Context versus Care: The Importance of Cultural Understanding in Native American Medicine

Native Americans in the United States have suffered generations of suppression by the dominant society. This suppression was administered in the Puget Sound area beginning in the 18th century through attempts to assimilate Indians into the society that had colonized them. Assimilation techniques included prohibiting Indians from speaking their native languages, forbidding the practice of Native religions, and outlawing traditional healing methods. Colonizers hoped these techniques would push Indians to abandon their own culture to conform to the dominant society. Assimilation efforts sent the message that Native American cultures were inferior to the dominant society, and early settlers used demeaning words like “heathen”\(^1\) to describe Indian practices. One of the practices especially repressed was traditional healthcare. Like Indian culture, traditional healing was considered heathen by early settlers, and consequently many attempts were made to suppress it—including a formal ban on “Indian doctoring” established by the Superintendent of Indian affairs of Washington territory in 1871.\(^2\)

The suppression of traditional healing practices was an augmentation of the larger suppression of Native American culture. Resistance by tribes to cultural suppression often went hand in hand with resistance to the way healthcare was administered to Native Americans by the dominant society. Yet when Indians resisted scientific healthcare, it is

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important to note that they were principally resisting the way the care was provided, not the medicine itself. While there is a conflict between traditional and scientific methods of providing healthcare, there is no strong conflict between the traditional or scientific medicine itself. In fact, in a study where both “Indian and white” medicines were equally available, Native Americans chose the remedies that worked, not necessarily the traditional methods. This supports the assertion that the conflict in healthcare between the dominant society and Native American cultures is caused not by differences in the medicine itself, but rather, by cultural insensitivity when providing healthcare.

Cultural sensitivity in the medical context was not given substantial attention by dominant society until the mid 20th century. Events in the history of Washington state’s Puyallup tribe reflect this heightened cultural awareness and the effects it had on the tribe’s healthcare. In fact, tracing the tribe’s healthcare history reflects many significant episodes in Puyallup culture, which verifies the interconnectedness between culture and healthcare. The Puyallup tribe of the Puget Sound region has recognized the importance of embracing this connection and now operates the Puyallup Tribal Health Authority medical facilities, which provide both traditional and scientific healthcare to Indians in a culturally sensitive context. These facilities demonstrate that the conflict in healthcare between the dominant society and Native American cultures is a result of cultural insensitivity when providing healthcare, not of the medicine itself.

Creating and supporting an effective healthcare system catered to Native Americans is a critical healthcare issue. The health status of Native Americans has

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historically been poor compared to other ethnic groups.\textsuperscript{4} To alleviate this problem, the idea of healthcare itself must be investigated. Once the concept itself is better understood, it will be possible to take steps that will be more effective in improving Indian health than if that investigation had been neglected. To examine the topic of health, it is important to first recognize that the concept of health itself is socially constructed and “based on the perceptions held by members of social and cultural networks.”\textsuperscript{5} Ideas about healthcare differ from culture to culture, and many Native American tribes share a culture with healthcare beliefs very different from scientific beliefs.

While a scientific approach concentrates on the physical health of the body, a traditional Indian approach often involves the spirit, as well. As the website of the Puyallup tribe’s Takopid Health Center claims, a Native American becomes sick when they violate the laws of the community or offend powers or spirits existing in the natural world.\textsuperscript{6} Concepts like this are established through oral narratives, historical teachings, and cosmological teachings that are “shaped within sociocultural contexts.”\textsuperscript{7}

The dramatic differences between scientific healthcare and traditional Indian healthcare have been apparent since the first settler-Native American interactions. While medical practices between tribes were clearly different, many Indians across what is now the United States shared basic beliefs about health. At the time of early colonization in

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\item \textsuperscript{4} Chairman Jackson in “Indian Health Care: Hearings before the Permanent Subcommittee on Investigations of the Committee on Government Operations, United States Senate, Ninety-Third Congress” (U.S. Government Printing Office: Washington, 1974), 1.
\item \textsuperscript{5} Clifford E. Trafzer and Diane Weiner, eds. \textit{Medicine Ways: Disease, Health, and Survival among Native Americans} (California: AltaMira Press, 2001), vii.
\item \textsuperscript{7} Clifford E. Trafzer and Diane Weiner, eds. \textit{Medicine Ways: Disease, Health, and Survival among Native Americans} (California: AltaMira Press, 2001), viii.
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the late 18th century, there were more than five hundred tribes in North America.\textsuperscript{8} Despite this diversity, many Native Americans shared similar theories about the causes of disease. These theories can be generalized to produce two classifications: diseases caused by environmental factors, and those caused by supernatural forces. A third classification introduced itself in the nineteenth century: infectious diseases of European origin, commonly called “white disease.”\textsuperscript{9} Tribal healers sent people with “white diseases” to white doctors for treatment. In recent years, Native American healthcare facilities have adopted this approach, offering both traditional and scientific care. Thus, utilizing a plurality of healthcare systems has both historical and current relevance.

