Weaving the Tapestry of Healthier Cultures

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Are the health care issues in the United States really so unique that we cannot come up with solutions? There have been many theories and many approaches made to solve the problems—providing what is considered adequate care within acceptable business parameters. Truthfully, there has been a sociological influence on medical reform for years. A review of some of the respected theories in the field reveals the thoroughness that has predicated the proposed solutions.

Khaldun's six principles may be regarded as a pioneering sociological concept, applying those thoughts in the research of organizational management from the viewpoint of humanity. This was great for providing the care, but lacked the stability of the business aspect.

August Comte, known as "the sire of sociology," described not only the basic of a variable structure of society but also the course of human development. Similarly, my own proposal inherently seeks to restructure the delivery of care and requires a deep understanding that change is pervasive and social structure is constantly in flux.

Wilbert Moore, a major scholar of social change, has defined change as the "significant alteration of social structures," meaning social structures to be "the pattern of social action and interaction." There are other definitions of change, such as "variation or modification in any aspect of social process, pattern, or form" and "any modification in established pattern of interhuman relationships and standards of conduct," but all of them seem to have both aspects of structure and/or stability and aspects of instability or flux.

One example of using a people approach of turning an organization around is by Clemens and Maylor quoting Ernest Hemingway in *For Whom the Bell Tolls*. Published in 1940, Hemingway's classic novel demonstrates that people can lead by taking over and turning troubles around. "No man is an island entire of itself, a man is a piece of the continent, a part of the main. If Clod be washed away by the sea, Europe is the less, as well as if a promontory were, as well as if manner their friend or of thine own were. Any man's death demises me, because I am involved in mankind; and therefore never seem to know for whom the bells toll; it tolls for thee."

This leads me then to the beliefs and visions held by Ethel Lund. She told the members of her Tribal Nation that by making the choices they

had or had not made; they had caused the deteriorating effect on themselves and their health. This, of course, was not deliberate or intentional, but rather the result of the influence of governmental control and replacing the natural Tribal homeopathy with the clinical medicine brought by civilization.

Ms. Lund studied the problems that were occurring, analyzed the events and trends of what had happened, and built a strong vision of what was needed for the good of her people. She is both a part of their history and a leader in the Tribal Health Care System. She realized that with the gradual elimination of alternative medical care came the elimination of the patient's role and responsibilities in health care. She knew, if you could identify the prisoners of the system and encourage them to develop their thinking processes, you could change the results and their reality. This conference could be the beginning of just such change.

To create a basis upon which such change can be built perhaps some definitions would be helpful. During my research, I kept hearing such words as disparity and incongruity, so I went to the Webster New World Dictionary to be sure of the definitions: Disparity—unequal , inequality or difference as in rank, amount, quality, etc; unlikeness. Incongruity—the condition or quality of fact of being incongruous; specifically, (A) lack of harmony or agreement or (B) lack of fitness or appropriateness, something incongruous.

Determining the appropriate words while composing these descriptions for this First Annual Winter Institute Conference for Black Studies, it seems clear that solving the disparity would involve responsibility for improved health. That it is a shared one—each one of us must work on our own, but also together with families and communities to eliminate the prevalent incongruities to improve the quality of life for our people. Having said that, we must remember that each and every person is different, one size does not fit all.

Dr. Leo Gallant spent fourteen years in the research of indigenous healers and alternative medicine and found that as much as they differed, they also shared a common theme that divides them from modern, clinical medicine. They all approach sickness as a problem of balance and relationship. They see sickness as the result of disharmony between the sick person and his or her environment, rather than the product of specific disease. Gallant felt that by understanding how the universal wisdom was displaced from the conceptual basis of western medicine, we may learn how to restore its balance. As Kaufman described, "The person who is sick and the web of the relationship of which he is a part."

To do this, we must define our environment and the basis of our

western medicine in the United States. We have, as a nation of color and a global nation, a responsibility to inform and educate our partners, the healers, toward improvements so that we may better work together to foster healthier individual families and communities. This must not focus on one particular need. At this point in the process, the function must be broad, using a philosophy similar to Peter Senges' system thinking, or, if you will, even as a way of reverting to the tribal way of doing things, asking the basic questions:

- How does what we are doing affect the beneficiaries?
- How can we improve?
- Does this theory and philosophy carry over to better community health?

Each community must answer these questions and compile information and potential solutions to the problems in their area. This will build a foundation that will specifically fit the community it will serve. Then, to move toward such a system we need to design and implement a Community Culture Health Board in every community that works closely with the delivery of health care. This will function as a form of preventive medicine, making each facet as functional as possible—this is the most important role we can enact.

The Alaskan tribal people in taking over their own health care system were able to be actively involved in addressing all of the issues and how the issues affect the healing of their people. A great example of this was their ability to have their elders compile information about what the natural native diet would be. After having it analyzed by the Food and Drug Administration, the Alaskan tribal people learned that if the natives had stayed with their own traditional way of eating, they would have had all of the required nutrition to stay healthy. Instead, they had been introduced and encouraged to eat Euro-American food, which we now know can cause diabetes and heart issues, even in children. Also, they were introduced to habits and substances that could cause alcoholism and other health issues they never had before, besides creating a lot of other cultural issues.

The full listing of the steps the tribes took is included here, including specific suggestions for health care providers. Obviously, there is only time for the outline, but comprehensive detail and guidance is available in workshop format and would need to be done in each community. These workshops would ensure maximizing the potential

benefits as well as get things started correctly. The process for building a community-friendly, cost-acceptable health care system is:

- To try to involve citizens in their own health care. This is one of the most important and may be one of the hardest goals to accomplish. This must include all cultural, ethnic, religious, and other diverse groups that will be served by this system.
- To create a Community Health Board to work closely with the delivery of care. This will not only be beneficial to the different cultures, but it will also help the medical faculty. They can use the people on their health board to go back to their community to educate their people about the appropriate way of using the health care system, making it cost effective for everyone. Another benefit is having the people with cultural awareness interact with the other departments, to develop better cooperation between them.

Before any of this can come to pass, however, we have to recognize and learn from our cultural community. In my proposal, I presented an overview of the key steps to follow to make this happen.

So, let us carefully walk through each one of these steps.

- Identify cultural groups—what is your culture?
- What do you know about these cultures?
- What service do you already have in place to meet these needs?
- How can you get patients involved in their own health care?
- Are you aware of their financial issues?
- What other resources or partnerships can you involve?

You will also gain insight into how to move toward these steps by:

- Involving all cultures in their own health care.
- Learning more about other cultures starting with your own.

- Learning the importance of language.
- Asking the right questions and listening to the answers.
- Learning about financial issues.
- Finding the right resources and partnerships.

These key steps have been proven to develop a health care system by eliminating the problems that deny populations the care they need and put care in the hands of consumer friendly corporations, instead of professional individuals and their business oriented care providers. But to make this a win-win situation, we need to stop looking at how the health care community wants to change the cultural community and emphasize what can be learned from them by listening and utilizing the knowledge of centuries so they can help educate their own communities. This would in effect empower the community by enlightening them with knowledge, tradition, and all of the options open to them individually as well as communally.