

IHS Policy Ensures American Indian Beliefs are Respected

By Houkje Ross

Closing the Gap, Cultural Competence • January 2000

Many American Indians use traditional healers in addition to using Western medicine and Indian Health Service (IHS) facilities. Approximately 62 percent of Navajo patients have used a native healer in their lifetime and 39 percent have used native healers in the last year, according to research published in the Archives of Internal Medicine (Volume 158, November 9, 1998). “If they know the healer is there, they’ll try it,” said Wilbur Woodis, management analyst at IHS and information specialist at the Behavioral Health Alcoholism and Substance Abuse Program in the Albuquerque area IHS.

Health in relation to the Earth

For many American Indians/Alaska Natives (AI/ANs), and other aboriginal groups all over the world, health is seen in relation to the Earth, said Ervin W. Lewis, MD, director of the Behavioral Health Program in Albuquerque. Many native people see themselves as part of the Earth, not separate from it, Dr. Lewis said. This has a profound effect on the way native healers view and treat medical problems.

“If you are dehydrated, a Western doctor would tell you that drinking water will alleviate your sickness,” said Woodis. “A traditional healer might bless you with a feather and water and tell you that you are not respecting the water. These are two very different ways of looking at health, but you get to the same place,” Woodis said.

Helping American Indians locate healers

To ensure the cultural values, beliefs, and traditional healing practices of AI/ANs are respected and affirmed by IHS employees in all services and programs, in 1994 the agency developed a set of policies and procedures called the Traditional Cultural Advocacy Program (TCAP).

TCAP states IHS staff must inform its patients of their right to practice native religions and healing practices. When a patient or family member requests help in obtaining

the service of a native practitioner or healer, every effort will be made to comply. These efforts might include contracting a native healer, providing space or privacy within a hospital room for a ceremony, or authorizing contract health care funds to pay for native health consultation. The policy also states the following:

- IHS area offices have the responsibility to consult and obtain the consent of AI/ANs in their area concerning each tribe’s desire concerning the following: autopsy or other postmortem operations, disposition of body, disposal of a limb, disposal/burial of fetus.
- The patient’s right to privacy must be respected. No IHS employee can interfere with a patient’s private belief.
- IHS support, in whatever form, should not become a wedge that creates dependency or wrests control from chosen native health practitioners. IHS must work to maintain a system of healing which has a long history.

“Each tribe uses TCAP as it sees fit,” Woodis said. The local communities decide where services will be provided, what those will be, who to go to for traditional healing, and what relationship they have with IHS. The agency can provide support to tribes through funding and resources, but it does not oversee the individual tribal use of the policy. This is in accordance with tribal self-governance regulations, Woodis said.

Woodis said health facilities in his area often point persons back to the community if they want to use traditional healing practices. A facility in Gallup, NM, has a hogan-style building—used for traditional healing purposes—on site. A hogan is a round building made of wood where life is propagated. Another IHS facility in Winslow, AZ, provides after-hours services for traditional healing ceremonies and a reimbursement program for traditional medicine costs.

For more information on the TCAP policy or other traditional medicine initiatives, contact Kermit Smith, (301) 443-1083 or Wilbur Woodis, (505) 248-4121. ❖

Most common condition for which treatment is sought, in numbers (%)

Characteristic	Used Native Healer at least Once	Never Used a Native Healer
Age group		
18-29	46 (25)	29 (25)
30-49	64 (35)	45 (39)
50-65	44 (24)	30 (26)
66-90	31 (17)	10 (9)
Sex		
Female	108 (58)	72 (63)
Income		
<\$5,000	60 (32)	36 (32)
5,000-9,999	35 (19)	27 (24)
10,000-19,999	54 (29)	32 (28)
>20,000	35 (19)	16 (14)
Education		
<High School	51 (28)	34 (30)
Some H.S.	22 (12)	25 (22)
High School	67 (36)	37 (32)
Some College	36 (19)	15 (13)
College/Grad.Sch	9 (5)	3 (3)
Needs Translator	31 (17)	14 (12)
No primary medical provider	96 (52)	54 (47)
Outpatient Visits in prior year		
1-5	69 (37)	42 (37)
6-10	52 (32)	34 (30)
11-20	38 (21)	25 (22)
21-50	19 (10)	13 (11)

Source: The IHS Provider, January 1999.

