the health and social disparities among health disparity populations is beneficial to all people because such disparities affect everyone's quality of life in this increasingly interconnected world.

Sustainability relates to threats to our natural resources and environment. A critical connection exists between sustainability, indigenous peoples' traditional knowledge, and biodiversity: "The bond between nature and the culture of indigenous peoples is manifested in traditional knowledge, which forms the basis of their spiritual growth and reflects their intimate connection with the land" (United Nations, 2009, p. 93). Sustainable agriculture and food practices are correlated with indigenous peoples' traditional knowledge, all of which rely on high biodiversity. Significantly, it is important to understand that, from a global perspective, "indigenous communities often inhabit areas with the highest biodiversity" (United Nations, 2009, p. 94). Hence, supporting indigenous peoples' traditional knowledge and practices is important to biodiversity conservation efforts and humankind's well being.

A human rights framework encompasses sustainability issues. These issues are integral to environmental justice advocacy, indigenous language revitalization, and the provision of intercultural care in the context of an intercultural health and social service system. Hence,

among Alaska Native peoples, as well as indigenous peoples worldwide, any disconnection in a land-language-life quality relationship is, in fact, a cultural disjuncture.

A second collective benefit is improved job satisfaction among those involved as professionals in Alaska's care organizations. According to the literature, communicating with others from diverse cultural backgrounds is anxiety-producing and stressful (Ulrey & Amason, 2001, p. 453). Specifically, literature suggests "that intercultural communication contributes to stress for health care providers" (Ulrey & Amason, 2001, p. 453). Consequently, it is in the interest of all professionals involved in these service organizations to address the needs of health disparity populations.

> By enhancing their cultural sensitivity and intercultural communication effectiveness, health care providers may reduce the anxiety they encounter when dealing with patients from other cultures. Reduced anxiety may lead to better quality care. …
> It is important for health care providers to know that by increasing their own cultural sensitivity and intercultural communication effectiveness they not only help their patients, but they can also ease their own anxiety and job stress. (Ulrey & Amason, 2001, p. 460)

In the context of culturally pluralistic care organizations in Alaska, it is critical to understand that "we all have responsibilities to be able to communicate effectively with individuals from other cultures" (Ulrey & Amason, 2001, p. 460).

An additional collective benefit is the reduction of financial expenditures associated with health disparities that impact the nation as a whole. The U.S. Department of Health and Human Services released its *2013 National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care* (CLAS Standards) which recognizes that, financially, "the cost of long-existing inequities in health and health care affect not only minority communities, but also the nation as a whole" (Webb, 2013). CLAS Standards support quality care with an expanded understanding of culture in order to improve health and social service delivery among culturally and linguistically diverse groups.

The crux of relationship is interconnection and interdependence—notions that index collectivity. In Alaska's culturally pluralistic care organizations, rhetorical ruptures of intercultural care affect all parts in the collective system. Hence, healing, or mending, these ruptures among all parts is necessary to improve service delivery among Alaska Native peoples, particularly older adults. As one Yup'ik female Elder comments about the intercultural relations between Alaska Native peoples and peoples from the wider community: "There's lot of good but

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like I said…earlier there's good on both sides…no matter what. There's some…who won't change even if you hit them on the head with a hammer, they'll stay that way. They won't change. But there's others that work with people…and those are the ones that we appreciate, on both sides. So, it's not just—not only one, it's two."

Alaska's culturally pluralistic care organizations are contact zones. They represent charged spaces and places and, as a result, intercultural communication will be a "constant working." As such, there will necessarily be struggle. An Inupiat Elder speaks about struggle:

> Whenever you struggle, I always say to myself: 'direct the gaze inward.' And as my husband and I are making inroads in our relationship, I'm able now to say to him you've always been elder directed, very sociable person…everything out there…everything out there… I said now circumstances in your life are making be reflective inside of you and you are entering into no man's land. You are so unaware of you, just about who you are…and that you have to enter the darkness and take that leap of faith. Just step into it, lean into it, even if it's scary… lean into it and believe that you can face whatever it is that's troubling you or scaring you… whatever…whatever's making you feel uncomfortable. You have to be able to name what it is…name what it is and then figure out if it's going to take work to resolve whatever that may be. It could be unresolved grief, it could be an injury to the spirit, it could be being so hurt by something that you're having trouble forgiving. It may be not even understanding what the nature of forgiveness is all about. Because, when something's wrong, when something happened that's wrong…you know like homicide…you know the act is wrong, was wrong and always will be wrong. Forgiveness does not change that. It don't change it. Forgiveness doesn't change it, what forgiveness does is it takes away vengeance and it replaces it with mercy. And it says, "I choose mercy rather than vengeance for the sake of the relationship."

> Alaska Native cultural consultant: "That's hard to do."

> That's very hard to do. It's for the sake of the relationship….and it involves sacrifice… you have to give up your right to retaliation, your right to vengeance, your right to this, your right to that…for the sake of the relationship. It doesn't in any way undermine your own dignity, but he said one other aspect of forgiveness is the person who hurt you has to…even if they don't accept what you have to say… you have to convey to them what it did. This is what it did to me… this is what it did to me, and that's part of facing the consequences of the action. That's part of understanding the repercussions of their act. This is what happened…because you did this…this happened. And this is what it did to me. And then when the person, if the person says the relationship is still important to me, I choose forgiveness. It's just a real powerful thing. Because, forgiveness ultimately benefits you more than it does the one who hurt you. When you forgive, you take off that ball and chain you have around your neck and you are liberated…it liberates you…you no longer let that person have the power…to influence your wellbeing. That's what forgiveness does. They don't have the power to…the process can take a long time, it can take years…it's like…it's like grieving, it can be a lifelong thing.

