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# *Cultural Aspects of Caring for Navajo Indian Clients*

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*Cultural factors significantly influence the Navajo's interactive processes as well as perceptions of health and illness. Unfortunately, very limited published information is available about the problems that may occur when health care practitioners ignore the influence of culture. The interactive processes are made even more complex when health care providers have cultural expectations that are different from those held by their patients. The article reviews some of the complex factors (i.e., family structure, health/illness beliefs, traditional remedies, and cultural practitioners) that influence the Navajo's decision to seek, accept, or reject the assistance of professional health care providers. In addition, some implications, strategies, and suggestions are included that may assist the nurse in improving the quality of care provided to the Navajo patient.*

## OVERVIEW

Group isolation, whether due to social, geographic, or economic conditions, usually contributes to the preservation of a group's cultural identity. Social isolation, whether forced or voluntary, encourages members of any group to preserve their traditional cultural practices and beliefs.

Culture influences the communication styles, beliefs, and behavior patterns that are exhibited by any group. When individuals of two or

more different cultures interact, the communication styles and patterns, body languages, and expectations of each participant may be so different that they are mutually offensive. Consequently, subtle displays of cultural insensitivity may negate any positive outcomes of the interaction. Cultural ignorance may lead providers to unknowingly insult individuals who seek health care. According to Plawewski (1992),

culture has generally been defined as a socially transmitted behavior pattern that is based on the acceptance of the beliefs, attitudes, language, and practices that are typical of a community of individuals at a given time. The geographical, economic, and social segregation of any ethnic or racial group reinforces the culturally influenced behavior pattern. Consequently, the segregated group develops communication styles, cultural beliefs, and interactive behaviors that are socially accepted within their community but that are different than those expected by the general populous. Communication and behavioral difficulties may develop when members of these ethnic/racial groups are forced, by necessity, to deal with health professionals who have different communication patterns, cultural perspectives, and behavioral expectations. (p. 4)

A basic knowledge of the elements of a culture will enable one to appreciate better the importance of adjusting behaviors associated with the delivery of health care so that it can be more readily accepted. In order to interact appropriately with any person, it is vital to demonstrate a basic knowledge of and respect for those cultural influences that have contributed to that individual's uniqueness.

The purpose of this article is to examine the influence of culture on the interactive processes that affect the provision and acceptance of health care. To illustrate dramatically the interactive problems that occur when the influence of culture is ignored or when cultural expectations differ, it was necessary to select a group whose identity has been maintained even though its members have been exposed to the beliefs and behaviors of the dominant society. Native Americans meet this criterion and have, over time, experienced both forced integration and, with the establishment of reservations, geographical segregation. Although there are many limitations to life on the reservations, factors such as geographical isolation, tribal governance, and social segregation have fostered a resurgence of Indian independence. The political autonomy and tribal governance structure of the reservation have resulted in an increased respect for the cultural traditions of the Native American residents.

The general descriptors *Native American* and *American Indian* include 505 distinct Indian tribes residing in 26 states. Most Native Americans reside in the western part of the United States (Henderson & Primeaux, 1981).

In fiscal year 1993, the Indian Health Service (IHS) population (the number of American Indians and Alaskan natives who are eligible for IHS services) was approximately 1.26 million. The Indian population residing in the IHS service areas was described as younger than all other races in the United States population. Of the Indian population, 33% were younger than 15 years, and only 6% were older than 64 years. The median age of the Indian population was 24.4 years compared to 32.9 years for the general population (U.S. Department of Health and Human Services [DHHS], 1993).

The large number of tribes presents a wide spectrum of cultural beliefs/traditions among the diverse Indian population. This article will focus on some of the cultural components of the largest tribe, the *Dine*, more commonly known as the Navajo.

### Historical Perspective

A brief overview of Navajo history will first be presented to sensitize the reader to the many tribulations that this Native American tribe has endured. It has been theorized that the Navajo wandered south to their present environment in the 1400s. Support for this theory is based on the relationship/similarities of the Navajo language with those of other groups, including that of the Athapascan family of Alaska and Canada (Iverson, 1990).

During their migration to the Southwest, the Navajo encountered Pueblo and Apache tribes. The Pueblo, a stationary farming tribe, cultivated the fields, wove cloth, made baskets, practiced silversmithing, and fashioned pottery. As they migrated, the Navajo evolved from a basically nomadic tribe of hunters and berry-gatherers to one that learned and incorporated some Pueblo traditions into their culture. An example of this adaptive behavior was the development of the Navajo's unique weaving tradition (Young, 1961).

