



The Urban Indian community of Minneapolis, Minnesota : an analysis of educational achievements, housing conditions, and health care from the relocation of 1952 to today
by Leslie Ann Zimmerman

A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of Master of Arts In
Native American Studies
Montana State University
© Copyright by Leslie Ann Zimmerman (2004)

Abstract:

This thesis critically evaluates the improvements in educational achievements, housing conditions, and health care needs for the urban Indian population of Minneapolis, Minnesota. I specifically focus on the Relocation Policy and how that Policy, instead of assimilating American Indians into mainstream society, became a vehicle for elevating the population of American Indians in Minneapolis to a level of “visibility.” As well, I discuss how this once “invisible” urban community formed an urban coalition, the American Indian Movement (AIM), to actively seek social justices in education, housing, and health care for the urban Indian population of Minneapolis, Minnesota.

The intent of the research is to determine whether the extensive funding and programs directed toward the urban Indian population of Minneapolis throughout the last four decades have brought about significant improvements; to determine the degree of, and changes in educational achievements, housing conditions, and health needs of the urban Indian population of Minneapolis, Minnesota. This project is the first evaluation of whether conditions within the urban Indian community of Minneapolis have improved since Relocation. I think this project was needed to critically evaluate a metro area like Minneapolis that has such an extensive history of programs and funding for the urban Indian population.

**THE URBAN INDIAN COMMUNITY OF MINNEAPOLIS, MINNESOTA:
AN ANALYSIS OF EDUCATIONAL ACHIEVEMENTS, HOUSING CONDITIONS,
AND HEALTH CARE FROM THE RELOCATION OF 1952 TO TODAY**

By

Leslie Ann Zimmerman

A Thesis Submitted in Partial Fulfillment
of the Requirements for the Degree

of

Master of Arts

In

Native American Studies

**MONTANA STATE UNIVERSITY
Bozeman, Montana**

April 2004

© COPYRIGHT

by

Leslie Ann Zimmerman

2004

All Rights Reserved

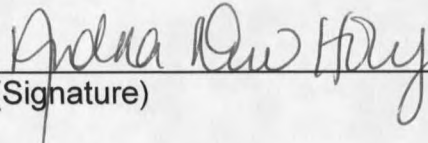
N378
Z663

APPROVAL

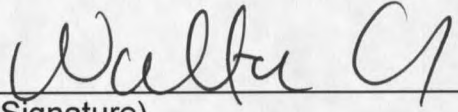
of a thesis submitted by

Leslie Ann Zimmerman

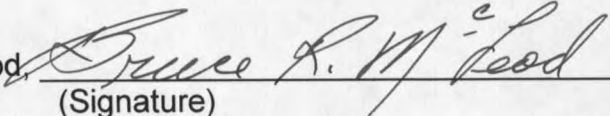
This thesis has been read by each member of the thesis committee and has been found to be satisfactory regarding content, English usage, format, citations, bibliography style, and consistency, and is ready for submission to the College of Graduate Studies.

Dr. Alexandra New Holy,  4.15.04
(Signature) Date

Approved for the Department of Native American Studies

Dr. Walter Fleming,  15 APR 04
(Signature) Date

Approved for the College of Graduate Studies

Dr. Bruce McLeod,  4-19-04
(Signature) Date

STATEMENT OF PERMISSION TO USE

In presenting this thesis in partial fulfillment of the requirements for a Master's degree at Montana State University, I agree that the Library shall make it available to borrowers under the rules of the Library.

I have indicated my intention to copyright this thesis by including a copyright notice page, copying is allowable only for scholarly purposes, consistent with the "fair use" as prescribed in the U.S. Copyright Law. Requests for permission for extended quotation from or reproduction of this thesis in whole or in part may be granted only by the copyright holder.

Signature *Charles A. Zimmerman*

Date *April 16th, 2004*

TABLE OF CONTENTS

1. INTRODUCTION.....	1
2. RELOCATION	5
History of Relocation	5
The Role of the Bureau of Indian Affairs (BIA) in Relocation.....	9
History of Phillips Neighborhood and Early Relocatees	11
The Realities of Relocatees	13
3. POPULATION	19
Miscounts and Misrepresentation in Census Numbers	19
Tribal Affiliations Among Urban Indian Population in Minneapolis	23
The Trend of the Urban Indian Population of Minneapolis	24
Minneapolis Neighborhoods and Their Urban Indian Population	33
4. THE AMERICAN INDIAN MOVEMENT (AIM).....	39
Pre-American Indian Movement (AIM) Activism.....	39
Founding of the American Indian Movement in Minneapolis in 1968	44
Issues that Catapulted the American Indian Movement in Minneapolis ...	51
Where the American Indian Movement is Today.....	53
5. EDUCATION	59
A Brief History of American Indian Education.....	59
Indian Education Programs Administered by the Federal Government....	62
Indian Education Programs Administered by the State	65
Educational Programs Initiated by AIM and the American Indians.....	69
Other Educational Programs Initiated in the Minneapolis Public School System	72
Progress of Urban Indian Students in Minneapolis Public Schools.....	76
Dropout Rate for Native American Students (7-12) in MPS	77
Reasons for Dropout Rate.....	81
6. HOUSING	88
History of 'Pervasive' Inadequate Housing in East Phillips	88
Home Ownership Among Urban Indian Population of Minneapolis.....	90
Housing Conditions for Urban Indians in Minneapolis (1960 to 2000).....	93
Living Arrangements for the Urban Indian Population of Minneapolis.....	98
Percentage of Income on Housing: Urban Indians of Minneapolis	101

TABLE OF CONTENTS – CONTINUED

Urban Indian Housing Programs in Minneapolis (1960-2000).....	104
Future Housing Projects for Urban Indian Population: Minneapolis	108
7. HEALTH.....	113
Cultural Differences Regarding Sickness, Health, and Medicine	113
Federal Government Funding for Native American Health Care.....	116
Indian Health Services (IHS) for Urban Indians.....	119
The Indian Health Board (IHB) of Minneapolis	122
Other Urban Indian Health Programs in Minneapolis (1960's-1990's) ...	126
Birth Statistics for the Urban Indian Population of Minneapolis.....	132
Health Disparities and Mortality Statistics:Minneapolis Urban Indians ...	135
8. CONCLUSION	143
REFERENCES CITED	149

LIST OF TABLES

Table	Page
1. Graph 1- Minneapolis Urban Indian Population from 1960-2000	31
2. Table 1- Urban Indian Population in Neighborhoods of Minneapolis for 1990/2000	35
3. Graph 2- Number of Urban Indian Students in Minneapolis Public Schools (1968-2001).....	78
4. Graph 3- Dropout Rate Among Urban Indian Students in Minneapolis Public Schools (1968-2002)	80
5. Graph 4- % of Single Female Headed Households in Urban Indian Population (Mpls)	100
6. Graph 5- Male Single Headed Households (no wife) with Children 18 Years Old and Under (Year 2000).....	100
7. Graph 6- Female Single Headed Households (no husband) with Children 18 Years Old and Under (Year 2000).....	100
8. Graph 7- Average Rent Per Year for Urban Indian Population (Mpls)....	102
9. Graph 8- Average Annual Income for Urban Indian Population (Mpls) ..	102
10. Graph 9- American Indian Income Status per Household in Minneapolis 1990	103
11. Graph 10- American Indian Income Status per Household in Minneapolis 2000	103
12. Table 2- Dr. Charles McCreary Study (1967-1970).....	122
13. Table 3- Birthing Statistics for Urban Indian Population of Minneapolis (1960's-1990's)	134
14. Table 4- Mortality Statistics of Urban Indians of Minneapolis	140

LIST OF TABLES – CONTINUED

Table	Page
15. Table 5- Percentage of Deaths at Various Ages in Minneapolis (1970-1981); (1990-2001)	141

LIST OF FIGURES

Figure	Page
1. Map 1- The Urban Indian Population of Minneapolis is Mostly Derived from the Federally Recognized Reservations Located in These Six Contiguous States.....	25
2. Map 2- Federally Recognized Reservations Located in Minnesota.....	26
3. Map 3- Federally Recognized Reservations Located in North and South Dakota	27
4. Map 4- Federally Recognized Reservations Located in Michigan.....	28
5. Map 5- Federally Recognized Reservations Located in Wisconsin and Iowa	29
6. Map 6- Map of the City of Minneapolis with Neighborhood Locations.....	34

ABSTRACT

This thesis critically evaluates the improvements in educational achievements, housing conditions, and health care needs for the urban Indian population of Minneapolis, Minnesota. I specifically focus on the Relocation Policy and how that Policy, instead of assimilating American Indians into mainstream society, became a vehicle for elevating the population of American Indians in Minneapolis to a level of "visibility." As well, I discuss how this once "invisible" urban community formed an urban coalition, the American Indian Movement (AIM), to actively seek social justices in education, housing, and health care for the urban Indian population of Minneapolis, Minnesota.

The intent of the research is to determine whether the extensive funding and programs directed toward the urban Indian population of Minneapolis throughout the last four decades have brought about significant improvements; to determine the degree of, and changes in educational achievements, housing conditions, and health needs of the urban Indian population of Minneapolis, Minnesota. This project is the first evaluation of whether conditions within the urban Indian community of Minneapolis have improved since Relocation. I think this project was needed to critically evaluate a metro area like Minneapolis that has such an extensive history of programs and funding for the urban Indian population.

INTRODUCTION

“Indian’s in Cities?! You must be kidding.” No just trying to set the record straight. Those who are living, working, or carrying out research about American Indian life in urban areas are aware that there is very little focused attention, research, or writing that relates to urban Native topics. A person cannot help wondering why, with more than half of the American Indian people now living in urban areas, there is so little urban-focused interest among researchers, writers, poets, and artists, and why there are so few books on urban themes and contexts (Lobo xi).

Urbanization is an extremely important phenomena because virtually all European writers imagine that “civilization” arises only with cities. Indeed, the very word civilization is derived from the Latin civitat and civitas. In particular, the city of Rome, is derived from civis, citizen. The word city, as well as the Castilian ciudad, is derived similarly (Forbes qtd in Lobo & Peters 4).

In academia, Eurocentrism is a dominant intellectual and educational movement that postulates the superiority of Europeans over non-Europeans (Battiste 58). A people that does not have cities or urban centers will ordinarily not be viewed as being “civilized” by eurocentric writers and, the dualistic split between “nature” and “culture” in much of eurocentric thinking is also a “country” vs. “city” split. Most non-native writers picture Native Americans as people living on reservations, in rural areas, on the plains and pampas, or in small villages surrounded by mountains as in the Andes. Naturally, it becomes probematic for them when they discover that huge numbers of First Nations people reside today in cities such as Buenos Aires, Lima, La Paz, Guatemala City, Mexico City, Toronto, Denver, Chicagò, Los Angeles, Minneapolis, and so on (Forbes qtd in Lobo & Peters 5).

What many non-Native writers do not realize is that the First Americans have, in fact, gone through periods of deurbanization and reurbanization on various occasions in their histories and that urban life has been a major aspect of American

life from ancient times. In fact, it may well be that the Americas witnessed a greater process of urban development pre-1500 C.E. than did any other continent, with the growth of the most elaborate planned cities found anywhere. The evidence, with examples such as Cahokia, Moundville in Alabama, seems to indicate that from about 1600-1700 B.C. until 1519-1520 C.E., the largest cities in the world were often located in the Americas rather than in Asia, Africa, or Europe (Forbes qtd. in Lobo & Peters 5).

The metro areas of today are quite different than those found in ancient times, particularly in the diversity of people. Obviously, in cities like Cahokia, American Indian people were the majority. Today, American Indian people comprise a small segment of the population residing in metro areas. Even though there have always been Native people living in cities, the Federal Government's Relocation Program, from the 1940's through the 1960's, was instrumental in removing Indians, as many as one hundred thousand. Today, the majority of the 2.1 million Indians live in cities (Fixico 4).

Reluctant to leave their homelands, circumstances such as reservation landbases being too small, no viable economy, isolation, and neglect forced some American Indians to go to cities. Others were curious about "big city" life and eagerly volunteered for Relocation. Unaware of the Government's motive in its Relocation Policy, Indian relocatees did not realize that Federal Bureaucrats wanted to integrate them into the urban mainstream.

But, the Federal Government underestimated the strength and value of community within American Indian Nations. The external forces of the urban mainstream helped to forge an urban Indian identity shaped by urban Indians themselves. Like their ancestors, who had learned to function in communities on the plains, in the woodlands, and in other environments, Indian Americans formed enclaves in the cities. Extended families as a part of the tribe were continued when relatives came to the cities. Sometimes the urban extended family broke apart. This reliance on kinship and social practices enabled Indian cultural and

physical survival in the big city during the 1960's and 1970's. Many urban Indians were quick to participate in Red Power activism in the 1960's and in the protests of the American Indian Movement (AIM) in the 1970's. Communal life led to the creation of American Indian social and political movements and organizations, especially in the 1970's and 1980's. Tribal barriers continued to dissolve during the 1990's as inter-tribal efforts proved important to programs and organizations in meeting the needs of urban Indians (Fixico 5,6).

This thesis critically evaluates the improvements in educational achievements, housing conditions, and health care needs for the urban Indian population of Minneapolis, Minnesota. I specifically focus on the Relocation Policy and how that Policy, instead of assimilating American Indians into mainstream society, became a vehicle for elevating the population of American Indians in Minneapolis to a level of "visibility." As well, I discuss how this once "invisible" urban community formed an urban coalition, the American Indian Movement (AIM), to actively seek social justices in education, housing, and health care for the urban Indian population of Minneapolis, Minnesota.

The intent of the research is to determine whether the extensive funding and programs directed toward the urban Indian population of Minneapolis throughout the last four decades have brought about significant improvements; to determine the degree of, and changes in educational achievements, housing conditions, and health needs of the urban Indian population of Minneapolis, Minnesota. This project is the first evaluation of whether conditions within the urban Indian community of Minneapolis have improved since Relocation. I think this project was needed to critically evaluate a metro area like Minneapolis that has such an extensive history of programs and funding for the urban Indian population.

For the most part, materials are drawn from previous studies, my independent collation and analysis of published data from the 1960's -1990's, newspaper articles, and academic journals. Some important literature reviews include: Donald Fixico's book titled, The Urban Indian Experience in America. This book

is the first detailed account of experiences of urban Indian people in major cities across America. It comprises the urban Indians' experiences of Relocation, education, housing, employment, and health. Vine Deloria's, Nations Within, and Gerald Vizenor's book Crossbloods give historical information, and information on the formation and founding of the American Indian Movement and other "Red Power" movements. A book on the Native American Veteran's called Strong Hearts Wounded Knees by Tom Holms gives stories of the changing attitudes of Native American men and women after WWII. American Indians and the Urban Experience by Susan Lobo and Kurt Peters is a compilation of art, poetry and prose that documents American Indian experiences of urban life. This book emphasizes that American Indian life is urban, rural, and everything in between. Data and information from the League of Women Voters documented from the 1960's through the 1980's helped in my compilation and analysis. Also, academic journals like American Indian Quarterly, and the Journal of American Indian Education provided me with academic articles containing relevant information.

Significantly, I was honored to get interviews and stories from George McCauley, Rose Scott, and Juanita Espinosa of the American Indian Center in Minneapolis (2002). Also, Mary, George, and Maurice, urban Indians in the Phillips neighborhood of Minneapolis shared their stories.

The term "urban Indian" is used extensively in the following pages. It includes Native Americans who moved to cities and who experienced urban life. Throughout this thesis, the words "Native American," "American Indian," and "Indian American" are used interchangeably to avoid tedious prose. No part of this thesis draws upon any one particular American Indian person or Nation. It is evident that there exists not one urban Indian experience, but many experiences and multiple perceptions. Today, two-thirds of all American Indian people live in cities. Many of the urban Indians in Minneapolis and other metro areas, are third or fourth generation city dwellers, the descendants of those who first came to urban areas during the Federal Government's Relocation Policy (Fixico 5).

RELOCATION

History of Relocation

The "urbanization" of American Indians represents a late 20th century step in the U.S. Government's continual attempt to dispossess Indian people of the remaining 1.5 percent of the land under their jurisdiction in North America. The economic base of the Plains Indians was removed by slaughtering 50 million buffalo within a six-year period, and other subsistence bases such as fishing were severely disrupted. Tribal land holdings were broken up and transferred to non-Indians in the 1887 Dawes Act¹, (24 Stat. 388, amended, 25 U.S.C. secs 331-58), and a system of Government lacking checks and balances was imposed upon Tribal Nations in the 1934 Indian Reorganization Act. Finally, in the early 1950s, the Federal Government embarked on a Relocation program (Community Collective 7).

Government officials envisioned Relocation as a reform effort to assist American Indians in finding jobs and housing, but it was the 1830's Indian Removal Policy repeated when the Government ordered Indians relocated and removed to reservations, oftentimes very distant from their aboriginal homelands. In the 1950's it was removal from reservations to cities (Fixico 4).

While the Federal Government made Relocation sound like benevolent and beneficial help for American Indians self-sufficiency, Congress at the same time instituted another policy during the 1950's concerning reservations. The Termination policy abandoned the goals of the Indian Reorganization Act of 1934, and ended its efforts to improve Indian social, political, and economic life on the reservation.

¹The Dawes Allotment Act, named after Senator Henry Dawes, allowed the Federal Government to impose 160 acre deeds onto each member of a tribe, if they refused, a local agent accepted for them. The remaining acres were sold to non-Indian settlers. The land mass of American Indian tribes was greatly reduced, and of the 140 million acres of land that tribes collectively owned in 1887, only 50 million acres remained in 1934 when the Allotment Policy was abolished (Pevar 7).

Termination ended all Federal benefits and support services to certain Indian tribes and forced the dissolution of their reservations (Pevar 7).

In 1953, Congress adopted House Concurrent Resolution No. 108, authorizing legislation to end Federal benefits and services to various Indian tribes "at the earliest possible time" (Pevar 7). In the decade that followed, Congress terminated its assistance to over 100 tribes. Each of these tribes were ordered to distribute their land and property as "shares" in a "tribal corporation" to their members and dissolve their governments (Pevar 7). The Termination Policy was in effect from 1953-1968. American Indian peoples were instrumental in ending this Governmental policy and eventually reinstating tribal status to most terminated tribes².

Professor Donald L. Fixico skillfully points out in his book titled, "Termination and Relocation: Federal Indian Policy 1945-1960," between 1945 and 1960, the Government concocted Termination to end the Federal trust relationship³ with the tribes and Relocation to urbanize Indians on an individual basis. Until Termination and Relocation, Indian policy fluctuated back and forth between dealing with Indians as members of larger polities (tribes and nations) and treating Indians as backward individuals to be incorporated into the American mainstream. The new policy was to be a grand, one-two punch that not only got the Federal Government out of the Indian business, but also moved Indians as individuals away from their home communities to a "better life" (Fixico qtd. in Holm 108).

² Between 1954 and 1966 Congress terminated over one-hundred tribes, most of them in Oregon and California. There are still a number of tribes that have not regained their status (Pevar 7).

³ The Supreme Court first recognized the existence of a 'trust relationship' between the Federal Government and the Indian Nations in its early decisions interpreting Indian treaties (Johnson v. McIntosh, 21 U.S. (8 Wheat.) 543 (1823)); (Cherokee Nation v. Georgia, 30 U.S. (5 Pet.) 1 (1831); (Worcester v. Georgia, 31 U.S. (6 Pet.) 515 (1832)). Between 1787 and 1871 the United States entered into hundreds of treaties with Indian tribes. In almost all of these treaties, Indians gave up land in exchange for promises. These promises included a guarantee that the U.S. would create a permanent reservation for the tribe and would protect the safety and well-being of tribal members. The Supreme Court has held that such promises create a 'trust responsibility,' much like "that of a ward to his guardian" (Fixico qtd in Holm 108).

Relocation was officially introduced as a program in 1952 and open to all American Indians who qualified (Calloway & Fixico 2). It was so powerful and so effective that now two-thirds of the total Indian population lives in urban areas (Calloway & Fixico 2). The reason Relocation was so powerful was due both to the "push" of poverty and lack of job opportunities on reservations, combined with the threat of Termination by the Federal Government, and the "pull" of relatively good wages and job security to be found in the cities, even for unskilled, uneducated people (Lobo & Peters 190).

The chief architect of Relocation was a lifelong bureaucrat, Dillon S. Myer, whose primary qualification for the job was a dubious one: he had been a senior official in the program that interred Japanese-Americans into U.S. concentration camps during World War II. While Myer did not consider Indians to be "national security risks" like the Japanese, his goal was to assimilate Indians into the mainstream of American life. In doing so, he felt Indians would have more opportunity to improve their circumstances and shed their identity as a people; an identity that required "too much financial support" from the Government (Calloway 1).

Dillon Myer knew that his Relocation plan would especially appeal to the many American Indians who served in World War II. During the 1950s, patriotism was strong among American Indians. The extent of Native American participation in World War II surprised and satisfied officials in Washington. Although there were some American Indians who protested conscription and "fighting a white man's war," by and large Indians gave themselves over to the war effort. John Collier, then Commissioner of Indian Affairs, authorized tribal agencies and Indian boarding and day schools to serve as draft boards and enlistment stations. Native American people responded with a one-hundred percent registration rate (Franco qtd in Holm 104).

At the War's end, there were over 25,000 Native Americans within the military services', the bulk of them in the U.S. Army (Holm 104). Today, there are more than 12,000 Native Americans serving in the U.S. military (Senator Tom Daschle).

Participation in World War II changed the attitude of many Indian people leading them to question their own second class citizenship. This attitude was especially prevalent among Indian men who served in World War II, and those who worked in war related industries who discovered economic opportunities off the reservation. By 1945, it was estimated that nearly 150,000 American Indians directly participated in the industrial, agricultural, and military aspects of the war effort. More importantly, more than 40,000 Native Americans had left their home communities to work in war-related industries in the cities (Holm 106).

The upshot of Native American sacrifices to the American war effort was a renewed Government effort to "amalgamate," or mix, Indians into mainstream American society. Many non-Indians took the Indian war effort as a sign that Native Americans were attempting to legitimize themselves as American citizens, gain entrance into the American mainstream, and share economically in the great victory over totalitarianism and oppression (Holm 107). In 1945, O.K. Armstrong, a writer with Readers Digest, wrote an article representative of the general mood titled, "Set the American Indians Free." He claimed to have interviewed Indians in all parts of the U.S. and stated that he:

found that Indians possessed an unmistakable determination to demand full rights of citizenship, and that those Indians who return from the service will seek a greater share in American freedom. Moreover, those Native Americans who had labored in the factories and tasted economic opportunity for the first time would not be satisfied to live in a shack and loaf around in a blanket (qtd. in Holm 108).

Indian men who served in World War II knew the resources on reservations could not support the returning population and new insights of veterans. Economic opportunities for most Indians on reservations were limited. Reservation housing

often consisted of little more than shacks, without electricity or running water. In more remote areas, unemployment typically ran from 50-80%, and the average life span for both male and female Indians was barely 44 years (Calloway 2).

In the late 1940's, these hard economic and social realities motivated the Bureau of Indian Affairs to initiate its Relocation plan to encourage Indians to move to the cities, where there were jobs. Fixico recalls,

Relocation was an experimental program. For it to work, there had to be a certain number of individuals 'volunteering' for relocation. Most American Indians did not know what it was. A lot of brochures, a lot of pamphlets circulated on Indian reservations really trying to convince the Indian people to voluntarily come to the relocation effort... to find jobs and find housing in large cities like Chicago and Minneapolis. It was kind of a package deal that you had to be between 18 years of age and about age 45. Most relocatees were American Indian men. They were single, and they were the first ones to go on relocation. But in order to make this work then a certain number of Indians had to be volunteering for relocation every year. The first year in 1952 there were 442 American Indians who were relocated, with a \$500,000 budget (Calloway & Fixico 2).

The money was dispersed among many agencies to help the relocatees including: employment assistance programs, housing, education and health services. The Bureau of Indian Affairs contracted these services with private agencies to help the relocated Indian people.

The Role of the Bureau of Indian Affairs (BIA) in Relocation

The Bureau of Indian Affairs (BIA) was established in 1824 as the Federal Government's agency to deal with Indian affairs. The Indian migrants received assistance from the Relocation Program, created within the BIA. It was a long-standing policy of the BIA and Congress that the Bureau's special Federal services were to be provided only to reservation Indians eligible for such services. The basis of eligibility rested in treaties and residence on tax-exempt trust lands, reservations and allotments (BIA pamphlet 2).

The BIA's role remained relatively clear for most of its long history since the majority of people within its service population resided on reservations. But, with World War II, when thousands of Indians left the reservations for military service or for war time jobs, the steady movement off-reservations began taking place. The movement grew in the early 1950's with the initiation of the Employment Assistance Program under which the BIA helped Indian people by providing permanent employment in off-reservation areas. These services included assistance in obtaining employment, housing, vocational training, and orientation to the urban industrial community (BIA pamphlet 1).

Early in the 1970s, Congress, the BIA, and the Secretary of the Interior, faced a dilemma in deciding what the future role of the Bureau should be in light of the significant locational shifts in the Bureau's service population and its interaction with increasing numbers of non-Federal Indians (see Termination Policy p.6) in off-reservation areas. It was decided to reconfirm BIA activities to the reservation setting. If the BIA services were expanded into the off-reservation areas it would be inconsistent with national policy and would tend to compete with services from other sources (BIA pamphlet 1).

But, the BIA wanted to see that all American Indians residing on or off-reservations received necessary services in housing, education, employment opportunities, and medical treatment. Therefore, the BIA assumed the role of working with other Federal agencies such as the Office of Economic Opportunity, the Departments of Housing and Urban Development, the Department of Health Education and Welfare, and the Departments of Labor and Commerce, as well as, state local agencies and private organizations to assure services were made available in a meaningful way to meet the many pressing needs of off-reservation Indian people (BIA pamphlet 2).

In his message to Congress on National Indian Policy, delivered July 8, 1970, President Nixon clearly spelled out the role of the BIA with regard to urban Indians:

The Bureau of Indian Affairs (BIA) is organized to serve the 462,000 reservation Indians. The BIA's responsibility does not extend to Indians who have left the reservation, but this point is not always clearly understood...Indians living in urban areas have often lost out on the opportunity of participation in other programs designed for disadvantaged groups. As a first step toward helping the urban Indians, I am instructing appropriate officials to do all they can to ensure that this misunderstanding is corrected... In a joint effort, the Office of Economic Opportunity and the Department of Health Education and Welfare will expand support to a total of seven urban Indian centers in major cities...the Departments of Labor, Housing and Urban Development and Commerce...will contract with the BIA for the performance of relocation services which assist reservation Indians in their transition to urban employment (BIA pamphlet 2).

BIA bureaucrats wanted to simplify the application process for Relocation to make it easier for American Indians to apply. Uncertain of what to do and untrusting of prior BIA policies, Native Americans hesitated to volunteer for the new program. But, along with factors discussed above, curiosity about city life soon induced many people to apply. Native Americans frequently would arrive at an agency office to inquire "what is this relocation that I have been hearing about?" A survey of people from the terminated Klamath tribe who commonly relocated to Klamath Falls, a small urban center near the reservation in Oregon, revealed that they were attracted to stores, schools, and movie theaters. In addition, veterans, relatives, and friends, among the first to relocate, talked to their reservation brethren about adventurous good times in the cities. The realities for relocatees seemed positive. But were they? (Fixico 10-11).

History of Phillips Neighborhood and Early Relocatees

Whether the relocatees experience was positive or negative depended, in part, on where the BIA relocated them. In the 1940's and 50's, the early years of Relocation, the BIA chose the eastern half of the Phillips neighborhood in Minneapolis, formerly called the 'near 'Southside' or 'Southside' for relocating American Indians, from many different tribal Nations. Although this is one of several different areas, the Phillips area is the "identified" urban Indian community.

Historically, the western half of Phillips included the wealthiest families of Minneapolis; the Pillsburys, Peaveys, and Washburns. However, the eastern half of Phillips was built for "working class people" and industries because of its close proximity to the Southtown Yards (formerly Milwaukee Road Railroad), mass transit, and because real estate developers bought up most of the farm land and built rental housing there (Marks 1).

Eastern Phillips housed a diversity of immigrants, including: Bohemians, African Americans, Scandinavians, Germans, Irish, and Jews. South of Franklin, near Cedar Avenue, housed a concentration of immigrant Russian and Romanian Jews (Marks 2). In fact, there used to be a Jewish Synagogue at the intersection where the Little Earth Native American Housing Complex now stands. A city map titled "Legacy of a Working City" labeled the east side of Phillips as "slum housing" for "foreign born" and "Blacks" (Marks 2). Phillips is still one of the most diverse neighborhoods in Minneapolis where the people of color account for the majority of the population. Between 1980 and 1990, the Phillips population increased 61.8%, from 5,864 to 9,488 respectively (Phillips Demographic Characteristics 1). Between 1990 and 2000, the African American population rose 58.4% from 3,677 to 5,825; the Hispanic / Latino population increased 557.4% from 667 to 4,385, and; the "other race" category, primarily Somalis, rose 852% from 248 to 2,361 (Phillips Demographic Characteristics).

It has been theorized that the BIA chose the eastern side of Phillips for the urban Indian population, not just for its close proximity to industries, public transportation, and that the area was labelled for "new immigrants", but because this area had one of the highest percentages of rental housing, a chosen option of many relocatees (Marks 3). Unfortunately, the people who bought the land built cheap housing, or sub-standard housing to alleviate the housing shortage. Many of these sub-standard buildings were not kept up, leading to deplorable living conditions for the residents of east Phillips. Until the 1930's, 15-25% of homes in the east side of Phillips were without electricity, running water, or indoor plumbing.

In the depths of the Great Depression in 1934, the situation deteriorated significantly. By the 1950s, two small sections of the neighborhood were "rooming house districts" or "residential lower middle class districts," while the western half of Phillips was divided between "transitional business/ light industry" and a "main apartment house area." Seventy-five percent of the houses in east Phillips were rentals, and 20% of the housing was considered uninhabitable. Those statistics are not much different today (Marks 2).

The Realities for Relocates

In reality, the circumstances for Indians who relocated from the reservation to any major city did not improve significantly. For many, they exchanged one form of poverty for another. "They were trained to be housekeepers and cooks. They were taught trades, they were not taught to be professional people," said Pat Tyson of Saint Augustine's Center for American Indians. A significant number could not afford decent food or housing, and soon found themselves without public aid once their Government relocation support ran out (Calloway 3).

The BIA support for Indian relocatees to the city in the early years of Relocation looked something like this:

After an initial inquiry about Relocation to a Bureau of Indian Affairs official at an agency or an area office, the paperwork began. After reviewing an applicant's job skills and employment records, the official usually contacted the relocation office in the city of the applicant's choice. With clothes and personal items packed, the applicant customarily boarded a bus or train to the designated city, where he or she was met by a relocation worker. Upon arrival, the newcomer received a check to be spent under the supervision of the relocation officer. The officer sometimes accompanied the new urbanite to a nearby store to purchase such items as toiletries, cookware, groceries, bedding, clothes, and a new alarm clock to ensure punctual arrival at work (Fixico 11).

Mary and her husband George (last name anonymous), tell their story of Relocation to Minneapolis in 1958:

The BIA officers paid for my husband and me to move to Minneapolis. So we moved. We were young and we needed jobs. We both got jobs at the Green Giant factory. I got pregnant and he

got laid off and went to see four different unemployment offices. I was scared. I felt lonely and wanted to go back [home]. I wanted a medicine person for my pregnancy... I was pregnant. The BIA paid our way here. How could we get back home? Would they pay? I just wanted to go [home]...(Interview 8/ 20/2002 Mary & George,[Cree]).

Adjusting to urban life proved difficult for Indian Americans who still retained traditional values and viewed life from a native ethos. Tribal values maintained through generations and a native perspective set apart American Indians from other immigrants and inhabitants in the cities. The retention of traditionalism was challenged by urban mainstream values on a daily basis (Fixico 5).

In trying to adjust to the urban mainstream, many relocatees first encountered the usual problems of living in the big city: crime, inflation, employment, and exploitation. The street-life environment was enough to contend with, but their problems did not end here. The pressures of urban life challenged Native lifestyles, a traditional guideline that had served them well through the centuries. Transforming from a rural, tribal lifestyle to the urban mainstream resulted in a new set of problems. Social alienation, community prejudice, and racism made urban life difficult, forcing 70% of the early relocatees to return to their reservations (Fixico 5).

In places like Chicago and Minneapolis it was as if the tall buildings suffocated Indian people, especially those from the Plains where wide open spaces were their solace. They were also baffled with the use of elevators found in these large buildings. There are stories of Indians stepping into an elevator for the first time and not knowing how it worked, learning how to get on and off a bus for the first time, and experiencing the urban frustration of being lost while trying to find street addresses. Also, living according to a schedule was a new experience for many relocated Indians. In some instances instructions had to be given on how a clock worked, and the relocatee was taught to tell time. Other modern gadgets that relocatees knew little about were stoplights, telephones, and credit cards (Fixico 14).

Despite these sometimes negative and new experiences, especially by first generation relocatees, and reports that Indians in the city felt as though they were serving time with Government administrators who did not really care, the experiences reported by people I interviewed indicate that Relocation was mostly positive, especially in the latter years when Relocation was no longer a Policy and there were more urban Indian organizations to help in the adjustment. Here are some experiences shared with me about relocation to Minneapolis in the 1970's and 1980's.

In 1978, George McCauley of the American Indian Center in Minneapolis, relocated from the Rosebud Reservation in South Dakota. He said,

When I first arrived in Minneapolis I went to get a job. I went to the Employment Assistance Office and they told me to cut my hair. They said to cut my hair so I would have a better chance of getting a job. I told them I would not cut my hair. The one thing I would not do is cut my hair. The employment officer got mad at me and said I was being a stupid Indian. After having my hair cut in boarding school I told myself I would never cut my hair again. It [not getting a job] had nothing to do with my hair. I got a job here at the American Indian Center. I've left and come back. I've been here for over ten years. I like my job. When I go back to the 'rez' to visit my uncles I can't wait to get back to my job. I like visiting my uncles, but I get restless. I think it is a good idea to help people make it to places where there are jobs. We [urban Indians] could have used more money though! (George McCauley, [Lakota]).

Juanita Espinosa of the Spirit Lake Nation in North Dakota, also employed by the American Indian Center in Minneapolis, says this of her experience with Relocation:

I never intended on coming to Minneapolis. I never wanted to leave the reservation but my boyfriend was coming to Minneapolis in 1984, so I came. We came in a run-down Jeep with no heat in the middle of winter, and by the time we arrived, I was very sick. I went to the Indian Health Board and they helped me. While I was there I told them I was looking for a job and they told me to go into a room down the hall. I went into the room and they told me they were conducting a study for the University of Minnesota on diabetes in the American Indian population, and they needed me to collect blood samples from the community people. So, this other woman and I went around to the neighborhood people. We went door to door collecting blood samples for this diabetes study. We became known as the 'blood girls' (Juanita Espinosa).

These are just two examples, but for many Indian men and women who have lived and worked off the reservation, there may be no real desire to permanently return to it. Lack of job opportunities and the lure of the excitement of "big city life" draw young Indian men and women into off-reservation training programs or educational situations that expose them to a much broader range of experiences than they feel they can get on the reservation. For those who want to return to the reservation, especially after a college education, the problems of being fully accepted as a member of the community may be great (Fixico 4).

The optimistic side of Relocation is a rise in the Indian standard of living in urban areas during the last twenty five years and perhaps longer. A segment of the Indian population has become educated and moved on to professional careers, creating a Native American middle-class that resides primarily in the cities (Fixico 6).

The early reports on Indians in the cities seemed to view a single urban way of life for Indians. Today, it is useless and absurd to talk about "the urban Indian" in the singular. The adjustment patterns, recreational behavior, employment, and education expectations vary as much for people classified as 'Indian' as similar expectations vary for the general population moving from non-urban to urban life. Some come from other cities, or very large towns, or from villages; others are rural but not from reservations, and many, of course, are from reservations. It is therefore as difficult to talk about "the urban Indian" in Minneapolis as a generalization, as it is to talk about the entire population of Minnesotans as a generalization (Waddell & Watson 171-172).

