

Conducting Investigations in Indian Communities

Art Martinez, PhD

It is important to look at issues of cultural reference and cultural difference in the care of Native communities and their likely interaction with federal criminal justice personnel. Many times there are issues of historical reference which European or the dominant society based individuals might not be specifically aware of. Nor might they be appreciated through the eyes of an interviewer. It is important to understand that there are specific and diverse cultural differences and values that will impact how most Native people will interact with criminal interviewers and federal jurisdictions. These issues of difference typically reach points of friction in four important areas:

1. Historically abusive relationships by federal agencies
2. Differing values and context
3. Traditional teachings/cultural reference
4. Language

It is important to note that these four areas of difference and potential friction are important areas to be considered. Conversely, these issues are also indications of the strength of Native people. Therefore a strength can be engaged in order to help the community seek culturally based protective boundaries. It is also important to understand that such areas of friction, conflict, and difference will exist in very diverse ways, at greater or less levels, in many communities. This may be relatively non-existent in some communities. It is as important to look at the facts of such investigation. The interviewee must be enlisted to assist in the investigation for the good of the community or the tribe. Within that context, any competent service provider will first join the community with the intent to convey the importance of the investigation, and the possible protective ramifications. These will be discussed further within the context of this document.

As has been stated, viewing the historical context and possibly the recent historical context within which the Native community being served with federal agencies is important. This is important in as much as that the agent or officer involved in any investigation symbolically represents, not only that agency, but all law enforcement agencies and possibly other federal agencies. Therefore, the possible conflicts and problems which may have existed with one federal agency will certainly (in the experience of the community and the tribe) flow over and significantly effect the relations in an investigative procedure. Importantly these issues can be addressed by putting the investigation within a historical context. Therein the community could be enlisted to cooperate with the investigation in an effort to serve toward the good of the community. While this is not always possible, certainly community organizations and community policing are more important considerations within Native American communities than with non-Native communities. This is due to the fact that in many non-Native communities (particularly urban communities), the individuals of the communities exist in a relatively isolated and individualized existence. Therefore, these individuals do



not feel specifically bound to one another through relation, community or tribe. In a tribal setting this is certainly not the case.

In a tribal community setting, Native people see ourselves as connected to one another first through family, then through community and then through tribe. This will lessen the consideration of the individual or self. This is an important consideration due to the fact that Native communities can be powerful forces in their own self protection. If the investigation is a part of that self protective history, then certainly the Native community will be responsive to that investigation. If that investigation takes on an atmosphere of attack toward the Native community, then it is likely the investigation will not reach fruition and will likely falter.

Our second consideration in this challenge is cultural differences, value and diversity. This can be sometimes over simplified yet it is a valuable consideration of content more important than externalized and standing procedures. It is important for an interviewer, to join the community in seeing the need and the utility of the investigation. This is arguably the most critical point in an investigation and it bears restatement. The investigation must have utility within the eyes of the community. Therefore, it must have value in serving the community needs for self protection and safety as well as protection from criminal acts.

Given that assumption, there come the challenges of meeting barriers of value which exist. These issues of value can be termed as world view. Typically this world view follows a generalized theme of differences. As we can see, an interviewer can run the risk of over simplifying cultural differences of value. If one were to look at externalized behaviors and processes this error could easily be made. Importantly, the risk exists of viewing these values as issues of the interviewee rather than the interviewer. Native people may be more skilled in bi-cultural skills than the interviewer themselves, since Native people for hundreds of years have met the challenge of bi-cultural existence. Therefore, it would be important for all interactions between an interviewer and community participants to join in a process in an investigation. The community as an important and a valuable process critically views the importance and meaningful outcome of each investigation.

Given this foundation, it is important to look at the traditional and culturally specific processes of the community. These factors must be depicted through the most culturally specific terms or through a melding of traditional and modern practices. This would be important, given the fact that it allows the interviewer to approach the investigation in an atmosphere of respect and honor, by honoring those involved.

In Native communities it could be said that what is honored, symbolically, has extreme importance. Given that fact, it is important to join in understanding the traditional teachings and values of the community. It is important to show interest with each interviewee by allowing the people to tell about themselves, about their family, and about their place within the community. Further, it would be important for any investigator to become knowledgeable of the basic spiritual and cultural practices which exist. Thus, rather than following a scripted



interview process, it might serve more useful to converse with community participants in an investigation. A discussion of their role in the community, their role culturally, their cultural views, and why this investigation is important to the community, may be an important preamble to any debriefing.

There are important issues of reserve, respect and honor in every involvement from any non-Native agency with tribal communities. In looking at that interaction, it is important to consider:

1. What is the impact of this investigation on the community?
2. How would people in this community have dealt with these issues traditionally? What would have been the old way of dealing with such a crime or an alleged crime?
3. What cultural practices currently exist or serve to strengthen the community culturally and traditionally?
4. How could the investigation serve to join and reinforce the cultural strengths of the local community?

It is important to view issues of tradition and how they impact the local community. This allows any interviewer the latitude of not only educating themselves about the incident and the facts of the incident but to further understand the context within which the alleged incident may have existed.

