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Coming Full Circle

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Spirituality and Wellness among Native Communities in the Pacific Northwest

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Preface

As a fourth generation Oregonian I identify deeply with the landscape, culture, and history of the Pacific Northwest. My most vivid childhood memories are of hiking, camping, and canoeing in the Cascade Mountains and along the Oregon coast. And my most powerful moments of being spiritually awake always took place on a ridge top, after a good hard climb: an updraft drying sweat, the inspiration of an amazing view. From an early age I was drawn toward religious traditions rooted in natural places and had a curiosity about Native traditions of the region. As a small child I was introduced to the people and culture of the area through the usual modes of tribal museums and art galleries. And I went to school with Native students, though within the Portland public school system of the 1970s and 1980s such students were rarely inclined to talk about their cultural identity, and I did not know enough to ask. My grandfather, a depression-era migrant to the Northwest from Oklahoma, told us what little he knew about his own Native heritage, and it fed my initial scholarly interest in the subject. As an undergraduate at Willamette University and later as a graduate student in comparative religions I was repeatedly drawn to Native traditions, both because of my own heritage and because of a deep commitment to social and ecological justice, concerns that I felt were exemplified in the history and contemporary experience of Native Americans.

This particular project began on an afternoon in Santa Barbara, California, when I opened a newspaper to read about the Shoalwater Bay tribe on the Washington coast, who were confronting a medical and spiritual crisis on their reservation. From 1988 to 1999 the Shoalwater people had been experiencing staggeringly high rates of preg-

nancy loss, some years as high as 89 percent. In such a small community, each loss was a collective tragedy. In the fall of 2000, with the support of my graduate advisor Inés Talamantez, I traveled to the Shoalwater reservation. There I volunteered at the tribal wellness center and spoke with tribal leaders, clinic staff, and community members. I wondered how the community was coping with the losses, what forms of religious practice or traditional healing they were drawing upon, and how they were making sense of their experiences. Two people provided vital guidance during this time: then tribal chairman Herbert "Ike" Whitish and community member and staff member Midge Porter. Tragically, both of these powerful individuals passed away before this book could be completed. Both devoted themselves to promoting health and wellness among their communities, and both offered me invaluable assistance as I began this project.

As I spoke with community members and clinic staff, my project took a very different turn. By this time the pregnancy loss crisis was behind them, and most community members did not want to discuss it: the memories were simply too painful. And after a decade of struggling with the tragedy, seeking federal aid, and grieving as a community, most tribal members were weary of the topic. Instead they encouraged me to look at how the community had responded to the crisis, at what they had accomplished and what more remained to be done. As one woman told me quite bluntly, "Let's talk about the healthy babies. We have a lot of babies here now—more than we've had in a long time."

While I was very interested in the community's responses to the pregnancy loss crisis, I was equally committed to crafting a project that would help meet tribal needs and concerns. As a result, I began to shape a different set of questions: What did it mean to be "healthy"? How can that best be achieved? What cultural and spiritual resources is the community drawing upon to get there? Such questions framed the issue of health more broadly and were guided by the desire of the community to focus on how healthcare could be (and was being) improved, rather than dwelling upon tragedy.

Midge Porter soon introduced me to the staff of the Women's

Wellness Program at the South Puget Intertribal Planning Agency (SPIPA). SPIPA is a coalition of the Shoalwater Bay, Nisqually, Chehalis, Skokomish, and Squaxin Island nations who have joined together to address a wide range of tribal needs, including healthcare, domestic violence prevention, education and job training, and a variety of other social services. I spent the next five summers volunteering with the Women's Wellness Program at SPIPA and helping to facilitate their annual Women and Girls' Gathering, a four-day gathering of Native women and girls from throughout the region focusing on health, wellness, and traditional culture and spirituality. The more I learned, the more questions were raised, and the more I realized I needed to understand the cultural background and religious and political history of these communities in order to begin to make sense of their contemporary experience.

After 2003, when I was fortunate enough to be hired to join the faculty of Pacific Lutheran University (a relatively short drive from the tribal communities whom SPIPA serves), I continued to volunteer with the organization, and also facilitated the placement of two student interns with the Women's Wellness Program. These students worked alongside us on projects ranging from the annual gathering to traditional craft workshops and domestic violence prevention programs.

I also continued to pursue research through an examination of historical, textual, and ethnographic materials. I gathered information from previously published and archival resources, including documents from the tribes themselves, ranging from grant proposals, annual reports, flyers, and newsletters. Ethnographic work in the form of participant observation, formal interviews, and informal conversations was conducted intermittently between 2000 and 2005 with the Shoalwater Bay tribal community on the central Washington coast, and between 2001 and 2006 with the South Puget Intertribal Planning Agency's Women's Wellness Program. I worked to include tribal leaders and SPIPA staff within the writing process. Along the way, relevant chapters were submitted to tribal chairpersons and SPIPA staff for their comment and review.

During this time I was invited to attend various community and religious gatherings. One of the most memorable for me as a teacher took place on a chilly January morning when I was able to bring a class of twenty first-year Pacific Lutheran University students to attend a Sunday service at one of the original Indian Shaker churches. My students were keenly aware that it was an honor and privilege to be there, and I was proud of how they conducted themselves and how they learned from the opportunity. Such experiences have been invaluable as I have reflected on the texts and material that I consider here. For the most part however, I have chosen not make explicit reference to these experiences in the pages that follow. Many ceremonies and religious gatherings are considered private affairs. Unless a ceremony was open to the public, specific descriptions of religious practices in this text are drawn from previously published studies, works done with the permission and consultation of the people involved.

