The Fight for Life: New Mexican Indians, Health Care, and the Reservation Period

Peter Thompson

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During the formative period of United States Indian policy, Native Americans fought white encroachment, broken treaties, and a land hungry Western culture incongruous with its own. They fought for their homelands and their traditional ways of life—and lost. During the reservation period, Indians fought starvation, disease, and squalid living conditions. They fought for life itself. Although in general the tribes prevailed—did not succumb to extinction—the extent to which they were “victorious” in this struggle is relative. United States policies of the early twentieth century attempted to assimilate Indians into American society; however, for the most part assimilation did not follow. The reservations, and the struggle to survive still exist, leaving the United States and the State of New Mexico a social and humanitarian issue that has yet to be completely rectified.

Given the limited sources (the written record) available to the traditional historian to include an Indian perspective (one that utilizes Indian sources), this article is bibliographically one-sided. Primary information is drawn from Indian Office reports and correspondence, journals and diaries of Presbyterian missionaries, and Indian Rights Association (IRA) publications. Secondary sources focused on this time period, the post–Civil War decades of the nineteenth century, are written primarily by non-Indians. Nevertheless, the sources used offer valuable and often disturbing insight into the effects of reservation policy on health conditions of New Mexico Indians and the obstacles involved in extending medical care to the reservations.

Peter Thompson recently completed a masters program in Ottoman History at the American University in Cairo, Egypt.
Frank Hamilton Cushing provides an unique starting point for this investigation. Cushing was a member of the first Smithsonian ethnological expedition sent to study American Indians, which was dispatched to Zuni Pueblo in 1879. While there, Cushing assisted two medicine men with a surgery performed on a man suffering from a severely sprained foot. Cushing described the operation in detail. Various instruments were used: some were natural (roots, piñon sap, and herbs used as disinfectants and healants); some were spiritual (medicine stones and roots, bark, dyes, woods, representing various aspects, or spirits, of the wound and of healing); and some instruments were manufactured (namely the scalpels, whose tips were made from chips of glass and obsidian). With careful consultation between the two medicine men throughout, a deep incision was made along the swelling. Much of the swollen areas, apparently infected and turning black, were surgically removed. Other parts of the wound were treated with medicinal herbs. The incision was sanitized and closed, and for several weeks the patient was fed a strict diet that had both medical and spiritual significance. The wound was frequently cleansed and rebandaged, and a quick, complete recovery was reported.

Cushing’s account is informative for several reasons. First, it raises the question: did Indians need western medicine? Before the reservation period it is probable that they did not. As early as 1892, Eric Stone claimed Indian medicine met the Indians’ traditional needs far more extensively than is usually credited to them. Most North American tribes understood digestive problems, pleurisy and pneumonia, wounds and fractures, and the medicinal value of roots and herbs as well or better than their western counterparts.

Second, Cushing’s observations illustrate the differences between Indian and western medical beliefs and practices. Cushing commented on the objections a western doctor would have raised about the overall “legitimacy” of the surgery, namely the use of medicine stones and symbolic, as opposed to chemically active, roots and herbs. The medicine men invoked healing spirits to grant them guidance and strength, and to give the patient endurance. Furthermore, the medicine men believed the injury itself, suffered in a minor fall from a horse, had been made traumatic by a greater force, a “magical or ghostly arrow.”

Many Indian tribes attribute the outbreak of disease to the violation of a taboo or a social or spiritual norm, or to an attack from a supernatural force. Conversely, good health is considered, especially among the Navajo, a fundamental blessing of life and a sign of spiritual strength and balance. With the social turmoil and harsh conditions of the reservations, the spiritual world undoubtedly seemed to the Indians very much out of balance. Their oppressed, confined lives, full of health dangers never experienced before, must have suggested some profound
spiritual disfavor—with the task of finding a new balance, purity, and favor a difficult one indeed. Concomitantly, western medicine, and certainly the Indian Office, denounced Indian medicine as a detriment to Indian health and to efforts to “civilize” Indians and make them amenable to western culture. The 1882 Rules for Indian Courts, issued by the Indian Office, officially condemned medicine men and forbade them to practice medicine.7

Beyond the conflicts between Indian and western medicine, the reservation period turned upside down the traditional medical needs of the Indians.8 Reservation containment, usually adjacent to United States military outposts, exposed Indians to disease and epidemics, especially smallpox and venereal disease. Reservation housing, when it existed, seldom provided sufficient protection from the elements, and crowding created sanitary problems previously never known to Indians. Water supplies were often impure or inadequate. Rations were frequently in short supply, rancid, or contaminated (the Hampton Institute, which studied medical issues among American Indians, charged that tubercular cattle were consistently sold to, and consumed by, Indians).9 Tuberculosis, trachoma and other eye diseases, smallpox, venereal disease, and spinal meningitis were persistent threats to Indian health—threats that traditional Indian medicine was powerless to treat or overcome. In short, the reservation period created staggering health problems beyond the traditional scope of Indian medicine and introduced western medicine as a force of opposition to Indian medical practices.

