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At first glance, the articles in this anthology appear to be a motley assortment of readings pertaining to Native American health issues, past and present. Upon further examination, however, the essays—written by American Indian and non-Indian historians, anthropologists, and health care professionals—weave a theme relating sociopolitical and socioeconomic variables to historic epidemiology, demonstrating that the processes of colonialism and neocolonialism continue to affect Native American health and health care. A major tenet of the book is that definitions of disease,
illness, health, and well-being constructed by non-Indian scholars and health care personnel do not consider Native voices at the individual and community levels, where good health is “often expressed as a balance between a body, mind, and spirit or soul.” Overlooking or ignoring Native points of view—or, even worse, the differences among different tribal communities in North America—perpetuates stereotypes and misunderstandings, contributing to the overall poor state of Native American health. To remedy this problem, Indian voices resonate throughout the essays, ranging from Native perspectives on disease in historic and contemporary settings, to community-based programs offering solutions to Native American health care issues deemed important by the peoples themselves.

Many themes relevant to students in medical anthropology and Native American studies emerge in the essays of Medicine Ways. First, like many indigenous peoples around the world, American Indians rationalize personal and family health care decisions through syncretic amalgamations of Native and western disease etiologies, although choices in pluralistic medical settings are often limited by cultural, financial, and political barriers. Moreover, the dogmatic philosophies behind the biomedical, or western medical model typically reflect Bureau of Indian Affairs and Indian Health Service hegemony over Indian health care that has in many instances inflicted irreparable damage on Indian well-being: federally-funded physicians in the 1920s, for instance, performing tarsectomies on trachoma patients, even though the procedure was ineffective, as described by Todd Benson; or, the misunderstandings arising between contemporary health care professionals and Native Americans based on different cultural interpretations of the terms “genetics” and “inherited” in conjunction with Type 2 diabetes mellitus, delineated by co-editor Diane Wiener; and the dearth of data concerning cancer incidence rates due to underreporting, a problem precluding preventative measures, as addressed by Linda Burhansstipanov, James Hampton, and Martha Tenney, which largely explains the absence of adequate breast cancer screening programs for Native American women noted by Felicia Schanche Hodge and John Casken.

Tribal coverage is largely restricted to California tribes, including the Tongva and Chumash, and Sherman Institute, a boarding school in Riverside; the Yakima of Washington state; tribes of the Southwest, including the Navajo; Alaska Natives; the Rarámuri (formerly Tarahumara) of northern Mexico; the Choctaw during removal from Mississippi to Oklahoma; and Lakota Sioux at Pine Ridge and Rosebud reservations, South Dakota, in an
article by Nancy Reifel, who uses oral interviews to reconstruct Lakota perspectives on public-health nurses between 1930 and 1950.

Overall, Medicine Ways is a must read for those interested in medical anthropology, public health, and Native American studies. I plan to adopt it for my classes. **Benjamin R. Kracht, Native American Studies Program, Northeastern State University, Tahlequah, Oklahoma.**