

Last week's discussion centered around the massive epidemics which attacked Native Americans in Eastern North Carolina (and all over Eastern North America) between 1500 and 1700 AD. The main point of that discussion was that virtually everyone — the government, most Americans, even many Indians — seem to have forgotten that it happened. Why does it matter? What difference does it make in our daily lives today that so many died so quickly so long ago? Isn't that just ancient history?

Some people think that Europeans didn't bring their diseases to the Carolinas until the 1580s, and then only briefly, with the series of failed attempts we now know as the "Lost Colony." Some people also have the idea that after the "Lost Colony" Europeans didn't appear in the Carolinas again until after 1700, when John Lawson traveled among the Indians. The fact is that there were a great many other opportunities for European diseases to be spread by Europeans and other Indians into Indian nations.

In 1497 Cabot contacted Algonkian Indians on what is now the Delmarva Peninsula (the parts of Delaware, Maryland and Virginia east of Chesapeake Bay); these Algonkians were almost certainly trading partners of the Algonkians just south of there, in North Carolina. Verrazano contacted Indians in 1524 at the mouth of the Cape Fear River (near Wilmington, NC). Ayllón had a brief colony in South Carolina in 1526. DeSoto marched all over the Southeast, coming up into the Carolinas in 1540.

After the "Lost Colony" there were many more contacts between Europeans and Indians in the Carolinas. Sicklemore was sent to look for the "lost colonists" in 1609. After a big influx of colonists into Virginia between 1618 and 1621, there were several expeditions from

there down into North Carolina during the period 1622 - 1655. In the 1660s there were colonists up and down the Cape Fear River (including a three-year colony from Barbados called Charles Town). Between 1670 and 1715, the Cheraw Indians were conducting trade back and forth between their Eastern Siouan kinsmen (i.e., Catawba) and the Virginia colony. And there were many other traders, travelers and missionaries. Most of them carried viral infections with them.

But so what if there were lots of opportunities for Indians to get European diseases? Why does it matter now?

Besides the humanitarian concern for the great numbers of people who lost their lives in the epidemics, there are five main reasons why it still makes a difference today:

- 1) Many tribes and nations were hit by epidemics before anyone wrote down who they were and where they lived. This means that in some cases whole cultures and languages simply disappeared, leaving little or no trace of their having ever been there. In some cases we know they were there because someone wrote down a name for them, but the name itself is all that remains today.
- 2) In smallpox and measles epidemics it was frequently the case that nearly everyone became infected. But the people who were most likely to die from it were elders and children. This means that a tribe or nation which experienced a series of epidemics such as those described in last week's segment would lose most all of its knowledge of the past (with the elders) and nearly all of its hope for the future (with the children). How much of a culture survives these kinds of losses?
- 3) Great losses in population reduced the Indians' ability to fight against the increasing waves of colonists. Even though some of the early conflicts in the Carolinas were

won by the Indians (for example, the Clarendon County War in 1666-67), as epidemics continued their deadly progress through Indian Country the numbers of able warriors dwindled. The disruption of farming and hunting caused by the epidemics further reduced the Indians' ability to wage extended wars. This means that post-epidemic warfare was a very different thing, both in the way it was conducted and in its likely outcome, than pre-epidemic warfare.

4) Depopulation caused by epidemics and the warfare that followed forced Indian people to join into alliances with other Indians. Several "federations" of nations formed, such as the Saponi (who were joined by Occaneechi, Tutelo and others) and Catawba (who were joined by Santee, Congaree and others). This means that cultural mergers happened, resulting in the loss of much information about some of the individual "merged" cultures.

5) The tendency was for these "merged" and decimated groups of Indian people to experience very rapid changes in what was left of their cultures. Simple survival required that people from different Indian nations learn to live together. At the same time, the Indians were forced to learn to live alongside European people, to deal with European culture. This means that many of the parts of their former tribal cultures — especially the parts that are visible from the outside, such as architecture, dress, language, etc. — had to be hidden, and eventually disappeared.

So why do those old epidemics matter now? Because they were the single most powerful ingredient in producing the exact nature of Indian cultures which we see in Eastern North Carolina today.

For more information about the cultural effects of epidemics, visit the Native American Resource Center in Old Main Building, on the campus of Pembroke State University.