As this Elder shares, it will require courage to step out of respective comfort zones to engage in healing, in reconciliation across cultural differences and ideologies, in the context of AI/AN colonial history.

Significantly, some believe healing intercultural relational ruptures among different cultural groups, including Alaska Native peoples and peoples from the wider community, is critical for the actual survival of humankind. Among these are the 13 International Indigenous Grandmothers.

The 13 International Indigenous Grandmothers first gathered in October 2004. They did so out of deeply shared concerns.

> The Grandmothers know there has been an undeniable corruption of humanity's spirit. The global human family, a macrocosm of the tribal system, is lost in confusion and sickness. We are disconnected from ourselves and from the planet that nurtures us, body and soul. Violence and war have bred hunger, poverty, loss of culture, and a lack of understanding concerning basic human rights. (Schaeffer, 2006, p. 7)

The 13 Grandmothers are spiritual leaders. Their common goal is to work to bestow peace, harmony, and prosperity to the world and all future generations. In so doing, they draw upon indigenous wisdom and vision, following tasks bestowed upon them by indigenous prophecy.

Indigenous wisdom and prophecy is rooted in tribal ancestry and the sharing of stories across the generations. Among these is an ancient Hopi prophecy about the beginning of the world:

> …the Creator created four races of four colors, each assigned a task that together would ensure a world where all life was held in one sacred circle. The native peoples, the red people, were entrusted with the guardianship of the Earth, the teachings of the plants, foods, and healing herbs. The yellow race carried the knowledge of air, of spiritual advancement through knowledge of the sky, wind and breath. The black people were given knowledge of the water, the most adaptive and yet most powerful of the elements, the knowledge of the depths of human emotion. The white people were given the knowledge of fire, which creates, consumes, and moves.
>
> Breath, blood, and bones—at the most basic level not much distinguishes us from the other. We all meet in the same place, the Grandmothers remind us. The Hopi prophecy states that not until all four races of humanity come together will there be true peace. (Schaefer, 2006, p. 11)

According to the Grandmothers, humanity has reached a critical juncture in history. Among the Hopi this is a time in history called the "Purification Times" (Schaefer, 2006, p. 119). Guided by

spiritual leaders such as the 13 International Indigenous Grandmothers, this is a time of reunification among all peoples. Importantly, all people have a voice in contributing to our global humanity's peace and reunification.

The 13 International Indigenous Grandmothers is a manifestation of prior prophecy. The Grandmothers' Council is a manifest vision that has been seen by many peoples. This council is striving to heal planet earth and all humanity's relations. The following prophetic story delineates a collective future for us all and seems to me an appropriate conclusion to this study— a conclusion that speaks to what is (paradoxically) one more step toward something of a hopeful "beginning" for all of humanity:

> The Grandmothers say that the circle of life was broken around five hundred years ago when the white people first came to the Americas. They came, according to Hopi legend, forgetting the original teachings of the Creator. When He gathered the peoples of the Earth together on an island that is now beneath the waters, He told them, "I am going to send you in the four directions, and over time, I am going to change you into four colors. But I am going to give each of you certain teachings, and when you come back together, you will share these teachings with each other. Then you can live together and have peace upon Earth, and a great civilization will come about.
>
> The teachings foretold that when such a time came, it would be the people of the white race, the guardians of the fire element, who would begin to move upon the Earth and reunite us as a family.
>
> But many of the people of the fire forgot the teachings about the sacredness of all things, and their violence against the native peoples, the land, and so much of nature destroyed the Earth's balance and dissipated the feminine energy of the planet. Many tribes became extinct and, much of the wisdom held by the indigenous Grandmothers was destroyed with their passing. If they weren't murdered, the Native Americans starved to death when they were put on land that nobody else wanted. This cruelty toward indigenous peoples, lands and traditions has spread throughout the world. Now there are many countries where women and children are being treated inhumanely and where the Earth is being destroyed. The Grandmothers believe that Mother Earth Herself is saying this all must end.
>
> It was at the time of the holocaust of the native peoples of the Americas when the prophecy about the return of the Grandmothers was revealed to a few, and then the story grew so that the people could have hope and prepare. Because of the prophecy of the Grandmothers' coming, many native people are finding it in their hearts to forgive the unspeakable atrocities that their ancestors and the creatures of their land have endured. Sadly, however, many still cannot. (Schaeffer, 2006, p. 115-116)

On forgiveness, one of the 13 International Indigenous Grandmothers offers a caveat:

The genocide of my people is not something I can just "get over" by going to a shrink. There are no quick answers... As a Grandmother speaking for my grandchildren and for the next seven generations, I feel we must see how we are all mirrors for each other… (Schaefer, 2006, p. 175-177)

