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A Month on the Navajo Reservation
E. Grey Dimond, FACP

"More Navajos are killed by the pickup truck dealer in Gallup than by any other single person."
The young Indian Health Service physician was giving me my first briefing.
"Alcoholism is the number one health problem of the Navajo," he continued. "The pickup truck is their most popular car. The dealer in Gallup sells them the most cars; motor vehicles are the greatest cause of death among the Navajo; therefore, the dealer in Gallup is the deadliest event in the life of the Navajo."

My informant completed his comment with advice: "Stay off the road on Saturday night. The Navajo man, plus alcohol, plus a pickup truck, is an unguided missile."

Is the Navajo one more American Indian on his way to oblivion, hurried along by the white man's infiltration, and the red man's unhappiness blurred with alcohol?

The facts are painful. Alcoholism is thought to cause 2.7 per 100,000 deaths in the United States; the Navajo figure is 26.6 per 100,000. Statistics provide another grim illustration of how the Navajo fare in this conflict with an overwhelming external influence: among us Americans (The Anglos) 63% make it to the age of 65 years or more, and between the ages of 20 and 44 years, only 7.0% leave the scene. For the Navajo, 33% die in their years of greatest potential, between 20 and 44 years of age. Only 24% are still alive at the age of 65.

When these facts are corrected for young men alone, the death rate for young Navajo men between the ages 25 and 34 turns out to be five times greater than that of their women.

Auto accidents are the cause of one in every five deaths. My young Indian Health Service doctor's comment about the Gallup, N.M., pickup truck dealer was sarcastic, but as with much sarcasm, carried painful truth.

One hears that half of the young male Navajos are alcoholics, and that there is a considerable problem among women, too. One is told that children, 8, 10 and 11 years old have been seen at hospitals with alcoholic cirrhosis. One hears these things and cannot be blamed for making the prediction that this is the inevitable burden that will destroy the Navajo. Such is the quick and negative conclusion.

A better, deeper look is justified. They have been called the "enduring Navajos." Enduring can mean many things. A rock of granite is dead, but it endures. The Navajos are not dead, but instead are enthusiastically alive, producing young, and expanding their land holdings. They are the only Indian tribe whose land area has increased since their "settlement" by the United States. Not only has their land increased, but they are still at their origi-

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nal homesite, a reservation covering parts of Arizona, New Mexico, and Utah.

And they are doing their best to fill their land. Over 50% of their population is under 20 years of age, and almost two thirds of them are under 24 years of age. There is truly a Navajo nation.

Probably 100,000 of them are below the age of 24 years, and if half of the 50,000 young men are alcoholic, it is just as impressive to be reminded that 25,000 are not. These 25,000, plus their women, are pulling the Navajos through the rough waters of adaptation.

One needs time on the reservation to see beyond the Tokay wine bottles, the staggering gangs of young sullen men, the junked pickup trucks behind the hogans. A longer, thoughtful look shows a tought, intact people. The Navajos are giving on the little things, losing some of their ways, bending in the wind. But one does not come away from their vast homeland without learning a lesson: Navajos are not on their way to being an absorbed, forgotten tribe. They know that they are The People, their land is huge, their numbers increase, their language gives them a private means of communication, their spiritual strength is held together by a continuing religion, their material wealth grows from treasures of raw material.

Much of this I learned from being part of a medical team from the health education schools from the University of Missouri-Kansas City. Our team spent all of May on the Navajo Indian Reservation. Our students and faculty from the pharmacy, dentistry, nursing and medical schools settled down in Indian Health Service Clinics in Shiprock, N.M., Chinle and Kayenta, Ariz., and simply went to work practicing medicine. Our purpose was to be helpful, to avoid becoming well-meaning, bothersome tourists, and to learn. Our group’s essential interest was in gaining knowledge about health and illness, but the added experience of living in another nation for a month provided the real excitement. Thirty vigorous, bright, energetic American students with a full month to work, probe, and make friends, are an uncontainable force.

The month was a University course with 5 hours of credit for study of primary health care. Lectures, museums, sessions with Indian herbalists, and conferences were all a part of it, but the real classroom was the vast Navajo Indian Nation and its quiet people.

The land of the Navajo is not only huge, but wonderfully beautiful. Desert, dunes, meadows, mountains, palms, pines, canyons, sand storms, wind carved rocks, burning heat, snow and cold. Good roads and no roads. Oil, natural gas, coal, uranium, and yet poverty. Or is poverty an Anglo’s word for a way of living that does not include his own comfort gadgets? Do we use the wrong measurements when we speak of success in terms of telephones and televisions per house? Who is impoverished if
he owns his own land, and a shelter that is his, feeds
on his own sheep, and has a strange relationship
with a pale stranger who provides him with abun-
dant food stamps and total free medical care?

