

Intervals - Episode 10

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and Generations of Navajo Healers"

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Introduction

CHRISTOPHER BRICK: Hello everyone and welcome back once again to the *Intervals* podcast. We are a public humanities initiative of the Organization of American Historians, and I'm Christopher Brick, here on behalf of the OAH Committee on Marketing and Communications.

And today I'm here as well to welcome our 10th guest lecturer, Dr. Farina King, who will be joining us today from Northeastern State University in Tahlequah, Oklahoma, where she's currently an associate professor of history. And it being the 10th episode of the series, I'll also point out really quickly that this is the midpoint of this first season on the history of public health and epidemic disease.

So, for all those of you who've continued tuning in, I want to thank you for joining us each week, to welcome you to the middle of the series, and to invite your continued feedback, comments, and questions. They've all been very helpful and the dialogue with you, the audience, is one of the most rewarding parts of doing this work, so please keep reaching out as well. Our contact info is in the episode notes, I'm pretty easy to find on Twitter or at cbrick@gwu.edu if you do the tweet or email thing.

As for our guest lecturer today, Dr. Farina King will highlight Diné histories of disease and healing from the nineteenth century to the COVID-19 era, which traces her own family and father's lived experiences as a Diné physician who has worked for the Indian Health Service and Navajo healthcare for decades to the present during the COVID-19 outbreaks.

I don't want to steal any more of Farina's thunder but that's just a sense of some of the experience she relates, and the manner by which she relates it. We've talked a bit in this podcast about sources, the pieces of information that historians harvest, as well as the methods we apply to interpret them, the product of which is one of the things that people mean when they talk about history or use it to describe something.

The thing that makes Farina's talk such an intriguing and existing listen for me is the sources Farina draws upon as well as the use of techniques like memory-keeping and collective storytelling that bear relationship to her own life story. It's a quite wonderful effect. She is her

own best messenger and this is not just a fantastic listen but also a phenomenal contribution to scholarship, so you have every reason to feel as grateful to NEH as I do for helping to make this possible.

And with that I'm going to hand it off to Dr. Farina King on "Diné Doctor Histories."

Lecture

FARINA KING: Hello, my name is Farina King. I will introduce myself in Diné Bizaad, the Navajo language for my kin to know me and our relations.

[INTRODUCES HERSELF IN Diné Bizaad] *Shí éí Bilagáanaa nishłí, dóó Kinyaa'áanii báhíshchíín. Bilagáanaa dashicheii dóó Tsinaajinii dashinálí. Ákót'éego asdzáá, nish'łí,*

I am of white, English, American settler descent, and born for the Towering House Clan of the Diné, which is what we Navajos call ourselves. My maternal grandfather was English-American, and my paternal grandfather was of the Black-streaked Woods People Clan. I was born in Tuba City in the Navajo Nation.

Because my father worked for the Indian Health Service, IHS, our family moved and lived in different places throughout the United States. I was raised mostly in the Washington, D.C. metropolitan area in the state of Maryland, since

my family went there for my father's work. I now live in Tahlequah, Cherokee country in the state of Oklahoma. I work at Northeastern State University, which was originally founded by the Cherokee Nation, as the Cherokee National Female Seminary in the 1850s.

I acknowledge the Indigenous lands and ancestral caretakers of the places where I dwell, which include the first Indigenous peoples of Osage, Kickapoo, and Caddo, and following, forced removal and migrations as early as the late-18th century, but especially during the 19th century, the Cherokee Nation of Oklahoma and the United Keetoowah Band of Cherokees. I hope that we all acknowledge and really come to know the indigenous peoples and histories of places and communities that we occupy, navigate, and become a part of. Diné doctor history is my current project that I will be discussing with you.

It focuses on tracing histories of Diné healers through generations as they fight monsters of colonialism and disease. In her 2018 short film, *Yá'át'ééh Abiní*, filmmaker Morningstar Angeline, who is a Navajo, Chippewa Cree, Blackfoot, and Latinx woman, saw the future as described in a synopsis of her film: "A Navajo woman struggles with the legacy left to her after her father passes away from a virus in a post-apocalyptic world".

The main poster image of the film shows a Diné woman dressed for survival, wearing a mask of a

Diné traditional scarf. This same image has become common in the Navajo Nation since the major outbreaks of the Coronavirus in 2020. Native Americans, including Diné, have survived apocalypses before--widespread disease and unknown scourges that wipe out entire families and communities.

But they, including me and my family, remain. We remain. This has become a more familiar, powerful adage since the PBS series 'We Shall Remain' in 2009. What Diné have faced with lost lives and upheavals of pandemics such as COVID-19, our crisis moments for our youth and future generations to carry on our peoplehood and legacy as Angeline symbolizes in the story of Crystal, the young Diné woman who becomes the intergenerational link between Diné of the past and future by overcoming the threats of disease and such monsters.

I intentionally use the term monster when referring to COVID-19, which is how Diné have viewed disease since time immemorial. This conversation stems from my work with Diné history of disease and healing from the 19th century to the contemporary COVID-19 era, which intertwines with my own Diné family, and especially my father's lived experiences as a physician and public health professional in American Indian Health Services.

I recently launched an open access syllabus, Diné Doctor History, to educate the public about histories and lived experiences of Diné facing

disease and healing through generations. This project reinforces the purpose of the syllabus to contextualize and historicize the disproportionate susceptibility of Navajo's to COVID-19, or "*Dikos Ntsaaígíí náhást'éíts'áadah*", what Diné call this disease since the outbreaks of 2020.

This work also adds to the ongoing efforts to address the overarching gross disparities of the COVID-19 pandemic and its impacts.

In July 2020, the U.S. Centers for Disease Control and Prevention posted Health Equity Considerations and Racial and Ethnic Minority Groups, which states long-standing systematic health and social inequities have put many people from racial and ethnic minority groups at increased risk of getting sick and dying from COVID-19. They identified social determinants of health: the conditions and the places where people live, learn, work, and play that have historically prevented racial and ethnic minority groups from having fair opportunities for economic, physical, and emotional health.

From resources such as the COVID racial data tracker, a collaboration in the U.S. between the COVID tracking project and the Boston University Center for Anti-Racist Research and Emory University's COVID-19 Health Equity interactive dashboard, we can see how COVID-19 is affecting Black, Indigenous, Latinx, and other people of color the most in the United States.

According to the APM Research Lab, for example, Black, Indigenous, and Latino Americans experience highest death tolls from COVID-19, with a death rate of more than 2.7 times white Americans. From data through January 5th, 2021, 1 in 595 Indigenous Americans has died, or 168.4 deaths per 100,000, from COVID-19. It always strikes me hearing that kind of number, a point-something, because there are no "half" people or .1 people. Indigenous Americans now have the highest actual COVID-19 mortality rates nationwide.

