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**HEALTH ISSUES AFFECTING THE
LUMBEE INDIAN WOMEN OF ROBESON COUNTY**

**A Thesis
presented to
the Chancellor's Scholars Council
of Pembroke State University**

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Lastly, I want to thank God for his help. He has led me to very special individuals this semester who have given me a unique insight into the health of the Lumbee women. I feel that I was motivated to do this project for a reason and hope that I can carry out its purpose in the future.

PREFACE

There appears to be a mysterious magnetism surrounding Pembroke, North Carolina. If a person is from the area, one of two things seem to occur. Either one never leaves, which is what happens in the majority of cases, or if individuals do leave, they eventually return. The events of my life show that I am an example of this phenomenon. When I left the area in 1980, I had no intentions of returning. However, nine years later, I was drawn back and could not wait to make Pembroke my home once again.

I am about to embark upon another journey (medical school) and though I am currently unsure as to what my future will bring, there is a good chance that I will end up back here one day to practice medicine. That is why I decided to investigate health conditions within Robeson County, so I could get a better feel for the challenges that lie ahead.

The medical field that I am currently planning to enter is gynecology and obstetrics; therefore it seemed natural that I do my Chancellor's Scholars thesis on women's health. I chose to concentrate on Lumbee women because I am one-half Lumbee and was curious to find out if there is anything unique about this culture that may be influencing the health of the Lumbee women.

INTRODUCTION

Pimadaziwin, an Algonkian Indian word which when translated means "The Good Life" was the central goal of life for the early American Indians prior to European contact. The ethnologist A. Irving Hallowell once wrote that *pimadaziwin* refers to "life in the fullest sense, life in the sense of longevity, health and freedom from misfortune."¹ These early Americans appear to have had a special inner peace which probably resulted from the wonderful harmony they had with their surroundings. The Indians viewed their role within nature as one of mutual obligation. They believed that while *Kitchi Manitou*, the Great Spirit, had given man the "right to harvest nature," He had not placed man above nature. Since all of his livelihood including food, clothing and shelter was collected from the earth, he knew that he must never abuse his "right by taking more than he needed for the present."² The Indian respected nature and in turn, nature not only respected but sustained the Indian as well.

Unfortunately, European contact brought an end to *Pimadaziwin*. The introduction of disease, fur trade and Christianity disrupted the harmony between the Indian and nature. This caused great despair within the Indian community which contributed to the acceptance of, and acclimatization into, the white man's world. The historian Calvin Martin writes:

Alien disease did more than decimate the native population; it effectively prepared the way for subsequent phases of European contact by breaking native morale and, perhaps even more significantly, by cracking their spiritual edifice. It is my contention that European disease rendered the Indian's (particularly the shaman's) ability to control and otherwise influence the supernatural realm dysfunctional because his magic and other traditional cures were now

ineffective- thereby causing him to apostatize (in effect); this in turn subverted the "retaliation" principle of taboo and opened the way to a corruption of the Indian-land relationship which soon gathered momentum under the influence of the fur trade.³

SPIRIT WORDS

***I See the old, old trees;
and for my people
the woods, the river
and the open fields
are all alive.
I live with them
and in their spirit.***

***I know how to speak to the land
and how to listen
to what it tells me.
I take no more
than what I need from it,
and keep its secrets to myself
because I know
it will never betray
the heart that loves it.***

These words were written by a Lumbee woman named Barbara Brayboy-Locklear, and they explain very clearly the special relationship the early Indians had with nature.⁴ They viewed nature as a collection of societies: animals, fish, and plant species functioning within a community that was parallel in all respects to mankind's.⁵ Man lived in harmony with nature until the arrival of the European fur trade. The fur traders not only served as vectors for the deadly European pathogens,

but also played an important part in bringing an end to the special harmony the Indians once had with nature.

The early American Indians, prior to the fur trade, had been very careful in their hunting practices. They revered nature and all of its inhabitants. They were selective in the game they killed and were careful to only take what they needed. Moreover, they felt that by showing great respect for the "keepers of the game" (the spiritual leader of each species) and by maintaining an amicable relationship with the "keeper", they could insure success on future hunts.⁶

When the white man appeared, things changed. Harold Hickerson, an eminent scholar of the Ojibwa tribe, wrote of the fur trade: "The traders economically seduced the Indians by displaying their wares and in many other ways fostered capitalistic drives."⁷ Indians obtained weapons they had not previously had which made killing easier, and the tremendous demand for the pelts encouraged more killings. The Indians were eager to obtain European goods and a new greed appeared that had not previously existed. There was tremendous overkill of the game, and in time, they did not have sufficient game to feed themselves. This contributed to the deterioration of their health.

Christianity also played an important part in disrupting the lives of the early Indians. As it was with the fur traders, missionaries also served as vectors of deadly Old World pathogens, thereby causing a spread of much more than the "Word". They had come in numbers to "save" the "heathens" but instead killed millions! In addition, Christianity disrupted the spirituality within the Indian community that had previously existed. Disease was virtually wiping out entire tribes and the Indians appealed to their "Great Spirit" to save them.

Unfortunately, their prayers were not being answered, and they became desperate for help. The Indians noticed that their people were dying but that most of the white men were being spared leading them to believe that the white men's God was a stronger God than their "Great Spirit." This prompted a mass conversion to Christianity which added to the breakdown of their once-thriving culture. All of these factors had a significant impact on Indians of yesterday, and their negative effects continue even today. One sees their effects when considering the lives of present day Native Americans especially when considering health conditions.

The purpose of my project this semester was two-fold. First, I wanted to get a better idea about the current health status of the Lumbee Indian Women of Robeson County. I also wanted to gain an understanding about how Indian history may be influencing their health. By doing so, I hoped to answer the following questions:

- 1) Is there anything in the Indian culture, past or present, that is affecting the health of the Lumbee women?
- 2) What is the current health status of the Lumbee Indian women and how does it compare with the health of these women thirty years ago?
- 3) What factors of the Lumbee women's lives are affecting their health?
- 4) Where and to whom do Lumbee women go for treatment?
- 5) What kinds of treatments are they seeking for their medical problems?

By asking these questions and investigating to get answers, I hoped to learn more about this segment of society that will enable me as a physician to better understand and treat their medical needs.

GETTING STARTED

I began my project at the Lumbee Enrollment Office, hoping to obtain some statistical information about the health of Lumbee women. It was there that I learned of an on-going cervical cancer study among the Lumbee Indian women. This study sparked my interest because I had recently met with Dr. Tim Aldrich, Director of the North Carolina Cancer Registry, who had told me that there is a high incidence and death rate of cervical cancer in Robeson County. I contacted the principal investigator of the cancer study, Dr. Mark Dignan from the Bowman Gray School of Medicine, who agreed to let me be involved with his study during my project.

When considering the health of Indian women, I wondered if being Indian had anything to do with their health and which factors influence their health the most? Is it their genes, their environment, their beliefs, their behavior or a combination of all of these factors? Even though I have lived most of my life among Lumbee Indians, I have always felt that I know very little about what it actually means to be an Indian.

To overcome this deficiency, I approached Dr. Stanley Knick, Director of the Native American Resource Center at Pembroke State University, who teaches a course entitled American Indian Health. The course was not scheduled to be taught this semester, however Dr. Knick graciously agreed to allow me to take the course as an independent study. We met periodically to discuss assigned readings as well as my project's progress. Because of Dr. Knick and his course, I feel that I have learned a great deal more from my project than I would have otherwise. I have gained a better understanding of how history has had such an important impact on the Indians of not only yesterday but on those

today as well. I now have a greater appreciation for the spirituality and complexity of Indian culture including that of the Lumbee.

When I began my project, I had several questions regarding the health of Lumbee Indian women. To find the answers, I did the following:

- 1) Took a class entitled American Indian Health as an independent study. In the class, I learned a great deal about the history of the American Indian and how their past affects their lives today, particularly in the area of health.
- 2) Became involved with the "Lumbee Cervical Cancer Project."
- 3) Investigated various contemporary factors that are affecting their health.
- 4) Made inquiries into different medical treatments that are being utilized.
- 5) Conducted a survey of physicians practicing within Robeson County regarding the current health of the Lumbee women.

By investigating these various avenues, I have been able to answer my original questions, have gained a greater appreciation for this segment of society, and now have some ideas about how I might address some of these medical needs in the future.

HOW THE PAST AFFECTS THE PRESENT

No one is certain exactly when or how the New World was settled. However, "most geological and archaeological evidence points to the shallow Bering Strait, a small expanse of water today separating Siberia and Alaska, as the main area of entry."⁸ Scholars estimate that this entry occurred 10,000-40,000 years before Columbus discovered the New World during the last stage of the Pleistocene Ice Age when glaciers of this period "sequestered vast amounts of water." This sequestering of water exposed a land bridge connecting Siberia and Alaska, which extended approximately 1000 miles in width when the glacial ice was at its maximum. The early Americans who were nomadic hunters are believed to have crossed this land by foot following herds of bison, caribou, mammoth, and musk ox from Asia into the New World.⁹

Anthropologists agree that when the American Indians migrated to the Western hemisphere, no other "human or subhuman anthropoid forms existed in the New World." However, there is some debate whether or not their subsequent evolution was from "a single archaic *Homo sapiens* stock or a mixture of *sapiens* types."¹⁰ In time, the ice melted and the strait was once more under water, thereby isolating those who had crossed. This isolation from the other members of the human family played a significant role in the early Americans' evolution.

According to Sievers and Fisher, a frequently expressed opinion regarding the health status of the prehistoric American Indian is "that the absence of large and dense human populations in pre-Columbian North America spared the Amerind [American Indian] from the crowd dependent epidemics that ravaged the Old World during that period."¹¹ Skeletal remains of the early Indians who lived 4,000 to 10,000 years ago

have led anthropologists to believe that they were unusually healthy. It has been noted that the "harsh environmental conditions endured by the early Amerind undoubtedly resulted in the natural selection of hardy people." Also, "many reports by the early explorers and physicians who made contact with the Indians of North America stressed the extraordinarily good health of the Native Americans."¹² However, they were not completely devoid of health problems. Evidence from the fossil remains suggests that there was a significant occurrence of arthritis, dental problems and otitis media (middle ear infection). However, these were minor compared to the Old World diseases that ravaged through the Indian population after European contact.

There are several theories that try to explain why the early Indians were susceptible to these European diseases. One suggests that the "cold-screen" or "cold-filter" presented by man's arctic entry into the New World effectively filtered many of the respiratory and viral diseases so common in temperate and tropical climates.¹³ Also, "the subsequent isolation of the Americas limited the introduction of pathogenic microorganisms before 1492."¹⁴ Over time, these early Indians are believed to have lost resistance to these pathogens that their ancestors had previously exhibited.

Another theory that seeks to explain the Indians' susceptibility centers around the notion that diseases such as smallpox and measles evolved in Europe after the domestication of animals. This evolution occurred after the first Indians' migration into North America. Therefore, the Indians who encountered the Europeans carrying these diseases actually had not "lost" their immunity. Neither they nor their ancestors had ever acquired any immunity to the new diseases because of their lack

of exposure. Thus, the sixteenth-century invaders needed neither guns nor military skills for their takeover; the pathogens they carried were all they needed to conquer this "immunologically" defenseless population.¹⁵

Fossil remains suggest that the health of the American Indian began to deteriorate somewhat even before European contact. Initially, these people were nomads following herds of animals for their survival. During the Paleo period which ended approximately 10,000 years ago, the Indians traveled in small bands of about 35 in search of food. Unfortunately, we know very little about this period except for the fact that the climate was very cold and that the inhabitants were extremely healthy based on the few existing skeletal remains from this period.