Initially, I wanted to end my dissertation here. Right here, with the words shared by one of the 13 International Indigenous Grandmothers. However, I received feedback from my dissertation committee *after* my defense to conclude with my *own* thoughts. After all, this is *my* dissertation... yes, it is. But I thought the words of the Indigenous Grandmother were an appropriate conclusion…So, instead, I find myself thinking about how I can best conclude this dissertation…hmmmm… well, thinking about what it is—it is a "product," it is a study, it is perseverance embodied, trust given and received across borders and boundaries, it is evidence of healing lived and exchanged among many peoples… But I believe it is more than that. I am finishing the "process," and I have generated this "product" but—in these final days, literally- I have become stuck…not knowing what to say or how to say it… so, what do I do? What I always do when I find myself here—in this place, in this space where and when I don't know what to do—I listen to music, music that speaks to me… so I listen to one of my favorite songs…and I listen… *"me and you and you and you…only want to be free, yea yea, but you see all the world is just as we've made it, and until we got a new world I got to to say that love is not a whisper or a weakness…no, love is strong so we got to get together…yea…we gotta get, we gotta get, we gotta get… til there is no reason to fight… mercy, will we overcome this? Oh, one by one, could we turn it around?…"* I listen to Dave Matthews and …*oh, mercy, will we overcome this, or have we come too far to turn it around?...mercy, what will become of us?*" listening, I am reminded about all the village walks I took… I loved working with Sophie in the villages, those early years when I was a social worker and we travelled all over… it was a shared experience that extended into the many years of my pre-dissertation years as I was in training to conduct this study… I remember whenever I hit "walls" in the academic context it was Sophie who was among those whom I called upon for support… there were many moments when I wanted to quit… but with support I climbed those walls… when I finally got to the "field" of Alaska, I remember Sophie telling me during one of my relaxing visits with her: "You probably wouldn't finish if you didn't have me," and I looked at her and I just cried… she knew me… she knew what it had taken for me to get there to "the field" to begin the work of this "product" …

and through all the fieldwork exigencies—the trials, tribulations, and yes, "lemonade"—or tundra tea—too! – Sophie was there… Sophie is among the very few who has taught me about relationship—I trust her. … funny, as I think about this "work," this study, I am deeply self-aware of how my own life has been one of "struggle"—funny, I too have lifelong issues centered on issues of belonging… and I can honestly say, that what my father told me years ago—*"home is where the heart is, kid"*—is so very true…throughout this journey, there were moments where I was being so stretched that I felt like I was jumping across the Grand Canyon… it was messy at moments to be sure… *so what is this dissertation? …what is this dissertation? What is the point?* … well, for me this study has been an experience—a "journey" filled with many experiences, the most important of which is that I followed my heart…*"have we come too far to turn it around?" …* as I listen to this song over and over, I am profoundly aware of this dissertation as the "product" of a truly collective fortitude…representing a collectively lived and a living collective of the human condition…and, in all of this, as some of the seeds prior planted in me begin to sprout, I realize more now than ever that when a professor commented, *"Truth is a function of power,"* years prior in reference to one of the articles we had read for class that day, "Whose Side Are You On?" (Becker, 1967), I now realize that the reverse—viewing this now from an Outside-In perspective—is also just as real: *Power is a function of truth*. Both views are merely different beams of light in the barn…

Appendix 1: Legend of Sleeping Lady

This version of the legend of the Sleeping Lady compiled from the stories of Nancy Lesh and Ann Dixon.

Many millennia ago, a clan of gentle giants inhabited the Great Land, now known as Alaska. Among the giant people was a beautiful young lady and a handsome young man who fell deeply in love with each other. Their unbound devotion was so joyous that all the villagers admired them and preparations for marriage were underway.

On the day before the wedding a messenger brought dreadful news that a fierce war-like people from the north were invading the country and destroying everything in their path. The village gathered in council to decide what to do. Some suggested going north to attack. The young love-filled man proposed taking gifts to the enemies instead of weapons, showing their interest was in peace and not bloodshed. By morning the brave volunteers were ready to leave.

The young lady had tears of sadness when her lover came to say good-bye. He gazed softly into her eyes and whispered, "I shall return soon with news of peace. Meet me by the slender body of water with two arms." With one gentle kiss he turned and joined the departing men.

The young woman hurried to the pool of water, known today as the Knik Arm, and began the wait, confident that she would soon be back in her mate's arms. For many days and nights she busied herself while waiting until finally she grew very weary and laid down to rest. She fell into a deep sleep.

While she slept, tragic news reached the village that their young men's pleas for peace had been in vain and a terrible battle had broken out. Most of the giant men were killed or captured. When the village women approached the young lady with the tragic news, they could not bare to disturb her from her peaceful sleep, and left her as she was. To this day, the sleeping lady lies there dreaming of the moment her beloved will return to her side and peace once again rules the land.

(Retrieved on July 18, 2013 from http://www.aurorahunter.com/legendary-lady.php)

Appendix 2: Guiding Questions for Formal, Semi-Structured Interviews

Life History
1. How long have you lived in this community?
2. Do you speak your Native language, if so how often?
3. Do you know others who speak your Native language, if so who?
4. What opportunities do you have to speak your Native language?
5. If you had more opportunities to speak your Native language would you speak it more? Please explain.
6. What is your life history in terms of where and how you were raised? Were you raised to learn and live by your Native traditional ways? The Western world ways? Or both? Please explain.
7. Do you think speaking your Native language is important? Please explain.
8. What is the connection between your Native language and Native culture?
9. What is the connection between your Native language, your culture and identity?