An example of this difference is found in a comparison between first generation and second generation Anishinaabe Indians in a city called Riverton. The first generation of Anishinaabe to have grown up in Riverton are the children of people who grew up on reservations, or in rural Indian communities, or small towns but moved to Riverton. Members of the first generation are generally proud of their Native American heritage and express their Indian identity openly. They talk

about growing up in a genuine sense of a community that had developed early on among their Native American parents who kept in touch with other Indian people through social connections such as potluck dinners, a bowling league, and work parties to help one another with home improvement projects. These first generation Anishinaabe urban Indians tend to be verbal and vocal about their Native American heritage; they talk about being Indian in public settings, among themselves, and with their children (Lobo & Peters 190).

It was a whole different experience for the second-generation of Anishinaabe Indians in Riverton. They talk about an elusive Pan-Indian heritage that hovered around the margins of their childhood, not quite present, yet never completely absent. They express the pain, confusion, and shame that seem to have constituted an all-too-salient aspect of their "American Indian heritage" during their childhood years (Lobo & Peters 191). Not growing up on their tribal land, not hearing their Native language, and not being around relatives and their ancestral community has left an emptiness inside. They have become tenacious in seeking their answers in the knowledge and practices of the cultural heritage they have come to feel is their birthright. They seek, in the words of Michelle Duncan, Anishinaabe, to "fill the holes in their hearts." She said:

The majority of us [city-raised Indian people] walk around with this hole in our heart. We know we are different, that there is a piece of our life that is missing. And once we can find out what is missing, and fill that hole ourselves, then we see a whole person emerge. We start asking questions, and we become these enormous sponges, and we just want to absorb, absorb, absorb. And it fills that hole (Lobo & Peters 195).

However, there was, and is one commonality among many urban Indians in cities like Minneapolis, and that is a need for equal opportunities in education, health, housing, and employment. Instead of assimilating into the mainstream, the intention of Dillon Myer's Relocation Program, most American Indians did what they knew best, they formed their own community in these metropolitan areas. Concentration in urban areas, a result of Relocation, helped to 'boost' the

American Indian to a level of visibility achieved by other populations fighting for equal rights in the 1960's, and 1970's. Relocation provided a strength in numbers for the urban Indian population of Minneapolis that became a vehicle in providing a stronger 'voice' for the urban Indian community, and eventually, for many Native people. This 'voice' turned into activism in the 1960's for achieving better education, health, housing, and employment opportunities for this segment of the population that continued to grow throughout the following decades in Minneapolis.

POPULATION

Miscounts and Misrepresentation in Census Numbers

The population count of the urban Indian population, and the American Indian population in general, has always been undercounted, and has included persons claiming to have 'Indian' blood. In the 1990 U.S. Census Bureau's statistics, Native Americans in Minnesota were undercounted by 4.5%, and those living on reservations were undercounted by 12.2% (Farrar 1). Census numbers released from the 2000 census show that overall, Minnesota's American Indian population grew 10%, from 49,474 to 54,967, counting only those who said they were 100% American Indian. The picture is somewhat fuzzy with another 26,000 people in Minnesota who said they were American Indian plus another race, mostly white, and it is not clear how those people were counted in 1990 (IMDiversity 1).

Nationwide, the Census Bureau reports that the number of people who identified themselves since 1990 as American Indians increased 26%, to 2.5 million. An example of a program providing a more accurate census count of urban Indians is the "Strength of Nations Project" at the University of Wisconsin, Milwaukee. In 2000, a group of University students took the first urban Indian census count for the city of Milwaukee. "The census will increase our visibility as well as our numbers," said Katherine Clute, from the Tonawanda Band of Seneca (Clute 1). Also, the Census Bureau instituted an Outreach Program using respected tribal leaders and elders, both on and off-reservation, to gain a more accurate count of the American Indian population in the 2000 census. Does that add up to a rapidly growing Indian population? Not necessarily. Native Americans are far more difficult to count than most ethnic groups (Shukovsky 2).

Several explanations for this miscalculation of the urban Indian population in Minneapolis, as well as other cities, include: (1) A high mobility among the urban American Indian population. Many people travel back and forth between reservation living and city living. This makes it hard for the Census Bureau to track

this segment of the population. But, the hardest thing for Native American people is to trust the Government, given their turbulent history. This deep-seated suspicion of the Government likely prompts many Native Americans to avoid being found. In the past, when the Government wanted to find Indians, it was always for a negative outcome, whether it be to remove them to another land-base, or to oppress them in one way or another. Also, there is a lack of interest, and a lack of awareness about how census numbers work and how they are used (i.e., education, housing, health, and job training for a particular group of people) (Shukovsky 3).

The U.S. census count is calculated from one of two forms; a short form with eight basic questions, or a long form with fifty three detailed questions (households are chosen at random for the type of form they receive). Households are given a form in mid-March, and have until the first day of April to mail forms back to the Census Bureau. However, the mail response rate for all populations, has dropped consistently between 1970 and 1980 (Farrar 1).

According to a recent study, only 3% of the Native American and Alaskan Native community is likely to respond to the census. The study, conducted by Yankelovich Partners, a marketing research firm based in Connecticut, categorizes Native American and Alaskan Natives together. Most people falling within the 3% who respond are 28 years old or older, educated, and live in urban areas. The 78% least likely to respond, include adults and elders with little or no education who live on reservations and have disassociated themselves with the census, or don't believe they could benefit from participating in it. The study also reveals that 19% of the Native American population is undecided and passive regarding the census; this segment consists of adults age 18-50 who live on reservations or in urban areas and have a high school education (Farrar 2).

Another issue that complicates accurate census counts for Native Americans is that the new census forms give people the option of writing in additional races and checking off as many races as they want, making 63 race categories possible

once the forms are compiled by the Census Bureau. This change was made after an extended debate in the 1990's about how to count people with parents of different ethnicities who wanted to include both heritages, or perhaps more than two (Glazer 2). This allowed 4.1 million people to self-identify as having some degree of Indian ancestry in the 2000 census (Shukovsky 3).

This "multi-racial" option, which is part of the Census 2000 Redistricting Data Program (Public Law 94-171) plays into the whole "can of worms" of the blood quantum issue. The most striking aspect of the American census of 2000, compared to previous years, is that the short form, that goes to all American households, consists mostly of questions on "race" and "Hispanicity." Two questions ask for the respondent's race and whether the respondent is of "Spanish/ Hispanic" origin including: Mexican, Mexican-American, Chicano, Puerto-Rican, Cuban, or other Spanish-Hispanic origin. Both questions go into considerable detail to determine just what race, and just what kind of "Hispanic," the respondent is. The race question lists many possibilities to choose from, including, to begin with, "white" and "black," as well as "American Indian," with an additional request to list the name of the tribe, "Eskimo," or "Aleut," or "Cree," etc. Then under the general heading "Asian or Pacific Islander (API)," it lists as separate choices: Chinese, Filipino, Hawaiian, Korean, Vietnamese, Japanese, Asian Indian, Samoan, Guamanian, or other race (Glazer 2).

The mixed-race choices complicate the issue of choosing a base to measure the progress of, or possible discrimination against, minorities, an important step in affirmative action programs. That is the reason some minority leaders opposed allowing the mixed-race option. If the base becomes smaller, the degree of discrimination a group may claim by noting how many members of the group have attained this or that status is reduced (Glazer 9). For example, if someone chooses "American Indian" and another race, is that person included in the count of American Indians? The Office of Management and Budget oversees the race and ethnic statistics compiled by Federal agencies, and it has determined that for

their purposes (affirmative-action monitoring and the like) all multi-race respondents who chose "white" and a minority race are counted as the minority, a decision that has pleased minority advocates (Glazer 8). Although some people have expressed gratitude that the options on the census forms allow them to acknowledge their heritage(s), it is anyone's guess how this will affect programs. In 1990, each person, regardless of race, counted on the census brought \$1,500 over a 10 year period to their community, and it is estimated that each person in the 2000 census will bring \$2,500 to their community (Farrar 2).

Author Sherman Alexie, a Spokane who grew up on the reservation, said he sees "a real danger in overcounting in urban areas because of people saying they are Indians when they don't really have any cultural, financial, or political stake in their tribe or its interest." Alexie said that the self-identification by 'wannabees' allowed in the 2000 census may skew the count, and shift Federal dollars away from reservations to serve newly identified urban Indians who really are not Indian (Shukovsky 4).

Although this "multi-racial" category is new on the 2000 census form, it is not new for people to indicate a mixed racial heritage. It is not a new phenomena for people to indicate some level of Indian heritage, even if the 'blood quantum' level is only 1/64th.

The blood quantum issue, and self-identifying with a tribal heritage have always been controversial subjects. In 1928, Hubert Work, Secretary of the Interior, commissioned The Meriam Report, the first detailed report on the dire conditions of Native Americans. The Secretary of the Interior wrote of the Twin Cities' (Minneapolis & Saint Paul) urban Indian population as being middle class and fiercely determined to remain Indian:

One gets the impression in St. Paul and Minneapolis that most of the persons claiming to be Indians have but a slight degree of Indian blood. From, "Lists of Indians" furnished by the several reservations, many were reached whose personal appearance indicated French or Scandinavian blood, rather than Indian. In a number of cases a claim of

only 1/16, 1/32, or 1/64 Indian blood was made, yet great insistence was put upon the right to be designated "Indian." Some of the so-called Indians were found to be persons generally believed to be white, who were living in the type of home that fairly prosperous young professional or business folk generally enjoy (Ebbott & Rosenblatt 80).

This statement demonstrates the long-standing debate over who is Indian. One dominant, stereotypical idea is that someone is more "Indian" if they have more Native blood, or "look" more Indian American. If you ask many Native American people 'blood Quantum' alone does not make a person part of a tribal community. It is living the culture, learning the traditions, speaking the language, and participating and being part of the American Indian community.

Also, the fact remains that some Native Americans identify themselves as White/ Caucasian on the census form. I interviewed Rose Scott, a Chippewa / Oneida Indian at the Minneapolis Indian Center. Rose never grew up on a reservation and also said she "never understood what it meant to be an Indian." When she came to the Minneapolis area, she married a white man and had four children. She admits to marking the box labelled White/ Caucasian for her children. It was not until her fourth child that she finally started marking the box labelled Native American. She said she never had the Native American cultural experiences that she feels gives people their true self-identity as being 'Indians.' To Rose, and many other American Indians, the issue of racial identity is not just about 'blood quantum.'

As one reads the following sections on the population of urban Indians in Minneapolis, take all of the undercount and misrepresentation issues into consideration, especially in regards to the Census Bureau numbers.

Tribal Affiliations Among Urban Indian Population in Minneapolis

Priscilla Buffalohead, Director of the American Indian Program of the Osseo school district, identified these tribal affiliations among part of the urban Indian population.

Ho-Chunk (Winnebago), Cherokee, Inca, Mexico, Comanche, Koomeeay (Mission Indians), Miami, Mohawk, Cheyenne, Potawatomi, Metis, Washoe, Navajo, Powhatan, Carrier, Tlingit, Ojibwe (Sault Ste. Marie, White Earth, Mille Lacs, Red Lake, Turtle Mountain, Bois Forte, Grand Portage, Leach Lake), Dakota (Sisseton-Wahpeton, Shakopee-Mdewakanton), and Lakota (Rosebud, Pine Ridge, Cheyenne River) (Priscilla Buffalohead, Interview, 09/30/02).

Although there is a lot of tribal diversity in the urban Indian population of Minneapolis, the majority come from the Dakota and Ojibway Nations from reservations in North and South Dakota, Wisconsin, Michigan, Iowa, and of course, Minnesota (see Maps #1-5).

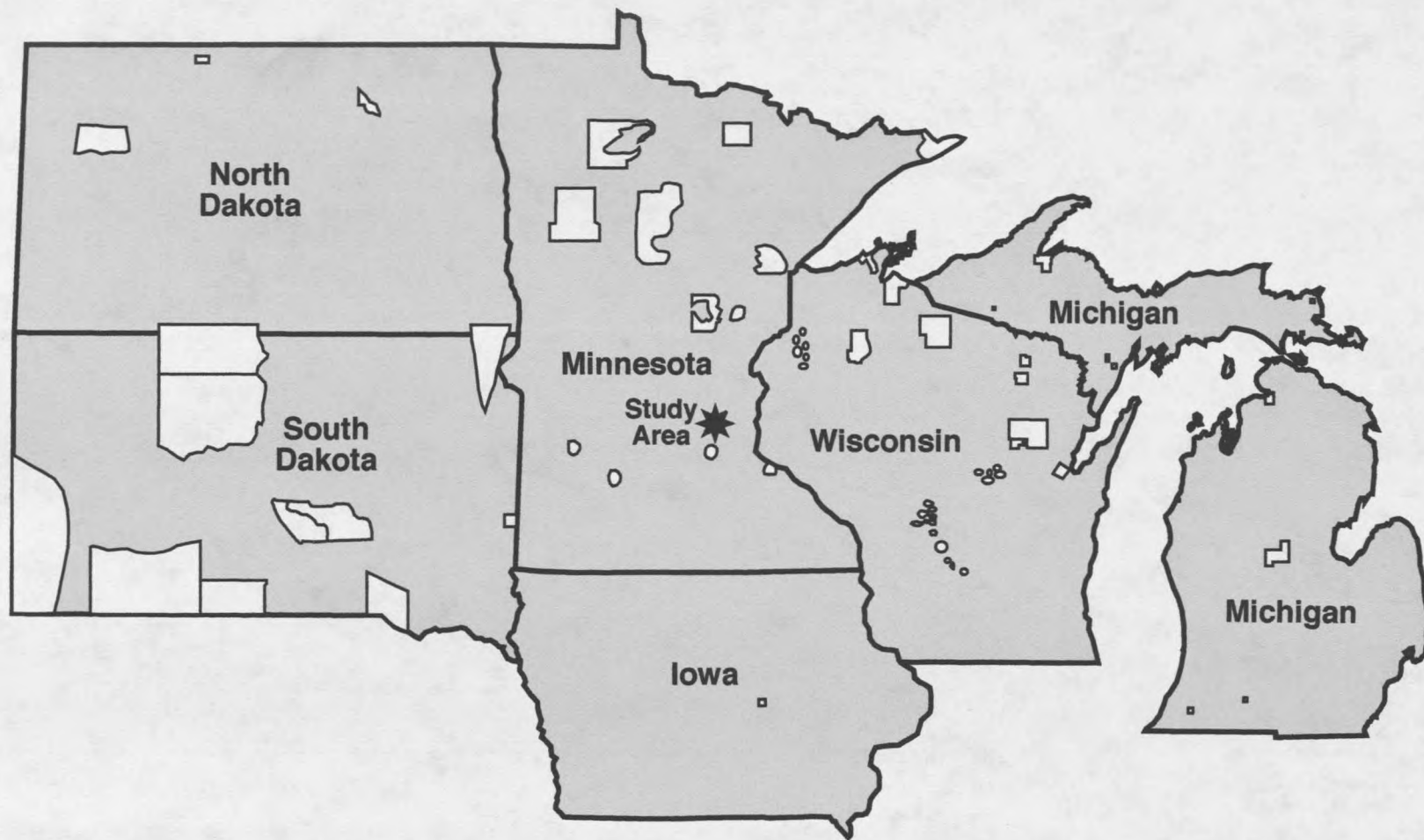
The Trend of the Urban Indian Population of Minneapolis

In 1940, the U.S. Census reported 145 Indians in Minneapolis, and 426 in 1950. These figures were regarded by many as lower than the actual numbers, and it was acknowledged that some Indians had been "absorbed" by the majority society and did not identify themselves as Indians (League of Women Voters 1968, 2).

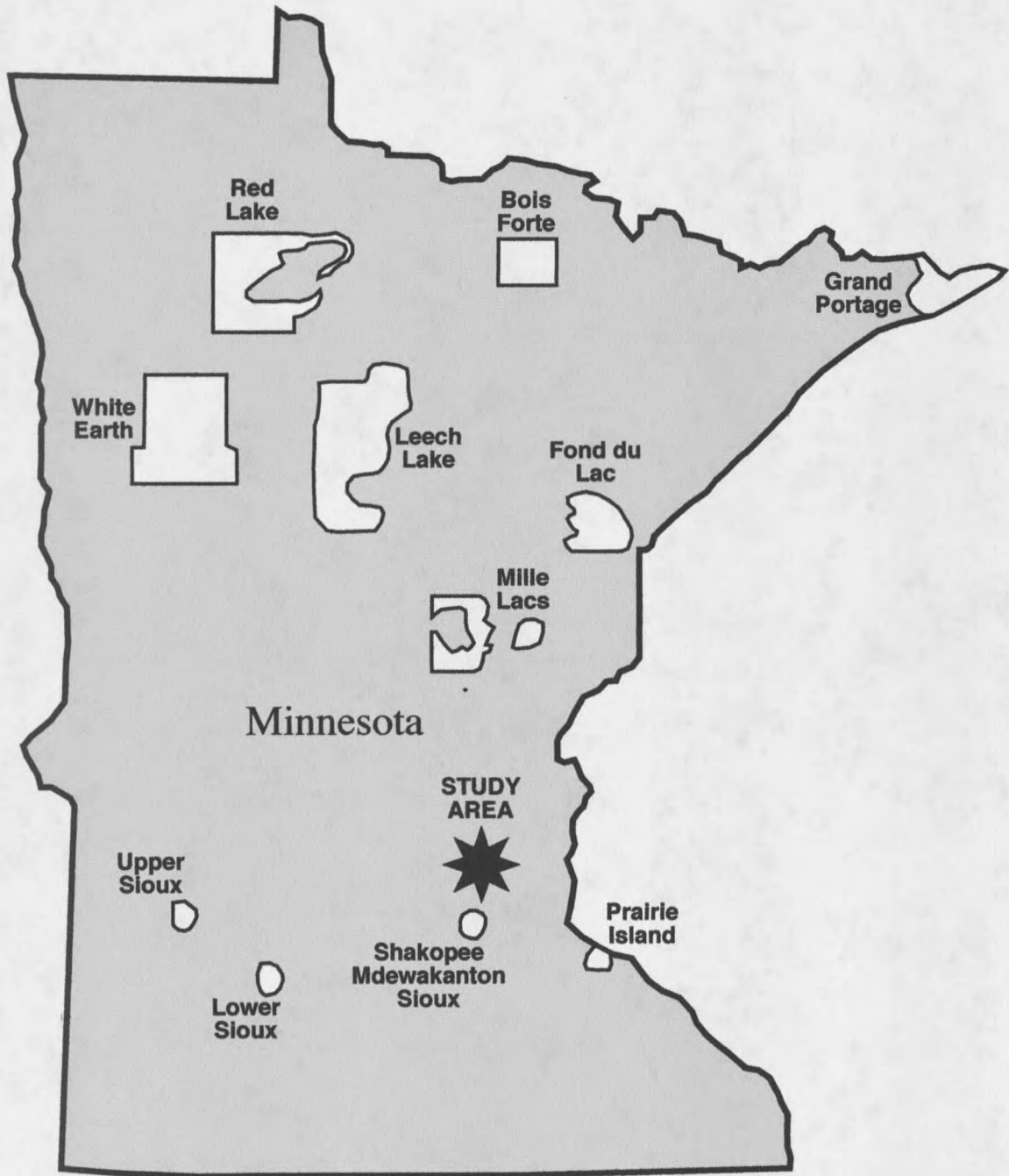
In 1960, the U.S. Census reported 2,077 urban Indians in Minneapolis. This number was 0.4% of the total population. By 1970, the Minneapolis Indian population tripled to 5,829 or 1.3% of the total population. In 1970, the Census Bureau also stated the following regarding the urban Indian population in Minneapolis:

Many people believe that the numerical count is a conservative one due to the difficulty of locating and identifying some Indians, but the trend is clear. Increasingly, Indians are leaving the reservation where unemployment is extremely high in search of a better life in the city, and their families are growing (qtd in League of Women Voters 1971, 2).

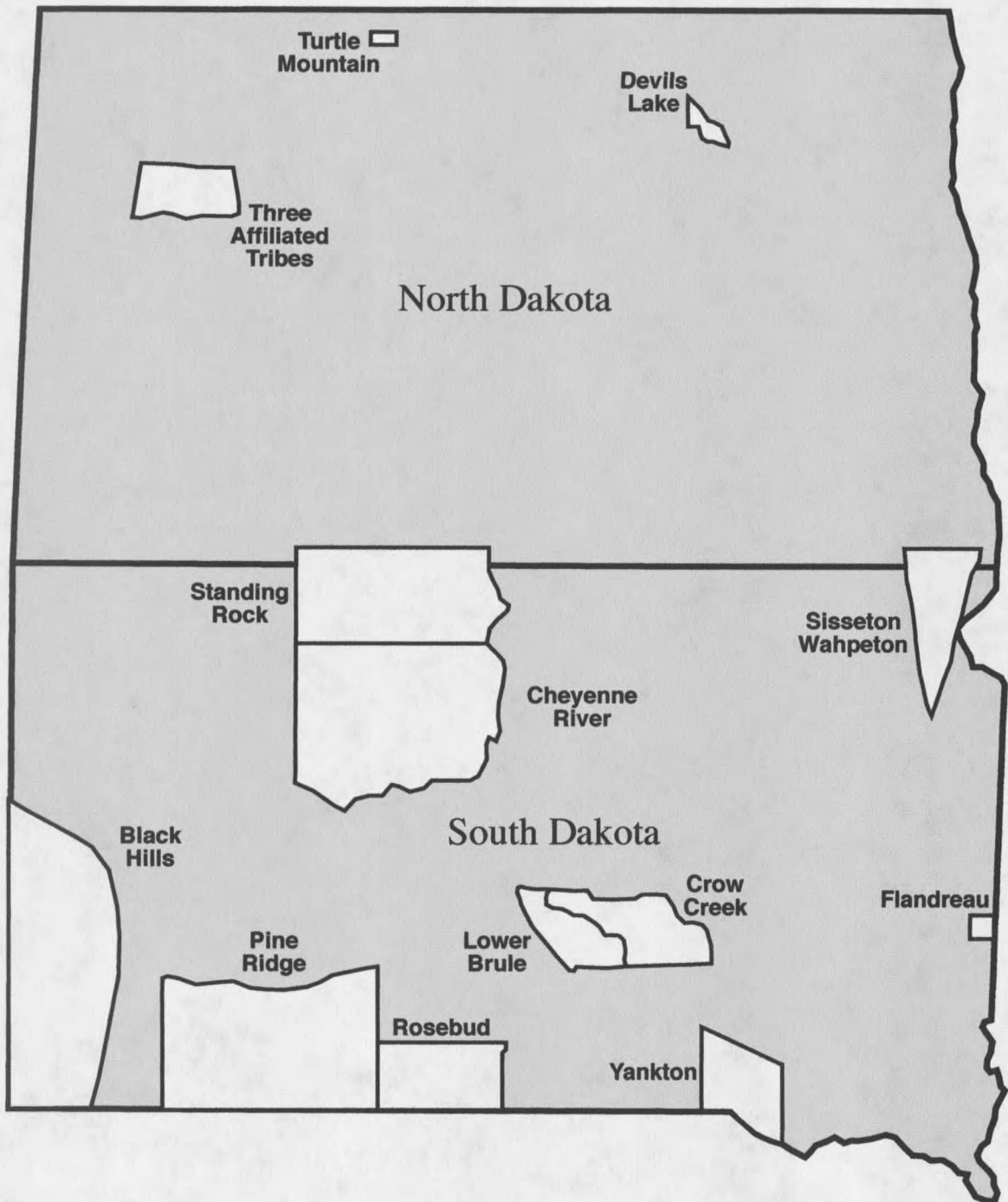
The 1980 Census reported that approximately half of the Indian population resided in urban areas from small towns to large metropolitan areas, like Chicago and Minneapolis (Fixico 4). The 1980 Census listed 8,933 Indians in Minneapolis, a 53% increase over the previous decade. Given this increase, Minneapolis



Map 1:
★ The Urban Indian Population of Minneapolis is mostly derived from the Federally recognized Reservations located in these six contiguous states. (See maps on following pages for individual state reservation specifics.)



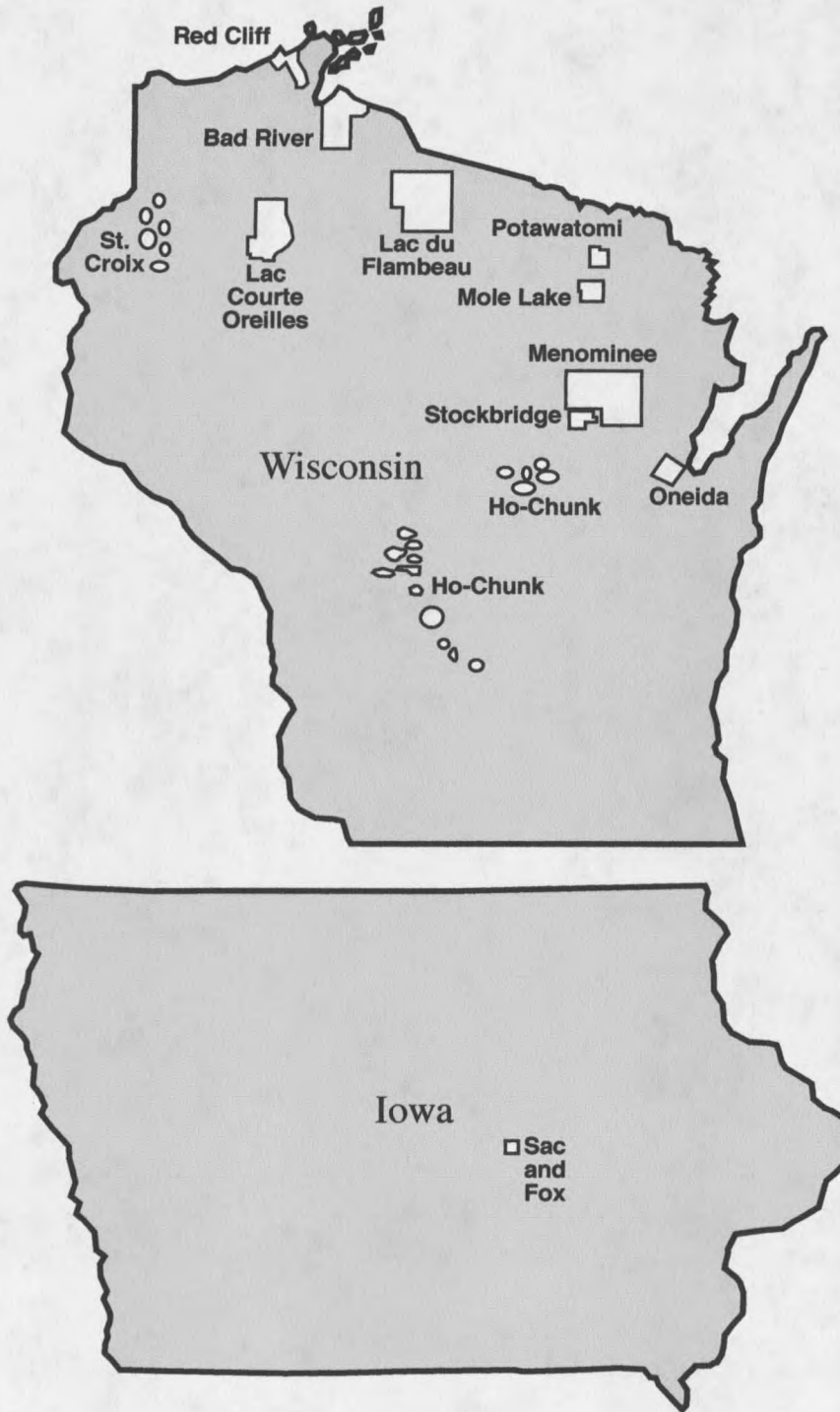
Map 2:
Federally recognized Reservations located in Minnesota.



Map 3:
Federally recognized Reservations located in North and South Dakota.



Map 4:
Federally recognized Reservations located in Michigan.



Map 5:
Federally recognized Reservations located in Wisconsin and Iowa.

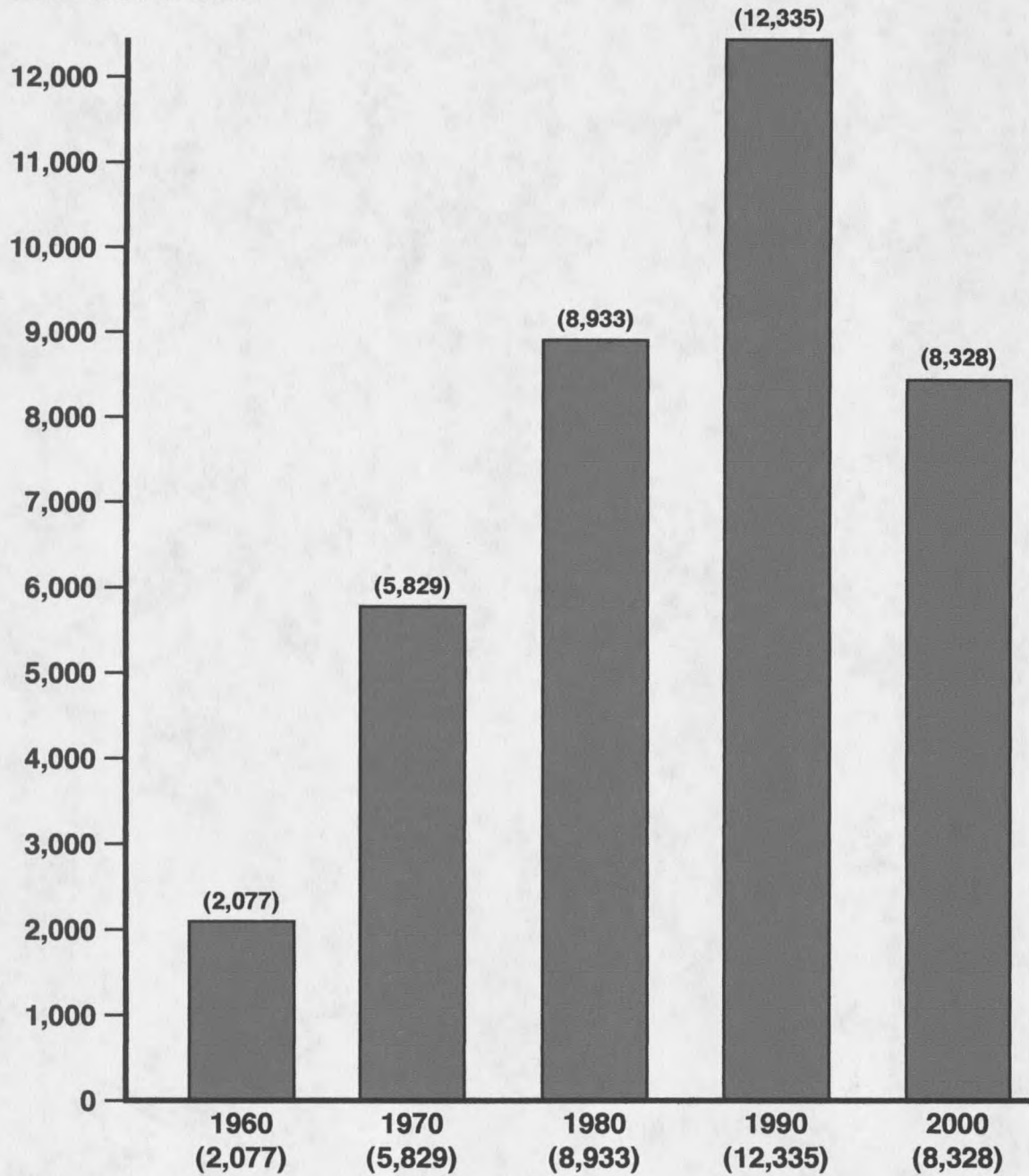
ranked the third highest city for percentage of urban Indians in the United States. According to the 1980 Census, the Native American community comprised 2.4% of the Minneapolis population and 25.5% of the statewide population. The 1980 Census data also indicated that half of the Indian population in Minneapolis was younger than 20.2 years of age, compared to 30.9 years for the white population. The largest Indian age category was the 5 to 9 year old group which was 13.4% of the city's total Indian population. Indian children under the age of 5 were 12.9% of the total urban Indian population; only 3% of the Minneapolis Indian population were over 65 years old in 1980. Although there was a slightly higher percentage of older urban Indians in the 1990 census; these figures have remained consistent throughout the 1990's and 2000 (League of Women Voters 1984, 4).

Even in 1980, Minnesota Indian community leaders felt certain that the statistics were not an accurate reflection of the urban Indian population and that there were many more Indians in Minneapolis than the numbers reflected, partly due to the mobility of Indian peoples. Indian leaders in Minneapolis wanted people to recognize, first of all, that the majority of Indians in Minnesota no longer lived on reservations, that they were urban Indians (League of Women Voters 1984, 4).

This trend for American Indians who lived in rural areas or on reservations to relocate to an urban setting, continued into the 1990's. The census for 1990 reported that 63% of all U.S. Indian people lived in cities, or urban areas (Fixico 4). The 1990 census placed the Minneapolis urban Indian population at 12,335, or 3.3% of the city's total population. This was an increase of over 30% from the 1980 census numbers ("Population by Race..." 1).

One might conclude that the trend of American Indians to relocate to urban settings would continue. However, in the 2000 census, the urban Indian population decreased to 8,378, or 2.2% of the total population of Minneapolis (Shukovsky 1). This is significantly lower than the 1990 population of 12,335, or 3.3% of the total Minneapolis population. ("Population by Race..." 1). (See graph #1).

**Graph 1:
Minneapolis Urban Indian Population
from 1960 to 2000**



* U.S. Census Bureau

* Numbers obtained from the U.S. Census Bureau

* From 1990 to 2000 - loss of 4,007 individuals or a change of 32.1%

This indicates that 3,957, or almost one-third of Minneapolis' urban Indian population, moved away from the city during the last decade. There is a new movement of Indians "returning" to the reservations. For many urban Indians, the mean streets of the city became a bit meaner in recent years. In large part, welfare reform reversed the movement (Shukovsky 1). On August 22, 1996, President Clinton signed into law "The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Public Law 104-193)," a comprehensive bipartisan welfare reform plan that dramatically changed the nation's welfare system into one that required work in exchange for time-limited assistance. Under the new law, with few exceptions, recipients must work after two years of assistance. Families who have received assistance for five cumulative years (or less, at a state's option), will be ineligible for cash aid under the new welfare law, but states can provide non-cash assistance vouchers (i.e; food stamps), to families that reach the time limit (Administration for Children & Families 1).

But, according to Indian leaders, the two biggest reasons American Indians left the Minneapolis area in the 1990's are: the long standing urge to go 'home' to one's reservation, and the creation of 1,000's of gaming jobs on reservations that provide greater economic opportunities on reservations (IMDiversity 1).

Joe Day, Executive Director of the Minnesota Indian Affairs Council, said most bands began reporting growing numbers of members moving back in the mid-1990s. By 2000, the total Indian population living on reservations in Minnesota had grown from 25% to 40%. Day said,

A lot of folks went home to work with the tribes. The development of 14,000 jobs since 1990, mostly gaming jobs at casinos, provided new opportunities for members to go home and work (qtd. in IMDiversity 2).

