

The Impact of Reservation Casinos

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Introduction

The impact of reservation casinos is a complicated issue, one that can be considered in a number of ways. As a historically marginalized and mistreated minority, the history of Native Americans presents a somber story of resilience and perseverance. It also offers a complex narrative of misappropriated resources, inconsistent research, and ineffective legislation.

Often the analysis surrounding the topic of Indian gaming succumbs to the temptation to almost solely focus on the financial effects it has had on Native American communities. It's an inescapable component to this story. But in reviewing the history and current state of reservation casinos throughout the country, there seems to be a disconnect between the story told by the financial success of the gaming enterprise and the quality of life experienced by the tribes themselves.

This essay is an attempt to shed some light on that disconnect – an effort to explore how the national experiment of tribal gaming has impacted the well-being of modern Native Americans.

More specifically, this topic invites the opportunity to reexamine the often long-accepted relationship between income and health. In most cases, an increase in disposable income translates into an elevated level of community health. However, despite the growing revenues produced by expanded casino operations, large health disparities continue to loom over Native American communities throughout the country. The question is – *why?*

This thesis presents a unique challenge. There is little research connecting gaming revenue and well-being within Native American communities. Because of this, this essay attempts to marry two currently unrelated collections of research in the hopes of presenting a new outlook on the impact this phenomenon has had on the tribes they were designed to serve.

The topic presents an exciting opportunity to evaluate the connection between wealth and well-being in hopes of articulating what priorities should surround these communities moving forward.

The History of Indian Gaming

Native Americans living on reservations have traditionally been among the poorest people in the United States, with median household incomes that often hover more than 60 percent below the national average. To spur economic development, a handful of tribes opened large-scale bingo halls in the late 1970's and early 1980's. During that period, the number and size of tribal gaming operations were commonly restricted by state laws.¹

In the late 1980's, a series of legal rulings were favorable to Native American tribes and the subsequent passage of the Indian Gaming Regulatory Act of 1988 (often referred to as IGRA) legalized gaming operations on reservations in many states. The goal of the legislation was to promote "tribal economic development, self-sufficiency, and strong tribal governments." The results, however, have been sporadic.

Tribes in only 30 states are eligible to operate gaming enterprises because 16 states have no federally recognized tribes while five states (Massachusetts, Texas, Missouri, Rhode Island, and Utah)² prohibit Native American gaming all together. With that, 224 of the 550 tribes in the

¹ Evans WN , Topoleski JH, "The Social and Economic Impact of Native American Casinos," *NBER Working Paper* No 9198 2002, Cambridge, MA: National Bureau of Economic Research, (2002).

² Darian-Smith, Eve. *New Capitalists: Law, Politics, and Identity Surrounding Casino Gaming on Native American Land*. Belmont: Thomson Wadsworth (2004).

28 states operate the 350 Native American gaming enterprises nationwide,³ with 68% of the Native American population belonging to a tribe with active gaming operations.⁴

In addition to the inconsistent participation in gaming, the success of the tribe's management of these casinos is equally erratic. Casinos in Connecticut, California, and New York have been incredibly successful and in 2000 had combined revenues in excess of \$4 billion. Tribes in Minnesota and Wisconsin report dramatic decreases in unemployment rates while others paint the opposite picture. Tribes of the Greater Sioux Nation in North and South Dakota operate about a dozen gambling facilities, but because of the relative isolation of the tribes, these gambling halls generate relatively little revenue.⁵

Like the challenges facing retail venues existing outside the boundaries of reservations, a casino's success is largely determined its an access to consumers. The gaming industry is heavily reliant on tourism to thrive and the locations supported by larger metropolitan areas are consistently more profitable.

However, financial success isn't the only metric that should be evaluated. Over the years, tribal gaming operations have had both positive and negative impacts on their surrounding communities. The question is, in the spirit of the original goal to substantially improve the strength of tribal communities, what impacts should be most closely evaluated?

Focusing strictly on finances isn't the answer.

³ Waldman, Carl. *Atlas of The North American Indian*. 3rd ed. New York: Infobase (2009).