Although many Native Americans were incorporating some “white,” or scientific, medical practices into their healthcare system by the 1870s, some settlers were still unsatisfied. Missionaries in the Puget Sound area like Myron Eells tried to abolish traditional Indian medical practices altogether, believing them to be un-Christian and substandard to scientific approaches.\textsuperscript{10} The government’s Indian Service program, begun in the late 1800s, had a similar aim: to diminish the influence of native medicine, thereby helping “assist the Indians to live in the white society.”\textsuperscript{11} Assistance included boarding schools meant to eradicate Indian customs and hospitals built to discourage the use of traditional medicine.\textsuperscript{12}

While Myron Eells worked in the late 1800s, this notion of traditional healthcare as inferior to scientific healthcare has lingered into the 20th and 21st centuries. It was not until the mid 1900s that physicians began to formally recognize the value of traditional healing. Much of the recognition was triggered by national movements in the 1960s and 1970s that encouraged the acceptance and celebration, rather than the rejection, of differences. For the first time since colonization, Native Americans received some appreciation for their cultures. In fact, Indian culture became so popular that “many sought to emulate Indian practice in rejecting technology, returning to the land… and wearing Indian-style clothing.”\textsuperscript{13} With increased cultural appreciation came increased acceptance of traditional healthcare by non-Native medical personnel. Recognition included “consultation with traditional healers, facilitation of the use of traditional healing, provision of funds to hire and train traditional healers, and incorporation of traditional health beliefs in health education.”\textsuperscript{14} While this recognition was positive, it was rare. The majority of the medical community continued to discount traditional practices, and the effects of this approach to traditional healthcare are damaging.

Two professors who studied Indian healthcare explain how the effects can be damaging: “The stigma placed upon traditional medical practices by Western health care practitioners may have been largely responsible for the long term suppression of family and culture based medical-psychosocial support systems.”\textsuperscript{15} This focus on the direct link between community and healthcare is notable. It is one of the most prevalent differences

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\textsuperscript{13} Mark Hamilton Lytle, \textit{America’s Uncivil Wars: The Sixties Era from Elvis to the Fall of Richard Nixon} (Oxford: Oxford University Press, 2006), 304.

\textsuperscript{14} Reifel in \textit{Medicine Ways: Disease, Health, and Survival among Native Americans}, Clifford E. Trafzer and Diane Weiner, eds. (California: AltaMira Press, 2001), 95.

\textsuperscript{15} George M. Guilmet and David L. Whited, \textit{The People Who Give More: Health and Mental Health Among the Contemporary Puyallup Indian Tribal Community} (Denver: National Center Monograph Series, 1989), 10.
between scientific and traditional healing methods. While many scientific healing techniques focus solely on the body, in many Native American communities, healing takes place both in the body and spiritually, a process that embraces family and community.\textsuperscript{16}

The importance of a community’s role in healing is apparent in some data. According to a survey conducted in the late 1980s, a Native American “who perceives him/herself as being isolated and without much ‘family’ to depend upon and interact with may experience much more difficulty in coping with acute episodes or chronic illness.”\textsuperscript{17} While this data does support the concept that family and community are important in healing, this is clearly a concept not exclusive to Native Americans. It is probably true for most humans that a support network of family and friends contributes to the healing process; however, this data is notable for the reason that it offers evidence of a concept especially prevalent in Native cultures. The community’s role in the holistic healing process is clear at the Puyallup tribe’s Takopid healthcare facility.

An example of a community-based healing process specific to Native Americans is the sweat lodge. Shaped similar to an igloo and heated with water poured over hot stones, sweat lodges are a place of prayer and healing. Small to large groups share the space and engage in a cleansing of the body and spirit. Ramona Bennett, an advocate for Puyallup tribe healthcare, told me the story of an alcoholic woman who had been trying to recover through Alcoholics Anonymous. Her efforts had been unsuccessful and her children were taken from her. As an alternative to AA, she began praying in a sweat


\textsuperscript{17} George M. Guilmet and David L. Whited, \textit{The People Who Give More: Health and Mental Health Among the Contemporary Puyallup Indian Tribal Community} (Denver: National Center Monograph Series, 1989), 70.
lodge, and it was so effective with her recovery that eight weeks later her children were returned to her.\(^{18}\) This success story was made possible by a healthcare center that respects and supports traditional healing methods specifically of the Puyallup tribe. The effectiveness of such a facility has been confirmed both by personal success stories and by third party professionals. Two professors, specialists on Puyallup healthcare, concluded that “local perspectives and local beliefs must be considered in any clinical context in order to provide effective and appropriate therapies.”\(^{19}\)

While it has been established that traditional healthcare can be as or more effective than scientific healthcare in some cases, it is important not to treat the two approaches as opponents. Rather, traditional and scientific healthcare beliefs should be simply thought of as distinct (but mixable) spheres of thought. Each sphere offers its own value system, no more superior or inferior than the other—they are simply different. While these differences should not be ranked, they must be recognized.

Recognition is important because cultural sensitivity can increase healthcare effectiveness: using healthcare techniques that are especially successful in one culture’s context may be useless in another. For example, the concept of time can differ between native and non-native cultures. In some tribes, time is oriented to the present rather than the future. Authors Hodge and Casken explain this outlook: “It is said that it is important to take care of today as tomorrow may never come… health-care workers need to recognize the American Indian’s orientation to the present and to short-term goals.”\(^{20}\)

\(^{18}\) Ramona Bennett (personal interview, Puyallup Tribal Health Facility, Tacoma, WA, October 25, 2007).

\(^{19}\) George M. Guilmet and David L. Whited, The People Who Give More: Health and Mental Health Among the Contemporary Puyallup Indian Tribal Community (Denver: National Center Monograph Series, 1989), 10.

Because something as abstract as time is dissimilar between the two spheres, it is clear that more specific differences must also be recognized.

