

HISTORY OF SHOSHONE HEALTH PRACTICES

To most Native American groups, to live simply on the land and in Harmony with Nature, was the way of life and the guiding spiritual principle. For the Newe of the Reese River Valley, this, too was their way.

This area of high desert provided sufficient food, from sagehen and small game to deer and other large animals; from pinenuts and wild watercress to wild rye and buffalo berries, diet sustained a strong people. Physical development was enhanced by a migratory/hunting and gathering lifestyle supplemented with recreation of games and dance.

While most persons practiced self-responsibility for their own health status, persons known as "Indian doctors" were those persons who had greater in-depth knowledge of the medicinal usage of plants and herbs and afflictions of the heart, mind or spirit.

A sampling of the health practices utilizing natural medicines by the Yomba Shoshone gives insight to the health status, needs and conditions of a century past:

Indian Balsam (*Leptotaenia multifida*) "Toza". Tea made for coughs/flu from chips. Also used for heart and tonic. Roots are dug after seed is ripe. Appearance is like small carrot; fragrance is similar to celery. Roots are cut and strung on a line to cure in shade. Treatment is to drink "Toza" as the only liquid for a week and stay in bed to "upbuild", a variation of chicken soup and bedrest.

Drops of oil from the fresh-cut root of "Toza" was also used to put one drop in each eye for those with trachoma.

Balsam fir (*Abies lasiocarpa*) "Wangobe". Tea from needles and resinous blisters used for colds.

Blue Gilia (*Gilia* spp.) "Aqui he tinga". A tea for children's colds made from whole plant.

Aspen (White Birch) Used for headaches

Mountain Mahogany (*Cercocarpus ledifolius*) "Dunumbe" Bark tea for colds.

Sweet Anise (*Osmorrhiza occidentalis*) "Bossowey". This tea made from aromatic roots was mixed with "Toza" for heavy colds and pneumonia.

Flax, Blue (*Linum Lewisii*) "Boohi Not'suh". The root of this plant was steeped for eye medicine.

Lupines "Cupi chuk" Tea made from leaves while plant is in seed is used for kidney and bladder trouble.

Sage, small (*Artemisia*, spp) "Pava hobe". Tea for **physic**.

Sage, black (*Artemisia nova*) "Be'he'vah". Tea for **physic**.

Anise, sweet (*Osmorhiza occidentalis*) "Paswoip". Tea from these roots was a general **physic**. For small pox, a handful of leaves were **boiled in water** and then placed on the affected areas.

Gum Plant (*Grindelia squarrosa serrulata*) "Sauka Para". Upper third of the plant dried and taken for dropsy and small pox.

Bullhead Sandwort (*Arenaria congesta*) "Be'ha'veh". Steeped leaves made into poultice applied hot to swellings.

Also used in the treatment of gonorrhoea in later years.

Elderberry (*Sambucus glauca*) "Duhimbuh". Roots boiled til soft and then applied to any inflammation (ie caked breast).

Death Camas (*Zygadenus* spp) "Dabi scaw". Raw roots mashed and applied to cramp area.

Desert Mallow, wild geranium (*Sphaeralcea ambigua*) "Numanaka". Root cooked and applied wrapped in cloth as poultice. Raw root **mashed and applied** to swelled feet.

Plantain (*Plantago major*) "Woodie". Tea and poultices from whole plant used for bruises and wounds. Raw leaves mixed with leaves of wild clematis were also applied directly to wounds.

Juniper (*Juniperus* spp) "Sah'weh'be". Patient would lie on green boughs and steam over coals, drinking tea of same for treatment of rheumatism. Modern equivalent = steam/inhalation room.

Juniper Berries "Sammapo" Tea from the berry for hiccough.

Tea from berries taken on three successive days for birth control.

Horse-tail (*Equisetum arvense*). joint grass. Dried and burned, the ashes are used on sore mouths.

Peppermint (*Mentha penardi*) "Paquanah". Tea from **dried** stem and leaves relieves gas pains.

Sagebrush, big (*tridentata*) "Be-he'vah". Leaves **chewed** to relieve indigestion.

Ephrada "Hunabe". Dried twigs mixed with the bark of antelope brush made a tea to combat syphilis.