Also, the desire of urban Indians to return to their traditional reservation is a big motive. Sheldon Boyd, Commissioner of Administration for the Mille Lacs Band of Ojibway, grew up in Minneapolis, and like many of his relatives, returned to the reservation. He says,

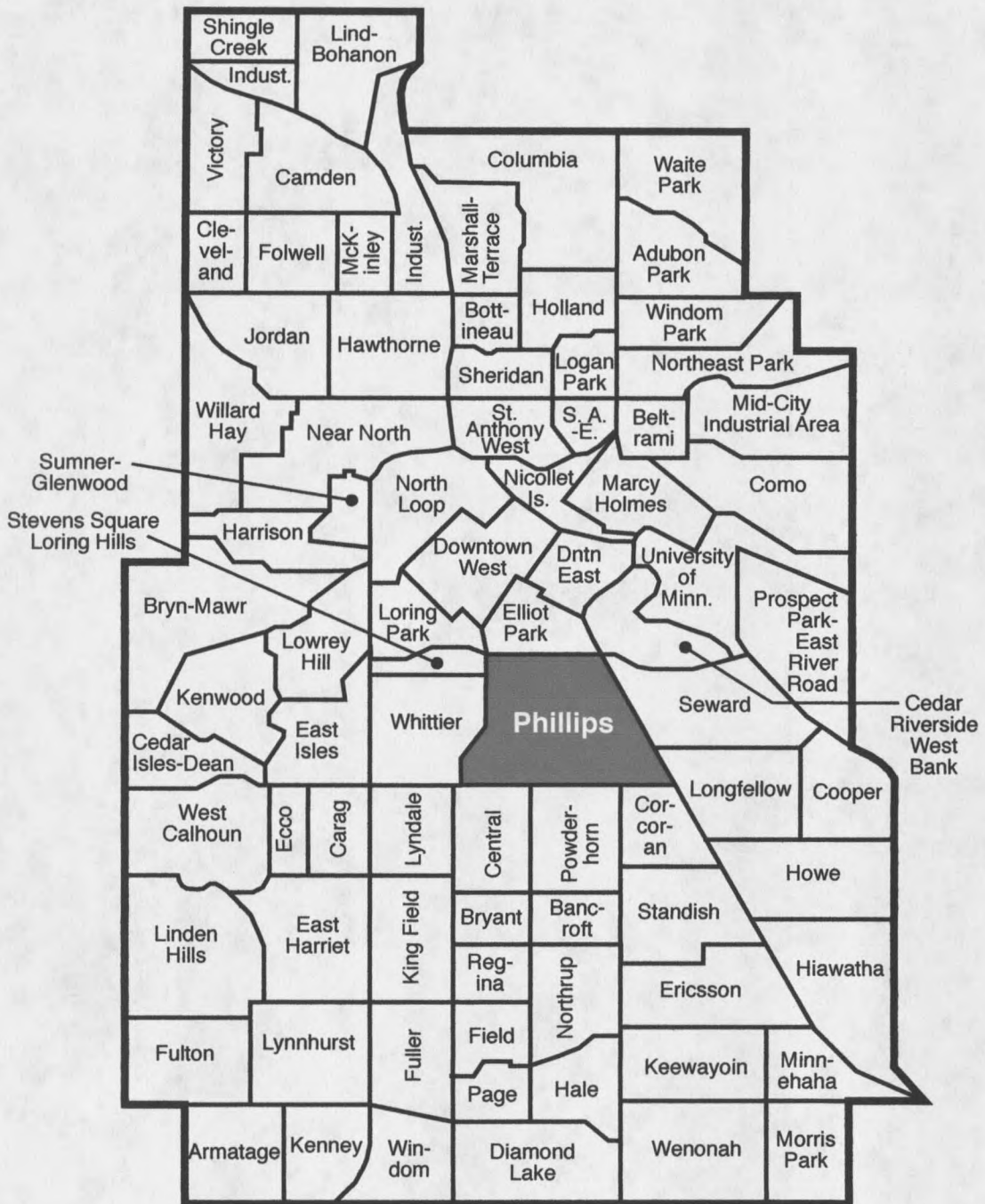
Maybe it's just slowing things down. You can see the lakes and the woods and the birds and all that. Making maple sugar, ricing, fishing. There are people who live around here who have done that always, but in my case it's kind of getting back to that (qtd. in IMDiversity 3).

Regardless of the reason(s), no other metropolitan area with a sizable Indian population had as large a demographic shift, and as a result, the Twin Cities dropped from eighth to sixteenth among urban Indian populations (IMDiversity 2).

Despite these population losses within the urban Indian population of Minneapolis, the Phillips neighborhood, with a historically strong urban Indian identity, still retains this identity with the highest concentration of urban Indians in the city.

Map of Minneapolis Neighborhoods and Their Urban Indian Population

The Minneapolis Planning Department, Research and Strategic Planning Division created a comparison of 1990 and 2000 selected census information. The tabulation illustrates the 1990-2000 change and composition, by neighborhood, for the American Indian population. The city of Minneapolis is divided into 11 communities, consisting of 80 neighborhoods and three industrial areas. The purpose of this division is to provide general demographic characteristics information in analyzing the geographic sub-areas in the city of Minneapolis. (Minneapolis Department of Planning & Research). A map of neighborhoods throughout Minneapolis (see Map 6), and a chart indicating their urban Indian population in 1990 and 2000, indicates that even though some neighborhoods have a higher exit rate, the urban Indian population in all neighborhoods declined (see Table #1).



Map 6:
Map of the City of Minneapolis with Neighborhood Locations.

(Table 1): Urban Indian Total Population by Minneapolis Neighborhoods
for 1990/ 2000 (Continued)

NEIGHBORHOOD	1990	2000
Armatage	13	21
Audobon Park	133	63
Bancroft	81	52
Beltrami	81	59
Bottineau	44	57
Bryant	69	32
Bryn Mawr	15	04
CARAG	72	56
Camden Industrial Area	128	1
Cedar Riverside	112	67
Cedar-Isles-Dean	3	3
Central	406	199
Cleveland	53	48
Columbia Park	33	47
Como	98	74
Cooper	83	58
Corcoran	240	195
Diamond Lake	25	24
Downtown East	3	1

(Table #1 Continued): Urban Indian Population in Neighborhoods of Minneapolis
for 1990/ 2000

NEIGHBORHOOD	1990	2000
Downtown West	91	80
ECCO	13	5
East Harriet	7	12
East Isles	13	10
Elliot Park	200	182
Ericsson	37	40
Field	30	16
Folwell	144	112
Fulton	19	18
Hale	14	11
Harrison	77	58
Hawthorne	514	148
Hiawatha	110	105
Holland	159	164
Howe	203	205
Jordan	414	167
Keewaydin	20	22
Kenny	14	7
Kenwood	3	6
Kingfield	126	102
Lind-Bohanon	107	108
Linden Hills	37	33
Logan Park	69	80
Lowry Hill	15	4

(Table #1 Continued): Urban Indian Population in Neighborhoods of Minneapolis
for 1990/ 2000

NEIGHBORHOOD	1990	2000
Lowry Hill East	88	65
Lyndale	315	105
Lynnhurst	21	9
Marcy-Holmes	70	76
Marshall Terrace	45	41
McKinley	171	104
Minnehaha	67	84
Morris Park	36	67
Near North	124	74
Nicollet Island	4	50
North Loop	11	74
Northeast Park	36	5
Northrup	67	67
Page	1	6
PHILLIPS	4157	2352
Powderhorn Park	684	477
Prospect Park	84	70
Regina	26	33
St. Anthony East	53	67
St. Anthony West	44	32
Seward	146	153
Sheridan	135	83
Shingle Creek	44	51
Standish	166	262

(Table #1 Continued): Urban Indian Population in Neighborhoods of Minneapolis
for 1990/ 2000

NEIGHBORHOOD	1990	2000
Stevens Square-Loring Heights	188	73
Sumner Glenwood	60	1
University of Minnesota	16	10
Victory	34	42
Waite Park	31	35
Wenonah	64	96
West Calhoun	2	2
Whittier	574	328
Willard Hay	168	113
Windom	25	52
Windom Park	139	118
Total Population	Total: 12,335	Total: 8,278

Source: U.S. Census Bureau for 1990-2000.

Even though there is a 32.1% loss, or -3,957, of the urban Indian population from 1990 to 2000, the highest concentration of urban Indians, about 35%, in Minneapolis reside in the Phillips neighborhood. Adjacent to Phillips are other high urban Indian populated neighborhoods including: Powderhorn Park, Whittier, and Corcoran. The Phillips neighborhood is where the urban Indians of Minneapolis developed their own community and identity, and is the initial area of Relocation. It was in this neighborhood that the urban Indian population gained strength and a voice for activism channeled mainly through the American Indian Movement (AIM), and through AIM came better opportunities in education, housing, and health for Minneapolis urban Indians.

THE AMERICAN INDIAN MOVEMENT (AIM)

Pre-American Indian Movement (AIM) Activism

Native Nations were (and still are) actively fighting for their right to be recognized as sovereign nations free from bureaucratic control of the Federal Government; and to be separate, or outside of, mainstream society. The American Indian Movement (AIM) was the first recognized urban coalition consisting of a multi-Native Nation community within Minneapolis fighting for equal rights and opportunities in education, housing, health, employment and social justices.

Urban Indian communities maintain the value and cultural structures of their reservations and actively seek betterment for the whole community. This struggle for American Indian people to bring about improvements for themselves was strengthened with their observation and experience in the Civil Rights Movement (CRM) of the 1960's and 1970's.

The CRM affected American Indian people in many profound ways. The obvious success of the marches and demonstrations in getting policies changed taught a very important lesson to many young Indians, who had seen their parents and grandparents thwarted by the immense bureaucracy of the Federal Government. A basic fact of American life, that without money or political / military power, there is little change, impressed itself upon Indians through the CRM, and the old fear of reprisal, that plagued previous Indian efforts to change conditions, was partially dissipated by the successes of the CRM (Deloria 23).

What remains consistent is the American Indian concept of community over individualism. American Indians are so used to living "collectively," that living as "individuals" outside of their tribal community is a constant struggle. The new focus on individual rights and freedoms, and individual choice that the CRM brought, conflicted with one of the fundamental values associated with indigenous peoples: the primacy of the collective over the individual. Such collectively is embedded

in their notions of family, tribe, cultural traits, values, and practices. It is often very easy to be seduced by the rhetoric of individual rights, but in reduction to such a focus, their collective rights are undermined (Battiste 214-215).

Tremendous pressures were generated to force American Indians to conform to the CRM. Many liberals saw only the struggle for individual rights, and refused to consider the equally important fact of community and the potential need for collective rights in the American legal system. The radical individualism which civil rights encompassed frightened many American Indians, since it was the same religious application of individualism used to justify the failed Allotment Policy, among other oppressive forced programs of assimilation (i.e. boarding schools, and Termination) (Deloria 24). For example, the Allotment Policy ignored American Indian concepts of communal ownership of land and imposed an individual concept of ownership onto reservation communities.

Tribal Nations were concerned about their separate collective existence as "dependent" Nations for whom the United States had a trust responsibility. The American Indian attitude might be called pre-American rather than anti-American, since it demanded that the original status of American Indians as independent sovereign nations be respected (Deloria 25).

A few American Indians ventured into the CRM, however, and in 1963 several Indians attended the March on Washington D.C. Some of the early resistance of Indians to the CRM was simply inherited racial attitudes which Indians had learned from whites. But most importantly, it was resistance to the paradigm of individual rights v. collective rights. The constant harping of conservatives in the Bureau of Indian Affairs and some Indian organizations that "Indians don't do those things" prevented some Indians from attending the March (Deloria 25).

By the late 1960's the stereotype had been developed that "Indians don't protest," and such was the belief among a great many young Indians as well as

tribal elders. People would point out the great benefits which had been received by tribes from the Office of Economic Opportunity (O.E.O) and remark that this had all been done without a single protest or demonstration. The fishing-rights activists continued their fight, where it begun, in the Pacific Northwest but were regarded by the major Indian leaders as a nuisance rather than a vanguard of things to come (Vizenor 161).

In 1964, the CRM dominated the headlines, and Indian issues had rough competition, even in Indian areas, when the newspapers wrote of important social movements. The perennial question that news reporters posed for Indians regarded the absence of demonstrations and protests by Indians. If there were important issues, news reporters argued, why didn't the Indians make themselves heard? (Deloria 25). American Indians avoided the confrontation idiom of "punching out the symbolic adversary of racism and oppression at the front door, with the press present, and walking out the back door" (Vizenor 160). What American Indians preferred was the negotiation idiom of "punching out the adversary at the front door with the press present, but waiting around for an invitation to return and grind out some real changes." The problem with the differences of approach was not only political ideology, but the response of the press. The press wanted to present heroes of confrontation, but not of negotiation (Vizenor 160).

Thus it was that American Indians were forced to adopt in part, the vocabulary and techniques of African Americans and the CRM, in order to get their grievances considered by the media (Deloria 26). In 1968, this was demonstrated by the National Indian Youth Council (NIYC), who adopted some of the ideas of the CRM and held a "fish-in" in Washington when the State decided to get rigid in its efforts to control Indian fishing. The State court was convinced that Indian treaty rights to fish did not exist and they cooperated with the Fish and Game Department in convicting Indians arrested who pursued treaty protected fishing. Many tribal governments balked at the idea of demonstrations. In previous

years they had fought the State over fishing rights and had reached tentative and informal agreements with the smaller tribes by promising to police their own members (Deloria 26).

In the late 1960's and early 1970's, many Indian Nations asserted their traditional fishing rights by staging demonstrations called "fish-ins." For example, in the U.S. treaties with the Northwestern Nations, it was a common practice for a Nation to relinquish most of its homelands and to be promised, in exchange, the right to fish "at all usual and accustomed grounds and stations," both on and off the reservation. But, none of the treaties identified the precise location of any of these sites, and American Indians have to identify them one-by-one in ensuing years. The leading case in this area is United States v. Washington (U.S. v. Washington, 384 F. Supp. 312 (W.D. Wash. 1974) & 423 U.S. 1086 (1976)).¹ The series of decisions recognizing off-reservation fishing rights are commonly known as the Boldt decision, after the presiding Federal judge, George Boldt.

The demand for fish greatly outstripped the supply due to the establishment of commercial fisheries, and non-Indians deeply resent Indian treaty rights to fish. The fishing industry in the Northwest is a multimillion-dollar business, and Indians compete with non-Indians for the profits. But, for many Indian Nations, fishing is also subsistence and tradition. The more Federally protected locations and harvest Indian Americans have, the fewer fish non-Indian commercial and recreation fishers are allowed. American Indians have had to rely on Federal Courts to enforce their treaty rights, because State officials, pressured by local citizens, ignored even Federal Courts decisions (Pevar 199). The infringement upon Indigenous traditional fishing areas by commercial fishermen, and the blatant disrespect and non-recognition of treaty rights, had a tremendous effect on American Indians all over the United States who have a history of tribal lands lost

¹ The leading case U.S. v. Washington, defined "usual and accustomed grounds and stations" as being "all those locations where members of a tribe customarily fished at or before the time the treaty was signed." In order to prove the existence of a traditional fishing location, the tribe must show where its members fished generations ago, and validating this evidence in a court of law is difficult because it is almost entirely oral (Pevar 199).

and stolen to greed by non-Indians. The "fish-ins" impacted American Indian people all over the United States because they saw the demonstrations as a recognition, by the Federal Government, of treaty rights for "all" Native American reservations.

The increased militancy of Indians began to spread across the country as people heard about the fishing-rights issue, causing American Indians to examine the conditions under which they lived, and they soon seethed with discontent and a new determination to correct the injustices. Local groups of Indians, mostly young Indians who were influenced by the CRM, and the "fish-in" demonstrations, began to organize themselves and demand changes in their social, economic, and political conditions (Deloria 22). In reality, even though some tribal elders disapproved of the younger generations tactics, it was the demands of the younger American Indians that made the Federal Government consider that these American Indian youth would one day hold important positions within their tribal communities. The American Indian protest era took off, and the Indian American communities could force the Federal Government to confront their problems and live by its own avowed laws (Deloria 28).

The first test came in 1966 with Stewart Udall, then Secretary of Interior. He had fired Philleo Nash, Commissioner of Indian Affairs for his outspoken position against Termination of the Colville Nation in Washington State. Udall called a meeting of the highest officials in the Bureau of Indian Affairs (BIA) to plan a new program for Indians. The National Congress of American Indians (NCAI) discovered that part of the plan was to disqualify tribal Nations as sponsoring agencies in the 'War on Poverty' programs, and turn the community-action funds over to the BIA (Deloria 29).

The NCAI called for all tribal Nations to come to Santa Fe and oppose the projected goals of the Interior plan. On the second day, Indian elders planned to march to the Episcopal Church, where the BIA was meeting, and hold a silent vigil to protest the Bureau's refusal to allow Indian observers to attend the meeting.

When plans for the march were relayed to Udall, he panicked and offered a deal to the NCAI: five years of "free-time" for all other tribal Nations from Termination, if the rest of the tribes agreed to terminate the Agua Caliente Nation of California. The resistance from the tribal elders to this proposal was strong and unexpected by Udall, and he backed down. The Termination of the Agua Caliente Nation, and eventually all tribal Nations, became a dead issue (Deloria 30). The Federal Government underestimated the growing belief "for the good of the whole Native community; not just the good of an individual Native community" held by American Indian people.

A coalition stopped another Udall Bill when he failed to get legitimate tribal input. Udall sent Commissioner Robert Bennett to tribal reservations to "pretend" to get their input. This was the last unified activism of tribal elders (Deloria 32).

The CRM and the "fish-ins" that sprung up in the latter 1960's now began to affect American Indians in the urban areas on the West Coast. "Red Power" became a rallying cry, and Indians across the nation were speaking out against the treatment they were receiving from the Federal Government in the cities and on the reservations (Deloria 34). But, perhaps the sign most indicative of things to come occurred in Minneapolis in the fall of 1966, during Commissioner Bennett's visit with the tribal Nations from that area. A group of Indian protesters picketed the office of the BIA the previous month, and they came to the regional area meeting demanding to speak with the Commissioner about the problems of urban Indians. Among the group were a number of future leaders instrumental in the later activist movement, including some of the founders of the American Indian Movement (Deloria 32).

Founding of the American Indian Movement in Minneapolis in 1968

When American Indians are on the reservation, a centralized source of oppression has always been the Bureau of Indian Affairs (BIA); in the city, Indians

experienced oppression from a variety of sources. They were forced into providing a cheap labor pool to fill the most menial jobs in the economy and were subjected to racism, police harassment, cultural indoctrination in the schools, poor housing, and the welfare bureaucracy (MN Daily 1974, 6). At the same time they saw, as one woman put it, "Rockefeller living high off the hog on land ripped off from the Indians." The American Indian Movement (AIM) was born out of the struggle against this oppression in Minneapolis (MN Daily 1974, 7).

The AIM was founded on July 28th, 1968, in Minneapolis, Minnesota, but quickly branched out into several Chapters that agreed to advance the cause of Indian sovereignty and self-determination within their own unique social and historical context, and regional land. As with many new radical movements, the organizers first met in a storefront in the midst of urban poverty (Vizenor 159). But, for many of the AIM founders, there was a first encounter elsewhere in Minnesota.

Many Native women like Mary Jane Wilson were at the forefront of the AIM, gathering with other Native women in Minneapolis in the mid 1960's to discuss their problems. They were concerned about the lack of services available to their families, their childrens' education, and imprisoned friends and relatives (Rich 1). These Native women's motivations derived not just from a maternal responsibility, but from the political realities facing Indian people in urban areas. Influenced by the CRM and the growing national Indian activism, they realized the inequality of the power relationships in Minneapolis. All of the women participated in community development first and foremost as members of the "Indian community". Their goal was the inclusion of Indian people in city governance and the establishment of services for Native Americans in the city. Gender equality played a minimal role in their involvement despite their awareness of the women's movement (Lobo & Peters 138).

At the same time, Clyde and Vernon Bellecourt (Ojibwe) from the White Earth reservation in Minnesota, and Dennis Banks (Ojibwe) from the Leach Lake reservation also in Minnesota were serving time in the Stillwater Correctional Facility in Minnesota (Rich 1). According to Vernon Bellecourt, Clyde Bellecourt was doing a long sentence and he gave up in despair and would not eat. Clyde went on a hunger strike and was going to stay on it until he died. He met a young Ojibwe brother, also imprisoned, named Eddie Benton, a spiritual leader, who was from a medicine (spiritual) family. Eddie would go by Clyde's cell trying to get him to eat and one day after quoting literature about the proud heritage of the Ojibwe Nation, Clyde picked up some of the literature and found renewed strength and dignity. Clyde and Eddie Benton started an Indian Awareness Program in the prison (Bellecourt 2).

Another account, states that Clyde was placed into solitary confinement at Stillwater Prison, and found himself paired up with a social worker, James Donahue, who urged him to explore his Native American heritage as a source of personal and potentially collective strength. Clyde did, and took some of his fellow inmates along for the journey (Rich 1).

When Clyde got out of prison in 1968, he went to work for a power company wearing ties and living in white suburbia. That summer, he joined a group of 200 Native people in Minneapolis in the Phillips neighborhood for a meeting to discuss various issues and critical developments within the Minneapolis urban Native American population. This would be the first AIM meeting that addressed these issues:

- 1) Police Brutality
- 2) Slum Housing
- 3) Disgraceful, if not shameful, practices of the Minneapolis Public School System and its lack of concern regarding Indian education.
- 4) The 80% unemployment rate for Indians

- 5) Racism and discriminatory policies of the welfare system towards Native Americans
- 6) Questionable behavior of the Federal Government in its implementation of Native policies

Long time Indian activists called for the meeting, including: George Mitchell, an Ojibwe Indian from the White Earth reservation in Minnesota, Dennis Banks, and some of Minneapolis' most active Native people: Mary Jane Wilson, Francis Fairbanks, Harold Goodsky, Melissa Tapia, Pearl Brandon, Darcy Truax, Charlie Deegan, George Millessay, Caroline Dickenson, Joanne Strong, Polly Chabwa, Arlene Dakota, Peggy Bellecourt, Ellie Banks, Bobby Jo Graves, John Red House, Audrey Banks, Alberta Atkin, and Jeanette Banks, among others (Wittsock 1).

Another prominent AIM activist, Russell Means, a Lakota Sioux from the Pine Ridge reservation in South Dakota, grew up in California and bounced around the country before gravitating toward activism. He joined AIM in 1969 while he was a part-time accountant and dance instructor living in Cleveland. By the time he attended his first AIM meeting, he knew he had found his place in an organization populated by uncompromising tough guys like himself (Mosedale 1).

They were going to call the organization The Concerned Indian American, CIA. But, for obvious reasons, they could not use those initials. A couple of older, well respected women said, "well, you keep saying that you 'aim' to do this, and you 'aim' to do that. Why don't you call it AIM, the American Indian Movement (Bellecourt 3). In 1968, the American Indian Movement was born or, as some prefer to say with respect to past centuries of struggle, resurrected in Minneapolis (Rich 1). At the first organized meeting, the group appointed Clyde Bellecourt as the National Director. Eventually receiving non-profit status, AIM garnered large monetary donations from church groups, and with an all Indian board and staff became the first recognized urban American Indian Movement.

AIM began as, and remains a spiritual movement, not a political one. Although, AIM is recognized as both, because spiritual and political are not entirely separate in traditional Native philosophy. In the words of Kills Straight, an Oglala Sioux on Pine Ridge:

...from the inside, AIM people are cleansing themselves. Many have returned to the old religions of their tribes, away from the confused notions of a society which has made them slaves of their own unguided lives. AIM is first a spiritual movement, a religious rebirth, and then a rebirth of Indian dignity. AIM succeeds because it has beliefs to act on. AIM is attempting to connect the realities of the past with the promises of tomorrow (AIM pamphlet 30).

But, the best way to describe why AIM started is to quote Dennis Banks, one of the founders and long-time activists. In 1992 he stated:

Because of the slum housing conditions; the highest unemployment rate in the whole of this country; police brutality against our elders, women, and children; Native Warriors came together from the streets, prisons, jails, and the urban ghettos of Minneapolis to form the American Indian Movement. They were tired of begging for welfare, tired of being scapegoats in America and decided to start building on the strengths of our own people; decided to build our own schools; our own job training programs; and our own destiny. That was our motivation to begin. That beginning is now being called 'the Era of Indian Power' (Wittsock 1).

At first, AIM focused on pressuring "War on Poverty" bureaucrats to do right by Native Americans. After a couple of years of sit-ins, AIM redirected its attention away from unifying the more than 20 "Indian organizations" that they felt were doing little, if anything, to change life in the Minneapolis "Indian ghetto." In the latter 1960's, most of these Indian organizations in the Minneapolis community were related to various churches, or a missionary work in disguise, and for the most part, the boards of these organizations were white dominated (Bellecourt 2). AIM decided to turn toward the Indian people as the means to self-determination and improvements in the urban Indian community of Minneapolis (MN Daily 7). In 1971, AIM vowed to build its own Native oriented organizations that would rely on Native cultural and spiritual beliefs to address three main areas of concern: education, health, and police brutality (Rich 1).

The picketing of the Bureau of Indian Affairs office in Minneapolis in 1966 was a precursor to the occupation of the Bureau of Indian Affairs office in Washington D.C. in November of 1972. Tribal leaders wanted an investigation and reorganization of the BIA bureaucracy that had controlled the lives of tribal people on reservations for more than a century. Tribal Nations had started forming their caravan on the West Coast and picked up followers on their way to Minneapolis. AIM members met with a caravan of tribal Nations at the state fairgrounds in Minneapolis/ Saint Paul. There they created a draft of a twenty-point Indian Manifesto, called The Trail of Broken Treaties, that consisted of:

- 1) Restoration of treaty making (ended by congress in 1871).
- 2) Establishment of a treaty commission to make new treaties (with sovereign Native Nations).
- 3) Indian leaders to address Congress.
- 4) Review of treaty commitments and violations.
- 5) Unratified treaties to go before the Senate.
- 6) All Indians to be governed by treaty relations.
- 7) Relief for Native Nations for treaty rights violations.
- 8) Recognition of the right of Indians to interpret treaties.
- 9) Joint Congressional Committee to be formed on reconstruction of Indian relations.
- 10) Restoration of 110 million acres of land taken away from Native Nations by the United States.
- 11) Restoration of terminated rights.
- 12) Repeal of state jurisdiction on Native Nations.
- 13) Federal protection for offenses against Indians.
- 14) Abolishment of the Bureau of Indian Affairs.
- 15) Creation of a new office of Federal Indian Relations.
- 16) New office to remedy breakdown in the constitutionally prescribed relationships between the United States and Native Nations.

- 17) Native Nations to be immune to commerce regulation, taxes, trade restrictions of states.
- 18) Indian religious freedom and cultural integrity protected.
- 19) Establishment of national Indian voting with local options; free national Indian organizations from Governmental controls.
- 20) Reclaim and affirm health, housing, employment, economic development, and education for all Indian people (Wittsock & Salinas 2).

A week after its formation, this caravan of Native Nations poured into Washington D.C. The bulk assembled at the BIA building to await word regarding where they were to be housed during their stay in the Capitol. Eventually they were told that they were to be housed in the Department of the Interior's auditorium. As they were leaving the BIA building, guards began to push a number of people out the door. The young protesters turned on the guards and seized the BIA building. The occupation of the BIA office lasted nearly a week before the protestors agreed to leave. In return, the Federal Government agreed not to prosecute the protesters (Holm 173-174).

According to Gerald Vizenor in Crossbloods (1976), during the occupation of the offices at the BIA in Washington D.C., the occupiers had a powerful position to negotiate their demands: it was an election year and scores of Congressional liberals were sympathetic. But rather than negotiate the demands, the leaders of AIM accepted more than \$60,000 to leave the building and the city. They left the majority of their "brothers and sisters" behind and flew out of Washington D.C. with hush money (Vizenor 163).

Still, with all of the media coverage and excitement, the occupation became historically significant. It brought the struggles of Native Americans into people's front rooms. The twenty-points stated clearly what had to happen for there to be protection of Native rights, and a future free from the dictates of the country that surrounds Native Nations. These claims clearly reaffirm that Indian people are sovereign people. However, they did not convince the Government to accept

the twenty-points and renew the treaty making process. As a result, further steps were made by AIM to insure the civil rights of Native peoples. At the 1971 AIM National Conference it was decided that translating protest politics to practice meant building organizations; schools, housing, and employment services. In Minnesota, where the American Indian Movement was founded, that is exactly what was done (Wittsock & Salinas 1).

Issues that Catapulted the American Indian Movement in Minneapolis

A catalyst for AIM in Minneapolis, Minnesota in 1968, was the pervasive police harrassment of Indian people. While Indians represented only 10% of the city's population, 70% of the inmates in the city jails were Indian (MN Daily 1974, 8). Young men and women in the urban Indian community of Minneapolis formed the AIM Patrol. This 'Copwatch' Program evolved from foot soldiers to mobile units in cars (Vizenor 189). They donned red jackets with thunderbird emblems on the back. AIM received a small grant from the Urban League of Minneapolis to put two-way radios in their cars and to get tape recorders and cameras. They would listen to the police calls, and when they heard there was going to be an arrest or that police were being dispatched to a certain 'Indian' community or bar, AIM would show up with cameras and take pictures of the police using more than normal restraint on Indian people. AIM got evidence of beatings and handcuffings that ripped people's wrists (Bellecourt 3).

But, the AIM patrol could not protect Native Americans once they were brought inside city hall. So, in 1970, AIM leaders went to local law schools and asked young attorneys-to-be for help. After a few students came forward, the Legal Rights Center was formed and has since assisted over 30,000 people. AIM would show up and have attorneys ready, often times beating the police back to the station, where they would already have a bondsman. They started filing lawsuits against the police department. Established attorneys donate up to 80%

of their time to serve poor, mainly Indian people (MN Daily 1974, 8). "I once met an American Indian man in prison for stealing a loaf of bread and some baloney. Our men may still be put into prison today, but at least it is not as likely they will be imprisoned for just waking up outside," said one of the people who went to the law students asking for assistance (Rich 2).

The AIM patrol operated for twenty nine successive weekends preventing any undue arrests of Indian people. The Indian population in the jails decreased by 60%. But, in spite of the American Indian Movement, and the urban Indian community's efforts, police harrassment continued. The AIM patrol had to be started again in 1973 after the police let their attack dogs loose in the Phillips neighborhood and began using mace "because the Indians had lice" (MN Daily 1974, 8). The AIM patrol ended in 1974 for no apparent reason other than lack of funding and improved communication between the urban Indian community and law enforcement officials in Minneapolis (MN Daily 1974, 8).

In the early 1970's, AIM advocated for, and achieved numerous service programs. In 1972, the Little Earth Housing Project was built specifically for the urban Indians of Minneapolis. This is the only Native preference housing complex in the country. Because hospitals in the area, (that were only 60% full), refused service to Indians unless they could guarantee payment in advance, an Indian Health Board (IHB) was set up by the city of Minneapolis, with input from the urban Indian population to provide healthcare. IHB also founded mental health programs and alcoholism treatment facilities (MN Daily 1974, 7).

Some of the first improvements that AIM sought were in education, specifically the 92% High School dropout rate of urban Indian students. Their educational proposal to the city of Minneapolis was:

That the city of Minneapolis, through the educational system, establish an Experimental School to be run by an Indian school board and to have Indian teachers. Also, that this school teach Indian identity, Indian culture, Indian languages, and Indian heritage with math, science, etc., being secondary courses. English to be the second language (foreign language). In proposing this school, the American Indian Movement is not proposing segregation,

rather, we are proposing what is a natural instinct in our people and which is so necessary: that we remain Indian (American Indian Movement 1968).

A private Survival School was begun after the Minneapolis schools made only token moves to improve educational achievements of Indian students. The Minneapolis Public School system turned their attention toward the educational needs of urban Indian students after the American Indian community was instrumental in receiving Federal funding specifically for their children in the public school system (see Education chapter). This school, along with other new schools and programs, provided Indian leadership and Indian curriculum in the public and private school system in Minneapolis.

Where the American Indian Movement is Today

Today, AIM is still actively pursuing their goals around the country and abroad. Although most identity groups in America solely pursue the advancement of their own cause, AIM stands out in that it not only supports the development of indigenous rights at home, with chapters all over the country, but also abroad. The AIM chapters in Canada and Europe have allowed them to make gains in the international arena establishing connections with grassroots movements (Tengco 7). The International branch of AIM, IITC, was the first indigenous organization to receive UN Non-Governmental Organization (NGO) status.

No matter where Native people are, the goals are similar. One of the first goals of elderly tribal members is the protection and preservation of spiritual rituals handed down from the previous generations. Since the resurgence of Native pride this is becoming more of a reality (Tengco 8). Secondly, AIM believes, and continues to fight for the right of Indian tribes to reassert Sovereign Nation status, independent of the U.S. Government. AIM advocates self-determination, or determining their own forms and content of Government and social regulation, even if this means stepping outside the direct governing laws characteristic of

National and State Governments. Thirdly, the AIM is fighting existing State and Federal child welfare practices and laws. They are working to amend the 1978 Indian Child Welfare Act (ICWA) and the Existing Family Exception (EFE) to provide vital protection for Indian children from social workers who continue to remove them from their homes, and put them up for adoption at a much greater rate than any other race (Tengco 6).

AIM is fighting the greatest physical threat to Native tribes today, the storage of nuclear waste on Indian reservations. AIM seeks to prevent storage in three ways: (1) abolish the Nuclear Waste Policy Act of 1982 that guarantees storage of nuclear waste so that the Federal Government will not be responsible for the growing health threats, (2) mandate truthfulness and precision in reports given to tribes regarding the safety of both nuclear waste and its storage depository; and (3) increase the economic conditions of individual Nations, so that tribes will not be dependent upon polluting their own land for the sake of human survival (Tengco 7).

One of the greater issues that explicitly illustrates America's racism toward Native Americans is the use of Indians as mascots in sports. The Cleveland Indians, Atlanta Braves, and the Washington Redskins have all been the target of harsh protests and lawsuits, and criticism from AIM members. AIM's objective, along with other Indian organizations, is to rid the sports world of racist symbols that degrade and disgrace Native peoples and rob them of their dignity and honor (Tengco 8).

Often AIM's presence is a direct response to a call from the Indian people. The AIM role strives to be a peaceful one, to work within the system toward its goals, unless pushed by counterforces into a militant stand. A few notable demonstrations, or standoffs, were the "Occupation of Alcatraz (1969)," a pre-AIM event with several future AIM leaders involved, and the siege of Wounded Knee (1973). According to the 1968 Treaty of Ft. Laramie between the United States and several Plains Nations, including most of the Sioux Confederacy, Native

Americans have a limited right to claim land abandoned by the United States. The members of AIM attempted to use this right to their advantage in November of 1969.

A group of urban Natives, calling themselves the Indians of All Tribes, a local San Francisco Bay area group, occupied an island in the San Francisco Bay of California, Alcatraz, an abandoned Federal penitentiary. They called on AIM members for support. The Native Americans offered, in exchange for the island and prison facilities, twenty-four dollars worth of beads and cloth. The members of AIM, and Indians of All Tribes, managed to keep control of the island until June of 1971, a span of 19 months, when the activists abandoned the island (Allen 3).

On February 27, 1973, a group of armed AIM members and Oglala Sioux occupied Wounded Knee, South Dakota on the Pine Ridge Indian reservation. The massacre of 300 Lakota Indians by the 7th Cavalry in 1890 makes Wounded Knee a significant site in history. The siege started as a protest of the Federal Government's violation of the 1868 Ft. Laramie treaty and attempt to bring attention to the corrupt and oppressive tribal administration of Richard Wilson. The siege ended 71 days later after the deaths of one Indian and one non-Indian occupier, and the alleged wounding of several Federal agents (Walker 1).

Behind the scenes, tribal people debate about the use of violence as a means of change. Some say that violence only polarizes the white society and strains interpersonal relationships. Other tribal people have taken the position that violence makes the job of moderates working within the system much easier. White people listen better after violence (Vizenor 161). AIM is an urban revolutionary movement whose members have in recent years often times returned to the reservation as the Warrior heroes of tribal people. To some, they are the heroes of contemporary history, but to others they are the freebooters of racism (Vizenor 159).

Despite mixed feelings, and in the words of Clyde Bellecourt that "some people hate AIM, some people love AIM, but everybody knows AIM,"

there is no disagreement that AIM, along with the urban Indian community of Minneapolis, have made improvements in the health services, housing, employment, and educational services of the urban Indian population of Minneapolis (Rich 2). But, AIM, and the urban Indian people are still actively seeking to better their community in Minneapolis. Recently, police brutality has re-surfaced as an issue. On January 24th 2003, two residents of the Little Earth Housing Complex in the Phillips neighborhood told Indian community leaders and police investigators that they saw two officers drag a Native man and woman (both homeless) from the backseat of a marked squad car. The witnesses said they saw officers assault the man in a parking lot before leaving him unconscious and outside in a temperature of just +2 degrees. It was alleged that one of the officers urinated on the man's upper torso and head. Although the officers denied this allegation, test results confirmed urine on the homeless man's clothing. A DNA sample was provided by the victim, but the officers involved did not respond to a request to provide a sample (Graves & Padilla 1).