The role of the community in the healing process was previously mentioned as a characteristic that can distinguish traditional healthcare. Another distinguishing characteristic is the Native American focus on spirituality as a branch of one’s health. The connection between the spirit and the body can be strong enough that spiritual death leads to the body’s physical death. Such was the case for many members of the Choctaw tribe. When the tribe was relocated as a result of President Jackson’s Indian Removal Act of 1830, their deep spiritual and physical attachment to the earth was broken. Choctaw spirituality and identity were created from their sense of origin and place. When separated from their land, the Choctaws lost their spiritual foundation, eventually resulting in physical death. “Separation from it [the land] meant their death… men stopped hunting, the women stopped planting, starvation and disease followed.”

The experience of the Choctaw tribe is an example of a health issue that can result from a spiritual one.

The Native American holistic approach to healthcare requires a system that can cater to these beliefs. It must function to treat “the whole person in all of his/her social, cultural, biological, and psychological aspects.” It is important to note here that holistic health principles are not limited to Native American spheres. Naturopaths, yoga instructors, chiropractors, and acupuncturists are examples of healthcare providers that seek to provide alternative care. However, the history of healthcare relations between

Native Americans and the dominant society they live within makes it necessary to provide Indians with a system that caters to their cultural context (as opposed to simply offering alternative medicine in general).

The interaction among the body, mind, and spirit is central to many Indian healthcare beliefs. This, in addition to the importance of community, helps to define traditional Native American healthcare systems. While these characteristics make traditional practices distinct, traditional medicine is not isolated from scientific healthcare. In fact, the two are often combined: many Native Americans have “incorporated what was necessary for survival into their cultural practices. They evaluated the services according to their own standards and accepted white medicines that were useful to them.”

Adopting certain practices from other cultures is not disloyal one’s own culture; rather, it is a means to seek the best healthcare possible, in whatever form or combination of forms that may mean. The priority is clear. When the facilities manager of the Puyallup tribe’s healthcare center, Ray McCloud, was asked how he defined being a Puyallup, he said simply, “Taking care of the people.”

Taking care of the people includes providing the best healthcare possible. This means adopting and rejecting certain parts of other cultures’ healthcare systems. Authors Gordon and Vogel assert that “Our civilization is in fact a compendium of such borrowings.” They also note that neither Indians nor non-Natives should tolerate

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24 Ray McCloud (personal interview, Puyallup Tribal Health Facility, Tacoma, WA, October 25, 2007).
“ethnocentric snobbery”\textsuperscript{26} in healthcare, meaning no culture’s healthcare system should be considered superior to another. Unfortunately, this has been and often continues to be an ideal rather than a reality.

The division has historically been deep between scientific and traditional healthcare systems, a reflection of the divide between those colonized and the colonizer. This division between cultures was made especially clear by early settlers. George Vancouver, an English explorer in the Puget Sound area in 1792, described an incident during which this divide was made visual when a group of Indians approached his men: “On a line being drawn with a stick on the sand between the two parties, they immediately sat down, and no one attempted to pass it.”\textsuperscript{27} This physical representation of the divide between cultures is conceptually comparable to the partition between traditional and scientific healthcare systems. While historically relations between the healthcare systems and between cultures were poor, presently a more respectful relationship has been established. However, while relations have improved, Native Americans are still not necessarily always treated with respect.

In a society riddled with lingering racism and prejudice, receiving quality medical care can still be more challenging for minorities. Puyallup Ramona Bennett maintains that “the medical society is likely to treat you differently based on race.”\textsuperscript{28} Regarding how the dominant medical society treats Native Americans, she says, “They don’t care if


\textsuperscript{28} Ramona Bennett (personal interview, Puyallup Tribal Health Facility, Tacoma, WA, October 25, 2007).
we die—we’re just in their way.” 29 This interview was conducted in 2007. It is clear that many Native Americans are still struggling against racism in the healthcare system.

This racism can be traced to the late 1800s, when settlers began to move to the Puget Sound area, when acculturation began to take place. Authors Fuchs and Bashshur offer an accurate description of this process:

Acculturation refers to the interaction between two cultures where one tends to dominate the other, and the transfer of cultural traits is unidirectionally flowing from the more dominant to the less dominant… one culture is required to change its activities and habits in order to conform to the more dominant. 30

Interaction between early settlers and Indians often required Indians to change their habits: culturally and, consequently, medicinally. The connection between culture and health is apparent in one account of Myron Eells, a missionary who began keeping his journals in 1975 on Puget Sound area tribes. He notes that when the Indians were made to “transition from a savage to a civilized life” 31 by abandoning their traditional homes with dirt floors for Western-style houses with permanent floors, health problems arose. Indians were becoming sick from the “poisonous air” 32 that rose from the floor: the permanent floors did not absorb the substances that dirt floors had, resulting in contaminated fumes. This exemplifies how cultural changes, even changes to home architecture, can effect health.

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29 Ramona Bennett (personal interview, Puyallup Tribal Health Facility, Tacoma, WA, October 25, 2007).
While the connection between health and culture is exemplified here by physical symptoms resulting from a physical cultural change (housing types), the association is often more conceptual. For example, a culture’s concept of time may affect how healthcare is provided. Two researchers in the late 1980s documented how Puyallup approaches to time and schedules sometimes conflicted with providing healthcare. The researchers explain that the traditional Puyallup concept of time is cyclic and based upon seasonal and daily observations of natural surroundings. In contrast, the Western concept of time is considered linear, and is more measurable in “clocklike units” than the cyclic concept. Because of these differing concepts of time, researchers Guilmet and Whited recorded some difficulties in a Western medical facility providing healthcare to Native Americans: “‘Appointment’ and ‘on time’ may mean to the Indian client ‘sometime today,’ and to the counselor, ‘Tuesday at 8:30.’” Although this observation is a simplified generalization, it does exemplify how Native American beliefs may conflict with Western healthcare systems beyond the traditional versus scientific medicine debate.