One gains a brief moment of insight when it fi-
nally dawns on the visitor that the Navajos are very
much intact as a culture, and possess a perseve-
rance and adaptability that have carried them
through several hundred years of continuous as-
sault from all sides. We Anglos are late-comers in
terms of the Navajo’s exposure to external chal-

The Spaniards, the Mexicans, and now us . . . but the Navajo remains not only on his home-
land, but adding to it. In one hundred years of res-
ervation life, the population has at least quadrupled.
No one knows exactly how many Navajos there
were when they surrendered to Kit Carson — sim-
ply because all of them never surrendered. No one
knows how many there are now, because no one
has carried out a true census. One recent effort to
accurately count the population in one small remote
area, Kayenta, showed that the initial estimate of
20,000 was low by 9,000 persons. Quite an error!

The Navajo have not responded in a uniform
manner to the urgings for birth control. On their
borders, where the exposure to the white man’s cul-
ture is most intense and Navajo women have out-
side jobs, the planned-family message is being
heard. But deep in the reservation, the large family
continues and little attention is paid to the appeals
to use contraceptives. The many church missions
carry mixed messages, and the largest mission of all
is the Catholic.

Even though the population has grown rapidly,
perhaps doubling in 50 years, one still has no impres-
sion of vast numbers of people, as one does in Ja-

n, Java, or China.

Think of a city of 125,000 people and spread them
out in the area of California, between Los Angeles
and San Diego, from the sea to Arizona. That is the
population density of the Navajos. Add to this fact
that the Navajos resist congregating in villages,
towns or cities, and you have an idea of the sparse-
ness of settlement. Navajos simply do not live in
villages; they live in individual family units located
several miles apart.

In fact, one of the Navajos’ problems is shortage
of labor. Their land mass is so large, their popula-
tion so thinly spread, that it is hard to assemble a
labor force to carry out substantial projects. Add to
this the relative lack of necessity to work, and it is
apparent why large efforts such as dams, and mines,
which require massing men and money, are so often
contracted out to Anglo firms. As a result money in
small amounts for day labor does come into the res-
ervation, but money in huge amounts goes out in
Anglo payrolls and Anglo profit.

One begins a month such as ours with a feeling of
sadness because of the initial impression that here is
another group of people with an ancient language,
religion, and culture, about to disappear as it is ab-
sorbed by the surrounding, dominant United States.

The American school system, yellow buses and all,
scoops up thousands of Navajo children for a full
twelve years. The American language is all about
the Navajos, in schoolroom, in print, on radio and
on television. Perhaps half of the children are re-
moved from the home and placed in reservation
boarding schools.

In spite of this absolute indoctrination in things
American, there is a continuing Navajo-ness that
survives.

Our group, of course, was particularly interested
in finding out what diseases affect the Navajo, and I
have already mentioned the problem of alcohol.
Mortality of young children from infection is a seri-
ous problem. The Navajos also have a high inci-
dence of diabetes. Ear infections with resultant
scared eardrums and deafness are a major prob-
tuberculosis is widespread.

Our group’s access to the Navajo was by our fit-
ting into the daily life of the Indian Health Service.
These physicians, nurses, and administrators were
impressive. Now that the Viet Nam War has ended,
none of the physicians is simply hiding out on the
reservation to avoid military service. Instead we
found motivated, competent professionals trying
their best to provide safe medical guidance without
over-interference in the ways of the Navajos. The
usual complications of too little budget, too few
personnel, too great distances, and overwhelming
numbers of patients were handled with serious and
devoted competence.

We, 30 Missourians, contributed as we could to
the Indian Health Service’s health manpower.
We hope that many more from our own schools will
do so in the future. Many American medical schools
should be seeking such opportunities. All of the
problems of the emerging Third World nations can
be found among our own American Indians. The
adjustments and burdens of the new nations of Af-

rica, Asia and South America are similar to those
being experienced by these original Americans.

Because of their numbers, the Navajos epitomize both
the tragedy and the potential of the American In-
dian.

Few Navajos are leaving their homeland. They
have extracted a considerable degree of self-
government from the United States, and this force
for self-determination along with Navajo-owned in-
dustries, jobs, and schools are the real antidote for
alcoholism.

Our students and faculty found a strong, adaptive
people. We recognized a persevering strength that
will bring them through. They have reached a point
where less help will be the best help. Our group
served their medical needs, but we could see that in
the next handful of years the Navajos will resolve
their own medical care needs. Their solution will
be, in medicine as in other fields, a mix of their own
trusted ancient ways and willing use of the best of
borrowed ideas.

The Navajo borrows, adopts, adapts — but en-
dures.