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Author

Joe, Jennie R.

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eight, the author states her argument: Europeans failed to transplant their traditional societies in the Western Hemisphere because Indians played a crucial role in the development of the Americas by slowing the aim of European expansion and the process of European conquest. The author argues that “New World” colonies emerged out of an unstable mixture of native defeat; cultural, economic, and political accommodations; Indian resistance; and large-scale racial intermixture. In the concluding chapter, Sokolow raises fundamental questions about contemporary understandings of Western and American history, and is concerned with recovering a fuller meaning of the American past. This chapter dares contemporary historians to challenge modern perceptions of American history by confronting twentieth-century interpretations of the Native world and the process of colonization.

The book is extensively researched, well documented, and gracefully written. Sokolow draws from a wide array of primary and secondary sources. She makes use of archival material (such as interviews, narratives, and Indian texts like the Quiche Maya’s *Popol Vuh*), translated biographical information, and personal writings of Indians and Europeans. The most provocative and insightful element of the author’s approach to primary material comes from her statement that most Indian sources were “mediated, directly and indirectly” by European people “who believed that they could represent the indigenous world far better” than American Indian people (p. 7). The author also makes exceptional use of secondary sources to synthesize a multicolonial continental perspective of American history. She brings into play an assortment of published manuscripts on primary sources to reveal the entwined discourses of race, class, and gender that fortified the European imperial ethos in the Americas. As a scholar of the multicolonial continental perspective, I highly recommend *The Great Encounter* to those interested in U.S., Latin American, Native American, and/or borderlands and frontier history.

Miguel M. Chavez

University of California, Los Angeles

Improving American Indian Health Care: The Western Cherokee Experience.

By C. William Steeler. Coedited by Rashid L. Bashur and Gary W. Shannon. Norman: University of Oklahoma Press, 2001. 160 pages. \$34.95 cloth.

Dedicated to the memory of William Steeler, this book, coedited by his colleagues Bashur and Shannon, is based on Steeler’s 1990 University of Michigan doctoral dissertation, “Selected Health Policy Issues among Native Americans.” Although the dissertation title indicates “Native Americans,” the book narrows the focus to the Cherokee Nation of Oklahoma, specifically to two self-help initiatives undertaken by that nation in the late 1970s and the early 1980s. The coeditors emphasize that their motivation for the book is to share the Western Cherokee experience so that other tribal governments might learn from these self-help experiences and utilize the approaches described in the book. However, it is unclear whether Steeler shared this

motivation. At the time of his death, he was no longer involved in health programs for Native Americans but had been serving for six years as the director of Primary Health Care Programs for His Highness, the Aga Khan's, Health Services in Aieglemon, France.

The book's preface and epilogue are by the coeditors. However, Steele wrote the other chapters, including what appears to be some firsthand observations of at least one of the self-help initiatives discussed in the book, when he was employed briefly as the executive director for health of the Cherokee Nation in the early 1980s. Before working with the western Cherokee, Steeler was employed elsewhere by the federal Indian Health Service for a number of years.

Steeler begins the first chapter with brief highlights of some of the political and cultural events before, during, and after the forced removal of the Cherokee to Indian Territory, which later became part of the state of Oklahoma. Within this historical context, Steeler gives some attention to the cultural value of self-help and self-reliance, as important aspects of the cultural and political history of the Cherokee Nation. Although not stated by the author, the Cherokee Nation considered the concept of "self-reliance" important enough to include in the 1976 tribal constitution mission statement. Former Cherokee Nation Principal Chief Wilma Mankiller has often stated that self-reliance is critical to maintaining the health and social harmony of a tribe.

In the second chapter, Steeler discusses some of the major federal health policy concerns facing American Indians/Alaska Natives and describes some general reactions by the Cherokee Nation to three of these policies. One, the Indian Education and Self-Determination Act of 1975, aided the self-reliance efforts of the Cherokee and other tribes in the United States. This policy was especially important because it allowed tribes to take over the administration of some of the tribal health programs and facilities previously managed by the federal government. Self-determination policies have been especially important to the Cherokee Nation, whose independent tribal government was abrogated when Oklahoma became a state. Although the tribe continued to have an informal government, it was not until 1976 that members of the Cherokee Nation officially ratified a tribal government with a new constitution. In 1990, Congress granted the nation self-governance, allowing it to maintain and perpetuate Cherokee culture and heritage.

Although the consequences of the Indian Education and Self-Determination Act and the implementation of Cherokee self-governance were important for the tribe, Steeler gives these two events only superficial treatment. He does, however, devote a chapter to one policy proposed by the federal government, intended to define health care eligibility for American Indians and Alaska Natives. The government proposed using blood quantum as an official eligibility requirement, a criterion not utilized by all tribes. Many tribal groups, including the Cherokee, rallied against this proposal and eventually convinced the government to remove two controversial eligibility requirements: blood quantum and membership in a federally recognized tribe. These two requirements were omitted in the 1992 reauthorization of

the Indian Health Care Improvement Act, a significant piece of health legislation for American Indians and Alaska Natives.

