

Native Health: Making Important Connections to History, Language, and the Land

Lisa J. Lefler

American Indians have experienced devastating loss of lives, land, language, and culture for more than five centuries, and historical and intergenerational trauma have affected their health for generations. Understanding American Indians' cultural richness and resiliency is critical to understanding how to better serve these populations.

Introduction

As a non-Native scholar working with American Indian populations, the first acknowledgement I must make is gratitude for allowing me to speak about Native health. The second is that I work and live on Indigenous homeland. Gratitude and acknowledgment are critical elements in beginning to recognize how we can serve Native populations more successfully and with greater collaboration.

For more than 12,000 years, the homeland of the Eastern Band of Cherokee Indians covered eight US states. It included some of the oldest mountains and rivers in the world, with a temperate rainforest and some of the most diverse flora and fauna anywhere. Today, the Cherokee sovereign territory is drastically reduced to small areas in Western North Carolina and Oklahoma. The Cherokee language is polysynthetic and verb-based. It has been described as a language of science predicated on the importance of relationships between self and others, with the natural and spirit worlds, and with ourselves. The belief system of the Cherokee, or more accurately the Kituwah people, was and frequently still is reflected in the concept of *tohi*, or health. *Tohi* is multi-dimensional but generally means that one is functioning evenly, fluidly, much as the wind and clouds flow; everything is working as it should, balanced and without stress or fear. The Kituwah believe that relationships are critical to a balanced and healthy life as they connect us to others and the world around us [1].

The importance of connectedness was and is also central to the Cherokee identification with the land. The name Kituwah means people of the Earth, the land that belongs to the Creator (personal communication, Belt, 2021). As with most Native people, identity is synonymous with place for the Cherokee. It is where they and their ancestors lived and died, where the tribe established its unique language and beliefs about its origins and culture, and where it maintains

tohi. The Kituwah world is one of lush forests, rivers, and streams that hold significance regarding health and identity. The Kituwah are hydrocentric in their understanding of their place in the world; water is part of their medicine and part of their healing.

Cherokee elder and linguist Tom Belt has spoken about how Cherokees are to interact with this world, guided by *duyuk'dv'l*, meaning the right way or path [2]. This is part of the way in which one lives a life of *tohi*. *Duyuk'dv'l* is a concept of natural laws that guide behavior and choices to achieve well-being. Kituwahs recognize the importance of balance in relationships, as has been taught in stories for millennia. For example, the story of the origin of medicine teaches that when humans began to exploit animals by killing and using more than they needed, they created an imbalance [3]. In response, the animals are said to have retaliated, sending illnesses to humankind. In turn, the plants took pity and vowed to provide medicine to keep humankind well. To Native peoples, stories such as these convey truths, values, and science. Native peoples have generously shared their plant knowledge and ecological wisdom with people of European descent from the beginning of colonial contact, under exploitative conditions [3].

To be clear, Native eco-medical knowledge has, from the onset of European contact, been subjugated and devalued. Embedded in the philosophical principles outlined here, this knowledge was unintelligible to White settlers and did not track with the objective of their journey to the "new world." The foundational belief of colonialization—the lie that Natives were humans without value and thought—was laid early on by the 1493 Doctrine of Discovery [4]. As is well documented, European contact resulted in a disastrous decimation of Native populations. Historian Peter Wood estimated that by the mid-1700s, only about 3% of the Southeastern population was made up of its original inhabitants, a reduction of more than 95% in less than a century

Electronically published November 8, 2021.

Address correspondence to Lisa J. Lefler, Western Carolina University, College of Health & Human Sciences, Rm. 448, 4121 Little Savannah Rd, Cullowhee, NC 28723 (llefler@wcu.edu).

N C Med J. 2021;82(6):414-416. ©2021 by the North Carolina Institute of Medicine and The Duke Endowment. All rights reserved. 0029-2559/2021/82611

[5]. Historian Dennis Stannard believes that up to 80 million fell to genocide during that first century of contact in the Western Hemisphere [6].

Historical trauma caused by such catastrophes is collective and cumulative. Psychiatrist and trauma expert Bessel Van der Kolk's research indicates that "traumatic experiences do leave traces, whether on a large scale (on our histories and cultures) or close to home, on our families, with dark secrets being imperceptibly passed down through generations" [7]. He writes that these experiences stymie our capacity for joy and intimacy, and can impact our biology and immune systems as well [7]. Native scholars Joe and Young make the connection between trauma and disease: "Unfortunately, despite the passage of time, healing has not occurred; instead, some of the long-term psychological consequences of many of these earlier traumas continue to plague the present generation of Indian people" [8].

