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Indigenous Health and Justice. Edited by Marianne O. Neilsen and Karen Jarratt-Snider. Tucson: University of Arizona Press, 2024. 264 pages. $35.00 paper; $35.00 e-book.

Indigenous Health and Justice is the fifth book in an Indigenous Justice Series published by the University of Arizona Press, with other works in the series focused on gender and environmental justice, crime, and the law. This edited collection offers an overview of how colonialism, systemic racism, and poor access to resources manifest as health inequities for Indigenous peoples through various institutional structures and sites of oppression. Equally important, it demonstrates how Indigenous peoples are working to better their health and well-being through practices of "defacto sovereignty" and "resilience" (15).

The book has three sections. The first emphasizes historical relations and institutional factors that influence health disparities among Indigenous Nations in the United States. The reader learns how a higher burden of disease carried by Indigenous peoples is compounded through mass incarceration, by limiting the ability of individuals to access care and manage their health. They better understand the historical evolution of the Indian Health Service, meant to deliver health care to Native Americans, and its failure to meet community needs due to federal neglect, chronically underfunded and understaffed facilities, and the protection of "questionable" medical personnel engaged in criminal behavior and malpractice (73). They learn that Indigenous veterans, who have the highest per capita rate of military service in the United States, often struggle with PTSD, chronic pain, and other physical limitations. Here, the reader is asked to consider whether military service, which is a means for some to further their education, is voluntary and in the interest of Indigenous peoples or that of US imperialism. The second section focuses on Indigenous responses to the COVID-19 pandemic. The reader is shown how, as a leading cause of death in some communities, COVID-19 multiplied health disparities and their impacts, including through language decline due to deaths among fluent speakers. They also learn how the pandemic provided opportunities for nation rebuilding among Navajo, Cherokee, and the Cowessess First Nation through "purpose-driven leadership" (134) and by enacting "culturally specific public policy" (132) and prioritizing "community perspectives" (133). A central theme of the book is to move beyond describing injustices by demonstrating that Indigenous peoples have never been passive victims of colonial oppression, but are actively creating solutions to meet their own programming and health needs. This thread, found throughout, is the explicit focus of the third section. Here, the reader learns how the Maori, who experience high rates of intimate partner violence, reenvisioned a violence prevention program with former colonial aims to ensure "culturally appropriate services" (213) for victims and perpetrators. The final chapter, the strongest

for this reader, centers Diné efforts to restore land-based connections as part of a "decolonizing project" (200) necessary to ensure healthy people and communities. In this, the authors outline the relationship between the treatment of Indigenous lands and nations, and how a disconnection from land contributes directly to a decline in Indigenous health and well-being.

Land is acknowledged as a central determinant of health from the opening pages. However, the collection falls short of centering land rematriation as a necessary step toward justice for Indigenous peoples. This raises questions on the meaning of "defacto sovereignty" (18) and whether examples of resilience are "akin to decolonization" (201) if they are not coupled with a transformation of the social relations of dispossession that continue to constrain Indigenous-led initiatives in program and service delivery. Do "promising practices" (43) in the delivery of culturally grounded services in prisons, which may hold the possibility for "therapeutic healing" (46), represent a step toward decolonization? Is this goal reflected in Cherokee efforts to provide health programming (125) and by the opening of a first tribally affiliated medical school (131)? In the United States, many of these instances were facilitated through the Indigenous Self-Determination and Education Assistance Act of 1975, which enabled 50 percent of federal health, welfare, and educational programming to be administered by Indigenous nations. Whether this legislation represented a "notable turn" (79) in federal Indian policy is debatable. The reader may find recent work by Sheyda Jahanbani (*The Poverty of the World: Rediscovering the Poor at Home and Abroad, 1941–1968* [2023]) useful in understanding the broader context informing federal legislative and policy change, which, although influenced by Bureau of Indian Affairs reformer John Collier (67), still sought to promote continued assimilation through integration while making the administration of Indigenous peoples more complex. No doubt the desire for decolonization is shared by Indigenous nations and contributors to this book. However, without land rematriation, the "creative problem-solving" meant to inspire hope (132) risks reinforcing ongoing dispossession, while aspects of Indigenous culture are incorporated into Western institutions and Indigenous peoples increasingly manage their own affairs. It is interesting that the right to "competent health care" referenced in treaties and US law was designed to "push" Indigenous nations "toward Western medicine" and away from Indigenous practices of health and healing (14) embedded in healthy relations with the land. The inclusion of this information at the outset set the stage for a discussion of how all Western institutions are sites enabling colonial dispossession no matter who administers them from within, but this discussion never fully materializes. If it had, this would have produced a richer analysis of the tensions underpinning highlighted instances of de facto sovereignty and resilience.

The opening pages center the state of Indigenous health worldwide, but chapters focus mainly on the United States, with only two instances outside these colonial borders. While Indigenous peoples share similarities with respect to their treatment under colonialism and its impacts on health, the lack of grounding in place and specificity of struggle sometimes made it difficult to appreciate the nuance for each nation. There may be a lack of cohesion between chapters, and the section dedicated entirely to COVID-19 is space that could have featured other equally important topics—for

example, reproductive abuses and the resurgence of Indigenous birthing practices, the reinvigoration of traditional medicines as alternatives to Western medicine, or health disparities unique to two-spirit people—which would have strengthened the collection's intersectional approach. However, when considered together with other works in this series, and compared to similarly situated works such as *Indigenous Health Equity and Wellness*, edited by Catherine McKinley, Michael Spencer, Karina Walters, and Charles Figley (Routledge, 2022), this book provides a useful introduction to issues affecting Indigenous health and wellness as it informs us of activism in this area. The chapters are short, accessible, and hopeful. It will be of interest to those beginning their learning journey, after which it could be supplemented with works delving into each theme in more detail.

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