

Reservation Life in the Dakotas

Life expectancy on-reservation in the Dakotas is about 50 years, compared to the national average of 77.

The infant mortality rate is the highest anywhere on this continent, at about three times the national average.

The teenage suicide rate is well over twice the national average, with reports in recent years reaching as high as 1 in 6 in certain areas. Obesity, violence, and discouraging reservation life are cited among teens as the motivating factors.

Malnutrition is rampant, with the rate of diabetes at eight times that of the national average.

In spite of having “paid” land in exchange for U.S. promised health care, among other things, many reservation residents go without health care due in large part to the travel distances involved in obtaining that care. Even if they can get to the providing facilities, the quality of care is substandard and grossly insufficient compared to the need.

Homelessness is also rampant with many families living in tents or cars, negative value mobile homes, and trailers. In particular, elders die, or come close to death, every year from exposure to the elements.

Communications with the outside world are weak. 60% of reservation families have no land-line telephones, with emergency-type cell phones serving only on-reservation. Very few internet connections exist.

In the Dakotas, unemployment on-reservation averages about 85% regardless of the economic forecast elsewhere in the country.

Less than half of reservation residents own operable vehicles that can get them to employment off-reservation.

There are efforts under way to encourage and support cottage industries, but funding is so severely limited that few industries are making it off the ground. In fact, several of the banks and lending institutions nearest to these reservations are under investigation for fraudulent or predatory lending practices.

One reservation, Pine Ridge, is attempting to enforce prohibition in response to the overwhelming rate of alcoholism. The pervasiveness of self-medicating with alcohol / drugs is in response to economic hopelessness, as well as, in large part, the continuing loss of cultural identity through forced assimilation policies.