As this example shows, it is important to be aware of belief systems when providing healthcare. And while awareness may aid non-Native healthcare providers in providing more culturally sensitive and effective healthcare, the most valuable method would be healthcare provided by Indians, for Indians. Programs built from within would not just allow increased cultural understanding, but would also allow self-empowerment. Authors Hassin and Young put this concept into terms of dominant and minority

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societies: “It does little good to look to the oppressor for answers to the problems of the oppressed.”\textsuperscript{35} The most effective healthcare is provided in a culturally sensitive context, and to provide this context Native American healthcare systems must be operated by Native Americans.

One mistake the dominant society may make in tackling minority society difficulties—in providing healthcare or otherwise—is assuming the dominant society’s system is most effective. What may benefit whites may be detrimental to Native Americans. This is because of “discrepancies in their [the two cultures] shared assumptions, experiences, beliefs, values, expectations, and goals.”\textsuperscript{36} Guilmet and Whited, two researchers who spent time studying the Puyallup tribe’s healthcare system, concluded that healthcare for the Puyallup “can only be understood in the relationship to the ongoing cultural values, meanings, and behaviors of the same community.”\textsuperscript{37}

Despite this emphasis on healthcare systems provided by and for minorities like Native Americans, healing methods themselves should not be isolated from culture to culture. The care provided should be the most effective medical care, regardless of its cultural roots, as long as those roots are respected. Combining healing techniques from different cultures does not betray one culture and make the other superior. Rather, a combination of methods will lead to the most effective care the patient can receive. This

\textsuperscript{35} Hassin and Young in \textit{Medicine Ways: Disease, Health, and Survival among Native Americans}, Clifford E. Trafzer and Diane Weiner, eds. (California: AltaMira Press, 2001), 254.
\textsuperscript{36} Mason and Trimble in George M. Guilmet and David L. Whited, \textit{The People Who Give More: Health and Mental Health Among the Contemporary Puyallup Indian Tribal Community} (Denver: National Center Monograph Series, 1989), 68.
\textsuperscript{37} George M. Guilmet and David L. Whited, \textit{The People Who Give More: Health and Mental Health Among the Contemporary Puyallup Indian Tribal Community} (Denver: National Center Monograph Series, 1989), 68.
combination technique is common: many Native Americans utilize more than one healthcare system, and the healthcare systems are considered parallel, not stratified.\textsuperscript{38}

Although different healthcare systems are representative of different cultures, drawing on multiple systems is not detrimental to one’s dedication to their own culture. Combining healthcare methods is comparable to the combination of multiple identities (for example, as an engineer, a Native American, a grandmother, and a sister) into one’s whole self-concept. In the case of traditional and scientific medicine, both may be effective and the patient may understand and trust both equally. Authors Clifford Trafzer and Diane Weiner explain this experience: “Like the person who separately practices both Catholicism and her Native religion, this individual may declare that her fever was possibly caused by germs and by the evil intent of another person.”\textsuperscript{39}

Many Native Americans combine healthcare systems, and the Puyallup are no exception. Researchers Guilmet and Whited note the tribe’s “amazing ability to endure, adapt, and change despite concerted efforts towards assimilation of Tribal people.”\textsuperscript{40} Resistance to total assimilation into the dominant society is one of the reasons some Native Americans may choose not to practice scientific medicine, as healthcare services have been a method of assimilation since the later half of the 1800s. Government officials created the federal Indian service to facilitate the assimilation of Native Americans into

\begin{itemize}
\item \textsuperscript{38} Clifford E. Trafzer and Diane Weiner, eds. \textit{Medicine Ways: Disease, Health, and Survival among Native Americans} (California: AltaMira Press, 2001), xi.
\item \textsuperscript{39} Clifford E. Trafzer and Diane Weiner, eds. \textit{Medicine Ways: Disease, Health, and Survival among Native Americans} (California: AltaMira Press, 2001), xi.
\item \textsuperscript{40} George M. Guilmet and David L. Whited, \textit{The People Who Give More: Health and Mental Health Among the Contemporary Puyallup Indian Tribal Community} (Denver: National Center Monograph Series, 1989), 9.
\end{itemize}
white society.\textsuperscript{41} Healthcare providers encouraged Native Americans to visit the Indian service hospitals so as “to diminish the influence of medicine men.”\textsuperscript{42}

While traditional and scientific healthcare methodologies now mingle somewhat smoothly, this rapport is a recent development. Since the first interactions between settlers and Indians in the Puget Sound area, Native and white cultures were distrustful of one another’s healthcare systems. Puget Sound missionary Myron Eells recalls in his journal that “the mortality among them during the past twenty years has been great… all of [the causes of death] except consumption… have been introduced by the whites.”\textsuperscript{43} The colonizing society became associated with poor health, death, and the suppression of traditional medicine. Even by the 1970s, scientific healthcare was associated with death. Former patients and Indian staff of the Cushman Indian Hospital in Tacoma, Washington recalled that the hospital was feared and avoided by Indians because “the ones who went to the hospital died, but the ones who stayed home lived.”\textsuperscript{44} Accounts like this discouraged Indian utilization of the scientific healthcare system.