Community
10. What are some major problems you see in your community? Why do these problems exist? How can they be solved?
11. What types of health and social services exist in your community?
12. Have you received any help from community-based health and social services?
      If so, what sort of help and from where and when?
13. What is most helpful about health and social services in your community? What is most difficult, challenging or a problem with such services in your community?
14. How would you describe the interactions and relations between Alaska Natives and non-Natives in your community?
15. What is the biggest problem, or problems, about these interactions, and why?
16. What is the most positive aspect, or aspects, about these interactions, and why?
17. What are some ways that communication and interactions between Alaska Natives and non-Natives can be improved in the general community?

Conventional Health and Social Services
18. When you received help from health and social services in your community, did you have one or more providers of service?
19. When receiving help from these services in your community, did you receive help from Alaska Native or non-Native providers, or both?
20. What has been your experience receiving help from Alaska Native providers?
      From non-Natives providers?
21. How often do you receive professional help from health and social services in your community?
22. What has been your "best" experience with health and social services in your community?
23. What has been your "worst" experience with health and social services?
24. Is there anything that keeps you from seeking help from health and social services?

Communication
25. What does 'communication' or 'talk' or 'interaction' mean to you?
26. How important is communication in your job? Please explain.

27. In general, what is the communication, or interaction, like between you and your professional helping providers?
28. Would you describe the communication between you and your professional helping providers as more positive or negative? Positive means it works better and negative means it is more difficult. Please explain.
29. How do you know when the communication, or interaction, between you and a service provider is helpful, or positive?
30. And, conversely, how do you know when the communication, or interaction, between you and a service provider is unhelpful, or negative?

31. What makes the communication, or interaction, more positive? more negative?
32. In your experience, have you had more positive communication, or interaction, with Alaska Native service providers or non-Native service providers? Please explain.
33. How does your communication, or interaction, with service providers influence whether or not you follow the professional advice? return for help, or service?
34. What differences are there, if any, in the communication styles and behaviors between Alaska Native and non-Natives?
35. In what ways can communication between Alaska Natives and non-Natives in professional helping situations be improved? And, more specifically in health and social services?
36. Can improvement in communication and interaction between Alaska Natives and non-Natives help resolve some of the problems you see in your community? Please explain.
37. Is there anything else you wish to share or add?
38. Do you have any questions/concerns?

Appendix 3: Community Events and Activities

Below is a list of community events and activities the author attended or participated in during 12 non-consecutive months of fieldwork, which served as the empirical evidence-gathering period for this study.

- Annual Alaska Federation of Natives (AFN) conference—the largest gathering of Native people in the United States, 2011 and 2012

- Annual Alaska Native Elder-Youth Conference, 2011 and 2012

- A professional training session on the topic of cross-cultural communication between Alaska Native and non-Native peoples, for approximately 100 professional social service staff, conducted by Father Michael Oleksa

- A public presentation by Dr. David Treuer as he conducted a reading from his published book entitled *Rez Life, An Indian's Journey through Reservation Life*

- The "Alaska Native Language Roundtable Discussion" at the Alaska Legislator's office, following the passage of Senate Bill 130 by the Alaska State Legislature in April 12, 2012, which establishes the Alaska Native Language Preservation & Advisory Council to the Alaska Historical Commission

- The Alaska Native Cultures Exhibit, sponsored by the Arctic Study Center, which opened May 2010 at the Anchorage Museum

- The publicly broadcast television show entitled "Conversations that Matter," addressing issues of racial inequity among Alaska Natives, and sponsored by First Alaskans Institute

- Meeting with a program leader associated with the "Difficult Dialogues in Higher Education" initiative at Alaska state universities, an initiative focused on addressing the learning climate to make it more inclusive of minority views

- A public presentation entitled "Lifelong Youthfulness and Usefulness," including Alaska Native community leaders on the panel

- An Environmental Justice public presentation by Indigenous women from all over the world entitled "Stories, Struggles & Songs for the Health and Well-being of our Children", which included a special report from the 2nd Annual International Indigenous Women's Environmental & Reproductive Health Symposium, sponsored by Alaska Community Action on Toxics (ACAT)

- The "Older Americans Month Celebration" at the Anchorage Senior Center with introductory remarks by the Director for the Department of Health and Human Services, Chair of Senior Citizens Advisory Council and Mayor Dan Sullivan

- The "1st Annual Anchorage Elders Summit," a two-day event with Alaska Native Elder Presenters, including an Elder community leader who is a member of the "International 13 Indigenous Grandmothers" Council

- A public radio show entitled "The Importance of Alaska Native Languages," sponsored by KNBA (90.3 FM) radio station

- Meetings of "Path of the Raven" group, a volunteer group of Alaska Native older adult community members aiming to improve doctor-patient relations

- The annual World Indian-Eskimo Olympics

- The "15th Annual Congress on Circumpolar Health," including Alaska Native Dr. Ted Mala as a presenter on the topic of indigenous traditional healing

- Multiple Pow-Wow/Potlach events

- The "13th Annual Kingikmuit Dance Festival" in the remote village of Wales, Alaska

- Archival work at the Center for Cross-Cultural Studies at University of Alaska-Fairbanks

- The village of "Attu Reunion" activities in association with the "Lost Villages Project" and the historical Japanese internment camps during World War II, sponsored by the National Park Service

- Archival work at the National Association of Social Workers (NASW)–Alaska Chapter

- A public radio show on the topic of suicide among Alaska Native peoples

- Annual Diabetes conference, where Dr. Eduardo Duran presented on the topic of AI/AN historical trauma