Historically, as far back as Navajo oral history and legends allow, tribal traditions trace this people to distant ancestors living in the deserts of the Southwest (Harvey, Harjo, & Jackson, 1990). As desert dwellers, they evolved into the tribe we call the Navajo, or, as they are still known among themselves, the *Dine* (the people) (Iverson, 1990).

During that early era, the Navajo inhabited the land of the ancient Anasazi and lived in magnificent stone dwellings located in northern New Mexico. Today, the Navajo people consider that area to be the sacred ancestral place and the home of the spirits and powers that created the earth and humans.

During the latter part of the 19th century, the Navajo culture underwent a significant period of growth (Hanley, 1987). The Navajo people experienced a tremendous expansion in terms of cultural acquisition, social change, and population growth. It was during the late 1800s and early 1900s that the federal government took many overt actions intended blatantly to force Native Americans to assimilate into the Anglo society (Harvey et al., 1990). During this period, the Navajo, along with virtually all Native American tribes, were denied their right to converse in the native language, to conduct traditional worship services, and to select their leaders. As a consequence, efforts by the tribes to preserve their native languages, cultures, and traditions seemed hopeless. However, the government's mandated efforts at assimilation had significant but only limited success. In more recent years, there has been a resurgence of efforts by the Native Americans to preserve their sacred traditions and cultural identity. The Navajo have initiated an active program to ensure the perpetuation and teaching of their ways through oral tradition, observation, and participation/experience (Harvey et al., 1990).

The Navajo Nation is situated on a 27,000-square-mile reservation encompassing portions of Arizona, New Mexico, and Utah. Numbering nearly 200,000, the Navajo constitute the largest of the 505 federally recognized Native American tribes in the United States (U.S. Department of Commerce, 1988). The Navajo reside in dwellings that range from primitively simple structures known as *hogans* (open rooms with specific functional areas) to comfortable modern houses. Occupationally, members of this nation hold various positions, from craftsman (e.g., silversmith) to professional (e.g., lawyer). A major source of revenue for the Navajo comes from federal grants and contracts that are related to the oil, coal, and uranium deposits discovered within the perimeters of the reservation. The production and sale of American Indian arts and crafts have also contributed to improving the economic self-sufficiency of the Nation (Osinski, 1987). Yet the Navajo are plagued with very high unemployment rates, reaching 70% (Heraldson, 1988). Unemployment and its resultant poverty significantly contribute to other social and health problems,

such as violence, high crime rates (Harvey et al., 1990), and alcoholism. The negative consequences of poverty affect the lives of all on the reservation. Consequently, many Navajo have moved from the reservation because it is often deemed an undesirable place to live.

In spite of its reputation, the reservation is the place where the true Navajo language, beliefs, and rituals are preserved. It is where the language of their ancestors is reverently spoken and, until recently, basically unwritten (Hanley, 1991). It is where the understanding of Navajo family roots begins, and the place where one's spirituality is celebrated and practiced. The reservation is, in essence, an enclave of Navajo culture as well as a gateway to the larger society (Harvey et al., 1990).

Culture influences many aspects of the Navajo's life. In order to understand these influences, some of the major components of the Navajo culture will be presented. Some basic information about the Navajo's family structure, health and illness beliefs, traditional remedies, cultural practitioners, barriers to professional care, and nursing implications will be presented. The purpose of presenting this information is to familiarize the reader with those factors that may influence the Navajo's decision to seek, accept, or reject the assistance of professional health care providers.

## **FAMILY STRUCTURE**

Reservation life has resulted in the social isolation of the Navajo. Separation from the general populace has encouraged the Navajo to reestablish their cultural heritage. Historically, the Navajo have held strong beliefs regarding the maintenance of a very cohesive extended family unit.

The Navajo's identity is defined by membership in a family or tribal grouping. Family includes the traditional and extended members as well as others linked by friendship or community (Kekahbah & Wood, 1980). As Hanley (1991) has observed, "The family is considered so important in the Navajo culture that to be without relatives is to be really poor; children learn from infancy that the family and the tribe are of paramount importance" (p. 222). The biological and extended family is the center of the social organization (Hanley, 1987). One's cultural development is significantly influenced by the ethnic group that provided one's early socialization (Kent, 1971).