Clyde Bellecourt addressed the Indian community saying, "our community is angry. To leave these people in the cold is a crime. If they [the police] are found guilty of doing something wrong, they [the police] will never apologize to us" (Chanen 1). Police Chief Robert Olsen met with leaders from the Indian community to say that the department is investigating the allegations. "This is terrible. We are very, very, very concerned about this. No matter what the investigation finds, the allegation has already created damage and racial tensions that take away the gains we have made in community relations. It is just disheartening" (Graves & Padilla 1).

In response, on February 6th 2003, the urban Indian community and others joined a march of "Pain and Shame" to Minneapolis City Hall, bringing stories of alleged police misconduct and questions for Mayor Rybak. Before they left on their march, several hundred people gathered in a parking lot at the Little Earth

Housing Complex to listen to Clyde Bellecourt speak about police brutality, and how the Indian community would form a group to seek Federal mediation to improve relations with officers (Chanen 1).

The charges are similar to those a decade ago when Minneapolis police stuffed two allegedly drunk Indian men into the trunk of a Minneapolis squad car to be taken to a detoxification center. In 1995, Charles Lone Eagle and John Boney were awarded \$100,000 each by a Hennepin County jury. The Jurors found that officers Michael Lardy and Marvin Schumer violated their human and civil rights (Graves & Padilla 1).

Another priority is making sure the success of educational programs started by AIM and the urban Indian community in Minneapolis stay intact and focused on American Indian cultures. The Four Winds American Indian Magnet School, started in 1991 at the urging of Indian leaders who believed a program rich in culture would be a powerful tool to improving Indian education, is in need of a full overhaul. When it opened, Four Winds had a waiting list and nearly 90% of its students were Indian, said Carol Johnson, Superintendent of Minneapolis Public Schools. Ojibwe, French, and Lakota languages were taught, along with other aspects of American Indian cultures. But, over the years, the critical mass of Indian students dwindled, along with the focus of the school. Some community leaders say the district's neglect caused the exodus of Indian students. Indian leaders say that Indian students were pushed out because of the district's practice of assigning non-Indian students to the school. District officials say the neighborhood changed as many Indians moved out and more Hispanic and Somalian families moved in. Today, less than half of the students at the Four Winds are American Indian and as a result, the language and cultural component of the magnet program eroded (Shah 2B).

Responding to urban Indian community pressure to reinvest in the school, Superintendent Carol Johnson recommended overhauling Four Winds for Fall 2003. She made her pitch at a school board discussion meeting. Under

Johnson's plan, Four Winds would return to its original focus on strong academics coupled with American Indian languages and culture, a move that several Indian leaders have been pushing for some time. The new and improved magnet program would serve about 175 students in grades K-8 and move from its current site at 2300 Chicago-Avenue South, to a district building at 2225 East Lake Street, in the heart of the urban Indian Phillips neighborhood (Shah 1A). Clyde Bellecourt also believes the greatest local accomplishment of AIM is the Heart of the Earth Survival School, and other schools that provide a Native American cultural viewpoint. He said, "education is the key to everything" (Rich 2).

EDUCATION

A Brief History of American Indian Education

Education, as two such diverse authors, Jean-Jacques Rousseau and Henry Adams have noted, is a powerful tool in the service of ideology. Through democratic education, "citizens" may be created where "persons" existed before. Implicit within this practice is the notion that only "educated persons" are acceptable as "citizens", that there is a mold where the raw material of humanity may be poured in and out of, where the templates of proper behavior will be produced. (Antczak 1).

While for members of the dominant culture this process may be uncomfortable or boring, it tends to reproduce and reinforce the lessons learned elsewhere: in homes, playgrounds, and places of worship. However, for those who do not participate, or who do not participate fully in dominant culture, the process is far less benign, and potentially far more damaging. From policies designed to help "them" become part of the "melting pot" to policies that enforced segregation on those not welcome in the "American" mix, the classrooms of the United States have been crucial sites for the interplay of power and cultural dominance (Antczak 1).

No group of American citizens has experienced this process more intensely than American Indians. From the first days of contact with Europeans, American Indians have been subjected to an impressive array of "educational policies" and "programs" designed specifically to eradicate all traces of their traditions and cultural identity.

In Native worldviews, both knowledge of, and responsibility to one's community are key. Native peoples often make distinctions between learning or becoming knowledgeable, and knowing too much or being exposed to knowledge when one is not yet ready. In the "traditional" scheme of life, 'traditional' defined by James Axtell as enduring cultural customs and ways of living,

education is directed toward life itself. Knowledge about one's sacred ways, morals, values, ethics, and the boundaries and nature of one's world are taught to the child by those who know when to teach the child and how to integrate them into the ceremonial and daily life of the tribe with a deeper knowledge of the world that the tribe is a part of. Most of the initiation ceremonies that are arranged for a young man or woman at puberty, teach the individual about responsibility. For instance, the Luiseno elder teaches the young man or woman about their future responsibilities; at the same time, the entire childhood experience is a learning experience, a lesson in responsibilities. The emphasis lies in the belief that, in the end, the child will have to make their own decisions, decisions that will affect the community and the natural world. Therefore, "personal awareness is at the heart of responsibility: to be aware of what is going on around us and what life holds in store for us including, all of life's possibilities throughout life to old age" (Beck, Walters, & Francisco 61).

Among "traditionals" the psychospiritual characteristics of the individual are channeled to blend harmoniously with those of the rest of the group. This channeling is done by applying custom, by sharing appropriate items from the oral traditions, and by helping and encouraging children in tribally approved endeavors that are matched to individual inclinations that will provide useful skills, understanding, and abilities for the good of the entire group. The young person is trained in a number of ways, formal and informal, and by a number of individuals in the tribe. Traditionally, female children are trained by women, while male children are trained by men in learning daily and ritual roles within their social and cultural system. "Traditionally," proper behavior and roles fell along gender lines, as did expectations. But, gender was understood in a psychological or psychospiritual sense rather than a physiological one (Allen 206).

Those who become specialists in certain categories of knowledge have a special role in passing on the knowledge to future generations, because elders are expected to share their knowledge and wisdom with the youth in preparing them

for adulthood (Fixico 151). In some cases, this is a privilege handed down from parent to child, especially in tribal Nations where aboriginally, the accumulation of wealth and aristocracy were important. Sometimes specializing in one thing or another stays in a family from one generation to the next. Children pick up knowledge from their parents, who themselves are specialists (Beck, Walters, & Francisco 62).

Native peoples' "traditional" learning systems include observation and imitation, and depend on basic concepts including cooperation, harmony, balance, kinship, and respect (Fixico 151). Material, social, and ritual systems are predicated on these essential values. They do not rely on external social institutions such as schools, courts, and prisons, kings, or other political and social hierarchies, but rather on internal institutions such as spirit-messengers, guides, teachers, and mentors; on tradition, ritual, dream and vision; on personal inclination, and the leadership of those who demonstrate competence with the foregoing characteristics (Allen 206). Thus, to "traditional" American Indian peoples, social and personal life is governed by internal factors, and systems based on spiritual orders rather than on material ones.

Unfortunately, from the very beginning of contact, education in the western sense was seen as the mechanism for "civilizing" and christianizing the "savages." In 1568, the Jesuits established the first school for "Indians" in Cuba, and in 1636, Harvard College was founded to educate English and Native American students. The challenge for educating American Indians was put bluntly in 1818, as the House Committee on Indian Affairs debated what was to become the first Federal statute on American Indian education:

In the present state of our country, one of two things seems to be necessary; either that those sons of the forest should be moralized or exterminated (qtd. Ebbott & Rosenblatt 122).

Indian Education Programs Administered by the Federal Government

Following is a summary of the history of Federally administered programs for educating American Indian people:

1819 Congress appropriated funds to provide for the education and civilization of the American Indian peoples, to teach tribes "the habits and arts of civilization."¹ Much of this money was given to religious missionary groups to finance their efforts to "educate" Indians.²

1860 The Federal Government establishes the first Federal boarding school for American Indians, located on the Yakima Reservation in Washington Territory.

1879 The Federal Government established the first off-reservation boarding school for American Indians in Carlisle, Pennsylvania. By the turn of the century the Federal Government had created scores of Indian boarding schools, but the largest was the Carlisle Indian School. As stated by the Commissioner of Indian Affairs in 1899:

This educational policy is based on the well-known inferiority of the great mass of Indians in religion, intelligence, morals, and homelife (qtd. Ebbott & Rosenblatt 122).

Tens of thousands of Indian children were forcibly removed from their homes to these boarding schools and given a "proper" education that emphasized agricultural, industrial, and domestic arts rather than academic subjects. Many of these schools were notoriously severe; students were forbidden to speak their native language or practice cultural and religious traditions. Currently, the Federal Government no longer favors their operation and continues to close them.³

1972 Elementary & Secondary School Act (Pub. L. No. 89-10)

This Act funds disadvantaged children for State and reservations.

¹ See, Act of Mar. 3, 1819, ch. 85, Sec. 2, 3 Stat. 516, 517.

² See 8 (2) Am. St. Papers, Indian Affairs, 16th Cong, 1st Sess. 200-201 (1980).

³ See, Cheyenne-Arapaho Tribe v. Watt, Civ. No. 82-1091 (10 Indian L. Rep. 3017) (D.D.C. 1983).

1972 The Indian Education Act (Pub. L. No.92-318) (25 USC Secs 2601 et seq)

Federal administrators of education for American Indian children did not effectively reach a desired level of achievement, nor create the diverse opportunities and personal satisfaction that education can and should provide. The support for the Indian Education Act is found in the words of a member of the Committee on Labor & Public Welfare's Special Session on Indian Education, Senator Jackson:

In the last five years, the Bureau has expended \$500 million to close the gap between Indian and non-Indian children. But the limited academic achievement data available indicates that the gap has not decreased but actually increased in most cases...our national policy for educating American Indians is a failure of major proportions. The educational system has not offered Indian children either in years past or today, an educational opportunity anywhere near equal to that offered the great bulk of American children (qtd. Fixico 145).

1975 The Indian Self-Determination and Education Assistance Act

(Pub.L.No. 93-638). This Act allows Indian Nations to administer the Federal Government Indian programs on reservations.

1978 Free Speech and Freedom of Religious Expression Act

(25 USC Sec. 2017). This law guarantees the students in off-reservation boarding school's the right to free speech and religious expression.

Education of Plains & Woodlands Indians in Minnesota followed a national pattern. Western education was a prerequisite for Christianization. The efforts of early missionaries to "educate" Plains Indians were largely unproductive. They were hampered by the difficulty of language, the different religious concepts, and the general mismanagement of Indian affairs by the Federal Government.

Among the first non-Indian settlers, the lack of public schools was an incentive for the local Priest or Pastor, a leader in the community, to fill the educator role. As a result, most of the early schools in Minnesota, for Indians and non-Indians, were

church sponsored. In 1820, the Post School at Fort Snelling was the first school established in Minnesota. Wives of the officers taught the Fort children the 3 R's and polite manners; an ex-officer of Napoleon's army taught them French (MPS. "Minnesota Education and Religion" 1). The first school outside the Fort specifically for Native Americans, was established by the Pond brothers, Samuel and Gideon, who, together with the Reverend Jedediah D. Stevens, opened their log school on the west bend of Lake Harriet in 1835. These lay missionaries tutored the Dakota Sioux Indians in farming and domestic arts as well as Christianity. Within a year, the Pond brothers had devised the "Pond orthography" of the Dakota Sioux language; in 1836 they published a Dakota spelling book that consisted of a 3,000 word dictionary, translations of scripture, and a grammar and dictionary of the Dakota Mission (MPS. "Minnesota Education and Religion" 2).

Four years after the Pond brothers established their Dakota Sioux school, the first Catholic school was established among the Anishinaabeg (Chippewa/ Ojibwe) at Grand Portage. Around this same time, 1835-1840, other Protestant missionaries felt obliged to give the Plains Indians a book religion; Boutwell and Ayer, the first Protestant missionaries to the Chippewa, collaborated on a Chippewa grammar and translations of the Bible. But Ayer's mission, like many others that followed, was soon abandoned. Presbyterian, Dr. Thomas S. Williamson, established a Sioux mission/ boarding school at Lac qui Parle in 1835, the same year that a Catholic mission/ boarding school was opened among the Anishinaabeg of the Lake Superior region. Grand Portage acquired a Catholic mission/ boarding school and Fort Snelling an Episcopal chaplain in 1838 (MPS. "Minnesota Education and Religion" 6).

Vocational and manual training were stressed in these mission / boarding schools. Schools devoted half a day to classes and the other half to domestic or industrial work. For girls, the schools provided "mental and moral training...to give them a Christian and polite education and to teach them all that is necessary

for a woman to know of housekeeping and such like female duties." Student labor was used in the schools and on the farms connected with them, to keep operating costs low (Beck, Walters & Francisco 149).

By the 1920's, the boarding school concept began to come under attack. The Federal boarding schools had suffered from serious neglect, and funding was woefully inadequate. In 1928, The Meriam Report found them to be overcrowded, the sanitation inadequate, the children undernourished, overworked, and severely disciplined, and the staff unaccredited and poorly paid (Ebbott & Rosenblatt 123).

But, it wasn't until the early 1980's that the Federal Government no longer favored their operation and continues to close them (Pevar 269). Today, most Indian students attend state-operated public schools in nearby cities, or BIA schools on their reservation, and the Federal Government encourages tribes to construct and operate tribal schools using Federal funds (Pevar 269). Today, about 16,200 American Indian students attend public schools in Minnesota. An additional 2,000 American Indian students attend tribal community schools in the state and about 400 are in alternative programs (discussed below) (MPS. "American Indian Communities in Minnesota K-12..." 1).

Indian Education Programs Administered by the State

Indians are citizens of the United States and of the state in which they reside. Therefore, they are entitled to participate in all programs that the state provides to its citizens, including public schools.⁴

Most public schools are financed by real estate taxes. Indian trust land is exempt from this form property taxation. Consequently, school districts that encompass Indian reservations often lack a sufficient tax base. To alleviate this problem, the Federal Government has created two major programs that give

⁴ See, 42 USC Sec. 2000d. C.f. Goodluck v. Apache County, 417F. Supp.13 (D Ariz. 1975).

financial aid to these school districts. One program was created by the Johnson-O'Malley Act (JOMA) of 1934⁵ and the other by the Federally Impacted Areas Act of 1950.⁶ The former is administered by the BIA, while the latter is administered by the Department of Education (Pevar 270).

JOMA assists school districts that have nontaxable Indian land within their borders. The Impacted Areas Act (Impact Aid) assists school districts that have any kind of nontaxable Federal land within their borders, such as military bases, national parks, and Indian reservations. Under both Acts, qualifying school districts receive a certain amount of money for each student who resides on nontaxable land. In theory, JOM and Impact Aid overlap. However, JOM funds are limited to providing for "special needs" except in those school districts ineligible to receive Impact Aid funds. Special needs include: guidance counseling, teacher training, homeschool coordinators, clothing, athletic equipment, and summer school programs (Pevar 270). Impact Aid, in contrast, meets the basic educational needs of students; it pays for such things as textbooks and teacher's salaries. Public schools that receive these funds must keep accurate records to show that this money is not being spent on ineligible students or on equipment that does not meet the educational needs of Impact Aid children (Pevar 271).⁷

Congress created a few other programs that provide money to State public schools with American Indian populations. The School Facilities Construction Act of 1953 (Public Law 81-815), authorizes the BIA to provide funds for the construction of public schools in school districts where Federal installations (such as military bases and Indian reservations) are located (Pevar 271). Title I of the Elementary and Secondary Education Act of 1965 (20 USC Secs. 2701 et seq), provides Federal funds to Indians and non-Indians alike, to help improve the educational performance of all students who are economically or educationally disadvantaged. Title I funds can be used by State and tribal schools for a wide

⁵ See, (25 USC Sec. 5 452 et seq).

⁶ See, (25 USC Sec. 2711 Cd).

⁷ See, Natonabah v. Bd. of Educ., 355 F. Supp. 716 (D.N.M 1973).

range of educational programs, medical and dental services, food programs, and speech and hearing therapy (Pevar 271).

A 1969 study of Indian education revealed that even with JOMA, Impact Aid, and Title I funding, the States were failing miserably to educate Indian children and to reduce an exceedingly high dropout rate (Pevar 272).⁸ Three years later, in 1971, Congress responded by enacting the Indian Education Act (IEA) (see below). The IEA offers funds for both urban and reservation Indian education; especially for counseling and for remedial programs in language, mathematics, and reading. It also offers scholarships for graduate students in law, medicine, forestry, business, engineering, and for adult education classes. Title IV of the IEA expanded the definition of 'Indian' to include urban Indian residents and Indian Americans who are not members of Federally recognized tribal Nations (Fixico 155). As with JOMA funds, IEA funds are intended to be supplemental and cannot be used by school districts to meet basic educational needs (Pevar 271).

Title VI of the Civil Rights Act of 1964 (42 U.S.C. Sec. 2000d) prohibits educational institutions that receive Federal funds from discriminating against students on the basis of race. In Lau v. Nichols (414 U.S.563 (1974)), the Supreme Court interpreted Title VI to require the San Francisco public school system to provide a bilingual-bicultural education to Chinese students, more than 2,800, who did not speak English (Pevar 272). Under this principle, public schools may be required to offer a bilingual-bicultural education to Indian students who are deficient in English. However, a Federal court has held that this service is not required if the school district makes adequate alternatives available to students, such as tutors (Pevar 272). Most public schools that have a high Indian enrollment qualify for assistance under the IEA and/ or the JOMA, both offer Federal funds for bilingual and bicultural programs.⁹

⁸ Spec. Subcomm. on Indian Educ. of the Comm. on Labor and Public Welfare, Ind. Educ: "A Nat'l Tragedy; A Nat'l Challenge," S. Rep. No. 501, 91st Cong., 1st Sess. 163 (1969).

⁹ Funds are also available under Title VII of the Elem. & Sec. Educ. Act. (20 USC Secs. 3281 et seq).

Therefore, those public schools should make available language and cultural programs to facilitate the education of Indian students.

Most Federal Indian programs in State public schools give Indian parents and tribal Nations some control in developing and selecting the services to be funded. For example, Indian parents have a veto power in determining what a school will do with its JOMA money.¹⁰ Indian parents and tribal Nations also have significant authority under the Impact Aid Act,¹¹ the Indian Education Act,¹² and the Elementary and Secondary Education Act (Pevar 274).¹³ Indian parents and tribes should exercise the powers they have under these laws to provide the best and most culturally based education for their children.

Before the Acts discussed above were put into place, Minneapolis Public School (MPS) officials reported that American Indian parents had minimal contact with the schools, and that a lack of human and professional concern for the urban Indian students was exhibited by a large number of the teachers (Fixico 147). American Indian children were believed to be, and were treated as the problem, a consequence of the approaches, assumptions, attitudes, and curricula of the American educational system. The knowledge, skills, values, and interests of Indian American students were often ignored or devalued in favor of strategies aimed to make these students conform to mainstream education. Assimilation still continues to be prized as a goal by many teachers far more than the academic success of American Indian students (Cajete 188). Many teachers were, and are, ignorant of American Indian lifestyles and do not encourage urban Indian students, or Indian parental input into classroom activities.

As a solution to improve urban Indian education in the MPS system, during the early 1970's, the urban Indian community exercised their power to improve their children's educational quality and opportunities by creating cultural programs

¹⁰ See, (25 C.F.R. Sec 273.16 (1990)).

¹¹ See, 20 U.S.C. Sec 240 (b) (3) and 34 C.F.R Secs 223.20 et seq. (1989).

¹² See, 25 U.S.C Sec 2604(b) (2) (B) (ii).

¹³ See, 25 U.S.C Sec 2726.

grounded in American Indian philosophies. After extensive activism by the urban Indian community and AIM, the MPS system was the first in the country to appropriate funds toward educational programs in Survival and Alternative schools for American Indian students (Fixico 147).

Educational Programs Initiated by AIM and the American Indian People

Since Relocation in the 1950's, Indian youth have felt the brunt of urban pressures. Attending public schools was not easy and remains a problem today for American Indian youth. Education for them seemed like an impossible dream that they had little hope of achieving. As a result, everyday life in the streets became the focus of their lives. To address the issues raised, Indian survival schools began to appear (Fixico 5).

During the fall of 1970, in Milwaukee, Wisconsin, the Milwaukee Indian Community School was started by three American Indian mothers and seven students in a living room. As the number of Indian students increased, the school received permission to use the basement of a local church. During the period of Indian militancy in the early 1970's, the AIM seized an abandoned Coast Guard station and the school was moved into a part of it (Fixico 147). This AIM takeover of another abandoned property at the naval air station near Minneapolis focused attention on American Indian Education, and led to early grants from the Federal Government for Indian Education (Wittsock & Salinas 3).

During the mid 1970's the Milwaukee Indian Community School enrolled as many as 102 students in grades K-12. Under the inspiring supervision of Dorothy LePage, the school staff had nine teachers, six were Indians. Funding for the school came from the Indian Education Act of 1972, the Department of Agriculture's Food Program, the Work Incentive Program, and private donations totaling a budget of approximately \$161,500 per year. The amount spent per student annually was \$1,600, almost double the national average for the public schools (Fixico 147).

In 1972, additional urban Indian efforts for better education led to the opening of Heart of the Earth Alternative School (HOTESS) in Minneapolis. On average, in the early years, the school enrolled 110 students with an operating staff of about ten people. For funding, the school received \$100,000 in Federal funds from the office of Indian Education (Fixico 149). HOTESS is a K-12 school established to address the extremely high dropout rate among American Indian students and lack of cultural programming in public schools. HOTESS serves as the first model in Minneapolis for community-based, student-centered education with culturally correct curriculum that emphasizes Dakota and Ojibwe, operated under parental control (Wittsock & Salinas 3). HOTESS's mission statement states:

we will provide culturally based education that is respectful to individual learning styles and interests. To support family and community participation in each student's education; resulting in the strengthening of American Indian culture, while preparing students for higher education and self-sufficiency ("Heart of the Earth" webpage 1).

Efforts led to non-profit status and ultimately the school's current location on the University of Minnesota campus. Today, through the leadership of a progressive Board of Directors and dedicated staff, Heart of the Earth continues to serve urban Indian youth. Heart of the Earth was originally a "Survival School" that adheres to a twofold concept: contemporary Indian problems come from being caught between two worlds, and survival comes through strengthening the Indian's self-image as an Indian. Emphasis is then given to learning the basic skills necessary to survive in both of the cultures. It transformed from a private AIM Survival school to Alternative school status to its current Charter school designation in 1999. Funding comes through Title IV, Title I, JOMA funds allocated by the tribes, and contributions from foundations, corporations, and individuals (Ebbott & Rosenblatt 144). The new Heart of the Earth Center for American Indian Education on the University of Minnesota campus is thriving and creating a renaissance in the

community with a solid agenda of new and ambitious educational programs that serve 280 K-12 students, 90% of whom are American Indian ("Heart of the Earth" 1).

In 1972, the second Survival School, the Red School House opened, offering culturally based education services to K-12 students in Saint Paul, Minnesota (Wittsock & Salinas 3). The Red School House was founded in the former Saint Vincent's Catholic School building at 643 Virginia Street in the Twin Cities. The school was staffed with ten teachers. The curriculum covered a full range of subjects, but was taught from a Plains Indian point of view, combining academics and American Indian cultures. Many of its older students were dropouts from the public schools. Title IV of the Indian Education Act provided most of the funding. Eddie Benton Banai, an AIM activist, stated that its goal:

is to offer an alternative system to provide our children and future leaders of our people with the tools of survival...and give them a good, relevant education which does not cost them their identity, religion, music, heritage or pride (qtd. Fixico 149).

A Federation of Survival Schools was created and run by AIM in 1975 to provide advocacy and networking skills to 16 Survival Schools throughout the United States and Canada, and to the first reservation Survival School on the White Earth reservation in Minnesota called Circle of Life Survival School (Wittsock & Salinas 4).

The Center School, a founding member of the Minneapolis Foundation of Alternative Schools in the early 1970's, is one of four Alternative or Charter schools focusing on Native American education in Minnesota. Of the four, Center School is the oldest and the only one located in Phillips neighborhood, the heart of the Native American urban community. In 2001, Center School enrolled 60 youth. The school is open to students 12 to 21 years old enrolled in grades 7 through 12 who have experienced problems within the public school system. Many of them have dropped out, or lost credits because of poor attendance; 70% are from single-parent families; and, 98% are low income. With an emphasis on helping the

“whole person,” the school provides academic education as well as curriculum on Native peoples cultures, individual development, advocacy, social services and counseling (“Center School Info” 2).

The integration of Survival schools into the MPS system was jeopardized in 1973 when, in reaction to the Trail of Broken Treaties, the Government abruptly canceled education grants to Heart of the Earth Survival School, Red School House, and the Indian Community School of Milwaukee. Through successful legal action by AIM, the United States District Court ordered the grants restored and Government payment of costs and attorney fees (Wittsock & Salinas 4).

In 1986, Heart of the Earth and the Red School House again successfully sued the United States Department of Education, Indian Education Programs for unfairly ranking the schools’ programs below funding recommendation levels. The schools proved bias in the system of ranking by the Department staff (Wittsock & Salinas 5).

Other Educational Programs Initiated in the Minneapolis Public School System

Programs initiated by the MPS in the 1970’s included the Federally funded Indian Upward Bound Program (20 USC 1070d) that attempts to help American Indian youth of Junior High age to stay in school. The Indian Upward Bound Program is designed to encourage and assist students in the transition from middle school to high school. The program has a strong Indian emphasis, built on a variety of Indian cultures. Follow-up shows that the Upward Bound students are far more successful in graduating on time from High School, with fewer dropouts than the average for Indian students. From 1974 to 1977, 58% of the Indian students in Minneapolis were known dropouts and only 12% graduated on time. Only 25% of the Upward Bound students dropped out, and 40% graduated on time (Ebbott & Rosenblatt 145). Through the joint efforts of Indian Upward Bound, and the Bryant, Phillips, and Franklin Junior Highs, two special ‘pocket schools’ were established. These schools were flexible, loosely structured, “free” schools with

approximately thirty-five urban Indian youth per school. There is no data for these schools, and they are no longer in existence.

Phillips Junior High included an Annishinabeg (Chippewa/ Ojibwe) language class that 20 urban Indian children and two white children attended during the 1970-1971 school year. Also, the Urban Arts Program, an extra-curricular program where urban Indian children were free to focus on the arts and crafts of their own tribal culture started at Phillips Junior High, and later expanded to other schools. Through this arts program, the Audio Visual Based Indian Resource Unit was initiated and produced filmstrips about maple sugar making, etc. Urban Indian youth worked under direction of a professional photo-journalist (League of Women Voters 1971, 4). Phillips Junior High is no longer a school but, is now Phillips Community Center.

This Center is a joint operation between the Minneapolis Park Board, and the Boys and Girls Club of the Greater Twin Cities area. The Annishinabeg (Chippewa/ Ojibwe) language class, and the Urban Arts Program are no longer part of Phillips Community Center. Instead, they offer recreation, swimming, tutoring, and special activities for all children.

At South and North High Schools, four quarters of American Indian Studies were added to the Social Studies curriculum, and may be used to fulfill the required four quarters of Social Studies requirements. Project STAIRS, a Federally funded program that ran from 1970 through 1975 was run by and for the urban Indian community providing tutors for 135 Indian children in grades K-12. Also, the American Indian Center organizes a school referral program providing the names of urban Indian elementary children who need help, and are given guidance (League of Women 1971, 4).

Throughout the 1980's new programs initiated included: the North Wind Warriors Project, funded by the MPS System for gifted American Indian students at Lyndale Elementary School with an emphasis on Plains and Woodland Indian cultures, but including curriculum on other American Indian tribes; and the

Gi-Ki-No-A-Ma-Di-Win Project that focused on incorporating American Indian materials into regular curriculum for all students. These two programs are no longer available at Lyndale Elementary, but the concepts of these two programs were incorporated into the Native American Magnet Schools started in the 1990's (discussed later). Niibin, Annishinabeg (Chippewa/ Ojibwe) for "It is Summer," was the summer school administered by the Indian Education Department from 1976-1991. It provided a strong academic focus within a culturally appropriate environment. It dealt naturally and effectively with gifted and talented Indian children. Niibin featured Indian students only, and was based on daily parental involvement, with elders in the classrooms, and employed bilingual Indian people (Kelleher 1). Funds from Title IV supported math, reading, Native language and culture, and health instruction. The Pathways Through Partners Program, funded by the state of Minnesota from January through June of 1984, provided support, encouragement, and tutoring for urban Indian High School students (League of Women 1984, 23).

In the 1990's, American Indian Magnet programs were started. The Four Winds American Indian Magnet School (K-8), and the All Nations Magnet Program at South High School, were initiated because of the important need in the American Indian community for American Indian perspectives in the curriculum and instruction. MPS opened Four Winds after a report critical of the public education of American Indian students authored by American Indian Educators that examined: parent involvement, drop-out rates, attendance, etc. Minneapolis and St. Paul school districts both sanctioned American Indian magnet programs after American Indian educators proposed starting an American Indian school district based on the report (Lussier 1).

Four Winds began with the consensus of the American Indian community that Native language is essential and connected to culture. Specific features of Four Winds are: (1) that all students receive Dakota and Ojibwe language and culture instruction; (2) Minneapolis Public Schools' curriculum content standards are

addressed from an American Indian perspective; and through multicultural literature students gain an appreciation and respect for people from a variety of cultures (Lussier 1).

The Native American Languages Act of 1990, provided the funding for the Magnet Programs to offer Native languages. Although there are many Titles to this Act, Title I states:

that the status of the cultures and languages of Native Americans is unique and the United States has the responsibility to act together with Native Americans to ensure the survival of these unique cultures and languages (qtd. Desjarlait 1).

Ojibwe and Dakota language immersion programs are available in Minneapolis. The Ojibwe Language Table is one of several community programs that offer Ojibwe language to the community at large. The group meets every Monday evening at the Office of Indian Ministries in Minneapolis and is taught by Rick Gresczyk and Dennis Jones (Desjarlait 1).

About 200 scholars and students attended the first Dakota Language Conference in September of 2001, hosted by the University of Minnesota, Saint Paul campus. The University of Minnesota American Indian Studies Department organized the conference to address the preservation and revitalization of the Dakota language. Currently there are only 28 fluent speakers of Dakota among the four Dakota tribes in Minnesota (San 1).

The number of Indian educational programs started by MPS has been expansive and exceptional. Minneapolis is one of the only major cities with this kind of history for educating American Indian students. AIM was instrumental in receiving Federal money much earlier than was anticipated and therefore, "primed the pump" and basically got the public schools to "get on the ball," and during the 1970's, many programs were started by MPS focusing on Native cultures and languages. However, due to lack of Federal funding in the 1980's, many of these Indian Education programs were cut. Also, the funding comes from Title IV of the Indian Education Act, that supports math, reading, Native languages

and culture. This Title stipulates that a school must maintain a certain percentage of their Indian students to qualify for these funds. Many schools, like Lyndale Elementary, had less than 5% Indian students, and therefore, no longer qualified. The Federal money allocated for Indian Education is watched carefully by the urban Indian community, to ensure the educational success of their children in the MPS system.

Progress of Urban Indian Students in Minneapolis Public Schools (MPS)

Depending on the source of the data, the number of Indian students in Minnesota can vary. By State law, schools make a "sight count" in October of each year that is reported to the Minnesota Civil Rights Information System (MINCRIS).

This "sight count" is done each Spring by American Indian employees in the public schools, whereby, they conduct a census of Indian students required for Federal Indian Education programs under Title IV (Ebbott & Rosenblatt 126). I use data collected for MINCRIS in the following section.

In 1968, 2% or 1,357 students of the overall student population attending the MPS, were Native American. This sight count included 950 Elementary, 266 Junior high students, and 141 Senior high students. In the 1970-1971 school year, 1,993 urban Indian students were reported in a sight count for the Minneapolis Public Schools: 1,342 in Elementary schools, 430 in Junior High schools, and 221 in the Senior high schools (League of Women Voters. "Report of Sight Count..." 1968).

In the 1980-1981 school year, there were 2,022 Native American students in the MPS system, approximately 5% of the overall student population. The Elementary sight count was 1,263; Junior high 402; and 357 for Senior high (Taylor 5).

In the 1990-1991 school year, 2,204 Indian students were included in the sight count, and in the 2000-2001 school year, 2,445 Native students were counted out of a total student population of 48,991 (MPS. "What Are Schools Look Like" 1). (See Graph #2).

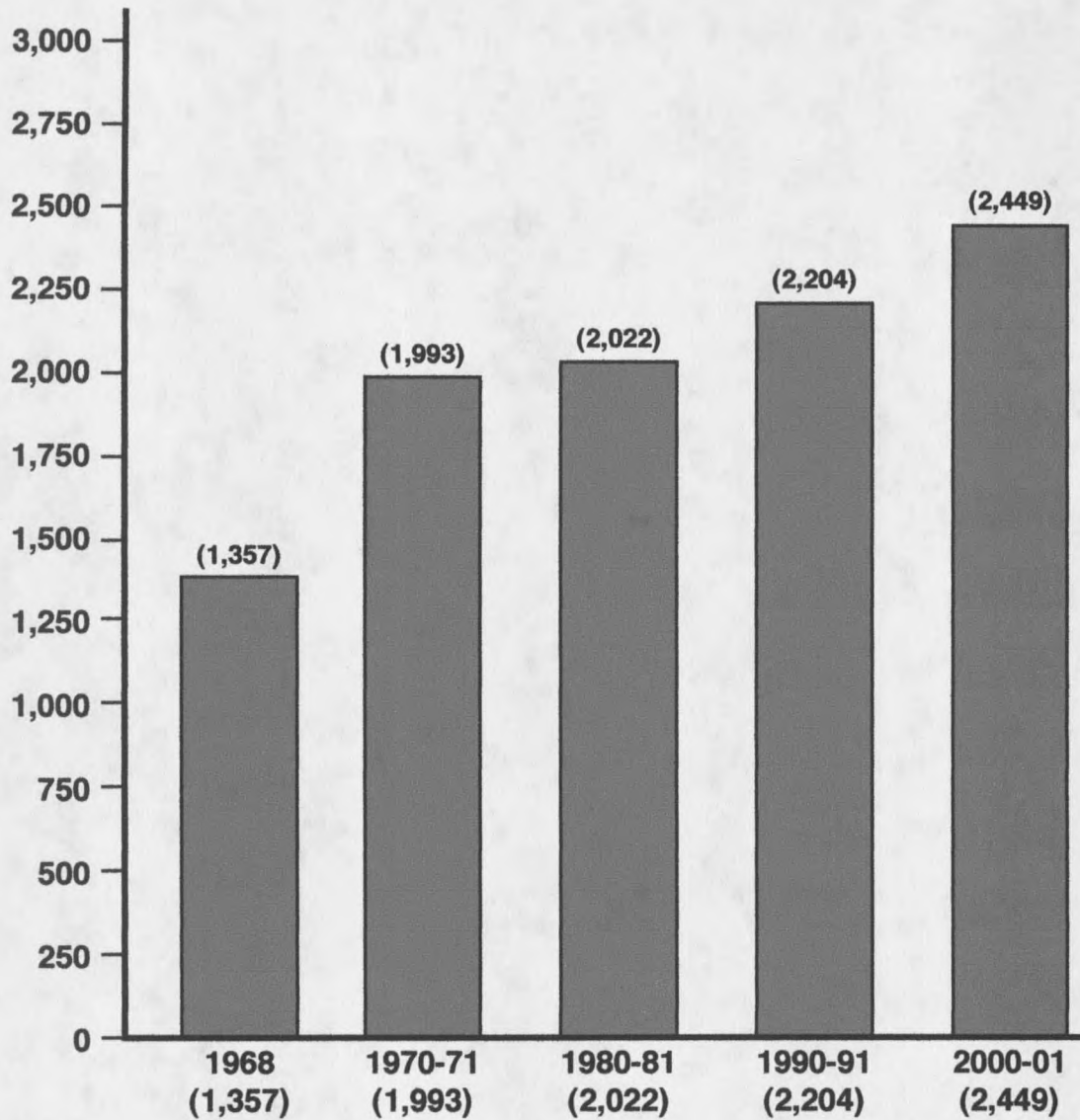
Dropout Rate for Native American students (7-12) in MPS

In 1968, the first recorded dropout rates for Indian students in MPS were reported to be an estimated 60%. The Indian community estimated the dropout rate at 92%. Dropout rates are calculated in even numbered decades, and only for grades 7-12 (League of Women Voters. "Report of Sight Count..." 1968). In 1968 the Indian population accounted for 2% of the overall student population in MPS. But, Native American students accounted for only 0.8% of the Senior High population. The low-percentage of Indian students enrolled in High school is due to an extremely high dropout rate. Only 10 Indian students graduated in the 1968 school year from Minneapolis public high schools (League of Women Voters: "Report of Sight Count..." 1968).