In New Mexico, the Army of the West gradually enforced reservation containment during the decades following the Civil War. Once “pacification” was achieved, vaccination against smallpox was the first health service provided to Indians by federal authorities.10 In July 1870, William Kolbe, acting Assistant Adjutant General of the New Mexico Territory, instructed Dr. Jules LeCarpentier, probably a contract surgeon hired by the Indian Office for this specific program, to vaccinate the Navajo and Arizona Moquis.11 Before examining LeCarpentier’s efforts, however, it is important to consider the circumstances that established the Navajo Reservation.

In 1862, the Navajo and the Mescalero Apaches were militarily subdued and forcibly settled at Bosque Redondo in southeast New Mexico by Brig. Gen. James Carleton.12 Carleton envisioned transforming Bosque Redondo, a forty-square-mile track of barren land, into a self-sufficient reservation, and thereby create a hallmark of reservation policy. Instead, the two tribes suffered six years of starvation, thirst, exposure, and disease (especially smallpox and venereal disease). The extensive loss of life was compounded by the many deaths along the forced marches to and later from Bosque Redondo. In 1868, due to the efforts
of Superintendent Michael Steck and others, the Bosque Redondo "ex­periment" was abandoned. The Mescalero were moved to Fort Stanton and the Navajo were placed on their current reservation.

By 1870, when Dr. LeCarpentier began his vaccination program, the greatest threat to the Navajo tribe—the squalor of Bosque Redondo—was over. LeCarpentier, though concerned about several health issues on the reservation, reported that his efforts with the Navajo were successful. The Navajo were receptive to the vaccinations, and he had "an easy time of it." He began at Fort Defiance, and then went out to more remote areas of the reservation. In all 2,134 men, 1,753 women, and 2,028 children were inoculated. In fact, LeCarpentier's only frustration was with the Indian Office. He repeatedly asked for additional amounts of vaccine, and stressed that the population of the Indians was far greater than the Indian Office realized. In return, the Indian Office demanded he account for the "excessive" amounts of vaccine used.

Other vaccination programs are less documented and suggest poor coordination within the New Mexico Superintendency. In April 1872, O.F. Pipen of the Southern Apache Agency, anticipating the seasonal bouts with smallpox, requested six scabs of vaccine. In June, Dr. A.V. Ellis, Post Surgeon at Fort Tularosa, warned the Indian Office that the "sickly season" was approaching and that preventing an epidemic absolutely depended on possessing adequate amounts of vaccine. By September, the requests were urgent, reiterating the crucial importance of vaccinating the Indians. The vaccine finally arrived in October.

In 1872 as well, J.S. Armstrong of the Abiquiu Agency requested sufficient smallpox vaccine to inoculate 900 Indians. His requests, like those of the Southern Apache Agency, were issued over several months, and grew progressively urgent; however, there is no indication if vaccine was sent. Furthermore, the Abiqui Agency, like the Taos and later the Cimarron Agencies were, in effect, merely rations stations established to discourage depredations by bands of Jicarilla Apaches roaming across northern New Mexico and not yet placed on a reservation.

Significantly, there are no reports of vaccination programs at the Mescalero Apache Reservation. For this and other reasons, namely malnutrition and exposure, the Mescalero Apaches did not easily recover from Bosque Redondo. The Mescalero population, estimated at between two and three thousand Indians in 1850, fell steadily during and after Bosque Redondo—reaching a low point of 450 Mescaleros in 1888. Impending extinction finally prompted the Indian Office to address the plight of the Mescaleros.

The absence of smallpox epidemics at the Navaho and Southern Apache Agencies, and the efforts the agencies exerted to obtain vaccine, suggest that vaccination programs, when put into effect, significantly curbed epidemics. Moreover, the programs for the first time
brought doctors face to face with the medical needs of the reservations. Among the Navajos, LeCarpentier diagnosed syphilis, scrofula (tuberculosis), chronic rheumatism, and ophthalmia and trachoma (eye diseases). Furthermore, he stated that the Navajos repeatedly asked for "general treatment," which he gave as time and supplies allowed. Both Dr. LeCarpentier and Dr. Ellis of the Southern Apache Agency urged the superintendency to address the medical needs of the Indians, not only because of poor health conditions, but because the Indians were receptive to western medicine. In 1871, the Bureau of Indian Affairs, in part responding to these and similar reports, authorized its superintendents to appoint physicians to their agencies.