Of these deaths, most come from me people of the Navajo Nation. Indian Country's COVID-19 syllabus, posted on August 31st, 2020, announced that 736 deaths were recorded in the Indian Health System. Over half--397 deaths--came from Navajo Nation, that also claimed 8317 cases in August 2020. This is only within the Navajo reservation, and does not consider infections and deaths of many Diné who live off the reservation, and that includes many of my own family, relatives.

As of January 25th, 2021, the Navajo Department of Health reported on their *Dikos Ntsaaígíí náhást'éíts'áadah* COVID-19 webpage, that 977 deaths were confirmed due to COVID-19, and there have been 27,573 positive cases, with 14,053 recoveries. Keep in mind, this is within a population of about 175,000 people, based on estimates from the last census in 2010, which has most likely increased significantly over the last 10 years.

These are only some of the statistics that stand out to people, but for me, these are not just statistics. These are our elders, our relatives; this is *us*, my family. Essentially, almost all the deaths that I know from COVID-19 come from Diné and Native American communities, and I am connected with diverse communities. I have been teaching my classes on Zoom, like many, and we have been drawing connections between the influenza outbreaks of 1918 and the current COVID-19 pandemic. One of the students in one of my classes made a comment to the effect of "COVID-19 and the pandemic are not real. It's made up."

I kept my composure, and continued with the lesson, hoping to somehow connect with this student, but it still makes me cringe and replays in my mind. This is very real for me, and has been for a long time, as I know it is for many of us. I am not the only one who has told people that they have to go talk and listen to a Diné family and community and see how the Coronavirus devastates everyday people. I lost my aunt, Florence, to COVID-19 this past spring in May 2020, and she was living in the border town of Gallup, New Mexico, which makes me wonder if she was ever counted.

As a Diné storyteller and memory-keeper, Sunny Dooley has explained--and I'm quoting her here--"we have a lot of cancers in our community, perhaps because of the uranium, and we have many other health issues that, I think, makes this virus so

viable among us. We have a lot of diabetes because we do not eat well, and a lot of heart disease.

We have alcoholism; we have high rates of suicide; we have every social ill you can think of and COVID has made these vulnerabilities more apparent. I look at it as a monster that is feasting on us because we have built a perfect human for it to invade." And that's the end of her quote.

My key point is that this monster has a name and did not appear from a vacuum. This vampire preying on and sucking the life of Diné is colonialism, specifically U.S. based colonialism. The Navajo Nation has been a colony of the United States since the late 19th century... I mean, it's hard to pinpoint exact dates with this, so I'm putting that there.

But most Americans do not envision the United States as a colonizer, and they do not understand how the U.S. has colonized the Navajo nation and has perpetuated different forms of colonialism over generations. Focusing on the health and context of COVID-19, what has led us to this train wreck in slow motion? We then start to unpack this complicated history.

On my family bookshelf, I remember from a young age, noticing my father's copy of *The Navajo Nation: An American Colony. A Report of the United States Commission on Civil Rights*, printed in 1975. I did not fully understand it at the time, but I have been learning every day, connecting the dots

of what my family and the Navajo Nation have faced over generations.

I learn about their fights and resilience through these struggles. The *American Colony Report* came from testimonies of the 1973 Commission on Civil Rights Hearings on Navajo Economic Development, Employment, Education, and Health Care. It presented recommendations, including the appropriation of funds for the Indian Health Service to make Navajo health care comparable to that of the U.S. in general. This recommendation from nearly 50 years ago has yet to be followed and fulfilled.

My student's off-putting comment and those like it have emboldened me more, reminding me how important it is to tell my family's story. I know it is their story, not even my own in some ways because I live in a privileged bubble, even away from my own parents, who live in the Navajo Nation. They say that they are like firemen: they know what they signed up for, they must fulfill their call for duty. This is what my mother told me when I asked why my father had to continue to work in the clinic during the first waves of the COVID-19 outbreaks in spring of 2020.

My father, a Diné public health professional, is over 70 years old, and has been practicing medicine since the late 1970s. He is a family and community medicine physician who retired from the Indian Health Service, but has continued family medicine practice with a not-for-profit community health

center for Utah Navajo in Monument Valley, Navajo Nation for the past several years. I used to joke that he'd work until he died, but now I fear that everyday because of COVID-19. The vaccines have certainly helped to relieve those anxieties. One of my favorite photos of my father was from a newspaper clipping that my mom kept in family keepsakes. It's a photo by Paul G. Barker, for an article that Linda Sillitoe wrote for the Deseret News in December 1984.

It shows my dad, Dr. Phil Smith, holding a Diné baby boy while checking his vitals with a stethoscope. The article's title, quote "Living Conditions Cutting Lives Short" end of quote, could be taken from one of the headlines in today's news, as it entails the extreme health access disparities that plague the Navajo Nation, including lack of paved roads, health care facilities, and funding. One line describes, quote, "people waiting for relative to come by with a pick-up truck to take an ailing grandmother to the doctor" or "a mother, stranded in axle deep mud, while her dehydrated baby dies from diarrhea", the end of quote.

The journalist, Sillitoe, notes how Dr. Smith, my dad, was supervising three clinics while working full-time in the Montezuma Creek Clinic and filling in at the hospital emergency rooms on the reservation. Ambulances and emergency medical transport and services could not reach many Diné then as they cannot many of them today. My father has been featured then, as he is featured now, in

recent articles that trace how Diné seek to overcome these struggles and strengthen our people through health services and care.

And I do want to emphasize that I recognize, you know, this history is not frozen in time and we're not making any changes--there's a lot of important changes happening, developments and so many contributors to that, so it is an acknowledgment of that, but we still are concerned with not enough and not fast enough. Service, care, and healing have been my father's calling, and most of his predecessors'. His forebearers were hataaʔii-- Diné healers before him. Like many others, my father is my hero; I never imagined that he would be the hero on the front lines against a ravaging pandemic, COVID-19.

He told me and my siblings in a Zoom video meeting once from my parents' trailer in Monument Valley--this was about April, 2020--he told us: "I do not do what I do because I'm a hero; I do it because I care." He works with some Diné elders who are over 90 years old, and some of his patients only speak Navajo, his first language that now only a few medical practitioners in the world know fluently, like him. Fortunately, they have transitioned to using telecommunications for many of the services that my father provides, which has presented its own trials to offer the best care for many, especially while anxieties and fears are higher than ever.

As a primary care doctor using telehealth, my dad, and this is being quoted from one of the articles featuring him, and this was one from a "USU Alumn Helps Battle COVID-19"--The Pulse, that's online and was shared in December 2020--it was a quote pointing out that my dad typically sees about a 120 patients per week for more than 10 hours a day, and my mom also confirms this, and my dad. The Utah Navajo Health System is hundreds of miles away from the major hospitals going in any direction. My dad does what he can to keep alive and healthy but he notices the continual high levels of underlying chronic poor health conditions.

