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understanding of these ten remarkable girls and their experiences playing basketball at the Fort Shaw Indian School. The authors deserve high praise for considering the history of boarding schools from the perspectives of the descendants of these young women and for their ten-year effort to bring this story to a wider audience. The unfolding of this story began with Peavy's chance discovery of a photograph of a group of girls in buckskin dresses with a caption that read "Girls basketball team, 1903, Old Fort Shaw Indian School." I sincerely hope that Peavy and Smith continue to uncover the artifacts of women's lives, explore and analyze their contributions to our nation, and, as they do so expertly, write these women into history where they belong.

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**"I Choose Life": Contemporary Medical and Religious Practices in the Navajo World.** By Maureen Trudelle Schwarz. Norman: University of Oklahoma Press, 2008. 380 pages. \$50.00 cloth; \$24.95 paper.

In this book, Schwarz explores how Navajos perceive various biomedical interventions such as blood transfusions or organ transplants in light of the complexity and life-threatening health problems confronting many families and communities. To understand better the larger context in which some of these perceptions are expressed or discussed by Navajo participants in this book, there is a need for additional background information so that the sociocultural views of participants can be placed more appropriately in the ever-changing Navajo world.

The reader needs to understand that despite gradual increases in the number of health care resources for members of the Navajo (Diné) Nation after their return from their internment at Fort Sumner in 1868, the population's health status never recovered and has continued to lag behind that of the rest of the US population. The factors impacting the health status of Navajos, however, have been changing. For example, until the 1960s, the tribe's morbidity and mortality rate was primarily due to infectious diseases. Today, in addition to a high prevalence of chronic diseases, the leading cause of death for this population is unintentional injuries or accidents, followed by other preventable health problems such as heart disease, cancer, diabetes, pneumonia, and influenza (Indian Health Service [IHS], *Regional Differences in Indian Health, 2002–2003 Edition*, 2008). With the Navajos, as well as with other tribes, deaths associated with motor vehicle accidents and other forms of unintentional injuries often involve alcohol while chronic health problems such as heart disease are often a comorbidity of type 2 diabetes.

Type 2 diabetes mellitus is endemic in many American Indian communities, including those living on the Navajo Reservation. Diabetes is costly not only in terms of medical care but also because it adversely impacts the quality of life for individuals and their families who struggle with managing this disease. Diabetes, with its numerous complications, also shortens the life

span of many patients. When not properly managed, diabetic complications include an array of metabolic, circulatory, and neurological disorders that affect the heart, eyes, and kidneys and can result in the amputation of limbs. Although the Navajo tribe and the IHS, the major federal health care provider for the tribe, have instituted a number of diabetes-prevention programs, the incidence of diabetes continues to increase and is forcing the tribe to become increasingly familiar with biomedical interventions such as cardiac bypass surgery, kidney transplants, amputations, and organ donations. The increased incidence of diabetes is even more alarming because the disease is becoming more prevalent among Navajo children and youth. The increase in the number of patients with diabetic complications is also troublesome for the health delivery system. The IHS, for example, is unable to pay for most transplants, and most of its hospitals are not equipped with the surgical or clinical resources necessary to perform major surgeries such as cardiac bypass.

As diabetic complications push more patients to have bypass surgery or to get on the list for a kidney transplant, the search for relief by patients and their families also intensifies, including their demands for the services of traditional Navajo practitioners or other forms of alternative treatments. With the increased demands, the skills and knowledge of many traditional Navajo practitioners are challenged, especially because the traditional healing system is designed to treat acute illnesses and not chronic conditions. The traditional practitioners can address some of the chronic health issues, but many practitioners expect their patients to continue to use allopathic medicine in this situation. The services offered by traditional practitioners, therefore, complement the medical care given by the physicians and other health care workers. The diagnostic procedure in the traditional Navajo healing system asks why a particular illness or misfortune has occurred, and, if a specific taboo or rule has been broken, diagnosticians prescribe specific treatments by a specialist or specialists. In the conduct of the healing ceremonies, the practitioners, or healing specialists, invoke positive mental imagery, songs, prayers, and, where required, other healing arts to facilitate or guide a patient on a self-healing journey. Traditional Navajo healing practices do not involve invasive procedures because the body is considered sacred.

Tribal oral history and/or stories linked with specific healing ceremonies tell how and why the body is considered sacred, including the origin of the core clans that Changing Woman (an important Navajo deity) fashioned from her own flesh. Understandably, the traditional belief system therefore forbids mutilation of the body and/or keeping one's body from becoming contaminated with foreign or dangerous sources such as blood transfusions from unknown sources. The belief in the sacredness of the body is found among other world's religions. In the Shinto religion, for example, a dead body is considered to be impure and dangerous, and therefore harvesting an organ from a deceased person is considered criminal (M. L. Cooper and G. J. Taylor, *SEOPF/UNOS Organ and Tissue Donation: A Reference Guide for Clergy*, 2000).

