egated to low-priority status when it comes to legislating change. As Strickland rightly exhorts, now more than ever the "price of freedom is eternal vigilance," and no individuals are better equipped to monitor and induce change than are the new generation of Indian lawyers who, unlike John Ridge, are no longer strangers in a strange land of legal imperatives.

Scott Vickers
The Bloomsbury Review

White Man's Medicine: Government Doctors and the Navajo, 1863-1955. By Robert A. Trennert. Albuquerque: University of New Mexico Press, 1998. 290 pages. $39.95 cloth.

In *White Man's Medicine,* Robert A. Trennert—a historian at Arizona State University—traces the history of federal health care services for the Navajos (or Diné) over a ninety-two-year period. Trennert explores changes in health services and connects these changes to larger shifts in federal Indian policy and other developments. While federal health care services improved over time, the author persuasively argues that such services remained inadequate and that most policymakers saw medicine as a means of assimilating American Indians. He also examines how the Diné accepted some aspects of the "white man's medicine" while remaining loyal to traditional medical beliefs and practices. Although Trennert might have explored some questions more thoroughly, his work stands out as an important one.

Proceeding chronologically, Trennert details the relevant personalities and events, beginning with a brief pre-1860s overview contrasting Navajo and Anglo-American health conditions and medical knowledge. He then discusses the Navajos' first major exposure to the white man's medicine during their forced relocation to the Bosque Redondo Reservation from 1863–1868. After the Navajos returned to a newly created reservation in the Four Corners Region, missionaries and government officials provided federally sponsored health care for the Natives as part of the "Peace Policy" of the late 1860s and 1870s. This policy sought to "civilize" American Indians, and federally funded health care constituted a prerequisite to such civilization. Once white physicians, the argument went, improved health levels on the reservation, the Navajos would accept Western medicine and other aspects of white society as well.

Such assumptions about the connection between health care and assimilation continued in the 1880s—and for many decades after that—as the federal government's Indian Office (the forerunner of the Bureau of Indian Affairs) began selecting physicians for the Navajos through a patronage system. Since political party loyalty, not medical competence, determined appointments, the Navajos had to put up with underqualified and incompetent doctors. One of the worst was William Olmstead. He spent more time scheming, stealing government property, drinking, and using opium than he did providing care for the Indians. Trennert and contemporary observers blamed Olmstead for several Navajo children's deaths.

The situation improved somewhat in the 1890s when the application of civil service regulations to the Indian Service helped insure that doctors had at least a minimum level of competence. The decade also saw the development of the Indian Office's field matron program. Field matrons (often from missionary organizations) traveled to remote portions of the Navajo Nation to provide basic medical care, to disseminate information about sanitation and disease prevention, and to encourage acceptance of Western medicine. In 1897, the first hospital opened on the Navajo Reservation. The fact that the Protestant Episcopal Church, not the federal government, funded the construction and operation of the hospital testified to the continuing involvement of missionary organizations in Indian affairs (including medical services) and the chronic shortage of federal funds for Indian health care activities.

Such underfunding ill prepared government physicians to deal with the emergence of trachoma and tuberculosis as major health crises for the Diné and other American Indians in the early twentieth century. These diseases spread rapidly, in part because of their highly contagious nature and because effective treatments would not be developed for several decades. Government policies designed to assimilate Indian children through schooling made the situation worse. Overcrowded educational facilities meant that "deadly epidemics spread throughout the Indian school system" and turned some schools into "death traps" (p. 95).

Problems continued during World War I and for most of the 1920s. The war drew many competent physicians away from the reservation, helping give rise to the 1918 influenza pandemic which killed an estimated 9 percent of all on-reservation Navajos. A 1920s anti-trachoma campaign failed because of ineffective and radical treatments—which included surgery that left some patients unable to close their eyes—and because the timing of clinics conflicted with Navajo dances and ceremonies.