Many Senior High faculty were puzzled by the high dropout rate. Public school officials reported Indian children to have average to above average ability, even when measured by regular testing devices regarded as biased against children from "minority" cultures (League of Women Voters 1968, 29).

In 1968, to address issues such as dropout rates, the MPS system recognized the Indian Advisory Committee (IAC) as a legitimate advisory group. It is the first committee of its kind in the country. IAC is open to all American Indians, and its role is to identify problem areas (i.e. dropout rates), offer ideas for solutions, and recommend programs and practices in the areas of curriculum, materials, and systems to meet the needs of Indian youth. At the insistence of this committee, the position of Indian Consultant was created on the Urban Affairs staff, whose role is to serve as liaison between American Indian people and every level of the

**Graph 2:
Number of Urban Indian Students in
Minneapolis Public Schools 1968-2001**



- Note: 1968 was the first "sight count" of the urban Indian students in Mpls public schools.
- Source: Minnesota Civil Rights Information System (MINCRIS) site counts for 1968, 1970/71, 1980/81, 1990/91, & 2000/01

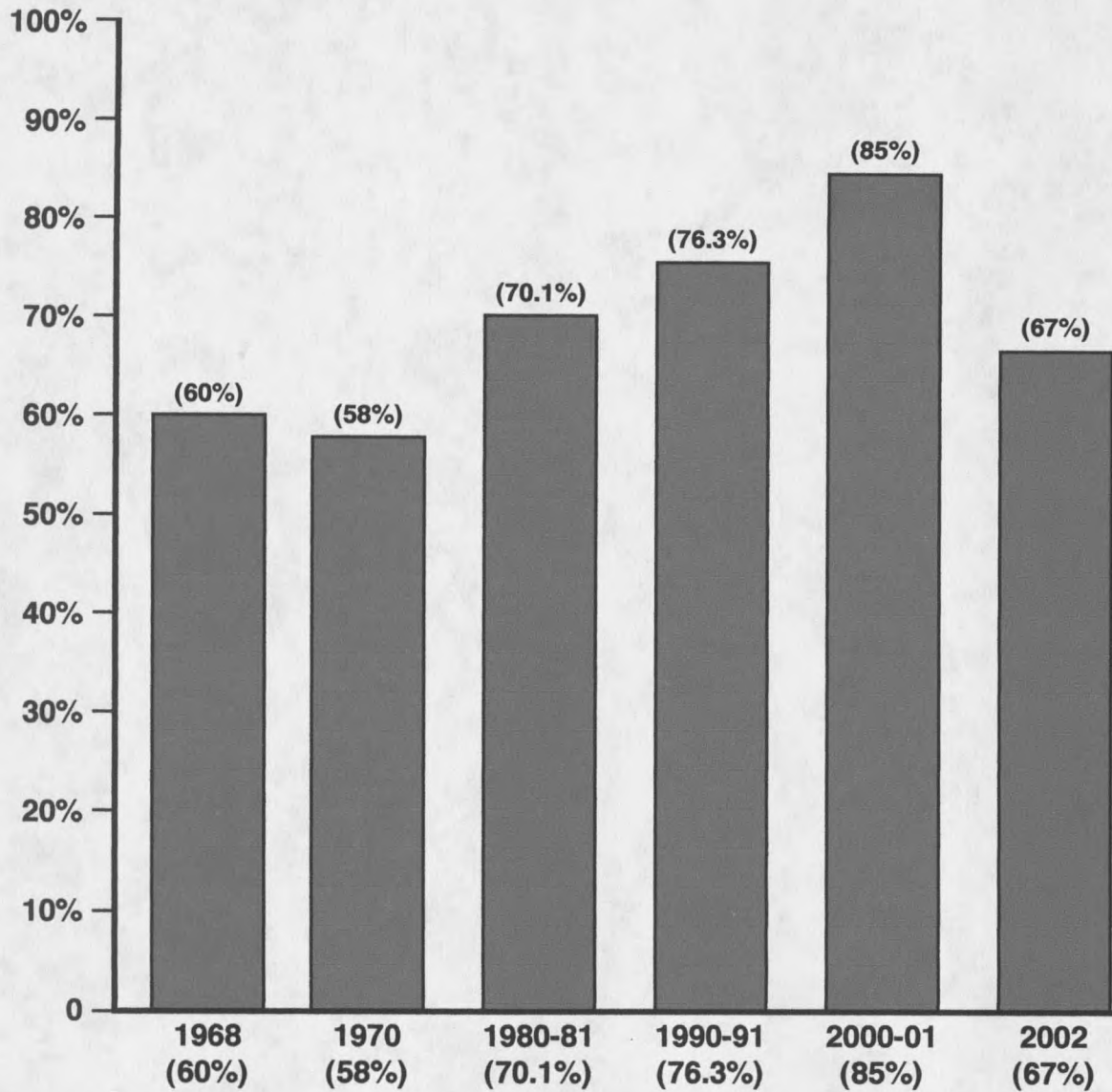
MPS system to promote relevant means to improve graduation rates, decrease dropout rates, and improve the overall education of urban Indian children. Ted Mahto was initially hired to fill this position. (Ted Mahto cited in League of Women Voters 1971, 32).

In 1970-1971, the dropout rate for urban Indian students was reported at 68%. Just like in 1968, the Indian community disputed this number. When student files were examined individually, the dropout rates reported were found to be exceptionally inaccurate: actual numbers based on student records for the 1960's and 1970's exceeded the numbers reported by the schools. A step towards more accurate numbers was to have American Indian personnel in MPS conduct their own sight counts for their district (Ebbott & Rosenblatt 126).

In 1984, the "Indians Needs Assessment Study," written for the State Department of Education reported very high dropout statistics for Indian students. It found that students statewide in grades 7-12 attended 92% of the time, but Indian students in the same age group, attended only 80% of the time. Minneapolis Indian student attendance was lower: 74% for 7-12, and 67% for 10th graders. It was in the 10th grade that the greatest number of Indian students dropped out (Ebbott & Rosenblatt 127). Out of every 100 Indian students starting seventh grade, fewer than 50 rural Indian students graduated High School; while only 40 urban Indian students out of 100 graduated High School (Ebbott & Rosenblatt 126).

According to the dropout rates reported in 1968 and 1970-71 in Minneapolis, the programs started in the 1960's and the 1970's did not decrease the dropout rate for the 1980's. In 1980-81, 70.1% was the annual dropout rate for Indian students in grades 7-12. This was three times higher than the dropout rate for all public school students in Minneapolis (MINCRIS cited in Ebbott and Rosenblatt 125). In 1990-91, 76.3% was the reported Indian student dropout rate, and 85% in 2000-2001. That number improved for 2002 to 67% (MPS. "What Our Schools Look Like" 1). (Refer to Graph #3).

**Graph 3:
Dropout Rate Among Urban Indian Students in
Minneapolis Public Schools 1968-2002**



- Note: the figures for the 1960's and 1970's are extremely controversial (explanation in paper).
- Source: MINCRIS for 1968, 1970, 1980/81, 1990/91.
- Source: School Attendance Review Board (SARB) for 2000/01, & 2002

Reasons For Dropout Rate

Despite the efforts of the urban Indian community and the MPS system, the dropout rate for Indian students has remained at an alarmingly high rate. American Indian educators agree that difficulties arise early, generally in grades 4-7. Students generally dropout in Junior High and the first years of Senior High. The lack of American Indian staff, and the high mobility of the urban Indian population are major obstacles for the urban Indian students in MPS. There is also an over-representation of Indian children in special education programs, due to majority dominance and minority alienation, mistakenly being treated as a behavior or learning problem. In reality, it is a lack of knowledge on the part of educators about American Indian cultures, beliefs, and learning styles (MPS. "Focused Efforts To Reach Our Goals" 13). In 1968, the 13 estimated American Indian personnel in the MPS system were teacher aides or advocates. They provided a personal commitment to the urban Indian community by visiting the homes of Indian students and by listening to and valuing the opinions of the Indian parents (Taylor 5). In 1970-1971, out of 6,437 staff members, 48 identified themselves as American Indian. This figure is broken down as follows: 3 administrators, 8 teachers, 25 teacher aides, 1 secretary, 1 custodial worker, and 10 other. In 1970-71, the personnel department spent \$3,000 on a special recruitment program to bring American Indian teachers into the system. Letters were sent to colleges and universities and recruitment booths were set up, with little effect. Only 2 American Indian teachers were added in 1970-1971 (Ted Mahto cited in League of Women Voters 1971, 4).

American Indian personnel were directed to positions requiring contact with urban Indian students. This additional added responsibility placed on Indian educators was a direct result of the majority of teachers lack of adequate knowledge about Indian cultures. Instead of educating the majority of teachers, in part responsible for the alienation of Native American students from public schools, the burden was shifted to American Indian teachers. Ted Mahto, Indian Consultant to MPS, knew

a total of 50 teachers whose commitment to urban Indian children was "tremendous." Mahto felt that "those who lacked it were mainly ignorant." However, a growing commitment from teachers to learn about the Indian students in their classrooms was represented in the increasing number of requests for presentations on American Indian cultures. These presentations were provided through the Indians Consultants Office (Ted Mahto cited in League of Women Voters 1971, 4).

Still, the dropout rates remain alarming. In 2003, American Indian leaders rallied outside the MPS headquarters to protest what they saw as "something wrong" with the system of educating American Indians. The group included: Clyde Bellecourt, 20 parents, teachers, and children disturbed by the results of a study conducted by the Minneapolis School Foundation, that showed only half of all students at Minneapolis public high schools who were freshmen in 1996 graduated four years later. Only 15% of American Indian students who were freshmen in 1996, graduated in four years. "The graduation rate for American Indians is much worse than it was 30 years ago, when Robert Kennedy called the state of American Indian education a national disgrace," said Clyde Bellecourt (Hessel-Mial 1).

Dr. Will Antell, interim Director of Indian Education of MPS said, "we are back to square one." After thirty years of professional involvement in Indian education Antell believes experts are not going to solve the crisis. The solution, he says, must come from the Indian community. "I'd like to have a huge gathering of people to come together and say loud and clear what they want to tell the school board" (Lurie 2).

In 2001, Minneapolis suffered a Native dropout rate of 85%, an epidemic number by any standard. The nationwide Native dropout rate is just over 30% (Lurie 2). Minneapolis school officials are calling the situation "intolerable," while admitting they don't have ready solutions. The up-side is that the Indian graduation rate nearly doubled from 14% in 2001, to 27% in 2002 (Lurie 1).

AIM members are calling for a Federal audit to determine how money intended for American Indian students is being allocated. Organization members fear Indian children are not receiving their share of Federal education dollars. Clyde Bellecourt said, "something is definitely wrong with the educational system and we are prepared to take this to court if we have to" (Hessel-Mial 2). A 12 point plan has been developed in MPS to improve what AIM sees as shortcomings in the school system. The plan includes ways to increase graduation rates, and raise the overall academic performance of children of color (Hessel-Mial 2). However, the 12 point plan may not become a reality because we are in a transition in our public schools with the passing of the No Child Left Behind Act by President Bush on January 8th, 2002.

American Indian educators met for a legislative summit in Washington D.C on March 22nd, 2004, to discuss cuts in the Federal budget, and the unfunded mandates of the No Child Left Behind Act. Victoria Vasques, the Deputy Undersecretary for Indian education at the Department of Education, said there is plenty of money available to serve the nearly 500,000 Indian students who attend public schools. "It may not have Indian, Alaska Native, or Native Hawaiian on it, but we will fund over \$1 billion in 2005 for Indian programs directly" (indianz.com "Indian Educators Meet..."). Ed Parisian, the Director of Indian Education programs at the Bureau of Indian Affairs (BIA) painted a picture that did not look as "rosy." Mr. Parisian listed several funding cuts Indian education is taking in the area of scholarships, contract support costs, transportation, Tribal colleges, and school construction. He said, "we took a decrease overall in 2005." One example is scholarships for Indian students are being reduced by \$547,000. The cut means that 150 fewer students will receive awards (indianz.com "Indian Educators Meet..."). Also, transportation cuts will severely affect American Indian children that attend urban public schools where high mobility negatively affects their attendance rate.

The high mobility of the urban Indian community causes Indian students to miss more time than is allotted in the mandatory attendance policy. This may cause

undue stress, especially on Junior and Senior aged students, who eventually may become so overwhelmed by the amount of 'make-up' work that they drop out. The trend has been consistent from the 1960's through the 1990's of a relatively high attendance rate for elementary Indian students that generally drops as students get older. Older children have more freedom to be mobile. It could be that the culturally sensitive curriculum in the younger years helps them identify more with their tribal culture and hence fluctuate between MPS and the reservation. However, it is not just a problem of mobility. As American Indian students age they feel more "pull" from their reservation and more alienation in the city due to racism, peer pressure, school, etc. In the 1980-1981 school year, the rate of attendance for urban Indian secondary students was 76.8% compared with a rate of 87.4% for all MPS secondary students. In a three month period MPS recorded at least 300 urban Indian children who moved on and off the MPS census list. This list keeps track of students attending MPS throughout the school year. These students may be attending a school on their reservation part of the year, and the rest of the year at MPS (Witthuhn pp.26-33).

The School Attendance Review Board, SARB, was established by Minnesota legislation in 1995 to find solutions to unresolved student attendance issues by bringing together representatives from the community and agencies that serve on the SARB Board. The Southside SARB II Board developed in partnership with the Native American community to work specifically with Native American students. This Board works with Indian students at Andersen Elementary School, Sullivan Middle School, Four Winds (K-8), Edison High School and Center School (MPS. "SARB" 2).

The attendance policy that the MPS system adopted in 2000 requires all students to attend school 95% of the time. A student may not miss more than eight unexcused days to receive credit for the year. High school students who accumulate more than eight unexcused absences in a single school year risk failing, and not graduating on time. This policy negatively affects the graduation

rates of urban Indian students and other students of color in the MPS system because many participate in cultural events on their tribal reservations and communities that the MPS system does not recognize, and therefore, are unexcused absences (MPS. "Our Goals: Where Are We Now" 3). MPS does recognize Native American Awareness week, and allows for "some" excused absences from parents, but not an excessive amount. School officials and teachers must understand that many Indian students struggle with community obligations they are expected to fulfill. Also, as with their relatives on reservations, urban Indian students must overcome generations of educational problems. Many of their relatives are dropouts with a profound distrust of the white-dominated educational system. The system is looking at lowering the requirement to 90% days required to try to alleviate the problem.

However, there are a few points to emphasize. Some Indian students do not struggle and it is the parents' decision whether they think their child should participate in cultural events outside of the classroom. The MPS system should not second guess, penalize, or force the Indian child or parents to make a decision. The MPS system should encourage and support the Indian student in their cultural identity and activities. For example, teachers could have them share their cultural experiences with the rest of the class for 'credit,' thereby, bypassing the mandatory attendance policy. The calendar is a colonial tool of assimilation and the rule for 90% attendance is based on dollars; absences from Indian students cost the school money from the Federal Government that provides funding for Indian education.

The predominant issue for many American Indians is deciding how to balance American Indian cultures with dominant society. Roger Buffalohead, Director of Achievement Through Communications Satellite Learning Center, said: "if you want to be corrupted by white society and its values, you can be. And if you don't want to be, you're not."

function in a white world, without compromising their values (qtd. in League of Women Voters 1984, 22).

Lower test scores on Federal and State achievement tests, by urban Indian students is "blamed on" high mobility and poor attendance by the MPS system. In the mid 1980's, the urban Indian students as a group in MPS fell well below the 50th percentile in every subject area, except in math computation. The test scores for reading hover above the 40th percentile level. For example, at the fourth grade level 44% of Native American students scored above average in reading comprehension compared to 68% of all fourth graders (Witthuhn 2).

Approximately 30% of American Indian kindergarteners failed benchmark tests intended to form the basis for promotion to first grade in 1983. This compared to 19% of all city kindergarteners (MPS. "19% of All Kindergarteners Wouldn't Advance..." 1 & 13A).

In 2000, 50% of third grade Indian students were reading at their level or higher. In 2001, that figure was 51%. These numbers represent a substantial improvement since the mid 1980's when Indian students were in the 30th percentile, well below the 83rd percentile for the white student population. In 2000, 54% of the Indian students scored one year higher than their grade level in math scores. In 2001, that figure was 58% (MPS. "Our Goals: Where Are We Now" 3).

American Indian leaders have been consulted and offered the following reasons for the lower test scores. The first is that American Indian traditions, values, language and culture are markedly different from the dominant culture. Secondly, competition is a school-honored value that is especially troublesome to urban Indian students. American Indians are not competitive and they place a high importance on sharing. American Indian educators explained that in the classroom if one Indian child misses a question and another one is called on, even though the second child knows the answer, usually the decision is to either remain silent or also give a wrong answer rather than embarrass the first child. Thirdly,

there are many Indian parents who do not believe that the education presently available in MPS is desirable or essential to the well-being of their children and do not encourage their children to participate (League of Women Voters 1984, 21).

This third reason is key. There needs to be better communication, and "genuine" concern for the educational achievement of Indian students between the MPS system and the urban Indian community. It is obvious with the history that MPS has in educating Indian students that it is easiest to "throw money" at starting programs to make it look like the system is "trying" to help Indian students achieve their educational dreams. More programs and more funding are not going to help the low graduation rates, and high dropout rates of the urban Indian population in MPS. It is more effective to actually invest and educate oneself and communicate with the Indian student, their parents and the community. The responsibility for communicating lies with both the MPS system, and Indian parents and students. So, where does the responsibility for high dropout rates lie? With the MPS system? The American Indian community? Or both? Most teachers will accommodate a child missing class for cultural events, whether they require the child to do "make-up" work while gone, or have an alternative plan. The Indian parents must communicate to the teacher when their child is going to miss school, whether they agree with the system, or not. Also, there needs to be more communication between reservation schools, and MPS. When a child is presumed to have dropped out, they may have stopped attending MPS, and are attending a school on their reservation. Sometimes the high mobility of Indian students within the MPS system is due to a lack of affordable, adequate housing in the Phillips urban Indian neighborhood. Some Indian families cannot afford to stay in the city and move back to the reservation until they can get into housing that they can afford, and then they return.

HOUSING

History of 'Pervasive' Inadequate Housing in East Phillips

Inadequate and cheaply constructed housing for new immigrants in Minneapolis began to appear in the mid-19th century due to a population boom. The 30 years between 1860 and 1890 were the most rapid period of growth in the history of Minneapolis. The 1890 census set the population of Minneapolis at 164,738, 64 times higher than the number of people in 1860 (Minneapolis Tribune. "Cheap Dwelling Houses" 1).

With this onslaught of new arrivals into Minneapolis there was already a housing crisis in the late 19th to early 20th century. An article in the Minneapolis Tribune on April 30th, 1873, titled " Cheap Dwelling Houses" states:

...every day brings its quota of strangers who are looking around for a place to locate permanently, and many leave for no other reason than that not enough suitable houses are converted into rental rooms to accomodate families who cannot afford to pay more than \$42 to \$20 per month for rent...the boarding houses are full; the hotels are full; many families are already undergoing the doubling up process, and the cry is "still they come"...it is suggested that a building association might be organized, a tract of land bought up, and a cheap class of small cottages or tenement houses built. How it will work we do not know, but the fact that the demand largely exceeds the supply cannot be ruled out (1).

At that time, a housing organization was not developed, but in the early 1930's the Eastern half of the Phillips area, formerly called the 'near Southside,' was built for "working class people" and industries. The area was desirable because of its close proximity to the Southtown Yards (formerly Milwaukee Road Railroad), mass transit, and because real estate developers bought up most of the farm land and built rental housing (Marks 1).

One of the major reasons many early immigrants settled in this area was because on a city map titled "Legacy of a Working City," the east side of Phillips was categorized as slum housing and labelled for "foreign born" and "Blacks," and many were directed by city officials to establish their residency in this area.

Once a community was established, new immigrants wanted to live with people they were familiar with; people from their original country (Marks 2). The Bureau of Indian Affairs chose the eastern side of Phillips for American Indians who relocated to Minneapolis, not just for its close proximity to industries, public transportation, or that the area was labelled for "new immigrants." The primary reason was because this area had one of the highest percentages of rental housing (Marks 3).

Until the late 1930's, 15-25% of these houses on the east side of Phillips were without electricity, running water, and indoor plumbing. In the depths of the Great Depression in 1934, the situation deteriorated significantly. By the 1950's two small sections of the neighborhood were called a "rooming house district" and a "residential lower middle class district." Seventy-five percent of the houses were rental housing, and 20% of the housing was considered uninhabitable. These statistics are not much different today (Marks 2).

The "pervasive" inadequate housing found in the urban Indian community is perpetuated by a 'view' that American Indians choose to live in below standard housing, or that their standards for adequate housing are "lower" or more "simple" than non-Indians. This may be fueled by the cheaply constructed and poor quality HUD housing found on reservations built close together, and usually run-down by poverty, despair, and unemployment. This 'view' is found in a statement by the League of Women Voters in 1968,

For many of us non-Indians, the kind of place we live in, the furniture we have, the neighborhood where our house is, are extremely important, as far as our comfort and associations are concerned, but also for status symbols. The amount of our income and energy spent on housing ourselves is frequently quite out of proportion. American Indian people generally view a house primarily as shelter and a place to store things out of the weather. There is seldom any vying to build a bigger house than your neighbor (57).

In 1970, during a hearing on urban Indian living conditions in Minneapolis one Native person said:

Why do people think we enjoy living in run-down buildings or 'ghettos' I don't like the word 'ghetto.' For one reason, that is the only place us [Indian] are allowed to move to. Sometimes if you go to look for a place to rent, you go to the house and they see you are Indian, they will tell you that the house has already been rented. But if you have a white couple who are friends of yours and can go back to the same house, the house is available (Fixico 77).

One could conclude that the urban Indian population of Minneapolis did not have much choice in where they established their community within the city. The fact that there are not many houses to own in the Phillips neighborhood compared with rental property, makes it even harder for Indian people to own their own home. It is not that American Indian people do not want to own their own home; some do, and some don't. Economic reasons including a capitalist system that requires good credit, steady employment, and discrimination in the home mortgage industry, all make it difficult for American Indian people to purchase a home (Fixico 77). Also, buying a home seems permanent to many urban Indians and that idea contradicts the feelings of the reservation as a "permanent home," especially for first generation urban Indians. Still, there have been American Indian homebuyers amongst the early relocatees to Minneapolis and that number continues to rise with a growing urban Indian middle-class.

Home Ownership Among Urban Indian Population of Minneapolis

Some experiences of home ownership among some first American Indian relocatees to Minneapolis were shared in a report by the American Indian Policy Center :

My brother owned a home in 1960-61. He was working for a company in Northeast Minneapolis. He worked there for 5 or 6 years then went to work in a lumber company and worked there for a while. He had his own home in North Minneapolis. He did not have any bad credit. We were out on the street and such but he never got into trouble. Another couple owned a home. The wife worked at the American Indian Center. In

the 1960's, credit was not as crucial and the price was low. There was also a woman from White Earth who bought a house through the Housing Urban Development Program. She bought a house on the North side of Minneapolis, but she was not keeping up on maintenance and it went down hill (4).

This particular scenario points out the first generation urban Indians focus on "good credit." What it takes to get a house are ideas and values, like good credit, that many reservation Indians do not grow up with. First generation urban Indians that grew up on reservations were far away from economic opportunities, that provided long-term, stable employment. Therefore, many grew up on Federal subsidies provided to their tribe as part of treaty agreements. The first generation is linked to the reservation, and is not always acclimated to the capitalist system so prevalent in urban areas. Subsequently, they teach their children, the second and third generation of urban Indians, their values (American Indian Policy 11).

Discrimination is another deterrent to owning a home for American Indians. A new study by the Association of Community Organizations for Reform Now, (ACORN), analyzed the most recent data from Federal regulators that showed discriminatory lending patterns are getting worse. In 1996, Native American mortgage applicants were rejected more than twice as frequently as whites ("Capital & Communities" 1). Recently, the percent of American Indian applicants approved for home mortgages went up to over 30% in Minneapolis between 1997 and 2001 (American Indian Policy Center: Section Two).

Incredibly, there are still cases of blatant redlining in home insurance and mortgage lending. An example of redlining was a map presented as evidence at a recent Congressional hearing where an insurer had drawn lines around certain neighborhoods to inform its agents where they should not sell policies. Another way insurers avoid writing policies is to withdraw service from urban areas by simply closing their offices.

There are fewer home mortgage officers and insurance agents in many lower income and minority urban neighborhoods than there were ten and twenty years ago ("Capital & Communities" 1).

As well, for many urban Indians 'Home' is more cultural than just a "building on a block." Many of the urban Indian community members noted how Indian people want to feel comfortable with the 'neighborhood that grounds' an Indian person. For example, the houses on reservations are close together and occupied with family and friends that provide extended family cohesion, and consequently, grounding in cultural values. This can be found in Indian country, the reservation, or a particular neighborhood like the Phillips:

Saying this is Indian country means something. My home is within Indian country. It is not a street address. We are dealing with issues regarding a neighborhood as being important to a specific address. I want to live in this area. I am not talking about ownership or rental, but belonging to a place (qtd in American Indian Policy Center 8).

Oftentimes what feels 'comfortable' or 'right' as home for many urban Indians in Minneapolis is the reservation. Migrating back and forth between the reservation and the city is common. This holds true even for American Indian homeowners:

Those of us who are homeowners in the Minneapolis urban area even with 30 year mortgages, view this as a temporary state. We will, or desire to return to our homeland. If you can say that you could always go back to the reservation, you still have a sense of movement. This includes having a house that we will never own. Signing a paper and how old we will be when we finally have paid for our home is still a strange concept. Home ownership is not a permanent thing in our lives (qtd. American Indian Policy Center 8).

For many urban Indians in Minneapolis, renting is a chosen option because it provides flexibility in their lifestyle to be able to migrate back and forth from the city to the reservation. The belief that one's neighborhood and community is their home, leaves the urban Indian population limited to the housing available in the Phillips area, which, as mentioned earlier, has one of the highest percentages of rental housing in the city, about 75%. If more homes were available to

purchase in the Phillips area, there would be more interest generated among American Indian people to become homeowners and, subsequently, build a stronger community. Home ownership provides direct benefits to the community. They tend to keep their property in better condition than landlords and make repairs more promptly. A neighborhood of homeowners tends to have stable and higher property values than rental neighborhoods. Additionally, neighborhoods of owner occupied homes experience less crime because of increased stability and stronger relationships between residents ("Capital & Communities" 2).

The Phillips area in particular has a strong urban Indian identity where the American Indian Movement started, where there are Native shops and businesses, the American Indian Center, and where the Little Earth of United Tribes Native American Housing is located. The Phillips neighborhood is the urban Indians ' home,' despite the 'pervasive' inadequate housing conditions, and strong links to reservations.

Housing Conditions for Urban Indians in Minneapolis (1960 to 2000)

One of the housing conditions cited in the League of Women Voters' pamphlets in 1968, described how sixteen American Indian persons of all ages, including infants, were found huddled in one unventilated attic room with no furnishings except an electric plate, blankets, and clothing. When a building was condemned, its tenants were not likely to find one much better. One housing inspector was cited as saying, "some of these people know me only too well, I follow them from one slum to another" (56).

The Community Welfare Council had this to say to the League of Women Voters in 1968 about the housing conditions for urban Indians in Minneapolis:

The gravest threat to Indians' health and welfare is found in the terrible housing situation which confronts many newcomers when they arrive in the city...The most inadequate of the basic physical requirements for Minneapolis Indians is shelter...And without safe, hygienic and comfortable

housing there can be no satisfactory solution to the health problems (mental and physical) of the Indians in our midst (55).

In 1968, welfare workers saw a lack of code enforcement resulting in improper ventilation, improper repairs, inadequate heating and plumbing, and a blatant disrespect of tenants by landlords. These pervasive violations, resulted in a barrier to decent housing in poorer parts of town, like Phillips. The Building Inspectors Office of the Minnesota Housing Authority cited lack of sufficient staff to follow up on inspections to see if ordered improvements had actually been made (League of Women Voters 1968, 57). Instead of inspectors dedicating themselves to an area such as Phillips and making sure that buildings were safe and landlords make appropriate repairs, they slapped landlords with a fine, usually an inflated one, since most of the landlords were living an upper-class existence in the suburbs; far from their rental properties in the Phillips area. It is easier to take money and turn a blind eye in an area of 'pervasive' inadequate housing like in Phillips.

Landlords neglected maintenance caused: mice, cockroaches, poor insulation, broken windows, outdated plumbing, insufficient heat, dangerous electrical wiring, and other problems. The urban Indian population did not complain for fear of eviction. According to the Minneapolis Housing Authority, many had seen their friends and family members who did complain get 'thrown out' by uncaring landlords who would replace them with uncomplaining tenants (Fixico 82). A constant threat exists, in that, there is limited housing in the Phillips neighborhood, and that is where Native people want to stay. If they lost their housing, where would they go?

Landlords justified deplorable living conditions thinking that even poor city housing was an improvement over reservation housing (Fixico 8). Urban Indian 'ghettos' had, and sometimes still are, perpetuated by prejudiced landlords in spite of the Fair Housing Act of 1968, which stipulates that:

it is unlawful to discriminate against any person in terms, conditions, or privileges of sale or rental of dwelling, or in the provision of services or facilities in connection therewith, because of race, color, religion, or national origin (Fixico 8).

Despite this law, there continued to be much discrimination against urban Indians in housing in Minneapolis throughout the 1970's and 1980's. Many landlords would not rent to Indians because of their family philosophy of letting extended family live with them. Another strong sentiment among landlords in the 1970's was that 'Indian' tenants did not 'take care' of their house, even though it is the responsibility of the landlord to keep up the property, not the tenant's. However, the landlords volunteered their position that urban Indians were discriminated against less than African Americans, at least on the basis of race (League of Women Voters 1971, 87).

In 1975, a group of American Indians were fed up with dilapidated buildings and deplorable living conditions in their neighborhood. They completed their own study on housing, which included 345 households, about a quarter of the households in the Phillips area. This study generated a report that disclosed that 60% of the housing units were overcrowded, rent consumed 34% of the average Indian household income, and a 50% annual turnover rate in "Indian housing" indicated a high rate of transiency. Hot water was lacking in 1.4% of the housing, 0.2% had no water at all, and residents in 10% shared a toilet, meaning one toilet for the whole building (Fixico 82).

Rental restrictions that varied, and were set by individual landlords, often times discriminated against Indians, who generally had children, by limiting the number of occupants per apartment, and against single parents, usually mothers on welfare. Landlords demanded credit checks, security deposits, and rent paid in advance, pricing apartments out of the range for most Indian clients (Fixico 81).

Requiring first and last month's rent along with a damage deposit can easily amount to \$1,000 or more, thus, making the advance payment impossible for a family living on a basic welfare grant of \$600 per month (Ebbott & Rosenblatt 187).

The 1980 census reported that 83% of the urban Indian population still rented in Minneapolis, and that many of the dwellings were overcrowded, an example being an apartment made for two people having twice as many or more people, and apt to be "below standard", or "inexpensively" made. The demographic characteristics of the 1980 census reported that the Phillips neighborhood had almost 3,000 units of "substandard" housing out of a total of 4,000 plus units; 62% of units are one to two bedroom homes. Also, in 1980, the American Indian Center reported that the median Indian home was 70 years old compared with the 55 year old citywide median, enforcing the fact that many of the buildings in Phillips need constant repair and maintenance. Problems like inadequate plumbing, insufficient heat, and peeling 'lead based' paint from the walls were found within 10-30% of the units, and 25% of renters stated that owners "seldom or never" made repairs (Ebbott & Rosenblatt 187).

The housing prospects for low-income people are bleak. In 1981, according to an American Indian housing advocate at the Minneapolis Indian Center, 1500 urban Indians sought assistance in locating adequate and affordable housing. Housing was located for less than half that number (Ebbott & Rosenblatt 187).

In the mid 1980's, the National Urban Indian Council and the U.S. Conference of Mayors conducted a survey to identify the major needs of urban Indians. This was an attempt to strengthen linkages between local officials and the agencies serving the urban Indian population in Minneapolis. Rated second, only to employment by 56% of Indian leaders, was the need for low-cost, larger housing. Sixty-four percent of city officials agreed on the need for low-cost housing, but did not address the need for larger family housing (League of Women Voters 1984, 3).

At the time of the 1990 census, 87% of the housing units in the Phillips neighborhood were reported as occupied. This compares with a 92% occupancy rate in the same area in the 1980 census. In 1995, the Phillips neighborhood apartment vacancy rate of 16.9% was the highest in the city of Minneapolis, but also had the second highest rate of substandard housing in Minneapolis. The 1990 census indicated that out of the 7,611 housing complexes in the Phillips area, 63.6% were built in 1969 or earlier, and 49.5% were built in 1939 or earlier (City of Minneapolis Planning Department 8). The problem with these older buildings is that inspectors have not kept up with their job of enforcing housing codes in the Phillips neighborhood, and therefore, many of these buildings are unsafe to tenants because of hazardous materials such as lead paint, inadequate ventilation, and unsafe electrical outlets.

Between 1980 and 1990, the Phillips neighborhood had a 5% decline in occupied housing. By 1995, that number was almost 10% due to the city condemning some properties as uninhabitable. In 1980, 75% of the housing available in the Phillips area was substandard, compared to 65% in 1990, only a 10% improvement. Also, in 1980 the AIHCDC saw 1,500 Native people looking for adequate, affordable housing; In 2001, this number rose to 2,600. In comparison, there has not been many improvements to the existing housing structures, or in affordability for adequate housing in the Phillips area.

In the 1990's, rent skyrocketed in Minneapolis, and so did homelessness, especially among welfare recipients whose benefits were cut. Low-income people, most of whom are working full-time, are deeply impacted by the Minneapolis housing crisis. Rental vacancy rates were the lowest since the 1930's, leaving tenants at the mercy of landlords inflating their prices to exorbitant levels for their apartments. Among the hardest hit areas is the Phillips neighborhood of Minneapolis, and Native people are among the worst off of all Phillips residents. In the Phillips neighborhood one in four urban Indians is

homeless. The American Indian Housing and Community Development Corporation (AIHCDC) had 2600 visits in 2001 by Indian people looking for somewhere to live (Stangel 1).

In 1995, Gordon Thayer of the American Indian Housing and Community Development Corporation (AIHCDC) found there was an 11% decrease in available housing units in Phillips from 1990-2000. Also, there was a year, or longer, wait list at the only housing (in the country) with Native American preference, little Earth of United Tribes. Thayer and his 10 person staff at (AIHCDC) conducted a street survey, and in a half a day the staff found 285 homeless Native American people in the Phillips area (Stinson 2).

It is obvious there is a need for emergency housing to provide temporary shelter for families who are suddenly displaced or who have migrated to the cities. In the 1970's, the Minneapolis Housing Authority (MHA) set aside several housing units for stays limited to a few weeks for Indians and non-Indians. The MHA almost immediately eliminated the program's funding leaving a void in emergency housing (Ebbott & Rosenblatt 188). Homeless shelters, such as, The Marie Sandvik Center at 1112 E. Franklin Avenue provide some relief for Indian and non-Indian people seeking shelter. Mostly their clientele is Native American, but because the demand for 'shelters' and 'emergency housing' is more than the supply, there are Indian families doubling up all over in households that are mostly single female headed with children (Stinson 2).