During the Archaic period, which lasted from around 10,000 to 4,000 years ago, the Indians are described as being semi-nomadic. They began to live in one area for extended periods of time- hunting, fishing and gathering food. New tools were developed during this period, their diet became more diversified and their group size increased to nearly 70. Even though disease became more prevalent during this period, their skeletons still indicate extraordinarily good health.¹⁶

It is during the Woodland era, which began 4,000 years ago, that we begin seeing significant changes in the Indians' health. During this period, the Indians began settling down to one area and agriculture became a way of life. Their group size had increased to approximately 200, and they had begun to domesticate animals such as dogs by this time. These changes in their lifestyle offered new opportunities for disease. They were exposed to soil-borne pathogens through their tilling of the soil and the animals they domesticated served as vectors for disease. By the middle of the Woodland period, skeletal remains indicate

big differences in health conditions. This suggests that the Indians' new sedentary lifestyle had both its advantages and disadvantages. It was advantageous because it alleviated the burdens of a nomadic lifestyle which included the constant moving and looking for food. It also offered:

- 1) Improved supply of food with storage facilities
- 2) Continuous shelter
- 3) Leisure time and the impetus for development of new innovations
- 4) Opportunity for broader range of gene exchange

The lifestyle was disadvantageous because the inhabitants' health began to decline.

The next period we see began around 1,100 years ago. It is called the Mississippian because the culture spread along major rivers, especially the Mississippi and its branches. Many believe that this culture came from Mexico because of the similarities between it and the Mexican cultures such as the Maya and Aztec. The Mississippian culture was quite different from the Woodland culture and replaced it in some areas.¹⁷ The group size in some instances had increased to 1000-40,000 and with this increased size, we see evidence of more infectious diseases such as tuberculosis. It is also during this period that we see specific indicators of deteriorating health from the fossil records. Pathognomonic lesions are more prevalent, lines of growth arrest indicating serious periods of stress are seen in 60-80% of the skeletons, and there is a gradual decrease in sexual dimorphism exhibited in the "average" citizen. Even with these changes and the deterioration that is seen from the Paleo to the Mississippian period, the first Indians that

came into contact with the Europeans were according to most accounts quite robust.

This definitely changed after contact. There are many diseases that contributed to the annihilation of the early Americans. Some were viral in nature, including smallpox, measles and influenza. Others were bacterial, such as typhus, cholera and diphtheria. While all played havoc on the Indians, smallpox is believed to have been the most devastating. The Indians knew of no way to avoid it, they did not know how to treat it and despite their sacrifices and rituals, within a century following its introduction, smallpox had annihilated millions. This destruction caused both short-term and long-range effects. Some short-term effects included:

- 1) Collapse of Community Infrastructure - In some Indian communities, 90-95% of the inhabitants perished during the epidemics. This resulted in a collapse of their political and social structures.
- 2) Loss of traditions - After disease depleted a large number of various tribes, the remaining Indians banded together to survive. This resulted in a loss of many traditions of the tribes and a blending of cultures.
- 3) Loss of language - These new groups of Indians often adopted English as their language to avoid having to decide which tribe's language would prevail. It was also crucial for them to learn English since it was the language of trade.

In addition to the short-term effects, there were some long-range effects which include:

- 1) The development of a fatalistic attitude- Compared to other populations, Native Americans are often characterized by having a relatively fatalistic and passive view of life. Also, they frequently feel that they are not in control of their destiny. This belief keeps them from taking an active role in their

health and discourages them from seeking preventative medicine.

- 2) Disrupted adaptation - Health is indicative of how well one is adapted to one's environment. Before European contact, the Indians had been well adapted. After contact, they were less adapted therefore less healthy.
- 3) The disappearance of old medical practices- The medicine man or shaman was not only a healer but was also one who played an integral part in keeping cohesiveness within the tribe. Disease was believed to be a result of disharmony and the shaman helped to restore this harmony not only within individuals but the community as well. Unfortunately, the shaman's healing practices were useless against the epidemics thus rendering the shaman without power and with decreased credibility.
- 4) Isolation - The Indians that survived the epidemics banded together and often isolated themselves. This isolation resulted in a limited quality and quantity of health care thereby adversely affecting the Indians' health.
- 5) Overcrowding - Native Americans frequently live in crowded conditions with many individuals living within the same dwelling. This contributes to the spread of disease. In addition, overcrowding often leads to poorer sanitation conditions which also contribute to disease.
- 6) Endogamy - Prior to European contact, there was limited inbreeding. The early Indians practiced clan exogamy (marrying someone from outside one's clan or family). After the epidemics and the tremendous reduction in the numbers of Indians, individuals had less choice in mate selection and inbreeding became more prevalent. As a result we find:
 - a) an increase in genetic disorders such as diabetes
 - b) a decrease in stature

Many of these effects are clearly evident among the Lumbees today. They are somewhat fatalistic and often do not seek preventative care. As a result, they are considered less healthy than the Caucasian population within Robeson County. Most Lumbees do not use medicine men for their medical care and use modern medicine instead. They continue to remain fairly isolated with most living in and around Pembroke. This isolation and limited access to health care definitely has had a negative impact on the health of the Lumbees. Fortunately, this is changing and the health of the Lumbees is improving. Overcrowding is still a problem within some families but living conditions have improved. Endogamy is less common, but we still see its effects within the Lumbee community. Diabetes is very prevalent particularly among Lumbee women.

LUMBEE CERVICAL CANCER PROJECT

In 1989, Dr. Mark Dignan's group from the Bowman Gray School of Medicine began a project to address the problems of screening and follow-up for cervical cancer prevention among Native American women. The project's primary objectives were to "increase the proportion of women age 18 and older who receive pap smears at appropriate intervals as well as to encourage returns for follow-up care when necessary." Two North Carolina populations of Native Americans were targeted for this study. They include the Cherokees of the western part of the state and the Lumbees of Robeson County. I have had the good fortune to be associated with those conducting the study among the Lumbees and will only be addressing this part of the study.¹⁸

Dr. Dignan's group chose a targeted education program to help achieve their objectives. The program's specific aims have been to:

- 1) Identify factors associated with not obtaining pap smears and returning for follow-up care when necessary.
- 2) Develop a health education intervention that will address gaps in understanding, structural and personal barriers to behavior change, and motivation needed to increase the proportion of women in the target populations who obtain pap smears and follow-up.
- 3) Estimate, through the use of a randomized design, the differential impact of health education intervention for two Native American populations; one residing on a reservation, and one partly assimilated into the population at large.¹⁹

Why is cervical cancer being studied within the Lumbee population? Native Americans nationally have a lower incidence of cancer of the lung, breast and colon but a higher incidence of

gallbladder, kidney and cervical cancer. In addition, they suffer high mortality from both cervical and gall bladder cancer. There have been very few studies of cervical cancer among Native Americans and none of them has focused on Indians living within North Carolina. Why have there been so few studies? Lack of funds, lack of interest, or the belief that these studies were not needed? Probably, all of these factors were involved.

In the late 1950's and early 1960's, a few studies were conducted within Indian communities of the Southwest, primarily because researchers expected to find a high incidence of cervical cancer among this population. These Indian women were from poor socioeconomic conditions, had early coitus, multiple pregnancies and uncircumcised partners all of which are factors believed to be associated with cervical cancer.²⁰ Surprisingly, these early studies had conflicting results.

Two studies, 1955-1959 study of Blackfoot Indians by Dr. Edward King²¹ and a 1957 study by Dr. R.L. Smith²² showed that there was a higher incidence of cervical cancer among Native American women. Two other studies conducted in the 1960's reported different findings. The first of these studies was by Dr. Melvin D Bivens *et al* in 1962, in a study entitled "Carcinoma of the cervix in the Indians of the Southwest".²³ The other was conducted in 1969 by Dr. Scott Jordan *et al.* and was entitled "Carcinoma of the cervix in American Indian Women".²⁴ Both of these later studies found that there was a lower incidence of cervical cancer among these women. No one is sure why these four studies gave opposite results. From reading a discussion by Dr. Vernon K. Anderi regarding the Bivens' study, one gets the sense that further research is needed. Dr. Anderi suggests that there is some question about the

accuracy of the record-keeping and the effectiveness of the health care delivery systems. Since the later studies showed lower incidence, other researchers may have felt that there was less need to investigate this condition. Over the past thirty years, medical care in the Indian communities has improved, better records are kept, and it is evident today that cervical carcinoma is significantly more prevalent among Native Americans.²⁵

Incidence of and mortality from cervical cancer have been declining over the past few years, but the existing rates are still unacceptably high especially since the prognosis in this cancer improves greatly if the disease is detected early. The value of early detection lies in the notion that precursors of cervical cancer, dysplasia and carcinoma-in-situ, are indicators of developing cancer. These conditions are uninvasive (do not spread to other tissues) and may persist for a considerable period before becoming invasive. If treated early, these patients have a high probability of being cured.²⁶

Dr. Dignan reports that the National Cancer Institute (NCI) has established a goal of reducing the number of cancer deaths by one-half by the year 2000. Increased utilization of current cancer screening techniques and expanded cancer prevention education will be critical in reaching NCI's goal. The Lumbee Cervical Cancer Project's focus has been the pap smear and provision of information and motivation sufficient to overcome barriers to obtaining pap smears and follow-up care as recommended.²⁷

In selecting a research design for this project, Dr. Dignan's group was motivated by the principal goal of carrying out cancer control intervention evaluation, while providing high quality risk reduction

education for women in their target populations. The Lumbee tribal roll was used to select the individuals for the study and the data collection has been carried out by household interviews because of transportation barriers and the lack of widespread telephone coverage.²⁸

The Solomon Four Group design was selected for use (Appendix 1). 1000 subjects (Lumbee women ages 18 and older) were randomly assigned to one of the four groups with 500 receiving educational intervention and 500 not receiving the intervention, thereby serving as the control. The pre-test was administered to 500 in the study, and the post-test will be administered to all 1000 participants (Appendix 2). The intervention, an intensive reinforced face-to-face interactive educational program, includes an initial meeting of 60-90 minutes, followed by reinforcement at regular intervals. Several pieces of literature were distributed to the women receiving the educational intervention to be reminders of the study and of the need for the pap test (Appendix 3).²⁹

During the first educational meeting a detailed questionnaire was completed and a risk profile was generated for the individual. A sample profile is shown in Appendix 4 for a fictitious woman named Frances Oxendine. The basic concepts that underlie the intervention are as follows:

- 1) Cervical cancer, like most cancers, has the best chance for cure if found early.
- 2) The pap smear is the means for early detection of cervical cancer.
- 3) Women need pap smears throughout their adult lives. How often a woman should have pap smears depends on her own body. A medical care provider is the best source of information on how often to get pap smears.

- 4) Sometimes pap smears find changes that indicate need for further care. The changes may lead to cancer.
- 5) Obtaining further care when necessary is very important.³⁰

My involvement with Dr. Dignan's project has primarily been in the validation of the participants' responses regarding their pap smears. I was assigned fifty patients of Dr. Martin Brooks, a Lumbee physician in Robeson County, and I completed a form documenting all pap smears received by the patients (Appendix 5). My findings will be compared with the responses given by the participants to determine their accuracy. When reviewing the files, I placed the patients in five separate categories and have included what percentage of the patients fit in each category:

- 1) Those who have gone from having sporadic pap smears to having annual pap smears since the beginning of the cervical cancer project. (16%)
- 2) Those who have had no change in their pattern. (10%)
- 3) Those who have not had a pap smear in the last five years. (18%)
- 4) Those who have no record of a pap smear in their file. (8%)
- 5) Those who did not even have a file in Dr. Brook's office. (48%)

These results were somewhat surprising since all fifty women on the original questionnaire when asked "Can you remember the doctor's name who did your last Pap test? " answered that the doctor was Dr. Brooks. I spoke with Dr. Brooks about this because I was confused as to why his office did not have so many of these women's records. His

response was that this type of thing happens all of the time. Many people in this area, women as well as men, really do not have their own personal doctor. They go various places to receive medical care and often do not know the names of the doctors caring for them. However, everyone from this area knows Dr. Brooks' name just because he has been here for so long. Therefore, when asked to give a name, many give his name just because it is the only one they know.