Finding doctors to serve on the reservations, however, was yet another challenge. The Medical Corps of the Regular Army was the largest and best trained medical body in the frontier regions, yet it was also extremely understaffed. Furthermore, the Southwest was not a popular duty post, and its rugged terrain and poor economy undoubtedly discouraged civilian physicians from relocating there. The Indian Office had even less to offer in terms of salary, living conditions, and medical facilities than an Army career or private practice. Nevertheless, most agencies eventually hired doctors, though their skills may have been substandard and their tenure often brief. Detailed information about these doctors is sparse and difficult to locate. Their names exist in superintendency correspondence and on medical reports of agencies, but biographical information is nearly nonexistent.

In 1871, the Navajo tribal council agreed, after lengthy debate, to use tribal funds to hire Dr. James Aiken as agency physician (the superintendency had refused to allocate the funds). Records, however, do not detail Dr. Aiken's short term on the reservation. In 1872, John Menaul, admitting he was not a medical college graduate but with an extensive medical background nonetheless, replaced him as physician to the Navajos. Menaul is one of the few physicians whose background is known. He studied medicine at the University of Pennsylvania in 1867. After several years of missionary work in Africa, Menaul relocated to New Mexico, where he married Charity Ann Gaston, reportedly the first female missionary in the territory.

Although Menaul established one of the most beneficial, or at least best documented, agency clinics in New Mexico, he often found his workload at Fort Wingate overwhelming. He promptly informed Superintendent Nathaniel Pope that the number of Indians requesting treatment was far greater than his capabilities. After exhausting his reservation supplies, and nearly out of his personal stores, Menaul requested that the next military ration wagon sent to the fort be loaded with whatever medical supplies were available. Two months later he complained to Pope that the estimated number of Indians on the reser-
vation and the types of diseases prevalent were far greater than the In-
dian Office realized. Menaul stressed that he had made great strides in
developing trust with the Indians, but without supplies he would be
forced to shut the doors of his clinic.

Menaul's medical reports confirmed LeCarpentier's diagnoses of
rheumatism, "sore eyes" (probably trachoma), syphilis, and rheumatic
fever. Menaul saw an average of eleven patients a day, many of whom
traveled great distances to reach the agency, and asked to take medical
supplies back with them. An 1874 summary report listed 716 Indians
treated, 19 whites treated, 459 prescriptions filled, and 6 teeth extracted.
Menaul also reported a great many deaths and much sickness due to
inadequate shelter during the previous severe winter. Menaul's May
report listed 1,229 Indians treated, 13 whites treated, 920 prescriptions
filled, and 2 teeth extracted. The large number of cases was due to the
arrival of the season's annuity goods, which brought all of the Indians
to the agency.21

In a remarkable personal effort to provide health care to the Na-
vajos, Miss Elizabeth Thakara, a Presbyterian volunteer worker, almost
singlehandedly built a hospital at Fort Defiance.22 For five years she
solicited funds for the project and in 1895 began construction. The need
for the facility was so urgent that it opened before completion. During
the first months of the hospital, Dr. Finnegan of the Navajo Agency
was the only physician; there was no furniture (patients lay on the floor),
and supplies and medical goods were available only when donated. The
hospital, however, survived and grew. In 1897, Francis Luepp of the
Indian Rights Association praised the facility, although he found it ex-
remely overworked.23 Dr. Finnegan faced a backlog of surgical cases
and Miss Thakara, without any outside help, acted as nurse, cook, laun-
dress, and housekeeper for the entire hospital.

Although the Navajo hospital was undoubtedly beneficial in many
respects, it perhaps created conflicts between the Navajos and western
medicine.24 The hospital allowed far more complex medical procedures
than the agency clinic. The Navajos likely considered the often involved,
personal medical examinations rude and offensive. Notions of hospital
isolation and quarantine, necessary for those patients with contagious
diseases, contradicted Indian notions of healing. Most disturbing to
the Navajos, however, once a patient died at the hospital it became a
very suspect, if not a forbidden, structure to enter and a dubious place
to find healing.

The Indian Office searched for seven months for a physician for the
Mescalero Apache Agency. Dr. H.S. Tedemann was finally appointed
in June 1872. The agency records (which were either neglected by agents
or lost), give no details of Tedemann's tenure, nor do they acknowl-
edge or explain the widespread malnutrition, reoccurring epidemics, and
alarming death rate of the Mescalero. Early in 1871, however, agent Curtis asked Santa Fe for permission to hire a contract surgeon to vaccinate the Mescaleros. Santa Fe denied his request on the grounds, incredibly enough, that inoculations were the responsibility of the agency physician—a position which did not exist until Tedemann was hired the following year.