The legacy of genocide, displacement, land, culture, and language loss, as well as discriminatory federal Indian policy, has left indelible scars. In recent years, an increase in literature on epigenetics—the intersection of these environmental factors with biology—has provided insight into why there is a higher prevalence of some chronic diseases for marginalized and colonized populations. Studies connecting adverse childhood experiences (ACEs) with heart disease, metabolic disorders, depression, and substance abuse reflect the way our familial and community histories can live within us and have negative consequences for generations if not addressed [9].

The good news is that Native communities are recognizing these issues and mobilizing to make positive changes for their future. Their resiliency is remarkable and a testimony to the strength of their culture. With more programs to encourage Native youth to seek health careers, there will be more positive change. Young Native scholars and researchers who are working in the dominant society's medical and science professions and seeking the guidance and traditional knowledge of their elders and language speakers will make a significant difference. As Elder Tom Belt says, "Language is medicine. It is health. Language connects us with place. Language is born of the Earth and tells us we are not just from this place, but we are of it" (personal communication, Belt, 2021).

Seven Suggestions for Working Better with and in Native Communities

Value the Importance of Humility

Harvard anthropologist David Maybury-Lewis felt that ancient wisdom preserved valuable lessons for our modern society. After a career working with Indigenous societies, he concluded that the formula for wisdom was curiosity and humility [10]. He wrote: "Without curiosity we become passive rudderless beings and without humility one's ego deafens the influence that sage advice could lend" [10]. Offering the gift of silence provides opportunity for listening and learning.

Recognize the History that Set the Stage for Persistent Health Disparities

Often complex histories have affected the health and well-being of Native peoples. Disease clusters, biological warfare, and governmental policies have had long-term effects on the health of tribal peoples. Policies have displaced people from their homelands and made them vulnerable to poverty and disease; taken away their children forcibly and put them in boarding schools where they were often abused and never returned home; and relocated families to urban settings with little to no resources or support. As a result, the majority of American Indians currently live as urban residents far away from their unique tribal cultures and lands. The federal government also created an Indian Health Service that fulfilled treaty agreements but left many feeling powerless regarding their own health. As retired Cherokee social worker Patty Grant explained, "Today, we have the opportunity to address these critical issues by recognizing how the feelings connected to losses [relating to our culture] affects our physical, mental, and emotional health today ... we can feel within our own bodies the pain of what happened many years ago as though we were there" (personal communication, P. Grant, MSW, Cherokee, 2002).

Study the History, Culture, and Language of the People You Serve

Because most of us were not taught a full and true history of Native peoples in our country, it would be advantageous to educate ourselves on those things that can give us insight into their experiences. Showing a sincere interest in history, language, and culture can go a long way toward creating positive relationships between medical practitioners and the Native communities they serve [11-16].

Spend Quality Time in Communities

An inherent value of tribal communities is the understanding that people are connected and care about one another. Tribal communities value time and conversation with one another, and look out for one another. On many occasions, however, I have heard conversations between community members who felt that their medical providers did not truly know or care about them because they were only around during clinic or hospital hours.

The Kituwah concept of *gadugi* refers to working together to ensure neighbors are taken care of. Communities are extended families that value seeing one another; people show their love and concern by sharing their time. But tribal communities are also used to being exploited, whether economically, ecologically, or otherwise. As a member of the Eastern Band of Cherokee's Cultural Institutional Review Board for more than 20 years, I have seen research proposals that were absurd and even offensive because those submitting them had no understanding of the tribe's history, culture, or needs. The overarching questions for those of us

working in Native communities are: How does the community benefit? How can I help? How can I serve?

Value Indigenous Ways of Knowing

According to scholars such as Finn, Mose, and Dorthy, traditional ecological knowledge (TEK) must become an integral part of any serious and sincere effort to improve Native health [17]. Finn and coauthors note: "Rather than treating Traditional Ecological Knowledge as an adjunct or element to be quantified or incorporated into Western scientific studies, TEK can instead ground our understanding of the environmental, social and biomedical determinants of health and improve our understanding of health and disease" [17].