Acknowledgments

This book is the culmination of various journeys, both personal and intellectual. That it exists at all is due in no small part to the support and assistance of many people, too numerous to mention here. The work was possible because of generous funding from many sources: a Jacob K. Javitz Fellowship for Graduate Studies in the Humanities, a Dissertation Year Fellowship from the University of California Santa Barbara, a grant from the Wabash Center for Teaching and Learning in Theology and Religion, and grants from Pacific Lutheran University, including a much-appreciated sabbatical leave. Profound thanks are due to the South Puget Sound Native communities who have allowed me space to explore these questions and to learn from the remarkable ways in which they have addressed the very real concerns facing them. The South Puget Intertribal Planning Agency staff and volunteers have given generously of their time and welcomed my own small volunteer efforts within their important work. I am privileged to have known them and grateful for the opportunity to join in their efforts. To that end, proceeds from the sale of the book are being donated to the agency's Women's Wellness Program, in the hope that its work will continue to improve the lives of Native women in western Washington for generations to come.

Throughout the process of researching and writing I have been privileged to meet many amazing individuals. Few struck me as powerfully as did Herbert "Ike" Whitish (1955–2005), tireless and inspired tribal chairman of the Shoalwater Bay tribe. His vital leadership and commitment carried his community through a difficult and painful period in their history, and his work has resulted in dramatic improvements in the health and wellness of this communi-

ty that will have a powerful impact for generations to come. I hope my studies honor his memory and help those outside his community to better understand the significance of his work.

Midge Porter (1951–2011) worked with SPIPA from 1991 to 2007, spearheading the Women's Wellness Program and tackling the monumental task of organizing the annual Women and Girls' Gathering. Her energy appeared limitless, and her commitment to creating healthy, vibrant tribal communities was an inspiration. She cherished her Chinook heritage and identified strongly with the waterways of southwest Washington. She took me under her wing in many ways, supporting my project and believing that it would make an important contribution. I am so very thankful for her and her work.

Many mentors, advisors, and colleagues have offered invaluable support throughout the years. I would like to thank Allan Siegel, one of those great teachers who change young people's lives, for inspiring in me a love for reading and writing and the confidence to believe I could succeed. For their support and guidance in this project, my sincere gratitude to my graduate advisors at the University of California Santa Barbara: Inés Talamantez, Laury Oaks, Wade Clark Roof, and William Powell. Particular thanks go to Dr. Howard Harrod of Vanderbilt University, who passed away before this book could be completed. I am also very grateful to my colleagues in the Religion Department at Pacific Lutheran University who have read drafts, offering valuable editorial advice, and who have created an atmosphere where the life of the mind has space for expression, in the classroom as well as within scholarly work. I am fortunate to have such loving, supportive, and brilliant colleagues. Profound gratitude as well to ChiXapkaid (D. Michael Pavel) for your support, encouragement, and the generous gift of artwork for he cover of this book. I value your friendship.

Profound thanks to my parents, Timothy and Jeanne Crawford, whose own sacrifices and support made it possible for me to complete my doctoral degree and begin the journey toward becoming a university professor. I could not ask for better role models of how to live well, how to think deeply, and how to cultivate compassion

in the world. I treasure their presence in my life. Thanks as well to friends and loved ones who have surrounded me with empathy and encouragement over the past years. I offer my thanks to Carson Anderson, Kirsten Anderson, Tanya Barnett, my sister and friend Michelle Crawford-Thorla, Antonios Finitsis, Dennis Kelley, Megan MacDonald, Heather Mathews, Liz O'Dea, Marie Pagliarini, Brian Peterson, William Robert, Elijah Siegler, Linh Vu, and Wendy Wiseman. Thanks go to Kevin Brown for his valuable assistance with images. There are many others I should name as well, and I must ask their forgiveness for cutting this list so very short.

I want to thank my husband and dearest friend Michael Timothy O'Brien for his encouragement, patience, and countless small kindnesses that made this project possible. This is a collaborative effort in a great sense of the word: without his generosity and help I would never even have attempted such an audacious undertaking. And finally, this book is for my son Declan, whose arrival in my life has given me an entirely new perspective on what it means to live, to love, and to be delighted by Creation.

Introduction: The Case of Ellen Gray

Myron Eells was a missionary, scholar, and collector who worked among Native Americans in the Pacific Northwest, spending many years on the Skokomish reservation near Puget Sound. In 1883 he described the illness and death of a young Skokomish girl.

