

History Shaping the Future: How History Influences Health in North Carolina Native American Communities

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There is great cultural and historical diversity among the tribes of North Carolina, as well as the associated urban American Indian groups that foster community and fellowship. While it can be presumptuous to generalize, the sweeping hand of history has shaped many North Carolina tribes into a current of common health and health care opportunities and challenges. As a Native American trained in “Western” medicine but also respectful of traditional pathways of health and healing, I share my analysis of some common historical and cultural features and potential health associations.

Most Native American populations in North Carolina live in rural parts of our state, or have rural “roots.” While many Native people have moved to urban settings seeking education or employment opportunities, make no mistake, many North Carolina Native Americans either live in rural areas or are “first-generation removed” from their rural tribal homelands. As such, many of the traditional rural health issues in our state are American Indian health issues. These issues include internet and broadband access, transportation issues (often across very long distances), and a lower county property tax base to bolster local public schools that will in turn attract and retain professionals in the community. For instance, a well-intentioned but poorly executed COVID-19 vaccination program

would fall short in a rural area if sign-up is solely via internet, as much of the rural Native American community lacks internet access or hot spots [1]. Historically, living in rural areas—especially as colonists established urban centers of trade—often meant protection from racism, violence, and misunderstanding for many tribes. That historical “protection via isolation” today can stymie health outreach. Lastly, the rurality of many tribes is of course due to displacement from being moved to reservations. Regardless, the result is the same: health care isolation.

Native Americans, by cultural definition, have a tribe. Historically, a tribe has meant, in blunt terms, safety in numbers and cultural preservation. Having a tribe carries consequences, though. Having such interconnected kinships can often lead to cultural misunderstandings in today’s ever-harried health care system, which is still mostly based on “productivity” and a “traditional” (often urban) nuclear family of a couple with two children and little—if any—extended family. Consider these comments I have heard several times in various forms throughout my career:

“Watch out for people with the last names of ‘such and such,’ as the family comes in packs of 20 and will never be able to make any end-of-life decisions.” You can bet they were referring to common Native American surnames.

"Keep your distance from people from 'so and so' areas, as all 'they' do is crowd the room up with family and ask questions!" Again, the "so and so" areas were American-Indian-predominant areas.

This portrayed disdain comes from misinterpretation of a cultural trait, and this health care misinterpretation then leads to mistrust, suspicion, and dread, on both the Native American and non-Native American sides.

Due to the presence of culture, public health outreach can take place in some unique venues in Native American areas.

Having a tribe leads to more social connections, and those connections often reinforce cultural values. As such, local pow wows and predominantly Native American churches are crux venues that can lead to cultural goodwill and medical credibility. A community pow wow, which is usually open to the general public, is more than just traditional singing and dancing. It is food, homecoming, long weekends, and cookouts, a time of jubilation and thankfulness. Pow wows are a celebration of past survival, happiness at being together in the present, and expressed excitement about the potential of the future. For non-Native Americans, no appropriation is needed; rather, your presence is all that is required to show some open-mindedness. Don't misunderstand, people don't attend a pow wow for the great public health booths (sorry)! However, when you follow up, say, an anti-tobacco outreach at a Native American church by mentioning how you enjoyed last month's pow wow, a community will listen more. It is the first step down the path from a transaction (handing out a brochure, soon to be thrown away) to a relationship (with wisdom that may move someone from pre-contempla-

tive to contemplative). Health outreach can utilize these Native venues shaped by history to assist people in better future decisions.

In summary, non-Native American health care professionals do not need to become historians or anthropologists to better Native outreach and health efforts. A recognition of rural dominance and the importance of tribal ties and cultural gathering points to Native communities will pay dividends now and in the future. NCMJ

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The author has relied on general extrapolation and first-hand observations but would like to remind readers the opinions in this article are from the author solely and do not formally represent the views of his tribe or other tribes.

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1. The Facts on Rural Schools. Public Schools First NC. Accessed September 21, 2021. <https://www.publicschoolsfirstnc.org/resources/fact-sheets/the-facts-on-rural-schools/>

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