I was happy to see that in 16% of the women, it appears as if the study has been beneficial. What I found to be very interesting was that 86% of this group were women over the age of 60. In addition, of the 10% that showed no change, 80% were women between the ages of 44 and 60. These findings correspond very well with what Dr. Dignan's group is discovering from the initial post-tests. It appears from their initial data that the group that has benefited most from the intervention has been the older women (age 60 and older). Those who have benefited the least have been those in the 40-60 age group.

Positive results are being seen in the older age group and it is believed that there are a couple of reasons for this. First, they are more interested in learning how to remain healthy because of their age and the value they place in good health. Second, many of them prior to the study believed that a pap smear was not necessary after menopause or after a hysterectomy. It appears that upon learning that there still is a need these older women have started getting the pap smear again.

I have also had the opportunity to go into some of the participants' homes with those administering the tests and the educational intervention. It is surprising how little some women know about their bodies and about the medical care that they should be receiving. Before

this study, the word cervical seemed foreign to most of the Lumbee women interviewed. Many had heard of the pap smear, and they knew that it tests for cancer, but most were unsure of what kind of cancer.

Dr. Dignan's group is in the final stage of their project and should finish by the middle of 1995. It is still too early to understand fully the results of the study and the impact it has had upon Lumbee women. However, project coordinators are sure that many have benefited from the knowledge they have obtained. I recently asked Dr. Dignan about what the future will bring and if he felt the Indian community would take his findings and act upon them. He plans to distribute his findings throughout the community to health providers and community leaders with the hope that some type of education will continue. He is currently working on another grant proposal with the Robeson Health Care Corporation to do a similar type program concentrating on breast cancer.

FACTORS AFFECTING LUMBEE WOMEN'S HEALTH

Diet

The diet of Lumbee women is quite varied and very typical of what is traditionally viewed as "Southern". Frying is the most common mode of meat preparation with pork, chicken and beef being the most common meats consumed. Vegetables are an important part of the Lumbees' diet, especially in the summer when obtained from local gardens. Fruit is eaten infrequently. Bread accompanies most meals with white loaf bread or fried corn bread being the most popular.

I met with Terri Elliott, the chief clinical dietitian at the Southeastern Regional Medical Center in Lumberton, and asked her several questions regarding the diet of Lumbee women (Appendix 6). In general, she feels that their diet is "pretty good" and is continuing to improve. There is still one area (high pork and lard consumption) that needs improvement.

I saw evidence suggesting this problem while visiting six grocery stores in the area. The three grocery stores in Pembroke: Food Folks, Piggly Wiggly and Bo's, serving primarily Lumbee Indians, carry lard in containers ranging from 1 to 25 lb containers with the 25 lb being the "best seller". This differed greatly in three other stores which serve predominantly non-Indian patrons: Harris Teeter in Laurinburg, and Winn-Dixie and Food Lion in Lumberton. In these stores, I found only 2 or 4 lb tubs.

To further investigate the Lumbee women's diet, I developed a questionnaire (Appendix 7) that I distributed to 200 Lumbee women [100 with a college degree (Group A) and 100 without a college degree (Group

B)]. My hypothesis was that those with a college degree would be more health conscious. From my study, it appears that my hypothesis was correct.

When asked how often they use lard in their cooking, 94% of Group A vs 41% of Group B answered "never". 6% of Group A said that they used lard 1-4 times per week compared to 38% in Group B. Lastly, no one in Group A reported to using lard 5 or more times per week while 21% of Group B did so.

When asked which type of oil is used in cooking, the following results were obtained:

	<u>Group A</u>	<u>Group B</u>
Lard	0	28%
Vegetable Oil	75%	69%
Canola Oil	19%	3%
Olive Oil	6%	0

It is evident from this table that lard use is inversely proportional to education (increased education results in decreased use). In addition, those with a college education show a higher use of canola and olive oil.

Frying was the most common mode of preparation with both groups. Grilled came in second with Group A while baked was the next most popular among Group B. One factor that may be contributing to these second choice selections is socioeconomic differences between the two groups. Those without a college education may not own grills due to lack of finances while they probably do own ovens.

When asked if meat or grease is added when cooking vegetables, 60% of Group A said yes compared to 69% in Group B. I was somewhat surprised at how close these percentages were considering how much more health conscious Group A had been on previous questions. This is a strong indication of how difficult some habits are to break.

Fruit is eaten more frequently among those with a college degree, with 32% of Group A eating fruit 5 or more times, 33% eating it 3-4 times per week and 35% eating it 1-2 times per week. Within Group B, only 14% eat fruit 5 or more times, 34% eat it 3-4, 41% eats it 1-2 and 11% said that they have fruit less than once a week.

When asked if they had ever been told they had specific health conditions, the percentages of "yes" answers varied:

High Cholesterol	Group A (25%)	vs	Group B (33%)
Diabetes	Group A (4%)	vs	Group B (25%)
High Blood Pressure	Group A (8%)	vs	Group B (30%)

This increase in medical problems within Group B is not surprising considering the diet differences between the two groups.

Dr. Ronny Bell conducted a nutrition research project among Lumbee Indian women as part of his doctoral thesis during 1992-1993. To assess typical dietary intake of Lumbee Indian women, 120 adults (ages 21-60) were recruited. Information regarding diet/health beliefs, attitudes, and behaviors was collected, and dietary intake was assessed using three instruments. He found that intake of fat was approximately 15% higher than the level recommended by the National Cancer Institute (30% of total calories). Dietary fiber was 50% below the 20 g minimum

recommendation. Intake of vitamins A and C was at or above the RDA levels.³¹

Dr. Bell also conducted a community-based nutrition program designed to modify the intake of dietary components associated with increased cancer risk (fat, fiber, and some antioxidant nutrients). It was administered to 29 Lumbee women in six weekly sessions. Lectures, audiovisual presentations, group interaction activities, and a variety of printed materials were included in the intervention program³² (Appendix 8).

The relationship between cancer and environmental factors, including diet, has been well documented. Specifically, a diet high in fat and/or low in fiber, which is characteristic of the Lumbee women's diet, is believed to be a risk factor for cancer. Both of our studies showed a high fat intake, while Dr. Bell's study also showed a low consumption of fiber. Both of these things may be contributing to adverse medical conditions among Lumbee women.

Tobacco Use

Tobacco use is widespread among the Lumbee Indian women. It is used in the form of cigarettes, snuff, and chewing tobacco. Its use is not surprising considering the crop's importance to Robeson County. Many of these women began using tobacco as a child and because of its addictive nature have been unable to "kick the habit". While one finds tobacco use highest among the less educated, it is seen among the more highly educated as well.

According to Dr. Dignan's initial survey of 500 Lumbee women, 42.2% of the participants reported having smoked at least 100 cigarettes in their lifetime while 27.1% said that they currently smoke. The Centers for Disease Control and Prevention conducted a survey during 1987-1991 which found that the prevalence of smoking was higher among American Indians and Alaskan Native women (26.6%) than among white women (23.0%), although the number of cigarettes smoked per day was lower for American Indians and Alaskan Native (15.5) than for white women (17.4).³³ Researchers frequently state that American Indians have reduced mortality from lung cancer and other types of tobacco-related cancers. But these statements are usually based on Southwestern data which include populations whose tobacco use is extremely low.³⁴ Smoking and smokeless tobacco use varies among Indian tribes. Over the years, I have noticed a tremendous amount of tobacco usage within our Lumbee community, and Dr. Dignan's survey results confirm my observations. As a result, there is a relatively high incidence of lung cancer among Lumbee Indians.

35.9% of the women in Dr. Dignan's study stated that they have used chewing tobacco or snuff sometime during their life while 22.5% said they currently use it. This is extremely high when compared to other Native American populations. Sugarman and others (1992) used data from the survey I mentioned earlier and found that "smokeless tobacco use was 9.3% for Southwestern Indians, 14.5% for those Indians of the Northern Plains, and 1.9% for the West Coast respondents."³⁵

Tobacco use has been detrimental to the health of Lumbee women not only because of the increased cancers associated with its use but also because of the negative effects its use has on other medical conditions such as heart disease. Health care providers and educators have tried to discourage use, and although some progress has been made, tobacco use continues to be a negative factor affecting the Lumbee women's health.

Alcohol Consumption

"Alcohol is a deadly companion to many North American Indians." The alcohol-related mortality rate for this population is 5-6 times the national average (U.S. Department of HEW, 1978). "About 60% of the Indian deaths related to alcohol are attributed to Laennec's cirrhosis."³⁶

Alcoholism is often closely associated with suicide and homicide, "two violent events that occur more than twice as frequently in Indians as among the general population." Furthermore, alcoholism is a major contributor to the high accidental death rate among Native Americans. Between 1973-1975, that rate was 3.2 times the national average (U.S. Department of HEW, 1978).³⁷ There is much speculation as to why Native Americans are so adversely affected by alcohol. Some believe it is due to their environment, while many feel that it is genetic, and the search is on for the gene(s) responsible for addictive behaviors.

From speaking with various health care providers, it appears that alcohol use among Lumbee women is relatively low. Dr. Dignan's study also confirmed this. He found that 50.1% of the participants have never consumed alcohol while 43.7% consume it less than once a month.

Alcoholism is a serious problem for Indians residing on reservations, and is often even more devastating to Native Americans trying to adapt to urban living. It is widely accepted that in every ethnic group numerous social, cultural, economic, and other environmental factors closely relate to the development and progression of alcoholism. Apparently, the Lumbee women have adjusted relatively well to these factors much more so than the average Native American. Since only 6.2% of those surveyed consume alcohol more than once a month, I feel

confident that alcohol is not a major factor contributing to poor health conditions among these Lumbee women.

ALTERNATIVE MEDICINE

Alternative vs Traditional - which term should apply to what doctors learn in most medical schools these days? Haven't people been using herbs and prayer much longer than x-rays and chemotherapy? If traditional refers to what has been handed down from one generation to the next, then shouldn't herbal medicine be called traditional? Probably so, but I am afraid that the American Medical Association is not about to refer to their medicine as alternative. Since I hope to be a member of this organization someday, I will stick with their convention and refer to modern medicine (that which is taught in medical school) as "traditional", and other practices as alternative.

Why did I decide to include this topic in my paper? Am I not about to enter into the "traditional" world where many feel that if one can not prove something in a lab through basic science that it does not exist? I did so because I am definitely not one of those people. I have some beliefs about medicine that some may call unconventional and am determined to carry these beliefs into my future career.

Namely, I believe that the power of healing comes from God and that it comes in a variety of methods. I will never believe that the only way a person can be healed is to be treated by a person who has spent four years in medical school. One may wonder then why am I going? I am doing so for several reasons. It is where I will learn the basic sciences and how the body operates. Obtaining an M.D. will give me the legal right to treat patients and I feel that initial respect and trust from patients come along with a medical degree. Most importantly, I immensely respect "traditional" medicine and have a great deal of

confidence in its practice. My goal is not to replace "traditional" medicine but to supplement it with alternative methods hoping to deliver the best possible care for my patients.