In 1873, a similar incident developed at the Southern Apache Agency when agent Ben Thomas actively encouraged Santa Fe to remove Dr. Henry Duane, the agency physician. Duane, since no housing was available for the doctor or his family among the Indians, was assigned to the military post in Tularosa, a location inaccessible to the Indians. The agency, therefore, was paying the doctor one-hundred dollars per month to provide medical services for soldiers and their families at the military post and not the Indians of the agency. To support his claim, Thomas submitted Duane’s medical reports, which listed only seventeen Indians treated (eight for conjunctivitis) over a three-month period. Thomas’ petition was denied.

It was also common for military doctors to offer medical treatment to Indians since nearly all Indian containment occurred at, and reservations were established near, forts. The most notable aspect of this dynamic was the battle between these doctors and the Indian Office for compensation. Dr. Ellis at Fort Tularosa claimed he treated “sick, wounded, or crippled” Indians on a daily basis and spent nearly a year haggling with Santa Fe for $800 in payments. Less frequently, civilian doctors petitioned reimbursements for treatments given off the reservations. For example, Dr. I.C. Winter billed the Indian Office twenty-five dollars for treating Chiricahua Chief Mangus Coloradus. Winter stated that Coloradus, while intoxicated, had been beaten by civilians so severely that his wounds “separated flesh from bone.”

The Pueblo Indians faced unique challenges during the reservation period. They did not fit preconceived western definitions of tribes that had to be conquered and “civilized,” but instead were obviously long-settled agrarian and trading societies. The Pueblos did not significantly challenge United States troops and may have sought the Army’s protection from Navajo and Apache raids. In general, they were not displaced, and their survival was not dependent on government provisions or rations. Therefore, the Indian Office frequently overlooked its responsibilities to the Pueblos, especially in regards to health services. In 1866, W.M.F. Arny advised the territorial government to make the Pueblo Indians citizens and help protect their welfare, but the governor disagreed. For the majority of the reservation period, the Pueblos existed on the fringe of Indian Office and territorial government policies. Of-
ten, this was a welcome isolation for all concerned, but when recurrent epidemics swept through the pueblos it became, for the Indians, a lethal isolation.

Superintendency documents do not indicate when a physician was first appointed to the Pueblo Agency. In 1872, however, agent Cole requested a new "ambulance"—the existing one was worn beyond repair—so he and his physician could visit the various pueblos. His request went unanswered. Eight years later in 1880, agent Ben Thomas, formerly of the Southern Apache Agency, informed the Indian Office that the Pueblo Agency was too scattered to effectively use a physician and that he would not spend money to hire one. Instead, he reserved forty dollars in each year's budget for medical supplies to be purchased and dispersed at his discretion.

In the absence of agency physicians, Presbyterian missionaries attempted to bring medical care to several pueblos. Many religious denominations were active among Native Americans, but the Presbyterians in particular are relevant to this study because they included medical care in the scope of their missionary work. Many Presbyterian missionaries were trained and certified medical doctors. Furthermore, the Indian Office assigned several Presbyterians to New Mexico Agencies—in part because agent Ben Thomas, a Presbyterian, leaned on the Indian Office to enlist their help. Although a great deal of information about Presbyterian work in New Mexico is available, little information is focused on Indian health. Placing the missionaries on the reservations, however, indicates a source of western medicine among the Indians.

Specifically, Dr. Menaul was not only agency physician to the Navajo and later the Southern Apache Agencies, but served the Laguna Pueblo as Presbyterian missionary as well. In 1877, the Reverend J.M. Shields, M.D. began missionary work at both Jemez and Laguna Pueblos. The same year, Dr. H.K. Palmer and T.F. Ealy established a mission at Zuni. In his diaries, Ealy, often criticized by his peers for his lack of progress at Zuni, echoed the frustrations of many missionaries when he recounted the difficulties of both providing for and protecting his family, and fulfilling his missionary obligations under very rugged conditions.

Assessing the health conditions of the New Mexico Indians during the reservation period is difficult. Indian Office reports rarely addressed health questions, and those that did often contradicted concurrent reports or were obviously spurious. In March 1863, a Joint Special Committee of Congress, reacting to conflicting criticisms of reservation policy, directed an inquiry into the conditions of all Indian agencies in the United States. In their report of January 1867, the Special Committee concluded that the overall population of the tribes was decreasing because of white encroachment, the destruction of game, the Indian
wars and disease (principally smallpox, measles, cholera, venereal disease, and tuberculosis). In New Mexico, however, testimony from several physicians, most of whom were connected with the military, declared that conditions were fine, even at Bosque Redondo. Despite the bleak conclusions of the Special Committee, testimony from New Mexico military officers and doctors either turned a blind eye to health problems, ignored the severity of Indian suffering, or blamed Indians for their own poor conditions.