⁴ Kalt, Joseph P., Eric C. Henson, Jonathan B. Taylor, Catherine E. Curtis, Stephen Cornell, Kenneth W. Grant, Miriam Jorgensen, Andrew Lee, and Harry Nelson, *The State of the Native Nations: Conditions Under U.S. Policies of Self-Determination*. New York: Oxford University Press (2008).

⁵ Sean Murphy, "Tribal Gaming: The Lure and Peril of Indian Gaming. A Big Roll at Mohegan Sun," *The Boston Globe*, December 10, 2000.

Qualifying Meaningful Impact

Measuring communal impact can be extremely difficult. Too often the multivariate analysis needed to define the well-being of a specific community is oversimplified for effect. Easy answers sound better and provide more approachable solutions for civic leaders. The problem is that the answers to these questions are seldom simple and a more realistic response to evaluating community prosperity is to candidly admit that, “*it’s complicated.*”

That being said, the impact of reservation casinos provides an interesting opportunity to minimize such complexities and focus on a more streamlined analysis surrounding the connection between economic prosperity and community well-being.

Since its inception, the growing prevalence of Indian gaming has invited an onslaught of attention surrounding the financial impact of reservation casinos. The empirical evidence is hard to ignore. At the dawn of the IGRA, Indian gaming in the United States grossed approximately \$100 million per year – revenue that was mostly generated from large bingo halls and poker venues. Since then, the profits have grown substantially.

According to the National Indian Gaming Commission (NICG), the federal regulatory agency charged with overseeing tribal gaming, the revenue from all tribal gaming grew from \$9.8 billion in 1999 to \$25.1 billion in 2006 across more than 360 gaming establishments⁶ generating an estimated 553,000 jobs.⁷ So, where does the money go?

The profits generated by casino activities are required to go towards improving reservation communities. The IGRA requires that revenues are used to support tribal government operations, the promotion of the welfare of the tribe and its citizens, economic

⁶ MARRISA CAREY, ROBERT HAVEMAN, JESSICA KAJUBOWSKI, and BARBARA WOLFE, “The Income and Health Effects of Tribal Casino Gaming on American Indians,” *Population Association of American* (2012): 501.

⁷ Natl. Indian Gaming Assn., *An Analysis of the Economic Impact of Indian Gaming in 2004*, http://www.indiangaming.org/NIGA_econ_impact_2004.pdf (accessed Dec. 30, 2006).

development, charitable organizations and compensation to local non-Native governments for support of services provided by those governments.⁸

Tribes sometimes distribute funds on a per capita basis to directly benefit their citizens. Because these have sometimes shown negative effects such as a dependence on tribal government, lower school attendance, and voluntary unemployment, some tribes have experimented with decreasing these payments to tribe members.⁹

The most notable financial impact provided by casino activity has been on personal income. Median household income among gaming tribes rose by 35% between 1990 and 2000. During that same time, non-gaming tribes saw their median household income grow by 14%.¹⁰

In fact, almost every census-produced statistic showed a significantly greater improvement for gaming tribes than non-gaming tribes over the last thirty years. By that measure, despite inconsistent performance across the various locations, the collective impact on tribal sustainability has been positive. But again – *it's complicated*.

What if we measured the impact of the casino industry on Native Americans through a different lens? What if we stepped away from the economic concerns momentarily and attempted to understand the impact casinos have had on the health and well-being of the populations they claim to be designed to support?

Beyond anecdotal reports of healthcare services funded by casino-related income, few studies have attempted to quantitatively estimate the relationship between the presence of tribal

⁸ Joshua L. Sohn, "The Double-Edged Sword of Indian Gaming," *Tulsa Law Review* 42 (2013): 4.

⁹ Stephen R. Kodish, Joel Gittelsohn, Vanessa M. Oddo, and Jessica C. Jones-Smith, "Impacts of Casinos on Key Pathways to Health: Qualitative Findings From American Indian Gaming Communities in California," *BMC Public Health* 16, 621 (2016): 8.