Apparently, this practice is becoming more widespread and is now being referred to as "Complementary Medicine." The term is used to describe the practice, by a licensed medical doctor, of beneficial therapies which are not presently engaged in by the majority of traditional practitioners. These therapies complement the practice of conventional medicine, adding to the benefits and choices received by the patients. The practice is becoming so widespread that a report was submitted to the 1993 North Carolina General Assembly to form a special licensing board for these individuals.³⁸

Are Lumbee women seeking any alternative medical care? Most definitely, and the number of those women seeking this type of care is increasing. I visited with several alternative care providers in Robeson County during my research as well as many women who have sought this type of care. Three areas that I investigated include: colonic cleansing, herbal use, and spiritual healing.

Colonic Cleansing

For several years, I have heard about individuals traveling down to Fairmont to go through a special colon cleansing process. Initially, I was truly amazed when I found out some of the people seeking this type of treatment. They come from all backgrounds: young and old, rich and poor, highly educated and not-so-highly educated. They seek this treatment because they either have a medical problem and want a cure, or they want to remain healthy and feel that this process will help them do so.

I traveled down to Fairmont and spent some time with the woman who does the procedure. She was extremely nice and helpful, and seemed happy that someone who was about to enter into medicine was interested in her method of healing. I asked her a series of questions (Appendix 9) to find out general information about her practice and about the Lumbee women she treats.

From our discussion and from the material that I have read about this topic, I have learned that over time waste accumulates and hardens within the walls of the intestine. Toxins from this waste are believed to enter the bloodstream thereby poisoning the body. The procedure is very simple and involves using water to flush out the entire colon. It takes from 30-45 minutes depending on the condition of the colon. Additional information about this procedure may be found in Appendix 10.

When asked, "Why do most people come to you?" her response was two-fold. They come either because they have been unsuccessful in getting well with "traditional" methods and want to try something different, or they believe that this procedure is simply good preventative

medicine. I had the opportunity to meet with several Lumbee women who have received this treatment and questioned them about what had prompted them to seek her care. All of them had done so after having sought "traditional" medicine which had been unsuccessful in alleviating their complaints. After receiving several cleansings, their problems were resolved leaving these individuals convinced that they were cured by this process. There is no scientific proof that colonic cleansing cured these women. However, they feel cured and that is all that really matters.

Herbal Use

Five years ago, an herbal store opened in Pembroke. When it opened, I wondered "Why is someone opening an herbal store? People around here do not use herbs." Was I ever wrong!

In Edward M. Croom's doctoral thesis entitled, "Medicinal Plants of the Lumbee Indians", he documents 87 species of plants that are used to treat ailments of the Lumbee Indians. Disorders most frequently mentioned as being treated by plants were "fever, colds, influenza, pneumonia, measles, sores and swellings."³⁹ According to Dr. Stanley Knick, some plants that are used most often include: "sassafras (used for heart problems and as a blood purifier); aloe (used for burns, wounds and skin irritations); catnip (used for colds, to help get babies to sleep, for colic and other stomach problems);" "golden rod (used for upper respiratory problems);" "and John-the-worker (used for urinary problems)."⁴⁰

During the research for his thesis, Edward Croom encountered 25 Lumbee consultants most of whom were over the age of 60 and who had learned plant remedies from their family and friends.⁴¹ The exception to this informal training was a practicing herbalist who gained "knowledge of plants and healing from his grandmother." In addition, he "learned about herbs from a local practitioner of homeopathic medicine named Dr. Jesse Hair" from Cheraw, South Carolina. By the age of eight, this herbalist was collecting herbs for Dr. Hair and helping him prepare tonics for patients.⁴²

I have visited the herbal store in Pembroke on several occasions and have learned several things from its owner, Joanne Cummings

Furmage. One morning I spent three hours with her and learned a great deal just listening to her conversations with customers who were predominantly Lumbee women. Most of the customers seemed to be "regulars" and were buying herbs for specific medical conditions. The first-time visitors were there searching for something recommended by either a friend or relative. In addition to selling herbs, Joanne sells natural foods and vitamin supplements, and books related to nutrition. Prior to opening her own store, Joanne managed a similar store in Lumberton. The biggest difference she has noticed in the sales of the two stores is that in Pembroke she sells mostly herbs while in Lumberton she sold mostly food.

The first day I met Joanne, I asked her if she knew of any medicine men within the Lumbee community. That is when I first heard the name Vernon Cooper. Joanne explained that he had passed away a few years ago and directed my attention to a newspaper article from the Fayetteville Observer that she keeps on her wall (Appendix 11).

Later, I learned that the herbalist Edward Croom consulted, who had some formal training in herbs, was Vernon Cooper. Mr. Croom spent a fair amount of time with Vernon Cooper while he researched his thesis since Mr. Cooper was, according to most accounts, the area's expert on herbs.

Vernon Cooper was a "Lumbee Indian whose work combined traditional herbal lore with healing by faith." He worked alone out of his home near Wagram "treating patients by means of prayer and anointment as well as with herbal medicines which he prepared."⁴³ From reading about him and talking with individuals who knew him, the consensus is that his knowledge of more than 200 herbs was

unsurpassed.

As I read Mary Margaret Steedly's master's thesis entitled, "The Evidence of Things Not Seen: Faith and Tradition in a Lumbee Healing Practice" (which was about Vernon Cooper), I felt a real sense of disappointment that I had not been able to meet him. Dr. Knick (a good friend of Vernon Cooper) and I have had several conversations about Mr. Cooper and the tremendous amount of knowledge he had. The first time Dr. Knick described Mr. Cooper, he said that when one walked into a room with Mr. Cooper it appeared as if he was surrounded by a special "light". I can almost see that "light" in Dr. Knick's face when he describes Mr. Cooper so I can only imagine the power of Vernon Cooper's presence.

Although I was unable to meet Mr. Cooper (he passed away three years ago), I did have the opportunity to meet a Lumbee woman herbalist (I will refer to as the "herbal lady") who has been collecting herbs for the past ten years. When asked where she gets her knowledge about herbs, she answered, "My mother, other older women in the area, books and God." I spent several hours with her discussing the philosophy of herbs and the part that she feels they play in maintaining good health. She took me into her yard pointing out various herbs and their uses, and she shared her many herb books with me (Appendix 12). The experience was a real treat because I really got to see her in action. While we were in her yard, several individuals came seeking her help. They told her their condition, and she either pulled something from her yard or got it from a storage room where she keeps dried herbs. She believes that for every disease God has put on earth, he also has put a plant here to treat or cure it.

When asked about her opinion of "traditional medicine", she said that she has respect for physicians but feels that they charge too much for their services. She does not see herself as a replacement for a physician, but as one who can supplement a physician's care. She readily admits that she can not diagnose a problem, but if one tells her the problem then she can give one an herb to treat it. She is a firm believer in herbs and uses them to treat her own medical conditions. She has three of the most common medical conditions affecting the Lumbee women (hypertension, diabetes and arthritis) and refuses to use medications prescribed by her doctor. She laughs when she says this and admits that her doctor thinks that she is using his medicine to keep her conditions under control. Apparently, this practice is very common. Many who use herbs or other forms of alternative medicine do so very privately. They often do not tell their physician, because they feel the doctor may disapprove.

I discussed herbal use with Dr. Brooks, and he feels that its use is fairly common. He said that he knows some people come to him just to get a diagnosis, then they go elsewhere for treatment. So, the herbal lady may not have him fooled the way she thinks she does!

Spiritual Healing

Despite widespread acceptance of Western medicine by contemporary American Indians, native healing practices continue to serve important therapeutic functions in many tribes. Traditionally, American Indians have regarded sickness to be a result of disharmony with nature or supernatural forces, and it was the medicine man or shaman's responsibility to restore the harmony with the hope that the sickness would subside. Even today in many tribes, the shaman utilizes ritualistic practices to complement the services of physicians.

The last "medicine man" of the Lumbees is believed to have been Vernon Cooper. He was not only an extremely knowledgeable herbalist but was a Spiritual Healer as well. Steedly described him as an "introspective man, teasing out significances from all his surroundings".⁴⁴ He was deeply religious, and he described himself simply as a "tool used by God to effect healing in those who sincerely request it." In addition, he considered himself to be a "mediator between man and God."⁴⁵

Mr. Cooper combined "herbal lore, concepts from orthodox and alternative medical systems and the traditional practice of healing through touch, with a keen understanding of human nature." Also, he blended "a practical approach to healing with a deeply religious interpretation of events and their meanings."⁴⁶ He was a fourth-generation healer who received the "gift" from his grandmother the night of her death. That night she told him that the proper time for him to use the gift had not come but that he would know when it had.⁴⁷

That day came back in 1927. A man appeared at Vernon Cooper's door telling him that the Lord had sent him. Doctors had told the man

that there was no hope for his condition and that he would not live more than a few days. Vernon Cooper described him by saying that "he had a ridge that reached from his stomach to the working of his hip". Vernon Cooper told the man there was nothing he could do. But then began to feel as if he could hear his grandmother speaking to him saying, "If this is the time for you to start, that'll get well, and if not, you'll know that you are not called". He reached out his hand and began rubbing the raised area and in five minutes or less, you could not see anything.⁴⁸

Even as miraculous as this seems, it still was not enough to convince Mr. Cooper, and he continued to fight his calling for the next thirty-three years. During this time, he suffered four heart attacks which he considered to be God's warning to accept his calling. Finally in 1960, he accepted the calling and devoted the rest of his life to healing until his death in 1991. On the night of his grandmother's death, she told him that he would be the last in a line of healers that had spanned more than 300 years. Unfortunately, her prophecy held true.⁴⁹

Did spiritual healing die with Mr. Cooper? Although his special techniques and knowledge are no longer with us, I think that most Lumbees, as did Vernon Cooper, would say that God does the healing and He is very much alive. Christianity is very strong among the Lumbees, especially among the women, and they have great faith in God's healing powers. Local ministers stay busy visiting the sick in area hospitals and churches routinely have special prayer lists for those who are sick. One of the questions from the pre- and post-tests of the Lumbee Cervical Cancer Project asks, "Who would you go to, other than a doctor, if you were told that you have cancer." Without question, the most frequent response is "To the Lord."

CURRENT HEALTH

The health of American Indians on average has improved in many ways over the past 15 years, although it still falls behind the quality of the U.S. general population.⁵⁰ To investigate the current health of Lumbee women, I developed a questionnaire (Appendix 13) and distributed it to local physicians, physician assistants and nurse practitioners.

The first surprise I got was how these health care providers described the health of the women. 83% described their health as fair, while 17% described it as poor. According to the participants of Dr. Dignan's study, they are much healthier. 20.3% of them described their health as excellent, 48.9% described it as good, 21.3% described it as fair and 9.6% described it as poor. This is a reflection of the optimistic attitude most individuals have about their own health. The providers stated that the Lumbee women's health was about the same as their African American patients but worse than their Caucasian patients.

In addition, 83% of the physicians felt that the health care of the Lumbee women had improved over the past thirty years. Diabetes, heart disease, obesity, and high cholesterol were viewed as the most prevalent medical conditions with hypertension, gall bladder disease and arthritis ranking in the second tier of highest frequency. Also, lack of education, diet and poverty were viewed as the biggest factors contributing to these adverse medical conditions.

While most of the physicians did not specify cervical cancer as a major health problem among Lumbee women, it was listed as the most frequent type of cancer seen. This corresponds well with responses from Dr. Dignan's survey. The participants of the study were asked, "Have any

of your family members or immediate blood relatives ever had cancer of :
breast, cervix, lung, stomach, bone, or other?" Cervical cancer had the
highest occurrence with bone cancer having the lowest.

