

TRADITIONAL NAVAJO MEDICINE AND WESTERN MEDICINE TODAY

In this paper I want to talk about the traditional beliefs and practices of the Navajo Indians concerning healing and their relationship to Western medicine.

The Navajos are relative newcomers to the deserts of the American Southwest, having migrated south from the eastern slopes of the Rocky Mountains in Canada about 700 years ago. Initially Navajos were hunters and gatherers although they later settled in the open spaces and mountains between the village or Pueblo Indians from whom they adopted the corn-squash-beans agricultural complex. Most recently, they adopted horses and sheepherding from the Spanish, who were the first European power in their territory. The Navajo have flourished due to their physical hardiness and sociocultural resilience. This last is based on their firm reliance on a complex system of kinship relations based on very independent extended family units, so that even the university-educated, Navajo nuclear engineer (and there are some) if raised on reservation can tell you which of the 33 clans he belongs to, which his father belongs to, and those clans among whom he may marry. It is also based on the legendary ability of the Navajo to incorporate foreign elements as alien as agriculture, sheepherding and a constitutional government without dramatically disrupting their own centuries-old cultural pattern. As a result, today the Navajo are the largest Indian tribe by population in the US, numbering more than 300,000 people. Their reservation, which was defined on their native homelands, is one of the few that has actually grown larger over the last hundred years, largely because the U.S. government imagined it as a desert wasteland. Today it covers parts of four states and is equal in size to Ireland. The tribal government manages its own annual budget of nearly \$400 million dollars, about \$180 million of which is money derived from the sale of its own natural resources from this 'wasteland'—principally coal, oil, gas, and uranium. Some of this money is used to support the tribe's own college. Despite dramatic improvements in housing and education in the last 50 years, many families still live in remote settlements, without electricity, running water or communications, and isolated from assistance by weather several times a year. Navajo is not only the official language of the tribe's constitutional government, but the first language spoken by most people living on the reservation.

Navajo medicine, like many indigenous medicines, is holistic. Navajos understand health as a condition of well-being resulting from the "fitness" or "right location" of the person in the world. This simple statement is complicated by several things. For one thing, this sense of location begins with each individual thing, which is understood as consisting of an inner form and an outer form. Westerners often speak of the inner form as a 'soul' but the Navajo concept is much different, more closely resembling the Platonic notion of form or "eidolon" and more or less lacking the ethical dimension of 'soul' in the Christian sense. First, every human being at the moment of concept is given a breath form, but this animating force is distinct from a wind-form, which is the locus of memory and planning and personal identity. This wind-soul informs the brain, infusing knowledge which is the inner form of thought. Thought itself, however, is the outer form of knowledge, and by extension, language, since to the Navajo to know is to name; thought and language in turn are both the inner forms of behavior and speech. Thus the individual person is a complex configuration of nested interrelationships of form and substance, being and act, language and speech. What is true for the individual is also true for the individual elements in the world—mountains, animals, insects, plants, stars, clouds, everything--each of which also has an inner form which structures and motivates its outer form, though only human beings and the Holy People have the in-standing wind-soul which defines personality. (The literature on the Navajo ceremonialism is voluminous. Places to begin include Wyman 1970 ; Wyman 1983; Kluckhohn; McNeley; Spencer).

The Holy People are the powers whom the Navajo believe first thought and then sung this world into being; they are “holy” in the sense of possessing a incomparable power not moral goodness. This process of bringing into being the present world required the conceptualization and realization of several previous worlds. In the present world, some of the Holy People are named, recognized and addressed as individuals in a kind of pantheon, but in fact the pantheon is innumerable because in a plenitude of emanations the Holy People conceived within themselves and spoke into being all the inner forms of all things instantiated in this world. Some Holy People, like Thunders and Bears, are more awesome in power and scale than others, say the water-strider insect or corn pollen beetle, but each being, no matter how great or small, nevertheless has its sphere of competence. (Wyman 1970; Zolbrod)