¹⁰ Kalt, Joseph and Jonathan Taylor, *American Indians on Reservations: A Databook of Socioeconomic Change between the 1990 and 2000 Census* xi, <http://www.ksg.harvard.edu/hpaied/pubs/documents/AmericanIndiansonReservationsADatabookofSocioeconomicChange.pdf> (Jan 2005).

gaming and health-related outcomes for Native Americans. Preliminary research has shown that after four or more years following the opening of a tribal casino, all-cause mortality rates declined by approximately 2% in counties with tribal casinos, while counties less than 50 miles from a casino showed a mortality decline of approximately one-half that amount.¹¹ But do we fully understand why? The evidence is unclear.

What we do know is that a tribe's exposure to gaming leads to higher levels of income, which ultimately results in the development of fewer risky health behaviors, better physical health and increased access to healthcare. Still, it is unclear if these benefits have a direct correlation with the phenomenon of gaming or simply serves as another example illustrating the link between income and health.

Despite varying levels of enthusiasm toward job creation by casino size and revenue, better community health seems more directly related to the higher disposable incomes made available to tribe members who found casino employment.¹² And while the correlation between income and health is well-documented, the financial growth experienced by Indian gaming has not resulted in proportional increases in communal well-being. More simply put, their health has not increased at the same rates as their well-being and the research needed to understand precisely why is nonexistent.

¹¹ Marris Carey, Robert Haveman, Jessica Kajubowski, and Barbara Wolfe, "The Income and Health Effects of Tribal Casino Gaming on American Indians," *Population Association of American* (2012): 503.

¹² Stephen R. Kodish, Joel Gittelsohn, Vanessa M. Oddo, and Jessica C. Jones-Smith, "Impacts of Casinos on Key Pathways to Health: Qualitative Findings From American Indian Gaming Communities in California," *BMC Public Health* 16, 621 (2016): 7.

Social Determinants of Health

Among Native American adults, living in a community with a casino has been associated with greater decreases in mortality, obesity, diabetes, smoking, and binge drinking compared to those living within a community without a casino.¹³ This is largely due to the availability of health-related services that are often more prevalent in casino-supported communities (insurance, hospitals, etc.). But these services are not enough and the health disparities plaguing Native Americans continues to grow.

Part of the equation here is in understanding the social determinants of health affecting communities-at-large. Less than 40 percent of an individual's resulting health is affected by genetic history or access to quality clinical care. Instead, most of these determinants are found in the variables that define our everyday routine – the behaviors incentivized by the places we inhabit.¹⁴ We know that poverty limits access to healthy foods and that more education is a predictor of better health. We also know that differences in health is striking in communities that find themselves struggling with unstable housing, low income, unsafe neighborhoods, or substandard education. But this is where the impact of reservation casinos is interesting.

No matter how financially beneficial the gaming enterprise seems to have been on Native American communities, it doesn't seem that their presence has made a proportional improvement on the well-being of the communities they support. This presents a challenge to the conventional literature surrounding the social determinants of health and leaves us to wonder what other variables might we be undervaluing in this discussion.

¹³ Oddo VM, Walkinshaw LP, Jones-Smith JC, "Casino Ownership and Health-Related Community Resources Among Native American Tribes in California," *Preventing Chronic Disease: Public Health Research, Practice, and Policy* 16, E14 (2019): 2.

¹⁴ About Social Determinants of Health," World Health Organization, accessed April 25, 2018, http://www.who.int/social_determinants/sdh_definition/en/.

Health disparities across American Indian communities are widespread, leaving tribes to deal with a series of difficult problems. According to the Centers for Disease Control and Prevention, when compared with whites, American Indian and Alaska Native populations suffer from being disproportionately overweight or having obesity (76.7% versus 63.2%), diabetes (21.4% versus 8.0%), high blood pressure (32.9% versus 27.6%), and report of fair or poor health status (28.7% versus 16.3%).¹⁵

Most notably is the disparate prevalence of alcoholism and gambling. It's a well-documented problem and a logical byproduct of the proximity and availability of vices openly promoted at the casinos ironically responsible for strengthening tribal communities. It also produces the common results of higher levels of alcoholism such as suicide and domestic violence.¹⁶

These figures serve as examples of the severe challenges facing many Native American communities. It's a situation that is influenced by a series of nuanced, interrelated problems – issues that are made more complicated by the fickle politics and limited resources surrounding the reputation of the Native American gaming industry.

