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"If You Knew the Conditions": A Chronicle of the Indian Medical Service and American Indian Health Care, 1908-1955. By David H. DeJong.

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in the efforts most Navajo families take to dress their deceased family members in their finest clothes before burial.

Although the sample was small and somewhat biased, the findings confirm cultural and religious heterogeneity among contemporary Navajos. It is also understandable that the consultants who are most likely to accept biomedical interventions are those who describe themselves as believers (Christians) or who have had limited grounding in the traditional Navajo culture, especially those of the younger generation. Although not noted by Schwarz, there is an increased shift among the Navajos toward allopathic medicine. One only has to spend a morning in one of the reservation hospital waiting rooms or read the latest health reports that tell of a high demand for hospital beds by tribal members. The shift is also being helped by efforts of the IHS to include traditional practitioners on their hospital staff and in other health programs. These changes and accommodations by allopathic institutions have also contributed to the religious and medical pluralism of the Navajos.

Another serious omission from this book is the failure to examine through a public lens some of the taboos discussed by the consultants. Instead of a litany of what sounds like unfounded superstitions, some of these cultural observances are effective disease-prevention strategies. For example, the rules about having a limited number of people prepare and handle the body of the deceased were a useful way to avoid the spread of infectious disease, a common cause of death until the mid-1900s. The isolation that followed the burial and the required ritual bath of those who did the burial helped prevent the spread of infectious disease. Thus one can see that most of these taboos and cultural rules emphasized prevention or wellness.

Despite these shortcomings, Schwarz's book is a useful resource for medical anthropologists, public health workers, medical providers, scholars interested in Navajo culture, and others interested in health of indigenous peoples.

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**“If You Knew the Conditions”: A Chronicle of the Indian Medical Service and American Indian Health Care, 1908–1955.** By David H. DeJong. Lanham, MD: Lexington Books, 2008. 198 pages. \$65.00 cloth.

It is obvious while reading *“If You Knew the Conditions”* that David DeJong had a formidable task ahead of him when he decided to embark on his chronicle of the Indian medical service and American Indian health care during the first half of the twentieth century. His book is a sometimes-exhausting account of the historical details of the US government's repeated failed attempts to manage the health care and well-being of our country's indigenous people. DeJong certainly succeeded in giving the reader an accurate account of American Indian health care between 1908 and 1955, and his extensive note sections at the end of each chapter and bibliography give the reader

plenty of resources for future research. Filled with names, dates, statistical data, and direct quotations from historical documents, his book serves as an exceptional account of an important time in the history of American Indians. Our government oscillated between the desire to give American Indians autonomy over their health and the assumed need for continued supervision and management of Indian affairs. DeJong's concluding chapter wraps up his overarching message and gives his final critique of the administration and execution of American Indian health care. His final argument correctly notes how the lack of cultural sensitivity and a poorly funded, imposed Western health care system assured that health disparities between American Indians and non-Indians would continue to exist. This important message makes this book accessible and applicable to all those concerned with the health disparities that continue to plague American Indian communities.

The book's organization is typical of historical works, chronologically following along a predetermined historical period. DeJong guides the reader through a series of critical policy changes, reforms, and reorganizations that ultimately led to the transfer of the Indian health program to the US Public Health Service. Our nation's leaders believed this transfer would provide better access to well-trained health professionals and opportunities for career advancement and continued education. Ultimately, the desired outcome was an eventual transfer of federal responsibilities to state and local governments resulting in, it was hypothesized, better health care for American Indians. The results were mixed, and blatant health disparities continued to exist. At first glance the author's recollection of the countless details of this process may appear to be irrelevant to contemporary health care concerns. Obviously, his excellent scholarship and research resulted in a chronology that overwhelms the reader with facts, data, names, and past legislation, oftentimes utilizing direct quotations. What makes DeJong's work vital, however, is that he successfully crafted a historical piece with modern relevance. *"If You Knew the Conditions"* maintains an important theme that is crucial for contemporary researchers and practitioners working to alleviate health disparities. This theme is the critical role of nonbiological factors in the maintenance of good health and the prevention of poor health in a marginalized and oppressed population. These nonbiological factors include public health policy, qualified health care professional shortages, forced assimilation, sanitation issues, geographical isolation, poverty, and social and cultural isolation. These issues were never fully resolved during the government's wavering relationship with American Indians and their health, resulting in policies and procedures that instigated understandable mistrust in the Indian population and the unnecessary proliferation of suffering and death.