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News USA  
(NU) - Originally, you visited your local bank teller. Then came ATMs. First at the bank branch, then in malls and supermarkets. Now, the sky's the limit. "At many ATMs, you can get statement printouts, access investment and other account information. Soon, you will be able to make payments, cash checks, buy stamps and other goods via ATMs," T.O. Bennion predicts. He is president and CEO of Southeast Switch whose company operates the Honor ATM and Point-of-Sale Network. Bennion's prediction is backed by statistics showing that more than a third of the nation's top 40 debit card issuers offer advanced features on their ATM machines. And there's more to come. Your next banking location might be ... sure, why not? ... the kitchen. Or maybe even the bedroom. It's only a matter of time, and probably sooner rather than later. "As technology becomes cheaper and consumers become more technically literate, we'll see more and more transactions taking place from home," says Bennion. "Maybe you won't be able to use your Honor ATM card to actually get cash, but you will be able to use the card to move money around, make purchases and pay bills using a 'smart phone' in the privacy of your own home." Bennion says the consumer demand is clearly there. His own Honor Network had a record-breaking year, processing more than 200 million Honor ATM and POS transactions.

Pediatric Pointers  
By JOSEPH T. BELL, MD

One of the more common complaints I see with infants is "spitting up". Babies can spit up for many different reasons that are not necessarily a problem, such as overfeeding, poor burping or formula intolerance. These can usually be corrected without much difficulty. Occasionally, however, I see an infant with spitting up due to "reflux" that may require some special medical attention. Reflux (the medical term is gastroesophageal reflux) occurs when the muscle that separates the stomach and food tube (esophagus) is not very tight. When formula reaches the stomach and churning begins the contents can be forced up into the food tube and out the mouth and/or nose if that muscle is not tight enough. When the amount of reflux is mild, the infant usually does well and outgrows the condition. When the reflux is severe, the infant may show symptoms such as failure to gain weight, inflammation of the esophagus, pneumonia, asthma and other breathing difficulties.

Management of reflux depends on the age of the patient and the severity of the disease. In infants, thickening of the feedings may help the symptoms. Thickening the formula with baby cereal or baby food helps keep it in the stomach better, therefore decreasing the amount of reflux. Increased frequency and decreased amounts of feeds are of benefit. Keeping the infant upright during and after feeds will allow gravity to hold the stomach contents down better. Good burping techniques should always be practiced. Those infants who continue to have significant reflux despite these measures need to see their doctor. There are some prescription medications that may help. Corrective surgery is reserved for only the very worst cases. The key for parents is to remember that spitting can be a normal part of infancy. Thickening feeds, proper positioning and time alone usually corrects it. If the child is not growing or having respiratory symptoms, then medical attention is necessary. Take care, continue to support The Lumbee Fall and we'll see ya later!

Patients with significant symptoms usually undergo an x-ray test called a barium swallow to evaluate how much

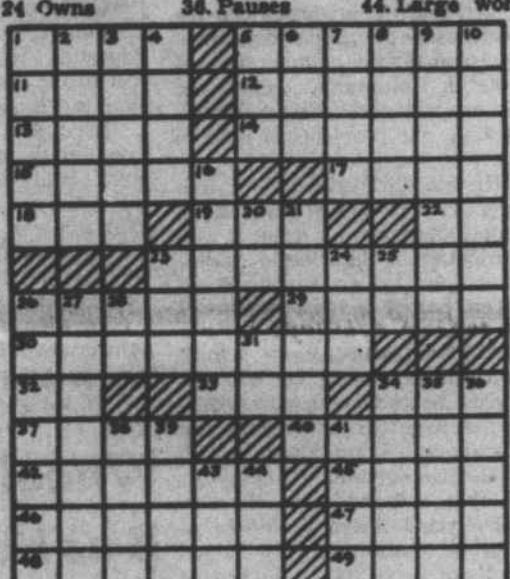
CROSSWORD

ACROSS

1. Nonalcoholic, as a drink
5. Glass water bottle
11. Hint
12. Beginning
13. Ascend
14. City (Wis.)
15. Levels
17. Eleanor
18. swimmer
19. Oolong
22. Sloth
23. Cheerfulness
26. Dinner course
29. The beach
30. Pledges
32. Close to
33. Belonging to us
34. Churchill's title
37. Trial
40. Strong thread
42. Baseball referee
45. Affixes
46. Climbing plants
47. Blash
48. Man's property
49. Vegetables

DOWN

1. Twist
2. Shade of green
3. Joined, as metals
4. Cardinal number suffix
5. Heart (med.)
6. Constellation
7. Wealthy
8. Exchange premium
9. Sibelius' land
10. Poes
16. Artist's workshop
20. Half an em
21. Declare
23. Mr. Snead
24. Owns
25. At home
26. Knife-like implement
27. Greek moon goddess
28. Behold!
31. Solar deity
34. Move sideways
35. Kind of black ink
36. Pauses
38. Resorts
39. Prong
41. Stinging insect
43. Rodent
44. Large worm



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