Death of Ellen Gray, 1883

> Ellen Gray was a school girl, about 16 years of age, and had been in the boarding school (at Skokomish) for several years, nearly ever since she had been old enough to attend, but her parents were quite superstitious. One Friday evening she went home, to remain until the Sabbath; but on Saturday, the first of January 1881, she was taken sick. . . . Her parents and friends made her believe that a bad tamahnous had been put into her, and no one but an Indian doctor could cure her. . . . The Agent and teacher did not like the way the affair was being maneuvered, took charge of her, moved her to a decent house near by, and placed white watchers with her, so that the proper medicines should be given and no Indian doctor brought in. . . .
>
> But the effect on her imagination had been so great that for a time she often acted strangely. She seldom said anything; she would often spurt out the medicine when given her as far as she could; said she saw the tamahnous; pulled her mother's hair; bit her mother's finger so that it bled; seemed peculiarly vexed at her; moaned most of the time, but sometimes screamed very loudly; and even bit a spoon off . . . one night she threw off the clothes, took cold, and would not make any effort to cough and clear her throat and on the twenty-second she died, actually choking to death. It was a tolerably clear case of death from imagination, easily accounted for on the principles of mental philos-

ophy, but the Indians had never studied it, and still believe that a bad tamahnous killed her.[1]

Eells's near-clinical account of the death of young Ellen Gray reveals a profound disconnect between Euroamerican and indigenous worldviews at the close of the nineteenth century. Eells understood his task to be the eradication of Native cultures and religions, and he firmly believed that it was vital for their spiritual and physical salvation. But a century later, perspectives would change dramatically. By the twenty-first century even federal officials would come to argue that indigenous well-being could be found within the revival of Native cultures. And Native people themselves would carve out a distinctly indigenous blend of Euroamerican biomedicine and Native American healing.

Shoalwater Bay Tribal Wellness Center Dedication, May 27, 2005

A crowd has gathered outside the new Wellness Center of the Shoalwater Bay tribal community. As my soon-to-be husband and I join the group, we pause to admire the new structure, its glass windows gleaming in the May sunshine, and we step into the line of people waiting to enter the tent erected for today's ceremony. As we arrive at the entrance to the tent, two young people put strings of trade beads and semiprecious stones around our necks, giving us red cloth pouches filled with sage and tobacco. The sound of drumming draws us under the shelter of the canopy, and shortly after we have taken our seats, Charlene Nelson, the tribal chairwoman rises to speak. She welcomes the assembled crowd to this dedication of the new Shoalwater Bay Tribal Wellness Center, going on to say that while this place is new, with the most modern of biomedical technologies, it is also a place for traditional things. She explains that their intention today has been to do things in a traditional way. This very new place, she says, is actually a place for making the past present. The drum, she points out, is traditional. It is the traditional way to call people, to welcome people to a place, and to invite them into the community. Long ago when visitors arrived on these shores, they were greeted by

drums and by a welcoming song. With that, she invites a group of Chinook drummers and singers to offer an opening blessing.

The lead drummer rises to speak. "Today, we are bringing things full circle," he says. He goes on to explain that for millennia the Chinook and Chehalis people have made their homes on Willapa Bay, returning every year to fish and gather shellfish. And now, within this new wellness center, the traditions of their ancestors are being revived. He explains that the drums and the songs are traditional ways of honoring a place, and that earlier in the day, before the arrival of guests, the building had been smudged and prayed over in a traditional way. He offers a Chinook *wawa* prayer, asking that the ancestors come to those assembled, speaking to them in quiet places. He asks that within this new center, those ancestors will show people how to live in a traditional way. He then sings an honor song, a *syowen* song. This song too, he says, is a sign of things returning. His Chinook grandfather had given the song to a Yakama man, who had recently gifted it back to the Chinook. "Now, singing this song," he says, "we are bringing it full circle."

Following these dedications, Charlene stands to introduce the tribal council, honoring those present and also welcoming all those unseen elders "who have walked on." These ancestors, she says, she welcomes most of all. She then extends her welcome to members of other tribes present, representing nations from throughout the Pacific Northwest. "We are here," she says, "to celebrate the visions of our elders, their dreams, and their tenacity." She goes on to tell the assembled crowd about how the Shoalwater Bay tribal community built their first clinic, in 1995, but that even then the vision of their leaders was for something else, for a Wellness Center, a place for preventing illness, for building community, for meeting the needs of the whole person, where all these things could come together under one roof. This vision, and the spirit and determination that would ultimately make it possible, came from former tribal chairman Herbert "Ike" Whitish and his mother Rachel Whitish, for whom this center is dedicated. Further honoring their vision, it is now announced, the tribe has also established a medical scholarship, with the intent

of sending a Shoalwater Bay tribal member to medical school, so that she or he, in turn, can come back and care for their community. As gifts are given to Ike, to his family, and to friends of the tribe, speakers explain that the Wellness Center was born out of a difficult time, a time of loss and pain, but a time that nonetheless gave birth to a renewed sense of purpose in this community, a determination to survive and to care for one another.

That determination is likewise celebrated through gifts to the Shoalwater community from other visiting tribal communities: gifts of song and kinship. A singer comes forward to offer a Bear Song, explaining that Bears are the Medicine People and that these songs are songs for strength and healing. The Squalliabs Drummers from the inland community of the Nisqually tribe step forward as well, performing a song that came to one of them in a dream, a song that removes fear, a song that represents the call of the eagle and is dedicated to Ike and Rachel, people who overcame their fears. They also sing a song from the Skokomish Nation (sung with their permission), to honor the place and the community. A Quinault tribal member stands to speak, sharing memories of Shoalwater Bay, his family's close ties to those present, and the relationships that bind them. Like the people of Shoalwater, the Quinault are a fishing people, even though, as he reflects, the Quinault River is closed to fishing: there are no fish this year. "We are poor in material wealth," he says, "but we are rich in relations." He brings his own spiritual offering of strength to the Shoalwater community, a song that comes from his father, a 1910 Shaker Church missionary, and from his grandfather, a spiritual leader in his community. The ancestors are present, he reminds us all, "and they are rejoicing, proud of the accomplishments of this community."