New Mexico superintendents were hesitant to give Washington candid assessments of their agencies. Reports of grim conditions implied the need for government action, which invariably involved budget increases that superintendents were reluctant to ask for and the Indian Office rarely approved. When superintendents did voice concern, the Indian Office was often unsympathetic. In 1866, Superintendent Norton reported that the superintendency was in deplorable shape and demanded help from the Indian Office. Secretary of the Interior Cooley, however, retorted that action would not be taken because no funds were available and reminded Norton of the heavy debts already incurred by the New Mexico Superintendency. Conversely in 1869, Superintendent Clinton reported that all the New Mexico agencies were in order and well supplied, although he admitted that he did not visit any of the agencies. In 1870, Superintendent Nathaniel Pope, in an exceptionally critical initial report to the Indian Office, described a superintendency in shambles. A crop failure had left the Navajo Indians destitute and for more than a year, the Southern Apaches had been completely overlooked by the government and had received no federal compensation, rations, or services. The Abiquiu and Cimarron Agencies had been incorrectly included as part of the Ute Treaty of 1868 and without Congressional action to recognize these agencies, no channels existed to appropriate funds or supplies to them. The status of the Pueblo Indians, as either wards of the government or citizens of the territory, was unclear. Therefore, total inconsistency was the rule in terms of dealing with them. Pope’s report inspired no government action.

Agency reports were generally frank about the conditions of the reservations. They focused on the financial accounting of the agencies, the temperament of the Indians (quiet or hostile), the progress (or lack of it) towards Indian self-sufficiency, and incidents of depredations. In regards to health, the issue surfaced only when major crises developed—at which point agents repeatedly voiced frustration about the hardships Indians were suffering and the agents’ inability to help.

In 1870, the Southern Apache Agency complained of poor shelter and scant clothes and blankets to issue in the face of impending winter. Agent Hennisse reiterated Pope’s frustration with the legal status of the agency, which made procuring supplies difficult to impossible.
also cautioned that the Southern Apaches had a "warpath" attitude because of hunger and privation. Later that year, many of the Indians fled to Mexico, were pushed back into the United States by Mexican forces, and were then nearly annihilated by United States troops. Those who survived were relocated in Arizona.

In 1871, the Cimarron Agency reported that the Jicarilla Apaches were entirely without blankets or shirts. Furthermore, agent Rowell claimed that supplies had not reached the Indians for two years, but instead had been stolen by Indian agents. Although Rowell eventually received $300 to buy clothing, he protested that the amount would not provide even one piece of clothing for each Indian.

The Navajos faced frequent cycles of crop failure and starvation. During the crop failure of 1871, agent Miller pleaded with the Indian Office for three months for emergency food supplies. He warned that depredations were sure to increase if starving conditions were not alleviated. When Santa Fe did not respond, Miller acted on his own initiative and borrowed 20,000 pounds of corn from Fort Wingate. His correspondence ended in March 1872, with a last request to borrow an additional 50,000 pounds of corn from the fort and with no clear indication of the outcome of the situation. Two years later, agent Arny blamed a severe winter for leaving half of the estimated 9,000 Navajos destitute and starving, and reported that he was powerless to alleviate suffering. Again, the outcome of the crisis is not documented.

In 1895, the IRA was involved in a bizarre situation on the Navajo Reservation. Yet another crop failure pressed agent C. Williams to petition Santa Fe for help. None came. Next, he corresponded directly with Washington, relating the crisis and asking for assistance. Washington sent a special agent to New Mexico, who reported that the reservation was in order. Nevertheless, urgent correspondence from both on and off the reservation describing widespread starvation and suffering continued to arrive in Washington. A second and even a third special agent were dispatched to the Navajos, both of whom declared there was no crisis. Finally, the IRA sent its own agent to investigate, who reported that the Navajos were in fact starving and that the Indian Office completely misunderstood the Navajo Reservation. The IRA agent explained that near the agency itself, where rations were stored, the Indians were not suffering, but in outlying areas conditions were deplorable. The agency had no means to transport food to where it was needed, and even if adequate transportation had existed, available provisions were not sufficient to feed the Indians. With urging from the IRA, the Indian Office appropriated $25,000 in emergency relief.