Living Arrangements for the Urban Indian Population of Minneapolis

The 2000 census shows that in almost 30% of urban Indian households in Minneapolis there are up to five people per household. In approximately 15%, there are seven people or more in a household. The average size of an urban Indian household in Minneapolis is 3.71 persons (Minnesota Department of Planning 1).

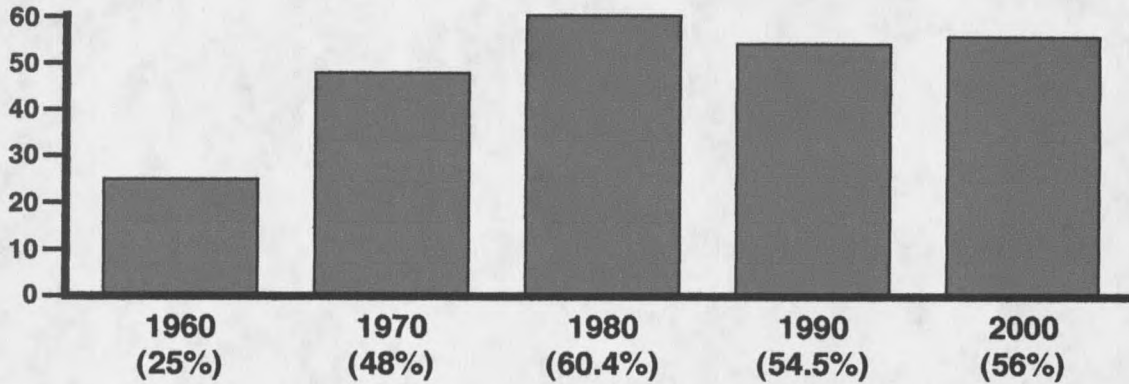
The majority of urban Indian households are not two parent households. In more than half, the head of households are single females. Single, male-headed households account for 1/5 of all American Indian households. The remaining are either two-parent or 'other relative' headed households (Minnesota Department of Planning 1).

In 1960, the League of Women Voters estimated that 25% of Minneapolis urban Indian families were female-headed households. Within 10 years, this number almost doubled to 48%. Some reasons include that during this time there was an influx of new urban Indians causing an increase in stress levels for Indian men to provide shelter, food, and clothing for their families. Also, not having as much support from the urban Indian community as they had from their reservation community caused many men to leave the city and return to the reservation (League of Women Voters 1968, 57).

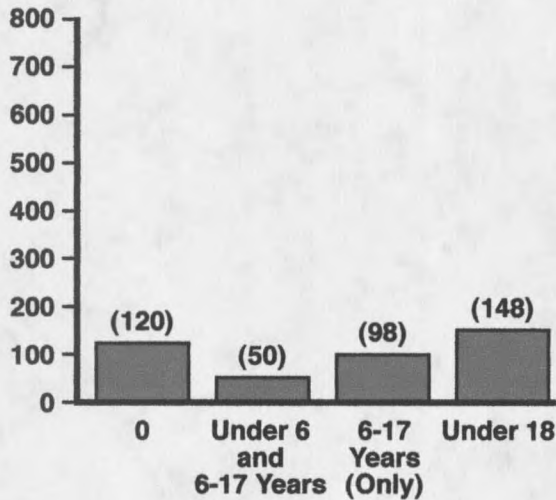
In 1980, the number of single female-headed households in the urban Indian community of Minneapolis rose to its highest level of 60.4%. The following two decades saw a drop in single-mother headed households to 54.5% in 1990, and 56% in 2000 (American Indian Policy Center 1). (See graph #4).

American Indian women head-of-households is five times greater than American Indian male head of household. Her responsibility for taking care of children, aged 18 and under, is also five times greater than Indian males. In the 2000 census, household profiles reflected 2,151 urban Indian (single parent) households in Minneapolis. Two-hundred and sixty-eight are single male-headed households with children 18 years and under. The single female headed households with children 18 years and under, number 1,094. Graphs #5 & #6 show the average number of children by age group, in both single male (#5) and single female (#6) headed households in the urban Indian population of Minneapolis (Minnesota Department of Planning: Household Profiles).

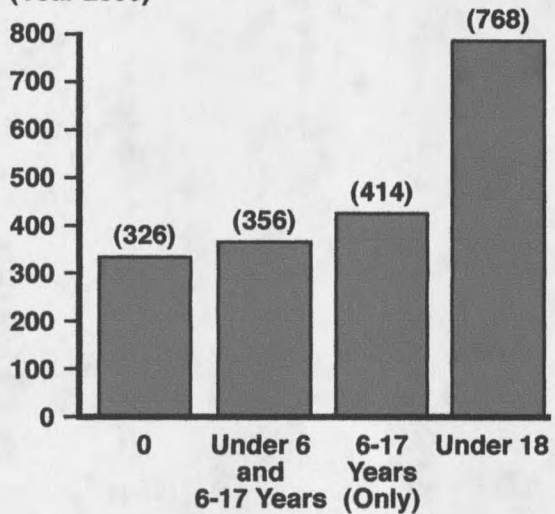
Graph 4:
% of Single Female Headed Households
in Urban Indian Population (Mpls)



Graph 5:
Male Single Headed Households
(No Wife)
With Children 18 Years Old and Under
Total = 268
(Year 2000)



Graph 6:
Female Single Headed Households
(No Husband)
With Children 18 Years Old and Under
Total = 1,094
(Year 2000)



Sources:

- Minnesota Indian Affairs Council (1960, 1970)
 American Indian Policy Center Compiled Data of urban Indian households in Minneapolis from MN. Dept. of Planning from regional statistics data (1980-2000).
- Regional Statistics Data of U.S. Census Bureau:
 Minnesota Dept. of Planning: Household Profiles.

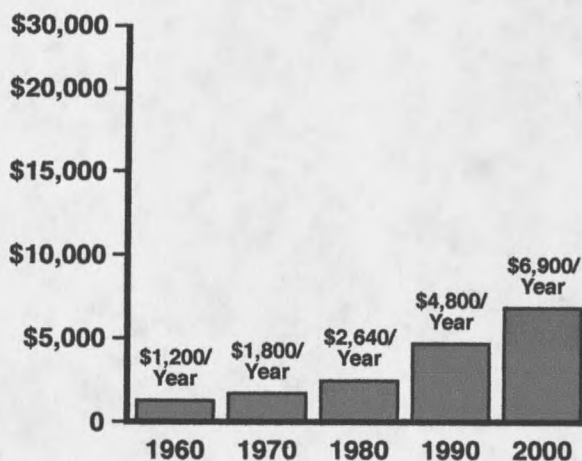
Percentage of Income on Housing: Urban Indians of Minneapolis (1960-2000)

In 1960, the regional statistics for the U.S. Census put the average annual income of the urban Indian population of Minneapolis at \$1,978. The average amount spent on rent was \$1,200 per year, or 60% of annual income. In 1970, the average annual income was estimated at \$5,366. The average amount spent on rent was \$1,800 per year, or 34% of annual income. In 1980, the urban Indian population earned an average of \$5,959 per year, and spent \$2,640 per year, or 62% of annual income for rent. The 1990 census figures showed the average annual income for the American Indian population at \$15,327, spending \$4,800 per year, or 36% of annual income. Finally, in 2000 the average annual income was \$19,356 for the American Indian population in Minneapolis and the average amount spent on rent was \$6,900 per year, or 29% of annual income (see Graphs #7 & #8 on p. 102 and Graphs #9 & #10 on p.103).

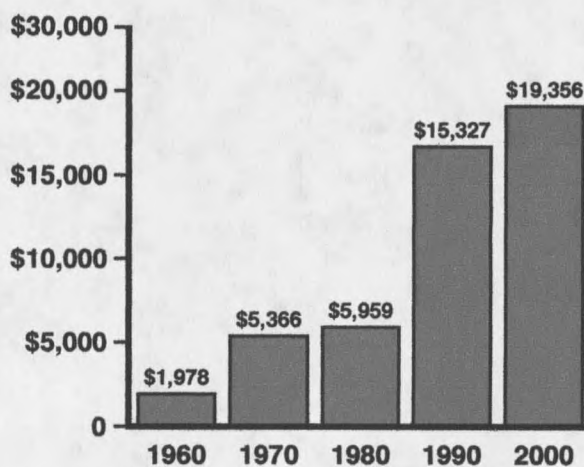
“Affordable housing” is defined by the Federal Government as less than 30% of annual income. In 1960, the urban Indian population spent seventy-five percent of their annual income on rent; in 1970, approximately thirty-percent; in 1980, fifty-percent; in 1990, twenty-five percent and; in 2000, over thirty-percent was spent on rent. In 2000, the Federal guideline for ‘poverty’ for a family of four is based on annual income of \$34,000 or less. In 2000, the average urban Indian family in Minneapolis consisted of 3.71 members, and the average annual income is approximately \$19,356. This falls well below the Federal guideline for “poverty” for a family of four (Minnesota Department of Planning: Household Profiles 1).

Consistently throughout the 1960’s through the 1990’s, the urban Indian average annual income was approximately half of the average annual white population’s income in the city of Minneapolis. These economic factors are directly related to their substandard housing issues, especially recently with rental costs in

Graph 7:
Average Rent Per Year for Urban Indian Population
(Minneapolis)



Graph 8:
Average Annual Income for Urban Indian Population
(Minneapolis)



Sources:

- Silaphet, Thansack in Minnesota Dept. of Planning
Compiled data for Income of American Indian Population of Minnesota
(1990-2000)
- Regional Statistics Data of U.S. Census (1960, 1970 & 1980)

**Graph 9:
American Indian Income Status Per Household in Minneapolis - 1990
3,482 Households**



**Graph 10:
American Indian Income Status Per Household in Minneapolis - 2000
2,302 Households**



Sources:

- Silaphet, Thansack in Minnesota Dept. of Planning
Compiled data for Income of American Indian Population of Minnesota (1990-2000) from Regional Statistics Data of U.S. Census (1990 & 2000)

Minneapolis inflated due to low vacancy rates. Limited income means limited housing options for urban Indians in Minneapolis.

Although there has been housing built in the past with the intention of helping new relocatees settle in the Phillips area of Minneapolis, inadequate housing still persists. In the 1930's, there was affordable housing built, but still, the demand was higher than the supply. In the late 1930's, it was estimated that 75% of the housing in the Phillips area was "below-standard", and 10% was "uninhabitable." Today, those statistics are the same. The trend is clear, that more affordable housing programs are needed to address the 'pervasive' housing crisis found in areas such as the Phillips neighborhood.

Urban Indian Housing Programs in Minneapolis (1960-2000)

Since Relocation, and the subsequent migration of thousands of American Indians to metropolitan areas, housing programs to help low-income people with home ownership and rent subsidies became available for American Indians who no longer lived on reservations. Federal housing programs were adapted to meet the unique circumstances of reservations, and the Federal programs for Indian housing became extended into urban areas like Minneapolis. State housing programs were also developed to meet the needs of the urban Indian communities (Fixico 81).

Throughout the 1960's and 1970's, the BIA located housing for American Indian people relocated to the Minneapolis area for vocational training or jobs. Usually, the BIA placed them into rented apartments, rented homes, or "public housing." Public housing locally was a Federally-operated program at the time. In an effort to relocate large families (up to 10 or 12 people), the BIA requested the Minnesota Housing Authority to waive the requirement of a one year residence in Minneapolis for public housing. This requirement originated in the 1930's with the large influx of immigrants migrating in and out of Minneapolis. City officials said "the purpose for the one year rule was to show stability in employment," but, in

reality, the city was trying to discourage "too many" poor people, and people of color, from residing in Minneapolis. It was also a deterrent for newly arriving relocatees into Minneapolis. Frequently, this requirement was overlooked by the Minnesota Housing Authority, and by the early 1970's, Minneapolis eliminated the one year residency requirement for Indian 'relocatees' due to the BIA request (Bureau of Indian Affairs Pamphlet 2).

In the Fall of 1968, a Home Purchase Program (HPP), made possible by a \$500,000 Congressional appropriation to the BIA, was started in Minneapolis. Vocational training programs were effectively being carried out for urban Indian families, but lack of income, and opportunities, undermined the goals of the Relocation Policy. The Commissioner of Indian Affairs noted the reason for establishing the HPP:

Somewhere in the course of the training programs, something happens to destroy the Indian's confidence, his sense of identity. In many cases the desire for a home and family, with a plot of ground, is frustrated by the inability to pay (League of Women Voters 1968, 58).

Under the HPP the BIA made a down payment of up to \$1,000 on a home costing no more than \$18,000, and paid the closing costs. Requirements for acceptance into the program included: off-reservation employment for six months (three months if they were in job training), a regular income, and good credit. The first home purchased was in Apple Valley (a suburb of Minneapolis) and two more homes were in the initial buying stages (League of Women Voters, 1968). No other reports have been found showing home purchases through the BIA program, or how the rest of the \$500,000 was allocated.

In 1947, the Minneapolis Housing and Redevelopment Authority (MHRA), now called Minneapolis Community Redevelopment Agency (MCDA) was created by Mayor Hubert Humphrey. MHRA would purchase a house, rehabilitate it, and rent it out. The Housing Authority in 1968 was authorized to provide 450 dwellings for Indian families under this 'used housing' program (League of Women Voters 1968, 60). Many of the homes available through this

program were not in the urban Indian community, and many American Indian people would rather be in their own community than own a home in another community.

The Minneapolis Housing Authority recognized that many American Indians in Minneapolis preferred not to live in available public housing because they preferred to live in the urban Indian community that they established within the Phillip's neighborhood, that consisted of 75% rental property. In part, racism contributed to the desire to remain in the Phillips neighborhood (League of Women Voters 1968, 60).

An official from a Southside Minneapolis real estate agency represents the typical racist attitude of the time. He criticizes Indians for creating dilapidated housing conditions:

We don't rent to anyone who has not been on a job for a year; however, if the housing is really bad, I rent to anyone off the street. As far as Indians go, there are a few good ones; these are usually your farm types. Quite a few are bad problems because all they do is collect their checks and drink. They need to be supervised. I think that they should be placed in a dormitory which would be supervised by tribal leaders and a white man would act as advisor. One thing is sure, Indians have to change. They are very dishonest and only tell what you want to hear. They don't have the problems of Blacks, and they could be accepted if they wanted to be. In fact, if they were only a little more selfish, they would make it (Gibbons 9-10).

These types of attitudes compound the difficulty of urban Indian experiences by further alienating them from city spaces beyond an urban Indian identified neighborhood. Thus, the Minneapolis Housing Authority developed a "new housing" program to allow urban Indians to stay in their own neighborhoods. Model City, a Minneapolis planning agency funded by the Department of Housing and Urban Development (HUD), coordinated the physical and social renewal of the areas most densely populated by the urban Indian people. The urban Indian community along with the American Indian Movement (AIM), were encouraged to provide input and ideas about their needs for affordable housing in their neighborhood (League of Women Voters 1968, 60).

The Model City Housing Program developed three predominantly, or all Indian public housing programs: The Urban American Indian Center, the Indian Guest House, and the old South High site, known as the Little Earth of United Tribes Urban Indian Housing. The Indian Guest House was supposed to be used as transitional housing for new Indian relocatees, but was never funded. Two of the 3 planned projects became a reality. In 1975, the Urban American Indian Center was founded in the Phillips neighborhood. The Center symbolizes the dreams of people from hundreds of Indian Nations who, for reasons as varied as themselves, left their reservations to come to Minneapolis and pursue a new life. Educational and social services, along with senior citizen programs and Indian arts and crafts, are offered at the American Indian Center.

Little Earth of United States Tribes is located at 2501 Cedar Avenue in the heart of the Phillips neighborhood. Originally developed in 1973, this project offers 212 units of housing that includes efficiency apartments, and units with one to five bedrooms. It is the only 'Native Preference' housing in the country. It provides Native American relocatees in Minneapolis with a sense of community in an inner-city environment (Minneapolis Community Development Agency 1).

Because of ongoing financial and management problems, the Model City project was eventually placed in receivership and reverted to Federal Housing and Urban Development (HUD). Stabilization of the project became a very high priority for the city of Minneapolis. A new ownership entity, Little Earth of United Tribes Housing corporation (LEUTHC), was created to own and operate the project. In 1993, HUD secured a new 15-year Housing Association Project (HAP) contract for 100% of the units and continues the "Indian Preference" for tenant selection (Minneapolis Community Development Agency 1).

Many people wait one to three years to move into a unit at Little Earth Housing. After a three and a half year wait, Sherry Bigboy, a Bad River Ojibwe, received word in June, 2001, that she was next in line to get a housing unit at The Project in Minneapolis:

Mary Black Elk (Director of Little Earth) told me there was a couple of townhouse openings. She said she had a couple of evictions and a few others moving out. We were excited that we were finally getting our own place (Desjarlait 1).

It is apparent that Little Earth-type of housing is most favored among the urban Indian population and that they almost always prefer to stay in the urban identified neighborhood of Phillips. Therefore, more housing projects like Little Earth, without the Indian Preference, (due to the Fair Housing Law), are either being constructed or proposed for the Phillips neighborhood.

Future Housing Projects for the Urban Indian Population of Minneapolis

In 1992, the American Indian Housing and Community Development Corporation (AIHCDC), was founded. Their mission statement reads; in part, to develop and provide culturally creative programs, support and educational services designed to strengthen American Indian communities by offering opportunities leading to a better quality of life and healthy Indian communities (Thayer 1).

Their service area is concentrated in South Minneapolis, with strong service in the Phillips area, catering mainly to Midwest Indian tribes. They assist with housing advocacy, tenant training, homebuyer training, assisted living programs, plus residential and commercial projects like the Franklin Avenue Housing and Commercial Development Project, a newly proposed townhouse development (Thayer 1). Many of the projects are State or Federally funded, but some are owned by non-profit groups with no public money.

With the influx of Hispanic/Latinos and Somalian people into the Phillips neighborhood, the Director of AIHCDC, Gordon Thayer, is afraid that the Native American population may be gentrified out of this 'Indian' identified neighborhood. Thayer, along with the staff of AIHCDC, developed Nibiwa Sibiin (Many Rivers), a mixed income housing development on Franklin Avenue in the Phillips area. Nibiwa Sibiin, an Ojibwe name, refers to the rivers that were essential to Native people.

In June, 2003, after two years of construction, Nibiwa Sibiin will house 50 families and by Spring of 2004, another 26. Nibiwa Sibiin is not intended to be transitional housing. It is specifically designed for people who have been steadily employed and want to stay in the neighborhood. The hope is to have a majority of Native American families at Nibiwa Sibiin. The goal is to keep Native American presence in the Phillips neighborhood. They would love to get "Indian Preference", but, this is unlawful, due to the Fair Housing Code. Thayer said:

Indian preference in housing is 'unlawful' because of the kind of public housing money involved. Our goal is to have Indian families in Nibiwa Sibiin and we do not apologize for that. We are making it available to them within the housing laws. There are many Indian organizations in the area. There are many people, especially Indian people, in the neighborhood paying exorbitant prices for rundown places. We will do everything, within the limits of the law to get Native American families into Many Rivers by abiding by Fair Housing Laws. We want to keep this a Native community (Stinson 3).

The reasons for starting projects like Nibiwa Sibiin include an 11% decline in available rental housing units in the Phillips neighborhood from 1990-2000. Thayer is well aware of the housing shortage in Minneapolis. He has a background in housing with the BIA for many years. Thayer served as the Chair of Lac Courte Oreilles Lake Superior Chippewa Indians from 1979-1984, and was on the Tribal Council from 1977 to 1986. In 1991, after Thayer put together the ad hoc committee that took a serious look at Indian housing, he resigned from the BIA and began AIHCDC, located in the Phillips neighborhood (Stinson 6).

In August 2000, the "On Eagles' Wings Apartments" celebrated its grand opening. It is an "inspirational home" where recovering American Indian alcoholics can afford to live in sobriety. It is another project that Gordon Thayer envisioned. The apartments are owned by a nonprofit group, Overcomers Ministry, headed by Thayer and his wife. There is no public money in this project. The major financial supporter is the Wallestad Foundation, a Twin Cities Christian

Organization. Also, Grace Church of Edina and Crystal Evangelical Free Church were among those donating money and work crews to renovate the old building (Grow 2). The long-abandoned building in the 1900 block of 11th Avenue in the Phillips neighborhood was purchased from the city for \$1 and renovated for \$420,000. One-bedroom apartments cost \$350 per month; two-bedroom units \$450. In addition to those payments, renters agree to stay involved in spiritually based sobriety programs (Grow 2).

Other housing programs developed by the American Indian Housing and Community Development Corporation (AIHCDC) include Pokegama Townhomes. Pokegama will be located on vacant land at 13th Avenue and 24th Street, between the Phillips Community Center, Maynidoowahdah Odena (American Indian AIDS Housing) and adjacent to the Indian Health Board. There will be 15 units at Pokegama priced between \$70-90,000, all two and three bedrooms. First-time home buyer mortgages, with very low interest, will be offered through the Minnesota Housing Finance Agency's Urban Indian Homebuyer Program (AIHCDC 1).

Community leaders have another promising development in Ventura Village, otherwise known as North Phillips. The project is called the Ventura Village Carriage House Program. A carriage house is a residence with a garage at ground level and an apartment above. Typically located in the back of a residential lot, behind a full-sized house, carriage-houses also can sit on small and odd shaped lots currently considered useless by city planners. Carriage houses face the alleys, and supporters say such placement is a crime deterrent (Stangel 3).

The creator of the Carriage House Program is Jim Graham, a social psychologist, contractor and Phillips resident since 1968. Graham explains that the idea came from a home improvement project:

In about 1991-1992, I wanted to build a garage and put an office above it. I wanted to put plumbing in it. When I took the idea to the city to get a permit, they said 'no'. They said if I put plumbing into that garage, some day you would stop using it as an office, and want to rent it out to someone who needs housing (Stangel 3).

The plans Graham has drawn up are for efficiency and two-bedroom units up to 1,390 square feet. The proposed cost per unit is between \$60-90,000 to build and \$30-50 a month to heat. Graham is working with housing experts in the Native community of Minnesota to hire skilled American Indian homebuilders to do the carriage house construction. By building 50 units at one time, construction costs would be minimized, ensuring affordable housing for poor people. But, he is fighting city planners who want him to only build a few at a time (Stangel 4).

Carriage houses could lead to expedited home ownership for people who rent the units. People who otherwise could not afford to own a home will be able to do so by the rental income generated by a carriage house. The plan is to get homeowners, both American Indian and non-Indian, to build carriage houses on their garages. The rent they generate can help them pay off their home mortgages and eventually own their home. Most homeowners in the Phillips area know somebody that is looking for a place to rent. More rental units lead to cheaper rents, and people charge less rent to friends and relatives. This is what the urban Indian population calls the "Moccasin telegraph" (Stangel 4).

Carriage houses will be mostly one and two bedroom dwellings. Bob Albee, Assistant Director at (AICHDC) hopes to put together an Indian construction company to build carriage houses. Albee said:

We have skilled Indian roofers and framers and we want to put them to work. Private dwellings like carriage houses are essential, and every little bit counts. We cannot possibly build enough housing to meet the needs. Not with public dollars. We need housing now...Lots of housing. I as an individual can contribute by building a carriage house. This opens the door to many more people to help solve the housing crisis (Stangel 8).

Graham and AICHDC are beginning this program with \$640,000 of public money from the Neighborhood Revitalization Program (NRP). But, most of the money will come from the private sector, especially, current homeowners. The Fannie Mae program administered through Twin City Federal (TCF) bank, has already signed on to provide affordable housing loans for the program.

The McKnight Foundation and Wells Fargo have been approached. To date, no timeline for this project has been set (Stangel 4).

Housing programs started by AICHDC, and others, for urban Indian families are desperately needed. The inadequate housing that has persisted since the 1930's in the Phillips area has profound negative effects, including the general lack of educational achievement by urban Indian children. In the 2000-01 school year, more than 3,100 students were educated through the Minneapolis district's homeless programs. An individual student may enter and withdraw from a school several times during the year. When children move in and out of schools at such a high rate, students and schools are stressed. High student mobility makes it difficult for teachers to get to know students well and understand their learning needs completely. Over 22,000 "transactions" occurred the same year (2000-2001), meaning students enrolled and withdrew from Minneapolis schools at amazing levels. It is estimated that urban Indian children makeup 25-30% of these transactions, and this high rate of transition between schools affects their educational achievements (MPS. Minneapolis Public Schools: Mobility 4).

Also, inadequate housing causes many health issues for the urban Indian population of Minneapolis. In the 1960's, American Indian deaths from influenza and pneumonia, were nearly 2.5 times higher because of inadequate heat in over one-third of urban Indian housing. Also, in 1970, an American Indian would be 10 times more likely to suffer from rheumatic fever, strep throat, and hepatitis due to inadequate housing that lacked running water and adequate waste disposal. In the 1980's, respiratory problems were the number one reason for the Indian Health Board to see Indian children, mostly due to inadequate ventilation during the winter months. Most illnesses are preventable through better living conditions (Fixico 109-110).

HEALTH

The following chapter suggests that although Minneapolis has provided many clinics, programs, and services for the health needs of the urban Indian community, factors like Native's suspicions of "white" doctors due to historical practices like sterilization of American Indian women, and cultural differences regarding sickness, health, and medicine have made many relocatees reluctant to seek and attain treatment. Consequently, with Native Americans not utilizing, or avoiding health services, and the lack of Federal funding for urban Indian health throughout the 1980's and 90's, many of the programs were not re-funded and short-lived. As a result, the urban Indian population of Minneapolis continues to have higher rates of disease than the general population.

Cultural Differences Regarding Sickness, Health, and Medicine

The rate of migration of Indian Americans from rural to urban areas from 1930 to 1970 was higher than that of any other ethnic group. In this period, 35% of American Indians migrated to cities. Learning to adjust to the urban environment meant adjusting to the new climate and temperature of a different part of the country, and becoming possibly dependent upon non-Indian medicine. In addition to adjusting sociologically and psychologically, urban Indians had to adjust physiologically to urban concrete and asphalt that did not host the natural herbs and plants for cures and healings of their homelands (Fixico 108).

In 1971, Maurice, a Dakota Indian from the Rosebud reservation of South Dakota relocated to Minneapolis. He relocated for a better economic opportunity at the Green Giant Company. He recalls his first experience at the Indian Health Board (IHB), in Minneapolis:

I was sicker than a dog when I first arrived in Minneapolis. Sicker than a dog from my journey from the rez. I was told to go the Indian Health Board, so I went to the Indian Health Board. They put me in a room for a long time, laid

me on a table...a steel table. [They] put a glass stick under my tongue, now I know the name of that stick, a thermometer...then, they put a steel needle in my arm. They said "good as new." They left. They left and I did not feel any better. I did not feel "like new." I did not know what to do? I was used to a person [medicine person] with plants and talking. You know? Plants that heal, and talk that heals...not steel that heals...[he chuckles]. (Maurice, [Dakota], Interview August 5, 2002).

Even though many American Indian people who relocated to Minneapolis had experienced Indian Health Services (IHS) on and off of the reservation, Maurice represents a segment of urban Indians, who were some of the first relocatees, used to a more 'traditional' approach to healing. Traditional Indigenous healing is quite different than Western, mainstream medicine.

Traditionally, Native people depended on the plants and food of their homelands for life and medicine. Food and plants were so intimately intertwined that many foods, under proper supervision and application, were components of a medicine system based on the natural properties of plants and animals. Food, combined with physical lifestyle and spiritual orientation, formed an interactive triad that was the cornerstone of health (Cajete 115).

Among all tribes, illness was associated with a kind of disharmony with some key element of the natural environment, so the healing rituals and ceremonies involved a re-establishment of harmony between the individual, family, or clan group and their immediate environment. The mediators for the transfer of this knowledge of balance were primarily the healers or medicine people. Medicine people fulfilled a variety of roles. Herbalists, a principle group among the healers, were predominantly women. Through their experiences with plant communities came an understanding of individual plants that could be used for medicine. Another group of healers had more knowledge of the human body and muscular structure; they were adept at massage and repairing bones. The next group consisted of individuals who had, as a result of their position, clan initiation, or societal membership, access to special knowledge of plants and animals. Through ceremony these individuals were empowered to address certain

illnesses that they had learned to effectively treat. In the words of Stephen Buhner,

To make the acquaintance of an herb, to understand the lowly weed, to hear its voice and that of the spirit teaching how to make it medicine and use it for healing, is the essence of earth relationship and earth healing; the essence of herbalism...it belongs to the realm where the human and the sacred meet in the plant (qtd. in Cajete 116).

Shaman's knowledge embodied the most complete understanding of the nature of relationship between humans and the natural entities around them. In their philosophy of healing, disease was always caused by an improper relationship to the natural world, spirit world, community, and/or to one's own spirit and soul. Therefore, illness was always environmental (Cajete 117).

We cannot help but participate with the world. Whether we acknowledge and are creatively open to the perceptions that will result, or remain oblivious to its influence and creative possibilities toward deeper understanding, is our decision. This is the perpetual trap of Western science/ medicine and the perpetual dilemma of Western society: all humans are in constant interaction with the physical reality (Cajete 117). In the mainstream idea of Western medicine, individuals are healed by another individual...their doctor. There is no help from other living entities in the environment. Western society perpetuates the illusion of "objective" detachment and psychological disassociation from the surrounding environment. These cultural differences of healing posed challenges for early relocatees who now found themselves in a new environment that consisted of cement and asphalt.

During the 1960's and early 1970's, Native American people in cities used both traditional and modern health care. To place his or her trust in a non-Indian doctor can be a great undertaking for an Indian person of Native tradition, implying less appreciation for one's cultural beliefs/ practices (Fixico 122). Also, in the early years of relocation, some American Indian people had been victims of, or had known a Indian person who was a victim of 'unethical' behavior from Western doctors.

One of these 'unethical' practices was the sterilization of American Indian women. Here is one account:

I was determined not to go to the hospital. I did not want a 'white' doctor looking at me down there. I wanted no 'white' doctor to touch me. Always in the back of my mind was how they had sterilized my sister and how they had let her baby die. My baby was going to live [Lakota], Wounded Knee, South Dakota, 1973 (Fixico 107).

But the cultural perspective on sources of health care for urban Indians is now changing, as the third and fourth generation of relocatees have gotten used to Western medicine, or combine both traditional healing and Western medicine. In the 1980's and 1990's, American Indians are depending more upon non-Indian health treatment. Another part of this changing perspective is the notion that urban Indians have obtained white diseases and need white medicine to cure them (Fixico 122).

The struggle to comprehend and accept modern or Western medicine was complicated when urban Indians found that the IHS services available on their reservation lands were not available in their cities.

Federal Government Funding for Native American Health Care

The origins of Federal Native American health care began in the 19th century when contagious diseases, such as smallpox, continued to threaten the once substantial, but rapidly decreasing, population of Native American people. The Federal Government's earliest goals were to prevent disease and to speed Native American assimilation into the general population by promoting Native American dependence on Western medicine and by decreasing the influence of traditional Indian healers (Haworth 1).

The responsibility of the Federal Government to provide health care for American Indian people is part of their 'trust responsibility.' The Supreme Court first recognized the existence of a trust relationship between the Federal Government and the Indian people in its early decisions interpreting Indian treaties

((Johnson v. McIntosh, 21 U.S. (8 Wheat.) 543 (1823); (Cherokee Nation v. Georgia, 30 U.S. (5 Pet.) 1 (1831); (Worcester v. Georgia, 31 U.S. (6 Pet.) 515 (1832)). Between 1787 and 1871 the United States entered into hundreds of treaties with Indian Nations. In almost all of these treaties, American Indians ceded land in exchange for promises. These promises often included a guarantee for a permanent reservation for the tribe, and would protect the safety and well-being of tribal members. The Supreme Court held that such promises create a trust responsibility, much like "that of a ward to his guardian" (Wilkins & Lomawaima 68). Following is a summary of Federal Government funding that affected urban Native American health care:

1849 Transfer of Native American Health from War Department to BIA

1921 The Snyder Act

In ratifying the Snyder Act, Congress intended to provide appropriations "for the benefit, care and assistance...and for the relief of distress and the conservation of health for Indian tribes throughout the United States" (Haworth 2).

1955 Indian Health Service (IHS) Established

American Indian health care is transferred from the BIA to a special branch of the Public Health Service known as the Indian Health Service (IHS), located with the Department of Health and Human Services (Pevar 275).

1955 Morton vs. Ruiz

Interprets the Snyder Act to provide services to non-reservation Indians for their well-being. However, the focus remained on reservation conditions directing Congressional funding away from urban Indian populations (Fixico 108).

1970 Federal Funding & Development of First Urban Indian Health Facility

Under the Nixon Administration , the Office of Economic Opportunity authorized \$2.1 million and the National Institute of Mental Health

authorized \$750,000 to the IHS to develop 39 Indian health facilities in urban areas (Fixico 98).

1976 The Indian Health Care Improvement Act (IHICIA)

(25 U.S.C. sec. 1601,1602) This Act affirms the 'trust responsibility' in the following terms:

The Congress hereby declares that it is the policy of this Nation in fulfillment of its special responsibilities and legal obligation to the American Indian people, to meet the national goal of providing the highest possible health status to Indians and to provide existing Indian health services with all resources necessary to effect that policy (25 U.S.C sec 1602) (qtd. in Pevar 276).

Title V of the IHICIA "would provide for a program of contracts with Indian organizations in urban areas for the purpose of making health services more accessible to Indians" (Fixico 113). However, three-quarters of the budget of the IHS went to reservation communities, where approximately \$420 million was distributed annually in the late 1970's (Fixico 113).

1978 Congressional Appropriation of \$5 million for Urban Indian Health

1982 The Reagan Administration Cuts Funding for Indian Health

Funding cuts include: an \$82 million reduction for all Indian health facilities; a 50% reduction in the urban Indian health budget, and elimination of urban Indian health programs by 1983. American Indian leaders in health and other areas wrote President Reagan to protest the budget cuts. Gloria J. Keliiaa, Executive Director of the California Urban Indian Council expressed her opposition directly to President Reagan:

We are extremely disturbed that your administration is proposing to eliminate urban Indian health programs by 1983 and to reduce our funding by 50% next year in preparation for that phase-out. Because of cultural values and mainstream stereotyping, Indian people find access to mainstream healthcare either difficult or impossible (qtd in Fixico 120).

1990's Lack of Federal Funding for Urban Indian Health Care

The drastic budget cuts of the 1980's result in the following for Native Americans:

- (1) A 14% decline in physical exams between 1994 and 1996
- (2) an 18% reduction in dental services between 1994 and 1996
- (3) a 79% increase in denials of health care referrals by Indian health care contractors between 1993 and 1996.

2002 The Bush Administration Proposes an IHS Budget Increase of 3% to \$2.71

Billion The IHS estimated that a positive impact on the health of American Indians on & off-reservations would cost about \$15 billion (IHS Budget 2001).

Indian Health Services (IHS) for Urban Indians

Throughout the 1960's, the Federal Government expected urban Indians to seek health care like mainstream urban Americans. This assumption that Indian Americans would become a part of the urban scene on their own proved to be a problem for urban Indians and for the Government. For example, urban Indians in Seattle urged Senator Henry "Scoop" Jackson to obtain health care for them.

Jackson wrote to Jack Robertson, Area Director of IHS, on November 10, 1964.

Robertson responded positively:

The division of Indian health, of the U.S. Public Health Service, has the responsibility for the medical care of Indians and Alaska Natives living on reservations within the Continental U.S. and Alaska. We are not budgeted to provide medical care to non-reservation Indians or Alaska Natives who have established residence outside of our primary areas of responsibility (qtd. in Fixico 112).

Along with a number of colleagues in the Senate, he introduced Senate Bill 2938, the IHCA (see p.6), with the "firm conviction that a strong congressional commitment for adequate financial resources and health personnel was urgently needed to alleviate the serious health problems of American Indians in urban settings" (qtd. in Fixico 113).