The heart of this gathering is Ike, and people's gratitude for his work, for his sacrifice, for his unfailing devotion to this community and its needs. People stand to share their memories with Ike and to thank him. Despite his own present illness, the collected crowd celebrates his many achievements, honoring his spirit and his determination. The day is joyful and sad—celebrating what fifteen

years ago seemed impossible while also honoring the losses that have come along the way.

Central Questions

These two narratives are a good place to begin. They bookend the historical period that I will be considering. And they are in many ways a crystallization of the events described: a history of illness, displacement, disrupted families and communities, as well as a contemporary moment in which Native communities have regained local control of their medical care and are finding common ground with western biomedicine in ways that reflect and include their spiritual and cultural traditions. My work is about the intersection of health, healing, and spirituality in the experience of and resistance to colonization among Native communities of western Washington. As the dedication narrative pinpoints, it is about how Native people in these communities are indeed coming full circle: drawing upon traditional wisdom and practices to confront contemporary challenges to their health and well-being, while adapting to new contexts and creatively integrating elements of the dominant culture alongside their own.

The two stories also serve to identify some key questions and ideas at the heart of my research. The experience of Ellen Gray raises questions about indigenous healing traditions, about the impact of boarding schools and missionization, the cultural significance of families and kinship, and how the history of colonial encounters in the Northwest has affected Chinook and Coast Salish mental, spiritual, and physical well-being. The dedication, taking place more than 120 years later, raises a different but interrelated set of questions. In contrast to the first story, which appears to present two cultures dramatically at odds, the second attests to the ways in which contemporary communities have responded creatively to colonial history, integrating biomedicine alongside traditional worldviews and religious practices and working collaboratively with physicians.

The second story raises questions about *how* contemporary communities are integrating traditional healing practices into biomedical care. What does "traditional" mean in the contemporary context?

How can a clinic using the latest in western biomedical technology be a place for traditional Native culture to thrive? In our contemporary context, religion and science are typically presented as profoundly antithetical. Why then do we find prayers, songs and drums to honor a place focused on the biomedical treatment of disease?

One can also note in these narratives the central place of kinship within these Native communities; they are, as one speaker says, "rich in relations." These are the ties that bind people both across tribal lines and to those who have gone before. The relational ties are most noticeably given expression within songs, stories, and Indian names, all items of cultural property that are gifted and inherited, creating and sustaining kinship relationships throughout the region and across generations.

The voices present on the warm May day on the Washington coast also testify to the continued importance of religion and spirituality in these communities, particularly as they take shape in the Indian Shaker Church, in healing songs, and in dreams and visions. Spiritual practices remain central to Native identity, to strong communities, and to what it means to be well. What begins to emerge here is a sense of wellness strongly shaped by relationships—between individuals and their ancestors, between people and place, and within and between human communities.

I argue that illness, health, and healthcare in this region have acted as key locations of cultural negotiation throughout the past two centuries. To do this, I undertake a historical analysis of disease and disease etiologies in the region, analysis of previously published ethnographic works, and contemporary case studies among present-day descendents of these communities. The material suggests ways for thinking about how differing views of the body and the self have historically been the site of cultural conflict. In many ways and at many moments Native people have experienced their bodies as battlegrounds: sites of negotiation between conflicting notions of embodiment and the self. But bodily experience also becomes the site where such conflicts are reconciled and where individuals find spaces for wholeness, healing, and renewal. In the twenty-first century it

is within the sphere of health and healing that Native communities continue to do the complicated work of sorting out what it means to be both Native and American, both traditional and contemporary.

Why Religious Studies?

It may not be immediately clear why a scholar of religion would undertake this focus on health and healthcare: my training is in religious studies, not public health or medical anthropology. But when one considers the profound connection between health and identity, healing emerges as a genuinely *religious* experience. At the core of much of religion is the making of the self and establishing the self in right-relation to the universe. If we think about healing as *self-making* (through communal ritual activities that reflect and reinforce beliefs regarding health and illness and meaning), then wellness and healthcare should be a central concern of scholars of religion. Without a clear understanding of a culture's perspective on the self and what it means to be well, the rituals, ceremonies, oral traditions, and basic belief systems of that culture remain elusive. And without an analysis of the ways in which competing systems of viewing the self and the body come into contact, the processes of missionization, colonization, and religious coercion cannot be fully understood.[2]

The value of thinking about healing and selfhood within Religious Studies is reinforced by anthropologist Clifford Geertz's definition of religion as "systems of symbols" that work to create moods and motivations within people, that teach them how they ought to live (ethos), and that facilitate and reinforce a general order of existence (worldview).[3] According to Geertz, religious symbols shape notions of selfhood, obligation, responsibility, and identity, which form the foundations for one's worldview and ethos. Likewise, theologian Paul Tillich's notion of religion as "the dimension of depth" found within all aspects of human culture is also useful here. Tillich argues that religion is "the state of being grasped by an ultimate concern," a state which "cannot be restricted to a special realm. . . . Religion as ultimate concern is the meaning-giving substance of culture, and culture is the totality of forms in which the basic con-

cern of religion expresses itself." If religion is expressed throughout the totality of culture, then "religion" can happen in places that may not look "religious." Formal ceremonies and services are not the only places where ultimate concerns are sought and expressed.[4]