Welcome the Generosity and Humor of Native Peoples

One of the great gifts of being with Native people is experiencing their engaging humor. Humor heals, and it can sustain us; it has allowed many Native people to move through adversity and to not only be resilient, but to thrive. Dakota educational and Indian health systems expert Cynthia Lindquist Mala writes: "Laughter has always been a part of being Indian, and Native humor is culturally distinct and complex ... Everyone likes to laugh, and humor is not only good medicine, it is good for the soul. Laughing at yourself and with others eases the tribulations of life's journey" [18].

Be Mindful that we Are Guests in Sovereign Nations

Most do not understand what sovereignty for Native people is or how it came about. Since contact, Europeans recognized that tribes were nations. In 1787, the United States Constitution recognized agreements and treaties with Native tribes. Nothing provided to tribal nations has been free. Everything has been negotiated and paid for by loss of land and life, and more than 365 treaties recognizing the relationship and sovereign status of tribes remain today [19]. When we visit tribal nations, we must honor and respect that status. NCMJ

Lisa J. Lefler, PhD director, Culturally Based Native Health Programs, College of Health & Human Sciences, Western Carolina University, Cullowhee, North Carolina.

Acknowledgments

Disclosure of interests. No interests were disclosed.

References

1. Altman HM, Belt TN. Tohi': The Cherokee Concept of Well-Being. In: Lefer LJ, ed. *Under the Rattlesnake: Cherokee Health and Resiliency*. University of Alabama Press; 2009.
2. Lefler LJ, Belt TN. Sounds of Tohi': Concepts of Cherokee Health and Wellness. Under contract with University of Alabama Press; 2022.
3. Mooney J, Ellison G. *History, Myths, and Sacred Formulas of the Cherokees*. Bright Mountain Books; 1992.
4. Charles M, Rah S-C. *Unsettling Truths. The Ongoing, Dehumanizing Legacy of the Doctrine of Discovery*. Intervarsity Press; 2019.
5. Wood PH. When old worlds meet. *Southern Exposure*. 1992;20(Spring):14-45.
6. Stannard DE. *American Holocaust: The Conquest of the New World*. Oxford University Press; 1993.
7. Van Der Kolk B. *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*. Viking; 2014.
8. Joe JR, Young RS, eds. *Diabetes as a Disease of Civilization: The Impact of Culture Change on Indigenous Peoples*. De Gruyter Mouton; 1994.
9. Brockie TN, Heinzelmann M, Gill J. A framework to examine the role of epigenetics in health disparities among Native Americans. *Nursing Re Pract*. 2013;410395. <http://dx.org/10.1155/2013/410395>
10. Maybury-Lewis D. *Millennium: Tribal Wisdom and the Modern World*. Viking; 1992.
11. Jones D. *Rationalizing Epidemics: Meanings and Uses of American Indian Mortality since 1600*. Harvard University Press; 2004
12. Stannard DE. *Genocide in the Americas. The Nation*. Published October 19, 1992. Accessed September 28, 2021. http://www.archhistory.org/Honors_Western_Civ/Columbus_Trial_files/Genocide%20in%20the%20Americas.pdf
13. Trafzer CE, Hyer JR, eds. *Exterminate Them: Written Accounts of the Murder, Rape, and Enslavement of Native Americans during the California Gold Rush*. Michigan State University Press; 1999.
14. De Las Casas B. *A Short Account of the Destruction of the Indies*. Penguin Classics; 1999.
15. Berkhofer RF. *Salvation and the Savage*. Atheneum; 1972.
16. Dunbar-Ortiz R. *An Indigenous Peoples' History of the United States*. Beacon Press; 2015.
17. Finn S, Herne M, Castille D. The value of traditional ecological knowledge for the environmental health sciences and biomedical research. *Environ Health Perspect*. 2017; 125(8):085006. <https://doi.org/10.1289/EHP858>.
18. Mala C. Very good medicine: indigenous humor and laughter. *Tribal College Journal*. Published online May 1, 2016. Accessed September 28, 2021. <https://tribalcollegejournal.org/very-good-medicine-indigenous-humor-and-laughter/print/>.
19. Ecohawk JE. *Understanding Tribal Sovereignty: The Native American Rights Fund Expedition*. 2013;55(3):18-23.