The visible world of matter, speech and act is understood as a complex, ordered configuration of relationships among invisible inner forms, both within and between individual beings. The ideal configuration of these relationships is personified in Navajo belief by two beings who form an inseparable pair, expressed as the Navajo phrase *sq'ah naaghái bik'eh hózhó*, (SNBH). The first term, *sq'ah naaghái*, signifies Thought and is often translated as Long Life, though it might better be translated Achieving The Fullness of Age, meaning achieving a certain ripeness of age, while the second, *bik'eh hózhó*, which signifies Speech, is often translated Happiness though it too might better be translated as something like Harmony. (Witherspoon ; Witherspoon; Faris)

For Navajos all illness is recognized by disturbances in the behavior of the outer form, betrayed by speech or action, which results from a disruption of the harmony (*hózhó*) among inner forms and which threatens the possibility of achieving the fullness of age (*sq'ah naaghái*). Thus, however an illness may be manifested symptomatically, all illness is psychosomatic, and effective healing must address the root causes of illness, not just the symptoms. Only in this way can disorder be repaired and *hózhó*, or harmony, be restored. One of the causes of early Navajo resistance to western medicine in the first half of the 20th century was their perception that the mechanistic model of Western medicine was inadequate because it addressed only half the problem. For this reason too, herbalists, however well respected among the Navajos, are the least prestigious kind of healer. What Navajos expect from healing is the complete and total restoration of the disrupted pattern of relationships among the inner and outer forms in the world of the patient. This is the purpose of the Navajo system of healing, centered around the elaborate rituals called “sings” or chantways. (The literature of the chantways is extensive; the serious scholar must consult the texts of chantway myths and songs, too numerous to be included in the attached bibliography, edited by B. Haile, K. Luckert, W. Matthews, G. Reichard, M. Wheelwright, and L. Wyman.)

As I just mentioned, illness is recognized by abnormal speech, behavior or organic function. Serious illness, which can be defined as illness that persists over a very long period of time and resists conventional treatments with herbal medicines or sweat baths, is often attributed to some perceived violation of the configuration of relationships among inner forms that exist in his world. So, for example, a colleague of mine was discussing with a medicine man, the case of another man who had a urinary tract infection. The medicine man told him that the man was suffering from “Ants”. “Ants?” my colleague asked disbelievingly. “Not ants,” the medicine man answered, “but ANTS!”, his emphasis indicating the illness was attributed to unfortunate contact not with real ants but with their inner forms (Toelken). Because every inner form has its sphere of competence, the whole world thus must be approached with great caution and with An understanding of the world informed by the knowledge infused into the wind-soul and developed through subsequent instruction. For the Navajo, ignorance is not bliss. Unregulated or unstructured contact between inner forms, usually brought about by lack of foresight based on ignorance, is the source of all illness (Leighton and Leighton).

All Navajo disease etiology thus is based on some form of pollution theory. Pollution may come from primary contact through some form of physical encounter with powerful inner forms—the ones most often invoked are Bear, Snake, Porcupine, Weasel, Deer, Coyote, Eagle, Ants, Cactus Plants, Thunder, Lightning, and Wind, and most improper contact comes while hunting, trapping, killing, preparing, eating, handling, or seeing such. Equally if not more likely, pollution occurs through a secondary contact, usually resulting from a perceived trespass upon territory marked by the Other. One need not be struck by lightning or stung by ants or bitten by a snake, in other words; it may be sufficient to step on an ant trail or pick up as firewood a branch from a tree felled by lightning or dream of a bear or snake. In the Navajo scheme, genitourinary troubles, sore throat and skin diseases are often ascribed to Ants, but also in some cases to Snakes, and chest, lung or gastrointestinal problems are attributed to Wind, Thunder or Lightning. Arthritis and mental illness are attributed to Bear. Moth or Butterfly may lead to various forms of recklessness and sexual excess.

In addition, since inner forms persist apart from their outer forms, or, in the case of witches known as shape-shifters, may occupy outer forms other than their own, illness can also be caused by contact with the dead, their belongings, their spirits or by witchcraft. Symptoms of ghost sickness or witchery include bad dreams, insomnia, fainting, nervousness, loss of appetite, loss of weight, or depression. Finally, illness can be caused by mistakes or neglect in the conduct of rituals or the handling of ritual objects.

