

Native Americans: Traditional Healing

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Before beginning this discussion, it is important to note that older adults prefer to be identified as American Indians (AIs), whereas younger adults prefer the term Native Americans (NAs). Identifying patient preference is an important first step in establishing an effective clinician-patient relationship.

Historical Perspective

The first people native to the Americas were the American Indians. This racial group is any and all of the original peoples of North, South, and Central America, who maintain tribal affiliation or community attachment (U.S. Department of Health and Human Services [USDHHS], The Office of Minority Health, 2006a). There are an estimated 4.1 million people who are classified as American Indian and Alaska Native (AI/AN) alone or in combination with one or more other races (Castor et al., 2006). This racial group composes 1.5% of the total U.S. population. The AIs/ANs had the right to all the land that is in the United States, but over time, were denied own-

There are an estimated 4.1 million people who are classified as American Indian and Alaska Native alone or in combination with one or more other races. This racial group composes 1.5% of the total U.S. population. The leading causes of illness and death among American Indians are heart disease, cancer, unintentional injuries (accidents), diabetes, and stroke. American Indians also have a high prevalence of obesity, chronic renal failure, alcoholism, and are at increased risk for mental health issues and suicide. In an effort to build a trusted relationship with these patients and become an active participant in their care, the health care provider must demonstrate respect for the traditions of the American Indian.

ership and subsequently relocated to federal or state reservations (Kramer, 1996). Currently, more than 1.8 million AIs/ANs live on reservations or other trust lands.

Currently, there are 561 federally recognized AI/AN tribes, and more than 100 state recognized tribes. There are also tribes that are not state or federally recognized. Federally recognized tribes are provided health and educational assistance through a government agency called Indian Health Service. The federally recognized tribes can be identified by their tribal name.

Health Care Demographics

The median family income for AIs/ANs is \$33,627 with more than 25% of AIs living in poverty (Castor et al., 2006; USDHHS, 2006a). Approximately 45% of AIs/ANs have private health insurance, 21.3% use Medicaid as their primary health coverage, and approximately 30% of AIs have no health insurance coverage. In addition to diseases and conditions previously stated, AIs

have a high prevalence for teenage pregnancy, liver disease, and sudden infant death syndrome (SIDS).

Specific Health Issues

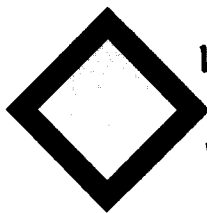
AIs/ANs have an infant death rate almost double the rate for Caucasians. American Indians are twice more likely to have diabetes mellitus than Caucasians. For example, the Pima Indians of Arizona have one of the highest diabetes mellitus rates in the world (National Institutes of Health, 2006). This group also has a disproportionately high death rate from unintentional injuries and suicide. There are significant differences in the prevalence of disease when comparing AIs/ANs to Caucasian Americans:

- AI/AN men are twice as likely to be diagnosed with stomach and liver cancers as Caucasian men (Castor et al., 2006).
- AI women are 20% more likely to die from cervical cancer compared to Caucasian women.

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- AI/AN men are 30% less likely to have prostate cancer than Caucasian men.
- AI/AN women are also 30% less likely to have breast cancer than Caucasian women.
- AI/AN adults are 2.3 times as likely as Caucasian adults to be diagnosed with diabetes and twice as likely as non-Hispanic Caucasians to die from diabetes mellitus complications.



When interacting, nonverbal communication is very important.

- AI/AN adults are 1.6 times as likely as Caucasian adults to be obese and 1.3 times as likely as Caucasian adults to have high blood pressure.
- AI/AN adults are 1.2 times as likely as Caucasian adults to have heart disease and AI/AN women have twice the rate of stroke than Caucasian women.
- AI/AN adults are 1.4 times as likely as Caucasian adults to be current cigarette smokers.
- AI/AN have a 40% higher AIDS rate than non-Hispanic Caucasian counterparts.
- AI/AN babies are 2.2 times as likely as non-Hispanic Caucasian babies to die from SIDS, and they are 1.4 times as likely to die from complications related to low birth weight or congenital malformations compared to non-Hispanic Caucasian babies.
- AI/AN adults are more likely to be obese than Caucasian adults and they are more likely to have high blood pressure, compared to Caucasian adults (USDHHS, 2006b).

Language

Most AIs speak English, although each tribe may speak a native language indigenous to their tribe. When communicating with others, many NAs will tell a story and use metaphors to

describe or explain a situation. It is important that the health care provider recognize that the NA may discuss health issues of a neighbor as a way of providing a description of their own health issue. When interacting, nonverbal communication is very important. Respect is relayed by avoiding intense eye contact and maintaining appropriate physical distance. When greeting AIs, a light touch handshake may be given

(Kramer, 1996). Speak in a clear, calm, and direct manner. The voice tone should be even and not loud since a loud tone of voice is associated with aggression (Kramer, 1996).

Traditional Health Care Merges with Modern Health Care

Use of traditional healers is still widespread in the AI population. This is due, in part, to the fact that many of the world's population of AIs can not afford the high cost of western medicine. The (health and healing) traditions of AIs play such an important role in global health care that the World Health Organization has recommended their integration into national health care policies and programs (Johnston, 2006a).