Senator Jackson emphasized to American Indian leaders, the Government can only pass legislation and that it was up to American Indian communities to "actively

participate" in urban health programs for which they are eligible. Urban Indian people generally failed to familiarize themselves with available IHS facilities, posing serious problems concerning health treatment for American Indians moving to the cities (Porterfield 2). The dominant reason Native Americans did not utilize or familiarize themselves with available IHS clinics was transportation problems. In 1974, the IHB of Minneapolis conducted a survey (discussed below), and determined that 43% of the households in the urban Indian community of Minneapolis reported transportation problems in getting to a doctor or IHS clinic (Fixico 115). If they did utilize the IHS clinics, many did not return, in part, because they did not feel understood culturally, and because they did not feel comfortable or safe in a frustrating and intimidating business atmosphere, found in many mainstream health facilities (Fixico 110). Also, many urban Indians who had low paying salaries found public health care too expensive. After their initial visit, many urban Indians returned to their reservation for follow-up treatment (Porterfield 2).

Whether the reasons are "suspicions" of mainstream medicine, cultural differences for healing, transportation problems, or that urban Indians do not feel comfortable in many hospitals and clinics, if Native Americans do not utilize health facilities and services that are funded to improve the health needs of this segment of the population, these services will not be re-funded and therefore, cease to exist. However, it is up to a clinic or program to secure the "backing" and trust of the urban Indian community. Health clinics that diminish the fears and concerns of the urban Indian community, and that show a vital concern for their well-being, are heavily used and successful in meeting the health needs of the American Indian people.

In 1969, urban Indians expressed their concerns before a committee hearing on urban health conditions and medical care in Minneapolis. The witnesses submitted the following comments about health care issues:

- (1) Inadequate means for follow-up treatment of the health problems of American Indian high school students.
- (2) Poor medical care for older American Indian citizens, who seldom have healthcare insurance.
- (3) Lack of Federal medical services for urban Indians, many of whom cannot afford health insurance.
- (4) Lack of dental and optical services for urban Indian children.
- (5) A need for a longer period of medical care for "relocated" Indian families. Many hospitals required a 1 year residency for treatment, exempting new relocatees for 3 months.
- (6) Insufficient hospital facilities for poor Indian families in the city.
- (7) Cynicism and despair about the reported low quality of health care in reservation Indian hospitals; and
- (8) Reluctance of some Indians to seek medical care (Fixico 112).

The concern for American Indian health conditions in Minneapolis, along with reform efforts, began as early as 1969, when the Indian Health Advisory Committee began documenting the health care needs of Indian people in the area. In 1969, statistics compiled by Dr. Charles McCreary, former Director of the Lutheran Deaconess Hospital Family Health Program, show some startling contrasts between Indians and non-Indians. Table #2 summarizes McCreary's data for Hennepin County, and covers a time span between 1967 and 1970, (Indian population: 5,829):

Table #2. Dr. Charles McCreary Study (1967-1970) (Percentage)

Infant Death Rate (per 1,000 births)	American Indian: 37	Other: 22.9
Mothers with NO prenatal care	American Indian: 8.4	Other: 0.7
Deaths (before age 65)	American Indian: 64	Other: 31
Deaths by Accidents	American Indian: 23.2	Other: 6.3
Deaths by Heart Disease	American Indian: 19.7	Other: 37
Deaths by Cancer	American Indian: 7.9	Other: 18.1
Cerebrovascular Disease	American Indian: 7.1	Other: 12.7
Flu and Pneumonia	American Indian: 5.8	Other: 3.2
Cirrhosis of Liver	American Indian: 5.4	Other: 1.1
Premature Births	American Indian: 5.2	Other: 2.2
Death by Diabetes complications	American Indian: 4.6	Other: 1.8

Source: League of Women Voters, (1968, 1971)

McCreary found that an Indian child born in Hennepin County, is far more likely than a non-Indian child to die within 2 weeks of birth. In fact, the infant mortality rate for urban Indians was more than 50% higher than the rate for all races combined. Minnesota's urban Indians were twice as likely as non-Indians to die before the age of 65. At the time of this study, such problems as cancer, heart disease and strokes accounted for most deaths in Minnesota but were responsible for only about one-third of American Indian deaths, simply because they did not live long enough to develop them. It was statistics like these that led to the creation of the Indian Health Board of Minneapolis (Hollenhorst B1).

The Indian Health Board (IHB) of Minneapolis

In 1971, the Indian Health Board (IHB) of Minneapolis was created as a non-profit organization whose mission was to identify and define health care needs.

The IHB of Minneapolis was the first urban Indian program in the country to be funded under the Urban Health Initiative Program of the Community Health Center Act (PL94-63; sec 330). This program targets medically underserved urban populations: those with low incomes, high infant mortality, large numbers of high-risk pregnancies, high numbers of elderly, and low physician ratio (Fixico 212-213).

The IHB of Minneapolis is a national model for urban Indian health programs and one of the largest in the country. It was the first such program developed and built by local Indians to meet local needs (Fixico 215). After the implementation of the Self Determination Policy in 1975, the IHB was organized with the philosophy that Indian people would direct services to meet the needs of their people (Fixico 214). The Board was incorporated in 1971 and a demonstration project began. It was "quickly overcome by the level of need discovered" (Fixico 215).

The IHB was originally located at 2217 Nicollet, the former offices of the Model City Housing Bureau. The building had the advantage of requiring only about \$5,000 in improvements. The clinic began with a staff of 18 people including: Three dentists, a full-time general practice doctor and at least three nurses. The clinic was able to take care of any health needs except those requiring hospitalization. Back-up services were provided by Hennepin County General Hospital and private medical facilities that developed programs in cooperation with the IHB (Hollenhorst B1).

In 1973, the first survey done by the IHB found that almost 70% of the 389 households visited in the Phillips neighborhood had some form of medical insurance; but, 11.6% had a person in each household requiring immediate in-patient hospital care (Hollenhorst B1). In 1974, a second survey conducted by the Minneapolis IHB revealed that nearly 400 urban Indian people had chronic diseases. Out of these 400 persons; 62 were not receiving any medical treatment, 73 persons had emotional problems, 45 were receiving medical

assistance, 128 were injured and, 43% of the households reported transportation problems in getting to a doctor or clinic (Fixico 115).

The IHB has been heavily used by the Indian community of Minneapolis, serving 6300 individuals annually throughout the late 1980's. The number of patients that received services by 1985 was 52,084; of these, 55% were below the poverty income level, and only 4% were covered by insurance. In 1983, the staff numbered more than 30 (80% Indian), and moved to a new location. The newly constructed building cost over \$800,000 and was totally funded by the IHB (Fixico 215).

By 1990, the staff had grown to more than 60 people (over 40% Indian). The clinic is open 5 days a week with 24 hour emergency services. Patients who need hospitalization are referred to hospitals in the city. Today, the IHB works closely with the only health facility, Hennepin County Medical Center (HCMC), that has an Indian advocate position to assist IHB patients. Other hospitals and clinics may provide MRI's and Scans depending on insurance. (Connie Norman, Health Education Director, IHB, interview, 10/30/03). Throughout the 1990's, the IHB continued to provide medical, dental, mental health, and outreach services. It administers the WIC program, providing supplemental, highly nutritious food for pregnant women, nursing mothers, and children up to 5 years old who are considered high health risks. This program is funded by the U.S. Department of Agriculture (42 USC 1771) through the Minnesota Department of Health to all reservation communities and urban Indian health programs (MN stat.145.893).

In 1997, IHB began the Diabetes Exercise/ Nutrition Program in Minneapolis. Connie Norman, Health Education Director at IHB, in collaboration with Susan Hibbs, Nurse Practitioner and Diabetes Educator, wrote a grant and received funding for the Diabetes/Nutrition Program held at MIGIZI, a Native American fitness center. Fifteen to twenty long term diabetes patients with multiple complications started the program. IHB provided transportation to and from regular group sessions three times a week. Also, Connie Norman negotiated a

community collaboration agreement between MIGIZI and the YWCA wherein IHB paid for YWCA memberships for patients and their families as long as they agreed to be monitored by the clinic, attend 2-3 times a week, and met with a registered dietician. The outcomes were good, and they were refunded for the next five years. In January 2001, there were approximately 50 patients. In 2003, there were over 300 patients and their families, totaling around 500 people. Finally, the IHB provides a Diabetes Clinic once a month where a patient receives a blood draw, sees a physician, a registered dietician, a health educator, a social worker, a dental hygienist, a podiatrist, and soon retinol scans will be provided by Joslin Vision Network (Connie Norman, Interview, 9/30/02).

In 1997, the IHB started the Teen Pregnancy Awareness Program. Minnesota's teen pregnancy rate for white teens is one of the lowest in the nation. However, teen pregnancy rates for American Indians, 15-19 years old, are nearly four times that of white female youth in Minnesota (Lewis 2). The success of this program depends largely on community involvement and commitment. "While some community members promote education, others promote having a family, and maintaining a role in the community. Last school year (2001), only two out of ten Indian girls from this community graduated. The other eight girls became pregnant and were unable to finish in four years" (Connie Norman, 9/30/02).

In 2001, the IHB created an Anti-Smoking/Prevention Program that provides information about the carcinogens and other harmful substances found in tobacco. The IHB was working toward a partnership with the new Ginew/Golden Eagle/Wellness Plan Program of Minneapolis, a culture based after school program for Indian youth ages 5-18. This program received \$1.7 million to fund, and run their Native Path to Wellness Plan, to promote health and reduce harm caused by substance abuse in the Native community (Stangel 1).

Funding for the IHB comes from a variety of sources. The IHB provides over half, one-quarter comes from Federal programs that help underserved urban populations (Urban Health Initiative), from patient fees, and third-party

payments such as Medicaid. In the early 1990's, \$60,000 came from the State's Block Grant, Family Planning and WIC Program funds, and \$30,000 from Hennepin County funds (Connie Norman, Interviewed, 10/30/02).

The IHB wasn't the only health facility focusing attention on the health issues of urban Indians in Minneapolis. Throughout the last four decades, there have been many health programs funded for urban Indians in Minneapolis, and like the IHB, the clinics that are culturally sensitive, situated in, or involved in the urban Indian community are heavily utilized by the urban Indian people, and are successful. The approval and trust of the urban Indian community is vital to the success of health facilities directed toward American Indian health issues. However, many programs that receive Federal funding for Indian health issues did not take into account the need to have an Indian advocate, involvement in the urban Indian community, and earning 'trust' from the community, and therefore, were short lived, or incorporated into other medical facilities.

Other Urban Indian Health Programs in Minneapolis (1960's-1990's)

American Indians are eligible for all of Minnesota's public health care programs, including Medical Assistance (MA), General Assistance Medical Care (GAMC), and Mncare. Low-income urban Indians generally obtain health care by applying for the MA or GAMC programs. A number of public health services, such as the IHB of Minneapolis, provide services to urban Indians through the Prepaid Medical Assistance Program (PMAP) (Health & Human Services 2).

In the late 1960's, a lot of confusion existed about what the IHS and hospitals administered on reservation land by the U.S. Public Health Service Division of Indian Health, would do for Minneapolis urban Indians. Some hospitals, such as General Hospital required a 1 year residency for treatment. Other deterrents for urban Indians included: lack of clerical aid to help fill out forms and eliminate frustrations, and difficulty in getting the patient to return for medical follow-up

treatment. "The Indian stops coming when the pain goes away...they are so mobile the hospital has trouble keeping track of their where-abouts" (League of Women 1968, 45).

Throughout the 1970's, many programs were started with generous congressional support from the Nixon and Ford administrations. During the 1960's and 1970's, many Minneapolis hospitals and clinics tried to reach the urban Indian population offering health services free of charge, at low income costs, and by bringing health care to the urban Indian community. Following is a summary of urban Indian health programs and services within Minneapolis, during this era to present:

1967 The Community University Health Center (CUHC) opens

The CUHC is located at 2001 Bloomington Avenue.

This program offered complete health care for children up to 18 years of age in the Adams and Seward Elementary School Districts. It proposed to offer the best in medical service to children in the Franklin Avenue area. Yet, only 88 (19%) of the 442 low-income persons registered by December 1967 were American Indian. The program extended into the Phillips neighborhood, and at the end of 1970, one-third of the 700-1000 patients were American Indian (League of Women 1971, 22). The project is Federally funded and continues to be staffed by University of Minnesota personnel and treats thousands of patients, 40% of whom are American Indian families.

1968 The Indian Health Advisory Committee (IHAC) established

The Indian Advisory Committee started at Deaconess Hospital and General Hospital; Charles Deegan was appointed Chairman (he was also a founding member of AIM who died in April 2003). He was appointed to represent the Indian community in planning and policy making, to identify Indian health needs, and to determine how much money should be expended on programs

for Indian health issues within Hennepin County each fiscal year (Ebbott & Rosenblatt 213).

1968 The Minneapolis Health Department's Cancer Detection & Other Clinics

Located by Little Earth Housing in the Phillips neighborhood, 10,000 flyers were printed and distributed, but, only 14 American Indian women showed up. A nurse with the cancer clinic commented on the low turnout:

The urban Indians of Minneapolis have been given the run-around so much they feel they are being given another run-around...they do not bother to listen to the reasons. As a result, they often end up not going because they figure nothing will be done there either (qtd. in League of Women 1968, 41).

The Minneapolis Health Department started clinics for family planning, maternity and infant care, immunizations, child health, visiting nurse services, and communicable disease control. There was no charge, or only a nominal fee. The clientele had to be low-income, or live in a poverty target area. The Department reached about 50,000 individuals, 30% from target areas like the Phillips neighborhood (League of Women 1968, 50).

1970 General Hospital Starts a Family Practice Program

The program was funded to train physicians in family practice medicine. The program had to accurately reflect a cross section of the Minneapolis population of 1.8% American Indians; thus, 5 Indian families participated.

1970 Indian Health Advocate Position was Introduced

This new position was initiated by General hospital in conjunction with the Indian Health Advisory Committee. As stated in the job description, "the Indian Health Advocate will assist the Indian patients to better understand policies and procedures of General Hospital" (League of Women 1971, 21). The position of Indian Health Advocate was transferred to Hennepin County Medical Center (HCMC), after General Hospital closed.

1970 The Family Health Care Program of Lutheran Deaconess Hospital

The program operated in the heart of the urban Indian community and enrolled entire families of "problem children", not limited to the mentally challenged, and offered comprehensive medical, psychological, and social services. In February 1971, 40 families enrolled and two-thirds were urban Indian families (League of Women 1971, 23).

1971 Lutheran Deaconess Starts the Model City Early Care Program

This program provided emergency care on a 24 hour basis for the immediate care of acute illness and injury. In the first month of operation, 10% of visits were by American Indian people (Ebbott & Rosenblatt 215).

1976 The Minnesota Community Health Services Act (MN Stat. 145.911)

This Act provides funds for local health services, and requires that counties prepare health plans to identify needs and set priorities among a broad range of community health services. Health needs of minorities must be included, services are to be accessible to all persons on the basis of needs, and no person is to be denied service because of race (Ebbott & Rosenblatt 213).

1981 CUHC Clinic at South High School

This program provides special programs for young mothers, two mornings a week, through a clinic operating out of South High School. In 1984, about 22% of its clients were American Indian (Ebbott & Rosenblatt 22).

1983 Fairview Hospital Indian-Directed Psychiatric Program Began

The Family Health Program at Fairview Hospital provided a variety of mental health services. About 60% of the clients were American Indian (Ebbott & Rosenblatt 215).

1987 The Fairview Family Health Clinic Affiliates with HCMC

It operates two facilities, including a satellite clinic downtown. The program uses an Indian Advocate, Christine Roy, and focuses on psychiatry, family practice, obstetrics, pediatrics, family planning, and WIC.

2003 The Phillips Clinic

This is a volunteer program run by University of Minnesota medical students that opened in the basement of Oliver Presbyterian Church on 2647 South Bloomington Avenue. "This is a neighborhood clinic for people who have little or no medical insurance and unstable housing," said Dr. John Song, the clinic's Medical Director. It is open every Monday evening from 6 p.m to 9 p.m. No appointments are necessary, people are treated on a first-come, first-served basis (Zavoral B2).

2003 The Native American Community Health Clinic

This facility opened in the heart of the Phillips neighborhood at 1213 E. Franklin Avenue. The doctors are a perfect fit for the neighborhood, between the three of them, they served over 50 years at the IHB. These doctors opened their own clinic to escape political turmoil inside the IHB of Minneapolis. There is Lori Banaszak, an Ojibwe physician, and Carol Krush, a soft-spoken devoted family practitioner who worked 28 years for IHB. "She's an icon. At one time or another, she has probably treated just about every Indian in South Minneapolis. I can't even imagine how many Indian babies she has delivered," said Banaszak (Grow 2B)." Finally, there is Lydia Caros, a pediatrician who has a national reputation for her work on fetal alcohol syndrome (FAS), and who has treated patients at IHB for 18 years (Grow 2B).

Many of the large health facilities continued to fail to draw Native American clients, and therefore did not get re-funded by the Federal Government. Fairview Deaconess Hospital continued to treat less than 1% American Indians out of its

total clientele (Ebbott & Rosenblatt 210). Also, General Hospital did not receive further funding until it provided an Indian Advocate position to assist its urban Indian patients. The Minneapolis Health Department (MHD) received Federal funds to provide statistics on cancer rates, diabetes, etc., about the urban Indian population. But, MHD would move their clinics "in and out" without investing time and energy into the community; therefore, many urban Indian people did not participate in these "clinical studies," and MHD was denied Federal funding for further "mobile" projects. The health facilities that located their clinic, and time in the urban Indian community continue to be successes and provide quality health care to the urban Indian community. The clinics and programs that the urban Indian community support are: The Indian Health Board (IHB), the Community University Health Clinic (CUHC), the Hennepin County Medical Center (HCMC), the Phillips Clinic, and the Native American Community Health Center (American Indian Center Info, 2004).

The lack of Federal funding throughout the 1980's and 1990's has had a negative impact on urban Indian health. In part, funding is tied to utilization. When Native Americans did not utilize health services offered through health facilities, like the Minnesota Health Department, the programs were cut. The reasons vary for Native Americans underutilizing certain clinics and include: Lack of transportation for accessing certain health clinics and, urban Indians prefer cultural services through clinics like the IHB, HCMC, or CUHC. At the same time, the Federal Government drastically reduced funding for Native American health care in general. The outcome, or trend, from the beginning of Relocation to the present, continues to show the urban Indian population of Minneapolis to have 2-3 times the rate of cancer, diabetes and infant mortality than the general population. "Funding continues to be a huge problem for addressing the health needs of the American Indian people. There are many health needs to be met. We continue to have higher rates of cancer and diabetes.

A major problem of infant mortality among the urban Indian population continues to be a concern" (Connie Norman, IHB, interview 10/30/02).

Birth Statistics for the Urban Indian Population of Minneapolis

Infant Mortality Rates: Infant deaths (mortality) are an important measurement of the health of a population group. Generally, infant mortality is higher among women who have large families. Mothers of large families have less time to devote to each child, meaning early weaning and preparation for the next pregnancy. It is a well known fact that babies of low birth weight (under 2.5kg/ 5-lbs), have a higher mortality and high incidence of neurological and brain damage (i.e., cerebral palsy, mental retardation, and epilepsy) (Wallace 451).

Infant mortality rates are determined by the number of deaths of infants under one year of age per 1,000 births. Between the years of 1955 and 1970, according to figures from the U.S. Public Health Service, there was a sharp decrease in the infant mortality rate among all U.S. American Indians; it was nearly halved from 62.5 to 30.9 per 1,000 births (Fixico 110). But, at the same time, American Indians in Minneapolis had a higher rate than the general American Indian population. In 1963, Minneapolis reported the infant mortality rate among the urban Indian community as three times higher than its general population. Reservation communities in Minnesota had half the infant death rate found among Indian Americans living in urban areas (Fixico 114-115).

Throughout the 1980's, infant mortality continued to be two times higher for the American Indian community of Minneapolis. In 1998, the National Center for Health Statistics reported that Minnesota's Indian infant mortality rate was the highest among the States with significant American Indian populations. In their first year of life, Minnesota's American Indian babies die at a rate more than 2-3 times higher than the general population. This is true for both rural and urban Native

American communities in Minnesota. Unlike national American Indian mortality rates, that have demonstrated a steady decline, Minnesota's rates have continued to rise (Lewis 1). (see table #3).

High Birthrates (per 1,000): Birthrates are recorded for women between the ages of 10 and 49. In 1965, livebirths for American Indian women in Minneapolis were recorded at 190. Throughout the 1970's, and early 1980's, the American Indian birthrate in Minnesota was twice that of the general population. In 1979, the American Indian birthrate was 33.6; the general population rate was 16.5.

The American Indian population is increasing at a much faster rate than the general population. In 1980-81, American Indian births were six times the number of American Indian deaths (1223 births; 199 deaths) compared with Minnesota's general population of 2 births for every death. In 1990 and 2000, statistics show the American Indian birthrate in Minneapolis continues to be twice that of the general population (see table #3).

Low Birth Weight/ Premature Birth: Research concludes that smaller babies, born at 5.5 lbs or less, are at a higher risk of early death than those born over that weight. American Indian women have pregnancies that are affected by diabetes, tobacco, alcohol use, and a high percentage of teen births (see below for a discussion on the risks associated with teen pregnancy) (Lewis 1). In 1970, the Minneapolis urban Indian population had three times the rate of premature babies than the general population. The following decades show the rate remains consistently 3 times higher (see table #3).

Length of Prenatal Care: Professionals agree that medical care should begin within the first 3 months of pregnancy. The increased risk group is measured as those who get care only during the last 3 months of pregnancy, or get no care at all. Access to primary preventive care, preconception care, and early prenatal care for American Indian women is impacted by higher rates of being uninsured; more

than three times the white population. The rate of inadequate, or no prenatal care is six times higher than the white population (Lewis 2). In 1970, for example, one-fifth of all urban pregnant Indian women in Minneapolis did not get medical care, or received it in the third trimester: 20.7% compared with 4.4% for the general population. Although the rate decreased throughout the 1980's, the Minneapolis 2000 birthing statistics show that 10% of urban Indian women have no prenatal care (see table #3).

Teen Age Pregnancy (under 20 years old): The mother's age is another statistically significant factor in high-risk births because many young women do not get pre-natal care, or tend to the special nutritional needs of pregnancy. Teen pregnancy rates for American Indian women in Minneapolis, 15-19 years old, are nearly three times that of Minneapolis white teens (Lewis 3). The numbers of children born to single mothers have increased for all populations. Still, the number of American Indian children born to single mothers is almost four times higher than the general population (see table #3). The data was calculated by Judy Palermo of the Office of Minority and Multicultural Health (1980-2000); and the Minnesota Department of Health (1965, 1970).

Table #3. Birthing Statistics for Urban Indian Population of Minneapolis (1960's-1990's): (In Percentage, except for Live Births)

YEAR:	1965	1970/71	1980/81	1998	1999	2000
GROUP:	Ind. non	Ind. non	Ind. non	Ind. non	Ind. non	Ind. non
Live Births	190 ----	223 ---	256 ----	236 ---	274 ---	249 ---
Premature	no data	23.2 8.3	18.7 6.7	15.3 5.1	8.7 3.9	9.5 3.1
Infant Mort.	17 5	21.5 17.4	13.9 8.5	26 13.1	26 11	27 12.3
Pren. Care	no data	20.7 4.4	15.6 3.4	4.0 0.8	4.5 0.8	10 2.1
mother Age	no data	32.5 12.6	27.4 10.7	24 9.7	29 10.2	30 9.7
out/wedlock	58 1.5	60 12.2	53.2 10.8	83 23	88 26	84.7 30.2
low-weight	no data	8.2 3.3	8.7 3.5	8.5 3	7.7 2.7	8.5 3.1

Health Disparities and Mortality Statistics for Minneapolis Urban Indian's

In the late 1960's through the 1970's in Minneapolis, communicable diseases such as tuberculosis and venereal diseases (i.e., syphilis and gonorrhea), were more prevalent among American Indian communities. In 1968, the tuberculosis rate per 100,000 among non-white males (mostly Indian Americans) was 76.8; white males 19.7. Non-white female rates were 77.1; white females 7.6. Syphilis rates were 140 per 100,000 for American Indians; whites 10.7 per 100,000. Gonorrhea cases among American Indian populations were 1417.7 per 100,000; whites 139.1 per 100,000. "Many young Native American girls we contacted knew nothing of the existence of gonorrhea or syphilis," said the Director of the Communicable Disease Control Division of the Health Department. He emphasized that more health education regarding communicable diseases was strongly needed (League of Women 1968, 43).

Education and prevention of these diseases spread through American Indian communities, and by the mid 1970's those diseases were not even mentioned in the health statistics. Instead, non-communicable and chronic diseases began to emerge from this "epidemiologic transition." According to T. Kue Young, an epidemiologic transition is characterized by the precipitous decline in the incidence of infectious diseases, followed by the rise of chronic, non-communicable diseases, accidents, and violence. He indicated that Native Americans "have undergone" this transition. Dr. Young identified diabetes, HIV/AIDS, and various injuries as the emergent problems among Native Americans, especially for American Indians living in urban areas. He noted that among Indian Americans, "many chronic diseases such as diabetes, hypertension, obesity, and cardiovascular diseases are the result of rapid changes in lifestyle, particularly in the diet habits and physical activity level" (Young 225).

By 1981, health statistics show that respiratory diseases were the most prevalent issue dealt with by the IHB of Minneapolis. Respiratory and infectious

diseases often correlate with conditions of poverty, overcrowded, inadequate housing, and poor sanitation (Ebbott & Rosenblatt 205). High blood pressure (hypertension) was the second major problem that brought people to the IHB clinic in Minneapolis. In 1983, the IHB Director at the Minneapolis clinic and the IHS Director of the Bemidji clinic reported an increase in high blood pressure, along with stress-related illnesses, resulting from the worsened economic conditions. Diabetes was the third major problem (Ebbott & Rosenblatt 206).

Also, in 1980-81, Acute Otitis Media, a middle ear infection among children related to upper respiratory tract infections associated with environmental problems, was one of the top reasons for visits to the IHB in Minneapolis and other IHS facilities in reservation communities throughout Minnesota. In its chronic form, and in situations where the infection and subsequent fluid retention are not treated, the disease contributes to hearing impairment and subsequent learning difficulties. In the late 1970's, the medical profession identified the problem and a 1977 study of children at Anderson Elementary School in Minneapolis found that nearly half of the Indian children had evidence of the chronic form of the disease. Among similar, low-income non-Indian children, the incidence was only 20% (Rosenblatt & Ebbott 206). Today, it is estimated to affect 20-60% of all American Indian children, in contrast to about 5% of children in the general population (IHS Trend, 1996).

Throughout the 1990's, in order, diabetes, cancer, accidents/ injuries, and alcoholism, (with cardiovascular diseases and poor nutrition closely behind), were the major causes of mortality among the urban Indian population of Minneapolis (IHS Trend, 1996).

Diabetes: In 1967-1970, the Diabetes Mellitus death rate for Native Americans in Minneapolis was three times higher than non-Indians. The figures for 1980-81, show the diabetes death rate lower than the general population for the American Indian community. But, by 1990-91, deaths caused from Diabetes Mellitus for American Indians were higher than ever, climbing to 31.7 per 100,000; 2.7 times

higher than the general population rate (IHS Trend, 1996). Minnesota American Indian communities follow this national pattern. In a population-based study, the rate of Diabetes among American Indians in Minnesota, and Wisconsin was 600% higher than whites (Lewis 2). The urban Indian population of Minneapolis continues to have 3 times the death rate of the general population from complications caused by Diabetes Mellitus (see table #4).

Cancer (malignant neoplasms): The Cancer death rate has been increasing every year since 1986. During this period, the general population's cancer rate has been relatively stable but; the American Indian rate has climbed to 74% of the general population rate (IHB Trend, 1996). American Indians in Minnesota and the upper Midwest have some of the highest death rates in the nation in almost every major category of cancer, particularly lung, colon, and prostate cancer, according to a report by the U.S. Center for Disease Control and Prevention (CDC) (Lerner B1). Minnesota American Indian women have a significantly lower breast cancer rate than white women, 50.9 vs. 112.7 per 100,000 respectively, but not a significantly lower mortality rate from the disease (Lewis 3). Also, American Indian women have a cervical cancer incidence rate three times higher than white women, 19.9 vs. 6.2 per 100,000, and a similarly higher mortality rate, four vs. one per 100,000 respectively (Lewis 3).

As a whole, American Indians have lower cancer death rates (161 per 100,000) than the U.S. population, where the average is about 205. But, when researchers looked at regional differences, they found dramatically higher numbers at 292 cancer deaths per 100,000 among Indians in the Northern Plains region that includes Minnesota, Iowa, Wisconsin, North and South Dakota. Among Indian men with prostate cancer, the death rate was almost 50% higher in the Northern Plains region (Lerner B7). Although experts say higher rates of smoking are largely to blame, with twice as many American Indian adolescents using cigarettes compared to white adolescents (Lurie 13), that may not entirely explain the situation. "I was surprised by that degree of difference found regionally, and I

believe there is something else at play besides smoking," said Dr. David Espey, a CDC researcher (Lerner B1).

A recent report by the Minnesota Department of Health confirms earlier studies in that the American Indian communities in Minnesota, both rural and urban, have a 30% higher cancer rate than the national average (Lerner B7). (see table #4).

Accidents and Injuries: American Indian males in Minnesota, 18 to 19 years old, have suicide rates six times higher than any other age or population group (Lewis 1). Contributing factors to injury and violence, consistent with the lives of American Indians in Minnesota, include poverty, depression, and feelings of hopelessness. Motor vehicle crashes, non-use of seat belts, helmets, and other protective devices also contribute to death and injury (Lewis 2). "While Native Americans are at a higher risk for sustaining various injuries, the extent and severity of injuries are also greater than for non-Natives...the excess mortality from unintentional injuries has often been attributed to the prevailing economic conditions and social stress that Native American people experience" (Young 179).

While the number of discharges for injuries and poisonings from IHS has decreased 22% since 1987, injuries and poisonings remain one of the leading causes of hospitalization among American Indians, especially among men (15.1% compared with 6.7% women) and among adolescent and young adults (IHS Trend, 1996). In the 1990's, while the injury rate for the general population has dropped somewhat, researchers found a 13% jump in fire-arms related deaths among non-Indian children, 19 and younger, and a 20% rise in fire-arms related deaths among American Indian children, 19 and younger. They also found 75% of deaths among Indian American children and teens were from accidents such as car crashes, drownings, and fires (Lerner B7). (See Table #4).

Alcoholism: American Indian alcoholism became a Federal health priority in October 1968, when the IHS appointed a task force to review the problem. A general report on "Alcohol and Health" in 1978 disclosed that American Indians

experienced the highest frequency of problems related to alcohol of any racial group in the country. Specifically, the report said that American Indian people begin drinking at an unusually early age, that young Indian men had a 42% drinking problem rate compared with a 34% rate for white male youth, and that young female American Indians had a 31% rate compared with a 25% rate for young white females (qtd in Fixico 98). In 1998, the Minnesota Health Department conducted a study that found, compared to whites, that nearly twice as many American Indian adolescents reported using alcohol, 42% vs. 26% respectively (Lurie 13).

In May 1971, the National Institute on Alcohol Abuse and Alcoholism, was established within the National Institute of Mental Health to serve as the primary focal point for Federal activities in the area of alcoholism (Fixico 94). By the end of the 1970's, the National Institute for Mental Health reported that alcoholic related deaths for American Indians were 4-5 times higher than for the general population. Two-thirds of all deaths for American Indian people were caused by cirrhosis of the liver. Alcohol eroded the health of Native Americans and their societies, relating to higher arrest rates, accidents, homicide, suicide, and child abuse (Vizenor 84).

In an urban hearing on health conditions of American Indians in cities, one urban Indian in Minneapolis said:

I do not believe that any Indian drinks whiskey to cover up, to go into a trance and forget the rest of the world. I think it is an easy way to build up your spirits and have fun. I know a lot of Indians in Minneapolis who are now on the wagon who were real soaks. We have had about ten stabbings down in the area within the last three to four months...We find alcohol is a big problem. In fact, many of our problems stem from this. You look at alcohol and say, why is it such a problem? What is it a symptom of? It looks like a symptom of cultural conflicts. American Indians have cultural values quite different from those being imposed on us (qtd in Fixico 95-96).

Alcohol use on reservations is an escape from the loss of cultural roles, poverty, and subsequently, low self-esteem brought on by years of oppression by outsiders. Alcohol use for relocatees is an escape from oppression, poverty,

discrimination, and marginalization by mainstream society that surrounds them on a daily basis.

Most states administered alcoholism and mental health programs on the basis of population instead of need. Although the American Indian drinking problem was identified, it rarely received funding priority. In the 1970's, at least five cities administered alcoholism programs for Indian Americans; Baltimore, Chicago, Los Angeles, San Francisco, and Minneapolis. In Minneapolis, the Pioneer House, a treatment facility operated by the city for male problem drinkers, demonstrated a success rate of approximately 50% in helping alcoholics recover. Although this facility has limited monetary support, it continues to treat a number of American Indian men (Fixico 100).

The alcoholism death rate for urban Indians declined every year from 1980-1986. It then increased for several years and now seems to have stabilized between 37.5 and 39.4 per 100,000. This is 5.3 to 5.6 times the general population rate (IHS Trend, 1996).

Table #4. Mortality Statistics of Urban Indian Population of Minneapolis
(Percentage per 100,000)

Disease	1967-1970		1980-1981		1990-1991	
	Indian	non	Indian	non	Indian	non
Heart Disease	19.7	37.6	10.2	30.1	25.3	33
Accidents	23.2	6.3	11.4	5.1	9.4	3.5
Cancer	7.9	18.1	6.3	13.1	28	18.1
Respiratory Disease	5.8	3.2	35.1	55.7	No Data	
Liver Disease	5.4	1.1	30.6	8.4	38.3	13.7
Homocide	(accidents)		16.3	2.6	11.66	3.7
Diabetes	4.6	1.8	9.4	11.8	31.7	11.2
Alcoholism	(In Liver Disease)		27.1	7.6	38.3	8.4

Source: Minnesota Department of Health; U.S. Census Data (1960, 1970).
Office of Minority and Multicultural Health (1980, 1990/ 91).

Table #5. Percentage of Deaths at Various Ages in Minneapolis (1970-1981); (1990-2001)

Age of Death	1970 - 1981		1990 - 2001	
	Indian	non	Indian	non
Under 1 year	19.6	2.4	16.3	2.5
1-24 years	13.7	3.6	17.2	4.6
25-44 years	26.2	3.7	14	3.3
45-64 years	20.2	19	26.3	17
65 and over	19.6	71.3	21.4	70.1

Source: Minnesota Health Statistics and Planning Department (1970-1981)
Minnesota Department of Health: Office of Minority and Multicultural Health (1990-2001)

Consistently, from relocation to the present, the urban Indian population of Minneapolis continues to have a two to three times higher rate of disease than the general population. Diabetes, cancer, accidents/ injuries, and alcoholism remain the major causes of mortality among the urban Indian population. Respiratory diseases are prevalent among urban Indian children often correlating to conditions of poverty and inadequate housing with poor sanitation. The rise of most diseases among urban Indian people, regardless of effective clinics and more acceptance of "non-Native" medicine, is most likely connected to poverty and continuing marginalization.

Minneapolis has offered an extensive amount of health services and programs to the urban Indian community. However, health facilities, such as Fairview Hospital, did not invest in cultural awareness, or the urban Indian community. Only 1% of Fairview's total clientele were Native American. The Family Health Clinic at Fairview established to target poverty populations, including a percentage of urban Indians within Minneapolis, was not re-funded. Consequently, with Native Americans not utilizing, or avoiding certain health services, combined with the lack of Federal funding throughout the 1980's and 1990's, many programs were short-lived. However, places like General Hospital recognized the need to reach out to

the urban Indian community and became more personally, and culturally aware. This health facility implemented an Indian Advocate position to assist their American Indian patients. The Indian community responded positively, and General Hospital was re-funded. The other health facilities that located their clinic and invested time into the urban Indian community, earning the communities trust include: The Indian Health Board (IHB), the Community University Health Clinic (CUHC), Hennepin County Medical Center (HCMC), the Phillips Clinic, and the Native American Community Health Center.