CONCLUSIONS

This semester, I began my project asking five specific questions:

- 1) Is there anything in the Indian culture, past or present, that is affecting the health of Lumbee women?
- 2) What factors of Lumbee women's lives are affecting their health?
- 3) Where and to whom do Lumbee women go for treatment?
- 4) What kinds of treatments are they seeking for their medical problems?
- 5) What is the current health status of Lumbee Indian women and how does it compare with the health of these women thirty years ago?

I have spent the past few months traveling all over Robeson county meeting a wide variety of individuals searching for these answers. I have found out many interesting things about my community and have learned that human health is quite complex and multi-faceted. This topic sparks many questions and its breadth is much too great for one individual to cover. However, I have had great fun trying to do so.

I originally wondered if being Indian had anything to do with an individual's health. I feel confident now in saying that it most definitely does. History has played an important role in the lives of not only the Indians of previous generations but Indians today. Traditions, beliefs and habits that have been a part of Indians' lives in the past continue to be passed down. Many of these aspects of their lives have either a direct or indirect effect on the health of all Native Americans including the Lumbees.

Many factors affect the health of Lumbee women. Genes play an important role, although environmental and behavioral concerns are also important. Two of the areas that I found needing improvement are diet

(namely high fat consumption) and tobacco use. Lack of knowledge is also a big factor within this community and the Lumbee Cervical Cancer Project has addressed this problem. Low socioeconomic conditions are also very prevalent and the health of Lumbee women suffers accordingly.

I have found that Lumbee women go many places to receive medical care including:

Southeastern General Regional Medical Center

Scotland Memorial

Moore County Regional Medical Center

U.N.C. Chapel Hill

Duke Medical Center

They are treated more frequently by "traditional" physicians and readily accept Western medical procedures. Their physicians are usually male because there are so few female physicians in our area. However, I am confident that over the next twenty years, we will see a big change in this. 75% of the women in Dr. Dignan's survey said that their last pap smear was done by a male physician, yet 72% said that it did not make a difference if the doctor performing the pap smear was a male or female. I am optimistic that a Lumbee gynecologist would be well received by the women of the community.

In addition to "traditional" medicine, Lumbee women are also seeking alternative care. Dr. Dignan's survey also reported that 45.9% of the participants use some type of "home remedy" to remain healthy. Alternatively, when asked if they use "traditional Indian medicine", only 9.2% answered in the affirmative. I did not find this very surprising

since the Lumbees have been so intermingled with European culture for so long. Only 5% stated that they use a medicine man, and while this number is probably somewhat low, (often times those who use medicine men do not admit to it) the Lumbees do not have access to medicine men as some other tribes do.

There is some disagreement regarding the current health of Lumbee women. A majority of them describe their health as either excellent or good as opposed to the physicians who describe Lumbee women's health as fair to poor. There are some medical conditions that occur frequently such as diabetes and heart disease while others occur less frequently such as breast cancer. The physicians feel that the health of Lumbee women has improved over the past thirty years, yet they are viewed as having worse health than Caucasians. Today, they have greater access to health care providers many of whom are also Lumbee, which in itself is a change over the past twenty-five years. The Lumbee women are more educated than their ancestors which tends to improve their health because of increased awareness and greater implementation of preventative measures.

I have enjoyed doing this project and have seen parts of the Lumbee society and culture that I never knew existed. I have developed a greater respect for, and understanding of, the complexity of health and of the many factors that distinguish Native Americans from others within our society. Lumbee women are unique in many ways and have very special beliefs as well as special needs. They have a strong sense of family and spirituality and are a joy to be around.

Dr. Dignan made a nice observation about the Lumbee women. We were discussing how Native Americans are described as having a

"fatalistic" attitude. He said that he actually sees Lumbee women as having a very "optimistic" attitude. Granted, Lumbee women do not seek the preventative care that they should and that is definitely an area that the community needs to address, but they are optimistic about the future and the life they will one day have with God.

Can I as an individual make a difference in Lumbee women's health? I believe that I can with the support of the community and its leaders. Great strides have been made in the past few years, and I am confident that the health of Lumbee women has a bright future.

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APPENDIX 1

STUDY DESIGN FOR LUMBEE CERVICAL CANCER PROJECT

GROUP	SAMPLE SIZE	TIME 1	INTERVENTION	TIME 2
1	250	O	X	O
2	250		X	O
3	250	O		O
4	250			O

"O" - PRE- & POST-TESTS (DATA COLLECTION)

"X" - EDUCATIONAL INTERVENTION

APPENDIX 2

Interviewer: _____, Date: _____, 1991

Participant Name: _____ Address: _____

Community Health Interview, 1991

This questionnaire has several sections. Although it may seem like there are a lot of questions, you will find that they go very quickly. Please feel free to ask questions to be certain that you understand the question being asked.

For the first section we would like to ask some questions about your health status, taken as a whole, and your experience with medical care.

1. Overall would you say that your health is: (read choices)

(1) ___ Excellent, (2) ___ Good, (3) ___ Fair, (4) ___ Poor _____

2. Where do you go for regular complete physical exams?

(NOTE: Exams are to include Pelvic and Pap Tests)

(1) ___ Doctor's office

(2) ___ Public health clinic

(3) ___ Emergency Room

(4) ___ Other _____

(5) ___ Don't have a regular source for complete physicals _____

3. When was the last time you went to the doctor? (Open Ended)

(1) ___ Days ago

(2) ___ Weeks ago

(3) ___ Months ago

(4) ___ Years ago

(5) ___ Other _____

4. Do you usually go to a doctor for a yearly physical exam?

(1) ___ Yes

(2) ___ No

(3) ___ DK

(4) ___ RE _____

a. Did you have a physical exam within the past 12 months?

(1) ___ Yes

(2) ___ No

(3) ___ DK

(4) ___ RE _____

5. Do you have any medical problems for which you regularly see a doctor?
- (1) Yes, (describe) _____
- (2) No
- (3) DK
- (4) RE _____
6. How many times have you been to see a doctor during the past year? (Open Ended: code response into a category)
- (1) None
- (2) Once
- (3) 1-3 times
- (4) 4-5 times
- (5) more than 5 times (Comments: _____)
7. How many times have you been a patient in the hospital during the past year? (excluding visits for emergency care)
- (1) None
- (2) Once
- (3) 1-3 times
- (4) 3-5 times
- (5) more than 5 times _____
8. Do you have a doctor that you can visit or call for "female" problems?
- (1) Yes (2) No
- a. If yes, name _____
9. Do you have health insurance that pays for routine care such as physical exams and Pap tests?
- (1) Yes, insurance pays for all care
- (2) Partly, insurance pays for some services
- (3) No
- (4) DK
- (5) RE
- (6) Other (specify) _____
-

For the next section we would like you to focus your attention more toward your thoughts, feelings, and experiences regarding cancer.

10. Where do you get information about health? (Check all that apply)

- (1) Television/radio
 (2) Magazines
 (3) Pamphlets
 (4) Other _____
 (5) DK
 (6) RE _____

11. In the past year, have you heard, seen or read anything about breast cancer?

- (1) Yes (describe) _____
 (2) No, GO TO 12
 (3) DK
 (4) RE _____

a. Did you take any action based on the information that you learned about breast cancer?

- (1) Yes (describe) _____
 (2) No
 (3) DK
 (4) RE _____

12. In the past year, have you heard, seen or read anything about cervical cancer?

- (1) Yes (describe) _____
 (2) No, GO TO 13
 (3) DK
 (4) RE _____

12.a. Did you take any action based on the information that you learned about cervical cancer?

- (1) Yes (describe) _____
 (2) No
 (3) DK
 (4) RE _____

13. In the past year, have you heard, seen or read anything about other types of cancer?

- (1) Yes (type of cancer) _____
 (2) No, GO TO #14
 (3) DK
 (4) RE _____

a. Did you take any action based on the information that you learned?

- (1) Yes _____
- (2) No _____
- (3) DK _____
- (4) RE _____

14. Has a doctor or other health professional ever told you that you had cancer?

- (1) Yes
- (2) No, GO TO #14b
- (3) DK
- (4) RE

14a. What kind(s) of cancer?

14b. Other than a doctor, who would you go to if you thought you might have cancer? (Open Ended)

15. Have any of your family members or immediate blood relatives ever had cancer?

	Breast	Cervix	Lung	Stomach	Bone	Other
Mother						
Father						
Sister						
Sister						
Brother						
Brother						

16. Have you ever heard of a test that can be done to check for cancer of the cervix in its early stages?

- (1) Yes, GO TO #17
- (2) No, SKIP #17 AND READ PASSAGE, THEN GO TO #18
- (3) DK
- (4) RE

17. Do you remember what the test was called?

- (1) ___ Correct, READ PASSAGE AND GO TO #18
- (2) ___ Incorrect, RECORD ANSWER _____
- (3) ___ DK
- (4) ___ RE

FOR ALL SUBJECTS READ: As part of some pelvic exams, a Pap test is done to check for cancer of the cervix. A small sample of cells is taken from a woman's cervix (the opening to her womb) and is sent to a laboratory where it is tested for signs of cancer.

18. Have you ever had a Pap test?

- (1) ___ Yes
- (2) ___ No, GO TO #21 and collect reason why
- (3) ___ DK
- (4) ___ RE

19. Do you remember when you had your last pelvic examination?
(OPEN ENDED) Probe: "When was that?"

20. Do you remember if you had a Pap test the last time you had a pelvic examination?

- (1) ___ Yes, Go TO #23
- (2) ___ No
- (3) ___ DK
- (4) ___ RE

21. What are some of the reasons you have not had a Pap test?
(OPEN ENDED)

GO TO #34 IF RESPONDENT HAS NOT HAD A PAPER TEST

22. When did you have your last Pap test? Would you say it was (READ CATEGORIES):

- (1) Within past year (0 to 12 months ago)
- (2) Within past two years
- (3) Within past five years
- (4) More than five years ago
- (5) DK
- (6) RE

23. Where did you get your last Pap test?

24. Can you remember the doctor's name who did your last Pap test?

a. Was the cost of the Pap test covered by insurance?

- (1) Yes, insurance covered all
- (2) Partly covered by insurance
- (3) No, paid out of pocket
- (4) No, paid by (specify) _____
- (5) DK
- (6) RE

25. Was the doctor a male or female?

- (1) Male
- (2) Female

26. Did you find out the results of that Pap test?

- (1) Yes
- (2) No, GO TO #30
- (3) DK
- (4) RE

27. What were the results? (OPEN ENDED)

28. How did you find out about the results?
 PROBE: HOW DID THEY TELL YOU?

- (1) Through the mail (e.g. postcard)
 (2) They called me
 (3) I called them
 (4) Through a follow-up visit
 (5) Other (Specify) _____

29. Did you have any questions about your test results that the doctor or nurse did not answer or explain clearly? _____

- (1) Yes
 (2) No
 (3) DK
 (4) RE

30. Have you ever had a Pap test where the results were **NOT** normal? _____

- (1) Yes
 (2) No, GO TO #34
 (3) DK
 (4) RE

31. Because the result was **NOT** normal, did you have any additional tests or treatments? _____

- (1) Yes
 (2) No, GO TO #33
 (3) DK
 (4) RE

32. Did you have the additional tests or treatments within 6 months? _____

- (1) Yes, GO TO #34
 (2) No
 (3) DK
 (4) RE

33. Do you remember why you didn't get the additional tests or treatment? (OPEN ENDED) (Probes: "Anything Else?")

34. Does it make any difference to you to have a male or female health provider do a Pap test?

- (1) Yes, GO TO #34a
(2) No, READ PASSAGE AND GO TO #35

34a. If yes, which would you prefer, a male or female? _____

- (1) Male
(2) Female
(3) No Difference
(4) DK
(5) RE _____

Now let me read some statements about cervical cancer and the Pap test. Tell me whether you agree or disagree with each statement.