In 1874, the Abiquiu Agency reported starvation among the Jicarilla Apaches. According to agent Robbins, horses were so weak Indians could not travel to the agency for what little provisions were available.
Several months later, Robbins informed Santa Fe that the agency was without foodstuffs of any kind. He had tried to procure provisions independently, but the agency had no funds. He requested 10,000 pounds of wheat to help support the agency until the beginning of the next fiscal year. His next report cited increased depredations due to hunger. Shortly afterwards, using the title “Farmer in Charge of the Abiquiu Agency,” Robbins resigned his post.

The Pueblo Indians seldom faced starvation. Instead, they suffered repeated outbreaks of smallpox and spinal meningitis. In 1889, the Indian Office ignored a violent outbreak of smallpox at Zuni Pueblo which eventually killed over two hundred Zunis. Miss Mary Dissette, the agency teacher who reported the epidemic, appealed to the IRA for help. With pressure from the IRA, Santa Fe sent Dissette $200, and the IRA sent her $300. It remains unclear how these funds were to procure medical relief for the isolated pueblo.

During the 1890s, the territorial government was asked repeatedly to assist with epidemics at the pueblos, though it was slow to react. In 1891, agent José Seguna informed the governor’s office of a serious outbreak of smallpox and diphtheria at the Acoma and Taos Pueblos, but received no response. In 1895, when spinal meningitis broke out at the Cochiti and Santo Domingo Pueblos, Captain John Bullis urged the governor’s office to authorize him to assist the Pueblos. Both he and Mother Katherine Drexel, on hand with medical supplies and two nurses, were ready to help, but the governors of the two pueblos had barred them from the reservations. Again, Santa Fe did not take action. In 1899, however, Governor Miguel Otero, alarmed by yet another outbreak of smallpox at Zuni, appointed a health director for the Pueblos. This is the first recorded instance of the governor’s office extending medical care to the Indians within its territory.

The Territory of New Mexico, whose history is documented in substantial archival material for the period, was noticeably distant from Indian issues—except depredations, which placed the governor’s office between irate citizens demanding reparations and the BIA, which resisted paying the millions of dollars in claims for reparations it faced. The 1890 Census of New Mexico Indians, sponsored by the territory, described the status of schools, agriculture, and livestock on the reservations, but not health conditions. In 1895, reports solicited by Governor William T. Thornton gave a summary of conditions at each agency, yet none of the reports mentioned Indian health. The territory was not legally responsible for the reservations, but the territory, and the great majority of its citizens, chose to ignore the conditions endured by New Mexico Indians.
Several factors hindered the efforts to provide medical care to the Indians of New Mexico. The most imposing obstacles were the reservations themselves. Reservation lands were as a rule rugged, isolated, and unable to provide basic food, water, fuel, and shelter for Indian populations. When reservation lands proved to have resources, the Indians were denied access to, or profit from, them. Without sufficient natural resources or outside support, no amount of medical attention was likely to provide or sustain proper health among the Indians.

Exacerbating reservation conditions were the reservation policies of the United States government. These policies actively and brutally decimated Indian civilizations, usurped Indian lands, and expected Indians to become self-sufficient on reservations that lacked realistic means for self-sufficiency. Most Indian treaties obligated the United States to provide medical care for the Indians, but these provisions were soundly neglected. Reservation policy courted disaster, which quickly followed. Starvation, disease, and high death rates among the New Mexico Indians have already been noted.

Although physicians were eventually appointed to most agencies, the Indian Office failed to realize that this was merely a first step, not a final solution, to meeting Indian medical needs. Indian Office physicians, discouraged by meager salaries and harsh working and living conditions, were additionally frustrated by a chronic lack of supplies and adequate facilities. Realistically, the Navajo Reservation needed a team of medical personnel and a network of clinics. Menaúl, however, indicated that a lack of supplies frequently rendered impotent the one existing Navajo clinic. The Pueblo Agency expected one physician, generally given no means of transportation, to administer health care to dozens of pueblos scattered across the territory and over 10,000 Indians.

It is unclear how the Indians received what little western medicine was available to the reservations. The Navajos cooperated with vaccination programs and sufficient numbers sought treatment from the agency clinic and Miss Thakara's hospital to keep both facilities extremely busy. The Southern Apache Agency reported successful vaccination campaigns, but later reports, especially those of Ben Thomas, suggested the agency clinic was not accessible to the Indians. The Mescalero Apaches and Jicarilla Apaches were neglected in almost all areas of government services, and suffered terribly as a result. The Pueblo Indians appear to have been the least receptive to western medicine. This may be a reflection of the isolation and the greater self-sufficiency of the pueblos, which allowed them to resist western influence more than the other tribes. Even during crises of epidemics, the Pueblos were reluctant to accept outside help, which suggests a deep mistrust of western medicine and the Indian Office. In 1873, agent Thomas commented on the difficulty of treating the Pueblos. If no instant cure was
made, treatment was disregarded. If a medicine worked, then entire prescriptions were consumed in a single dose, and thereafter that particular medicine was insisted on no matter the illness. Thomas' comments illustrate the need for a rapport between western-trained doctors and Indian patients. In this case, reservation policy was unlikely to inspire receptive communication between Indians and agency physicians.

