

CUSTOMER HAS REQUESTED:  
**Electronic Delivery (ELDEL)**

[docdel@ahsl.arizona.edu](mailto:docdel@ahsl.arizona.edu)

**Document Delivery/ILL**  
Arizona Health Sciences Library  
520-626-6840  
[ahsill@ahsl.arizona.edu](mailto:ahsill@ahsl.arizona.edu)

  
Thursday, August 04, 2011

TN: 213042



Call #: **W1 AM225 v.18 1977**  
Location:

Journal Title: Bulletin of the American  
College of Physicians

Volume: 18  
Issue: 10  
Month/Year: 10 1977

Article Author: Dimond EG

Article Title: A month on the Navajo reservation.

Notes:

Paging History:

NOS LAC INC OTHER \_\_\_\_\_

Re-Page by --/--/--

Charge:

This is not a bill. Please do not pay from this  
slip.

Initials \_\_\_\_\_

Request #:213042



Patron: Jones, Desiree

Pages: 15-7

Need by: 10/03/2011

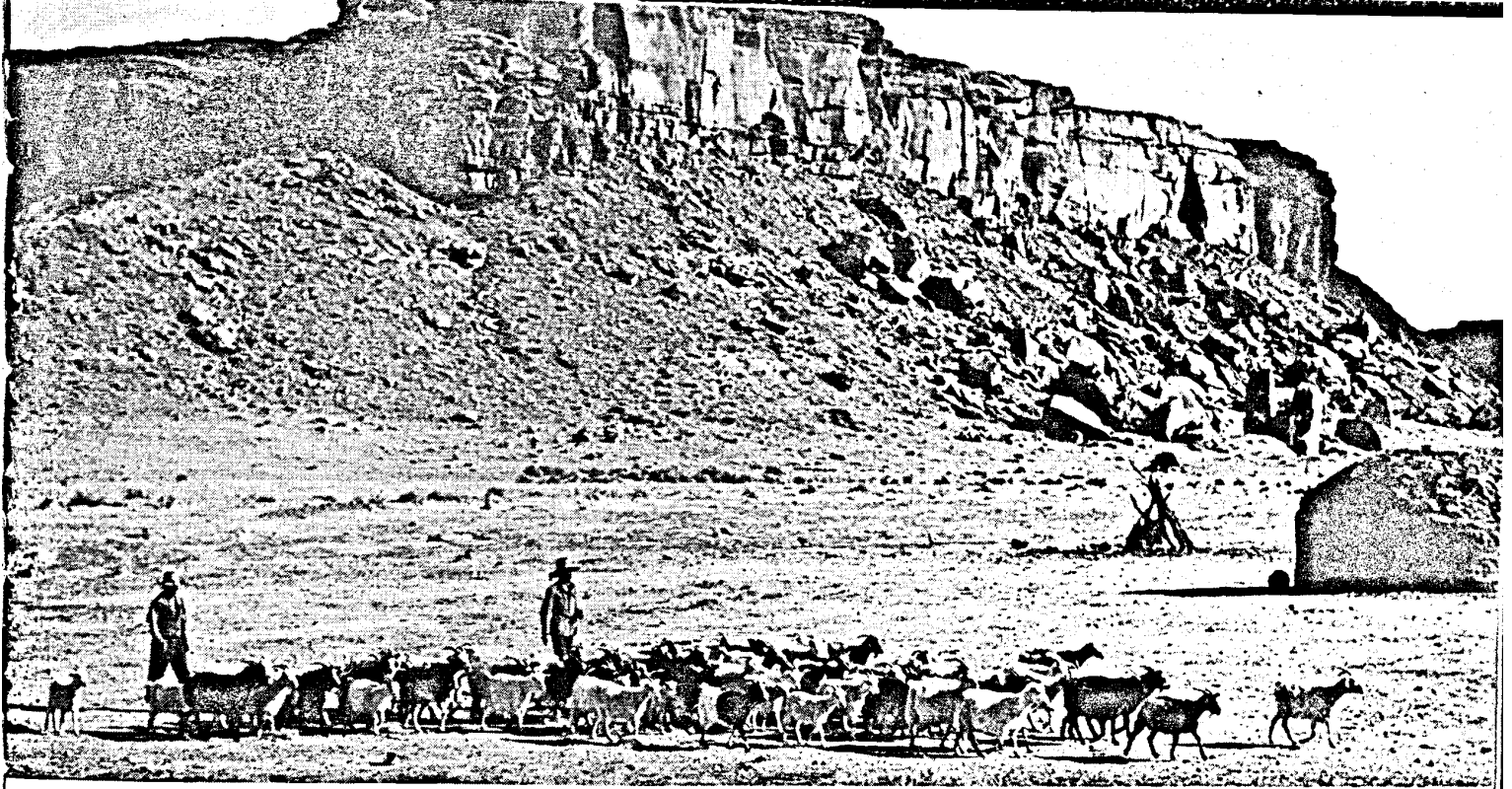
  
**CUSTOMER INFORMATION:**

Desiree Jones (djones)  
2550 West Ironwood Hill Drive  
#833  
Tucson, AZ 85745

College of Public Health

Method of Payment:

[djones1@email.arizona.edu](mailto:djones1@email.arizona.edu)  
520-429-2746  
Fax:



## 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-

---

*E. Grey Dimond, FACP, is Distinguished Professor of Medicine and Provost-Health Sciences at the University of Missouri-Kansas City.*



Clockwise: Navajos walking through one of Gallup's honky-tonk blocks; John Cashman, M.D., Professor of Medicine at Missouri (white hat) with Jack Jackson, Director of the Office of Native Healing Science, Navajo Area Health Education Center (NAHEC); at right, some of the team members with Mrs. Patricia Bradley of NAHEC (left). The team members are, left to right, medical students Lesley Schroeder and Carol Weisman; nurse clinicians Jan Abernathy and Elaine Williams, and Gerald Wankum, M.D., resident in medicine.



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 tough, 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 abundant food stamps and total free medical care?

One gains a brief moment of insight when it finally dawns on the visitor that the Navajos are very much intact as a culture, and possess a perseverance and adaptability that have carried them through several hundred years of continuous assault from all sides. We Anglos are late-comers in terms of the Navajo's exposure to external challenges. The Spaniards, the Mexicans, and now us . . . but the Navajo remains not only on his homeland, but adding to it. In one hundred years of reservation life, the population has at least quadrupled. No one knows exactly how many Navajos there were when they surrendered to Kit Carson — simply 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 culture is most intense and Navajo women have outside 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 impression of vast numbers of people, as one does in Japan, 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 sparseness 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 population 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 reservation, 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 absorbed 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 removed 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 serious problem. The Navajos also have a high incidence of diabetes. Ear infections with resultant scarred eardrums and deafness are a major problem. Tuberculosis is widespread.

Our group's access to the Navajo was by our fitting 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 Africa, 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 Indian.

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 industries, 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 endures. ◇