- Annual NASW-Alaska Chapter Conference, including Dr. Terry Cross as a keynote presenter addressing the topic of cultural competency with Native peoples, and Dr. Charles, Director for the National Resource Center for American Indian, Alaska Native and Hawaiian Native Elders at University of Alaska-Anchorage, as a workshop presenter addressing the topic of "Best Practices for Alaska Native Elders"

- *The Silence*, a film, describing the calamity during the 1960s and 1970s of Roman Catholic priests sexually abusing Alaska Native peoples in remote village communities throughout Alaska, filmed by Frontline PBS and first publicly broadcast on television in April 2011 (http://www.pbs.org/wgbh/pages/frontline/the-silence/)

- *For the Next 7 Generations,* a film, describing the International 13 Indigenous Grandmothers Council

- A public presentation by Alaska Native women, sponsored by Alaska Community Against Toxics (ACAT), a continuation of an earlier United Nations meeting, "Combatting Violence against Indigenous Women and Girls"

- Archival work in the professional papers of Ruth Schlossberg Landes at the National Anthropological Archives in Washington D.C.

- The Smithsonian National Museum of the American Indian in Washington D.C.

- Church services at a local church serving Alaska Native community members

- Alaska Native art galleries, shops, and businesses

- A public presentation by author Dr. H. Gilbert Welch, discussing his book *Overdiagnosed: Making People Sick in the Pursuit of Health,* sponsored by an Alaska state public university

- A community theatrical performance, "Cikiuteklluku, Giving Something Away," addressing the struggles of a young Yupik woman living in rural Alaska and her many decisions and issues surrounding an unplanned pregnancy

- A community theatrical performance, "1,000 Cranes," addressing the aftermath of a death and suicide in a remote village through the art activity of folding paper cranes and developing a global network of support

- A village-based community meeting among U.S. government agency representatives, a regional Native corporation and village residents to address international subsistence laws

- Culture Camp: Camp Igaliq 2011 in rural Alaska (Retrieved on November 10, 2013 from http://www.youtube.com/watch?v=mdAi0TmuAhU)

- Culture Camp: Camp Pigaaq 2011 in rural Alaska (Retrieved on November 10, 2013 from http://www.youtube.com/watch?v=eoFO6dzMx4s)

Appendix 4: U.S. Policies Salient to AI/ANs

Below is an outline of major U.S. policy periods, gathered from various sources.

Reference
Hodge, F. S. & Fredericks, L. (1999). American Indian and Alaska Native populations in the United States: An overview. In *Promoting health in multicultural populations, A handbook* (pp. 269-289). Thousand Oaks, California: Sage Publication.

This reference reports the history of U.S. policies salient to AI/ANs comprise four major periods:

> *1880-1932, assimilation and incorporation:* During this period, the policy of the federal government was to 'civilize' Indians and incorporate them into mainstream society. Boarding schools were built as a means to educate Indian youths in ways of whites.

> *1933-1945, indirect rule:* The federal government had a major role in reorganizing Indian social and political groups. Traditional Indian leadership was reorganized into counsel that adopted Western rules and structures.

> *1946-1960, termination:* A serious termination policy proved to be significantly damaging to tribes as wholesale 'termination' of tribes took effect. This resulted in loss of services, Indian 'status,' and Indian land. The intent was to end the 'Indian Problem' by terminating tribes.

> *1961-1990s, economic development and self-determination:* This period marks tribal re-emergence as American Indians and Alaska Natives develop new models for economic sufficiency. This process provides the financial means for reclaiming a level of self-determination widespread among pre-Columbian American peoples. Tribes begin to take over major aspects of federal programs and services. (p. 277)

Reference
Cameron, S. C. & Turtle-Song, I. (2003). Native American mental health: An examination of resiliency in the face of overwhelming odds. In F. D. Harper & J. McFadden (eds.) *Culture and Counseling, New approaches* (pp. 66-80). New York: Allyn & Bacon.

> *U.S. Federal Indian Policy:* "There have been six distinct policies, five of which, have exacted a devastating toll on Native Americans, contributing to the social, political, physical, and mental health problems that indigenous peoples confront today"

> *"The first policy was annihilation":* Beginning early in the seventeenth century, Whites purposely exposed indigenous peoples to infectious diseases for which they had no natural immunity. For instance, by passing out smallpox-infected blankets, the Mandan of upper Mississippi were reduced from a population of 1,600 to 131…besides smallpox, Native Americans lacked resistance to chicken pox, measles, scarlet fever, typhoid, typhus, influenza, tuberculosis, cholera, diphtheria, and venereal infections. It is estimated that infectious diseases alone accounted for 25 to 50 percent loss of tribal life.

"The second policy was the forced removal of the tribes from their ancestral homelands": President Andrew Jackson "ordered the army to evict the Cherokees, Choctaws, Creeks, Chickasaws, and Seminoles, with particular attention to the Cherokees who were to be rounded up in the winter of 1832. At a cruel pace, the soldiers marched Cherokee men, women, and children during the rain and then freezing snow and ice. Starvation was rampant because of inadequate food rations, and disease and bandits were uncontrolled. During the 800-mile march, 4,000 died. The Cherokees were neither given the opportunity to grieve for their dead nor to bury them." (p. 68)

"Between 1887 and 1934, the third policy of assimilation was initiated": "To accomplish this, Congress passed the Dawes Act in 1887, also known as the General Allotment Act. This divided communally held tribal lands into separate 160-acre land parcels for farming, while selling off the 'surplus' lands to White farmers at bargain prices. It was believed that by placing Whites on Native American lands, it would break up tribal relationships and they would learn to live using White ways…many of the parcels were unfit for farming and thousands of desperately poor Native Americans sold their lands to White farmers or lost them to foreclosures when they were unable to pay state real estate taxes. By the time the allotment system was abolished, almost two thirds of Native American lands had been lost."(p. 69)

"From 1953 to 1968, the fourth and fifth policies came into effect: termination and relocation.": "Federal services promised by treaty agreement were withdrawn and federal protection of Native American lands was removed."

