

YOMBA 2000

A Healthy Community

Conceptualized by
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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 Nawa of the Reese River Valley, this, too was their way.

This area of high desert provided sufficient food, from sageten and small game to deer and other large animals; from pinnuts 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 a 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 birga". A tea for children's colds made from whole plant.

Aspen (White Birch) Used for headaches

Mountain Monagany (*Desmoddorus ledifolius*) "Dunumbo". 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 physio.

Sage, blank (*Artemisia nava*) "Be'he'yah". Tea for physio.

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

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

Ballhead Sandwort (*Arcnaria congesta*) "Be'ha'vet". Steeped leaves made into poultice applied hot to swellings.

Also used in the treatment of gonorrhoea in later years.

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

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

Desert Mallow, wild geranium (*Sphaeraicea ambigua*) "Katanaka". 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 oleratis were also applied directly to wounds.

Juniper (*Juniperus* spp) "Sah'weh'pe". 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 hicough.

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 piperita*): "Paquanah". Tea from dried stem and leaves relieves gas pains.

Sagebrush, big (*tridentata*): "Se-he'var".
Leaves chewed to relieve indigestion.

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

Trumpet plox (*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 Yonca 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 securing 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 EMT program.

The second grant, #IEP 00342-0115971 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 commented.

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 (80% of adult population), the trends established provide baseline data from which to do annual comparisons.

Yorba'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. Yorba results were:

Nutrition	36.8%
Parenting skills	36.8%
Sexuality	26.3%
Weight Reduction	25.8%
Medical Self Care	26.3%

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

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

It is also interesting to note that the LA summary also intimates that the Yombans 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 LAC 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 8% 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 LAC. Yorbanians 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 Yorba 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 Gabas 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 effects of disease and infection.

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 Yorba 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.

GOALS AND OBJECTIVES

The following "activity out lines" represent the courses of action that may be taken for each of the objectives outlined by the Yorba Health Department staff and their participating community members.

The target dates are guideposts by which the community and cooperating resources may guide themselves; adjustment for the realities of both human and fiscal resources must be made periodically. As with any planning process, this "road map" is to remain fluid, not written in stone.