Health disparities continue to exist today for our country's indigenous population. DeJong's work reveals that experts in the early twentieth century predicted that chronic diseases would affect increasing numbers of American Indians as they lived longer and were exposed to a Western lifestyle, including increased sedentism, the loss of a traditional diet, and the introduction of processed foods high in sugar and calories. Unfortunately, these predictions came true. DeJong's final chapter gives a clear argument for the reason

American Indians disproportionately suffered from poor health by portraying the government's involvement with health care provision as a series of failures that valued assimilation and Western biomedicine over the traditional American Indian way of making sense of health and disease. Insufficient funding and lack of qualified and genuinely interested health care personnel compounded the problem, and DeJong's research highlights a startling truth: health care for American Indians during the nineteenth and twentieth centuries was overwhelmingly "curative and crisis-oriented" rather than preventive of future disease (156).

This book is well suited for contemporary health care professionals and researchers who work with American Indian populations because it will orient them to the legacy of mistreatment and mismanagement of health care for the indigenous inhabitants of this country. Furthermore, the lessons learned from DeJong's research can be directly applied to the contemporary battle to bring equity to American Indian health. In this regard, this book would fit nicely on a university course syllabus in disciplines like anthropology, sociology, public health, or social work that seek a comprehensive and holistic approach to understanding health disparities. Rather than getting bogged down in the details, instructors and students would benefit most from concentrating on the implications of the book's overall message about the dynamic interplay between microlevel interactions and macrolevel structures in the unequal distribution of human suffering.

Given the clear importance of political, economic, and environmental factors to the struggling American Indian health care system between 1908 and 1955, I hoped to find the author's analysis of these topics integrated more throughout his work. Perhaps this was never DeJong's intention, but it would have been nice to read more of his integrated reflections and get an analysis of his research throughout the book in order to make his arguments clearer for the reader. Rather than simply being a historical document, DeJong's hard work becomes most useful when integrated with present-day critiques of the political economy of health and the crucial role of effective public-health policy in providing for equal opportunities for good health among marginalized, oppressed, or traditionally underserved populations.

*"If You Knew the Conditions"* is a quality piece of scholarship which demonstrates that historical research can certainly prove useful in thinking about and addressing contemporary problems. Readers should approach the book as a collection of lessons to be learned when public policy and medicine are harmfully integrated in a way that prevents the healthy development of a marginalized people. Although this book can serve as a handy reference for specific historical facts regarding American Indian health in the early part of the twentieth century, the author's final chapter speaks to an important lesson about the terrible consequences of an imposed culturally insensitive health care system. Forced socially and culturally incompatible approaches to health care simply will not work. DeJong's book highlights the maladies that result when health care and research are not contextualized to the lived experience of patients. In order to have a chance at being effective, our health care policy and practices must be informed from the bottom up in ways that make sense

for the local populations served. We must refuse to repeat the mistakes of our predecessors as they sought to manage the health care of our nation's First Peoples, and this book is an important lesson in the fight for health equity and the elimination of health disparities.

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**Indian Blues: American Indians and the Politics of Music 1879–1934.** By John W. Troutman. Norman: University of Oklahoma Press, 2009. 323 pages. \$34.95 cloth.

In *Indian Blues: American Indians and the Politics of Music, 1879–1934*, historian John Troutman provides much-needed illumination into an area of Native American studies that has been largely underresearched. In tracing the historical trajectory of how and why Native peoples utilized music and dance, both “traditional” and contemporary, Troutman gives us insight into the ways American Indians resist oppression and hold fast to their heritage, even as traditions evolve. In concentrating on the most-forced assimilative reservation period, Troutman shows us that music and dance became, for many groups and individuals, a mode of survivance. Additionally, Troutman points to ways that American Indians began to “speak back” to federal policies through music and performance, and actually have an impact.

Troutman begins by examining the Omaha dance complex as it manifested among the Lakota reservations of South Dakota. The chapter highlights the ways in which Lakotas were able to subvert and challenge ideas of citizenship and allegiance in order to gain some direction and sway over the forced assimilative policies and agendas they faced at the hands of US government officials. From here Troutman broadens the discussion by revealing the machinations perpetrated by the Office of Indian Affairs and Commissioner Charles Burke to suppress what Burke described as “the dance evil.” This section is quite enlightening and also reveals the complex social and political tenor of the press, bureaucracy, and “national audience” regarding the suppression of Native American music and dance in the early 1920s (66). Troutman illustrates the perceptions that most reservation agents held: traditional music and dance were threats. When the national media became involved in the debate about whether Native peoples had the right to sing and dance, the editorials raged and soon public opinion supported the Native people. Troutman’s incisive inclusion of these primary sources is invaluable—including the editorial cartoons (86).

The boarding schools’ influence on American Indian music and dance is also explored in *Indian Blues*. In this section Troutman shows us that the Office of Indian Affairs could assert maximum control over young Native people including the performative parameters students were allowed. In the boarding schools Native students were instructed in “civilized” Euro-American forms, with European instrumentation. Almost every boarding school