"The sixth and current policy is self-determination.": "By the late 1960s it became evident that the termination and relocation policies had been largely unsuccessful, as were the assimilation efforts…there were moves to restore tribal sovereignty, encourage cultural renewal, and develop reservation resources and self-sufficiency, while maintaining the ongoing special trust relationship between the U.S. government and tribes" (p. 70)

Additional U.S. Policies and References

U.S. Prohibition against [Native] traditional ceremonies ordered in 1881, enforced in 1883 (Brave Heart-Jordan, 1995, p. 14)

1887 Dawes General Allotment Act: "dissolved 90% of all reservations. Native Americans who could prove their ancestry received family allotments of 80 to 160 acres. The rest of the reservation land (over 60 million acres) was opened to White settlement with proceeds from these sales going to the U.S. government. The stated purpose of the Dawes Act was to teach Native Americans to become 'civilized' by wearing 'civilized clothes,' living in houses, riding in Studebaker wagons, sending children to school, drinking whiskey and owning property." (Turner & Pope, 2009, p. 189)

Snyder Act of 1921: This law allowed for "authorizing health services for American Indians to be administered through the Bureau of Indian Affairs (or BIA)." (Gone, 2003, p. 214)

"The Bureau of Indian Affairs, under the War Department from 1824-1846 and then under the Department of the Interior, became responsible for the provision of [AIAN] educational and social services." (Brave Heart, 1995, p. 19-20)

U.S. Indian Citizenship Act of 1924: "further encouraged assimilation by conferring national and state citizenship on all Indians born in the United States who had not already been declared citizens through other means, such as allotment or veteran status." (Fox & Cross, 2006, p. 220)

Miriam Report: "commissioned by the U.S. Secretary of the Interior, documented that assimilation in general had been a dismal failure. The report stated that the destruction of the Indian way of life had not been successfully replaced by European American cultural or values." (Turner & Pope, 2009, p. 190)

U.S. Indian Reorganization Act of 1934: "stopped the sale of allotments, provided funding mechanisms for tribal economic development, sought to decrease enrollments in boarding schools, and sought to strengthen tribal governments and assist Native American tribes in regaining their cultures and religions." (Turner & Pope, 2009, p. 190)

1953 United States House Resolution 103: "This was a resolution that terminated tribal entities, tribal government, and tribal status for over 100 tribes and over 10,000 Native American people. In conjunction with the resolution, a relocation program was instituted, which strongly encouraged Native Americans from many tribes to move off reservations and into areas that were more economically viable. In order to reward participation, Native Americans who relocated were promised one-month's wages, and help in finding jobs and housing. Thus, from 1952 to 1962 there was a mass migration of Native Americans from reservations to designated cities around the nation (including Chicago, Cleveland, Dallas, Denver, Los Angeles, Oklahoma City, Tulsa, St. Louis, and San Francisco) and a quick and continuous reduction in tribal rights and tribal government." (Turner & Pope, 2009, p, 191)

"Policy reversals against assimilationism began in 1968 in the United States." (Turner & Pope, 2009, p. 192)

U.S. Indian Civil Rights Act of 1968: "allowed tribal governments to formulate autonomous administrations" (Turner & Pope, 2009, p. 192) & "granted Native Americans the 'privileges' of the Bill of Rights, which until this time had been denied them." (Cameron & Turtle-song, p. 70)

"The Indian Civil Rights Act also gave American Indian people the protections of the American Bill of Rights that had been extended to the rest of the U.S. populace for the previous 150 years." (Fox & Cross, 2006, p. 221)

U.S. Indian Self-Determination and Education Act of 1975 (Public Law 93-638): "allowed tribal governments to manage their own housing, education, health care, social services, forestry, and law enforcement programs." (Turner & Pope, 2009, p. 192)

"This law sought: To respond to the strong expression of the Indian people for self-determination by assuring maximum Indian participation in the direction of educational as well as other Federal

services to Indian communities so as to render such services more responsive to the needs and desires of those communities." (Gone, 2003, p. 213)

U.S. Indian Health Care Improvement Act of 1976 (Public Law 94-437): "The supreme law of the land has been to realize the 'highest possible health status' for this nation's small but vibrant population of Native Americans…this landmark legislation-the legal capstone bolstering federal provision of health care services to American Indians and Alaska Natives." (Gone, 2004, p. 10)

U.S. Indian Child Welfare Act (ICWA) of 1978 (P.L. 95-6087): "placed Native American families under the jurisdiction of tribal courts with respect to out-of-home placement, or transracial adoption." (Turner & Pope, 2009, p. 192)

"This act sets up requirements and standards for child-placing agencies to follow in the placement of Indian children, including providing remedial, culturally appropriate services for Indian families before placement occurs; notifying tribes regarding the placement of Indian children; and making the first placement of a child in an Indian home, rather than the home of another ethnic/racial group." (Fox & Cross, 2006, p. 222)