I would contend that the cultural understandings of what it means to be a whole and healthy self are at the heart of "religious" activity and symbol. Health, healing, and embodiment are locales of "depth" of "ultimate concern," where the very relationship between self and other is worked out. And as Geertz would attest, such understandings are culturally distinct. They can only be grasped through an interpretation of the symbolic language at hand, as viewed from within. How we construct, reinforce, and renew a sense of working identity—of the relationship between self, other, landscape, and universe—is fundamentally a religious question and central to the act of meaning making.

Because of this, questions of religious traditions and spirituality are often examined indirectly in this project, by looking at cultural, social, and symbolic activities as a whole. In part this is because many of the particulars of indigenous religious practice among Coast Salish communities are extremely private and are not meant to be shared with the outside world. I also take this approach because religious symbols and sensibilities must be understood as one piece of a larger cultural system, intertwined with other aspects of experience. Hence my approach is to consider religion as a system of symbols that are threaded throughout lived cultural experience and that act to reveal, challenge, and reinforce worldview, ethos, and sensibility, as they enable people to engage directly and indirectly with the Sacred. It is the collective process of meaning making and the construction of identity, particularly in terms of relationships with spiritual beings, both human and more-than-human. When I write of spiritual worldviews and sensibilities, I am often looking for these in unlikely places. They are certainly present in ceremony and prayer, but the work of meaning making can also be found within the very concrete ways in which communities organize themselves and respond to pressing needs.

My goal is to show how historical experiences of religion, illness, and healing have contributed to contemporary understandings of health and wellness, and how western Washington Native communities in the twenty-first century are responding to contemporary threats in ways that are both contemporary and "traditional." Given the questions I am asking, my approach is necessarily an interdisciplinary one. If one's goal is to consider culture as a whole, one must include a wide array of sources and methods, which may be disconcerting to those deeply rooted in particular methodologies. To a historian, this may not be "history enough." To an ethnographer, it may likewise not be "ethnography enough." A theoretician may find it "theory-light," while others may find it too "theory-heavy." But because scholars in Religious Studies recognize that religion as a cultural experience is intricately bound with all aspects of the human experience, an interdisciplinary approach can sometimes be the only way to understand what religious practice means for people and communities.

My analysis is also informed by postcolonial theory, and yet the term *postcolonial* does not necessarily apply to Native Americans, who are still struggling to preserve their cultures and political sovereignty. And it is informed by feminist theories and approaches to scholarship, keeping in mind Marie Annette Jaimes Guerrero's injunction: any scholarship "that does not address land rights, sovereignty, and the state's systematic erasure of the cultural practices of native peoples, or that defines native women's participation in these struggles as non-feminist, is limited in vision and exclusionary in practice."[5] Such caveats are important, not only theoretically but also practically, as they impact the way we work with and for Native communities. Thus while women's health and approaches to healthcare are the primary concern, I have sought to locate these women's experiences within the larger context of collective well-being and efforts to resist the multiple and complex processes of colonization.

Native communities today demand that researchers take part in cooperative efforts with the community and that their research address issues about which the community itself is concerned.[6] Partic-

ipant action research is defined by Diane Wolf as research "guided by locally constituted needs," in which "subjects define the research agenda" and take part in "a more interactive process to define the terms, goals, and procedures of the project."[7] As Wolf acknowledges, such efforts are complicated and problematic. Still, the challenge stands, in part because of the standards that feminist and critical scholarship have set in recent years and in part because of what Native communities demand from those working with them.

Other scholars working with Coast Salish communities and cultures illustrate this commitment to community engagement, as they have shaped their work to contribute to ongoing legal battles, such as land claims cases in British Columbia.[8] Daniel Boxberger, for instance, has said he hopes to see scholarship shift toward "a politically motivated research agenda directed by the Fourth World State."[9] While I do not necessarily agree with Boxberger's outright rejection of all "interpretive" work as being without "practical application," I do agree that scholars writing in an era of land claims and legal battles need to be cognizant of the impact their work can have in the political arena and of shaping research questions in ways that reflect the needs and interests of the communities in question.

With that in mind, I have long made it a goal that any work I produce be something of theoretical *and* material benefit to the communities with whom I am working. I did my best to frame a project that might speak to the concerns and interests of those with whom I worked at SPIPA. By presenting two case studies of vibrant tribally led and community-directed programs promoting health and wellness, at SPIPA and at Shoalwater Bay, I aim to show that locally directed initiatives are indeed best suited for meeting the health and wellness needs of Coast Salish and Chinook people. I also aim to show that what it means to be a healthy self is culturally and locally distinct. The needs of Native people are complicated by a history of ongoing colonialism and cannot be adequately met by generic healthcare programs based on a Euroamerican biomedical model. Health and wellness are best achieved through community-controlled efforts that are informed by local worldviews, symbol

systems, and ethos. For my work to buttress that work, I keep several questions in mind: what particular historical and cultural issues shape Native struggles for health and wellness? How are contemporary communities responding effectively to these issues? And what makes those efforts effective?