Of critical importance (in the entire process) are the simple yet powerful concepts which underlie all Native community interactions and should serve as a foundation to any investigation. These are the concepts of honor and respect. In respecting the local Native culture, an interviewer shows his or her abilities to appreciate the health of the community; the ability of participants within the community to be of value. This is important not only in the investigative process but in the general healing of the community and individuals involved in the incident. Of equal importance is that any interviewer involved should attach respectfully to the community, important elders and healthy community natural helpers. This can be done through meeting with families and communities to enlist participants in the process of community healing. Certainly tribal agencies that are involved with community health and wellness can serve a function in this process. Further, tribal law enforcement is an indispensable means of allowing the interviewer to show respect for the community by involving and respecting tribal law enforcement's guidance and liaison within the community. If for some reason, tribal law enforcement does not particularly operate in as respectful a manner, a perplexing situation exists. In that situation, expressions and guidance by the interviewer to tribal law enforcement showing a way to more respectfully approach an issue are suggested. This would serve to assist tribal law enforcement (in their development) and further, serve to earn respect for the investigation. This respect of the community and to the participants in the investigation may not have been demonstrable otherwise.

Of additional importance are issues of language. Issues of language are critical in the appropriate interpretation and gathering of evidence. This can be demonstrated by understanding two important concepts. One would be the concept of aboriginal language. This would include issues of English as a



second language, Native speakers of their language, and how to interpret that language. The second would be issues of Native expression of Native languages using English. This is important due to the fact that in many communities, Native people may not all be speakers of their own language yet may be very fluent in the English language. The structure and content of the language will vary based upon a pivotal foundation of Native language. In essence Native people many times still speak Native languages but use English words. This concept is important in understanding the context and nature of the information gathered. These interview factors include common ways of referencing common definitions, and issues of syntax in the world view which over-shadow or enlighten any investigative consultation. It is important for any interviewer involved to process with local tribal cohorts how to clearly understand the traumatic and post traumatic issues which impact victim responses and social dynamics in Indian country.

It is important to first realize the historical context within which Native people live, survive and recover. In that historical context, it is clear that there are multi-generational issues of post traumatic stress which impact Native communities. It is important in all facets of intervention with Native American communities to not further compound the victimization or to practice blaming the victims. It is more useful or poignant to focus as an interviewer or case manager on joining with a larger community of tribal systems which are committed to promoting the recovery and being a part of the solution. In this respect remember that within the context of the Native community, it is important to be a part of the solution as opposed to part of the problem. While this is easily said this demands a great deal of community acceptance and becoming part of an internal process of community which may not be evident at first. It is critical to first look at the historical context within which an interviewer might become involved.

Historical Context:

In understanding the historical context within which one becomes involved with Native communities, it is important to understand that there are various layers of post traumatic issues or cultural impact issues. These are over laden within the Native community in its legal and governmental interactions. These considerations are listed briefly as:

- cultural shock,
- survival from warfare and extermination,
- the systematic exploitation of people and resources,
- the boarding school era,
- impacts of social and biological diseases (infectious diseases, alcoholism, and drug abuse)
- child removal, and
- religious freedom issues.

When we look at these issues of cross-cultural impact it is important to have an understanding of these many layered operational issues of cross-cultural



impact. Later will be discussed issues of linguistic differences and differences of cultural and world view. Critically, it is important to understand the first layer of trauma caused upon the relatively homeostatic, ecologically balanced way in which Native people lived within nature and amongst one another. This cultural predisposition was one that sought grace, beauty, and cultural resiliency as practiced in every facet of life. In that respect, culture is probably not an appropriate word for viewing how Native people exist or lived traditionally but moreover 'way of life' may be a better fit. This is important given the fact that culture may not be a binding enough word to encompass all those things which the Native tribal way of life may have encompassed. Issues that are in the modern day society thought of as culture, religion, daily practice of life, ways of communicating, ways of referencing one's self in the world, and ways of practicing one's relationship with the creator, as well as social disciplines for interacting with one another are all encompassed within the Native way of life. It is important to understand that there are approximately 350 culturally distinct indigenous tribes within the United States. Each of these cultures are distinct and culturally specific in their own way of life and way of relating to the world.

The following is a depiction in movement of great power amongst Native people toward tradition, toward rebirth as a people, and redefinition of ourselves based on our survival, our strength of culture, our strength of prayer, and teachings of elders. In this renewal, Native people throughout the country from various different tribes have lived strong in their heart to carry out the traditions of their people. We as Native people see a responsibility for providing services within our own community to lift ourselves up from the victimization and tyranny from which we have been subjected. As one can tell, this presents great responsibility which is placed upon the shoulders of service providers in three areas:

1. Professional competence and security in their professional skills.
2. Leadership in developing community movements toward wellness and well being.
3. Role model of health for their community within reason and within reasonable strengths.

In many ways the last point is most important. More significant than therapeutic interventions or prevention strategies is the need for role models and mentors within the community to lead through examples of how we might survive as a people. This will lead our people through walking our talk to the strength of that which we desire to achieve for our future. Non-Indian providers within the community often experience limitations on what is and what is not culturally accessible. All providers, Indian or non-Indian must join with the community in a healthy way. This is engagement in a way that models and reinforces the traditional health of the community and the traditional wellness of the people. This is to say that within every community there is a core group of traditional people, natural helpers, elders, and young people whom strive to lead their community into health and well being. In that regard, there is a great depth, tradition and well being within our communities. By joining, reinforcing and



developing that community of health, we serve to foster strength as a people using our traditional ways. In essence, we can join with a previously existing community of health. One that is many times disparaged, victimized within their own community, and ostracized within the larger non-Native community. By recognizing and aligning with this community, the providers of service become a part of a therapeutic team which is indigenous to the community. This as opposed to an outside force which presents a cultural and political threat.