Diagnosis consists in identifying the taboo violation or offense that is the causative factor in the illness. This is often difficult because similar symptoms may arise from different causes or the same causative factor, especially Snake, can be implicated in different symptomologies. In cases where diagnosis is difficult, as when the patient cannot provide any memory to assist in identifying the taboo violation, Navajos rely on a category of cultural specialists who have been recognized as having distinct gifts as diagnosticians. The two most prominent forms of diagnosis are hand-trembling, in which the hand trembles uncontrollably in response to questions put to the diviner, and star-gazing, which is trance-like reading of the stars. As a category of cultural specialists, diagnosticians are held in much higher regard than simple herbalists, thought not as highly as “the singers”, those who know the elaborate healing rituals known as “sings” or chantways.

Diagnosis determines which of the elaborate sings will be performed for the patient in order to appease the powers offended by the violation of taboo, with little or no attention given to the actual physical symptoms presented by the patient. The Navajo system of healing rituals is divided into three major sets. Holyway rituals, the largest group, are aimed at appeasing the offended Holy Person, attracting its positive healing and growth forces, and restoring the patient. Holyway rituals include a number of rites, such as the applying of lotions to the body, sprinkling with pollen, always applied from foot to head; applying knotted bundles to the body then unraveling them to liberate the evil trapped inside the patient, washings, bathings, and the making of prayersticks which are applied to the body to strengthen it, and sandpaintings. Evilway rituals are exorcistic and feature a number of rites aimed at removing the influences of ghosts, witches and other evil, such as the hoop rite, during which the patient, draped in white buckskin, passes through four hoops which draw off the evil skin in which he is trapped, or the firbranch garment ceremony in which the patient is cut free from an smothering blanket by ritual actors impersonating the mythical Monster-Slayer twins. One of these rituals, Enemyway, which was historically used to purify Navajo warriors from contact with the enemy dead and their ghosts has been adapted to meet the needs of twentieth century Navajo military returning from WW II, Korea, Vietnam, and Iraq. The third group, Lifeway rituals, is the smallest and is specifically addressed to restoring a patient injured in an accident.

Every sing begins in the evening and ends at dawn, with activities continuing throughout the day and night. Depending on the severity of the taboo violation and the resources of the pa-

tient, a “sing” of two, five or nine nights may be prescribed. Ideally, over a period of many years, the “sing” should be repeated four times, usually in alternating two- and five-night forms. Every sing, regardless of its form, involves the performance of as many as 300 distinct songs, specific to that ritual, requiring up to 300 hours of memorization and performance, as well as the narrative of the foundational myth on which the ritual is based, the fabrication and composition on site of ritual objects and medicines, the precise conduct of dozens of small rites, and the creation of sandpaintings, some as large as six feet in diameter and requiring several hours to make (Kluckhohn and Wyman). The ritual objects accumulated through the ceremonies in the medicine bundle (Frisbie) and the competence required of the singer or medicine man takes years to develop through a network of apprenticeships (Faris). The Holy People addressed in the prayers, songs, and rites of the “sing” are attracted to the ritual site and if they are satisfied that the ritual has been performed correctly, they are ethically compelled to cure the patient and restore harmony to the patient, the patient’s family and the world.

This ethical compulsion is built into the nature of the ritual itself. Through the songs, narrative and ritual acts, the patient, who is called “the one sung over” is never addressed by name. Rather the patient is associated with the hero of the foundational myth, whose first trespass or taboo violation was responsible for defining some sphere of power of the Holy People. After the myth hero first violated the taboo, the Holy People came to him and instructed him on how one should properly enter this sphere. They then authored the first instance of the ceremony in order to heal the hero so he could return home and instruct the Navajo not only on how to properly conduct themselves but how to conduct the ceremony for themselves so that if, through ignorance or error, they, like him, should ever come to harm, they could heal themselves. In the ceremony, the sandpaintings create the myth world of the Navajo origins, and the patient, entering into that myth world by sitting in the sandpainting, becomes the mythic hero, the first “one sung over” and the medicine man becomes the Holy Person, the first “singer” who gave this healing ritual to the Navajo. When the patient returns from the world of myth to emerge from the healing space to greet the dawn on the last day, the harmony of original mythic relationship to the world has been restored. The effect is powerful because it is totalizing. (Reichard)

