

THE CONTEMPORARY SITUATION

The Puyallup Tribal Community

The Puyallup Reservation is located in Congressional District 6 and Pierce County in Washington State. However, due to the suspect practice of allotting land to individual tribal members, subsequent land auctions and sales and the growth of the city of Tacoma, most of the Puyallup Reservation, 99%, is non-Indian owned.¹ According to the 1980 United States Census, the Puyallup Reservation's total population is 25,188 individuals. Only 856 of these, 3.4% were identified as Indian. This is the lowest percentage of Indians on any Washington reservation. The number of Puyallup Indians enrolled in the Tribe is currently 1075. Most reside on or near the Reservation. The total number of Indians and Alaska Natives in Pierce County is 5,919 individuals according to the 1980 United States Census.

Thus, the Puyallup are embedded in an unusual social situation.² They are a reservation community interspersed in the middle of a city, in fact four cities. Individuals face both the problems experienced by urban Indians and many of the problems typical of reservations. A very high unemployment rate, a median family income lower and less stable than that of the non-Indian population, severe housing problems, high alcohol and drug abuse rates, low educational attainment, and a reservoir of health problems due to the impact of long term poverty are but a few of the difficulties they experience.

In addition, child neglect, child abuse and family dissolution are major social problems. Some residual difficulties in child rearing may be traced to the boarding school era which deprived parents and grandparents of the present generation of exposure to traditional child rearing skills. Compounded with re-emerging issues of identity and alienation, the situation for urban Indian families is fragile and at times relatively powerless.

Many Puyallup families are deprived of the extended family networks, the shared cultural tradition and shared world view present within a rural reservation community. Thus, Puyallup families live in the middle of an alien majority culture and may feel alienated from Indian culture as well. Because of the erosion of the land base, even extended families who maintain contact find housing which is separated from other family members, unlike the situation on rural reservations. Thus, the members of individual households are often forced to employ the social resources that the majority society has created to take the place of kinship. While Puyallups have their own set of non-kin resources, in many cases they must depend on outsiders, precisely those people that tradition, history and experience have taught them not to trust.

The Puyallup Tribal Health Authority makes available health and social services to all qualified American Indians and Alaska Natives in Pierce County and even some from bordering counties. Because they have moved to this area from home localities, many of these individuals may feel alienated from the Indian culture native to this area as well. Their extended families and culture base are often on reservations quite distant from the Puyallup Tribe. Even when individuals or households follow extended family members to the city, their networking systems suffer greatly from the inroads of the majority culture because households within the family tend to find housing which is separated geographically from other members of the family, in contrast to reservation situations (Snyder, 1971).

A recent study compared the socioeconomic conditions on five Indian reservations in Washington State (Office of Human Development Services, 1981). In contrast to the Indians on or near the four rural reservations, Indians residing on or near the Puyallup Reservation had access to many more job opportunities. However, the Indian people in this greater Tacoma area had almost as high an unemployment rate (51%) as those associated with two of the rural reservations. Further, of those Tacoma area Indians who were employed, an incredible 75% earned an income below \$5,000. The percentages of employed who earned less than \$5,000 in the four rural areas were far less: Colville (19%), Lummi (16%), Makah (34%) and Quinault (49%). Also, 73% of the clients of the Puyallup Child Welfare Services reported public assistance as their income source; the five project client average being 36%.

Most recent Bureau of Indian Affairs Labor Force Reports for August, 1986 place the American Indian and Alaska Native unemployment rate for Pierce County at an alarming 66%. Further, a despairing 57% of this labor force continue to seek gainful employment, though the economic conditions within this county will probably not change for them. Only 9% of this labor force has ceased to seek work in their disappointment.

According to the 1980 United States Census, Pierce County Indians reported the lowest median value of owner occupied housing of any racial group including Japanese, Chinese, Filipino, Korean, Vietnamese, Hawaiian and Guamanian. Median contract rent in renter occupied housing for Indians in Pierce County was reported to be the second lowest of the identified racial groups, only the Vietnamese reporting a lower median contract rent.