Historically, this is important since Native people have suffered from such cultural and political threats to survival since the arrival of the first settlers. Interestingly, early settlers and early Congress recognized that Native people had land rights and saw the United States as co-existing with Native nations, as allies or co-existing sovereign nations. While this assertion is still made by Native nations today, the federal government has construed the Supreme Court definition of Native nations as domestic dependent nations. This expounded that Native people have rights only as assigned to them by the federal government. This was no more evident than in the passage of the Native American Religious Freedom Act within the past decade. With the passage of that Act, Native people were formally given the right to practice their religion for the first time in American History. This act sought to end an approximately 400 year tradition of attempts by the now dominant society to subjugate and rule every portion of Native life. This tradition is certainly not dead or abandoned. Today, this legacy is more likely enforced through service programs in more covert ways. These covert ways have, for the most part, been the use of white middle class logic or cultural colonialism to subjugate Native people. It should be clarified that this issue is still alive and within the hearts of many Native people today. This is signified by the fact that it is still the official policy of the United States government to terminate, in their own words, many tribes within the United States. Tribes seeking to combat these efforts have been rebuffed in many areas such as California. There sit stacks of signed but unratified treaties which, by their lack of ratification, deny Native people the rights to co-exist as a nation. Native people within these areas have never forfeited that right [in fact have negotiated these treaties in good faith].

The United States government continues to uphold a policy consistent with the termination act of the 1950's which sought to relinquish the rights of tribes to exist as a sovereign nation thereby assimilating or ending by redefinition the rights of Native people within those areas. Predominant in this legacy was California. For many years the United States Government sought to eliminate the California Indian problem by eliminating California Indians. This was enforced through efforts to exterminate California Indians through disease, poisoning, massacre, bounty and starvation. As Native people of California survived, treaties were negotiated in approximately 1840, which led to the 18 California treaties establishing Native lands and reservations within various areas of California. With the discovery of gold in approximately 1849, the treaties were abruptly tabled, never to be heard before the Congress again. This in as much as there was a fear that, within California, there may be Native areas that were designated through treaty that might have rich gold reserves or other reserves



not yet discovered.

The following excerpts will give a dateline which describes some Indian experiences in U.S. history through legislation and policy:

Historical Perspective

Although the Native Americans inhabited American land before the first settlers arrived, they were among the last to receive full citizenship rights. In the early years, settlers and congress recognized the land rights of the American Indian and attempted to co-exist with Indian Nations. By the early 1800's, as the pressure to open the West for settlers intensified, the U.S. government began to restrict the Native Nations to specific lands and opened the remaining lands to the white settlement. More than with any other group, U.S. government wanted Native Americans to assimilate into the mainstream. Laws were passed mandating that Indian reservation lifestyles conform to that of the encroaching "civilization." Missionaries built churches on reservations to save souls and the federal government removed children to be educated in boarding schools. The Native people continued to resist acculturation.

Today the American Indians are one of the smallest ethnic groups. Although much of the cultural heritage is still lived, many Indians live in urban areas, occupy professional white collar jobs and have intermarried with other Indian groups and with people outside the Indian culture.

The dateline presented below briefly describes the Indian experience in U.S. history through legislation, U.S. policies, and historical dates.

- Nearly 1/3 of the early treaties were for peace. Later, in the far west many treaties were not ratified by Congress.
- Treaties were not regarded merely as agreements but as contracts enforceable by U.S. law.
- In early treaties, the U.S. never gave Indians land; rather, Indians gave U.S. lands in consideration for having Indian title to remaining land. This was to respect and confirm U.S. pledge to guarantee tribes the peaceful enjoyment of their lands.
- Delaware Treaty of September 17, 1778 - Earliest treaty to introduce concept of dependency; treaty gave U.S. provisions to supply Delaware Nation with clothing, utensils and "implements of war." Treated Indian group as sovereign nation as opposed to the later attitude of "wards."
- In 1800's, treaties began to reserve Indians to certain lands.
- April 16, 1800 - Joint Resolution passed by Congress authorized the President to determine whether Indian title to copper lands adjacent to Lake Superior were valid.



Upon the Back of a Turtle... A Cross Cultural Curriculum for
Federal Criminal Justice Personnel