And despite the mounting data articulating these conditions, there is one fact that, in many ways, summarizes both the seriousness and complexity of the issue. According to Indian Health Service (IHS), an agency within the U.S. Department of Health and Human Services, American Indians and Alaska Natives born today have a life expectancy that is 5.5 years less than the general U.S. population (73.0 years to 78.5 years, respectively). They continue to die at a higher rate than other Americans in many categories, including chronic liver disease and

¹⁵ Oddo VM, Walkinshaw LP, Jones-Smith JC, "Casino Ownership and Health-Related Community Resources Among Native American Tribes in California," *Preventing Chronic Disease: Public Health Research, Practice, and Policy* 16, E14 (2019).

¹⁶ Stephen R. Kodish, Joel Gittelsohn, Vanessa M. Oddo, and Jessica C. Jones-Smith, "Impacts of Casinos on Key Pathways to Health: Qualitative Findings From American Indian Gaming Communities in California," *BMC Public Health* 16, 621 (2016).

cirrhosis, diabetes, unintentional injuries, assault/homicide, intentional self-harm/suicide, and chronic lower respiratory diseases.¹⁷

Lower life expectancy and disproportionate disease burden can be linked to social factors, such as having low educational attainment, growing up in poverty, and living in resource-poor or dangerous neighborhoods. These circumstances are shared by the misdistribution of money, power, and resources. On an individual level, this means, as the World Health Organization describes, that the “place people occupy on the social hierarchy affects their level of exposure to health-damaging factors, their vulnerability to ill health, and the consequences of ill health.”¹⁸

This has become a growing interest to academics and recently made popular to a wider audience through books like J. D. Vance’s book *Hillbilly Elegy: A Memoir of a Family and Culture in Crisis*. But the situation with Native Americans seems to be disconnected from this equation. While they experienced substantial growth in indicators such as median household income over the last thirty years, their health disparities often compare to communities with much lower income levels.

While most tribal communities experienced an overall rise in average life span (albeit it small), they still fall behind the general population by as much as 20 percent.¹⁹ It’s a reality that leaves us questioning why the economic growth hasn’t closed the gap on these persistent health disparities.

¹⁷ *Indian Health Disparities*, U. S. Department of Health and Human Services, Indian Health Services, October 2019, https://www.ihs.gov/sites/newsroom/themes/responsive2017/display_objects/documents/factsheets/Disparities.pdf

¹⁸ Braun, K. L., & LaCounte, C., “The Historical and Ongoing Issue of Health Disparities Among Native Elders,” *Generations*, 38(4), 60 (2014).

¹⁹ Krol, Debra Utacia, “Life Expectancy Falling in US – But In Tribal Communities, Not So Much,” *Indian Country Today*, https://newsmaven.io/indiancountrytoday/archive/life-expectancy-falling-in-us-but-in-tribal-communities-not-so-much-nh_16pV-I0i_cY8vNKMgGgA/

If the increased household income produced by Indian gaming can't aid in increasing life expectancy, what can? To find that answer we have to leave the research surrounding Indiana gaming and look elsewhere.

Longevity and Loneliness

Humans often have an instinct to separate themselves from the rest of the natural world. We think we're special. But if we looked at a neighborhood of people with the same objective discipline that we study a school of fish, our impression of ourselves might change.

Inherently, we are social animals and our evolved behavior has instilled in us a series of instincts and predisposed behaviors that rely on our interaction with other humans. We need each other to prosper, to thrive, and to feel safe. However, community development patterns over the last sixty years has prioritized isolated and suburban conditions that have dramatically reduced our ability to socialize and interact. This is especially true in communities supported by reservation casinos. And the sense of loneliness these developments produce have had an unmistakable impact on our health and well-being.

Emerging medical research shows a clear connection between loneliness and declining health, including increased risk of coronary heart disease, stroke, and dementia. It raises our cortisol and blood pressure levels and impacts our production of adrenaline, noradrenaline, and corticosteroids. Social connectivity, on the other hand, has the opposite influence. As Susan Pinker notes in her book, *The Village Effect: How Face-to-Face Contact Can Make Us Healthier*

and Happier, “A rich social network of face-to-face relationships creates a biological force field against disease.”²⁰ And for a growing number of us, that force field would be extremely helpful.