Isolation also made supervision of the agencies difficult, which frustrated attempts to develop intelligent and realistic policies and furthermore invited corruption. In New Mexico, a spoils system, rife with fraud and cost cushioning, developed between the Indian Office and companies awarded contracts to supply goods and services to the reservations. The most blatant incident involved L.G. Murphy and Company, which developed a monopoly over goods supplied to the Mescalero Apaches at Fort Stanton. The influence of the company was so strong that Murphy declared, "It don't make any difference who the government sends here as agent. We control these Indians." In other incidents of fraud and embezzlement, the Indian Office granted substantial expenditures to the Navajo Agency to build schools and establish medical facilities that never materialized. In 1868, widespread pilferage forced the Indian Office to require an army officer with a rank of captain or higher to supervise distribution of annuity goods. Considering the difficulty in obtaining medical supplies anywhere in the territory, it is likely that medical goods intended for the Indians were stolen as well.

The Indian Office was a bureaucracy, which for Indian agents meant dealing with triplicate forms, unanswered correspondence, and following policies made by superiors removed from the realities of the reservations. In 1884, S.C. Armstrong of the IRA, discussing his tour of the Southwest reservations, declared, "Every competent agent in the service whom I met feels like a man who is forbidden to do what can and ought to be done for the red man. At the back of everything is a public sentiment indifferent to the welfare of the Indian."

Although often critical of the Indian Office, the IRA was quick to acknowledge many dedicated Indian Office personnel. John Harrison, in 1877, warned against the opinion prevalent in Washington that all parties involved on the reservations were inept and corrupt, making government efforts futile. By 1912, however, the IRA challenged the Indian Office to make a clear stand, to either take charge of the Indians as wards of the government and adequately care for them, or to allow Indians the necessary lands and resources for self-sufficiency. The IRA directly called for a more extensive and better equipped medical force to meet Indian needs.

Given the haphazard health care offered by the Indian Office, it is obvious that during the reservation period western medicine by no means replaced Indian medicine. Medical care was left primarily to the Indi-
Indian medicine men, despite the government's opposition to them, continued to treat their sick and injured. To what degree the medicine men were successful, given the new diseases they faced and the harsh conditions the Indians endured, is not possible to determine in this study. Furthermore, western medicine has not and probably never will replace Indian medicine, although during the second half of the twentieth century the often confrontational stance between the two gradually subsided. Greater mutual understanding has allowed western medicine, practiced within the scope of Indian medical beliefs, greater acceptance among Indians and greater success. What this portends for the future, however, has yet to be determined.

New Mexico Indians, when successfully confined to reservations, were conquered peoples whose lives and cultures had been torn apart by decades of conflict, war, and repeated relocations across the territory. The first few decades of reservation life were marked by confrontations with extinction, while those Indians who survived found themselves trapped between two worlds. One world, their former independent civilization in lands without rigid boundaries, no longer existed. The other world, the American world, was not only closed (regardless of the "civilizing" and "assimilation" efforts of the Indian Office, the missionaries, and the IRA), it was hostile and unattractive. Indians seemed to adjust to reservation life by obtaining available rations and through hunting, farming, raising livestock, and developing commercial interests on their own, trying to create a subsistence similar to their former ways of life. Unavoidable, however, was that irreversible changes had come. Indian survival was now dependent on an inconsistent Indian Office. Indian health was threatened by hunger, exposure, and epidemic diseases previously unknown to them. The spirit, a fundamental element of Indian medicine and health, was forced to endure, with little hope of improvement, both the confinement and harshness of reservation life and western efforts to efface Indian beliefs and cultures.