Like a hydra, colonialism has multiple heads and takes different forms: unchecked greed and coveting of land and its resources, lack of responsibility and exposure to radioactive contaminants, dishonesty and swindling for gain at another's expense, and worst of all, dehumanization and gaslighting--placing the blame on the victims, especially by silencing the truth, and controlling historical narratives. Ethel Branch, former attorney general of the Navajo Nation, and one of the founders of the Navajo and Hopi Families COVID-19 Relief Fund, once described how Navajos have been the economic sacrifice to the United States. Navajos are on the frontlines, set at the altar of the monster of colonialism to pay the price for the hegemony of the United States, fueled by market economy and capitalism.

I am certainly not the first or the last to say this. We can see, for example, the works of Jennifer Nez Denetdale, Melanie Yazzie, Nick Estes, Roxanne Dunbar-Ortiz, Dina Gilio-Whitaker, and many others. Gregory Smithers has also pointed out that suffering and deaths are ultimately a result of systematic racism, from historical subjugation to contemporary poverty. And he was quoted saying that "Navajos weren't ready for this type of storm, and the reason they weren't ready is because of generation after generation of neglect. The virus isn't waiting for governments to get their medical facilities ready," and that's a quote from him in an article that was shared online from a USA Today series.

Since time immemorial, our Diné ancestors have faced naayéé--monsters, and they have not only survived, but also have thrived as a people. In Diné oral tradition, the hero twins defeated Yé'iitsoh, a monster who is covered in metal, and applied the monster's broken armor for common purposes such as cutting knives.

The twin heroes did not kill all the monsters, which is why they have continued to plague humanity over time, but generations of Diné heroes have risen and fallen, confronting the monsters of their eras. While media, stories, and cries of my people and community show the rampage of Dikos Ntsaaígíí-19, the Coronavirus monster, many have asked why the virus is so prevalent in the Navajo Nation.

As a Diné historian and descendant of healers, I trace the intergenerational struggles with monsters, especially one that persists and breeds other threats to Navajos, including COVID-19. The monster of colonialism is the ongoing force to dispossess, displace, and destroy Diné and indigenous peoplehood, identity, and ties to homelands.

My father's great-grandparents and grandmother survived the Long Walk, when U.S. soldiers poisoned the waters and burned the crops of Diné families and forced by gunpoint as many Diné as they could to walk hundreds of miles to a prison camp of barren land in 1864. Hundreds died on the walk and thousands died at Hwéeldi, the Land of Suffering--Fort Sumner in present day area in New Mexico.

Thanks to an NEH-funded digital compilation of winter letters from the reservation, I was able to see that a board of survey report from 1862 even advised the federal government to consider other areas than Bosque Redondo for reasons such as lack of access to supplies and unhealthy mineral matter in the water. Fort Sumner was on that space of Bosque Redondo. Starvation was one of the most serious causes of death on the Long Walk and at Fort Sumner. U.S. General Carlton wrote in 1864 about how Diné and Apache prisoners quote, "must do what the soldiers direct or perish," referring specifically to the scarce food rationing and the system of using ration tokens.

Despite desperate efforts, crops failed every year in Fort Sumner because of drought, flooding, or pests. The U.S. military compelled Diné and Apache prisoners to labor on the fort construction with solid buildings while the captive families lived in brush tents over dugout pits.

Lethal disease and pestilence was rampant during this awful period. Approximately 1 out of 4 Diné prisoners died due to starvation, exposure, and dysentery. Many are buried in unmarked graves and somewhere left on the trail without proper burial. The assistant surgeon at Fort Sumner, John Brook, attested that the so-called hospital there was unsuitable in every respect, and it could not hold the sick during their recovery or provide adequate quarantines to prevent the spread of disease.

As Jane Hasteen carried the stories of her grandparents, she recalled in her 70s that many Diné never returned home and probably died of starvation and illness. My father remembers his grandmother, telling him as a child about how their people were forced to march to the East, where the sun rises. He makes the point that the Long Walk was not that long ago, being only a few generations from his time, and even from our own time today. His maternal grandmother lived to be over a hundred years old and was a small child when her family returned to their homeland, and his father was born in the late 19th century--my grandfather.

After about four years in the Land of Suffering, my ancestors returned to their sacred and beloved homelands, although the U.S. government's railroads and white settlers carved out much of the land, and often framed Navajos as intruders and ungrateful for what the U.S. supposedly "gave" them. Jane Hasteen's grandmother would say, quote, that "if she had been killed during the conflict, the young girls would not be here today. If the Navajo women had all been killed during the conflict, there would not be any Navajo people today." The women's survival was the hope for healing and warding off the two-headed monster of colonialism and disease.

My dad said that his grandmother told them stories, especially of her childhood, to learn from. From my dad, who learned from her, I know that our ancestors wake to greet the sun and run toward it as fast as they can, and that's what we know as a people. In the first snow, they roll and bathe in it; all this develops their strength. We learn from a young age about *Si'a,h Naaghaí' Bik'eh Ho'zho.́*: walk in beauty, or live a long life in beauty.

You know, there's not really a way to translate what *Si'a,h Naaghaí' Bik'eh Ho'zho.́* really means in a Diné sense, so when I say "beauty"--beauty is not in a superficial sense of the term-- "*Ho'zho.́*" means harmony and balance with all things around and within you. And I'm trying the best to translate and interpret this but, you know, so much is lost in translation or just cannot replace the actual term. *Ho'zho.́* and beauty is in all things; we are

connected through beauty and harmony, but that balance is constantly being disrupted and challenged, and life is the journey to restore and keep balance. Ceremonies and all kinds of motion and things in life reinforce this. Grow your hair long as the rain and beauty flows through our hair. Hair is life; water is life; rocks are life-- respect life. Respect the sacred. It is all one and the same, but different in its own way.

These teachings brought the good life on the Corn Pollen Path and Road, as Diné have considered as our ancestors, and I know it's hard for me talking because I'll use "they" "we", as a historian talking it's kind of moving between these different pronouns and my positionality to all this. Connections with all things bring this harmony and happiness, health and well-being dependent on these teachings and guidance. The walk of life, its path and journey could then be long and well fulfilled. They say our Diné elders used to live over a 100 years old per person. A 102 is regarded as kind of golden age.

As I said earlier, my great-grandmother, Johanna Haskeltsie, lived over a 100 years, at least-- that's my father's maternal grandmother. She died with all her teeth, my father would make a point to tell us that. In only a few generation, so much would change.

Generations always change but the impacts of colonialism reaps such violent ruptures; they set

my family and people on a path of ongoing survival and loss, but most importantly, the ongoing fight to heal and restore hozho, '—beauty. My father's grandmother tattooed her Indian census number on her wrist, so that she could always remember it to receive rations for sustenance from the United States government, because the rations often included flour and lard, frybread became a survival food and later a staple. Diabetes and various health disorders have consequentially been epidemic among our people. Almost all of my relatives have diabetes. We have lost several of our precious elders and people after their legs have been amputated due to complications with diabetes and other causes.

