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struggles. Its challenges to legacies of patriarchy in contemporary Indigenous cultures and politics help us rethink the Faustian bargain and the nature of tribal economic development across Indian country.

Also key is chapter 7, which brings us into the messiness of coalition building between the Indigenous environmental movement and non-Indigenous conservation organizations. Highlighting successful coalition building that negotiated competing world views concerning the environment to stop a highway project, Gilio-Whitaker analyzes the political dynamics involved in the efforts of the Acjachemen people in 2006 to stop the construction of a toll road near the Southern California coast that threatened the San Mateo Creek watershed, which not only is a sacred site for the people, but also produces one of the most important surfs on the west coast (132). The multidimensional framing of the groups, in combination, persuaded lawmakers to deny the road's permit (137). Although it worked, it was rife with contradictions. Gilio-Whitaker calls for more critique of the colonial foundations of American environmentalism.

Chapter 8 examines other examples of coalition building and the lingering challenges tribes face within the environmental justice framework, especially in the legal-political understanding of it found within federal and state laws and policies. Because environmental laws are made consistent with colonial laws, environmental laws in the United States perpetuate legal forms of settler colonialism. In the end, Whitaker argues that dismantling institutions of white supremacy, returning rights and lands to tribes, and moving toward environmental justice for tribes is justice for everyone and the planet (162).

Ultimately, the book is powerful contribution to literatures on Indigenous environments with particular attention to history of environmental justice. Gilio-Whitaker offers textbook summaries of key issues. Recent books such as Estes's *Our History Is the Future*, Beth Rose Middleton Manning's *Upstream*, Powell's *Landscapes of Power*, and Grossman's *Unlikely Alliances*, also consider similar tensions between Indigenous peoples and environmentalists. Gilio-Whitaker masterfully contextualizes these struggles and adds important critiques of colonialism while demonstrating ways forward in coalition building. It is a necessary contribution.

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Fighting Invisible Enemies: Health and Medical Transitions among Southern California Indians. By Clifford E. Trafzer. Norman: University of Oklahoma Press, 2019. 392 pages. \$34.95 cloth.

During the final decades of the nineteenth century, American Indians in Southern California endured genocide, dispossession of lands and resources, and depopulation from diseases introduced by settler colonists. Adeptly integrating years of archival and ethnographic research, Robert Trafzer portrays in *Fighting Invisible Enemies* the

historical epidemiology of Southern Paiutes, Cahuillas, Chemehuevis, and other tribes living on twenty-nine reservations served by the Mission Indian Agency (MIA)— now Southern California Agency—in Riverside. By 1900, tuberculosis had become the number-one killer there. Years had passed since Robert Koch's revelation in 1882 that the cause of the disease was *Mycobacterium tuberculosis*, yet many remained ignorant of germ theory. Though agency personnel learned that tuberculosis ravaged their jurisdictions, eastern bureaucrats initially failed to acknowledge that a problem plaguing crowded cities could affect rural Indian populations. Concomitantly, Native models of illness did not rationalize the etiology of introduced diseases. Until both sides could agree how bacilli—invisible enemies—were transmitted, mortality rates from tuberculosis continued to rise.

Based on oral histories, agency and boarding school records, vital statistics, and government documents, Trafzer delineates the interplay between policy, politics, and different medical systems in the fight against tuberculosis from the late nineteenth to mid-twentieth centuries. By the 1920s, federally funded public health nurses visited homes and boarding schools to teach germ theory to MIA peoples. Through education and collaboration, doctors, nurses, specialists and Natives worked to isolate contagious patients, resulting in the decline in tubercular mortalities after 1928. For the next twenty years, increased state and federal funding facilitated access to sanatoria and health care facilities. Unfortunately, passage of Public Law 280 in 1953 ended federal health care programs for Southern California Indians, leaving them at the mercy of the state.

In chapter 1, Trafzer elucidates Indigenous models of sickness and healing among Southern California Natives, sharing details from the ethnographic literature and interviews with Native collaborators. These describe that spiritual “power” was originally distributed throughout the universe by a creator, who gave shamans the ability to obtain power and visit powerful locations. Gifted with pipes and tobacco, shamans accessed healing power through songs and prayers to treat spiritual, or “staying” sickness, which is caused by bad medicine or breaching ways—cultural norms such as marrying a cousin or moiety mate. Interaction with the dead also caused staying sickness. According to covenant theology, family members also bore culpability for such violations, but otherwise, staying sickness was not contagious. Healing rites aimed to restore balance and harmony in the patient with songs, prayers, and sucking and spitting techniques. Specialists included bone doctors, birthing doctors, teeth doctors, wound doctors, and poison doctors.

Unfortunately, shamans ineffectively treated “traveling” sicknesses brought by non-Indians towards the end of the nineteenth century—measles, tuberculosis, gastrointestinal disorders, whooping cough, pneumonia, and influenza. By the early twentieth century, MIA peoples’ resistance to traveling diseases had been lessened by environmental degradation, lost lands, and restricted access to native foods, compounded by sedentism, increased parasite loads, and processed foods. Tuberculosis rates were high in overcrowded boarding schools where children were admitted without health screens or sent home to their families when sick, and social gatherings spread infections to the larger community. During his term as Indian commissioner (1897–1905), William

Jones ignored the pleas of agency officials and advocates to improve sanitary conditions and health care on reservations. Jones initially believed tuberculosis was a disease of eastern ghettos, but when informed of its presence on reservations, claimed Indians were susceptible due to their genetic inferiority.

