

ALONG the ROBESON TRAIL

by Dr. Stan Knick, Director,
PSU Native American Resource Center

There is no living memory of what happened. It was too long ago; too many generations and too many changes have come and gone. No one tells the story anymore. But we know it happened. Sometime between 1500 and 1700 A.D., the population of Indian people in Eastern North Carolina plummeted.

There are very few written records of the epidemics which reduced the population of Native people in this region. Thomas Harriot recorded that, in the 1580s when he and his fellow Englishmen traveled around to villages near their soon-to-be "Lost Colony" at Roanoke Island, many people died immediately after their visit. He wrote: "...within a few days after our departure...the people began to die very fast, and many in short space; in some towns about twenty, in some forty, in some sixty, and in one six score [120], which in truth was very many in respect of their numbers...; the disease [was] also so strange, that they neither knew what it was, nor how to cure it..."

By 1705 when John Lawson was traveling among the Indians of Eastern North and South Carolina, the epidemic damage had been done. Lawson reported that the Indian population everywhere within 200 miles of white settlements had been reduced by five-sixths, down to seventeen percent of what it had been before the coming of Europeans.

Epidemics of smallpox and measles, both of them infections caused by viruses, happened among all Indian nations in Eastern North America soon after contact with Europeans. In many cases epidemics occurred after contact with other Indian people who had themselves been in contact with Europeans. Thus villages and nations which had never even seen a European were struck by epidemics — in which nearly everyone got sick and as many

as fifty to ninety percent died. Epidemics also came in cycles, with repeated occurrences hitting the same nation again and again within a short span of years.

In places outside Eastern North Carolina where better written records were kept, the story is astounding. Among the Huron, an Iroquoian-speaking nation which lived between Lake Huron and Lake Ontario, there were several epidemics in seven years.

The first happened in 1634-35. French Jesuit missionaries wrote that "...whole villages were prostrated," and that the disease began with "...a violent fever, followed by a sort of measles...accompanied in several cases by blindness for some days, or by dimness of sight" then followed by severe diarrhea. Another epidemic in 1636-37 "...spared hardly anyone." A trader among the Huron reported: "they are all dying, in our villages and along the way."

In the period between epidemics, Indian people remained ill, many of them from secondary infections. The Wenro, distant kinsmen of the Huron who themselves had already been decimated by epidemics, came to live with the Huron during this period, moving into half-empty longhouses. Most of these 600 Wenro were sick women and children, who brought with them a strain of infection which did not affect very many Huron, leading some researchers to believe that the Huron had already experienced that particular virus (i.e., Johnston, S., "Epidemics: The Forgotten Factor in Seventeenth Century Native Warfare in the Saint Lawrence Region," in *Native People, Native Lands* [B.A. Cox, ed.]).

But in 1639-40 another epidemic came to the Huron Nation, this one probably smallpox. The Jesuits wrote that it "...spared neither age nor sex," and that death was "...ravaging the

whole country." In 1640 the Jesuits estimated that two-thirds of the once 30,000 Huron had died.

The same thing was happening all over Eastern North America. From Florida to Canada, Indian nations were being reduced by repeated epidemics of primary infections such as measles and smallpox and secondary infections such as staphylococcus and streptococcus. With so many people sick and dying, the daily life of the people — simply getting food and water — was drastically changed. Men were too sick to hunt; women were unable to gather and grind corn.

The traditional cures of the shaman were to no avail, and sometimes they even made things worse. For example, the sweat lodge cure which worked so well for some of the old illnesses — and which involved rapid change in extreme temperatures from the hot steam of the sweat lodge to the cold water of a lake or river — was probably one of the worst things that could have been done for someone who already had the high fever and convulsions of a viral infection. Indian nations disappeared; the "lucky" survivors merged into new groups and tried to do the best they could to live with the new Americans.

A few centuries later, almost no one remembers. State and Federal governments insist that before they will recognize Indian people the Indians must be able to document in writing that they have existed as a "distinct community from historical times into the present," and that they have maintained "distinct cultural patterns." This is how the East was won.