Within 60 years, when health issues such as non-insulin dependent diabetes mellitus, and cancer was rare among Diné, a study in the *Journal of Nutrition* in 1997 found how widespread mellitus became: "employing WHO criteria, we found an age standardized prevalence of diabetes mellitus, DM, of 22.9% among persons age 20 years and older. This prevalence is 40% higher than any previous age-standardized estimate for the Navajo, and 4 times higher than the average standardized U.S. estimate." And I'm quoting from this 1997 report here, "more than 40% of Navajo aged 45 years and older had DM, about one-third of those with DM were unaware of it." So that's the end of that quote from that report.

Two of my aunts passed away not long after having amputation and trying to carry on with dialysis. One of my aunts actually had said she just was done with dialysis and wanted to stop. In another study from 1990, it reported that, quote "of 377 lower-extremity amputations done from 1978 to 1987, diabetes was involved in 245." 66%.

My aunts both passed away in the last 13 years or so, within this early 21st century, and just thinking of all, all these losses that we have, it just reminds me of the everyday violence and the impacts, and connecting those dots of understanding why this is happening and how it's, you know, helping us to contextualize COVID-19 among shik'e, my kin.

U.S. officials, missionaries, and settlers Diné families to assimilate and "educate" the children-- and I put "educate" in quotes here, right, uplifting my quote fingers.

They sought to educate the children explicitly planning to sever them from their communities and integrate them in a dominant American society through the twentieth century with programs of boarding schools and policies such as Indian Relocation and Termination.

My father and many of my relatives including grandparents attended boarding schools where their language, culture, and people were belittled and suppressed, where they were treated as inferior. My father was dropped off without warning as a five-year old at a boarding school.

This is what has inspired much of my work, including my first book *The Earth Memory Compass: Diné Landscapes and Education in the 20th Century*, and my forthcoming co-authored book *Returning Home: Diné Creative Works from the Intermountain Indian School*, that I'm co-authoring with doctors Mike Taylor and James Swensen. That study and my first book focus on Diné schooling experiences, especially in the late-20th century after most Indian federal boarding schools were closed. Sickness spread like wild-fire in boarding schools, including during the 1918 Pandemic, and later influenza outbreaks in the 20th century.

There's a chapter in my book *The Earth Memory Compass*, for example, that focuses on a flu outbreak in a boarding school in Leupp in the 1950s and is quite a traumatic story so, I'm not going to get into depth about that here but I encourage people to look into that and also how it relates to these points of conversation and this discourse. Navajo councilwoman and public health advocate Annie Dodge Wauneka is said to have been inspired by surviving the flu during the 1918 Pandemic while in boarding school. She had helped to care for her sick classmates, many of whom died. She became dedicated to supporting the health and welfare of her people and combatting disease everywhere, such as tuberculosis.

By 1923, American officials established the Navajo tribal government to basically sign off on land and

oil leases to white and non-Navajo businesses and government. Navajo lands, water, and communities have been poisoned and drained by resource extraction such as uranium and coal-mining.

Cancer has been epidemic among our people and has taken many of my loved ones, including my grandparents. They drank downstream from an uranium mine, not knowing its risk and danger. When I ask my father where he was born, and this was just recently, since the outbreaks of the COVID-19 pandemic, he told me that he was born in a hogan, where the family used to live by a bridge before they were forced to move after they finally realized that the nearby uranium mining was contaminating their water sources and land. And they were told that, by different officials, my father was only a child then, so he doesn't have very clear memories of this time, but removals continued after the Long Walk, and the land was taken away under our people's own feet by poisoning it and all those who continued to live there. My aunt, a cancer survivor, even recently told me I have uranium in me.

Our sacred and precious waters have been diverted to urban centers and populations while 30 to 40% of people in the Navajo Nation cannot access clean, running water. Better yet, you know, when I emphasize the access to running water, it's even harder to have clean, drinkable water, and this is an issue, you know, the Navajo Nation is seeking to address, and there's a lot of efforts and community

building and coalitions coming together to address these issues.

When the basic rule of stopping COVID-19 though, is to wash your hands, and so many of our people cannot do this so easily, this is why the disease hits our community so hard. In 2020 it was reported that about 15,000 homes in the Navajo Nation did not have electricity, and this is a very big deal. I was on a call--taking some calls for a group providing needed supplies to the Navajo nation, and I was talking to individuals telling me that they did not have a functional refrigerator, and so it was definitely very hard to be in the lockdowns, required to stay home and curfews, and not be able to get out and get needed supplies to preserve the food that they need.

Also consider that the Navajo Nation is a food desert, with only 13 grocery stores in the area of about 27,413 square miles, and in comparison that's about the size of the state of West Virginia. When 1 in 5 Navajos have diabetes and a CDC study has found uranium even in Diné babies born in the 21st century, this is why our people are so susceptible to serious illnesses and health complications such as COVID-19.

My relatives never signed anything to agree to uranium mining near them--they had no say. They never saw or were presented opportunities to access clean water to their homes for decades, and I'm talking, you know, in this historical context, for

decades, after whites and border-towns like Gallup had had such amenities.

One of the worst uranium mill spills of U.S. history happened down the road from my family's homesites in Church Rock, New Mexico, in 1979. I didn't even know about it, really, until the Gold King Mine waste water spill of 2015, that caused over 3 million gallons of toxic sludge to contaminate our sacred rivers and lifelines, the San Juan river and Colorado river. One of my cousins then said, "this is history repeating itself again. This is just like the Church Rock uranium mill spill."

And that's where he brought it to my attention about the uranium mill spill down the road from where my dad grew up and my relatives have lived. And I began to learn what my family has been through in these recent decades.

Navajos did not ask for these hazards or hardships. We only seek to exist as Diné, as people of Diné Bikéyah, Navajo lands, our refuge and home between our sacred mountains and four directions that those sacred mountains align with. But external forces have continued to invalidate our claims to land, health, and well-being. Not long before and during the COVID-19 pandemic, our sacred landscapes of Bears Ears, Shash Jaa', and Chaco Canyon, came under attack for more resource extraction and exploitation through perpetual efforts to dispossess Navajos, force removal, decimate Diné

peoplehood, pollute waters and homelands, and separate Diné families.

COVID-19 also threatens the people, killing especially our elders and knowledge-bearers, and pitting people against us, as in the case of a terrorist threat in Page, Arizona in early April of 2020, a local terrorist threatened to shoot Navajos because he believed that all Navajos carried the coronavirus.

Rather than stirring more hate, fear, and antagonism, let's finally heal as healers in my family have always hoped and pursued, restoring balance, harmony, and reconciliation. And I want to say this is giving me a lot of hope even to hear about the propositions and conversation, efforts behind having a kind of truth and reconciliation commission that finally addresses the negative and horrific legacies and lived experiences of Indian Federal Boarding Schools and that policy, so that's a part of all this. Stand together with one another for who we all are, the five fingered beings. The healers are warriors, according to Diné ancestral teachings as shared by Bighorse the Warrior.