The 1980 Census demonstrated that for American Indians and Alaska Natives in Pierce County the economic situation has not improved significantly from 1970. In fact, there is a marked increase in the percentage of Indian families living below poverty level: 27.9% in 1980 as compared to 24.6% in 1970. Over 20% of Indian families had incomes of less than \$5,000, compared with 5.7% of white families, 11.4% of black families, 12.5% for Asian and Pacific Islander families, and 10.4% for families of Spanish origin.

American Indians and Alaska Natives in the Puyallup Tribal community not only suffer higher levels of poverty than their neighbors, but they do not fare well when compared with the American Indians and Alaska Natives of Washington State as a whole, or with the American Indians and Alaskan Natives of surrounding Congressional Districts. Fully 19.4% of the American Indian and Alaska Native families residing in the Congressional District in which most of the Puyallup Tribal Community is located reported incomes of less than \$5,000, the State average for the same group being 15.9%. The Statewide figures for American Indian and Alaska Native families being a median income of \$14,703 (24.5% greater than for the Puyallup service area) and a mean income of \$17,797 (20.4% greater than for the Puyallup service area). Within the State 24.8% of the American Indian and Alaska Native population is reported as living below poverty level; within the Congressional District in which most of the Puyallup Tribal Community is located, 28.9% of the same group live below poverty level.

The 1980 Census assists in defining some of the stresses faced by American Indian and Alaska Native households. The 1980 Census reported that nearly 28% of Pierce County's Indian families were headed by females with no husband present; within the Puyallup Reservation nearly 45% of the Indian families are headed by females with no husband present. The median income reported for families of female householders with no husband present within the Puyallup Reservation was reported at \$5,667 in the 1980 Census, per capita income being a mere \$3,308. These income levels approach the minimal support provided by Welfare through Aid to Families with Dependent Children. These families are caught in an unfortunate cycle in which day care is too expensive to afford, so work or further education are impractical, and they must depend on the Welfare system of the dominant society.

Given this extreme disadvantaged status, it is reasonable to expect that there is a very high incidence of health, mental health, and social problems experienced by this group. Disadvantaged minorities experience higher rates of mortality, infant mortality, restricted activity days, bed days, disabilities, and admissions to mental hospitals. There is a high positive correlation between low income and self-reported low health status of disadvantaged minorities (Robert Wood Johnson Foundation, 1987). The economic malaise of the American Indian and Alaska Native population in the greater Tacoma area and the lack of change in this status over the last ten years trace a bleak prospect for a significant increase in their economic status in the near future. It is among the disheartened, long term poor of the Puyallup Tribal community that we can expect the continued high incidence of domestic and socio-psychological problems.

Most members of the Puyallup Tribal Community with middle and higher incomes either work with or for the Tribe, or are self employed under license or sponsorship of the Tribe. Included in the former are secretaries, technicians and managers, and in the latter, smokeshop owners and bingo

operators. Fishermen are also self employed and licensed by the Tribe but earn marginal-seasoned incomes.

While Puyallup Tribal members maintain many traditional values and symbols, especially with regard to subsistence activities, their aboriginal culture has been profoundly changed. Only a few elders can speak Lushootseed with any degree of skill, and there are no younger people fluent enough to continue the tradition. However, a tribally operated school is attempting to make children at least familiar with their language and culture. Frequent powwows are held in Tacoma and on nearby reservations reinforcing Tribal identity.

More specifically, the Puyallup Tribe hosts an annual powwow to commemorate and celebrate the return of the Old Cushman Hospital site to the Tribe. The sponsorship of this event represents a large Tribal investment (time, energy and dollars) and has some attributes of the potlatch, especially through the give away of large quantities of salmon and other foods. Its initiation marked a major progress point in Tribal revitalization.

