

## *There, There*: Tracing Structural Discrimination, Health, Identity, and Resilience

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*“If you have the option to not think about or even consider history, whether you learned it right or not, or whether it even deserves consideration, that’s how you know you’re on board the ship that serves hors d’oeuvres and fluffs pillows, while others are out at sea, swimming or drowning, or clinging to little inflatable rafts that they have to take turns keeping inflated, people short of breath...”* (Orange, 2018, pp. 137-138).

Tommy Orange references these structural, institutionalized methods of discrimination that go largely unseen by those who are not subjugated by them. This is part of what allows these forms of discrimination to proliferate and result in enormous disparities of adverse health outcomes. Throughout *There, There*, Orange’s novel depicts structural discrimination and the disparities that result in this community. Orange discusses the structural discrimination that began when “white people came and took all that they took” leaving a “wound...that never healed” (Orange, 2018, pg. 137). However, this seldom acknowledged structural discrimination continues, and this wound manifests in negative health outcomes experienced by Native Americans.

Structural discrimination has been defined as, “[the totality of ways in which societies foster discrimination](#).” More specifically, structural discrimination includes the collection of [macro-level, institutionalized practices](#) that create disadvantage for specific groups of people, often racial and ethnic minorities (e.g., [residential segregation, unequal access to high quality education, criminal justice policies](#)). It has been [identified](#) as a leading cause of health inequity. In the United States, structural discrimination that specifically targets Native American populations is as old as the history of the country itself. Legal definitions of Native American populations established by the colonists of the US were [an attempt to define groups as inherently different](#), and lesser, than White populations in an effort to [oppress](#) those who had been structurally othered. Even before the establishment of the US, a declaration from the Virginia General Assembly in 1705 [defined](#) Native American people as different in an effort to justify enslavement.

Yet these policies go far beyond the initial naming and defining policies of othering, and the consequences of structural discrimination can be linked directly to resulting health disparities. American Indian and Alaskan Native (AIAN) populations

have a significantly [higher prevalence](#) of obesity and diabetes compared with White populations. Public health and medical communities have been aware of this disparity for years. What is less widely understood and accepted is the explicit link between structural discrimination against Native American groups and these negative health outcomes. The Akimel O'odham (sometimes referred to as Pima) Native American people of Arizona developed complex [irrigation](#) systems to use water from the Gila River to grow a variety of agricultural crops. Akimel O'odham means "[river people](#)" and signifies the relationship they had with this source of life sustaining water. Yet, near the turn of the [20th century](#), water from the Gila River was diverted from the Akimel O'odham to support white [farmers, ranchers, and miners](#) who had settled in this area. Again in [the late 1920s/early 1930s](#), this population was promised water as a result of the Coolidge Dam, yet the amount of water delivered was [not enough](#) to support farming. After water was diverted away from the Akimel O'odham people the US government then began [providing commodity foods](#), and the [Commodity Supplemental Food Program](#) (for older adults) and the [Food Distribution Program on Indian Reservations](#) through the United States Department of Agriculture still provide USDA foods to eligible families today. While [current offerings](#) are healthier, the roots of the increase in obesity and diabetes can be traced to these commodity foods. For example, fry bread, often thought of as a "traditional" food among Native American populations, [is a derivative](#) of commodity food programs. [Making do](#) with the ingredients provided, e.g., [flour and lard](#), fry bread resulted for these populations who no longer had food sovereignty. As a result of the complete shift in [dietary intake, physical activity, and the economy](#) after their agricultural lifestyle was decimated, [obesity and diabetes began to increase](#).

Yet this is just one story of structural discrimination among many. Orange describes a number of devastating health outcomes through his characters' lives. Opal's mother dies young from cancer. In reality, [there are disparities](#) in cancer mortality and treatment among American Indian populations; death rates from all-cause cancer increased from 2001-2009 among American Indians while decreasing among white populations, and American Indian populations don't live as long as white populations after receiving a cancer diagnosis. The link between structural discrimination and [access to care](#) and outcomes can be summed up with the following statement, "[institutionalized white socioeconomic resources, discrimination, and racialized framing from centuries of slavery, segregation, and contemporary white oppression severely limit and restrict access of many Americans of color to adequate socioeconomic resources and to adequate health care and health outcomes](#)." Violence and trauma are also dominant health outcomes woven throughout the stories of Jacquie, her daughter, Octavio, and the overall story. These stories exemplify the

disparities in violence that exist in this community: [intimate partner violence](#), [suicide](#), and [violent crime](#). One doesn't have to stretch the imagination far to imagine a link between state-sanctioned violence against Native American populations including "[genocide and forced removal](#)" from lands and the violence that exists in these populations today.

However, this is not just a story about disparities, though those are incredibly important both to the story and reality. This is also a story of identity and the role that identity plays in resilience. Although Orange writes, "And don't make the mistake of calling us resilient," (Orange, 2018, pg. 137), it is hard not to view these stories through that lens. One dramatic example of this is when Opal, after a childhood of trauma, says, "It's not over. We can't just give up," (Orange, 2018, pg. 60) just after her mother's death, finding out she was pregnant as a result of rape, and having to move in with a man who proves to be untrustworthy. Identity is [tied to resilience](#), and there is evidence of the importance of identity throughout the book. Edwin's concern about the way others view his Native identity, Orvil's interest in learning more about his mother, the importance of names in the book and the discussion of the genesis of names in these communities, and the number of characters who end up working for the Indian Center and with the community in other ways are all insights into the importance and relevance of identity. This strong sense of identity could be the basis of resilience-based interventions to try to address many of the health disparities affecting these communities.

Equally important though, Orange also alludes to the lack of understanding of structural factors by the larger population. Even in the scientific community, it is only recent that [research](#) is beginning to untangle the effects of structural discrimination, and the better we understand this and acknowledge it as a society, the more able we will be to dismantle these systems and allow people to reap the benefits of their identity (e.g., resilience) rather than having to suffer from the consequences of discrimination because of it. Only when structural discrimination is undone, can wounds begin to heal.

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