I was introduced to Bighorse the Warrior and that study in a Diné narrative course at Arizona State University, with one of my mentors, Laura Tohe, and I remember this part, this section in the piece. Bighorse was an elder who survived the Long Walk era, hid, was able to hide for a great time away from the U.S. military, and his daughter helped to

preserve his oral history, his story, and this was a part that I remember section, where he just describes what a warrior means to Diné, to Navajos--that warriors are the ones who care for the sick, feed the hungry, bring wood for the fires, and unite the people. They remind them that we are a family, we are united.

I think the healers and warriors, my ancestors, Navajo leaders, my father, and those on the front lines are facing the monsters of today. And I do recognize and want to say that memory-keepers are also important front-line workers, historians, our work matters. We can best support them by all working to heal, which requires recognizing the wounds of the monsters from the past and present colonialism, greed, lust, narcissism, hate, and fear that have harassed us, but have also given us the occasion, the courage to rise and grow stronger by overcoming them.

In Facebook posts, which has been a great way of my family connecting and communicating during this time, there's been so much physical distancing in what we call, you know, social isolating, but in some ways, the technology we have and the social media to connect, my cousins, we've been communicating on Zoom, on Facebook, in these different forums, and in some Facebook post my Diné cousin Tyson King recently shared a powerful message--words that reflect on how "I"--and this is in his voice--"I must want to survive." And that resonated with me because it, I feel like it can

apply to "we" must want to survive. Every step matters, even beginning with the will and determination to survive against so many odds, to make a difference for generations to come.

And one of the most powerful scenes of Angeline's short film that I referred to earlier-- *Yá'át'ééh Abiní*--the protagonist, Crystal, has flashbacks of her childhood with her father. She tells her father that she wants his medicine, but he explains that she is his medicine, or at least part of it. Diné be'azee', this medicine is not some kind of substance or drug. Medicine is both physical and spiritual; it is metaphysical and, you know, beyond the physical, right? And Perry Robinson, a Diné traditional consultant explains: "everything in the world was first created spiritually, before it was created physically. It holds a power that can either help or hurt an individual, depending upon how it is used, and that a person can form a relationship with that healing power, considered a form of kinship known as K'é in Diné Bizaad, Navajo. And I found that quote on--it was connected to the Utah Navajo Health System because Perry Robinson helps consult with the Utah Navajo Health System and that was under some webpages and pieces he has like *Navajo and Western Medicine*, was its title.

So back to the short film, by Angeline, Crystal's father taught her that her medicine, power to heal, comes from balance. We can also consider this Hozho, which is based on interconnections and

intergenerational ties. Since time immemorial Diné have passed on teachings of *Si'a,h Naaghaí' Bik'eh Hózhó,* walk in beauty, live to old age in beauty. Healing is an essential part of this never-ending journey and cycle through generations and time, as we constantly seek to restore balance and harmony, *hozho,* in all things within and around us. One of my aunt Florence's grandchildren, and I was, just, I guess inspired, I felt I really wanted to share this, how my aunt Florence, when she passed away we could not go to the burial or the funeral and that was, you know, very difficult, as I know many people can relate to this during the pandemic. But one of her grandchildren, Alexandra Dick had shared in a public Facebook post, as we all were sharing different memories of her and thoughts, she said about my aunt Florence, her grandmother, after she passed away due to COVID-19, quote, "one thing that I learned from my grandma was to smile when times are hard, because that is what she did. You would never catch my grandma crying. She never showed her pain as well, and she fought to her fullest."

Florence, and they called her *Náánábaa'*, which means 'a warrior returning from war', and that's what they called her, you know, since she was young. Like many Diné warriors, Florence lived and served with kindness and good heart for her family, and love. I do this work in honor and memory of her life and many of our Diné kin that have passed on, and those who are beyond our Diné kin, our relatives all over who have passed on due to COVID-

19, and other monsters of colonialism and disease that are a part of that.

I look forward to any questions and further conversation. Thank you for listening. Thank you for taking this time. Ahéhee'! That is how we say thank you in Navajo Diné Bizaad, our language. Thank you.

Q + A

[segue from lecture]

CHRISTOPHER BRICK: How tremendous was that? Really. That same energy I take from listening to Farina's work -- even more there for the Q+A. Enjoy.

[beginning of group conversation]

CHRISTOPHER BRICK: Farina King, welcome to the podcast!

FARINA KING: Thank you for having me!

CHRISTOPHER BRICK: communal health challenge is a huge part of this generational story that you tell, and it's connected to all kinds of things that have nothing to do with pathogens, per se, at all. You use the word dishonesty; you use the word colonialism quite a bit. These outcomes you're describing seem to be part of a precedential tapestry that go back hundreds of years. So, is that a fair way to characterize this story you were trying to tell, or do you want to push back on me if I'm wrong? I'm sure you'll let me know.

FARINA KING: Yes, I think that's what I'm trying to help people to understand is it's more than what a lot of people think of in terms of health. Health is so much more. People want to describe it maybe as holistic, but I know there's different connotations of that. In a Diné perspective, and one tied to our ancestral teachings, you know health was certainly more than the physical, what's identified as biological.

And in this case, it's helping anyone, whether they're Diné or not, you know whoever you are, listening, to understand that intricate and complicated web, even a matrix that really has shaped the world and these struggles and challenges that Diné are facing. And it's one that it's not only -- and as a citizen in Navajo Nation, as a daughter, you know, granddaughter of Navajo people and identifying as a Diné woman, is something that I'm trying to help people understand -- it's not our only struggle. We're just all of a sudden out of a vacuum in this hardship with the pandemic, with Covid-19, but there were all these developments, strings attached, and issues that involved actually a lot of people.

People who may have never stepped foot in Navajo Nation, right, with some of these corporations, companies, legislators, decision-makers in Washington D.C., and White settlers and movements and diverse, you know, immigrants and settlers from all over and how it shapes and effects my family. So, helps people to understand on a very, even a personal level, like an intimate, close level on how these broader dynamics in history and society have affected us. Even things that you might learn in a general history class about the Cold War and the arms race, right.

And then this is the kind of work I'm helping to connect and show how that changed lives and actually took lives of many Navajo people. The miners who were digging up that uranium, and even using it in their homes, and created intergenerational challenges that we find that uranium in our babies and our people today. And that is leading for catastrophe when there's a disease like Covid-19 that feeds on that kind of human susceptibility and vulnerability health wise.

CHRISTOPHER BRICK: And that touches on this question of positionality, right, your story too. You bring in a lot of yourself into the story that you tell.