35. Cervical cancer can be found early with a Pap test

- (1) Agree
(2) Disagree
(3) DK
(4) RE _____

36. If cervical cancer is found early it can be cured. _____

- (1) Agree
(2) Disagree
(3) DK
(4) RE _____

37. When I need a Pap test, I can get one. _____

- (1) Agree
(2) Disagree
(3) DK
(4) RE _____

38. If I needed treatment for cervical cancer I could get it. _____

- (1) Agree
(2) Disagree
(3) DK
(4) RE _____

39. I believe that getting to a doctor early is very important to surviving cancer.

- (1) Agree
 (2) Disagree
 (3) DK
 (4) RE

Thank You. Now I would like to ask you some questions about other types of tests that you may have received from your doctor.

40. Have you ever had a breast exam during a visit to your doctor?

- (1) Yes
 (2) No, GO TO #42
 (3) DK
 (4) RE

41. When was your last breast exam?

- (1) Within past year (0 to 12 months ago)
 (2) Within past two years
 (3) Within past five years
 (4) More than five years ago
 (5) DK
 (6) RE

42. Do you practice Breast Self Exam?

- (1) Yes
 (2) No, GO TO #43
 (3) Don't know what Breast Self Exam is, GO TO #43
 (4) DK
 (5) RE

a. How did you learn to do BSE?

- (1) Doctor or nurse taught
 (2) Other health professional taught (Specify) _____
 (3) Magazine or film
 (4) Other (Specify) _____

43. Have you ever had a mammogram?

- (1) Yes, READ PASSAGE
 (2) No, READ PASSAGE AND GO TO #46
 (3) Don't know what a mammogram is
 (4) RE

FOR ALL SUBJECTS READ: A mammogram is a screening test to find breast cancer at a very early stage. It is a special set of x-rays that are taken only of the breasts. The machine presses firmly against the top and bottom of the breast when the x-ray is taken.

44. About how long has it been since you had your last mammogram?

- (1) ___ Within past year (0 to 12 months ago)
 (2) ___ Within past two years
 (3) ___ Within past five years
 (4) ___ More than five years ago
 (5) ___ Never had a mammogram, GO TO #46
 (6) ___ DK
 (7) ___ RE

45. Why did you have a mammogram? _____

- (1) ___ Doctor recommended
 (2) ___ Requested
 (3) ___ Other (Specify) _____

46. Have you ever been tested for cancer of the rectum or colon during a visit to your doctor? (Had a test for blood in your stool?)

- (1) ___ Yes
 (2) ___ No, GO TO #48
 (3) ___ Don't know what the test is
 (4) ___ DK
 (5) ___ RE

47. Have you ever been asked to have a second test or other treatment because of problem with a test for cancer of the rectum or colon?

- (1) ___ Yes
 (2) ___ No
 (3) ___ DK
 (4) ___ RE

For the next five questions, answer by saying "very sure, sure, unsure, or very unsure." (CARD #1) _____

48. How sure are you that you will get a Pap test within the next year?

- ____ Very Sure ____ Sure ____ Unsure ____ Very Unsure
 (1) (2) (3) (4)

49. How sure are you that you will get a mammogram within the next year?

____ Very Sure ____ Sure ____ Unsure ____ Very Unsure
(1) (2) (3) (4)

50. How sure are you that you will go to a doctor for a physical exam next year?

____ Very Sure ____ Sure ____ Unsure ____ Very Unsure
(1) (2) (3) (4)

51. How sure are you that you will lose weight during the next year.

____ Very Sure ____ Sure ____ Unsure ____ Very Unsure
(1) (2) (3) (4)

52. How sure are you that you will increase your exercise during the next year.

____ Very Sure ____ Sure ____ Unsure ____ Very Unsure
(1) (2) (3) (4)

Now I would like to ask you some questions about health care

53. Where do you go when you need advice about your health? (OPEN ENDED) Use Probe: "Anywhere else?"

54. Where do you go for health care when you are sick? (OPEN ENDED) Use Probe: "Anywhere else?"

55. Do you ever use family/home remedies when you are sick, or to stay healthy?

(1) ____ Yes, Specify

Remedy _____ used for _____
Remedy _____ used for _____
Remedy _____ used for _____

(2) ____ No
(3) ____ DK
(4) ____ RE

56. Do you ever use traditional **American Indian** remedies for health problems? (remedies are used to treat specific diseases or conditions)

(1) ___ Yes

Remedy _____ used for _____
Remedy _____ used for _____
Remedy _____ used for _____

(2) ___ No, GO TO #58

(3) ___ DK

(4) ___ RE

57. How often do you use traditional American Indian remedies?

____ Frequently, ____ Occasionally, ____ Seldom, ____ Never
(1) (2) (3) (4)

58. Have you ever asked for help from an Indian healer (Conjurer) or Medicine Man?

(1) ___ Yes

(2) ___ No, GO TO #60

(3) ___ DK

(4) ___ RE

59. What kinds of problems have you sought help for? (OPEN ENDED)

60. Are there certain American Indian customs or practices that you follow to stay healthy? (ways of living that Indians in your tribe believe contribute to better health)

(1) ___ Yes, (Specify) _____

(2) ___ No

(3) ___ DK

(4) ___ RE

61. Have you ever used tobacco for traditional Indian ceremonies?

- (1) Yes
- (2) No, GO TO #62
- (3) DK
- (4) RE

61a. If yes, how often?

- (1) Weekly
- (2) Monthly
- (3) Yearly
- (4) Less than once/year

62. Have you smoked at least 100 cigarettes (4-5 packs) in your entire life?

- (1) Yes
- (2) No, GO TO #65
- (3) DK
- (4) RE

63. Do you smoke cigarettes now?

- (1) Yes
- (2) No, GO TO #65
- (3) DK
- (4) RE

64. On the average, how many cigarettes do you usually smoke a day?

- (1) Less than one
- (2) _____ per day (Specify # of packs or # of cigarettes)
- (3) DK
- (4) RE

65. Have you ever used chewing tobacco or snuff?

- (1) Yes
- (2) No, GO TO #68
- (3) DK
- (4) RE

66. Do you use chewing tobacco or snuff now?

- (1) Yes
- (2) No
- (3) DK
- (4) RE

67. How old were you when you began using chewing tobacco regularly?
 _____ Years of age
68. About how old were you when you first began to drink alcoholic beverages once a month or more often?
 (1) ___ Age when you began to use alcohol at least monthly
 (2) ___ Never used alcohol once a month or more
 (3) ___ Never had a drink of beer, wine or liquor GO TO #71
 (4) ___ DK
 (5) ___ RE
69. On the average, how often in the last 12 months have you had any alcoholic beverage, that is beer, wine, or liquor?
 (1) ___ Daily
 (2) ___ Almost daily or 3 to 6 days a week
 (3) ___ About 1 or 2 days a week
 (4) ___ Several times a month (about 25 to 51 days a year)
 (5) ___ 1 to 2 times a month (12 to 24 days a year)
 (6) ___ Every other month or so (6 to 11 days a year)
 (7) ___ 3 to 5 days in the past 12 months
 (8) ___ 1 or 2 days in the past 12 months
 (9) ___ did not drink alcohol in the past 12 months
 (10) ___ never had a drink of beer, wine, or liquor
 (11) ___ DK
 (12) ___ RE
70. How many times in the past 12 months have you gotten very high or drunk on alcohol?
 (1) ___ Daily
 (2) ___ Almost daily or 3 to 6 days a week
 (3) ___ About 1 or 2 days a week
 (4) ___ Several times a month (about 25 to 51 days a year)
 (5) ___ 1 to 2 times a month (12 to 24 days a year)
 (6) ___ Every other month or so (6 to 11 days a year)
 (7) ___ 3 to 5 days in the past 12 months
 (8) ___ 1 or 2 days in the past 12 months
 (9) ___ did not drink alcohol in the past 12 months
 (10) ___ never had a drink of beer, wine, or liquor
 (11) ___ never got high or drunk from drinking alcohol
 (12) ___ DK
 (13) ___ RE

The next section of the questionnaire asks general questions about you and your tribe.

71. What tribe do you consider yourself to be a member of?

Tribe: _____, Clan: _____

72. Are you an enrolled member of that tribe?

- (1) ___ Yes
 (2) ___ No

72a. If yes, ask for number

- (1) ___ enrollment # _____
 (2) ___ DK
 (3) ___ RE
 (4) ___ don't have a number

73. What degree Indian blood are you?

- | | | | |
|---------|----------------|---------|------|
| (1) ___ | less than 1/16 | (6) ___ | 3/4 |
| (2) ___ | 1/16 | (7) ___ | Full |
| (3) ___ | 1/8 | (8) ___ | DK |
| (4) ___ | 1/4 | (9) ___ | RE |
| (5) ___ | 1/2 | | |
- (10) ___ Other _____

74. How often do you attend Indian gatherings? (READ CATEGORIES)

- (1) ___ Never
 (2) ___ Rarely
 (3) ___ Sometimes
 (4) ___ Often
 (5) ___ DK
 (6) ___ RE

75. What is your date of birth?

___/___/___ (Age in years ___)

76. What is your current marital status: (Read Categories)

- (1) ___ Married
 (2) ___ Living in a marriage-like relationship
 (3) ___ Separated
 (4) ___ Divorced
 (5) ___ Widowed
 (6) ___ Never Married
 (7) ___ DK
 (8) ___ RE

76a. How many close friends do you have? (People that you feel at ease with, can talk to about private matters, and can call on for help?)

- () none () 1 or 2 () 3 to 5 () 6 to 9 () 10 or more

- 76b. How many relatives do you have that you feel close to?
 none 1 or 2 3 to 5 6 to 9 10 or more
- 76c. How many of these friends or relatives do you see at least once a month?
 none 1 or 2 3 to 5 6 to 9 10 or more
- 76d. Do you belong to any of these kinds of groups?
- a. social or recreational group yes no
- b. labor union, commercial group,
or professional organization yes no
- c. church group yes no
- d. a group concerned with children
(PTA, girl/boy scouts, etc.) yes no
- e. a group concerned with community
betterment (improvement) yes no
- f. any other group yes no
(describe: _____)
77. What was the highest grade or year of school that you completed?
- (1) ___ Eighth grade or less
(2) ___ Some high school
(3) ___ High school graduate (or GED certificate)
(4) ___ Some technical school
(5) ___ Technical school graduate
(6) ___ Some 4-year college
(7) ___ 4-year college graduate
(8) ___ Post graduate or professional degree
(9) ___ DK
(10) ___ RE
78. What is your occupation?