Schwarz covers a number of these taboos in her interview with forty-four Navajo consultants as she explores their views on how they or their families accommodate biomedical technology at a time when devastating health

problems such as diabetes, cancer, and other chronic diseases are taking a toll on the tribe. In particular, she is interested in how those she interviewed view organ transplants, amputations, and blood transfusions. Her goal is to learn to what extent a person's or a family's acceptance or rejection of biomedical resources is influenced by spiritual or cultural beliefs. In this regard, Schwarz reminds the reader more than once of two observations made by other scholars who have worked or studied the Navajo culture: Navajo beliefs about health, illness, and healing are not neutral, and Navajos have a propensity for accommodating more than one belief system. Among the group of forty-four, these two "truths" are confirmed. Beliefs about health and illnesses as well as the use of allopathic interventions are diverse. Religious pluralism also exists. For example, some participants identify themselves as participating in more than one religion, including a combination of traditional Navajo spirituality with one or more organized religions, such as the Native American Church. Others define themselves as "believers" or as active members of only one religious organization. Schwarz notes that popular religions often include healing as part of their faith practice.

Schwarz explores a timely topic, not only because it is an issue not well understood by many other indigenous populations who face similar health problems to that of the Navajos, but also because it attracts global attention, especially regarding the various reports about illegal and unethical organ trafficking, mainly organs obtained from Third World countries where organs such as kidneys are harvested from unwilling donors or from those who consent to organ donation because of poverty (R. Lakshmi, "India Uncovers Kidney Racket," *Washington Post*, 30 January 2008). The role of religion is also an important part of this discussion because there is a growing interest in the function of religion in the care of patients by the medical and scientific communities. For example, in 1994, the Gallup Poll reported that 90 percent of Americans state they believe in God or a higher power, with significant numbers also expressing a desire to have their religion or spirituality as a part of their health care (The Gallup Organization, *The Gallup Report: Religion in America, 1993–1994*, 1994).

Although not well articulated in this book, it is important to note that for the Navajos, the tribe's traditional practitioners are seen as both healers and spiritual leaders. They possess the sacred knowledge, language, and appropriate rituals to appeal to the appropriate deities to assist in helping heal the patient. Some interventions may consist of a short prayer or song while other interventions may require a number of days, with each day dedicated to a different sequence of mandatory ceremonial activities.

Within the eight chapters, Schwarz covers a number of topics, beginning with a brief oral history of the Navajos, their encounter with the Europeans, their "Long Walk" or forced removal to an internment camp at Fort Sumner, New Mexico, and the changes that occurred after their return to their ancestral homeland. Schwarz notes that while at Fort Sumner, the Navajos had their first exposure to Western (allopathic) medicine but made little use of this resource. Instead, and much to the displeasure of the military officials and the physicians at Fort Sumner, most Navajo families continued to rely on their

traditional practitioners. Although the fort's physicians ostracized the Navajo practitioners, they collaborated with their fellow captives, the Mescalero Apache healers, who taught them some new healing ceremonies.

Schwarz devotes a couple of chapters to discussing the impact of colonization on the lives of the Navajo, including the growth of missionary influences as the government permitted various organized religions to aid in "civilizing" the tribe through religious conversion as well as to promote goodwill by establishing schools and medical resources for some tribal members. Schwarz notes that these various strategies of civilization were not always positive, and that some of these strategies further alienated members of the tribe from their cultural roots and contributed to the historical trauma that continues to impact the health of the Navajos. In their interviews, most Navajo consultants did not directly tie the contemporary unhealthy situation to colonization or historical trauma, but many agreed that these problems were not visible or present before. Interestingly, some of the Native practitioners attributed these difficulties or modern-day "monsters" to the work of the vengeful Gambler (an oral history figure), who, when banished from the Navajo world, vowed that he would avenge his banishment by bringing misfortune and death when he returned.

In other chapters, Schwarz discusses specific topics on selected biomedical interventions, relying on her consultants, for example, to explain what is considered safe or unsafe blood when a blood transfusion is needed and how a tribal emergency medical technician or law-enforcement staff member may need the help of a traditional practitioner after conducting emergency mouth-to-mouth cardiopulmonary resuscitation (CPR) with a person who is not Navajo. Similar discussions take place about why it is necessary to protect oneself from contact or contamination with bodily fluids or the breath of an unknown person, an event that leaves one vulnerable to illness or even death. Other topics include the difficulties that some families have in consenting to autopsy, the cultural or religious beliefs about being a donor or a recipient of an organ, and the loss of a limb and how to come to terms with disposing of the amputated limb without upsetting cultural or religious beliefs.

The narratives by the consultants throughout this book clearly show diverse views and varying beliefs about these selected biomedical interventions. When faced with the inevitable, some willingly accept a transplant or invasive surgery, or consent to donate a kidney to a family member in need. Most consultants, however, agreed that exchange of blood or organs is best if the donor and recipient are either biologically related and/or are both Navajos. Exchange of organs and invasive surgery by a non-Navajo surgeon in most instances are viewed with caution as they might result in unhealthy contamination that could bring on a delayed illness that may affect the donor and the recipient. Some also express reluctance to have an amputation because they want to keep their body whole from birth to death. This view is not at all unusual as it is shared by a number of faiths, especially those whose beliefs include resurrection. Being whole is also important because Navajos view their life as a journey, and to continue their journey after death, they must have all their body parts. The notion of life after death is best illustrated

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