FARINA KING: Well, there's been a lot of great examples in history and wonderful historical studies that bring in this kind of genealogical approach, family history. I know Khalil Johnson Jr. for example really emphasized that in one of his articles about black teachers in Navajo Nation. One scholar I was talking to, Elana Roberts, and her book coming out *I've Been Here All the While* is connected to her family history, descendants of freed people, Chickasaw.

So, it's not the first time this is done, and especially in Native American studies and that's my auto ethnographical approach. And, for a while I was actually studying African history in graduate school and was drawn by the comparisons of that question of colonialism, you noticed -- you know, I did refer to that a lot.

And I think there's a balance too of what do these big terms like that, they become convoluted in some

sense. So that's where I really ground myself, is through these personal cases and from that positionality that we're mentioning of where I find myself and my relatives and seeing what they're going through and contextualizing that.

And that's what drew me to delve into more these studies of understanding my own family and community that I'm tied too and seeking to sustain ties with as well. That, it's one thing as I have mentioned before, when I was little I just thought all my family had cancer, that that was something that would happen. Or, that we all get diabetes. Like, I grew up with that thought, why do so many of my relatives have cancer and diabetes? I guess this is just how it is. And then, when I started to actually focus on the history behind it or these dynamics trying to understand the long walk where I heard these stories, but what were the real impacts of that? How did it effect food waste, for example? Or health in different ways? And you know that was in the 1800s, seems so long ago, right?

But then I hear about the uranium mill spill of Church Rock and I didn't really know about that as I had shared until the Gold King mine waste spill of 2015. So it wasn't until 2015 that you know, I start to hear about all these precedent, historical moments of waves of this an onslaught of attacks on Native American and specifically Diné being and wellbeing, and I'm starting to connect the dots. Like that's how it was for me, putting the puzzle pieces together.

This talk, I am very thankful for this opportunity to speak about it, because this is a part actually of my preliminary stages of weaving together this, as you brought up, you know there's continuity to

this, there's generational focuses here, or ties here. I'm working on a larger project, a book, that really delves into these different areas that are mentioned in the talk and brings together these pieces of the puzzle to get a broader view of it.

And I think that people get lost sometimes if they think about these grandiose ideas of environmental racism or colonialism, but that's important to this tapestry too, is interweaving the real lives experiences of my family and my story of uncovering what in many ways has been silences, even erased in some cases, and how to share that with people, who, you know it blows their mind. They just don't even realize this has gone on.

Like most people don't know that the largest one of the largest radioactive spills in the United States was not Three Mile Island, it was at Church Rock. And you know, the Church Rock Uranium Spill. Or they don't even know -- you know, I was reading in Navajo Times just yesterday how a family in Fish Point in Navajo Nation, they are having to set up like a little fort on a hill with rocks and make a little stove there on a hill outside so their kindergarten or child can access school.

And they don't have access to Wi-Fi at home because of Covid-19, you know, everything's going online and they're trying to ensure that their children have access to an education. You know, what does that have to with all this? It's very interconnected, right. Why don't they have access to that infrastructure, Wi-Fi? Why are they valuing education so much or a school-type of education? What's going on here, you know?

CHRISTOPHER BRICK: Yeah, I mean, right. What you're describing to me -- I mean, and this touches on something else you talked about -- the mortality rates that you were talking about, right, in the Navajo Nation were in excess of what we see throughout the population as a whole, right?

FARINA KING: Yes. Throughout the world, I mean we had the highest cases throughout the world per capita.

CHRISTOPHER BRICK: Throughout the world, okay. So, I mean, that's very alarming, you know, statistic. Is it a colonial story or is it a post-colonial story?

FARINA KING: I think in terms of the language you know, even colonialism and post-colonialism, I attach more to colonialism as this framework that I try to break down on a basic level because I remember, you know, it's a really loaded term, right. I think for a lot of Americans especially they hesitate to even use because colonialism is colonial era when there were the thirteen colonies and they had the American Revolution, and you know, that's colonialism, right.

FARINA KING: I mean there are so many studies about American imperialism and those often you know might refer to the Philippines, even the territories like Guam, and even still there needs to be more.

You know, always more because I think everyday citizens it's like colonialism makes you hesitate, and it's a bad thing, colonialism is, like right, you want to free yourself from it.

When I was growing up, I saw a book in my home called *Navajo Colony of the United States* and it was published in the 1970s and I mentioned that I did see and think about how the Indigenous nations and you know as the work of, where I do mention in more of my writing thinking about the influence of scholars like Patty Limerick who helps to revise you know the Frederick Jackson Turner thesis of the Frontier Thesis and Limerick saying legacy of conquest here, like let's call it for what it is, conquest and this is the ideas of Manifest Destiny doctrine of discovery, right. There's scholars and historians, so many who have been pushing against that.

But then when we want to talk about colonialism and post-colonialism, I still think there's a lot of debates where or even reminds of debates of whether to say genocide, ethnic cleansing, or whatever. To me, I don't really care about the terms we use as much as let's get down to the basics of what's happening here and to me what colonialism means is there's this process of a hegemonic force of some kind that's controlling and dominating another people and sucking the life out of them like sucking their resources. And it's dehumanizing in a sense, right. And that's a part of this erasure of all these lives, all these individual lives that I'm talking about, even why I brought up that family on the hill trying to have an opportunity to education.

You know we have these ideals in the United States over and over again in our history and it comes out through debates of the backlash and the responses to the 1776 Commission or whatever it is, right, teach these celebratory stories of freedom, equality, democracy.

But then, we're walking contradictions and that's a part of the colonialism story because there's always this so-called Indian problem. And disease and health are so tied into that because, you know, we will care and value lives that we want to support in a community such.

But that's a part of those kind of debates of environmental racism too, well, you know, we need this uranium, or we need this oil, or something like that, so this community, they're less than, we can move them and let's move them aside. So in my sense, these systems and mechanics of what I consider colonialism, they're still in play to this day and how do we deal with that, what do we do? So post-colonialism to me, is trying, you know, the post, it's like an after.

And I think in a sense it is that too. There were these moments, right, of the Long Walk of that seizure of Native American lands and what people would identify as that is a real injustice against humanity of pushing these families, poisoning them, killing them, my ancestors and people if they did not move from their lands and taking that land. But then, when we're having these debates about whether there could be fracking in Schocko Canyon or about Bears' Ears National Monument -- that's not considered colonialism? Whereas it's still effecting lives and endangering lives even if it's only a few, you know, does every life matter? And we hear these kinds of phrases and debates today and I think that's where we haven't really pushed, we haven't got to that post-colonialism you know, there's still these dynamics.

It's different, so I am hesitant and I am critical of colonialism because it's like everyone brings to the table a different understanding of these terms and all we're really trying to do is come to the same page, you know, and come to an understanding of calling out these issues and challenges that do have a long history and how do we really move forward in a positive direction. We do need to understand where we come from in all this, but now what? You know, and so that's what I really care about in all this and why I often try to just connect to real lived stories.

