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*White Man's Medicine: Government Doctors and the Navajo,
1863-1955 (review)*

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Robert A. Trennert. *White Man's Medicine: Government Doctors and the Navajo, 1863–1955*. Albuquerque: University of New Mexico Press, 1998. xii + 290 pp. Ill. \$39.95.

In the early 1970s, when I worked as a physician at Fort Defiance Hospital on the Navajo Reservation, I cannot remember being very curious about Navajo medical care before the advent of the U.S. Public Health Service in 1955. Like many young people, I thought that history was unimportant. My job as a physician was to focus on the present—so many diseases to cure, so many sick people to treat. Twenty-five years later, I have learned more about human frailty and am better able to appreciate the lessons of history. In *White Man's Medicine* Robert A. Trennert has written an interesting and lucid narrative that summarizes some of those lessons as applied to Navajo health care. Trennert, a professor of history at

Arizona State University, proves to be a good storyteller, as well as a conscientious historian.

The first lesson has to do with the impact of European civilization on Native American health. As far as can be ascertained, the impact was invariably negative. The Navajo were a relatively healthy people prior to contact with the American army in the 1850s. Life expectancy may have been short due to trauma and infectious disease, but the Diné ("people") benefited from an adequate and well-balanced diet, an active lifestyle, and social stability. They had never encountered European-style contagious diseases like smallpox and measles, and tuberculosis was evidently uncommon. This "natural state" came to an abrupt end when hostilities broke out in 1862, and in 1863 two-thirds of the Navajo people were incarcerated in a reservation hundreds of miles away from their traditional homeland.

Relocating the Navajo to Bosque Redondo was the opening move in a federal policy designed to "civilize" them by eradicating their culture and religion. The original idea was to transform this seminomadic people, whose economy was based on herding livestock, into sedentary farmers; this experiment failed miserably. In the process, malnutrition and infectious disease swept through the people, who were not used to living in such close quarters. Hundreds died of dysentery and pneumonia. Bosque Redondo was declared a failure in 1868 and the Diné were sent back to their own country, but missionaries, Indian agents, and government physicians continued their earnest attempts to "civilize" them until the 1930s.

If the first lesson is that exposure to the white man led to disease and social disorganization, the second lesson is that the Navajo were treated poorly (and as cheaply as possible) during the following generations. In the late nineteenth century, physicians assigned to the reservation were generally incompetent and ineffective, even though a few were hardworking advocates for their patients. A single government physician at Fort Defiance served a population that soon grew to eighteen or twenty thousand people. These physicians, like other employees of the Indian Bureau, tended to blame the Navajo for their own poor health. The situation gradually began to improve in the early twentieth century, with more and better-qualified physicians, new hospitals and TB sanatoriums, and various public health initiatives.

The Navajo quickly accepted certain aspects of the white man's medicine. For example, as early as 1870, new physicians reported that almost nine hundred Navajos had been successfully vaccinated against smallpox. On the other hand, the Diné tended to reject hospital care (because of their taboo against sites where death occurred). This highlights the third lesson of Trenner's book: opposition to traditional Navajo healing methods was a cornerstone of federal policy that lasted until the 1930s. This negative attitude was especially strong among the missionary physicians, who believed that "heathen" ceremonies represented an inferior religion as well as ineffective medicine. For example, Dr. Clarence Salisbury, the beloved Presbyterian missionary who for many years ran Sage Memorial Hospital in Ganado, publicly linked good medical care to religious

conversion. This attitude finally began to change in the mid-1930s when John Collier became the commissioner of Indian Affairs and initiated the concept of “cultural pluralism.” Collier advocated for the preservation of native culture, as well as a restoration of tribal lands and Indian self-rule.

Reservation life in the late nineteenth century fostered two great health scourges. One was tuberculosis, and Trennert describes attempts to deal with TB from the first Navajo sanatorium through the early antibiotic era. The second scourge was trachoma, a painful eye disease that often led to blindness. Those who think that overly aggressive treatment is peculiar to the late twentieth century will be horrified to learn about the Southwestern Trachoma Campaign of the early 1920s. This campaign involved a radical surgical procedure called tarsectomy and grattage, which consisted of brutally scraping the patient’s eyes. It was both ineffective and harmful, yet well-meaning physicians who believed “more is better” promoted it. This is a lesson easily applied to many of today’s radical procedures.

White Man’s Medicine ends in 1955 with the transfer of Navajo health care to the newly formed Indian Health Service. The Second World War had radically changed Navajo attitudes and expectations. Thousands of Navajo people served in the military or worked in industry during the war, and returned with wider knowledge of the world, including the benefits of Western medicine. Nonetheless, they remained more committed than ever to their own culture and values. Fortunately, time is a great teacher. Today, traditional medicine and state-of-the-art Western medicine dwell together in (relative) harmony among the Navajo people.

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