One government official in 1863 attempted to explain why scientific medicine was proving ineffective with Native Americans. In his annual report to the Commissioner of Indian Affairs, he expressed frustration that Native Americans were not adhering to the directions of white physicians:

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\item Reifel in Medicine Ways: Disease, Health, and Survival among Native Americans, Clifford E. Trafzer and Diane Weiner, eds. (California: AltaMira Press, 2001), 95.
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\item Byers in George M. Guilmet and David L. Whited, The People Who Give More: Health and Mental Health Among the Contemporary Puyallup Indian Tribal Community (Denver: National Center Monograph Series, 1989), 22.
\end{enumerate}
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It very often happens that after the physician has made his prescription, the patient will… roam over the country, wading cold streams, sleeping on the cold ground, and not taking the medicine according to directions, thereby failing of a cure, and impairing or totally destroying the confidence of the Indians in the power of medicine to cure disease.\(^{45}\)

Whether or not the medicine the white physicians were prescribing would have been effective, this is a case where healthcare is ineffective because of cultural miscommunication. Language barriers may have prevented understanding of how and when to properly take the medicine; living conditions and lifestyle may have made it unfeasible for Indians not to travel or sleep on the ground. This is an instance from the 1860s in which cultural incongruities created healthcare challenges, but it is still an issue today.

The difference between these eras is that now, many healthcare providers for Indians are increasingly sensitive to the Native American experience—beliefs, customs, spirituality, and so on—and are catering healthcare for this specific population. Catering healthcare includes consultation with traditional healers, funds to hire and train traditional healers, and incorporation of traditional health beliefs in health education.\(^ {46}\) While it is essential that traditional practices be incorporated into the dominant medical system when providing healthcare to Native Americans, it is also important that scientific care can be trusted. Data supports that it is often used and that it is applied in combination with traditional care.\(^ {47}\)


Despite attempts to suppress traditional medicine, scientific and traditional healthcare systems have been combined since the first Indian—settler interactions. In 1970, scientist Maurice Bear Gordon explained that the dominant society “cannot afford the luxury of an ethnocentric snobbery which assumes that primitive cultures have nothing whatsoever to contribute to a civilization. Our civilization is in fact a compendium of such borrowings.”

It was in the mid-twentieth century that traditional medicine received increased recognition by doctors like Gordon, but borrowing practices have been in effect since the mid-1800s.

A study in 1975 of Native American families in California’s Bay area revealed that traditional medicine was used by almost one out of three families in the sample. The study concluded that “the use of traditional medicine, although related to sociocultural factors, did not detract from the use of modern Anglo medicine.” This news was not new. Earlier, in the 1930s and 1940s, the Bureau of Indian Affairs had begun tracking medicinal usage. A study of the Sioux people of South Dakota showed that when both Indian and white medicines were made equally available, “white medical treatment, rather than replacing Indian traditional medicine as some medical personnel had hoped, was selectively incorporated into the existing Indian system of natural remedies.” This is an important study because it supports the hypothesis that both systems are used when equally available. Thus, the conflict between methods of providing healthcare is not

\[\text{\footnotesize 49 Virgil J. Vogel, American Indian Medicine, (Norman: University of Oklahoma Press, 1970), 111.} \]
\[\text{\footnotesize 50 Michael Fuchs and Rashid Bashshur, “Use of Traditional Indian Medicine among Urban Native Americans,” Medical Care 13, no. 11 (Nov. 1975): 916.} \]
\[\text{\footnotesize 51 Reifel in Medicine Ways: Disease, Health, and Survival among Native Americans, Clifford E. Trafzer and Diane Weiner, eds. (California: AltaMira Press, 2001), 99.} \]
administering that care: the “highly bureaucratic administrative system”\textsuperscript{52} that scientific healthcare employs often conflicts with Indian healthcare preferences. The conflict is not as much between the actual traditional or scientific care as it is over how that care is provided. This is a cross-cultural difficulty and can be alleviated by providing care to patients in the context of their culture: by Native medical personnel and with sensitivity to cultural needs.

Sensitivity to cultural needs in a healthcare framework begins with a greater understanding of Native American healthcare history. The following history must be preceded by a disclaimer about the information available about Native Americans in the 18\textsuperscript{th}, 19\textsuperscript{th}, and early 20\textsuperscript{th} centuries.

\textit{The information available to study early interactions between settlers and Indians in the Puget Sound area is greatly unbalanced. The vast majority of documents were produced by settlers, not Native Americans, and their content is telling of this. Written sources include journals and government records. These sources were almost always “crafted and intended for white audiences—usually government personnel or national legislatures—and therefore conform to the Native perception of what would be important or meaningful to the larger American culture.”\textsuperscript{53} While many of the experiences of early settlers were recorded, few experiences from the Native American perspective were recorded. Cultural and historical knowledge was passed from generation to generation through oral accounts. Unfortunately, as author Donna Akers explains, “Some mainstream scholars distrust oral sources, so often the information available from these records is omitted from the historical record, leaving a one-sided version of American}

\textsuperscript{52} Michael Fuchs and Rashid Bashshur, “Use of Traditional Indian Medicine among Urban Native Americans,” \textit{Medical Care} 13, no. 11 (Nov. 1975): 927.

For this reason, information recorded in the nineteenth century and early twentieth century should be considered biased.

In 1830, Congress passed the Indian Removal Act. This act authorized the president at the time, Andrew Jackson, to “dispossess and forcibly remove” thousands of Indians from the American Southeast to lands west of the Mississippi. Approximately a quarter century later, the Puyallup tribe established relations with the United States government. By December of 1854, the Puyallup and other tribes of the region had signed the Treaty of Medicine Creek.