- Act of March 3, 1819 - An Act making provision for the civilization of Indian tribes adjoining frontier settlements.
- Indian Trade and Intercourse Act, June 30, 1834 - Outlined trade aspects of Indian affairs; a Companion Act established the Bureau of Indian Affairs.
- 1840's - Trail of Tears - President Jackson ordered the army to escort, on foot, five Indian Nations (Cherokee, Chickasaw, Choctaw, Creeks and Seminoles) from their lands in the southeastern part of the U.S. to lands west of the Mississippi River. Many died during the exposure and other hardships.
- 1849 - Dept. of Interior was organized; Bureau of Indian Affairs was transferred to that Agency.
- Missionary activities began to flourish. Churches could receive title to lots of Indian lands by promising to contract certain operations such as schools, hospitals, and churches. Consequently many applied for and received lands.
- 1870 - 1830 - Indian religious congregations were established in nearly every reservation west of the Mississippi. Indians basically followed the way of the white man because it was the path of least resistance.
- General Allotment Act (Dawes Act) 1887, amended 1891, 1906 and 1910 until it included nearly every tribe. This Act required that tribes conform to social and economic structure of rural America by giving up rights to their private property. Indians lost more lands than at any other time through the sale of lands to the government, private organizations, and individuals. The church supported the Dawes Act as the best means of Christianizing Indians.
- 1900's - Responsibility for educating and socializing Indians was gradually removed from missions to federal government. Children were removed from reservations to federal boarding schools away from the reservations.
- January 5, 1903 Lone Wolf (Kiowa Leader) vs. Secretary of Labor - Supreme Court ruled in favor of allotting lands to members of tribes. This action opened the remainder of reservation lands to white settlement. Also established the principle that Indians had no title rights to land.
- 1924 - U.S. granted citizenship to Native American peoples.
- 1930 - Federal government began to encourage the enrollment of Indian children in public schools.
- 1934 - Johnson O'Malley Act provided federal funds to offset costs of providing education in public schools for Indian children.
- 1934 - Indian Reorganization Act empowered reservation people to govern



themselves and provide services to their own community.

- 1930's -1950's - Tribes were encouraged to relocate from reservations to urban centers. Relocation centers were established in major cities.
- 1950's -1960's - Tribes spent most of their time fighting for land, mineral and water rights, and defending treaties.
- 1972 - Indian Education Act recognized the right of Indian people to educate children about their own culture. It was instrumental in creating innovative educational programs.
- 1973 - Indian Self-determination and Education Assistance Act strengthened the ability of Indian governments to provide adequate social services to their people.
- 1978 - Indian Child Welfare act gave Indian tribes jurisdiction over Indian child custody procedures and authority to provide services which address the needs of Indian children. The Secretary of the Interior was authorized to make grants to Indian tribes and organizations in order that they might establish and operate child and family service programs to implement the Act.
- 1992 - The Native American Religious Freedom Act made all ceremonial and traditional uses of sacred items, places, and practices legal for the first time officially through an act of congress.

Family Structure

Since each Indian tribe represents its own unique social system, it is inappropriate to discuss Indian family practices in general terms. Further, the Indian family in most societies does not exist as a self-contained entity, but within the context of the tribal community and clan (unless the family unit lives outside the reservation).

The structure of Indian society is based on its origin, and the origin of tribal society is based on a philosophy of interdependence(1). This requires the development of well-defined kinship patterns. Regardless of the descendent patterns of the society (some are matriarchal, patriarchal), most have developed complex ideologies of relationships within the tribe and between its members and nature.

Because of the community aspect of Indian lifestyles, the extended family concept is very applicable to the Indian family. The kinship network is seen most effectively at work in the child rearing practices of most groups. Parents, especially new parents, are not expected to assume complete responsibility for raising their children. All adult members of the family and community serve in parental roles - elders as educators, cousins and friends as child care givers. Although in many Native American cultures it is the females' responsibility to raise children, male members of the family become actively involved in the



rearing of male children early on. Thus, it is not unusual or considered abandonment for a child to be left in the care of grandparents or other relatives for an extended period of time.

Strengths of the Native American Family

Extended Family Network/Interdependence. Encourage children to be left in the care of a relative or friend when the parent must leave the home. The social worker should interact with other members of the family, as well as with parents, who are actively involved in the child's welfare. For Native Americans living in urban areas, the social worker should identify Indian related services in the community whenever possible.

Strong Tribal and Communal Affiliation. This concept is especially important for urban Indians who are more removed from the extended family network that exists on the reservation. For families that don't have relatives who live near them, assist them in establishing contact with Indian groups or families of their tribe that may live in the community (e.g., Indian Centers and Societies).

Cultural Respect. Social worker should respect cultural practices that are observed in homes of families they visit, even though they may not understand the practice or it is counter to what is practiced in their own home (i.e., an elderly Indian may offer the best chair in the home to a guest even if it's the only chair). This goes a long way in developing a strong relationship with the client.

(1) Eddie F. Brown, D.S.W. and Timothy Shaughnessy, Ph.D., **Education for Social Work Practice with American Indian Families.** Arizona State University (undated), p.72

REVIEW OF THE LITERATURE

It is important to review the psychological research pertaining to the area of traditional health. This is done in order to lay a partial foundation in research from which innovative reactivation of traditional health may be seeded. It is also important to limit such a discussion through the sifting out of those bodies of literary works which do not allow for American Indian ethnocentric world view. Through an understanding of traditional health practices, service providers will learn the ways of respect and honor which permeate local custom and social norm.

Shortcomings of Previous Anthropological Works

In this review of the literature it should first be established that much of the works of medical anthropology, cultural anthropology, and sociological medicine will not be referenced. The basis of omission of many antidotal and field researches conducted in field researches is sample. Much of the anthropology and other researches done in this field of traditional healing have been performed from a predominantly western, non-Indian, world view. Such works, absent of an Indian world view or culturally self-defined legitimacy, are of value in this review



only for the purpose of refuting such works. This refutation might be best defined as follows:

The anthropological task of discovering and describing foreign systems of classification and theory is one whose logical and even psychiatric complexities are seldom recognized, or confronted. The translation of even single utterances or words entails numerous assumptions on the part of the translator as well as involving his knowledge of the social context of utterance. The complex sources of knowledge of foreign beliefs involved in assumptions and observed evidence are seldom kept track of, as indeed such recording would make field research virtually impossible (Hahn, 1978; Devereux, 1967). Determinant in this suspension of such field and antidotal works is that Native people have a right to a definition of health and healing from within their own world view and cultural reality. "This form should not suggest a lack of integrity of individual psychiatric systems in their context" (Hahn, 1978).