The members of the Cherokee Nation do not reside on a federal Indian reservation or use blood quantum to determine tribal membership. Instead, individuals accepted as Cherokees are those who can prove their Cherokee lineage by providing official documentation that their ancestors were lawful resident(s) of a Cherokee community before the tribe was removed to Oklahoma via the Trail of Tears, between 1838 and 1839.

Steeler introduces and discusses the concept of communal self-help in the third chapter, describing self-help as a natural extension of the Cherokee tradition of positive dependency and the routine process of communal decision-making and cooperation. Steeler posits that, although American culture has a negative view of dependency (because it goes against popular notions of individualism and independence), the Cherokee, like many other Native Americans, accept and appreciate some degree of dependency. Most tribal leaders, however, would probably disagree with Steeler and opt for what they call “interdependency.” The tribe’s acceptance of [inter]dependency, says Steeler, is a form of “positive” dependency that is culturally valued and promoted.

In chapter four, Steeler presents the first example of a communal self-help project while discussing the impact of acculturation on the Cherokee Nation and the emergence of a “reservation” culture (shaped and enforced by a new lifestyle). He also notes that some aspects of Cherokee culture were resistant to change, for instance, traditional Cherokee health beliefs, the value of self-reliance—values that Steeler believes assured a positive outcome for the two self-help initiatives he describes. In the first case study, Steeler discusses a project undertaken by some Cherokee communities for improving their water and sewage systems in order to improve the health of their communities, lower the rate of gastrointestinal infections, and so forth.

The need for safe water and improved sewage systems emerged from a needs assessment conducted by the respective communities, helped by the tribal government. In this effort, the tribal government not only emphasized local control, but also insisted on self-reliance. The participating communities were not asked to conduct their own needs assessment but to set priorities, identify strategies for meeting these needs, and develop consensus on one or more strategies to implement. Throughout this process, the Cherokee Nation government offered technical assistance or paid consultants (when needed) to work with the communities. Although no data indicated the number of communities participating in this program, Steeler summarizes a number of benefits from this communal self-help experience: development of new expertise, confidence in and expansion of other community self-help efforts, to name just two.

Chapter five presents the second case study of the self-help approach. The Cherokee Nation government collaborated with a private foundation that had funded a project to develop a conflict resolution mediation strategy. The tribe did not select this “negotiated investment strategy” for conflict resolution, but as a way to build consensus and to head off possible conflicts. The tribe anticipated some conflict over the efforts of the nation to coordinate existing

federal, state, county, and tribal health services that were ineffective because they were often competing with each other and/or overlapping. Compared to the first case study, the negotiated investment strategy initiative was more complex and required considerable patience, money, and the willingness of various agencies to commit to the process and its outcomes. The negotiation, or mediation session, did not take place until four years after the Cherokee Nation asked the foundation for help. Steeler indicates that a number of factors contributed to this delay, including the tribe's difficulty in getting a commitment from the state until they were able to secure federal funding for the initiative. Frequent changes in elected officials also hampered progress. While Steeler offers limited information on the outcome of this process, he notes that the strategy did reduce overlap. Little, however, is said about which communities participated, how tribal members perceived the process and its outcomes, which programs were more successfully coordinated, and whether the experience became institutionalized so that all other future health or human services were coordinated more effectively.

The final chapter provides a brief epilogue that serves as a summary and re-emphasizes the usefulness of the self-help process as a way to nurture community responsibility for improving health. The book centers on the attempts of the Cherokee Nation to promote self-reliance, a value deemed important enough to include in the mission statement of the Cherokee Nation constitution and seen as an essential part of realizing personal, community, and tribal self-determination. Thus, it is unsurprising to find that the two initiatives described by Steeler emphasized self-help or self-reliance; but because he chose to focus on the process, Steeler says little about the players in the process. He does not give any details on the number of Cherokee communities participating in the self-help initiatives. The voices of the Cherokee participants in the two processes are also absent. Undoubtedly, such voices would be important to other tribal groups that might want to use either of the self-help processes Steeler describes. Such voices would also help the reader judge whether the processes were as meaningful and useful as the authors perceived them.

In addition, while the book provides a good overview of Cherokee history, the authors give little information on the health status of the Cherokee Nation before the 1970s and/or the types of services available in the various Cherokee communities. A comparison of health services and health conditions before and after self-determination would have been helpful. The discussion of health care eligibility also deserves further attention. What are the consequences when such eligibility criteria include, or do not include, blood quantum? Unfortunately, the federal government did not release its study on this issue, a study mandated by Congress. Although scholars of Indian health care issues and policies can learn from this book, tribal governments interested in self-help processes might find the examples too abstract to be useful.

Jennie R. Joe
University of Arizona