Negotiated with Territorial Governor and Superintendent of Indian Affairs Isaac Stevens, this treaty promises the tribes money, allotted reservations, and certain rights in exchange for massive territories. Article 10 of this Treaty provides for a physician to look after the healthcare of the region’s tribes, including the Puyallup. The treaty states:

The United States further agree… for a period of twenty years, an agricultural and industrial school…and also to provide a smithy and carpenter's shop, and furnish them with the necessary tools, and employ a blacksmith, carpenter, and farmer, for the term of twenty years, to instruct the Indians in their respective occupations. And the United States further agree to employ a physician to reside at the said central agency, who shall furnish medicine and advice to their sick, and shall vaccinate them.

While the article limits the obligation of the United States to provide the blacksmith, carpenter, and farmer to just twenty years, according to the wording of the treaty, this restriction does not apply to the medical services. Thus, the provision of healthcare by the

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United States government to these tribes should be indefinite, or until the United States returns the vast tracts of land and resources taken by the treaty. The Puyallup tribe believes medical care to be a treaty right. Myron Eells documents the presence of a physician on the Puyallup reservation and directly attributes this presence to the Medicine Creek Treaty.

Eells’ journals are important because they help to illustrate “the era in American Indian policy when the reservation system was dominated by the plans and guidance of Christian reformers.” Reformers forcefully encouraged change, believing they were helping Native Americans by civilized a barbarous population. Instead of helping, however, many settlers as well as the U.S. government oppressed and exploited Indians. Tools meant to integrate Indians into the dominant society contributed to the stifling of Native cultures. Medical services especially were seen as an instrument of assimilation. The government funded hospitals built to discourage Indians from using traditional medicine. Effects of the suppression of Native cultures are still felt today. As Bennett put it, “We are all post-traumatic syndrome.”

In the late nineteenth century, some settlers had trouble understanding why Native Americans might resist settlers’ efforts to suppress Indian healing methods, languages, educational systems, traditions, and beliefs. In 1878 government official M.G. Mann

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63 Ramona Bennett (personal interview, Puyallup Tribal Health Facility, Tacoma, WA, October 25, 2007).
expressed frustration that “the older Indians do not, nor can not, appreciate the work of [the missionaries], and consequently… they are continually trying to keep alive in the mind of the young their old customs, superstitions, etc.”\textsuperscript{64} The blatant cultural egocentricity demonstrated here by Mann was not uncommon. In a report to the Commissioner of Indian Affairs in 1891, government official E.W. Agar called traditional medicinal practices “heathen.”\textsuperscript{65} Other officials reporting to the Commissioner expressed pleasure when Native Americans acted more like settlers. In 1903, the Commissioner received a report stating that “The demand for medicine is yearly on the increase; not that they are becoming more sickly, but they are giving up their old ideas of necromancy, and adopting the more sensible practice of the whites.”\textsuperscript{66}

Arguably, assimilation efforts and the type of cultural egocentricity quoted above were strongest within for the first generations of settlers. However, supremacy efforts continued for decades (and some still linger today). Roughly a century after Myron Eells’ assimilation efforts in the Puget Sound area, a representative of the Lummi tribe explained why assimilation efforts were often ineffective with Native Americans: “The U.S. has tried to build a glove to fit us into, and we haven’t been able to fit because there is a cultural value difference.”\textsuperscript{67} A single healthcare system cannot serve multiple cultural value systems; it would be ineffective because of conflicting cultural characteristics, such as values, beliefs, expectations, and assumptions.

\textsuperscript{64} M.G. Mann, \textit{Annual Report of the Commissioner of Indian Affairs} (Washington, D.C.: Office of the Commissioner of Indian Affairs, 1878), 135.  
The healthcare choices an individual makes reflect that person’s unique cultural context. To avoid conflicts of values which would lead to obstacles in providing effective healthcare, it is necessary to recognize the differences between societies, then establish a healthcare system appropriate for each culture’s unique context. According to an editorial from the National Congress of American Indians publication Sentinel, this recognition of differences between Native and non-Native societies should not begin with “a group of anthropologists talking about beads and braids and dances.”68 Rather, recognizing differences should be a process of thinking about “the ways that people act and react to situations, the way they view the world, and the values that they consider most important.”69

It was not until the 1960s that many Native Americans began to view their indigenous heritage as a valuable part of their identity.70 Puyallup Ramona Bennett affirmed that “a lot of Indians lived and died without the beauty of being Indian. They just knew pain.”71 This pain was in part a result of the failure of the dominant society to appreciate the differences between Native and non-Native cultures as valuable. Author Hilary Weaver explains that failure to appreciate the value of cultural differences “can inflict harm, can be a form of oppression, imprisoning someone in a false, distorted, and

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71 Ramona Bennett (personal interview, Puyallup Tribal Health Facility, Tacoma, WA, October 25, 2007).
reduced mode of being.” In the 1960s, a movement self-titled Red Power began resisting this oppression. Clyde Warrior, a Ponca Indian, was one of the most active leaders of the Red Power movement. While attending an annual conference on Indian affairs, he realized that “life for his people would not improve until they had their consciousness raised. Only with the development of pride in themselves and their traditional could Indian break out of their cycle of poverty and oppression.” Warrior advocated awareness and acceptance of cultural differences, concepts that applied to Native American healthcare. This movement contributed to the increased respect traditional healthcare began to receive from scientific medical professionals.

Increased respect for Native American culture and specifically for healthcare was a result of questions raised in the 1960s about racial issues and the dominant society’s treatment of minorities. Other movements of the time—the civil rights movement or gay liberation, for example—also addressed these questions. Like other 1960s movements, those involved in Red Power sought to regain the self-sufficiency the dominant society had taken from them, empowering themselves with pride.