My hope is that this book contributes to theoretical conversations about the nature of the self, healing, and the body within comparative religious practices, symbols, and worldviews. My further hope is that it contributes materially to the betterment of contemporary efforts toward Native health and wellness. I would argue that theory detached from material reality is scarcely worth doing. And at the same time, I believe that thinking deeply and carefully about the how and why of our cultures and belief systems can have genuine material consequences. Theory matters. Hence it is my belief that both theoretical and practical concerns can benefit from this conversation. To that end, I begin by venturing into theoretical territory. Chapter 1 describes the current conversations within medical anthropology, religious studies, and feminist studies about the nature of the self and the body and the relationship between "my self" and "my flesh." A fundamental question explored in chapter 1 is how the meaning of being healthy is a culturally distinct experience, drawn from a people's understanding of what it means to be a whole, healthy self. Such understandings differ from place to place and moment to moment and are informed by religious, economic, social, and political realities. I bring Native American religious studies into this theoretical conversation, making the case that these philosophies have a great deal to contribute toward a more nuanced understanding of the nature of the self, the body and what it means to be healthy in a comparative context.

The People and the Place

My focus is the experience of Chinook and Coast Salish communities, with emphasis upon those communities inhabiting the South Puget Sound and lower Columbia River regions. At the beginning of the nineteenth century the Chinook lived along the lower Colum-

bia River and northern Willamette Valley. Until the arrival of white settlers and their attendant epidemics, the Chinook were one of the most powerful tribes in the region, speaking distinct Chinookan languages and communicating with other tribes, such as the Coast Salish to the north, in a trade language that has become known as Chinook *wawa* (also known as Chinook jargon, which is distinct from Chinookan proper). They controlled the lower Columbia, the central highway for trade and travel in southern Washington and northern Oregon, and were exceptionally skilled at fishing, trade, and negotiation. They spent much of the year on the Columbia River, though many also migrated to the coast and Willapa (Shoalwater) Bay in particular, during peak fishing and shellfish gathering times. In the early to mid-nineteenth century epidemic diseases struck the Pacific Northwest, devastating communities with onslaughts of smallpox, measles, influenza, and malaria, among other ailments. During this time some Chinook fled to Shoalwater Bay, seeking refuge from the illnesses on the river. There they were joined by members of the Coast Salish lower Chehalis, with whom the people of Shoalwater Bay maintain close relational ties. Other Chinook survivors of the nineteenth-century epidemics, those living in the Willamette Valley and along the Columbia River, were gathered together on the Grand Ronde reservation in 1855. Still others remained where they were, keeping a sense of their distinct identity even as they integrated into the predominantly Euroamerican economy.

The precolonial territory of the Coast Salish extended from southern British Columbia through western Washington and Puget Sound and as far south as the Tillamook on the Oregon coast. I focus primarily on those in southern Puget Sound: the Squaxin, Skokomish, Nisqually, Chehalis, and those alongside the coast at Shoalwater Bay. I also draw heavily upon ethnographic studies of other related Coast Salish communities, such as the Puyallup, Upper Skagit, Nooksack, Tulalip, Cowlitz, and Klallam and the Sto:lo of British Columbia.

Using the overarching name Coast Salish runs the risk of creating an image of a monolithic group rather than portraying a large number of autonomous and distinct communities that shared com-

mon linguistic and cultural foundations. For instance, unlike in most other Northwest Coast culture groups that share a common language, there were fourteen distinct languages within the Coast Salish language family, some of which are as different from one another as German is from English.[10] The independent autonomous social structure of the precontact era is reflected in the contemporary political situation: today there are dozens of distinct Coast Salish tribes and nations in Washington and British Columbia.

While they were in many ways independent, precolonial villages were also deeply connected through intermarriage, sharing religious and cultural systems and political and social affiliations. As the dedication of the Shoalwater Wellness Center attested, a sense of kinship is still strong among contemporary Native communities in the region. Recall that the ceremony included gifts to representatives of other tribal nations as well as honoring songs and prayers offered by guests from the Chinook, Quinault, Nisqually, and Skokomish, among others. This interrelatedness among tribes is a historical reality, stemming from strong intervillage networks of trade and kinship, but it has also been reinforced (and at times challenged) by their historical experience.

In part 2 I take an explicitly historical approach, reconstructing the course of events from 1800 to 2000 that impacted Coast Salish and Chinook health, healing, and religion. Chapter 2 examines the early years of settlement and missionization in western Oregon and western Washington (1800–1845), discussing the impact of epidemic diseases on Native people and on the missionaries who sought to evangelize them. Chapter 3 begins with the establishment of reservations in the 1850s. This era of reservation living put enormous stresses on indigenous communities as they struggled with poverty, racism, loss of traditional subsistence activities, and growing threats to health and well-being. The chapter goes on to examine federal policies and a second wave of missionary activity in the region in the late nineteenth century and how both were influenced by prevailing racial stereotypes of the day.

In part 3 I shift from a focus on Euroamerican policies, agendas,

and perspectives concerning Native people toward a focus on Coast Salish and Chinook *responses* to this period of history. Chapter 4 explores the history of religious change among Coast Salish communities from 1800 until the 1970s. I argue that while religious and healing traditions transformed over time, many of the central philosophical foundations and understandings of what it means to be a whole and healthy self remained very much the same. Chapters 5 and 6 present two contemporary case studies that illustrate this point: the Women's Wellness Program at SPIPA and the story of the Shoalwater Bay tribal community.