Now some words on Western medicine on the Navajo reservation. As reported by Lee in 2002:

As explicitly or implicitly stated in treaty, the U.S. government has assumed responsibility of health care and education for the Native Americans. Members of 560 tribes that are recognized by the federal government are eligible for services provided by the Indian Health Service (IHS), an agency within the U.S. Department of Health and Human Services. IHS operates comprehensive health care services for approximately 1.6 million of an estimated 2.6 million Native Americans and Alaska Natives, with an annual appropriation of US\$2.8 billion. In order to address the key needs of the target population, there are special programs in traditional medicine, elder care, women's health, injury prevention, domestic violence and child abuse, sanitation and dental health. The IHS system consists of 36 hospitals, 63 health centers, 44 health stations, and 5 residential treatment centers mostly in rural areas nationwide. (Lee 1)

The first US government hospital for Navajo Indians was opened in Fort Defiance, Arizona in 1912, but for nearly 40 years very few Indians ever used its services. Besides neither understanding nor valuing the mechanistic approach to Western medicine that treated illness as an entirely physical problem, most Navajos feared the hospitals as houses where people went to die, and until the 1950s most Navajos admitted were subsequently refused permission to leave temporarily if they wanted to avail themselves of traditional Navajo curing ceremonies. All of this changed in several important steps, beginning in the mid-1950s. New hospitals were created, more doctors and nurses hired, health care was transferred from the mismanaged and underfunded Health Branch of the Bureau of Indian Affairs to the United States Public Health Service, Navajos were successfully employed in outreach and community health education programs, and

Western medical doctors consciously and deliberately sought understanding from and cooperation with traditional Navajo medicine men. When in 1953 Navajo patients suddenly simply began getting up and leaving a hospital in Tucson, more than 200 miles off the reservation, a Navajo consultant determined that a tree struck by lightning was contaminating the hospital grounds and so she asked to have a medicine man transported all the way to the hospital to conduct a Blessingway ceremony to purify the grounds. Cooperation with medicine men who looked through microscopes and studied x-rays for the first time enabled the tribe and the Public Health Service to make huge inroads on the tuberculosis epidemic on the reservation and led the tribe authorizing the first clinical test on human beings of a drug that proved so successful it would later be made available to the world and have a significant impact on reducing tuberculosis globally. Improved cooperation and access to western medicine has meant that, although a Navajo infant born in 1945 had only a 50% chance of living to enter school, by 1967 his chance was better than 97%. During the same span the infant death rate declined by half and the incidence of tuberculosis by 70%. (Bergman)

Nevertheless, dramatic changes in the economy were contributing to undermining the very system of traditional Navajo medicine just at the time its value was beginning to be appreciated. While more than twenty Holyway rituals are known, by the early 1970s only about six were still being regularly performed, with another eight or so performed very irregularly or only in part, and six or more in various stages of obsolescence. The record was equally dismal for Evilway chants. The system was in decline for several reasons. First, as Navajos became more assimilated into the Anglo-American's middle class values, many had their confidence in their cultural traditions eroded by Western education. Moreover, the costs of sustaining the Navajo ceremonial system, in terms of time and money, were becoming unmanageable. As Navajos moved off the reservation to jobs in the city, fewer and fewer were willing to give up the one to three years it typically took to apprentice to a medicine man (Mitchell). At the same time, fewer Navajos left on the reservation could support the cost of a major ceremony, which includes not only the medicine man's fee but the cost of feeding and housing the entire gathered extended family, sometimes as much as thirty people, for as long as a week and half, as well as providing the valued material items for the ceremony, such as tanned deer hides from ritually smothered deer, rolls of cloth, and other items.