This is becoming increasingly evident in cancer research. Socially isolated women are 66% more likely to die of breast cancer than women who have at least 10 friends they can count on. Pinker explained, “Those friends not only helped by providing information and concrete assistance, they also provided that neuroendocrine flush that comes with spending time with people you like and who care about you. And that means spending time with them, hearing the sounds of their voices and perhaps being touched. A hug, a squeeze on the arm, or a pat on the back lowers one’s physiological stress responses, which in turn helps the body fight infection and inflammation. Being there in person is key.”²¹

As we work to process this mounting data, we can’t help but project the impact this will soon have on our communities across the country. If we applied the consequences of chronic isolation proportionally across the millions of people reporting a deep sense of loneliness throughout the United States, the resulting figures would rival that of a national emergency. We need to do a better job framing the connection between loneliness and mortality if this issue has any hope of being given the attention it deserves. This seems especially true in Native American communities.

When we look at the factors that can reduce our chances of dying, we immediately think of diet, exercise, and medicine – all of which can play a role in our longevity and exist at disproportionately higher rates in Native American communities. But what we have learned over the last several years is that the most impactful strategies for increasing our expected lifespan is

²⁰ Pinker, Susan, *The Village Effect: How Face-to-face Contact Can Make Us Healthier, Happier, and Smarter*. New York: Spiegel & Grau (2014), 21.

²¹ *Ibid*, 29.

through two key factors: (a) social integration (connections across a wide network) and (b) strong relationships (close relationships that provide support). And while we can grow our social integration through a variety of ways, including digital networks, the critical development of strong relationships desperately relies on physical proximity.²²

Yet, if loneliness has such an undeniable impact on our health, and our strongest relationships tend to require a face-to-face interaction, what role does a community play in promoting or prohibiting social connectivity? It helps to define how we categorize these social connections in order to appreciate how our communities can influence these relationships.

First, there are bridged connections – the relationships that define the health of our social integration. These are weaker connections that define the larger network of people we know, but don't necessarily have intimate relationships with. These are often most beneficial when we need something concrete – a house, a job, a new doctor – because they expose us to people and resources we couldn't access otherwise.²³ It's here where technology, such as Facebook and LinkedIn, has provided substantive value.

Social media can empower us to exponentially expand our bridged connections and expose us to a vast network of people and resources. The problem is, they seldom serve as a vehicle for developing more meaningful relationships, which is the primary indicator for loneliness.

The second group represents our bonded connections – the associations that define our strong relationships. These represent the people we are closest with, the ones that we rely on for support in our time of need. They are who we rely on if we need a ride to the airport; if we need

²² J. Holdt-Lunstad, T. Smith, and J. B. Layton, "Social Relationships and Mortality Risk: A Meta-analytic Review," *American Journal of Epidemiology* 109, no. 2 (1979).

²³ Mark Granovetter, "The Strength of Weak Ties," *American Journal of Sociology* 78 (1973).

to borrow money; or need a shoulder to cry on. They are the ones we share our most intimate information with and the ones that we would help at a moment's notice.

These two interconnected networks are the basis from which we define our sense of community and our role within it. Emotions like happiness, contentment, success, and belonging are a direct result of how well we can balance these two types of relationships.

However, once an imbalance occurs, the sense of isolation is inevitable. And for many of us, that is a fragile balance.

For bridged connections, our networks can often be devastated by a sudden lack of internet access or by losing the ability to drive a car. Occurrences like these are often the primary hurdle for people trying to escape the challenges of poverty – populations that traditionally have smaller bridged networks. Bonded connections are even more delicate. Neglecting to keep in contact with people who are important to us is as dangerous to our health as a pack-per-day cigarette habit, hypertension, or obesity.

Commonly, our bonded relationships consist of only one or two people (usually a spouse), leaving many of us dangerously close to feelingly entirely alone. No matter the health of our social networks, whether it be bridged or bonded, many of us are one catastrophe away from complete isolation – and that number is growing.

The sense of loneliness these experiences provide, that unmistakable feeling of despair and anxiety, is a natural response to isolation. The emotions we feel are a neurological response to being isolated; like hunger or pain, it's a biological signal that alarms us that we have been separated from the group and are potentially in grave danger. It defines a reality all too common on Native American reservations.