And I like how you asked in a question, you focused on that word thrive because in all this there's also a tendency to victimize and to only frame Diné and other Native Americans as victims. I mean, I was called a martyr once in the Newbury Library when I was doing research. An individual saw me and I told him I was Native American and he said oh you're a martyr. And I know he meant that in a honorary way, like he was sympathizing with these dark histories, but then it also was a little off-putting because I'm still alive.

You know, and we are dynamic, growing people, and these stories of survival that are inspiring and how my ancestors survived is also incredible and how Navajo Nation like right now, I mentioned they had the highest cases of Covid-19 in the world per capita, but we also now have the most efficient vaccine roll-out in arguably the world. At this point in the news just yesterday, we had almost 50% of Navajo Nation, this is within our reservation, about 25,000 square miles have been vaccinated, at least with the first dose of the vaccine. And that's at a rate you know, that's higher than any other place. So this resilience, the idea as Navajo

say (?) means we will carry ourselves, we do this for ourselves, when we're down and struggling, you know, we do carry on and do what we can do be strong for our posterity.

CHRISTOPHER BRICK: Yeah, I'm so with you on the resistance you know, to getting too mired in these semantic distinctions. I guess my question about the colonial/post-colonial thing was probably arising from just in terms of... what kinds of theoretical frameworks you're working within because they do seem to be very syncretic, they draw on your own personal heritage and your birthright as -- I'm going to mispronounce this -- Diné.

FARINA KING: Oh you did it! Yeah! Up tone, tonal language, so it's like going Diné, yeah.

CHRISTOPHER BRICK: On this personal level, you had told a story that I thought was really striking in the lecture as well. It was just a brief point you touched on, where you were in classrooms, virtual classroom space recently, and had a kind of Covid trutherism encounter with a student. It feels like it would've been not just a pedagogically challenging moment but an emotionally challenging moment too, so I just wonder how did you process that in the moment and address it either that day or throughout the rest of the semester?

FARINA KING: Well, I see myself as a constant educator in every space in my life, actually, as a mother, as a community member, and then as a professor. And so many other roles that constantly just when people talk to me and they know hey you're Navajo they'll say and then you realize how little they know about these histories and peoples.

So, I am used to hearing a lot of shocking, I was gonna say, a lot of shocking comments towards me. I mean, I lived in the DC area where you are, actually in Maryland, and there people would say when I'm Native American, "what, they're not all extinct?" And you know, they were being serious. So, what I've learned from a young age, actually, was you just try the best to understand and see people for where they are.

It's easy to jump and take offense or get defensive or judge them, but I try to be sympathetic or empathetic in a way of trying to sense where are they coming from, how does this happen. And actually, I appreciate it when people reveal, in a sense, not always, but I do appreciate when people reveal these opportunities as I see it as an opportunity of a teaching moment. So, in that case, I had a lesson about the 1918 Pandemic of the Influenza Pandemic, and we were having a conversation, and this was during the Covid-19 Pandemic, the outbreaks had already happened.

So, as you mentioned before, people are always, we're looking from our lens of trying to understand the past, while it's that delicate balance of getting beyond our own heads and our lense to understand someone else's shoes, to put our feet in, you know that phrase, to walk in someone else's shoes and to understand a specific historical context and such. But yet, we can't ever really get outside our own lense, can we? That's how we're processing and interpreting things is what who we are even if we're trying to pursue that objectivity. So, I'm in an area where there are people who have been denying the pandemic for various reasons and there's various areas in the

United States where this is a case and it's been, for many of Diné people, this has been very hurtful and a form of violence, as well. Even if these people, I truly believe my student did not mean to offend, that he did not say that out of like, some kind of attack.

CHRISTOPHER BRICK: Right, it wasn't malicious?

FARINA KING: Yeah.

CHRISTOPHER BRICK: He was sharing who he was.

FARINA KING: Yeah, exactly, so that's also the point. But I have a friend, who, and it's through social media, you know, we've stayed connected and really seem processing, I mean that will be so fascinating of how as you said we have to think about history of the future, right, of how we're gonna do history of the future. And it's like these Facebook posts and Tweets will be important, are important historical material in a sense. So, I have a friend on Facebook who posted about how she was in a store and there was a little of a confrontation between, you know, over masks or something, and an individual in the store, another customer, had shouted that this was a fake, it's all a rouse, the pandemic and Covid-19. And she became very defensive, and she went outside and cried, just was bawling.

And she's Diné, she's a Diné woman, and she had recently lost her sister to the disease. I also have another friend; he lost his father. So among many Diné, we all have a relative we've lost. And it's so painful, you know, think about how we've been struggling and fighting to survive and thrive with our languages, our culture. I mean, my first

book was about Navajo boarding school experiences and it stemmed from my dad's story of being dropped off when he was five years old, without warning, in a Indian federal boarding school, and punished for speaking Navajo and that was the only language he knew and placed in a school where he doesn't hear I love you for months at a time and having his culture, his identity belittled.

You know, that, yeah, so it's a lot of painful aspects here. So certainly it was triggering for me to hear that, but at the same time I paused and I focused on ways how can I take this as a moment to teach and that's where I share that it's important to understand these different perspectives and my sharing of stories bringing up my family and how Navajo Nation and different populations are also disproportionately affected and it is wrapped up in these issues that I teach and themes that I teach over and over again about race, ethnicity, gender, class, these dynamics that have shaped you know, these histories.

Something else too that you said earlier, you know, talking about terms that I want to touch upon because I think it's also important in all of this, is not only am I trying to help connect with people through stories, and helping them you know to put a face that these just aren't, they're not numbers, they're not some statistic, and this isn't some.

I think history can feel really distant for students, so even with my students I'm trying to help them connect like, when I'm talking about the 1918 Pandemic it's really amazing to students learn and draw these connections about why these histories matter. But another part of my work too, and your question about terms reminded me that I'm

trying as well to introduce Diné terms, right. Like, colonialism is not a Diné term. It's an English term or shaped by these other dynamics of English. So, I'm also trying to learn and understand the terms that even my own my father, and my aunties, and my grandparents use, because it's like a whole different, it is, a whole different language.

CHRISTOPHER BRICK: Yeah, I'm glad you raise that because the one of the key concepts you intersperse throughout the talk is monster.

FARINA KING: So, when I was mentioning a two-headed monster, it was actually more like a hydra of how disease is tied to colonialism. That was the main aspect of bringing up a multi-headed monster is that sickness, like disease and its rampant, this unabating impact of disease and health disparities is tied to colonialism and the related, like land dispossession as you brought up.

CHRISTOPHER BRICK: What I always want to know is like... what am I not thinking to ask that I should be asking? And what are the questions that you want your students to be asking that they don't?

FARINA KING: Wow! I mean, I think, there can be a lot of questions that I think people don't ask. I think I mentioned before the, a lot of the questions are the basic of well why is this affecting Navajo so much? And, when you have to ask that question, then it means you haven't been tracing or following or really understanding the United States' relationship with any Native American people, actually, and how complicated and the conquest and in colonialism it is.