American Indian Religious Freedom Act of 1978: "provided for the reestablishment and protection of Native American religious freedoms." (Turner & Pope, 2009, p. 192)

Indian Gaming Regulatory Act of 1988: "allowed tribal sovereignty over gaming conducted on tribal lands." (Turner & Pope, 2009, p. 192)

Native American Graves Protection and Repatriation Act of 1990: "caused the return of Native American human remains, funerary objects, sacred objects, objects of cultural patrimony, and cultural items, thus providing the opportunity for Native Americans to reinforce and strengthen their own traditional customs and cultures." (Turner & Pope, 2009, p. 192)

Appendix 5: "Traditional Values of Alaska" 2011 Poster

This list of Alaska Native traditional values is excerpted from the "Traditional Values of Alaska" 2011 Poster. This poster was developed by the Association of Alaska School Boards (AASB) and the Alaska Initiative for Community Engagement (Alaska ICE). AASB-ICE granted me permission to include this list of "Traditional Values of Alaska" for the purposes of this dissertation. Specifically, the following individual grant permission: Sally Rue, Director, Alaska ICE located at 1111 W. 9th Street in Juneau, Alaska 99801.

Saint Lawrence Island Yup'Ik Values
Listen with your heart and mind
Honor Family
Give Service to others
Never give up
Respect all living things
Remember advice of elders
Plan for the future
Be independent
Avoid laziness
Gather knowledge and wisdom
Approved by Anders Apassingok Sr., Gambell Elder

Cup'Ik Values
Help other people
Help with family chores and needs
Early to bed and early to rise
Provide time to see how your life is going
There's always time to play after your work is done
Pingnatugyaraq: learn to do things yourself
Respect and honor your elders
Always show good behavior
Listen to all the advice given to you
Remember what you are taught and told
Respect other people's belongings
Respect the animals you catch for food
Gather knowledge and wisdom from the elders
Never give up in trying to do what you set your mind on
Authorized by John Pingayaq, Cultural Heritage Program Director/Teacher, Kashunamiut School District, Chevak

Bristol Bay Yup'Ik Values
Have respect for our land and its resources at all times
Be helpful to one another
Share with others whenever possible

Respect and care for other's property
Respect spiritual values
Learn hunting and outdoor survival skills
Provide for and take good care of your family
Through love, respect your children
Respect your elders
Work hard and don't be lazy
Refrain from alcohol and drug use
Learn, preserve, and be proud of the Native way of life
Approved by Esther Ilutsik, Ciulistet Research Association

Unangax (Aleut) Values
Udigdada. E / Udigida. W / Share.

Tutada. E & W / Listen.

Txin anguyni{ta}ulux. E / Txin manitalagada. W / Don't be boastful.

Agitaasitxin i{amnaasada. E / An}a}inas i}amanaasada. W / Be kind to other people.

Agitaasiin sismida. E / An}a}inas kiduda. W / Help others.

Tuman tana{ agliisaa{tan. E / Tana{ agliisada. W / Take care of the land.

Tuman ala}u{ agliisaa{tan. E / Ala}u{ agliisada. W / Take care of the sea/ocean.

Tuman taanga{ agliisaa{txin. E / Taanga{ haqayaasada. W / Take care of the water.

Manachin ilam axtalakan agliisaachin. E / Ana}is mal agumis ilam axtalagada. W/ Do not do anything to excess.

Txin ugutada. E / Qa}atada. W / Be happy.

I}ayuu{txin, ana}im atxa}ingin agachan madada. E / Txin sakaa}atal ana}is mada. W / Behave yourself: Do the things you know are right.

Chxadalagaa{txin. E / Chxalagada. W / Don't steal.

Adluuda}i}ulux E / Adalulagada. W / Don't lie.

Ludakiim axtax samtaaxtxin. E / Ludaa}is, tukus ama uchiitilas sahnga{tada. W/ Respect Elders (including parents, teachers, & community members).

Agitaasiin samtasaa{txin. E / Agitaadaan sahnga{tada. W / Respect your peers.

Kayutuu{txin. E / Kayutuda. W / Be strong.

Agitaasiin matanangin imin gidu}iisalagaa{txin. E / Silaa txin gikuun alagada. W / Don't be envious of what belongs to another.

An}a}i{ i{amana{ i{talix kayux i{amana{ atxa{talix manaa imin ugutaasalix aa{txin. E / An}a}ina{ i} amanas manaa ngaan hi{tada. W / Admire one who does well by honest means.

Maamin i{tanatxin madada. E / Ana}is maamis hi{taqaan aguun mada. W / Don't make promises quickly, but keep those you make.

An}a}iisanatxin an}a}im agitaasingin agachan liidalix an}a}iisada. E / Matal an}a}iikaan agacha an}a} isada. W / Live like you want people to see you live.

Igilnaa{na{txin. E / Qaqatulagada. W / Don't be greedy.

Sla{, a}ada{, tugida{, kayux sdan tunum manginulux kugan i}ad}ulux. E / Sla{, a}adgi{, ama sdas hadangiin i}amana{ agacha tunu{taasada. W / Don't talk bad about the weather or the sun, the moon, or the stars.

Agitaasaan adaan tunum i{amnanginulux i}ad}ulux. E / An}a}ina{ adalus hadaan hil}ada}ulax. W / Don't slander another person.