Many of the challenges that contemporary American Indian communities face—alcoholism, depression, and abuse—have been the result of (at times well-meaning) federal policies. Reservation officials sought to clamp down on Native religion, healing traditions, potlatches, and gambling, imposing a "quasi-martial law," which prompted some people to leave reservations so as to continue such activities.[11] Indeed, many contemporary Native people locate the origin of chronic social problems with these and other U.S. and Canadian federal policies, particularly those that mandated the removal of Native children and their placement in residential schools. First person accounts describe scenarios where parents were refused the right to raise their own children, while the children themselves experienced abuse, neglect, and shockingly high mortality rates. Those who survived often emerged as adults suffering from anger, alienation, and depression and not equipped to care for children of their own, beginning a generational cycle of neglect and abuse.

Chronic social problems that emerged as a result have indeed carried on into subsequent generations. George Guilmet and David Whited noted in 1989 that some of the highest mortality rates in contemporary American Indian communities were attributable to "accidents, suicides, substance abuse, and violence—all expressions of the emotional stress experienced by individuals who have been stripped of their cultural traditions and forced into schizophrenically bicultural existence."[12] Statistics gathered in 1993 confirmed that alcohol-related deaths were 579 percent higher for American Indi-

an and Alaska Natives than for the general population, while suicide rates were 70 percent higher, homicide rates 41 percent higher, and the rate of drug-related deaths was 18 percent higher.[13] Poverty rates among reservation communities range from 30 to 90 percent; unemployment ranges from 13 to 40 percent; accidental death rates are typically three times the national average, alcoholism rates are 30–80 percent higher, and domestic violence, teen pregnancy, child neglect, and suicide are often twice the national rate. By 1990 only 15 percent of Native adults had graduated from high school or received their GED, and the dropout rate of Native students in public schools was as high as 60–80 percent.[14] Healthcare providers note that spiritual and mental distress associated with the impacts of colonialism, poverty, and intergenerational violence are commonly expressed somatically among Native communities. A report from one Coast Salish medical clinic notes that "fatigue, headache, back pain and stomach upset" can be signs of "spiritual problems which sometimes create bodily symptoms," symptoms that often require referral to a traditional healer in order to be remedied.[15]

If the major threats to indigenous health prior to the reservation era were epidemic diseases such as smallpox, malaria, influenza, and measles, such statistics show that the twentieth century brought a new onslaught of ailments, often tied to the impacts of colonialism, including changes in diet and lifestyle. Throughout Native America a reliance on commodity issue foods and a loss of traditional subsistence activities has led to rising rates of obesity, diabetes, and heart disease. Heart disease remains the leading cause of death among the general American Indian and Alaska Native population. It is the number one cause of death for people over sixty-five (the same is true of the general population), but it is also the leading cause of death for people under forty-five.[16] Yvette Roubideaux has argued that diabetes was rare among Native communities prior to World War Two. As she points out, "There were no words in traditional languages for diabetes; pictures from the 1800s of [American Indians and Alaska Natives] show healthy, thin, fit individuals; and the messages of traditional Indian medicine include messages that en-

courage keeping active, eating healthy foods in moderation, and being mindful of the health of the community as well."[17]

Like diabetes, cancer appears to have been rare among previous generations of Native people, becoming increasingly common only since the 1940s. Cancer is now the leading cause of death for Alaska Native women, the second leading cause of death for Alaskan Native men, and the third leading cause of death for American Indian and Alaskan Natives overall.[18] Many scholars conclude that growing toxicity in the natural environment, poor detection and treatment availability, and poor diet and lifestyles have contributed to growing rates of heart disease, diabetes, cancer, and obesity.

The ability of Native people to engage in subsistence activities and eat traditional foods has been systematically undermined by centuries of federal policies designed to "free" Native lands for settlement. For instance, the Dawes Act of 1887 (also known as the General Allotment Act or Dawes Severalty Act) established a policy of assigning parcels of reservation land to Native individuals and thus freeing "surplus" land for white settlement. The result was the breaking up of collective ownership and resource management and the subsequent loss of enormous amounts of reservation land. In some areas Indian-held land was reduced by as much as 95 percent after the Dawes Act was implemented. A policy shift in the 1930s, led by John Collier and embodied by the Wheeler-Howard Act (also known as the Indian New Deal), established tribal governments and reversed many federal policies, moving away from the eradication of Native cultures and toward their preservation. However, termination and relocation policies of the 1950s and 1960s marked a return to some earlier policies, seeking to terminate tribal status and claims to tribal land by relocating Native people to urban centers.[19]

Such policies targeted at the removal of Native people from their ancestral land base had a particularly traumatic effect upon Native health and well-being. As contemporary tribal mental health workers have argued, land plays a key role in mental health because of its role in community and familial cohesion: "Each tribal group 'belongs' to a general area or tract of land which they hold in a sort

of sacred trust, but which they do not 'own' per se." The division of tribal lands under allotment policies "did a great deal to destroy the basic foundation of the communal lifestyle of Indian people," while relocation to urban centers contributed to depression, isolation, poverty, and homelessness.[20]

This history took an important turn with the cultural revival of the 1970s. While what many have referred to as the "Red Power" movement had its roots in political and cultural organizations that had begun decades earlier, it was the nationwide American Indian political resurgence of the 1970s that brought the movement into full flower. These years saw a renewed sense of pride in Native heritage and a revitalized commitment to and engagement in religious and cultural traditions. This era also saw implementation of the Boldt Decision (1974), a pivotal moment for many Washington State tribes, which determined that Native communities had a legal treaty right to half the annual salmon harvest.[21] Salmon, which had been at the heart of traditional Native subsistence and spirituality, quickly became a central concern for many tribes in the region as they revived annual first salmon ceremonies and allied with other tribes to protect salmon habitat and restore salmon runs.