For more information on epidemics and governmental recognition, visit the Native American Resource Center in Old Main Building, Pembroke State University.



Cameron's Comment

By Paul Cameron

The biggest surprise of the NBA draft? Not Charlotte's throw away choice of Darrin Hancock. But Antonio Lang of Duke's going to Phoenix on the 29th pick.

Sure, Tony's an athlete. He can jump and board. But Antonio Lang can't do what all NBA big guards small forward have to do nail the jumper. Everytime.

Had Charlotte not traded Kendall Gill to Seattle last summer, the Hornets would have picked 11th. Seattle took Carlos Rogers from Tennessee State. In that spot, Charlotte could have had speedy point guard B.J. Tyler from Texas, or even Charlie Ward from FSU.

But don't fear Hornets fans, the litmus test of building the franchise will come soon. July means free agent time. Let's see there's Tim Kempton. Naw, Timmy's fate was sealed the day he crammed a whole whopper sandwich down the hatch. How about Marty Conlon, Steve Kerr, Johnny Newman, or Kurt Rambis? They're all unrestricted free agents and all former Hornets you could get for a Zarelli song and a Hugo dance.

Let's hope for Allan Bristow's sake, the biggest improvement on the roster comes from the back and high muscles of one Johnson with a gold tooth.

LJ's progress should be evident later this month when the Dream Team plays at the Coliseum. We all know athletes will sell anything. But I had to laugh when I saw Hall of Fame pitcher Gaylord Perry the man who made a career of doctoring baseballs marketing a limited edition autographed jars of petroleum jelly.

Pediatric Pointers

By JOSEPH T. BELL, MD

I finally got a chance to go to Lumbee Homecoming this past weekend after missing the last four while we were in Oklahoma. I had forgotten what a big event it is. The Miss Lumbee Pageant, the Parade, the Pow Wow, it was all great! I have never seen so many Indian people in one place at one time in my life! What a Reunion!

One thing I had forgotten was how hot it can be during the Homecoming, and this year was no exception by an measure. I thought it would be good then to talk a little bit about heat related injuries. There are three heat related injuries we will discuss this issue — heat cramps, heat exhaustion and heat stroke.

Heat cramps are characterized by painful spasms of the Muscles following exercise, especially when excessive sweating occurs during hot, humid weather. The cramps, which usually involve the arms and legs, are brought on by the loss of salt and water during sweating. Rest and replacement of salt and water to the patient generally alleviates the problem.

A more serious condition is called heat exhaustion. It represents a failure of the heart and blood vessels to respond properly to high temperatures and is particularly common in elderly individuals. The initial symptoms are weakness, dizziness, headache, loss of appetite, nausea, vomiting and faintness. Collapse of the patient may follow these symptoms. Treatment consists of removal of the patient to a cool

area and placing them in a lying position. Spontaneous recovery then usually takes place. Only rarely do these patients require IV fluids to relieve heat exhaustion.

The worse heat illness is the heat stroke (or "sunstroke"). This illness is most common in elderly individuals with pre-existing chronic diseases, such as congestive heart failure, diabetes or hardening of the arteries. Most heat stroke patients lose their ability to sweat and therefore cannot cool themselves. The initial symptoms may include headache, dizziness, faintness, confusion or elevated temperature. A rectal temperature greater than 106 is common. The skin becomes hot and dry, and, in most cases, sweating is absent. The patient may become unconscious, and coma or even death may occur if the patient is not treated quickly. Placing a heat stroke patient in a cold ice bath while monitored by a nurse or physician may help save their life. Intensive care treatment afterwards is required until recovery. Quick treatment is the key.

Well, that's all on heat illnesses. Congratulations to Miss Lorna McNeil, our new Miss Lumbee, and to the AISES group who put on a great Pow Wow at PSU Saturday. And a special thanks to the Lumbee Constitution committee and the many people who turned out to vote and make this a success. Continue to support the Lumbee Bill in Washington. See Ya!

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