The situation got somewhat better during the late 1920s and the "Indian New Deal" of the 1930s. Spurred in part by the critical findings of the 1928 Meriam Report, federal funding was secured to modernize some on-reservation facilities and to station field nurses (who, unlike field matrons, had medical training) to assist Navajos in remote areas. John Collier, Indian commissioner from 1933–1945, reversed assimilationist practices and sought to cooperate with traditional healers to facilitate the treatment of ill Navajos. Under Collier and Dr. W.W. Peter—the Navajo Nation's government doctor—the quality and number of physicians and nurses serving the reservation increased. A modern hospital was completed in 1938. Most important, research conducted by Indian Office doctors in the late 1930s discovered an effective drug treatment for trachoma. It reduced the incidence of the disease and constituted "the first real success achieved by Indian Service physicians" (p. 195). For all the gains, by the end of the New Deal era, government physicians on the Navajo Nation remained overworked and underpaid; many medical facilities were inadequate; and diseases such as tuberculosis continued to ravage the population.

The final fifteen years covered by Trennert saw setbacks and important changes. The Second World War and postwar retrenchment drew funds and

personnel away from government-sponsored Navajo health services. The late 1940s and early 1950s saw some improvements, such as the purchase of a portable X-ray machine for the reservation, and a reduction of tuberculosis-related deaths. Nevertheless, the continuing inadequacy of health services—combined with the desire of some government officials to terminate special federal services for Native Americans—led to the transfer of responsibility for health services from the Bureau of Indian Affairs to the Public Health Service (PHS) in 1955.

Trennert has done a workmanlike and competent job of documenting the generally inadequate nature of federal health care and connecting it to broader developments. He adds to his story by detailing the Navajos' flexible reactions to that care. On the one hand, they accepted aspects of Western medicine that had proven effective. For example, Navajos willingly received smallpox vaccinations. During an 1899 epidemic, "Navajos actively sought out vaccinations," and as a result only five Navajos died—as compared to about two hundred Hopis, who had resisted inoculation (p. 93). At the same time, most Navajos saw many elements of Western medicine as "impersonal, unnecessary, painful, and ineffective" (p. 108). Thus, they continued to consult with Native healers ("medicine men") and treated ailments with prayers, singing, chanting, and herbs. Such practices have endured, the author points out in an epilogue, well into the 1990s.

Other attributes of *White Man's Medicine* make it worthy of attention as well. Trennert draws from a solid array of sources—including papers from more than a half-dozen archives, numerous microfilm collections, and many published and unpublished secondary works. The prose is readable, and the book includes over a dozen photographs. He makes his points clearly and convincingly. In doing so, he joins scholars such as Diane T. Putney and Clifford E. Trafzer in building on a small but growing body of scholarly literature regarding Native American health and health services. His work implicitly points out topics in need of future research. These topics include case studies of the medical services provided for other Indian groups and efforts by American Indians—especially after government medical care became more effective—to exert greater control over federal health services.

While suggesting topics for future exploration, *White Man's Medicine* raises questions that might have been discussed more explicitly. For example, it is sometimes unclear how far whites went to suppress traditional Navajo medical practices. At least one official threatened to imprison medicine men, but Trennert never states whether the Indian Office acted on such threats. Also, while the author shows that a lack of congressional appropriations severely hindered Navajo health services, he does little to explain this stinginess.

Trennert seems, too, to shy away from directly addressing whether there existed a connection between the inadequacy of federal health care and the persistence of traditional medicine. If federal health care had been more effective, would the Navajos have been more likely to adopt Western medicine and thus less likely to adhere to Native medical beliefs and practices? In other words, did the ineffectiveness of government health care hinder the assimilation program and facilitate the maintenance of Diné cultural distinctiveness?

Admittedly, the author touches on these points. Nevertheless, given historian Frederick E. Hoxie's argument that racism limited the effectiveness of the assimilation program from 1880–1920, the question would seem to warrant a more explicit discussion.

Such concerns notwithstanding, Trennert has produced a valuable work. It sheds light on important issues in American Indian history, including the implementation of Indian policies, how those policies intersected with broader trends, and the endurance of indigenous cultural values. Scholars and lay persons interested in the history of the Diné, Native Americans in general, and American Indian policy would be well served by reading *White Man's Medicine.*

Christopher K. Riggs
University of Colorado at Boulder