Trumpet phlox (*Gilia aggregata*) A borrowed Paiute medicine. The whole plant, including flowers, is steeped for the patient to imbibe this as the only liquid for five days as a blood purifier and cure for gonorrhoea.

There was also substantial utilization of medicinal plants in hunting and ceremonial practices.

The oral history that is the current generation's legacy talks about a "disease free" society, one whose health habits were intertwined with religious customs that kept the body flushed of impurities through certain diet and practices. With sporadic communication with other groups and physical relations confined to one's mate, many of the communicable and public health syndromes of the modern age find no precedent in the past. Conversely, different living conditions have precluded symptoms and sickness formerly associated with more "rugged" lifestyles.

That this knowledge was developed to the point of almost every individual knowing proper amounts of dosage in addition to identification and preparation suggests that there was a high level of understanding of body function and balance with Nature that has been eroded over the years.

For Yomba 2000, it is appropriate to return to this standard of knowledge, combining the heritage of both Shoshone and Western medicine to deal with the situations of the 21st Century and the health status of 21st Century Man.

STATUS OF YOMBA HEALTH PLANNING

In 1989, the Yomba Shoshone Tribe received its first health planning grant. The focus of the project was to determine whether or not a third party insurance system would serve the people better than the current care system. Also included in this study was a look at the reality of becoming a site for a full-service clinic under the auspices of Indian Health Service.

The result of this first effort was the determination that due to the socio-economic situation of the Tribe, that creative financing through traditional insurance formats was not viable. Additionally, given the population base, the Tribe was not in a position to favorably qualify for construction or staffing of full-time professional positions through Indian Health Service funds.

The study then evolved to develop alternative scenarios and formats as options for the Tribe to pursue. One of those pursuits - self responsibility for health care - precipitated two major events within the community: a health fair and seven persons enrolling and becoming certified in an TMT program.

The second grant, #IFP 00342-0115P71 had two major purposes. The first was to hire and train a tribal health coordinator as efforts to recruit and maintain qualified professional staff has met with disappointing results in the past. The second, reflecting the inter-relatedness of every aspect of Yomba life, was to develop a set of goals and objectives shared by the entire community that would impact on a variety of health patterns previously documented.

The resultant Yomba-2000 is a compilation of such goals.

A third grant to enable the tribe actualize plans and to train management to put these goals in place has been submitted to the Indian Health Service.

To develop the priorities and goals for Yomba 2000, tribal staff and the community were asked to contribute ideas and dreams. Additionally, a second health fair was held and other community members participated in a Lifestyle Assessment project. While the test sample was only 20% of the community (50% of adult population), the trends established provide baseline data from which to do annual comparisons.

Yomba's greatest strengths in the wellness area appear to be emotional awareness and acceptance, and high spiritual and social/environmental health. Risk areas show as 36.8% smoking; 63.2% utilizing seat belts less than 80% of the time; 84.2% manifesting 10% above recommended body weight; 26.3% reporting exercise less than once a week and 21.1% above 200 mg/dl for cholesterol.

Part of the Lifestyle Assessment included determination of individual interests in health-related topics. Yomba results were:

Nutrition	36.8%
Parenting skills	36.8%
Sexuality	26.3%
Weight Reduction	25.3%
Medical Self Care	26.3%

Thus health providers endeavoring to assist the Tribe to meet the goals of Yomba 2000 should endeavor to address these issues in order to ensure individual commitments to this community development process.

The LAQ graphically points out that the spiritual health of the community is superior to that of its peer groups. The uniqueness that is Yomba is embodied in this finding presents a major challenge to planners/developers that would alter the community of Yomba to more resemble "national norms".

It is also interesting to note that the LA summary also intimates that the Yombanians can do little more in the area of health care to extend their physical lives based on lifestyle and health status in comparison with their peers; where improvements can be made is in the quality of that lifestyle.

Since the sampling of the community involved those already concerned and active in their own self-care, the LAQ should be administered to the remainder of the population to determine both extension and quality of physical lives and live style.