There is a lack of prior or past work to provide a reliable basis from within the Native world view and traditional values. While there is extensive literature on aboriginal American medicine and some information on psychiatric belief and practice, the general state of our knowledge in this field is poor. More methodical and systematic studies have only rarely and recently appeared, and all reports must be skeptically reevaluated (Hahn, 1978).

Shortcomings of Previous Health Interventions with Native People

These same issues of psychological context become more accentuated with a review of health interventions with Native Americans. As has been summarized previously in the works, the United States, through the Indian Health Service (IHS) and the Bureau of Indian Affairs (BIA), has perpetrated genocidal acts toward American Indians. Thus the behavior of governmental agencies toward American Indians blatantly attacked the personal integrity of Indian people. Even more overt in such behavior was the governmental predecessor to the BIA and IHS, the U.S. Department of War.

An Indian defined and administered implementation of health was practically not allowed nor reinforced by the U.S. government until the late 1960's and early 1970's with the inception of tribally operated Indian health projects, Native American Self-Determination Legislation (PL. 95-638), and Native American Religious Freedom Legislation (PL. 95-341). Yet the true potential of those public laws and Indian rights to self determination of health have not truly been realized due to the imposition of the non-Indian definition of health. This dichotomy in definition of health is well documented in recent literature:

"While western medicine and psychiatry emphasize the pathological and variety of pathological states, seldom focusing on "health science" or "mental hygiene" or on the nature and states of well-being, this is not necessarily characteristic of non-western psychiatric theories" (Hahn, 1978).

Ernie Benedict (1977) of the Mohawk tribe, goes further and states:

"Doctor's medicines tend to vary mechanically. The person is repaired,



but he is not better than he was before. It is possible, (a) modern provider who does not recognize Native American traditional or cultural practices; (b) the frustrated liberal who is afraid to intrude on the traditions and culture, thus rendering the provider with little to offer, and (c) providers who do not know how to achieve rapport.”

Jilek (1978) concludes that there is a “relative inadequacy of western medicine and health care systems in comparison with indigenous healing.” He further states:

“This inadequacy of western medicine can be defined as, (a) a lack of holistic concepts and practice; (b) overvalued focus on biochemical aspects, paired with neglect of psycho-social and cultural aspects of ill health and treatment, and (c) superiority of indigenous therapies in utilization of dissassociative mechanisms and effecting positive personality changes.”

Spero Manson, of the Oregon Health Sciences University describes these views of healing as ‘totally different.’ “One analyzes, the other synthesizes. Often the attributions of cause and metaphors associated with them are so unrelated - a narrow physical explanation versus attribution to supernatural sanctions, for example - that even sincere attempts to the community may be thwarted” (Cordes, 1985).

Need for an Indian Reality in Health Delivery

Jilek (1974) depicted the disparity of conventional psychological practice and Native American client population in the following way, “When I started to treat Indian patients, I soon became painfully aware that my therapeutic armament of western psychiatry was insufficient equipment to meet the needs of the Indian clientele.”

The resistance of Indian people to exclusively non-Indian treatment of illness and definitions of health was revealed in a recent study. In this work, Michael Fuchs and Rashid Bashshur found that about 28 percent of Indian families surveyed reported using some form of Indian medicine during the five year period preceding the interview. The study was done of a representative sample of 5,000 Indians living in the San Francisco Bay Area. In reference to the specifics of this study, it was found that use of traditional medicine was reported regardless of tribal affiliation; was maintained in addition to Anglo medicine, do not vary with socioeconomic factors, and that the lack of Indian medicines in an urban area was perceived as a major reason for the Indian family’s return to the reservation (Fuchs & Rashshur, 1980).

Camazini (1980) discusses the need for health practices to be supportive rather than antagonistic of traditional cultures and beliefs. “The better informed the health care providers, the better they can provide acceptable medical care” (p. 79).

In his work of 1970, Torrey emphasizes the shortcomings of modern mental health services:

To date, mental health services for Indians and Eskimos have been slowly



drifting along in the wake of American middle-class psychiatry. Simultaneously, it has become clearer that American middle-class psychiatry is both more culture bound and more class bound than previously realized. Mental health services are needed, approaches utilizing both innovation and Imagination (p.456).

In short, some works by clearly insightful authors have demonstrated the resounding benefit of culturally based interventions in health care and mental health interventions. It would be beneficial to examine the legitimacy of traditional healing practices, as well as the right of Indian people to those culturally, and spiritually based health interventions.

The Legitimacy of Traditional Health Practices

In referring to the legitimacy of traditional health practices, it should first be stated that Indian people do not need external confirmation in this legitimacy of traditional health; however, modern psychologists, policy makers, anthropologists, and medical providers are slowly enacting such confirmation. An awaited cooperation of traditional health and modern technological medicine is imminent.