The Navajo concept of birth determines membership in a clan. It is interesting to note that the Navajo have a matrilineal clan system. In this system, clan and lineage are inherited from the mother (Iverson, 1981). Individuals are "born of" the mother's clan and "born for" the father's clan. Relatives encompass all individuals related through biological ties and clan affiliation (Lamphere, 1977). Members of related clans consider themselves as having a familial relationship and address each other by kin terms. As with many other cultural groups, the elderly are the caretakers and advocates of tradition, including health and illness practices and beliefs. Showing respect for the elderly is an essential behavior in the Navajo culture. Elders are considered wise because they have learned the skills necessary to survive.

Members of the family unit have traditional role expectations. The mother is expected to deal with domestic responsibilities. Women are responsible for holding the family together (Clark, 1978). Wives are expected to be less successful (in our terms) than their husbands (Roessel, 1981).

The traditional role of the father is that of provider. The father's role is to accept responsibility for any outside work required to maintain the family and home (Roessel, 1981). Navajo children are considered family assets and are taught to respect tradition and honor wisdom (Primeaux, 1977). The children's role is to assist both parents (Roessel, 1981).

The importance of family is further illustrated in the Navajo language that has an extensive vocabulary describing relationships. The relationships can affect health care because the extended family can become involved in making decisions about a patient's illness and treatment. Obtaining an informed consent may become a complicated, time-consuming task because the extended family may be involved. Nurses can also expect a large number of extended family members to visit a hospitalized patient.

## **HEALTH ILLNESS BELIEFS**

All societies have, within their sociocultural heritage, certain sets of etiological explanations for illness and accepted forms of treatment for the alleviation of symptoms (Fabrega & Silver, 1973). The Navajo reside in a world governed by supernatural powers that must be honored daily through rituals that recount the intricate cultural legends. These rituals and their associated taboos seek to remind the

Navajo of the correct relationship of humans and earth's other creatures. Only by observing the pertinent rituals, adhering to their intent, and experiencing proper daily living can the Navajo attain that state of ideal harmony in their lives and environment (Iverson, 1990).

Spiritually, the Navajo tribe has been guided by a foundation of sacred myths, legends, and ceremonies in which religion and being are interdependent (Hanley, 1991). Spirituality is interwoven with one's daily existence. To understand the Navajo, one must understand their spirituality and its link to nature's harmony. It is obvious that holistic concepts, the interrelationships of the person, family, community, environment, and spirituality, form the basis of the Navajo's health and illness belief system. The Navajo believe that everything in the surrounding world is filled with powers that can influence the individual (Vogel, 1970). Animate or inanimate, all things of the Ultimate Creator interdependently have a purpose that must be respected. To that end, the Navajo reverently espouse the need to be in harmony with the family and with the environment (Hanley, 1991).

The very essence of the Navajo culture is maintaining harmony with nature (Beck, Walters, & Francisco, 1992). Any type of unacceptable behavior will upset the delicate balance between the good and evil powers in the Navajo world, thus resulting in sickness and/or misfortune for the wrongdoer. Restoring balance is reestablishing harmony. The Navajo believe that one's personal health extends beyond the physical being and encompasses congruence with family, community, and environment. Iverson (1981) notes that maintaining spiritual health is especially dependent on being in harmony with the supernatural forces of creation. There is, therefore, an obvious link between spirituality, physical health, and healing. The holistic concepts of the interaction of body, mind, and spirit have always been accepted by the Navajo.

Sickness for the Navajo means being out of harmony with life. Treatment of symptoms by professional health care providers is accepted, but only traditional ceremonies can address the disharmony that caused the illness. Higgins and Dicharry (1991) note that "the Navajo people believe that the universe functions according to a certain set of rules and if the people learn the rules and live by them, they will be kept safe or be restored to safety" (p. 244).