So, often I want people to ask those questions of how are Navajo perceiving and experiencing you know, this pandemic and what are their hopes for their families and people? I want them to also see things not in past tense, and I think in history we're pushed to do that, you know, because we're centered on the past and focusing on that.

And I think, actually for a lot of historians, more than -- I don't know the exact quantity or something, but from my personal experience and the way I have been treated as a historian. And this comes out in my book of where historians get a lot of criticism from scholars of Native American and Indigenous Studies, to be honest. And why is because there's still this idea that historians only want to look at documented sources from penned or authored by White Europeans, the colonizer, and they're not seeking those indigenous and Native American epistemologies and approaches to really understand and hear and listen to Native American voices, including Diné. And that's why that point about the story of monster, an oral tradition you call it, or even origin stories matter.

In an academic sense they can just be categorized as that's a myth, that's the legend, but it's so integral and important in a sense is history of our people and how to you know, make that connection and see that what has been understood as history, you know, goes into all these areas that might be called interdisciplinary, but really to Diné, those kinds of categorizations don't matter.

I mean, just the other day or yesterday I was reading our Navajo Nation President Johnathan Nez. He, when he was talking about the vaccine rollout, he said we have survived smallpox, tuberculosis,

and the Hantavirus, we will get through this. And he also has openly, and many Diné who are a part of this [inaudible] branch started a major Navajo and Hopi Covid-19 relief fund and fundraiser and so many others. The director of the Epidemiology Center, who's Antone-Nez, she also has Nez but not a relation of the President.

There's all this tremendous work and in all of their work I do hear here and there on the videos and references constantly to this monster over and over again, but what it's evoking and what we need to understand when we hear that is like you said, look beyond just a one-sided -- if you're an English speaker, you might be thinking yeah, I know what a monster is, the boogeyman, it's under the bed. But in Diné, it's evoking a sense of the (Naayéé?) and the stories of the twin heroes, and how they overcome those monsters for a better society and yet they left some monsters for us to grow and become stronger -- like it's tied to this important central story of what it means to be Diné. And so, all this also brings up a lot of conversations about identity and peoplehood. Even the dynamics of what we consider nationhood and how that was affected by these convergences and influences of different peoples and cultures.

So, I think I want people to ask questions that are recognizing and trying to understand and listen to a Diné perspective and voice, and you have to do some background research to do that, you know. It's kind of like having that student who asks you a question that was on the syllabus, you know, that was there. You're like you can do some background first before you ask me, and I've had those instances of a student kind of wanting you to do the work for them. And I think when people get into

Diné studies or listen to a conversation, do some background work too. There's been a lot of good work: Jennifer Nez Denetdale reclaiming Diné history. Now we have really great scholars and the works that they have come in: a friend, Neil Dodge, Melanie Yazzie, so many great scholarship out there. Llyod Lee, their book. So do some background.

CHRISTOPHER BRICK: So there are, there are resources beyond this chat we're having, you and I right now, for people?

FARINA KING: Oh yeah, so many. And my website now, Diné Dr. History, where I call it a syllabus and it has so many references because there are these sources and so many multimedia materials.

So, look at those, start to learn and understand of people to get beyond your own language so we can be multilingual. I think that's the biggest thing too is people think, there's some people who think it has to all be one language, but it's that beauty of the diversity of being multilingual and being able to think on different levels. How in that language there's archives and theories that just cannot be translated. Like *Hozho*, of what I bring up in the paper. You can't translate *Hozho*. People call *Hozho* beauty, but it is *Hozho*, you know, of that harmony, balance, I can try to put all these words on it but that's a concept that is central to a Diné trying to come to being and one that we want our children and future generations to seek is that kind of happiness in it, but I can't -- you know, again, it has to be *Hozho*.

And I don't want to discourage, rather I want to encourage, you know, dialogue of keep learning,

talk to each other, and be gracious and patient. I think a lot of times people want snap, done, fix it, put a cap on it. But it's a lot about relationship-building, and if anyone knows about healthy relationships, it's the long haul, right, it's sustaining and working at it and balancing that. So that's what I think too when asking questions or knowing what kinds of questions to ask. I've had to learn the right questions to ask.

Actually, this reminded me of a very strong story for me, is that when I was little, I was frustrated that my dad didn't teach me how to speak Navajo, he didn't. And my sister and I would say, oh it would've been so cool if we could speak to each other in Navajo like a code. And actually, two of my uncles were Navajo code talkers. And we would say that and I finally confronted my father about it one time and I said why didn't you teach us how to speak Navajo? My mother didn't speak, does not speak Navajo, and she's a White, English, you know, settler descent. But my dad said, you never asked me. And that just has really stuck with me because I keep thinking of -- and this keeps happening, I'm sure a lot of historians can relate to this or they do -- is that you later learn the kind of questions you wished you could ask or you wished you could've asked someone. You know, when you study historical figures or an event, it will dawn on you about wow I should've asked this!

CHRISTOPHER BRICK: Oh yeah, yeah.

FARINA KING: I wish I could've, why didn't anybody ask them that? Why didn't anybody find out that? And so it's a part of the journey of learning the kinds of questions to ask. And I didn't know, for example, when I brought up the Church Rock Uranium

Mill spill, I didn't even know to ask about that to my family because those are the things that they're not just going to talk about at the dinner table, right. Oh that terrible thing, I have uranium in me.

These are not, these are actually a lot of very sensitive, taboo memories, and this is another part of understanding Diné culture, and language, and being too, is our people, our ancestors were taught not to dwell on negativity. A part of healing is, you know, to not dwell on it, right. And I think that's relatable in a lot of cultures, even if people say, oh you need to talk about it, different things like that. You have to understand in the ancestral teachings, it was you don't just dwell on that. A part of surviving is focus on the positive, move forward in your life.

CHRISTOPHER BRICK: So the mental health, what we would today call mental health aspect to it.

FARINA KING: Yeah, or relate to it.

CHRISTOPHER BRICK: Yeah, was that. Well, I, I'm in awe of this work and I want to thank you for sharing it with not just me, but the community, and the series, all our listeners, the organization.

FARINA KING: Thank you. (*Ahéhee'*?) Thank you.

CHRISTOPHER BRICK: Yeah, absolutely. Yeah, thank you, Farina King.

FARINA KING: Yep. Thank you!

Conclusion

CHRISTOPHER BRICK: And that's a wrap. I want to thank Dr. Farina King again for a really wonderful piece of work and invite you to join us again next time when we begin the first of two episodes on the influenza pandemic of 1918 -- the very notorious influenza pandemic of 1918.

First up is Prof. Christian Anderson, an associate professor of higher ed and he'll be taking us through the topic of higher education and the influenza pandemic of 1918. We'll catch you then.