

INTRODUCTION

This monograph is both a contemporary ethnographic analysis of the Puyallup Indian Tribal urban health care system (with a particular emphasis on mental health issues) and an attempt to place this system in ethnohistorical perspective. We have merged an ethnoscience approach to the understanding of many of the cultural and political realities surrounding and impacting health care delivery with intermittent critical and ethical analyses as perceived by the authors.

Our research should clearly dispel the inaccurate myths historically held by many anthropologists (including Marian W. Smith, 1940a and 1940b), medical practitioners, other care providers and government employees claiming the complete assimilation and disappearance of the Puyallup Tribal culture. Puyallup culture has shown an amazing ability to endure, adapt, and change despite concerted efforts towards assimilation of Tribal people and decimation of their land, economic and subsistence base.

Chapter One offers a cursory description of the medical ethnohistory of the Puyallup Tribal health and mental health care system. This ethnohistory is placed within a broader medical context, including an analysis of the impact of the rapidly changing Western medical model. In our view, the stigma placed upon traditional medical practices by Western health care practitioners may have been largely responsible for the long term suppression of family and culture based medical-psychosocial support systems.

The second chapter is a description of the existing social and economic context in which the contemporary Puyallup Tribal health care system is embedded. We describe the current cadre of supportive services and the demographic character of the population to which these services are provided. The mental health care system is given special attention with the inclusion of collateral support services including substance abuse and children's services. We conclude that the Indian Health Service has done an admirable job of ameliorating the impact of biomedically based contagions; however, the task of improving the quality and length of life of tribal people through culturally sensitive psychosocial support has barely begun.

Chapter Three replicates Arthur Kleinman's (1980) research on family-based popular health care in Taiwan among the Puyallup people. Standardized interviews were conducted among eighty Puyallup families to determine family health practices and beliefs and the pattern of referral to professional practitioners. Comparisons are made between the Puyallup and the Taiwanese family health care practices and health care seeking processes. We conclude that the reported relative absence of folk medicine and the availability of "prepaid" medical care among the Puyallup are the most important factors which account for the differences between rates of family treatment and the patterns of health care seeking behaviors among the Puyallup and the Taiwanese.

The fourth chapter addresses the Institute of Medicine's recommendation that mental health care be increasingly integrated into the roles of primary health care providers. The observed understaffing and underfunding of Puyallup primary care providers makes this suggestion extremely difficult to achieve no matter how admirable the objective. Further, the subdivided and specialized bureaucracies which have evolved among various levels of non-Indian government responsible for delivering such care mitigate against successful mental health/substance abuse support services in general. We conclude that support to community paraprofessionals would lead to greater community involvement in the existing mental health care system and further the reintegration of traditional values, beliefs, and practices into mental health care delivery.

Chapter Five discusses some of the implications of a cultural perspective and understanding for clinical mental health practice at the Kwawatchee Mental Health Counseling Center of the Puyallup Tribe. Central issues of concern include cultural maps, family structure, ritual and ceremonialism, values and value conflict, educational context, sense of time and self, communication styles, pride and prejudice, and the barriers to mental health services in the non-Indian community. We conclude that local perspectives and local beliefs must be considered in any clinical context in order to provide effective and appropriate therapies.

The sixth chapter describes the current struggles of the Tribally designated health care system to maintain at least current levels of health care delivery, in the face of proposed changes in eligibility criteria to access American Indian and Alaska Native specific health care. We suggest that the current proposals, reflecting top down service provision without regard to local custom, need, or government-to-government relationships, create multiple problems for local providers. Current federal attempts to revise and standardize eligibility criteria appear to be motivated by the need to reduce budget expenditures and not by desires to improve the health status of the existing client population.

The final chapter offers an ethical model which enables the examination of some of the moral issues involved in the introduction of biomedical technology to the Indians of the southern Puget Sound. We believe that this ethical paradigm can be effectively generalized to any context in which the introduction of technology is occurring in a multicultural or multinational contact situation. Thus, this research is concerned with the broader issue of the appropriate way to introduce new technology in cross-cultural contexts. We conclude that in such situations, the nature of the good, with respect to the introduction of technology is not always clear, nor are the motivations of the culture brokers and other participants in culture change. What may benefit one social group may be detrimental to another. This is particularly true when the culture-contact situation is dominated by a technologically more powerful culture.

We have attempted to merge anthropological theories, perspectives, and understanding with the functional experience of providing cul-

turally sensitive care within a multifaceted bureaucratic environment dominated by federal, state, and local government policy. One of us brought to this endeavor the day-to-day reality of being a Health Planner for The Puyallup Tribal Health Authority. This experience was balanced against the academic and anthropological research expertise of the other. Although it seemed perfectly natural to us, we have been told that this is a rather unique combination of perspectives.

If medical-anthropological understanding has any practical value for the here and now, it must make a contribution in the clinical context. This document should be of immediate concern to any tribal group in the United States interested in pursuing 638 self-determination contracting, any government agency charged with the responsibility of providing health care to an American Indian and Alaska Native tribal community, and to the community of scholars concerned with a better understanding of American Indian and Alaska Native health care systems.

If medical-anthropological understanding affords us a practical window to the future, then it should give us the knowledge that is sufficient to change our present actions in order to prevent similar consequences in the future. Thus, we hope that this work will call attention to the potentially difficult future that tribal peoples face in South America, the Philippines, Melanesia, Australia, Africa, and elsewhere unless appropriate actions are taken. Many tribal people are experiencing what American Indian and Alaska Native peoples have already been through, although in a different time, but, for similar reasons. If history teaches any lessons, we should learn by the consequences of humanity's prior miscontinece and incontinence. Why make the mistakes which repeat ad infinitum what has already been shown to be destructive? It appears that in the absence of continence on the part of the powerful, only through self-determination will tribal people prevail.

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