Amazingly, a majority of the Navajo still do not believe in the communicable or infectious spread of disease. Rather, they believe that illness is caused by the aforementioned disharmony. As Cahn

(1969) explains, "There is no word for 'germ' in our language. This makes it hard for the Navajo people to understand sickness" (p. 7). One recent example of the impact of this cultural belief occurred during the recent outbreak of unexplained adult respiratory distress syndrome (UARDS). This outbreak caused several deaths on the Navajo reservation (Cowley, Annin, & Ward, 1993). UARDS starts with minor symptoms, such as coughing, fever, muscle aches, and pinkeye, and progresses within 48 hours to the victim's lungs being filled with fluid. The National Centers for Disease Control and Prevention (CDC) found evidence that an exotic rodent-borne Hantaan virus was the cause. The CDC determined that this virus was spread through the air after mice or rats had expelled it in their urine (Cowley et al., 1993). However, a Navajo medicine man had a different explanation for the disease. The medicine man stated that the Navajo contracted this disease because they had embraced strip mining and fast foods and had forgotten the traditional ways. Traditional practices for curing this illness were suggested and included "praying with white corn pollen to cure the spirit and drinking herbal tea to cure the lungs" (McGraw, 1993, p. 28). Another cultural conflict occurred when officials stated that traditional cleansing ceremonies should be avoided because they might cause the spread of dust that contained dried rodent droppings and the deadly virus. The Navajo's beliefs about respecting the dead (i.e., refusing autopsies) and respecting privacy (i.e., not disclosing mating and sexual practices) along with their spiritual beliefs about the cause of these deaths also conflicted with the actions of the non-Navajo public health investigators.

Contradicting or ridiculing any group's cultural beliefs may cause its members to experience anxiety, rejection, or anger. These emotions complicate an already complex interactive process and may lead to withdrawal. Conversely, demonstrating respect for cultural beliefs assists in reducing tensions and facilitates communication.

### **TRADITIONAL HEALTH CARE PRACTICES AND PRACTITIONERS**

Traditional health care practitioners exist in many cultures. Individuals selected to assume the role of healer are usually chosen at a very young age and undergo a long, complex training program. The traditional healer teaches the novice the complexities of conducting rituals and ceremonies as well as making herbal remedies.

The Navajo have several types of specialized traditional healers. Navajo medicine people are greatly respected practitioners of a complex health system. They are designated as diagnosticians, herbalists, or singers (Bullough & Bullough, 1982; Hanley, 1991; Vogel, 1970). The terms medicine man/woman and shaman are also used to describe traditional health practitioners. The shaman's role stresses the spiritual realm whereas the focus of the medicine woman/man is the healing process (Bahti, 1970; Faris, 1990; Reichard, 1963). Although these practitioners are considered experts in a selected aspect of the traditional healing system, many are considered multiqualified and, thus, are called on for advice and/or assistance in a variety of healing situations.

### **Cultural Implications**

To appreciate the influence of culture on health and illness, one must understand the impact that spirituality has on the Navajo healing system. The following paragraphs will present specific information about the roles of health practitioners, traditional rituals and ceremonies, and medicinal interventions.

The "hand trembler" is the diagnostician of the traditional healing system (Bullough & Bullough, 1982). Diagnoses made by the hand trembler are based on the belief that the spirits move the diagnostician's hand so that it draws a picture that is then interpreted to reveal the cause of an illness (Bullough & Bullough, 1982). Once the picture is interpreted, the patient is told the diagnosis and recommended treatment.

Medications, isolation, bed rest, dietary regimens, and sweat baths are commonly recommended interventions in addition to the patient's involvement in traditional ceremonies and rituals. As is common with other cultural groups, the Navajo often combine traditional practices with modern medicine. Items such as small bags of herbs, fetishes, or symbols that are believed to have spiritual curative powers may be kept or worn by Navajo patients.

For many Native Americans, the essence of maintaining one's physical and spiritual health is living in harmony with and paying proper homage to the surrounding world. To this end, Native American healers turn to the earth's vegetation for help in the healing process. The plant kingdom remains a natural pharmacy for the Native American herbalist (Hutchens, 1991).

Botanical remedies, still considered closely guarded secrets, are believed to work largely through the ceremonial cooperation of the spirit world. Medicines must be reverently selected, fortified, and applied. Procedure is critical for the selection and creation of the remedy. Knowledge of the remedy must be combined with the spiritual aspect, which is ever present, and requires proper homage during the entire process from search, location, selection, preparation, and application.

Medicine men/women are typically familiar with over 400 plant species offering curative powers. One available survey of herbal remedies cites 68 laxatives, 88 cold remedies, 113 plants for reducing fever, 41 plants for nervous ailments, and over 100 for the relief of an upset stomach (Hutchens, 1991; Weslager, 1973).