The American Psychological Association (APA) in a recent article appearing in APA Monitor states, "Although the ideal of western mental health professionals cooperating with traditional healers is not new, it is seldom realized (Cordes, 1985)." The article's author, Colleen Cordes, goes on to state that, "There are problems with each (western medicine and traditional healers) accepting the legitimacy of the other's system. This has been a particular hurdle for healers who have tried to work within hospital or clinic settings. Western health care providers often accept the traditional healer's presence only reluctantly. The healer is treated like a placebo; something to make a client feel more comfortable so the real western therapy can begin (1985)."

Therein lies the condescending posture of western medicine toward traditional Indian health. Yet, becoming persistent in the recent turning point of modern scientific thought is the legitimacy of the holistic, traditional, and spiritual health practices (Capra, 1982; 1978). In an article "A School for Medicine Men," Robert Bergman, M.D. (1973), urges the acknowledgment and support of Native traditional medicine practices. Bergman, Chief of Mental Health Programs for the Indian Health Service, delineates the legitimate psychiatric and psycho-medical approaches of Navajo traditional practitioners. He establishes the basis for this as follows:

The psychiatric literature is less extensive. It includes the early article of Pfister.... The Leightons in 1941 described Navajo ceremonials beautifully and explained many of their beneficial elements. Sander reported his work with Navajo medicine men to the APA three years ago. Almost everyone agrees that the ceremonies work (Bergman, 1973).

In 1968, Bergman states, "Medicine men are professionals. What they



have that paraprofessionals lack is status and intellectual discipline... Medicine men are in real touch with the life of their community; they are also its intellectual leaders (1968, p. 137).”

The World Health Organization (WHO) estimates that three-quarters of the world's population “are emotionally and culturally tied to indigenous systems of health care,” and urges governments to support the training of new generations of traditional healers (Cordes, 1985). Interestingly enough, the United States Congress seems to concur with this thesis as reflected in the passing of the Indian Health Care Improvement Act Reauthorization Bill (H.R. 1974).

The State of California through its Department of Health, Indian Health Branch, also seems to concur with this promotion of traditional health in this policy of 1976 (Indian Health Branch, Sect. 1507). In his criticism of the World Health Organization's policy in promotion of traditional health practices, Phillip Singer (1977) of Oakland University, brings forth a cryptic warning. In his work, ‘Traditional Health, New Science or New Colonialism,’ Professor Singer alleges that the traditional health movement may be perverted by the ruling class powers to deny the benefits of modern medicine to suffering traditional peoples. This assertion points to extreme need for the collateral promotion of modern and traditional health services. Strategies are necessary which strengthen both health interventions for the synergistic and delivery of health care services to American Indians.

Toward a Cooperative Health Approach, By and For Indian People

As the preaching issues infer, there are an abundance of recent works which call for a cooperation of approaches and strategies which serve to respectfully implement traditional health practices as a part of a permeating appropriate health care. The World Health Organization suggests this synthesis would offer “the best of modern with the best of traditional medicine (Cordes, 1985).”

This edition of the APA Monitor suggests: The real question is how to coordinate the efforts of traditional and western systems for the good of the client. Medical anthropologist Spero Manson, who has scrutinized case studies of such efforts for eight years, admits that there are “clearly more failures than successes....” Manson recommends that western clinicians rely initially upon a third party intermediary to avoid problems caused when the uninformed try to link up directly with traditional healers (Cordes, 1985).

Jilek (1978) eloquently summarizes the need for this cooperative effort in the following way: Surely the renaissance of Native therapeutic self-help should present an intellectual challenge to western medicine and psychiatry. Perhaps we can venture a summarizing statement on this issue, the persistence and revival of indigenous American Indian healing is due, not to the lack of modern treatment services, but to a need for culture congenial and holistic therapeutic approaches, such as those conceptualized by transcultural psychiatry and psychosomatic medicine but still rarely applied in practice. In his 1974 writing, Jilek asserts that, “A comprehensive mental health program for American's first citizens should, therefore, strive to combine modern western with American



Indian approaches (p.21).”

The conclusion to be drawn is that many Indian patients are likely to benefit more from involvement in Native therapeutic activities than from exclusive contact with western resources. The persistence or revival of indigenous healing should be looked on as assets in total health care for the Native population.... This aims at combining western treatment with indigenous procedures in close cooperation with Native therapists (p. 355).”

E. Fuller Torrey, in his work of 1970, emphasizes relevant issues supporting this position, “American Indians and Eskimos are two of several minority groups in the United States who have little to say about medical services...and must be content with the offerings of medical establishment whose class and culture are usually different from their own. This is certainly true of psychiatric services (p.455).” He goes further and addresses needs and goals by stating, “The outcome would be a system of mental health services specifically adapted to the culture, realistically commensurate with available manpower, and compatible with dignity for the group (Torrey ,1970).”

The preceding review of rare and recent literature shall serve as a partial foundation upon which the body of this work shall rest. The remaining philosophical foundation will be set in the section entitled “The Return of a Red Wind.”

THE RETURN OF A RED WIND

The following section entitled The Return of a Red Wind is a narrative written by the author of this dissertation. Being a Chumash Indian, the author has written this section in the first person in order to depict the culturally specific philosophy from which the entire document is effected. This section is intended to lay a philosophical foundation for the entire document.

The Return of a Red Wind

In initiating a process for implementing strategies of traditional Indian health, it is important we establish a tone or philosophical setting for such a process. This initial section of this document will attempt to depict this philosophical setting. The philosophical setting of which we speak is one which must exist in the heart of those planning, structuring, and implementing any traditional Indian health activities. It is herein extremely critical and only sensible that any implementers of traditional health activities be traditionally sensitive Indian people. Let us attempt to set a state for working in a non-linear, traditional, Indian health framework of heart, mind, and spirit. The following narrative depicts such a framework.