The built environment serves as a behavior system for our everyday routine. Where we live shapes how we live, a fact that is supported by the eerily accurate relationship between zip codes and mortality. Which brings us back to Indian gaming.

Reservation casinos present a similarly complicated collection of environments that impose a sense of loneliness onto their inhabitants. In some cases, it's caused by geographic location. In other instances, its entirely by design.

Many reservation communities are located in harsh, remote and sparsely populated areas. The isolation of these communities presents a host of challenges. The people who live there are forced to deal with a lack of access to basic services, transportation issues and limited employment opportunities. More importantly, they are challenged by a lack of social interaction – a reality that is only worsened by the limitations commonly imposed by chronic disease (i.e. obesity). It's a fractured network only further complicated by the presence of the gaming industry.

Native Americans face the same challenges many rural communities face in regard to social disconnection and loneliness. But, unlike their counterparts, they also are burdened with maneuvering a local economy almost entirely dominated by casino culture – an industry that is often specifically designed to isolate people from each other and the outside world.

Some tribe members have expressed feelings of cultural identity loss, in part, due to gaming activities, comparing the casino environment to the past when people experienced a more unified community dynamic.²⁴ In many cases, the dominate presence of casinos in these

²⁴ Stephen R. Kodish, Joel Gittelsohn, Vanessa M. Oddo, and Jessica C. Jones-Smith, "Impacts of Casinos on Key Pathways to Health: Qualitative Findings From American Indian Gaming Communities in California," *BMC Public Health* 16, 621 (2016): 11.

communities has reshaped their civic identity and limited their sense of social cohesion. And that's a result that cannot be overlooked.

The design and operation of casinos are uniquely anti-social. No windows. No clocks. No reference to communal context. It's a culture that not only effects the visiting tourists, but the workforce it dominates. The casino and the ancillary services they support serve as the social infrastructure for members of the community. It's a binary identity that one could argue is impossible to sustain. In some ways, when remembering the research surrounding the social determinants of health, the idea of a "civically-minded casino" seems more like an oxymoron than a preferred communal amenity.

If the sincere intent of reservation gaming is to cultivate sustainable and healthy Native American communities, these competing interests will need to be reconciled. However, to effectively approach such a complex problem, we will have to separate out financial and social impacts in order to attempt to define more meaningful metrics for sustainable community development.

Conclusion

There is no doubt that the presence of gaming has had a positive economic impact on tribal communities. The question is should that factor be the metric that qualifies success in this situation. When adopted, the aim of the Indian Gaming Regulatory Act was clear. The presence of legalized gaming was intended to promote "tribal economic development, self-sufficiency, and strong tribal governments." It's less clear if that is what has occurred after thirty years of experimentation.

Modern research analyzing local economic growth indicates a correlation between place attachment and prosperity. Despite traditional variables such as jobs, economics, and safety also being analyzed, our emotional connection to the communities in which we reside has the most predictable impact on our local economies. Put differently, the places with the highest levels of attachment see the most economic growth. However, when the entire social infrastructure of a community is designed to accommodate tourists and introverted activities like casino gambling, it becomes increasingly difficult to prioritize the social cohesion needed to cultivate a sense of community attachment.

While reservation casinos elevated the financial situation of many Native American households, it simultaneously escalated the systemic loneliness that has contributed to the health concerns on many reservations. Moving forward, the goal of promoting independence within these communities needs to look at factors beyond that of simple revenue and focus on a more complicated equation – one that begins to confront the fickle relationship between income and longevity.

The impact the social determinants of health impose on economic development is a growing concern for many cities and the challenges these health disparities can pose to a community's resiliency is becoming increasingly obvious. But it's more than that.

If we as a culture are serious about protecting the life, liberty, and pursuit of happiness of our citizens, we need to become more diligent in understanding how the communities we create can prioritize these ideals. We need to educate ourselves on the inescapable connection between people and places. More importantly, we need to incentivize the development of communities that see the health and well-being of their citizens as the fundamental measure of success.

We could start by looking at the impact of reservation casinos.

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