79. Are you the head of this household?
- (1) ___ Yes
(2) ___ No
(3) ___ DK
(4) ___ RE

80. Now for the final question on this section, I am going to read some categories of income. Please tell me which category shows how much your total household income was for the past 12 months. By household, I mean all of the people who live here and share income and expenses. (CARD #2)

- (1) Under 5,000
- (2) 5,000-7,999
- (3) 8,000-10,999
- (4) 11,000-13,999
- (5) 14,000-19,999
- (6) 20,000-29,999
- (7) 30,000-39,999
- (8) 40,000 and over
- (9) DK
- (10) RE

For the next section of the questionnaire please say whether you strongly agree moderately agree, agree, or disagree with each statement. (CARD #3)

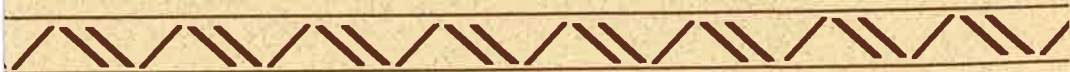
	Strongly Agree	Moderately Agree	Agree	Disagree	Moderately Disagree	Strongly Disagree
If I get sick, it is my own behavior which determines how soon I get well again.	1	2	3	4	5	6
No matter what I do, if I am going to get sick, I will get sick.	1	2	3	4	5	6
Having regular contact with my physician is the best way for me to avoid illness.	1	2	3	4	5	6
Most things that affect my health happen to me by accident.	1	2	3	4	5	6
Whenever I don't feel well, I should consult a medically trained professional.	1	2	3	4	5	6
I am in control of my health.	1	2	3	4	5	6
My family has a lot to do with my becoming sick or staying healthy.	1	2	3	4	5	6
When I get sick I am to blame.	1	2	3	4	5	6
Luck plays a big part in determining how soon I will recover from an illness.	1	2	3	4	5	6
Health professionals control my health.	1	2	3	4	5	6
My good health is largely a matter of good fortune.	1	2	3	4	5	6
The main thing which affects my health is what I myself do.	1	2	3	4	5	6
If I take care of myself, I can avoid illness.	1	2	3	4	5	6
When I recover from an illness, it's usually because other people have been taking good care of me.	1	2	3	4	5	6
No matter what I do, I'm likely to get sick.	1	2	3	4	5	6

	Strongly Agree	Moderately Agree	Agree	Disagree	Moderately Disagree	Strongly Disagree
It's meant to be, I will stay healthy.	1	2	3	4	5	6
If I take the right actions, I can stay healthy.	1	2	3	4	5	6
Regarding my health, I can only do what my doctor tells me to do.	1	2	3	4	5	6

APPENDIX 3



**Important Information
for Indian Women
About the Pap Smear
and Cervical Cancer**

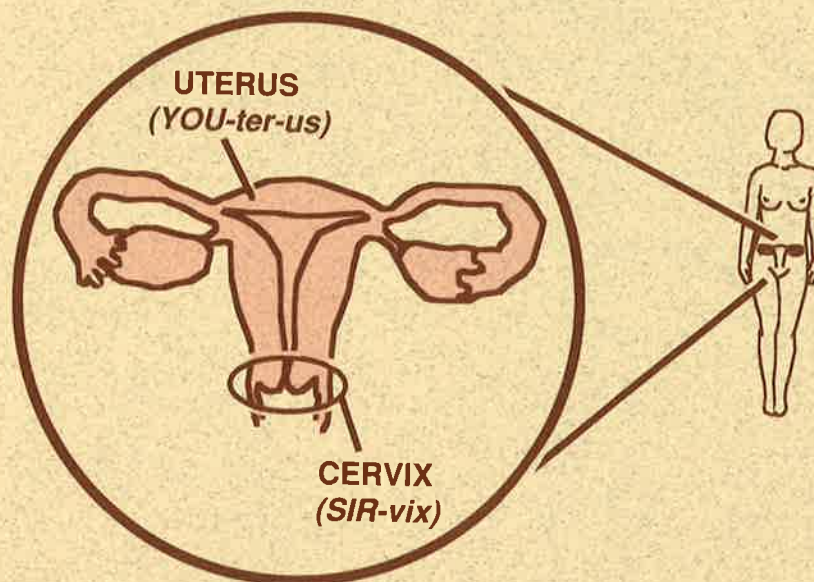


The Pap smear
finds cervical cancer
early.

**When
was
your
last
Pap
smear?**



The Pap Smear and Cervical Cancer



Cervical cancer is cancer of the opening of the uterus. With a Pap smear, this type of cancer can be found very soon after it starts, and **can be treated successfully** in almost all cases. When not treated, however, cervical cancer can spread and affect other parts of the body.

A Pap smear is very important. It finds cervical cancer early, when treatment works best.

How a Pap Smear is Done

For a Pap smear, your doctor gently collects cells from the surface of the cervix using a small soft brush, a small wooden spatula, or a cotton swab.

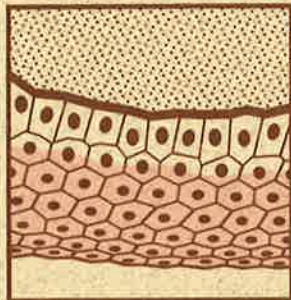
These cells are smeared onto a glass slide, and sent to a laboratory for examination.

The laboratory will send your doctor a report, which will help in deciding what to do next.

The report from the laboratory will describe the cells from your cervix. The drawings below show the types of cells that may be found and what they mean.



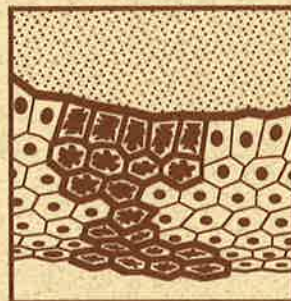
If your Pap smear report is **NORMAL**, then the cells will look like this.



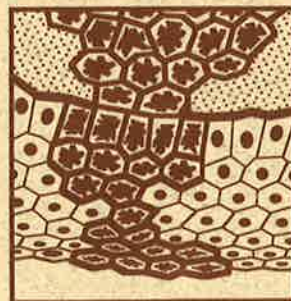
If your Pap smear report indicates **INFLAMMATION**, then some of the cells show signs of infection — a yeast infection, for example.



If your Pap smear report indicates **DYSPLASIA** (**diss-PLAY-zhuh**), then some of the cells are abnormal. The cells are **NOT** cancer at this time -- but, if left untreated, they can become cancer.



If your Pap smear report indicates **CARCINOMA IN SITU** (**car-sih-NO-mah in SIGH-too**), then a very early type of cancer is present. This type of cancer is easily treated.

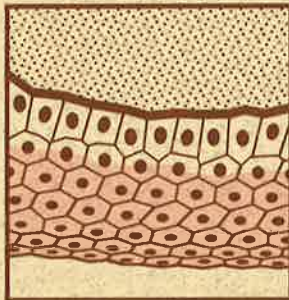


In rare cases, a Pap smear report indicates **INVASIVE** (**in-VAY-siv**) **CANCER**. This means that cancer cells have been growing and are at a stage where they can spread to other parts of the body.

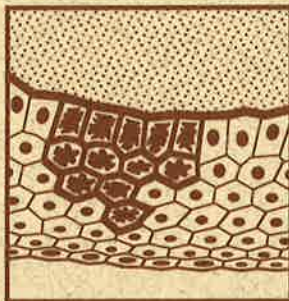
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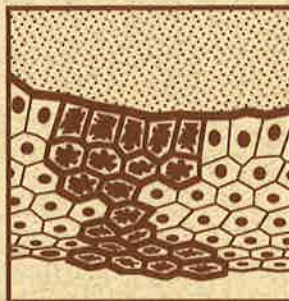
If your Pap smear report is **NORMAL**, then the cells will look like this.



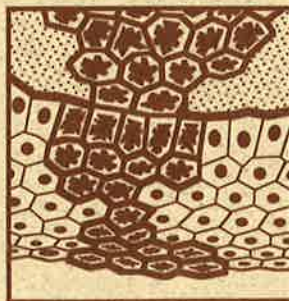
If your Pap smear report indicates **INFLAMMATION**, then some of the cells show signs of infection — a yeast infection, for example.



If your Pap smear report indicates **DYSPLASIA** (*diss-PLAY-zhuh*), then some of the cells are abnormal. The cells are **NOT** cancer at this time -- but, if left untreated, they can become cancer.



If your Pap smear report indicates **CARCINOMA IN SITU** (*car-sih-NO-mah in SIGH-too*), then a very early type of cancer is present. This type of cancer is easily treated.



In rare cases, a Pap smear report indicates **INVASIVE** (*in-VAY-siv*) **CANCER**. This means that cancer cells have been growing and are at a stage where they can spread to other parts of the body.

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If your Pap smear is not normal

it's important that you get follow-up care.

The next step may be *colposcopy* (*coal-POSS-cah-pee*).

The colposcope is a special type of microscope. It shines a bright light on the cervix and makes it look bigger so your doctor can see the affected area and decide what treatment you need.

Types of treatment for cervical cancer

CRYOTHERAPY

Cryotherapy destroys abnormal cervical cells by freezing. A machine produces cold temperatures in a small metal disk that fits the shape of the cervix.

LASER THERAPY

A high-intensity beam of light vaporizes abnormal cells.

CHEMOTHERAPY

Medicines that are used to treat fast-growing cancer cells and slow or stop them from growing and multiplying.

RADIATION THERAPY

There are two types of radiation therapy, external and internal.

External radiation treatments use a machine to generate a beam of X-rays. Adjusting the size and shape of the beam causes the cancerous area to be treated with a high degree of accuracy.

Internal radiation treatments use radioactive implants, placed directly into a tumor or into the body cavity near the tumor.

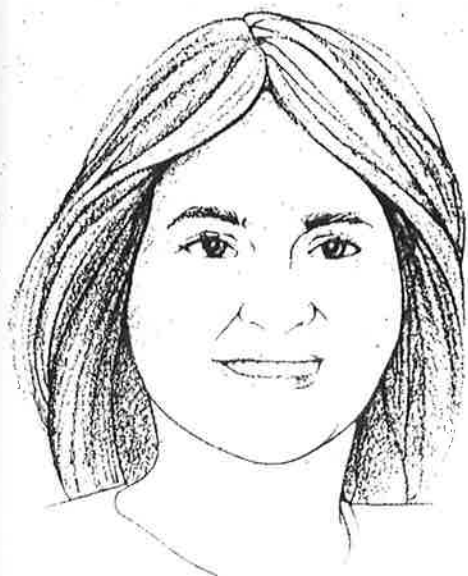
CONIZATION

If the abnormal area is large, hard to see, or if the area spreads into the cervical opening, conization — removal of a cone-shaped piece of tissue from the cervix — may be needed.

HYSTERECTOMY

A hysterectomy is an operation to remove the uterus.

APPENDIX 4



FRANCES OXENDINE

*Native American
Cervical Cancer
Prevention Project*

FRANCES OXENDINE

For many years Native Americans have fought to hold their land, save their culture, and find new ways to live in present times. Many of the present ways that resist illness are ways from the past that have been forgotten -- and can be found again. This quiz is a tool to use in making choices, to help carve away the ways that are bad for us and to help find the ways that bring good health.

This information is not a substitute for a visit to your doctor. It will give you general information about your health and your risk for certain cancers based on the answers which you gave us on the "Women's Cancer Quiz." If you want more information, your Project Guide will help you.

SMOKING HABITS: You could increase your chances of being healthy by stopping your use of tobacco. Smoking is the number-one preventable cause of illness and death.

ALCOHOL USE: You drink more than 2 drinks containing alcohol in a day. By reducing your use of alcohol, you can improve your own health and your family's well-being.

WEIGHT: Because you weigh more than 12 pounds more than you should, you have a higher risk of some cancers and heart disease. Reduce your weight to a desirable range with a program of sensible diet and exercise. Reducing the amount of fat in your diet is one way to lose weight.

BREAST CANCER is a risk for all women, especially women who are over 45 years old and have either a family or personal history of the disease. According to the answers which you gave on your personal history, you have some risks for breast cancer. You can do some things to reduce your chances of getting breast cancer.

1. Examine your own breasts for lumps every month.
2. Have a doctor or P.A. examine your breasts every year.
3. Have a mammogram as often as your doctor recommends.

CERVICAL CANCER is a disease which is serious and more Native American women die from it than should. This disease can be cured! Some of the answers that you gave on the questionnaire indicated that you have some additional risks for cervical cancer. It is very important that you follow your doctor's recommendations for Pap smears. Most women should have a Pap smear every year. Your doctor may want you to have them more often. Ask your doctor how often you need to have a Pap smear.

CERVICAL CANCER is serious but it can be found early and cured. The only way to find out if you have cervical cancer is to get a Pap smear. The Pap smear is done during a pelvic exam. You told us that you do not have annual female exams. Ask your doctor how often you should have a pelvic exam and Pap smear.