Legislation enacted during the 1970s also set key precedents for the decades to come. The Indian Self-Determination and Education Assistance Act (1975) granted federal support to tribes wishing to take local control of education, healthcare, and social service programs, and over the next thirty years more and more tribes would build their own schools, health clinics, and wellness centers. Likewise, the 1978 American Indian Religious Freedom Act (AIRFA) supported tribal autonomy and cultural cohesion through a declaration of Native people's legal right to practice traditional religions, formally ending centuries-long federal policies that actively suppressed Native religious practices.[22]

Spiritual revival, political mobilization, economic growth (due in part to the Indian Gaming Regulatory Act of 1988, making tribal casinos possible), and the return of subsistence activities under the Boldt Decision have all contributed to the present moment. Con-

temporary cultural renewal in the Pacific Northwest is powerfully illustrated by a growing revival of traditional canoe culture, within the annual intertribal canoe journey in which teams from coastal and Puget Sound tribes journey hundreds of miles in traditionally built canoes. Thousands of people participate in this month-long event, culminating in a week of ceremony and celebration.

Religious life in the region has also been transformed by a return of first salmon ceremonies and the revival of traditional winter spirit dances (also known as the longhouse or smokehouse tradition). First salmon ceremonies celebrate the return of salmon each year, affirming tribal communities' kinship with salmon and their commitment to preserving and restoring salmon runs for future generations. A fish is caught, ceremonially brought to shore, and welcomed with song and drumming. The fish is carefully filleted, and everyone present receives a single bite of it. Every bone is collected and ritually returned to the water, so that the fish might be reborn and return in future years. Winter spirit dancing has also seen a dramatic revival since the 1970s, with more and more individuals being initiated into the longhouse each year. In all-night ceremonies, participants sing and dance, honoring their individual spirit powers and singing the songs of their ancestors. Such religious and cultural revivals demonstrate how Native nations, while still struggling against the deep wounds of colonialism, are gathering cultural, economic, and spiritual resources to address those wounds.

Chapters 5 and 6 take place within this recent history, with two case studies of contemporary Coast Salish and Chinook communities exemplifying this movement toward cultural revival and local management of health and social services. I take a close look at two community-based wellness programs, examining them in light of the historical and cultural background earlier presented. Chapter 5 addresses the Women's Wellness Program of the South Puget Intertribal Planning Agency and how its efforts to promote health and wellness among Native women reflect traditional practices and beliefs about what it means to be a healthy individual. While identification with one's tribe and heritage remain strong, equally impor-

tant in this part of Native America is a broader sense of kinship, and tribal groups continue to work together toward shared goals. This is well exemplified in the approach SPIPA takes. Within this organization, five relatively small tribes have joined together to work toward common goals of sustaining their communities and offering a variety of social services. SPIPA coordinates efforts among the tribes to meet the needs of the whole person and the whole community. Such collaborative intertribal efforts reflect Salish notions of community and kinship, adapting them to address contemporary challenges. In this chapter I argue that the program, while at first glance quite different from nineteenth-century approaches to wellness, is in fact building on traditional modes of approaching healing. While cultural expressions have changed, many of the core beliefs and values about the self, the body, and wellness have remained the same.

Chapter 6 brings us back to the Shoalwater Bay tribal community. I examine how this community has responded to the era of tragic pregnancy losses on the reservation by shaping a collective consensus of what it means to be "healthy," and applying this to community-led healthcare programs, support systems, environmental quality controls, and the Wellness Center dedicated in May 2005.

The final section of the book explores the ways in which Coast Salish and Chinook cultures understand the nature of the self and what it means to have a healthy working identity. While recognizing that Coast Salish traditions can vary widely from community to community and family to family, this section provides an overview of Coast Salish and Chinook perspectives on self and healing, tracing how traditional views and practices have survived into the contemporary era. Chapter 7 explores the relationship between self and community in Coast Salish and Chinook cultures; chapter 8 looks at the relationship between self and place; and chapter 9 lays out Coast Salish and Chinook understandings of illness and approaches to healing.

Concluding this discussion, I return to an analysis of the life and death of Ellen Gray in light of the historical and cultural data. Her poignant story provides a tragic illustration of how the body and

the self act as locations of symbolic and material negotiations, the space wherein power relations are expressed, resisted, and experienced within the lives of Native people. My hope is that this project honors Ms. Gray and gives voice to stories as yet unheard, by contributing both to the ongoing conversation about the nature of embodiment and subjectivity and to the very material concern of improving healthcare for Native people.