Kadaan axtaa}ana{txin. E / Kadamis agalagada. W / Don't get ahead of yourself.

Adu{tanaan akidada. E / Adut akida. W / Pay your debts.

Qaqamii}u{. E / Qaqamii}u{. W / Subsistence.

Tunuun ugunu{talakan an}a}ii{txin. E / Unangam Tunuu ugunu{talagada. W / Don't forget your Unangan Language.

Values of the Unangan/Unangas

An}a}iisi{ matanaan imin i{amnaku{. Ana}i{ ukunachin imchin ugutaasaamchim a}na{txichin. /An} a}iisiin siga{ imis aku{ mal sigaan inixsiisada. Life is gifted to you. What you make of it is your gift in return.

Tuman ilaanu}itxin, Unangan maqa{tadqangin mataa}in matakun. / An}a}iisiin, ilaazat ama Ulamis an} a}inangis maqa{singis ida{talagada{. Know your family tree, relations and people's history.

Tana}nangin I}ayuusalix an}a}iimchin a}na{txichin. / Tana{, Ala}u{ ama slum imuunuu huzuu ana}im ana}in}is sahnga{tada. Live with and respect the land, sea, and all nature.

Wan ala}um ilan ana}im an}a}inangin usuu Aguu}u{ agach ngiin a}iqaa. / Algas ama ana}im an}a}ingis huzungis Aguu}um agacha ngiin a}iqaa haqataasada. Respect and be aware of the creator in all living things.

Txin achigalix an}a}igumin anuxtanatxin a{saasaduuku{txin. / Huzugaan txin achiga{ agacha mada ama txin sakaa}atada. Always learn and maintain a balance.

Qaqamii}u{ qalgadam ukulganaa ngiin ugutaasakun. / Qaqamii}u{ qalgada{An}a}i{ ngiin a{tanaa aku{. Subsistence is sustenance for the life.

Unangam tunuu unangqasining asix tunu{talaa}naqing. Unangan anaan Uku{tach{iku{. / Unangam tunuu Unangas alganaa ukuchxiza{ ama huzu{ ngiin tunu{tach{iza{. Our language defines who we are and lets us communicate with one another.

Authorized by Moses Dirks, President, Association of Unangan Educators and the Elders Academy

Athabascan Values

Self sufficiency
Hard Work
Care and provision for the family
Family relations
Unity
Honor
Honesty
Fairness
Love for Children
Sharing
Caring
Village Cooperation
Responsibility to Village
Respect for Elders and Others
Respect for Knowledge

Wisdom from Life Experiences
Respect for the Land
Respect for Nature
Practice of Traditions
Honoring Ancestors
Spirituality
Authorized by Cathi Ipalook, Cultural Programs Director, Denakkanaaga

Kodiak Alutiiq Cultural Values

Our Elders
Our heritage language
Family and the kinship of our ancestors and living relatives
Ties to our homeland
A subsistence lifestyle, respectful of and sustained by the natural world
Traditional arts, skills and ingenuity
Faith and a spiritual life, from ancestral beliefs to the diverse faiths of today
Sharing: we welcome everyone
Sense of humor
Learning by doing, observing and listening
Stewardship of the animals, land, sky and waters
Trust
Our people: we are responsible for each other and ourselves
Respect for self, others and our environment is inherent in all of these values.
Authorized by Teri Schneider, Coordinator for Native Educators of the Alutiiq Region, Kodiak

Northwest Arctic Inupiaq Values

Knowledge of Language
Knowledge of Family Tree
Sharing
Humility
Respect for Others
Love for Children
Cooperation
Hard Work
Respect for Elders
Respect for Nature
Avoid Conflict
Family Roles
Humor
Spirituality
Domestic Skills
Hunter Success
Responsibility to Tribe
Authorized by Siikauraq Martha Whiting, Assistant to the Mayor, Northwest Arctic Borough

North Slope Inupiaq Values
Sharing - Aviktuaqatigiigñiq
Compassion – Nagliktuutiqaåniq
Family and Kinship – Iøagiigñiq
Avoidance of Conflict – Paaqæaktautaiññiq
Hunting Traditions – Aÿuniallaniq
Humor – Quvianåuniq
Love and Respect for Our Elders and One Another – Piqpakkutuqaåniq suli Qiksiksrautiqaåniq
Utuqqanaanun Allanullu
Respect for Nature – Qiksriksrautiqaåniq Iñuuniaåvigmun
Spiritually – Ukpiqqutiqaåniq
Cooperation – Paammaaåiigñiq
Knowledge of Language -Iñupiuraallaniq
Humility - Qiñuiññiq
Authorized by Fannie Kuutuuq Akpik, Iñupiaq Studies, Iøisaåvik College

Southeast Traditional Tribal Values
Discipline and Obedience to the Traditions of our Ancestors
Respect for Self, Elders and Others
Respect for Nature and Property
Patience
Pride in Family, Clan and Traditions is found in Love, Loyalty and Generosity
Be Strong in Mind, Body and Spirit
Humor
Hold Each Other Up
Listen Well and with Respect
Speak with Care
We are Stewards of the Air, Land and Sea
Reverence for Our Creator
Live in Peace and Harmony
Be Strong and Have Courage
Authorized by Edward K. Thomas, President of the Central Council Tlingit and Haida Indian Tribes of Alaska

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