This pride was in part expressed through a departure from customs of the dominant society and a return to traditional practices. For example, at the close of each National Indian Youth Council (NIYC) meeting, delegates gathered around a drum to share tribal chants and songs. The NIYC was an organization formed to close the gap between policy makers and Native Americans and to empower Indians through pride in

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their culture and heritage. In a Statement of Purpose delivered in 1960 by the National Indian Youth Council, chairman Melvin D. Thom addressed the issue of Indian-run organizations: “Individuals, agencies, and organizations have acted on behalf of the Indian people… there remains an important role which can only be occupied by the Indian people themselves” (italics added). The Puyallup tribe has fulfilled this role by establishing Indian management in the healthcare field. The Puyallup Tribal Health Authority facilities in Tacoma, Washington provide healthcare for Native Americans. The facilities were created by Indians, for Indians, and is sensitive to Native American values—specifically the Puyallup.

It is necessary for the facility to cater to Puyallup Indians. While many fundamental Native American values and traditions overlap between tribes, the multiplicity of beliefs is still too extensive to create a single, generic “Indian healthcare” system. The Puyallup tribe has responded to the demand for Native American healthcare specifically for the Puget Sound region. That the facilities were created by regional Indians is important because Native cultures can vary so much from tribe to tribe. These variables present another reason why a single healthcare system can not be applied to multiple cultures. This is especially applicable of Indians in the Puget Sound area. Due to “peculiar regional circumstances,” Indians of the Puget Sound region have “repeatedly frustrated federal officials’ efforts to package Puget Sound Indians in boxes designed with other Indians in mind.” That every culture has such a unique set of characteristics and beliefs makes it critical that healthcare facilities are operated by employees familiar

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with that culture. This is why the Puyallup Tribal Health Authority facilities are successful: they are not simply culturally sensitive to the Puyallup; they are Puyallup.  

To better understand the Puyallup in the framework of healthcare, it is necessary to examine a chronological history of how the Puyallup Tribal Health Authority facilities took form. Their history can be traced to the late 1700s, when healthcare treaties were initially being negotiated in the Pacific Northwest. Between 1778 and 1871, roughly four hundred treaties were negotiated with tribes. Just six percent of these treaties provided for some kind of medical service in exchange for the extensive land surrendered by Native Americans.  

Seventy six years after the first treaty was signed in the Northwest, the Puyallup tribe signed the Treaty of Medicine Creek. In Article 10 of the Treaty, the United States government promises a physician to look after the healthcare of various tribes, including the Puyallup.  

Medical care for the Puyallup tribe is a treaty right, and funding for the Puyallup healthcare facility is provided by United States Indian Health Services. Although currently funding for this facility is provided by the government, the government has not traditionally shown support for traditional healing. In fact, in 1871 a ban was placed on “Indian doctoring” by the Superintendent of Indian affairs of Washington territory.

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80 Medicine Creek Treaty with the Puyallup, Nisqually, etc. (December 1854), ratified March 3, 1855; proclaimed April 10, 1855. Quoted in George M. Guilmet and David L. Whited, *The People Who Give More: Health and Mental Health Among the Contemporary Puyallup Indian Tribal Community* (Denver: National Center Monograph Series, 1989), 99.  
with other traditional aspects of Native American culture, healing practices were suppressed and Indians were forced to subscribe to scientific methods. The constant suppression of Native American healthcare by dominant society contributed to the concept that traditional healing methods were substandard to those of the colonizers. Since healthcare reflects culture, this also suggested that Indian culture was inferior. The effect of this message on generations of Native Americans has been grave. Ramona Bennett, a Puyallup, remarked that one of the consequences was that “a lot of Indians lived and died without the beauty of being Indian. They just knew pain.”\textsuperscript{82} Browning Pipestem, a member of the 1960s Indian movement, also noted this pain, although he defined it as self-hatred.\textsuperscript{83}

In the 1960s the Puyallup tribe had no healthcare budget. Bennett told Indian Health, a United State government agency, that the tribe was interested in starting their own budget and healthcare center. Controlling their own healthcare budget would allow the Puyallup, instead of the United States government, to dictate when and where funds were allocated. Administrators from both the Seattle and Portland offices told her that her budget request required a “feasibility study,” or a three-year needs assessment. Bennett, who felt this was an attempt by Indian Health to “shut her up” for three years, took the hands of the two administrators and took them to a cemetery. Showing them the graves of Indian after Indian, she told them, “I’ve done my needs assessment.”\textsuperscript{84} By 1969, a tiny mobile unit was utilized to provide care to the Puyallup community, a unit that was an

\textsuperscript{82} Ramona Bennett (personal interview, Puyallup Tribal Health Facility, Tacoma, WA, October 25, 2007).

\textsuperscript{83} Mark Hamilton Lytle, America’s Uncivil Wars: The Sixties Era from Elvis to the Fall of Richard Nixon (Oxford: Oxford University Press, 2006), 304.

\textsuperscript{84} Ramona Bennett (personal interview, Puyallup Tribal Health Facility, Tacoma, WA, October 25, 2007).
upgrade from the basement of a Presbyterian church. The first formal clinic opened seven years later in a triple-wide, and it had standing room only, all hours of the day.\textsuperscript{85} This trailer was the first Indian owned-and-operated medical clinic in the United States.\textsuperscript{86} This clinic was later to become the extensive Puyallup Tribal Health Authority facility.