Native Americans often believe the powers in animals to be the origin of various ailments. Ailments would occur after a specific animal was mistreated, harmed, or wrongfully killed. The cure for such a resulting ailment usually involves using a fetish (i.e., a carved image of the responsible animal in wood, stone, or glass) (Bahr, 1974; Bahti, 1970). The fetish is rubbed or pressed on the afflicted part of the patient's body, and sometimes this is accompanied by the proper chant or ritual. The most important fetish among the Plains heritage Indians is called a medicine bundle (Bahr, 1974). A bundle is composed of a variety of charms that may include beads, herbs, teeth, and stones wrapped in a pouch of skin from an animal considered favorable or believed to have specific curative powers.

A healing ceremony that involves ancient Navajo traditions is known as Chant Ways. Each respective Way is very intricate and complex. A shaman or medicine woman/man rarely masters more than two Ways in a lifetime of healing. Blessing Way is the most common Navajo ceremony used in healing practices (Sobralnske, 1985). There are over 35 variations of Blessing Way that mark important life events (e.g., birth, marriage, or occupying a new dwelling) and seek to attain good fortune and health for the celebrants (Bahti, 1970). The prayers and holy songs relate the story of creation and remind the Navajo that the spirits and powers residing in all things must be in balance if the necessary harmony for happiness is to be maintained.

The Navajo sand or dry painting ritual calls for the divine power of healing. The painting is made of crushed sandstone, pollen, charcoal, and other colorful types of sand. Dry painting is usually created by the medicine man/woman and assistants. It is an intricate magical picture that depicts symbols, such as a majestic bird, that are sacred

to the Navajo. An ill person is seated within the sand painting so that the power of the painting can be absorbed. Another part of the sand painting ritual includes a curing chant that is sung by the medicine woman/man. This Navajo ceremony emphasizes treating patients and restoring harmony within themselves and the environment (Faris, 1990).

Hanley (1991) emphasizes that traditional Navajo ideas about health care have a vital place in their concepts of the physical self and spirituality. Native healing practices form the foundation of the Navajo culture and are central to Navajo attitudes, beliefs, and values.

### **BARRIERS TO HEALTH CARE**

Most health care systems are based on the assumption that the providers and clients share cultural beliefs and behavioral expectations. Differing assumptions can negatively affect the results of the interactive process. For example, the non-Native American nurse may ask direct questions of a personal nature (e.g., bowel or bladder habits). The Navajo patient may perceive these questions to be an invasion of privacy. Cultural groups, such as the Navajo, have a present orientation and, therefore, fail to understand the relationship between one's past activities and present illness. The Navajo's silent, reserved manner and avoidance of eye contact with the nurse are intended to show respect but may be interpreted by the nurse as disinterest. Consequently, the nurse's interactions with the Navajo client may become superficial, labored, and limited.

It should be apparent that the health practitioner's chances of positive interactions with Navajo patients are significantly dependent on a basic understanding of Navajo culture. Hall (1976) has noted that the basis of the problems occurring during interactions is health care practitioners' assumption that behavior is fairly universal, leading them to anticipate that a Navajo's actions will be the same as those of the dominant Anglo society. Conversely, Navajo may interpret certain Anglo behaviors in the context of Native American culture. Failing to recognize and understand these differing assumptions obviously makes misunderstandings between the cultures quite probable and possibly destructive.

Hall (1966, 1976) asserts that cultures can be categorized as high context or low context. In recognizing the differences, Hall states that context and communication are intimately interrelated. Messages

may be explicit because the words carry most of the information. This is a characteristic of American culture's low-context approach. In other cultures, less information may be contained in the verbal aspect because the emphasis is contained in the context of the message. This is characteristic of a high-context approach such as the Navajo culture.

Hall (1976) notes that cultures have different assumptions about time, personal responsibilities, and space that are ingrained and unconscious. Low-context cultures, for example, perceive time as a linear, complex organizing system known as a monochronic approach (e.g., the appointment is made for 10:00 a.m.). Conversely, high-context cultures have a polychronic approach in which everything has an inherent system that must be dealt with in terms of its own time (e.g., the clinic visit will start when the patient arrives).

In a low-context culture, personal responsibility functions according to rules of procedures accompanied by appropriate paperwork. In a high-context culture, a simple verbal agreement suffices (i.e., "your word is your bond"). When misunderstandings occur, the person responsible assumes the blame. In a low-context system, responsibility for error is often deflected to someone or something else within the system. Consequently, commitment is greater in a high-context system.