Religion

In this culture there is a strong link between medicine and religion. While modern medicine has a view of human health relative to the physical laws of science, AIs view spirit as the life force (Johnston, 2006a), and therefore spiritual health is inextricably tied to physical health. The patient's spirituality is but one contributing factor to an effective clinician-patient relationship. The patient's perception of the healer's level of spirituality also plays a role in how effective the

healer can be. AIs believe there is a synergy and a connectedness at some level between Mother Earth/nature, Father Sky, and all of life through the Creator, Great Spirit, Great Mystery, or Maker of All Things (Johnston, 2006a). It is believed that one must follow prescribed "lifeways" to maintain optimal mental, physical, and spiritual health (Avery, 1991). All things are believed to have life and spirit and are intricately related in the universe.

Conceptions of Illness and Healing

Many AIs believe that a person with a physical disability possesses a weakness in the body that is offset by the blessing of having a strong mind and spirit (Johnston, 2006a), which optimizes this individual's humanity. On the other hand, inherited disorders are believed to be caused by unhealthy or immoral behavior, a taboo breach, or by negative spirits or sorcery. It is their belief that treatment for diseases or disorders through western medicine alone may impede important life lessons (Johnston, 2006a). Illness is perceived to be a disruption in the delicate balance between individual beings of the universe. The restoration or maintenance of health is achieved by correcting these imbalances. Traditional healers help in restoring balance. This may be achieved through simple ceremonies involving prayers or chants, the practice of smudging (a ritual which utilizes the smoke from ignited sacred herbs to cleanse the negative energies around a person), herbal remedies including salves, herbs, tobacco, ointments, and teas, or dances (Johnston, 2006b). Therapeutic touch and energy work such as massage and acupuncture are also used (Johnston, 2006b). The book by Kenneth "Bear Hawk" Cohen, *Honoring the Medicine: The Essential Guide to Native American Healing* (2003) is an excellent resource to provide the health care provider more information. Table 1 provides a comparison of western and NA medicine.

Table 1.
Characteristics of Western and Native American Medicine

Western Medicine	Native-American Medicine
Focus on pathology and curing disease.	Focus on health and healing the person and community.
<i>Reductionistic:</i> Diseases are biological and treatment should produce measurable outcomes.	<i>Complex:</i> Diseases do not have a simple explanation, and outcomes are not always measurable.
<i>Adversarial medicine:</i> "How can I destroy the disease?"	<i>Teleological medicine:</i> "What can the disease teach the patient? Is there a message or story in the disease?"
Investigate disease with a "divide-and-conquer" strategy, looking for microscopic cause.	Looks at the "big picture:" The causes and effects of disease in the physical, emotional, environmental, social, and spiritual realms.
Intellect is primary. Medical practice is based on scientific theory.	Intuition is primary. Healing is based on spiritual truths learned from nature, elders, and spiritual vision.
Physician is an authority.	Healer is a health counselor and advisor.
Fosters dependence on medication, technology, etc.	Empowers patients with confidence, awareness, and tools to help them take charge of their own health.
Health history focuses on patient and family: "Did your mother have cancer?"	Health history includes the environment: "Are the salmon in your rivers ill?"
Intervention should result in rapid cure or management of disease.	Intervention should result in rapid cure or management of disease.

Source: Cohen (2003).

Cultural Integration

Many AIs practice both traditional and western medicine. It is important for health care providers working in this population to be aware of the vital role traditional medicine still plays in native culture. Collaboration between traditional healers and western practitioners is an important step towards providing more holistic care. Health care providers must support the practices of NAs related to healing and health promotion. Rather than trying to fit the client into your model of health, discover how you can fit into your client's model of health. This means that in the provision of culturally competent care, healing practices that have traditional values for the AI must be maintained. A genuine respect for healing practices used by the AI to restore balance and harmony to the mind, body, spirit, and community must be developed.

When caring for the client, the health care provider must strive to involve not only the client, but also the family and tribal community as a means to affirm the cultural context of the care (Trimble, 1982). The caregiver must recognize that

she/he is part of a traditional healing process. By becoming a part of the circle of healing, the caregiver becomes a part of the complex community of the AI (Moses & Wilson, 1985). Most importantly, it is important that the caregiver respect the cultural variations and see the strength in different health practices.

Case Study

Mr. Wolf is an American Indian. He is 56, married, and has five children. He has been experiencing difficulty voiding and has recently been having pink-tinged urine. As you ask questions, you discover that he has also been experiencing rectal pain and some pelvic pressure. You explain that you will need to perform a more thorough examination. He consents to the examination. Following the examination and more testing, you inform Mr. Wolf and his wife that based on the test results, he has prostatitis. You give him a prescription for antibiotics. Mr. Wolf accepts the antibiotics and states he will take these along with his herbal treatments.

As the health care provider,

what should you do? How will you work to educate Mr. Wolf and his wife and to integrate western and AI beliefs? ■

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lated to a 2% to 3% reduction in the 10-year risk of a heart attack. In addition, reducing belly fat, quitting smoking, moderate alcohol intake, and a heart healthy diet all have an independent ability to raise HDL several points. In the next series of articles, there will be a discussion on how to more precisely increase HDL. Regardless, the more things change with HDL, the more they stay the same. So the question now becomes, what are health professionals going to do to motivate patients, because the so-called "magic pill" has disappeared? ■

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Culture and Diversity Issues

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