During the reservation period many Americans lived within a comfortable ignorance of their government's Indian policy. Many who were aware openly advocated extinction—or merely considered it inevitable, tragically or not. In 1865, General Carleton gave Congress his opinion:

Place them [the Indians] upon reservations now and hold those reservations inviolate. In the great and rising sea [of westward expansion] here prefigured, these reservations will be islands; and, as time elapses and the race dies out, these islands may become less and less, until, finally, the great sea will engulf them one after another until they become known only in history, and at length are blotted out of even that, forever.
Carleton was wrong. The Indians did not die out, and their reservations were not engulfed. Indian survival was clearly tied to outside support from private individuals and government agencies alike. But personal and tribal fortitude, Indian medicine, and the will to live are factors of survival as well. The majority of Indians have refused to abandon their lands and cultures, and assimilate into the white way of life. The reservations still exist, although they suffer from many of the chronic crises and health problems they have always had. On the reservations of New Mexico, little improvement can be seen in regards to health conditions or medical care, especially when one acknowledges the vast advances in medical technology over the past century. Today's assessment of Indian health, one-sided as ever, sadly echoes the plight of a century ago.

NOTES


3. Alcoholism will not be discussed in this article. An endemic problem among Indians and frontier populations in general, it warrants a full study of its own.

4. Jesse Green, ed., Zuni: The Selected Writings of Frank Hamilton Cushing (Lincoln: University of Nebraska Press, 1979). Frank Hamilton Cushing, to the horror of his colleagues and the Zuni, moved into the home of the governor of the pueblo. He learned the dialect, studied Zuni customs, and stayed on for four years as an initiated member of the tribe.


6. For Indian medicine see Clyde Kluckhohn and Dorothea Leighton, The Navaho (Cambridge, Massachusetts: Harvard University Press, 1946), and Iverson, Navajo Nation.


10. For information concerning early vaccination programs in New Mexico see Salcedo to Governor Chacon, August 10, 1804, roll 22, frame 436, Spanish Archives of New Mexico II, (SANM II), Center for Southwest Research, Zimmerman Library, University of New Mexico, (hereafter CSWR); Lansing B. Bloom, "Early Vaccination in New Mexico," Historical Society of New Mexico, 27 (Santa Fe, New Mexico: Santa Fe Publishing, 1924); and Marc Simmons, "New Mexico's Smallpox Epidemic of 1780-1781," New Mexico Historical Review 41 (October 1966), 319-26.

11. Clinton to LeCarpentier, roll 15, (frame numbers not available), United States Bureau of Indian Affairs, Letters Received by the Office of Indian Affairs, 1824-1881; Arizona and New Mexico Superintendenties, (hereafter cited as LANMS), CSWR.


13. LeCarpentier to Clinton, roll 15, LANMS.
14. Clinton to LeCarpentier, roll 15, LANMS.
16. In 1895, only seventy-four of the Bureau of Indian Affairs' (BIA) 3,511 employees were physicians.
18. In 1882, the territory established a Board of Medical Examiners; however, Indian Office doctors were not licensed by or registered with the territory.
19. For materials on John Menaul, see the Menaul School Historical Library, Albuquerque, New Mexico.
20. Menaul to Pope, roll 16, LANMS.
21. Menaul to Army, roll 22, LANMS.
22. The Plummer Papers, New Mexico State Record Center and Archives, Santa Fe, New Mexico (hereafter cited as NMSRCA).
24. Iverson, Na'ivo Nation, 66.
25. Dudley to Pippen, roll 17, LANMS. Ellis eventually received $375.
26. Federal Indian Agency Reports, NMSRCA.
28. Governor Henry Connelly, 1861-1866 (Miscellaneous Correspondence), Records of the Territorial Governors, 1846-1912, roll 98, frame 351, CSWR.
33. Natheniel Pope to Secretary of the Interior, roll 14, LANMS.
34. Hennissee to Clinton, roll 20, LANMS.
36. Miller to Pope, roll 16, LANMS.
38. Robbins to Dudley, roll 20, LANMS.
39. Mother Katherine Drexel founded both the Sisters of the Blessed Sacrament for the Indians and Colored People and St. Katherine's Indian School, in Santa Fe.
40. Leupp, "Notes of a Summer Tour."
41. Following the Indian Peace Commission of 1867, the Indian Office fired its entire field staff, temporarily filling its ranks with military personnel and volunteers from religious groups. Gradually, however, the majority of former agents and superintendents were rehired. See Frank Reeve, "Federal Indian Policy in New Mexico, 1858-1880," New Mexico Historical Review 13 (1938), 38.
42. Frank Reeve, "Federal Indian Policy," 269.
44. United States Bureau of Indian Affairs, Records of the Office of Indian Affairs, roll 188, frame 351, CSWR.


47. Joint Special Committee, *Condition of the Indian Tribes*. 
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ABSTRACTED/INDEXED IN: *Historical Abstracts; America: History and Life;* and *Meteorological and Geoastrophysical Abstracts.*

PUBLISHER: Center for Great Plains Studies, University of Nebraska
EDITOR: Clare V. McKanna, Jr., University of Nebraska

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