Puyallups hold a wide range of standard Western religious beliefs and some are members of the Shaker religion, one church of which is located on the Reservation. The Shaker religion is a truly unique Indian Christian religion which first appeared among the Indians of the southern Puget Sound in 1881 or 1882 (Gunther, 1949). The Shaker religion, which supports spiritual healing, is a blend of Christianity and aboriginal shamanistic beliefs and practices. Members of the Church have been called upon to perform cleansing ceremonies in the Puyallup Tribe's programs and facilities. It was sanctioned by white authorities because it assimilated many Christian concepts. It has no connection with the Christian Shakers of the Atlantic States. Precontact beliefs persist in the form of rituals and healing ceremonies in the Longhouse tradition (Amoss, 1978; Jilek, 1982).

The Mental Health Care System

A variety of health care options are available to the Puyallup including private health facilities, a web of community mental health centers, a state mental hospital, the Contract Health Services Program for federally recognized Indians, an Urban Indian Program operated in Seattle by the Seattle Indian Health Board, a dental clinic on the nearby Muckleshoot Reservation administered by the Indian Health Service, and the nearby facilities of the Puyallup Tribal Health Authority (Kimball, 1979).

The Tribe currently operates the Puyallup Tribal Health Authority which offers a wide variety of "prepaid" medical, dental and social services to the Puyallup and other Indians and Alaska Natives in Pierce County. The programs of the Puyallup Tribal Health Authority are utilized by most Puyallup Indians for most episodes of illness for at least three reasons. First, its services are "prepaid" for American Indians and Alaska Natives.

Second, it offers care which is more culturally sensitive than other facilities. Third, it is very close to where the Puyallup reside.

The thirty leading causes for contact with the Puyallup Indian Community Medical Clinic in 1988 are given in Table 1. These data are based on contacts with all American Indians and Alaska Natives, not just contacts with Puyallup Indians.

Referral is made through the Contract Health Services Program by a local Tribal representative for federally recognized American Indians and Alaska Natives who need specialty care which cannot be performed in the clinic. Emergency care is also available through the Contract Health Services Program. However, the Contract Health Services Program has been severely cut back in recent years. In most cases, patients must either seek the aid of public assistance to pay for referrals or face the costs themselves.

TABLE 1
Ranking of thirty leading causes for contacting Puyallup Indian Community Clinic during Fiscal Year ending 9/30/88

Ranking		Total	Average Month
1	Otitis Media	950	79
2	Accident	881	73
3	Upper Respiratory Infection	870	73
4	Diabetes Mellitus	647	54
5	Prenatal Care	608	51
6	Alcohol Abuse	446	37
7	Bronchitis	403	34
8	Pharyngitis	304	25
9	Pediculosis, Cap	303	25
10	Sinusitis	275	23
11	Urinary Tract Infection	254	21
12	Elevated Blood Pressure	250	21
13	Vaginitis	199	17
14	Musculoskeletal Symptoms	187	16
15/16	Contraception	168	14
15/16	Diagnose Preg	168	14
17	Obesity	165	14
18	Drug Abuse	140	12
19	Conjunctivitis	134	11
20	Viral Syndrome	127	11
21	Otitis Externa	119	10
22	Low Back Pain	117	10
23	Allergic Rhinitis	112	9
24/25	Gastroenteritis	111	9
24/25	Asthma	111	9
26	Anxiety	103	9
27	Teno/Synovitis	101	8

TABLE 1
 Ranking of thirty leading causes for contacting Puyallup Indian Community Clinic
 during Fiscal Year ending 9/30/88
 (Continued)

Ranking		Total	Average Month
28	Cellulitis	88	7
29	Abdominal Pain	86	7
30	Impetigo	85	7

Source: Puyallup Tribal Health Authority Patient Contact Summaries.

The Kwawachee Mental Health Counseling Center is one part of a broader health care system managed by the Puyallup Tribal Health Authority. Support services existing and available within the Puyallup Tribal Health Authority include outpatient primary medical and laboratory support, a pharmacy, dental clinic, elders program, nutritional support, substance abuse counseling and inpatient treatment, well child clinic, childrens services (Indian Child Welfare), community health outreach, limited transportation services, vocational support, low income energy assistance, and an extensive out-referral network to appropriate non-Tribal resources.