In our Indian way, we walk various roads of life. The road we walk governs the way that we relate to our world, which says something about the spiritual life that we lead. For us as Indian people, to be healthy (truly healthy) the spiritual world around us must live again. Therefore, as Indian people, we must develop our spiritual ways to live again. It is through those spiritual ways that we will have the communication which we enjoyed with the natural world



around us. For some Indian people this has never been lost, but for many people living in the city and having confusion in their hearts, his spiritual loss has occurred. In order for us to find true health and wholeness in our lives, we must regain the red road or our Indian ways.

At one time the world that we are a part of was covered with a red wind, the red wind of our Indian traditions. Those traditions were our ways of health and wholeness that were handed down to us by our elders. Our creator, through visions, dreams, messages and language through which the creator talks to his people, gave our traditions to our ancestors. Very recently that red wind died down and was almost gone. The red wind of goodness and traditions of how we conduct ourselves slowly diminished as the white people came over our land. In order for us to be truly healthy and whole as a people, this red wind must live within us again.

In the way that medical people (modern medicine) talk about preventative health services, they talk about preventing sickness by enabling people to live a healthy and whole life. They talk about this as meaning physical, nutritional, and mental wholeness.

This physical wholeness they see as being a need to maintain physical strength and physical exercise using the body in the strenuous way that it was meant to be used. This is certainly true, and Indian people have known this all along whereas modern medicine has just discovered or rediscovered this. Modern medicine also says that you have to watch what you put into your system (your body), and they refer to this as nutrition. They say you must watch out that you do not poison yourself, and that you must have a healthy and full variety of nutrients in your body. This too, Indian people knew since we refer to our food as medicine. We try to use this food medicine with moderation, for the creator put it here so that the people might live. Nutrition for Indian people is in our Indian foods and our Indian way of preparing foods for a healthy life.

These modern medical people also talk of mental health. This can only be interpreted in our Indian way as feeling toward one another, and the hearty medicine of a joke (or a laugh) which Indian people all know and are aware of. They talk of the need for maintaining mental health by talking to doctors and minimizing stress so that life doesn't defeat you. Modern nutritional and mental health, says you can be healthy not only in your mind but in your body. In our Indian ways these things are well known since the beginning. Modern medicine misses the most critical or the most important of all these preventative ways. For us as Indian people it is only obvious, but the modern medical world does not yet understand the importance of spiritual health.

Spiritual health is the way of which we speak. Spiritual health includes our relationship with the world around us and the other spirits around us. Spiritual health includes the way in which we conduct ourselves, and the spiritual way of being healthy which leads us to a healthy life. When something happens to disrupt our spiritual health our body gets sick. Our mind gets sick. This is when we need to visit our Indian healers or Indian medicine people so they might straighten us out and point us back to that red road again. They will take from us whatever it is that might be making us sick in our spirit. This will help us to



become well in our body once again. So it is spiritual health which the non-Indian people seem to be running away from in these modern days. Taking that spiritual health away from their life has made them very confused. We, too, as Indian people must watch out that we do not become confused.

One of the ways which we learn to be healthy is through the way that we relate to the world around us. For some of us they call this our tradition. It truly is our tradition since it was passed down from our elders and their elders before them. But these traditions are not old things for an old and dead world. They are things for today and the way that we are linked to the world; the way in which this island is linked to us, the way we relate to that creator. So we find that our traditional ways are instructions on how to relate to one another, to the medicines around us, and to the plants around us, and we find how to relate to all the four legged animals around us (our brothers and sisters), and how to relate to the winged people (our other brothers and sisters) throughout our traditional ways, we find outlined for us a relationship to the world around us, and a relationship to everything which is close to us. Sometimes we have special relationships. Special relationships are with certain animals or certain spiritual guides which the Creator helps us find the avenue to health and well-being. When we work with one another, we show how well adjusted we are in our spiritual link. In our Indian ways, we have outlined for us not only our ways that relate to earth and the world around us, but also the ways which we relate to one another. This is particularly important in our relationships with our extended family, the members of our community, and our tribe. Our families are the people around us that were given to us, brought to us by the Creator to make us healthy, and to make us watch out for one another, they help us in that way. The Creator gave us the blessing of our extended families.

These are our sisters, aunts, uncles, our grandfather, and grandmother - each of which we have a very special relationship. Each plays a very important part in helping us become the human being. Our grandmothers teach us how to have kindness in our hearts, give us advice on life, and tell us stories of all the things around us. Our grandfathers tell us their stories in life, and lessons they have learned. Our uncles teach us how to grow up to be an Indian man, how to hunt, how to conduct ourselves, how to be a warrior, and how to relate to the world. Our aunts teach the girls how to be women, how to take care of themselves, how to take on medicines of the family, and how a woman conducts herself. So our extended families are very important. Without them we will have a hard time finding ourselves and knowing how to act in an Indian way. Then, it is not impossible. Many of us have had a harder time than others and have not been around our family all the time. This is a much greater test than most. Nevertheless, it's a test we must go through.