Years later, Commissioner Cato Sells (1913–1921) wanted to improve Indian health, but insufficient federal funding thwarted his plans. Living conditions on reservations remained deplorable, though Indians continued to be blamed for poor health, as specified in the 1919 report by Dr. George M. Kober, which claimed Indian practices spread tuberculosis and accused shamans of negative influences. In Southern California, shamans still treated staying sickness and opposed Western medicine. Nevertheless, MIA peoples began to realize that non-Indians were better equipped to treat traveling sickness even though Indigenous models did not explain germ theory.

Mortalities from tuberculosis increased in MIA communities during the 1920s. In 1922, nurse Florence M. Patterson published a two-year study of American Indian health on reservations in the Southwest and Southern California. Educated at Northwestern and Johns Hopkins universities, Patterson criticized Congress, the Indian Office, agents, and field matrons for unsanitary living conditions and poor health of Native peoples, cited the agencies for not recording vital statistics, and recommended appointing medically trained public health nurses. Ironically, the Mission Indian Agency began keeping records in 1922, the first year of her study. Charles H. Burke, Indian Commissioner from 1921–1929 and sponsor of the notorious Burke Act, shelved Patterson's report.

Her research nonetheless compelled Interior Secretary Hubert Work (1923–1928) to commission Lewis Meriam of the Brookings Institution to investigate conditions in Indian country. Part 2 of the 1928 Meriam Report reinforced Patterson's recommendations and influenced federal policy to improve American Indian health. In 1922 nurses were hired for the Indian Medical Service by Dr. Work, a World War I veteran of the US Medical Corps. In March 1928, the sole field nurse at the Mission Indian Agency was assigned, Florence McClintock. Resigning for health reasons five years later, she was succeeded by Mabel Cowser, Mary Wolking, and Bertha Lips. Driving thousands of miles in used automobiles, the nurses visited schools and thousands of households to educate about germ theory and praxis. They convinced families to isolate tubercular patients, then drove them to hospitals and sanatoria. Through the hard work and teachings of the nurses, MIA peoples learned about tuberculosis transmission and prevention and began cooperating. After 1928, mortalities from tuberculosis at the Mission Indian Agency began to decline. Doctors working in hospitals and clinics had limited contact with Indians, so nurses must be credited for establishing rapport and trust with Indigenous populations. In 1939, Nurse Wolking observed that her charges were cognizant of tubercular contagion.

Due to the efforts of the nurses, crude death rates among Southern California Indians continued to drop through the 1930s and 1940s, although tuberculosis persisted. More nurses were hired during the twelve-year term of Indian Commissioner John Collier (1933–1945), and funding for hospitals, clinics, and housing increased as well. Collaboration between local, state, and federal officials in 1939–1940 resulted

in a mobile x-ray survey designed to examine every person served by the Mission Indian Agency. Experts read the films to diagnose cases and make recommendations for treatment. Native and Western beliefs and practices were combined, in this instance avoiding Southern California Indians being subjected to medical colonialism. Collective efforts of dedicated individuals led to decreased tubercular mortalities before streptomycin was widely available. Trafzer's book nicely illustrates how MIA peoples adopted Western medicine without abandoning their Indigenous beliefs and practices.

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How "Indians" Think: Colonial Indigenous Intellectuals and the Question of Critical Race Theory. By Gonzalo Lamana. Tucson: University of Arizona Press, 2018. 256 pages. \$90.00 cloth; \$35.00 paper.

After 1492, European reason, or "abstract" thinking, shaped the emerging racial order of the world. With the advent of Spanish invasion in the early sixteenth century, Indigenous people of the Americas were caught in this colonial entanglement of "reason." Exploited for their labor, resources, and knowledge of their territories, Indigenous people were considered to lack agency and to be ignorant of their ignorance. The rise of modernity through European colonialism shadowed the parallel coloniality of the Indigenous Americas. The material processes of cultural and economic transformation in the Americas by European powers produced coinciding narratives that justified, or in some cases condemned, these acts and transmutations. Casting the Indians as inferior, the Spanish were unable to comprehend Indigenous subjects as abstract thinkers and perceived them as having only "material" intelligence. This bias thus presented challenges in solving the emerging "Indian problem" in the Americas for the Spanish colonialists' colonial enterprises. For their part, Indigenous intellectuals of the Andes in South America developed a persistent and evolving response to contend with these aspects of European reason and colonialism. Scholar Gonzalo Lamana investigates this colonial world in a new book that centers an Indigenous view of its tensions and contradictions, *How "Indians" Think: Colonial Indigenous Intellectuals and the Question of Critical Race Theory*.

Extensive and wide of breadth, Lamana's archive challenges traditional studies on Indigenous people in the Americas by going beyond primarily Spanish sources and excavating and centering the colonial sources from Indigenous voices themselves. The challenge of this archive, however, is its actors—that of Indigenous people—not being able to represent a comprehensive view of the colonial system as sources were limited to specific affairs. Centralizing the Andes, particularly the lands of Perú, Lamana orients us to two Indigenous intellectuals who are central to his study because they were able to write the histories of their people and lands in Spanish: Felipe Guaman Poma de Ayala and Garcilaso de la Vega, el Inca. Lamana argues that these two Indigenous thinkers are as important as Plato and Aristotle in understanding the