The Navajo Tribe's response was two-fold. They invested in tribally controlled education including a community college, and made Navajo culture, including Navajo medicine, the center of the curriculum. Secondly, they very boldly began to transform a model school into a kind of medical school to train medicine men. Teams of three persons, consisting of a medicine man and two apprentices of his choosing were invited to apply for modest financial support by the tribe during the training and apprenticeship period. Those teams selected for support were chosen on the basis good character, memory and aptitude for detail and a consideration of how threatened with obsolescence was the tradition being proposed for this master-apprenticeship program. Western medical and psychiatric doctors from the hospital came to the school once a week to provide each time a day's worth of presentations on physiology, anatomy, and various medical, and, as importantly, engaged in dialogue with the Navajo medicine men about how they understood illness, made diagnoses, and otherwise practiced medicine in their tradition. When the Western doctor, Robert Bergman, a psychiatrist demonstrated hypnosis, one of the Navajo medicine men said, "I'm 82 years old, and I've seen white people all my life, but this is the first time that one of them has ever surprised me. I'm not surprised to see something like this happen because we do things like this, but I am surprised that a white man should know anything so worthwhile." (Bergman 1973: 666)

By the mid-1990s things had not improved much, however. A survey in 1997 of 300 Navajo patients who visited one hospital found that 62% of them had used a Navajo medicine man once in their life, and 39% those had done so in the last year. According to the doctors who con-

ducted the survey, "the use of native healers was highest for arthritis, abdominal pain, depression/anxiety, and chest pain. No patient saw a native healer for upper respiratory tract infections, health care maintenance, pregnancy, or allergies." (Kim and Kwok 1998: 2247) This is particularly interesting because respiratory illnesses are addressed by several chantways and in the 1950s constituted one of the biggest areas of concern for both Western and Navajo medical practitioners. The biggest obstacle to traditional medicine remained the cost:

the cost of visiting a native healer was reported to vary from \$1 to \$3000, with an average cost per visit of \$388. The average annual cost of native healer use as a proportion of the patient's self-reported annual income was 0.21, or roughly one fifth. Cost was cited by 108 patients (36%) as the reason for not seeking native healer care more frequently and was the most common barrier to native healer care. Costs are a conservative estimate as they may exclude such customary expenses as transportation, feeding all those who participate in a ceremony, and costs of materials needed such as buckskin or herbs. Cost charged to the patient did not correlate with the patient's income. (Kim and Kwok 1998: 2247)

A significant percentage (23%) claimed not to use native healers because their evangelical Christian religion forbid it. Most Navajo had reached an accommodation between Western and Navajo medicine summarized by one respondent as, "The doctors give me pills for my body, the medicine man gives me songs for my spirit," a comment that reflects a significant shift in at least this one Navajo's understanding of what it means to be a person. (Kim and Kwok 1998: 2248). Thus, despite this first effort in the 1960s, the loss of knowledge and the decline in the number of medicine men has continued in the last thirty years. Recently, the Navajo Nation has done two things to address this.

First and most importantly, in the 1990s the tribal government finally granted an official charter to the Navajo Medicine Men's Association, a formal group of more than 300 medicine men, with an elected president. Initially, the tribal government resisted, claiming that the ceremonies constitute the Navajo religion, and, as religion, they should be kept separate from the affairs of government. Traditional Navajos argued that the distinction between traditional religion and medicine was meaningless, and based on Western categories which should not be permitted to limit Navajo actions. Moreover, they understood that the old argument of whether a traditional ceremony is "religion" or "culture" has always been used to legitimize the denial of benefits. For example, when viewed as religion, Navajo ceremonies and ceremonial practitioners are not entitled to any kind of Federal funding. On the other hand, if viewed as medicine, they are, so today some portion of payments made by individual patients or hospitals as fees to Navajo medicine men or other costs, such as the construction of a ceremonial place on hospital grounds, can now be reimbursed by the Federal government. At least one function the Association has been to serve as a force for conserving Navajo traditions and values, as well as ceremonialism, and in the age of many "New Age" frauds and fakes, they serve as a kind of public agency of quality control and a focal point for intercultural consultations.