Within a sensitive communication system, space is also perceived differently in a high-context culture. Physical closeness is an imperative behavior and part of a high sensory involvement of that system. A low-context culture considers and requires respectable distance, even to the point of believing that one holds a lien on the ground one is standing on. Infringement on one's personal space in a low-context culture is sometimes interpreted as an attack, whereas a high-context system requires close interaction to communicate effectively.

Perhaps the most important distinction between the high and low contexts involves the group and individual (Hall, 1976). A high-context culture is highly group and family oriented. Individualism, which is so highly valued in a low-context approach, may be both insulting and destructive in a high-context culture such as that of the Navajo.

## IMPLICATIONS FOR NURSING CARE

Nurses must recognize the impact that culture has on the interactive process. As Plawecki and Plawecki (1990) note, "although it is

valuable for nurses to become familiar with the cultural beliefs and practices of various social/ethnic groups, one must recognize and avoid the temptation of over-generalizing" (p. 44). Individuals may accept all, most, some, or none of the beliefs, traditions, and practices that are generally associated with their cultural ancestry.

Nurses must accept the challenge of providing culturally sensitive health care to all patients. A few general guidelines may assist the nurse in more appropriately interacting with the Navajo patient. First, nurses must become aware of and demonstrate respect for the patient's beliefs about health and illness. Second, even when translators are present, nurses must be aware of the possible difficulty in communicating with Navajo patients who speak only in their native language because some English words (e.g., germs) are absent in the Navajo language. Third, the Navajo's family orientation may require the nurse to intervene and suspend normal hospital policies and procedures so that additional visitors can be accommodated in the patient's hospital room. The ill Navajo relies on the presence of a large family unit for spiritual and physical comfort. Fourth, the nurse must remember that most Navajo are present oriented, unlike members of the dominant culture, who are future oriented (Hall, 1976; Primeaux, 1977). The Navajo orientation toward time associates needs with the present. For example, the Navajo's present-time orientation may make it difficult to obtain a health history because past events are perceived to be unrelated to a present illness or condition. Future-oriented events, such as taking prescribed medications and keeping appointments, can also be problematic (Bullough & Bullough, 1982; Hanley, 1991). Finally, the nurse must recognize and respect the revered role of the traditional health care provider (e.g., medicine man/woman, shaman, etc.). Today, when Navajo become ill, they must choose between the physician of the modern Anglo medical system and their own native healers (Harvey et al., 1990). Determining which physician, "theirs" or "ours," can cure them is only part of the problem as far as health care is concerned.

There has been a great deal of effort by health care practitioners and Navajo healers to work collaboratively and cooperatively (Hanley, 1987). Continued mutual respect between these groups for the expertise of the other is a vital component to improving Navajo health care (Navajo Health Systems Agency, 1985). To this end, when deemed appropriate, medicine women/men are referring specified serious cases to the hospital, and physicians are known to send psychological

and behavioral disorder cases to the native healers (Navajo Health Systems Agency, 1985).

Ignoring or minimizing cultural beliefs contributes to noncompliance that often results in the failure of treatment. Conversely, nurses who demonstrate cultural sensitivity encourage clients to accept prescribed regimens and promote improved health care. Like any other cultural group, the Navajo will seek the assistance of those providers who best understand and meet their health care needs.

## CONCLUSION

Efforts to increase the quality of health care provided to the Native American have been met with some success (Hanley, 1987). Increased health education, alcohol and drug treatment programs, pre- and postnatal care, and other preventive programs have focused objectives in providing education, training, and support systems for the Native American (Harvey et al., 1990; Navajo Health Systems Agency, 1985). Success in these efforts, however, has a major caveat: All efforts must be sensitive to, respectful of, and understanding of the Navajo beliefs and culture (Harvey et al., 1990). A major challenge to improving the health of the Navajo is the institution of a preventative health care program that can be assimilated into the traditional Navajo culture and belief systems. This challenge could be met if additional Navajo were recruited and educated as professional health care providers. Harvey et al. (1990) point out the larger scope of the challenge by stating that "Native Americans believe that efforts must be undertaken not only to address health problems, but also economic status, social, and environmental factors that contribute to conditions that perpetuate the debilitating health conditions that affect the quality of life for many Native Americans" (p. 59). The Navajo have been prompted to become involved in actions that bring public attention to efforts at reestablishing and redefining tribal sovereignty. The objective is to preserve tribal existence, protect natural resources, and promote human rights (Harvey et al., 1990).

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