Between October 1, 1986 and June 30, 1987 Kwawachee provided mental health services to an unduplicated 174 individuals. Sixty percent of the clients were female, while 40% were male. Forty-two of these clients, 24.1%, were classified as acute. Seventy-two clients, 41.4%, are recorded as chronically mentally ill. Fifty-eight clients, 33.3% were recorded as seriously disturbed. 4.6% of Kwawachee's clients were elders; 18.4% were children; 97.7% are reported as minority underserved individuals; 4.6% reported some disability; and 96% of Kwawachee's total client population were low income individuals.

Since Kwawachee serves a reservation community around which the city of Tacoma and its suburbs have grown, the client population faces urban problems without alleviating the traditional problems typical of reservations. Fiscal Year 1986 client files from the Puyallup Tribal Health Authority Central Admissions Department indicate that the Health and Social Service programs of the Puyallup Tribe serve individuals representing in excess of 150 tribes and bands from throughout the United States. Fiscal Year 85 data from the Puyallup Childrens Services caseload shows 22.7% members of the Puyallup Tribe; 47.8% members of other Washington Tribes, and the remaining 29.3% were children from other tribes and bands throughout the United States. The fact that the service population contains a minority of members of the Puyallup Tribe creates a number of complex service problems.

Mental Health, now called the Kwawachee Counseling Center, includes traditional therapies in individual and group sessions along with Western interventions. Treatments in the "Longhouse Tradition" of a north-

ern Puget Sound group are the most commonly utilized form of traditional healing. However, the Sacred Pipe Ceremony, sweats, and ritual healings of both Bible-believing and non-Bible-believing Shakers are also used. Money is sometimes given to healers for gas for transportation to Kwawachee. However, money for services is not given to practitioners. Rather, appropriate gifts are given to the healing technology of the practitioner.

Prior to the development of the independent Tribal facilities for treating mental illness, Puyallup and other urban Indians in the area tended to seek help from a community mental health center in the city of Puyallup, Washington. Manson (in press) interviewed a traditional healer who was asked by this latter agency to perform traditional healing for an Indian patient. Manson found that the issue of reimbursement for the healer's services was not merely an issue of money. Indeed, some trouble was encountered because the expectations of the traditional healer and those of the community mental health center staff regarding reimbursement differed:

A community mental health center in Puyallup, Washington authorized payment to a local traditional healer for his involvement in providing care to an Indian patient. Preliminary discussions indicated that the reimbursement needed to proceed in a way that it reinforced the relationship between healer and patient, that their special bond be cemented in some reciprocal fashion. Money, particularly disbursed by an administrative agent far removed from the scene, was clearly inappropriate. The eventual solution was to purchase Pendleton woolen products equal in value to the reimbursable costs of the services and give them to the patient. The patient then presented the scarves and blankets to the traditional healer. Though it initially disrupted the contracting procedures, this mechanism has been employed with increasing ease in several subsequent consultations. (pp. 28-29)

This is precisely the kind of intercultural difficulty that the Puyallup Tribal health system was created to minimize. The existence in this area of American Indian and Alaska Native people from a wide variety of cultural backgrounds make the provision of traditional treatments from diverse cultures a necessity.

The alcohol and drug treatment facility integrates Western and traditional treatments through the Medicine Wheel approach, a holistic approach to illness, which considers the social, psychological, physical and spiritual aspects of an individual's illness mixed with a heavy dose of reality therapy. It maintains a sweat lodge which is primarily used by the in-patient program; although, former patients may continue to use it. Different tribes

employ the sweat lodge for a different purposes according to their differing cultural backgrounds. However, it is generally used for spiritual as well as physical cleansing, and as a time for prayer. Counselors also burn sage and fan it over a client with an eagle feather. This process of smudging is a traditional symbol of power among some tribes. Counselors also ask clients to learn and write about their own cultural backgrounds as a way of making them feel more in contact and proud of their historical roots. Poetry as therapy classes have also been offered by one of the authors (David Whited) to allow individuals to express themselves. The results show the persistence of traditional values and beliefs when overt signs of traditionality are absent (see the poem at the beginning of Chapter V).