When those less fortunate than ourselves are without family, we must take them in. We must take them in to our homes and into our family. They might be lost, not knowing where their family is, or they might live far from their family. Therefore, we must help them and bring them into the safe protection of our families. We must help them learn as Indian people. In our family way, they will develop and find wholeness in us and in our future.



Some people might say why not take in the new ways? To that we must always answer that we have a way which was given to us. We have a way that is strong and healthy. We must maintain those ways for those not yet born. When we come together as people, we must always keep the unborn in mind. We must truly come together as a people, to put our minds together, and see what kind of life we might make for those not yet born. These are the reasons that we must always keep the spiritual instructions that we were given by the Creator a long time ago. We must always remember the children, those that are coming up and those that are not yet born. When we do traditional things we must also remember our ancestors. Maybe by being aware of these things we will be motivated to walk that red road, for there is a return of a red wind.

In regaining our traditional ways we must always be aware that this has been prophesied. There is a slowly returning red wind. That red wind is coming back around. Our responsibility is this process. In our responsibility we must bring our minds and hearts together. We must commit ourselves before the Creator to carry on our traditional ways for those who have not yet been born. For the return of this red wind is always the return of strength and well-being of our people. It is in this way that we talk of traditional Indian health.

When we say traditional Indian health we are using technical terms which do not always run smoothly, the traditional Indian health and well-being. This is not a way which was prescribed by some doctor, or some dentist, but a way that was prescribed by the Creator a long, long time ago.

Nevertheless, these ways are beginning to live again. We must always remember that traditional health means bringing our spiritual life in order before the Creator. We bring our spiritual life together before the Creator for those who have not yet been born, and those who we can help come up. This great undertaking that we bring our hearts together to make one heart. In that light we bring our spiritual strength together to stand as one. So, too, we must bring this health to our system of providing health care. There is nothing wrong with white man's physical health, but to find true health, we know as Indian people that we must also find spiritual health.

The modern Indian health projects must not discourage our Indian health and Indian ways, but must, in fact encourage our Indian health and Indian ways. If they do not, they are providing a disservice to the Indian people. In bringing these things together, we find that this is not an impossible task, but only a small part of the ever- growing return of a red wind.

In the easier dealt with issues of community politics, it is best to say that community and tribal politics have no place in the arena of traditional health promotion. Community and tribal politics can, at times, develop deep-seated ill will and anger within its own community of participants. Traditional people are rarely a part of that community. Many Indian healers relay that it is from those politics that many interpersonal illnesses are born. We should not mistakenly confuse these tribal and community politics with the role of political warriors. Political warriors, such as those involved in American Indian Movement and other warrior societies, fight political survival battles of our spiritual leaders.



As one might guess, there are many problems (programmatic and financial in nature) which are created by a haphazard approach to traditional Indian health. It is important that painstaking care, personal commitment, and common sense prevail. Specifically the issue of paying for medicine people to provide healing services, and the transportation of people in need of traditional health services to a medicine person or ceremonial, should be addressed. A recent center in north central Washington found a way to pay traditional medicine people for providing healing services by purchasing woolen goods with the third party payment, and giving the woolens to its American Indian client, who presented them to the therapist. In this way the client - healer bond survived (Cordes, 1985). In no other situation is it more important that the commitment and experiences of the internal Indian staff of the agency to guide the organization. The following are some suggested policies and procedures.

1. Medicine people are not typically paid directly for healing services. Although some medicine people may need monetary aid in providing healing services, it is important that the agency realize that these needs are brought forth only by the medicine persons' need to travel over very extensive areas, and to lodge and feed themselves and their party, in their commitment to healing. Therefore, although it is usually improper to pay a medicine person for "services rendered" it is certainly not improper, and is in fact respectful, to pay for the medicine persons' expenses. In using local medicine people, it is important that one approach these people not in a way that would imply "How much can we pay you to do this?" But in a respectful manner of saying, "How might we help you in being able to continue to help the people?" Any offering of a gift of thanks for healing (monetary or otherwise) to the medicine person should come directly from the patient or their family.

Conclusion

In conclusion it can be said that there are many ramifications to any investigator's or service providers function in engaging Native communities. This effect must be moderated by an examination of the context of services. That examination must consider the following contextual factors:

1. Historically abusive relationships by federal agencies
2. Differing values and cultural content
3. Traditional teachings / cultural reference
4. Language

In considering this foundation of the work to be done, we must then take a critical look at the professional training which is best suited to the task at hand. With the collaboration of local exerts and the participation of culturally astute colleagues, a competent provider will critically examine a service plan. Upon establishing a careful plan of action, astute providers will allow these collaterals to carefully examine the following critical questions:

- What will the effects of this intervention have on the community?
- How were these critical issues dealt with traditionally, or prior to the



Upon the Back of a Turtle... A Cross Cultural Curriculum for
Federal Criminal Justice Personnel

- provision of these services?
- How can we join with the functional traditional and natural caregivers of the community in order to build on a foundation of the existing traditional services?
 - What will the impact of these services be on the community and culture?
 - Do these impacts on the community serve toward the long-term benefit of the culture and community?

In implementing these service planning mechanisms, we are driven by two goals. The first is to not replicate the culturally abhorred and brutal infliction of services offered in the past, in the name of services. The second, yet of equal importance, is to develop strategies which will join and strengthen the indigenous culture in its survival and empowerment.

Simply put, we offer our skills and resources to the community in order and to the great power of resilience which is there. We further look to empower the community in it's own self care.