Another significant achievement of the community during the last few years' focus on health care has been the reduction of alcohol abuse by residents. While not empirically documented, it is estimated that the community has reversed an 85% alcoholism rate to an 85% sobriety rate. This has come about from not only a keen awareness of alcohol and its ravishes, but and internal openness and commitment to addressing such. The core established with the TAPS (Tribal Action Program) Committee has grown; emphasis on adult support and involvement in youth activities is evident.

More subtle is the network of strength for one another that the community is developing. Perhaps this is what leads to the high spirituality rating evidenced in the LAQ. Yombanians are looking to the positive and their own potential, rather than "checking out" or avoiding the challenges of their existence. The reality of the physical daily life in Yomba is that it does not equate with many national norms; for some it is a major struggle.

This brings many of the health issues right back into the economic development arena. Without cohesive and cooperative planning and development between health and economic resources, neither facet of the community will thrive.

YOMBA 2000 - GOALS AND OBJECTIVES

It becomes more and more evident that in order for the Yomba Shoshone Tribe to obtain accessible, affordable, and appropriate health care for its people, that the resources must be developed from within. Given the geography and demographics of Yomba, most federal and other providers cannot -- or will not -- make commitments to build full programs in Yomba. Thus the core of any health program must be initiated internally, utilizing the outside resources as supplemental partners.

The following represents the outline of goals and objectives the Yomba community aspires to reach by the Year 2000. There is a shared vision of a physical site that serves as a wellness center: there is a vision of a community of people, physically, spiritually, and mentally strong, who have information and understanding about their genetic heritage and its legacy in a modern world. And there is commitment to systematically creating the resources to address the health needs, those known and those to come, of the Yomba Community.

Goals carried over from the first study include:

1. To establish a health station in Yomba.
2. To deliver a clean water source.
3. To seek a demonstration insurance project.

Additional goals, for which detailed activities, time tables, etc. are outlined in the following pages are:

1. To assist the community to make better dietary choices.
2. To relate health projects to economic development goals.
3. To increase emergency response capability by the community.
4. To provide more opportunities for exercise and physical development.
5. Explore Gabbs contract option.
6. To regain tribal naturopathic knowledge.
7. To initiate a research protocol for medical studies.
8. To create a staff development program in human resources.
9. To maintain focus on eradicating substance abuse.

MISSION STATEMENT

"The Yomba Shoshone Health Department has been chartered by the Yomba Shoshone Tribal Council to safeguard and elevate the health status of Yombarians so that they may enjoy the full potential of their physical and spiritual lives free from pain and other debilitating diseases and infections.

It is the intent of the Yomba Shoshone Health Department to work with all community persons and available resources to analyze and implement appropriate responses to the unique needs and aspirations of the People; to assure that primary care is affordable, accessible and acceptable to all patients; and that the strength and well being of the People is constantly and consistently reinforced."

TAPS CREED

We the Yomba TAPS committee stand together to combat alcohol and drug abuse in our community. Our priorities are to provide safe clean sober activities to our adults and to our youth as an alternative to substance abuse. We take pride in caring and sharing ourselves and our ideas.

Cecelia Firethunder

'... we need to somehow incorporate spiritual wellness in everything we do in our communities. Because without a healthy spirit we will not have healthy people.

Let's talk about mental health, let's talk about emotional health. And let's talk about spiritual health. We, as Indian people, have always let other people tell us how we should do things. We have let people give us models on what is best for us because we were disempowered, were we not? Now we are empowered; now we know what our needs are. So it is time to take our knowledge and our empowerment and develop programs that are specific to our communities. These are what we call "tribal specific programs"—things that are good for us, things that will work for us based on what we know

Mental health.....the white male model (European hierarchical) is square, the Indian model is circular. And we wonder why things don't work – it's because square doesn't go into a circle. How are we going to change it so that we could fit it somewhere, work it together – all the systems can work in harmony

Alcoholism and all addictions in our community may be the symptom.....not the illness.....

Alcoholism is not the problem – alcohol is not the problem. The problem is the pain within our people. There is pain that we carry around for two or three generations.