The Medicine Men's Association has also played a decisive interventionist role in a number of important public actions, both large and small. As a group, they have provided expert witness statements to courts litigating land use, so they have opposed the building of ski resorts or digging of coal mines on sacred mountains, and went against public and Congressional opinion by supporting releasing water from a dam that would flood a natural rock bridge, insisting that the dam was a violation of nature in the first place. While they were unsuccessful in the case of the dam, they were successful in affecting the court decisions involving the sacred mountains. They have supported political candidates, both native and non-native, at all levels of election.

Most recently they have been successful in supporting the case of a Navajo soldier, who returning home on leave after joining the Marines, was seized by spasms of sudden shaking of his left hand. Consulting medicine men and diagnosticians about his dreams, mental states and behaviors, all concluded that he had the gift of hand-trembling, which was confirmed by several

diagnoses. The Marine then applied for an honorable discharge from the military as a conscientious objector, on the grounds that healers cannot kill. Initially the Marine Corps chain of command turned down his request, claiming he had not presented evidence of a specifically “religious” objection. At that point the Navajo Medicine Men’s Association issued a collective statement in support of the soldier, defining his gift as religious, and confirming his claim that a person with such a gift cannot kill. So supported, the soldier’s request for honorable discharge was finally granted in January of this year at the highest level, by the Commandant of the U.S. Marine Corps. (Lest any think this some kind of native strategy to avoid combat, I should add, as an aside, that Navajos are historically among the most patriotic of Indian tribes and have given their sons and daughters to the US military as warriors in disproportionate numbers.)

The second thing that the Navajo Nation has done is to revive the Traditional Apprenticeship Program first tried in the 1960s. The Navajo Traditional Apprenticeship Program was implemented in December 1999. As an incentive, the program awarded a monthly \$300 stipend to apprentices and \$350 to teaching practitioners. It was not much money, but enough so that seven applicants were chosen to train with traditional ceremonial practitioners. To apply for an apprenticeship, one had to be near completing his/her training in a Navajo ceremony, have received training from the same practitioner for several years, been recommended by the same practitioner receiving training from, have the commitment and dedication to complete apprenticeship, be responsible, courteous, respectful and determined to learn; a Navajo with two Navajo parents, who resides on the Navajo reservation, understands and speaks Navajo fluently, and is knowledgeable about the different Navajo ceremonies, Navajo values, clan system, tradition and culture. Apprentices and master practitioners were expected to commit at least 24 hours every two weeks to the work of learning ceremonies and were tested every three months on their progress. This program appeared to have some success, however limited its scope, principally because first priority in selecting applicants was given to apprentices who were already nearing completion of their apprenticeship in becoming a practitioner in a Navajo ceremony listed as nearly extinct were given first preference in the training, especially those apprentices with the same practitioner now for several years.

Of course, because the fundamental factors contributing to the erosion of Navajo ceremonial traditions cannot be eliminated, such programs and organizations cannot reverse but only to slow down the speed and reduce the scale with which native traditions are eroding. But “only the earth endures forever”. The Navajos have proven a remarkably resilient people, and as their encounter with Western medicine is changing them, so it is also changing us.

In the small, rural town of Page, Arizona on the western edge of the Navajo Reservation, there’s a very small, 25-bed hospital. In 2002 the hospital formed a cultural committee that included many local Navajo people to help it adapt its facilities, organization and practices to meet healing needs of the Navajo who make up about 50% of its patients. In January 2008, the hospital completed a new emergency department, patient registration area and hospital entrance. The entrance faces the east, where the Navajo believe life originates. Before opening the renovated emergency department, the hospital held a traditional Navajo Blessingway ceremony with a medicine man. The committee sponsored the construction of a traditional Navajo dwelling place or *hogahn*, built on-site to be used for ceremonial purposes. But a medicine man's influence stretches beyond the *hogahn* and into the halls of the hospital, where he guides physicians and helps patients feel more tied to their cultural beliefs. When a Navajo woman delivers a baby at Banner Page Hospital in northern Arizona, she invites her entire family — often more than 10 people — into the birthing room. She may give birth squatting, as is custom among the Navajo as among many Native Americans. A medicine man will offer ancient prayers and herbs for the mother to ease childbirth. After the baby is delivered, nurses will save the placenta so the family can take it home and bury it in a sacred place. *Sq’ah naaghái bik’eh hózhó.*

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