Another important Puyallup healthcare development took place in 1976, the same year this tiny clinic opened. A campaign was organized to forcibly occupy what used to be Tacoma Cushman hospital in order to transform it into a Tribally controlled medical center. The site of the hospital had previously been owned by the Puyallup, but the tribe sold the area to Indian Health, believing they would get the best healthcare services in return. Instead, Indian Health eventually sold it to Washington State. The occupation was a way for the Puyallup to recover what the tribe felt was rightfully theirs, and attempted negotiations between the tribe and the State of Washington for the building had been unsuccessful since 1971. By October of 1976, frustrated with the ineffectiveness of negotiations, a group of Native Americans led an armed occupation of the Tacoma Cushman hospital. “We believed they violated the agreement and got the property under a false premise. We evicted the state by holding up the property with guns,” explains Bennett, who was the Chairwoman of the tribe at the time.\textsuperscript{87} After extensive legal arrangements, the property’s ownership was transferred back to the Puyallup. Non-Native media coverage of the event focused largely on the militancy of the takeover rather than

\textsuperscript{85} Ramona Bennett (personal interview, Puyallup Tribal Health Facility, Tacoma, WA, October 25, 2007).
\textsuperscript{86} George M. Guilmet and David L. Whited, \textit{The People Who Give More: Health and Mental Health Among the Contemporary Puyallup Indian Tribal Community} (Denver: National Center Monograph Series, 1989), 23.
\textsuperscript{87} Ramona Bennett (personal interview, Puyallup Tribal Health Facility, Tacoma, WA, October 25, 2007).
on its purpose. Nonetheless, the event was widely publicized, which shed light on the issue of Native rights and needs, especially in the healthcare sector.

Owing in part to the widely publicized efforts of the Puyallup to regain control of the Cushman hospital and of their own healthcare, the present day Puyallup Tribal Health Authority facilities have grown from a triple-wide to three buildings that support more than 20,000 active patient files. The three buildings are the Takopid Health Center, the Puyallup Tribal Treatment Center, and the Kwawachee Counseling Center. Services within these three centers include a medical clinic, pharmacy, medical lab, radiology, optometry, a dental clinic, dental lab, physical therapy, a community health department, chemical dependency treatment services, mental health counseling services, outpatient counseling, anger management, and other support groups.

The Puyallup Tribal Health Facility’s attention to holistic health is apparent in one of their community outreach programs, one which takes care of the tribe’s elders. The program arranges for an all-Indian staff to take elders to the grocery store, makes sure they have rides to medical appointments, and so on. Bennett explains the reason for the all-Indian staff: “People are more comfortable with people who are like them.”

Discussion of programs like this began in the 1960s. An editorial from the National Congress of American Indians publication Sentinel explains that because assimilation has not and will not work, a new Indian policy be formed “to take into

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89 Ramona Bennett (personal interview, Puyallup Tribal Health Facility, Tacoma, WA, October 25, 2007).
91 Ramona Bennett (personal interview, Puyallup Tribal Health Facility, Tacoma, WA, October 25, 2007).
account the differences in culture and outlook that Indians have with the rest of American society. Let them find programs which will work rather than being forced to submit to programs which do not work.”

When I asked how the Puyallup Tribal Health Facility was different from other healthcare facilities, one of the responses Bennett gave was, “Doctors who work here have a better understanding of us… they understand that we have physical differences. Also, we don’t have to play Mother May I and beg for funds. We have our own budget.”

The facility is financially supported by the U.S. government agency Indian Health Services, funding required by the Treaty of Medicine Creek.

The Puyallup Tribal Health Authority facilities are unique for many reasons. One of the main reasons is because of the emphasis on a holistic, community-based approach to healthcare, one that is sensitive to the patient’s social experience. This includes respect to tribal culture and traditions, respect to the concerns of the community, respect to local research priorities and needs, and respect to the autonomy and decisions of the tribe as a sovereign nation. Another way the facilities emphasize the community-based approach is by reflecting the community’s history in its design. Two examples include the medical center’s lobby, which exhibits a totem poll and display cases of Indian art and tools, and the mental health center, which features a sweat lodge and a room styled after a traditional Indian long house. Healthcare is more effective for Native Americans at the Puyallup facility because it is provided in a culturally sensitive context.

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93 Ramona Bennett (personal interview, Puyallup Tribal Health Facility, Tacoma, WA, October 25, 2007).

After generations of suppression by the dominant society, the Puyallup were able to create a healthcare center that challenges suppression and embraces Native culture. The facilities incorporate traditional healing into their treatment by offering holistic healthcare and a supportive, familiar community. While they embrace traditional healing, the facilities also employ scientific healthcare practices. These two approaches do not conflict because they are conducted in a culturally sensitive environment. To rely solely on one system or the other could be detrimental to the patient’s health, as the most effective healthcare is often a combination of traditional and scientific medical knowledge.\(^\text{95}\) Combining scientific and traditional healing techniques has provided little conflict. In contrast, the blending of healthcare systems into one effective system has proved ineffective for cultural reasons. To provide the most effective healthcare, it is necessary to culturally cater a healthcare system to the clientele it will serve. In the case of Native American healthcare, catering techniques include “consultation with traditional healers, facilitation of the use of traditional healing, provision of funds to hire and train traditional healers, and incorporation of traditional health beliefs in health education.”\(^\text{96}\) The Puyallup Tribal Health Authority facilities have successfully created a culturally sensitive context, one proven successful by the more than 20,000 patients that benefit from its scientific and traditional services.


\(^{96}\) Reifel in Medicine Ways: Disease, Health, and Survival among Native Americans, Clifford E. Trafzer and Diane Weiner, eds. (California: AltaMira Press, 2001), 95.