Three months ago (1991) I was at a conferencea woman came to the podium and spoke; and she reached my heart and made me cry. This woman came from Cambodia. This woman didn't speak English very well, but what she said touched me. What she said that day was that in Cambodia and today in the Cambodian communities across the United States there is an increase in alcoholism. Cambodian women are drinking where they never used to drink before. And as she spoke, I realized what she was saying was similar to us

This woman's story is that when she left Cambodia she left with her family. When she reached the borders near the camp where the survivors lived before they were brought to America, she started running with her family – when she reached that camp she was the only one left. Her family was killed along the way. And as she talked I realized what she was saying – that the reason Cambodian women were drinking was because they were grieving; they were grieving the loss of a land, of language. Those of you who kept up during the Viet Nam war will remember that those American airplanes devastated the country of Cambodia. Every tree and every shrub was bombed away and everything that they knew as their country was completely wiped out

And so she said there was grieving, and she understood that. Her work was to help the Cambodian women grieve the loss of the land, the loss of a way of life. It really hit me that we Indian people have not grieved the loss of a land, the loss of a culture, the loss of a way of life. So when we talk about healing in 1992, for the next 500 years, we as Indian people have to recognize and look at the historical relationship that we have had, to understand that within those past 500 years things have happened that made us hurt. We are still grieving and carrying around a lot of pain. In order to be healthy and well, we need to let it go like the monkey with the banana in that pumpkin – we need to let it go so that we can become healthy.

Emotional wellness is an issue...to focus on. Emotional wellness, feelings, fear, shame, anger – all of those things are why we drink and why we hurt ourselves and each other.

Spiritual wellness:.....when the spirit is well the human vessel will also be in harmony with its environment. When the environment is in disharmony with nature and with man, the result is chaos in spirit, body and mind.'

Dr. Eva Smith

".....I have come to understand more and more about the health of our people, and have been working with my tribe to see how we can become healthy again.

That to me, has become a theme becoming a louder and louder ring in my ears – that we are trying to become healthy again. We are traditionally a healthy people; we have been a healthy people. We have only been unhealthy for 100 or 200 years, a very short period of time. We need to look at the context of our own history of being a healthy people. We need to remember what happened with the conquests, with reservation life, with termination, with relocation, with boarding schools, with ~~allocation~~, and a myriad of other federal Indian policies that drove us to a state of unhealthiness; and realize that we are trying to reverse something that has really been here for a very short period of time. I think we are a healthy people.

.....to develop culturally appropriate health care for Indian communities. That includes traditional medicine as well as the insights in the communities to develop stronger communities and healthier communities. The traditional values are values that incorporate good health. How many of you in the past several years have seen more sweat lodges spring up in back yards on your reservations? How many of you have seen sobriety PowWows? All efforts are that incorporate our cultural and traditional values to help our people become healthy again – that's the direction we're headed; and we, Indian people and Indian tribes, need to continue to push for that.

The IHS is starting to also understand that making us less Indian will not make us healthy, we need to become more Indian. That is how we're going to be healthy again.

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There has been some talk about how to work with traditional healers – how to credential them? How do we make sure that they are legitimate? I think we have to go back to our Indian people and give the Indian people credit for understanding what their options are. If an Indian person goes to western medicine and gets certain information, certain advice, certain ways of making themselves be healthy and then they go to a traditional healer and get certain advice, certain methods for making themselves healthy again, that person should have the right to chose – they are intelligent people. They understand what they are up against, they understand their diseases, and they are not ignorant. They should have the right to chose that.

Another point I wanted to make is that health care is a very personal issue. It takes place on a personal level. I appreciate deeply the efforts of the IHS, my tribe has also benefited from those efforts, from HP/DP. But I want to remind everybody, when you see a doctor you are not seeing the system, you are seeing an individual person. When you go meet with that person you want that person to understand you and care for you, and really have you participate in how you are getting better. It takes place on a very personal level."

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....we have made strong efforts to teach students some of those ideals whether they were Indian or non-Indian; because I think that they go across cultures. We have spoken to physicians – both Indian and non-Indian physicians. We've spoken to physicians that treat Indians and physicians that do not treat Indians. We have been well received wherever we have gone to bring the message that there is another way of looking at healing that is not necessarily better or worse. It is another perspective that is important to Indian people and has lessons for everyone.....

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