Earning the trust of the American Indian community takes time, personal, and institutional commitment on the part of the clinics, physicians and nurses. Historically, American Indian people have been subjected to 'unethical' practices among Western medicine, like the sterilization of American Indian women (Fixico 107). Many American Indian people still are suspicious of medical personnel and do not seek medical care within their urban environments. The 'unethical' historical medical practices, along with cultural differences regarding sickness, health, and medicine have made many relocatees reluctant to seek and attain medical treatment. However, these issues can be positively impacted by clinics that really try to connect, commit, and earn the trust of the urban Indian community.

CONCLUSION

This thesis critically evaluates the urban Indian population of Minneapolis, Minnesota for improvements in their educational achievements, housing, and health care needs. The Relocation Policy was designed to assimilate American Indian people into mainstream society, thereby, "emptying out" reservations. The Federal Government underestimated Native Americans' sense of community over individualism, and instead of assimilating, American Indian people formed their own urban Indian communities. In Minneapolis, the Phillips neighborhood is the identified urban Indian community. Relocation became a vehicle for elevating the population of American Indians in Minneapolis to a level of 'visibility.' In 1968, this 'visibility' became a voice when the urban Indian community formed an urban coalition, the American Indian Movement (AIM), to actively seek social justice in many areas including: education, housing, and health care.

Living in the city allows American Indian people more educational opportunities, and an array of housing and health facilities. But, they are often unequal to other city people's options, and they are often "hard to crack" for Native Americans because of the differences in world views, and Native Americans won't give up their world views to the extent that the city institutions demand. The purpose of this thesis was to determine if there has been any significant improvements from increased, but inconsistent, funding and services provided throughout the last four decades, in the educational achievements, housing needs, and health care for the urban Indian population of Minneapolis. The data analyzed demonstrates little, if any, improvement in the educational achievements, housing, and health conditions found among the urban Indian people. Huge disparities exist between the American Indian and non-Indian populations in all areas discussed.

Many of the Native Americans who arrived in the early years of Relocation began the fight for social justice in mainstream society. The urban Indian population increased every decade from 1940 to 1990. But by the 1990's,

many of these urban Indians who first arrived were aging and desired to go 'home' to their reservation. Also, many relocated for better economic opportunities that can increasingly be found on reservations with the creation of thousands of gaming jobs. By 2000, these reasons, along with welfare reform in 1996, decreased the urban Indian population of Minneapolis by one-third. No other metro area with a sizeable Indian population experienced the same demographic shift, and, as a result, the Twin Cities dropped from eighth to sixteenth among urban Indian populations.

From 1968 to the present, despite the population decline in the urban Indian community, the Minneapolis Public School System (K-12) increased the number of Indian students. The MPS has provided extensive educational programs for American Indian students. Minneapolis is one of the only major cities with such a record of programs designed specifically for educating American Indian students. The American Indian Movement was instrumental in attracting Federal money for American Indian education therefore pressuring, during the 1970's, MPS to focus on Native cultures and languages. However, due to cut backs in Federal funding during the 1980's, many of these Indian education programs were short-lived. Also, Title IV of the Indian Education Act of 1975, stipulates a school must maintain a certain percentage of Indian students to qualify for these funds, and some educational facilities did not maintain the number of Indian students to qualify even though there was an increase of American Indian students throughout the MPS system.

The data presented in this thesis shows low graduation rates and high dropout rates for American Indian students in MPS. In 2001, the highest American Indian dropout rate was recorded at 85%. American Indian leaders agree that difficulties arise early, generally, in grades 4-7, and dropout occurs in Junior High and the first years of Senior High. American Indian leaders cite these reasons for low graduation rates among urban Indian students: lack of American Indian staff, and that assimilation still continues to be prized as a goal by many teachers more than the

academic success of American Indian students. Also, many teachers seem to be ignorant of American Indian lifestyles and cultures, and do not encourage American Indian students to participate in cultural events outside of the classroom. American Indian parents have some control in developing and selecting the educational services that are funded through the Federal Indian educational programs, and they should exercise the powers they have to provide the best and most culturally based education for their children. American Indian leaders feel that the answers and support must come from within the urban Indian community, not the MPS system.

Other dominant reasons for the lack of significant improvements in educational achievement among urban Indian students in Minneapolis are cultural differences including: many American Indian parents do not believe that the education presently available in MPS is desirable or essential to the well-being of their children and do not encourage their children to participate. Some of this 'skepticism' is from boarding school experiences among older relatives who were stripped of their Native identities in schools. The high mobility of the urban Indian community contributes to absenteeism that MPS fails to deal with in culturally informed policies. The calendar is a colonial tool of assimilation, and the rule of 90% attendance is based on dollars; absences from Native students cost the school money from the Federal Government. The MPS system should encourage Native students to participate in community events outside of the classroom, and share their cultural experiences with their classmates and adjust their attendance policies.

Federal money allocated for Indian education in MPS should be based on the 'success' and educational achievement of Native American students, not on the number, or attendance of Indian students within the MPS system. It is clear that more programs and funding are not what is needed to improve graduation rates among Indian students. Instead, better understanding, communication, and respect between the MPS and the American Indian community must be carefully and diligently cultivated.

Another part of the solution for educational success is stable housing for Native American children.

In the early years of Relocation, the BIA located housing for Native Americans in poor, immigrant and African American neighborhoods. Discrimination among landlords was rampant and adequate housing was minimal. Many landlords held the belief that urban Indian people should be happy to live in below-standard, or dilapidated buildings, after all, "it was a step-up" from reservation housing. Although the housing situation in the urban Indian community of the Phillips neighborhood has improved since the late 1960's and early 1970's, most American Indian's still live in sub-standard housing, due, in part to the high percentage of single working Native American women with children and the lack of jobs that pay above poverty line wages. Another reason for the lack of improvement in the housing situation for the urban Indian population relates to the location of the urban Indian community.

The Phillips neighborhood is the urban Indian "home" in Minneapolis, and there are very few housing options in this area. Over 75% of the available housing is rental property, and the majority of it is sub-standard. But, there is a powerful incentive to stay in Phillips where the community embodies Native American philosophies found in the many services and businesses. Still, remaining within the Phillips community where the option to buy a home is low, and the rent is getting higher, leaves the housing situation for the urban Indians at a below standard level. There is a need for rent stabilization that is income sensitive, with quality housing, and low-income home ownership programs. Housing is a need that is increasingly being understood and planned for, with notable successes already in place.

The health problems found among the urban Indian community have changed but not qualitatively improved over the last four decades. In the 1970's, substantial Federal money was allocated to improve the health needs of Indian Americans. Just like with Indian education, many health facilities started offering programs for providing health care to the urban Indian community. But, many

health facilities did not invest their personal time and energy into the urban Indian community, and thereby, Native American people did not utilize their services and many programs lost their Federal funding. Consequently, with Native American people not utilizing, or avoiding certain health services, combined with the cuts in Federal funding throughout the 1980's-90's, many Indian health programs were short-lived. Earning the trust of the American Indian community takes time and commitment. Some health facilities, like the IHB, and CUHC, located their clinic and invested in the urban Indian community, and the community responded positively. Nevertheless, even with effective clinics and growing acceptance of "non-Native" medicine, the rate of many diseases among the urban Indian population remain 2-3 times higher than the general population's. Hopefully, with the opening of new health facilities located within the urban Indian community like the Phillips Clinic, and the new Native American Community Health Clinic, the health issues will begin to improve.

The unifying themes suggested throughout this thesis for the small, or non-existent improvement in education, housing, and health in the urban Indian community are: cultural differences and oppressive historical practices that have made Native Americans 'skeptical' about whether programs are healthy for their well being as American Indians in mainstream society. High mobility affects educational achievement as do, attaining affordable housing, and good medical care from doctors who know a parent's full medical history. Federal money allocated for education and health is based on the percentage of American Indian students/clients. But, it would be more effective to base funding on the academic success of Indian students, and success in narrowing the gap in health disparities. The reason there appears to have been a lot of "effort" in Minneapolis to improve education, housing, and health for urban Indians is because of the numerous, but often short-lived programs focusing on these social concerns. But, it is easier to throw money into a program than to invest real compassion and concern through time, energy, and understanding of the urban Indian community. There needs to

be more opportunities for the urban Indian community to affect their own needs, as well as, better communication, and coordination between facilities that provide services to American Indian people. Even when the American Indian community accepts many "non-Native" approaches to improve their quality of living; poverty and marginalization keep the urban Indian population oppressed and unable to make substantial improvements in educational achievements, housing, and health care needs.

The most significant finding in this thesis is the demographic shift occurring in the Minneapolis urban Indian population. Substantial numbers are leaving Minneapolis to return to their reservations. The Minneapolis urban Indian population increased every decade until the 1990's. In 1990, the urban Indian population of Minneapolis was 12,335; by 2000, it was 8,328. Significantly, an aging urban Indian population views city living as temporary and desire to retire to their reservations. Increasing economic opportunities through the expansion of tribal gaming, created thousands of jobs on American Indian reservations. Finally, the Clinton administration's welfare reform of 1996 makes it too expensive to live in the city.

A "push/pull" tension exists with urban Indians being "pushed" out by welfare reform and "pulled" back to the reservation by more job opportunities and cultural ties to the reservations. What does this mean for the urban Indian community? The effect on the urban Indian population of Minneapolis is a loss of Federal funding to the reservations, that may, or may not, have a negative effect on the urban Indian community. It is an area of potential research that needs to be addressed. One conclusion is clear, the demographic shift of urban Indians from Minneapolis to their reservations shows a blatant failure in the Federal Government's goal to assimilate American Indians into mainstream society through the Relocation Policy.

REFERENCES CITED:

AIM Pamphlet. "The American Indian Movement (AIM)." Minneapolis area office. Minneapolis, Minnesota July, 1971

American Indian Business Development Center Board of Directors. "When Need Calls, Call the Sure and Steady." AIBDC Quarterly: Spring 2002 pp. 4-5

---, "Board Profile: Sonja Tanner's Indian Tours Promote Understanding." AIBDC Quarterly: Winter 2002 pp.1,3,7

---, "Straighten Up and Listen: Spinal Health a Must." AIBDC Quarterly: Winter 2002 pp.6-9

Armstrong, O.K. "Set the American Indians Free." Readers Digest: vol 47 (August 1945): pp. 47-48

Battiste, Marie. Reclaiming Indigenous Voice and Vision. University of British Columbia Press. Vancouver, BC 2000

Beck, Walters & Francisco. The Sacred. Navajo Community College Press. Tsaile Arizona 1992

Bellecourt, Vernon & Means, Russell. "Remembering Wounded Knee Booklet." University of Minnesota Press. Saint Paul, Minnesota 1974

BIA Pamphlet: Bureau of Indian Affairs (BIA). BIA Information Packet. University of Minnesota Press. Minneapolis, Minnesota 1971

Cantoni, G. Stabilizing Indigenous Languages. Northern Arizona University Press. Flagstaff, Arizona 1996

Cajete, G. Look to the Mountain: An Ecology of Indigenous Education. Kivaki Press. Skyland, NC 1994

---, Native Science. Clear Light Publishers. Santa Fe, NM 2000

Christensen, Rosemary. "A Personal Perspective on Tribal-Alaska Native Gifted and Talented Education." Journal of American Indian Education. Vol 31:1 Oct. 1991

---, "The Gloss of Racism: A Sign of the Times." Reflections on Race. 1 May 1991 pp. 21-22

Daschle, Tom (Senator). Speech on "War in Iraq." 2003.

Deloria, Vine Jr. & Lytle, Clifford. The Nations Within. Pantheon Books. New York, NY 1984

Ebbott, Elizabeth & Rosenblatt. Indians in Minnesota. University of Minnesota Press. Minneapolis, Minnesota 1985

Fixico, Donald L. The Urban Indian Experience in America. University of New Mexico Press. Albuquerque, NM 2000

---, Rethinking American Indian History. University of New Mexico Press. Albuquerque, NM 1998

Gibbons, Richard. Indian Americans in Southside Minneapolis: Fieldnotes from the Urban Slums. University of Minnesota Press. Minneapolis, Minnesota 1970

Grow, Doug. "Creating a Home for Those in Need." Star Tribune. Metro Sec.1B 27 Aug. 2000

Hollenhorst, John. "Health, Dental Clinic for Indians May Open Soon on Nicollet Avenue." Star Tribune. Metro Sec. 1B, Sunday 9 December 1970

Holm, Tom. Strong Hearts Wounded Souls. University of Texas Press. Austin, Texas 2000

Jaimes, Annette M. & Halsey, Theresa. "At the Center of Indigenous Resistance in North America." The State of Native America: Genocide, Colonization, and Resistance. Los Angeles, CA 1992 pp. 311-344

Kuschell-Haworth, Holly. "Jumping Through Hoops: Traditional Healers and the Indian Health Care Improvement Act." Journal of Health. Summer, 1999 pp. 843-860

League of Women Voters. Indians in Minnesota. University of Minnesota Press. Minneapolis, Minnesota 1968

---, "Report of Sight Counts in Minneapolis Public Schools." University of Minnesota Press. Minneapolis, Minnesota 1968-1970

---, American Indians in Minneapolis Public Services. University of Minnesota Press. Minneapolis, Minnesota 1971

---, American Indians of Minneapolis: An Update. University of Minnesota Press. Minneapolis, Minnesota 1984

Lerner, Maura. "Cancer Killing Indians in Region at Higher Rate." Star Tribune. Metro Sec. (B1, B7), Sunday 9 Mar. 2003

Lobo, Susan & Peters, Kurt. The American Indian and the Urban Experience. Altamira Press. Walnut Creek, California 2001

Lussier, Gary. Principal of Four Winds School. Interview 16 Jan. 2003

Minneapolis Tribune (Editor). "Cheap Dwelling Houses." Minneapolis Tribune. Editors comment. 30 April, 1873

Minnesota (MN) Daily. "The Indian Struggle for Honor and Dignity." Opinion Section. Monday 4 Mar. 1974

Nabokov, Peter. Native American Testimony. Penguin Books. New York, NY 1978

Norman, Connie. Health Educator at Indian Health Board of Minneapolis. Interview Monday 3 Nov. 2003

---, Interview Monday 30 Sept. 2003

Palermo, Judy. "Compilation of Minnesota Birth Statistics: American Indian (1998-2000)." Minnesota Health Department. 16 Sept. 2002

Pavel, Skinner, Cahalan, Tippeconnic, & Stein. American Indian and Alaska Native in Post Secondary Education: Technical Report. U.S. Government Printing Office. Washington, D.C. October 1998

Pevar, Stephen. Rights of Indian and Tribes. Southern Illinois Press. Carbondale, Illinois 1992

Price, John A. "The Migration and Adaptation of American Indians to Los Angeles." Human Organizations Journal. Vol 27 (1968): pp. 168-175

Provinse, John. "The American Indian in Transition." American Anthropologist. Vol 56 (1954): pp. 388-394

Rock, Patrick Dr. "Our People's Health: Cancer Concerns." The Circle. Vol 23.1 (Jan. 2002): 4pars.

---, "Our People's Health." The Circle. Vol 21.3 (Mar. 2000): 4 pars

---, "Our People's Health: Obesity in Childhood." The Circle. Vol 21.1 (Jan. 2001): 5 pars.

---, "Our People's Health: Immunizations." The Circle. Vol 22.9 (Sept. 2001): 3 pars.

---, "Our People's Health: Fetal Alcohol Syndrome." The Circle. Vol 22.12 (Dec. 2001): 6 pars.

---, "Our People's Health: Dental Disease." The Circle. Vol 21.3 (Mar. 2000): 4 pars.

Ruoff, Lavonne A. "Freshman Composition and the Urban Native American." The Ade Bulletin. Vol 37 (May 1973): pp.3-8

Sanchez, J. & Stuckey, Mary. "From Boarding Schools to the Multicultural Classroom: The Intercultural Politics of Education, Assimilation, and American Indians." Teacher Education Quarterly. Vol 26.3 (1999): 50 pars.

Shah, Allie. "Grad Rates Improve in 01: Minneapolis is Especially Pleased With American Indian Students Improved Rate." Star Tribune. Metro Sec. 1A (Dec. 2002): 970 words.

Shortley, Kristie. "New Franklin Avenue Store Showcases Made-On-The-Rez Products." The Circle. Vol 21.1 (Jan. 2000)

Silaphet, Thavisack (City Planner). Compilation of American Indian Income Status in Minneapolis (1990-2000) 13 Feb. 2003

Stangel, Foster. "Carriage Houses: A Housing Solution?" The Circle. Vol 22.3 (Mar. 2001): 51 pars.

---, "Construction Class Helps People Find New Vocations." The Circle. Vol 22.5 (May 2001): 14pars.

---, "Ginew/ Golden Eagle Program and Community Develop Wellness Plan." The Circle. Vol 22.6 (June 2001): 11 pars.

Taylor, Roy. Untitled Study of Minneapolis Census Data on American Indians. University of Minnesota Press. Minneapolis, Minnesota 1984

Vizenor, Gerald. Crossbloods. University of Minnesota Press. Minneapolis, Minnesota 1976

Waddell & Watson, M. The American Indian in Urban Society. Little, Brown & Co. Press. Canada 1971

Wilkins, David. American Indian Sovereignty and the U.S. Supreme Court. University of Texas Press. Austin, TX 1997

Wilkins, David & Lomawaima, T. Uneven Ground. University of Oklahoma Press. Norman, TX 2001

Williams, Robert Jr. Linking Arms Together. Oxford University Press. London, England 1997

Witthuhn, Jan. Indian Education. "Statistical Data in Minneapolis Public Schools." University of Minnesota Press. Minneapolis, Minnesota 1984 pp. 26-33

Zavoral, Nolan. "Medical Clinic Brings "U" Students To Needy." Star Tribune. Metro Sec. B2, Sunday 9 Mar. 2003

ELECTRONIC SOURCES:

American Indian Movement (AIM). "Background of the American Indian Movement." 22 Sept. 2002 <<http://members.aol.com/Nowacumig/backgrnd.html>>

Affirmative Action Program (Minneapolis). "Affirmative Action Packet Updated information: 2000." MinnesotaWorkforcecenter.org. Jan. 2001. 30 Sept. 2002 <<http://www.mnworkforcecenter.org/1mi/aapacket/aa175.html>>

Allen, Wayne Dr. "Red Power: Native American Activism During the 1970's." University of Minnesota Press. 28 Nov. 2000. 26 Mar. 2003 <<http://www.krypton.mankato.msus.edu/~santji/American%20Indian%20Activism.htm>>

American Indian Policy Center. "Section One: Analysis of Conventional Mortgage Lending Within the Urban American Indian Community." Airpi.org. 24 Sept. 2002. American Indian Policy: Google. 24 Sept. 2002 <http://www.airpi.org/hsgsec1.html>

---, "Section Two and Three: Policies and Practices. American Indians and Urbanization: Living Arrangements Per Household." Airpi.org. 15 Jan. 2000. American Indian Policy Center: 22 Sept. 2002 <http://www.airpi.org/hsgsec2/3.htm>

Antczak, F. "Thought and Character: The Rhetoric of a Democratic Education." Teacher Quarterly 26.3 (June 1999): 13 pages. 9 Sept. 2002 <http://www.tejjournal.org/sample_issue/article_5.html>

Baird, Phil. "American Indian Education: Forum on the 21st Century Indian Education Blueprint." October, 1999. National Indian Education Association: 9 Sept. 2002 <<http://www.niea.org/blueprint1a.htm>>

Bellecourt, Vernon. "Hear the Voices of the People: The Birth of AIM." Jan. 1999 26 Mar. 2003 <www.snowwowl.com/voices2.html>

Bielenberg, Brian. "Charter Schools for American Indians." American Indian Education Association. Jan. 2000. Northern Arizona University. 22 Sept. 2002 <<http://jan.ucc.nau.edu/~jar/L1B11.html>>

Callaway, John. "Chicago's Urban Indians." Network Chicago. 26 Nov. 2001 22 Sept. 2002 <<http://www.networkchicago.com/chicagostories/urbanindians.htm>>

---, "Chicago's Urban Indians: Recollections by Peggy Desjarlait." Network Chicago. 27 Nov. 2001. Network Chicago. 22 Sept. 2002 <<http://www.networkchicago.com/chicagostories/peggydes.html>>

"Capital and Communities: A Report to the Annie E. Casey Foundation on ACORN's Work to Revitalize Low, Moderate Income Communities." Oct. 1997 ACORN Archives. 10 Jan. 2003. <<http://www.acorn.org/ACORNarchives/studies/c-and-c/index.html>>

Carlson, Ruth C. "About the Office of Minority and Multicultural Health." Minnesota Health Board. 10 Sept. 2002. 20 Sept. 2002 <<http://www.health.state.mn.us/ommh/aboutommh.html>>

Center School (Nawayee) Administrators. "Center School Culturally Supportive Alternate Education in Minneapolis." CenterSchool.org: 15 Aug. 2002. Center for American Indian Education. 14 Sept. 2002 <<http://www.centerschool.org/about.html>>

Chanen, David. "Our Community is Angry Today." Star Tribune: Sec 1B. 7 Feb. 2003. Lexis Nexis. 2 Mar. 2003 <<http://web.lexis-nexis.com/universe/document/?m=9d6bb2bf3b8edaef861f06a261ac93b8&docnum=9&wchp=dGLbVlb-ISlzV&md5=45f8c5e37a8fleca91496c8570a9f964>>

"City of Minneapolis: General Demographic Characteristics by Neighborhood 1990 & 2000 Census." Oct. 2001. Official Website of Minneapolis: 15 Jan. 2003 <www.ci.minneapolis.mn.us/citywork/planning/census2000.htm>

Clute, Katherine. "Students are Taking First Indians Census: Strength of Nations Project Counts Urban Indians." 15 Aug. 1995. University of Wisconsin Press. 22 Sept. 2002 <<http://www.uwm.edu/news/report/old/aug95/1602.html>>

Desjarlait, Robert. "Four Winds Magnet School Drops Ojibwe Classes." The Circle 23.1 (Jan. 2002): 11 pars. 20 Sept. 2002 <<http://www.thecirclenews.org/012002/cover>>

---, "Into the Crucible: Sexual and Physical Abuse in Indian Country." The Circle. 22.9 (Sept. 2001). 20 Sept. 2002 <<http://www.thecirclenews.org/092001/cover>>

---, "Reclaiming Ojibwe Through Immersion Camps." The Circle 23.1 (Jan. 2002). 20 Sept. 2002 <<http://www.thecirclenews.org/012002/cover.html>>

---, "Waiting List Frustrating to Those Who Want Housing at Little Earth." The Circle 22.10 (Oct. 2001). 20 Sept. 2002 <<http://www.thecirclenews.org/102001/news2>>

Emergent Disability Center. "Emergent Disability Among Native Americans: A Secondary Analysis of Public Health Data Sets." Center on Emergent Disability. 1 Jan. 1996. University of Illinois, Chicago. 22 Sept. 2002 <<http://www.uic.edu/depts/idhd/ced/text/native.txt.htm>>

Erickson, Stephanie. "Minneapolis Fire Department Changes Recruitment Approach for Natives." The Circle 22.7 (July 2001). 20 Sept. 2002 <<http://www.thecirclenews.org/072001/22-7news4.html>>

"Fair Housing Laws and Presidential Executive Orders: Fair Housing Act of 1968." Jan. 1990. HUD.gov. Google 3 May 2003. <www.hud.gov/offices/ftheo/FHLaws/index.cfm>

Farrar, Amy. "Census Count Will Ensure Funding Allocation, Adequate Representation." The Circle 21.3 (2000): 13 pars. 20 Sept. 2002 <<http://www.thecirclenews.org/032000/News2.html>>

Fixico, Donald. "Observations by Professor Don Fixico." Chicago Stories. 26 Nov. 2001. Network Chicago. 22 Sept. 2002 <<http://www.networkchicago.com/chicagostories/donfixico.html>>

Goodsell, Prue & Cordes. "Urban Schools Direct Little Help to Indians." Feb. 2000. Omaha World-Herald. 22 Sept. 2002 <http://www.webarchives.net/february_2000/urban_schools_direct_little_help1.html>

Grow, Doug. "Three Doctors Back Where They Belong; Fired from Minneapolis Clinic Last Year, They Will Serve Old Clients in a New Place." Lexis Nexis Sec. 2B (Feb. 2003): 764 words. 2 Mar. 2003 <<http://www.wb.lexis-nexis.com/universe/document?.html>>

Graves, Karen. "Alcohol Preferences Among Pregnant Native and African American Women." EurekaAlert.org. 14 Feb. 2002. Alcohol Research Group. 24 Sept. 2002 <<http://www.eurekaalert.org/pubreleases/2002-02/ace-apa020802.php>>

Graves, C. & Padilla, H. "Olson to Investigate Indian's Claim of Police Brutality." Star Tribune Sec. 1A. 30 Jan. 2003. Lexis Nexis. 2 Mar. 2003 <<http://web.lexis-nexis.com/universe/document? m=9d6bb2bf3b8edaef861f06a261ac93b8& docnum=1&wchp=dGLbV1b-ISIzVf md5=a2e9abdef021b581>>

Gustafson, Craig. "Police Union Confident Officers Didn't Urinate on American Indian Man." Star Tribune. 3 Jan. 2003. Lexis Nexis. 2 Mar. 2003 <<http://web.lexis-nexis.com/universe/document? m=9d6bb2bf3b8edaef861f06a261ac93bs& docnum=17&wchp>>

Halfday, Bryan D. "Spotlight on Urban Aboriginals." TurtleIsland.org 26 Jan. 2000. Turtle Island Native Network: Google 22 Sept. 2002 <<http://www.turtleisland.org/news/news-urban1.html>>

Health and Human Services of Minnesota. "American Indian Communities in Minnesota." Minnesota-Health.org. Feb 2002. Minnesota Department of Health: 22 Sept. 2002 <<http://www.senate.leg.stte.mn.us/departments/scr/report/bands/HEALTH.htm>>

"Heart of the Earth Survival/Charter School." American Indian Education: 9 Sept. 2002 <<http://www.americanindianeducation.org/home.html>>

Hessel-Mial, M. "Minneapolis Officials Meet to Discuss Low American Indian Graduation Rates." Minnesota Daily. (30 Mar. 2001): 400 words. Lexis Nexis. 2 Mar. 2003 <<http://www.web.lexis-nexis.com>>

IM Diversity. "American Indians in Minnesota Leaving Twin Cities." Onamia, MN 24 Sept. 2002 www.imdiversity.com/Article_Detail.asp?Article_ID=4290

indianz.com. "Indian Educators Meet For Legislative Summit in DC." 22 Mar. 2004: 03 April, 2004 <<http://www.indianz.com/News/archive/000776.asp>>

Kelleher, Bob. "No Promise of Education." Minnesota Public Radio. April 2001 MPR Archives: 24 Oct. 2003 <http://news.mpr.org/projects/2001/04/brokentrust/kelleherb_education-m/index.shtml>

Lewis, Gloria. "Eliminating Disparities in the Health Status of American Indians in Minnesota." 10 Sept. 2002. Minnesota Department of Health: 20 Sept. 2002 <<http://www.health.state.mn.us/ommh/amindian.html>>

Lipka, Jerry. "Schooling for Self-Determination: Research on the Effects of Including Native Language and Culture in the Schools." 12 Jan. 2002. Indian Education Research Perspectives: Google. 9 Sept. 2002 <http://www.indianeducationresearch.net/edorc01-12.htm>>

Lurie, Jon. "Critical Condition: Indian Health Board Troubles Continue." The Circle 23.3 (Mar. 2002): 18 pars. 20 Sept. 2002 <<http://www.thecirclenews.org/032002/news/html>>

---, "Native Students Accuse U Officials of White Washing Twin Cities Campus." The Circle 21.1 (Jan. 2000): 5 pars. 20 Sept. 2002 <<http://www.thecirclenews.org/012000/News2.html>>

Marks, Wizard. "Early Phillips Area Defined by Railroads and Industry," The Alley. May 1990. Google. 5 Feb. 2003 <www.pnn.org/history/story/railroad.htm>

McCullough, Phoebe. "Tech Center in South Minneapolis Offers Computers and Job Services." The Circle 23.2 (Feb. 2002): 8 pars. 20 Sept. 2002 <<http://www.thecirclenews.org/022002/news1.html>>

---, "Insurance Company Covers Native Healing Techniques." The Circle 23.1 (Jan. 2002): 10 pars. 20 Sept. 2002 <<http://www.thecirclenews.org/012002/news3.html>>

McGhee, Bernard. "Thirty Years After Wounded Knee Uprising, Debate Over What Was Accomplished Persists." Lexis Nexis Domestic News. (Feb. 2003): 574 words. 2 Mar. 2003 <<http://web.lexis-nexis.com/universe/document?m=7663e83ba2bef4918affc3d3541bfaff&docnum=1&wchp=dGLbV2z-ISIAI&mds=90c73cb83ffc4daa6341b935e6d7a6f0>>

Minneapolis Public Schools. "Challenges to Our Progress." October, 2001. MPS webpage: 17 Oct. 2002. <http://www.mpls.k12.mn.us/about/report2001/challenges_progress.shtml>

MPS, "Focused Efforts to Reach Our Goals." October, 2001. MPS Webpage: 1 Nov. 2002 <http://www.mpls.k12.mn.us/about/report_2001/our_goals.shtml>

MPS, "19% of Kindergarteners Would Not Advance." October, 2001. MPS: 1 Nov. 2002<http://www.mpls.k12.mn.us/about/report_2001/our_goals.shtml>

---, "What Our schools Look Like." October, 2000. MPS webpage: 1 Nov. 2002 <http://www.mpls.k12.mn.us/about/report_2000/schools.shtml>

---, "Our Goals: where Are We Now." October, 2001. MPS webpage. 17 Oct. 2002 <http://www.mpls.k12.mn.us/about/report_2001/goals_now.shtml>

---, "Mobility." 13 Oct. 1999. MPS webpage. 17 Oct. 2002 <http://www.mpls.k12.mn.us/about/report_2001/challenges_progress.shtml>

---, "Report of the Annual Racial/ Ethnic Count of Students and Staff." 13 Oct. 1999 MPS webpage. 17 Oct. 2002 <http://www.mpls.k12.mn.us/about/report_2001/challenges_progress.shtml>

---, "SARB." 13 Oct. 1999 MPS webpage. 17 Oct. 2002 <http://www.mpls.k12.mn.us/aboutSARB/report2001/challenges_progress.shtml>

Minnesota Department of Children, Families & Learning. "Statistics on Dropout/ Graduation Rates in Minneapolis Public Schools." October, 1998 & 2000. MPS webpage: 17 Oct. 2002 <http://www.mpls.k12.mn.us/about/report_2001/challenges_progress.shtml>

Minnesota Indian Affairs Council. "Poverty, Employment, Chemical Dependency and Violence." Jan. 1999. Indian Policy Issues: 1 Feb. 2003
www.indians.state.mn.us/policy.html#job

---, "Description of Minnesota Indian Reservations." 3 Mar. 2003
www.indians.state.mn.us/description.html

Mosedale, Mike. "Bury My Heart." City Pages 21.1002 (Feb. 2000): 9 pars.
 26 Mar. 2003
<http://www.citypages.com/databank/21/1002/article8432.asp?page=2>

Palermo, Judy. "Center for Health Statistics 1998-2000 County Profile."
 Aug. 2002. 11 Sept. 2002
www.health.state.mn.us/divs/chs/profile2.html

Pepper, Floy C. "Unbiased Teaching About American Indians and Alaska Natives in Elementary Schools. ERIC DIGEST 32.1 (June 1990): 5 pages. 9 Sept. 2002
http://www.ed.gov/databases/ERIC_Digests/ed321968.html

Peters, Katherine M. "Urban Challenge." GovExec. 1 Dec. 2000. Government Executive Magazine: 22 Sept. 2002
<http://www.govexec.com/features/1200/1200s1s2.htm>

"Phillips Neighborhood General Demographic Characteristics." Oct. 2001. City of Minneapolis Planning Department: 3 Mar. 2003
www.ci.minneapolis.mn.us/citywork/planning/census2000/index.asp

"Population by Race and Ethnicity for Minneapolis 1990-2000." Jan 2001. City of Minneapolis Census 2000 Information: 22 Oct. 2002.
www.ci.minneapolis.mn.us/citwork/planning/census2000/1990-to-2000-population-change-by-race-and-ethnicity-for-minneapolis.asp

Porterfield, Andrew. "Urban American Indians Not Getting Needed Health Services, UCI-Study Finds." Jan. 2002. University of California at Irvine Medical Study: Google. 22 Sept. 2002
<http://www.ucihealth.com/News/Releases/AmericanIndians.htm>

San, Bob. "Local and Regional News Brief: University of Minnesota Conference Aims to Preserve Dakota Language." *The Circle* 22.10 (Oct. 2001): 6pars 20 Sept. 2002 <http://www.thecirclenews.org/102001/local_news.html>

Shukovsky, Paul. "Urban Indians Are Moving Back to the Reservation." *Seattle Post News*. 29 Mar. 2001. 22 Sept. 2002 <<http://seattlepi.nwsource.com/10cal/indi29.shtml>>

Stinson, Duane. "Funding Shortfalls Threaten to End Native Men's Anger Group." *The Circle* 22.12 (Dec. 2001): 20 pars. 20 Sept. 2002. <<http://www.thecirclenews.org/122002/news2.html>>

---, "Fighting Phillips Gentrification." *The Circle* 23.9 (Sept. 2002): 31 pars. 29 Jan. 2003 <<http://www.thecirclenews.org/cover.html>>

Tengco, Leonard. "The American Indian Movement: Exiled in the Land of the Free." 29 Nov. 2001. 26 Mar. 2003 <<http://www.bons2x.net/essence/The%20American%20Indian%20Movement.htm>>

Thayer, Gordon. "American Indian Housing & Community Development Corporation." *The CanDo.org*: 29 Jan. 2003 <<http://www.cando.org/aihcdc.htm>>

"Urban Indian Health Care Concerns Voiced: Congress Will Consider Reauthorization After Recess." *Indian Country Today Magazine*. 21 Aug. 2001. 22 Sept. 2002 <<http://www.indiancountry.com/?article=133>>

Urban Network Board. "Indian Children and School Success." 2 Sept. 2001 22 Sept. 2002 <<http://www.nwrel.org/cnorse/urbaned/99fall/indian.html>>

Walker, Carson. "American Indians Mark 30th anniversary of Standoff with U.S. Agents." *The Associated Press*. (27 Feb. 2003): 328 words. Lexis Nexis. 2 Mar. 2003 <http://web.lexis-nexis.com/universe/document?_m=bd67ac4564613e34c4927a559fdafa99&_docnum=82&wchp=dGLbV2z-ISIAI&_md5=51dd865eb9b89029fde354ad1be363bf>

---, "Struggle Still Inspiring, and Dividing Indians." The Associated Press. (28 Feb. 2003): 471 words. Lexis Nexis. 2 Mar. 2003
<<http://web.lexis-nexis.com/universe/document? m=7663e83ba2bef4918affc3d3541bfaff& docnum=2&wchp=dGLbV2z-ISIAI& md5=647b41c2e3f2ac9a5b12dc7d94bac838>>

Wensaut, Kim. "Indigenous Women's Network Comes Home to Minnesota." The Circle 21.1 (Jan. 2000): 8 pars. 20 Sept. 2002 <<http://www.thecirclenews.org/012000/News.html>>

Wittsock, Laura W. "Background of the American Indian Movement (AIM)." Feb. 1992. 22 Sept. 2002 <<http://members.aol.com/Nowacumig/backgrnd.html>>

Wittsock, L. & Salinas. "A Brief History of the American Indian Movement." Feb. 1992. 22 Sept. 2002 < [http:// www.aimovement.org/ggc/history](http://www.aimovement.org/ggc/history)>

MONTANA STATE UNIVERSITY - BOZEMAN



3 1762 10398569 1