DIET ALERT! Your diet is probably too high in fat and too low in fiber-rich foods. This can lead to problems like clogging/hardening of the arteries and obesity. You may want to take a look at your eating habits and find ways to make some changes. To start out, try adding more fruits and vegetables.

OVERALL RISK: Based on the answers which you gave us on the "Women's Cancer Quiz", your risk for getting breast, uterine, or cervical cancer are higher than for some other women. It is especially important for you to be screened for these cancers as often as your doctor recommends.

PAP SMEAR REVIEW

Pt. ID # _____ Pt. Chart # _____ Clinic ID # 55 Reviewer: _____ Date: _____

Record all Paps pt. has received: Use Pap Smear Results Codes.

Date:	Result: (use code)	Date:	Result: (use code)	Date:	Result: (use code)
1	6	11			
2	7	12			
3	8	13			
4	9	14			
5	10	15			

FOR EACH PAP RECEIVED AFTER 7-1-89, COMPLETE PART A:

***** PART A *****

Date of pap:	Is pt. pregnant? Y / N / ND	Copy of pap results on chart? Y / N	Is the specimen adequate? Y / N / ND	Are endocervical cells present? Y / N / ND	Is HPV /Condyloma / Keratosis Present? Y / N	Result of pap: (use codes)
1						
2						
3						
4						
5						

IF PAP
IS
ABNORMAL
GO TO
PART B

***** PART B *****

Date of pap:	Diagnostic Recommendations: (use codes)	Did pt. complete recommendations? Y / N / UNSURE	Was F-Up treatment recommended? Y / N / DOESN'T STATE	What was recommended TX? (use codes)	Did pt. have Tx? Y / N / UNSURE
1					
2					
3					
4					
5					

APPENDIX 6

INTERVIEW WITH TERRI ELLIOT

CHIEF CLINICAL DIETICIAN AT

SOUTHEASTERN REGIONAL MEDICAL CENTER

- 1) Q. Why are most Lumbee women sent to you?
A. To receive counseling for diabetes, hypertension & high cholesterol.

- 2) Q. Do you feel that they understand the seriousness of their illness?
A. No, not really.

- 3) Q. Do they understand the importance of diet and its role in their disease?
A. No

- 4) Q. Do the Lumbee women follow the diets you recommend?
A. About 20% comply on a daily basis while 45-65% comply more or less.

- 5) Q. How would you describe their current diets?
A. Their diets are basically good. However, there are certain areas that still need work. They need to decrease their pork intake and increase their fruit intake.

- 6) Q. How would you describe the typical Lumbee woman that you counsel?
- A. They are poor and uneducated. Many can not read however, they remember very well and can comprehend fairly well when the information is explained to them.
- 7) Q. How does the Lumbee diet compare with the diet of the white population?
- A. There is a much higher use of lard within the Lumbee population.
- 8) Q. How does the Lumbee diet compare to the black population?
- A. Blacks use less pork and less salt. There is a greater problem with hypertension among the black population and they have learned that it is imperative that they stay away from these two things.
- 9) Q. Is there any difference in the diet of Lumbees living in Pembroke vs those living in Lumberton?
- A. I have not noticed any.
- 10) Q. Have you seen an improvement in the Lumbee women's diet over the past few years?
- A. Yes, there has been some improvement. It appears as if they are really trying.
- 11) Q. How do you feel Lumbees are treated by health-care providers in Lumberton?
- A. They often are not told things because the providers, doctors in particular, do not feel that they will understand because of their lack of education.

- 12) Q. What have you noticed about the Lumbee women that stands out in your mind?
- A. The "little-old Lumbee women" who come in here are very sweet and are very religious. Many do not seem to worry about their medical conditions because they feel that the "Good Lord" will take care of them. Also, on several occasions, I have been told that God has instructed them to eat certain foods that they should not be eating. For example, a little Indian women was in here yesterday who is a diabetic. Her blood sugar was very high. She admitted that she had been eating cake the past few days. When I questioned her about the cake, trying to find out if a family member gave it to her, she admitted that she bought the cake because "Jesus told her to!"

APPENDIX 8

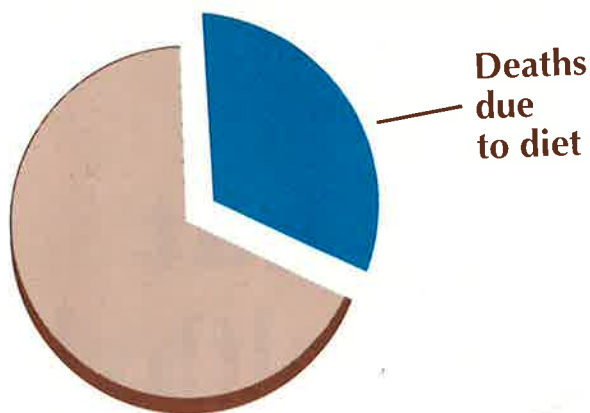


Let's Eat Healthy!

*5 simple tips
to lower dietary
risk of Cancer*

The more we learn about the way we live and eat, the more we know how much our diet and lifestyle affects our health. In earlier times, Indian people were healthy because they were active and ate foods that were low in fat and high in fiber. Today, many of the health problems we see in our community are linked to a change in eating habits and less active daily routines.

Did you know that experts on health now believe that about **1/3 of all cancer deaths** in the United States can be traced to poor eating habits?



What can we do?

The National Cancer Institute and the American Cancer Society offer these easy ways to help reduce cancer risk:

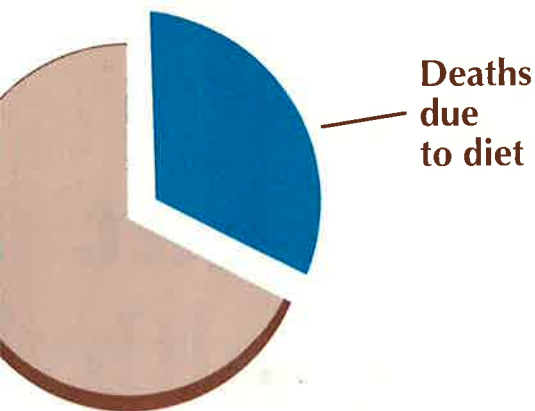
Let's Eat Healthy!



*Our people can
longer and better by
healthy changes in
and lifestyle...*

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Did you know that experts on health believe that about **1/3 of all cancer deaths** in the United States can be traced to our eating habits?



What can we do?

The National Cancer Institute and the American Cancer Society offer these easy tips to help reduce cancer risk:

1 Eat less **FAT**

Use skim or low-fat milk instead of whole ("sweet") milk; choose low-fat snacks like fruit or pretzels instead of doughnuts or chips; try baking or broiling instead of frying; trim excess fat from meats and poultry and skip the fatback in vegetables!



2 Eat more **HIGH-FIBER** foods

Select whole-wheat instead of white ("light") bread; choose low-sugar, whole-grain cereals for breakfast; try to eat at least five servings of fresh fruits and vegetables each day.



3 Eat more foods high in **VITAMIN A & VITAMIN C**

Citrus fruits (oranges and grapefruit) and dark green, orange, or yellow vegetables (collard greens, squash and sweet potatoes) are good sources of fiber **and** vitamins A and C.



Eat less FAT

Use skim or low-fat milk instead of whole ("fat") milk; choose low-fat snacks like fruit or nuts instead of doughnuts or chips; try baking or broiling instead of frying; trim excess fat from meats and poultry and skip the fatback in vegetables!



Eat more HIGH-FIBER foods

Select whole-wheat instead of white ("light") flour; choose low-sugar, whole-grain cereals for breakfast; eat at least five servings of fresh fruits and vegetables each day.



Eat more foods high in VITAMIN A & VITAMIN C

Citrus fruits (oranges and grapefruit) and green, orange, or yellow vegetables (collard greens, squash and sweet potatoes) are good sources of vitamins A and C.



4 LIMIT the amount of salt-cured & smoked foods

Smoked, salt-cured and grilled meats contain small levels of *carcinogens* (cancer-causing agents). Eating too much of these foods increases cancer risk.

5 Maintain a HEALTHY BODY WEIGHT

Too much body fat is **not healthy**, not only for cancer risk, but also for risk of heart disease, high blood pressure and diabetes ("sugar"). Proper eating habits and regular exercise (walking, bike riding, aerobics) can help you "take it off and keep it off."



APPENDIX 9

COLONIC CLEANSING QUESTIONNAIRE

- 1) Q. What is the basic concept behind the colon cleansing process?
A. To cleanse the entire colon by gently flushing with water.
- 2) Q. Where did this practice originate?
A. In Europe
- 3) Q. Where did you receive your training?
A. At a school in Indiana, 11 years ago.
- 4) Q. Are there particular conditions that Native Americans complain of more frequently?
A. Yes, constipation and gas.
- 5) Q. Do Lumbee women seek colon cleansing before or after "traditional" medicine?
A. Both, some seek the treatment when other things have failed, while others get the treatment for general hygiene.
- 6) Q. Do they combine colon cleansing with "traditional" medicine?
A. Yes
- 7) Q. Please describe the process.
A. A tube is inserted into the rectum. Water is allowed to gently flow into the colon for 30-45 min to achieve proper cleansing.
- 8) Q. When considering the Lumbee women who visit you the most frequently, do you consider them to be more highly educated than the average Lumbee?
A. Yes, I would say so.

APPENDIX 10

Why Cleanse the Colon and Organs?

At the turn of the century a health survey was taken of 110 nations. The United States ranked 13th from the top in good health. Recently another survey was taken and the United States ranked 79th in poor health out of 79 nations surveyed. What has caused this drastic change in our society? Don't we have the best medical facilities, all of the conveniences that modern technology can provide for us, the best of foods to eat and a wide variety to choose from? Why then are we in the shape we're in? I believe it to be chemicals and processed foods. Do we eat like we did 80 years ago? So much has changed in the last 80 years and much for our good. We have made advances in space never dreamed of, in automation, and even in our food. Now all we have to do is open a package and pop it in the microwave and have a "nuke" dinner, but what are we doing to ourselves and generations to come? We're slowly killing ourselves with ease and luxury. We no longer have time to grow our own gardens. We let others do that for us. Our soils are so depleted and our crops so heavily sprayed with chemicals that we weaken our immune system, leaving us open for allergies, hay fever, arthritis, heart problems, candida, AIDS, cancer and the list goes on and on. Is it any wonder we are where we are today? Mankind with all his knowledge has improved things so much that we are slowly killing ourselves. There is so much suffering today from diseases and illnesses that never plagued us before.

Our colon is at the root of these problems. If our colon is impacted with sugars, hamburger, french fries, white flour as a paste, etc., how can our bodies ever expect to assimilate any good we have to give it. We are a nation with many overweight people because we have to eat twice as much for our bodies to assimilate any good nutrients. This is all the more reason why we need to clean the impacted fecal matter from our colons, so we can assimilate the good nutrients from our foods.

We are of this world and it is impossible to completely divorce ourselves from it. So what can we do to live a healthy life in spite of our surroundings?

First, we must be aware of everything that is going into our bodies. It is important that we put natural, whole, live foods into our bodies and not something that has been altered. Fresh fruits, and vegetables properly cooked are a real treat. Poultry and fish, legumes, whole grains and nuts are wholesome foods. The more foods you can eat in their whole form, the better for you because cooking kills the live enzymes in foods.

Next, what can we do for our body to clean out what has been building up over the years through improper eating habits? In

Italy we used to clean house thoroughly in the Spring and in the Fall. I'm not sure people do that any more, but that is what we need to do with our bodies! We do not always eat as we should, so we should know what to do to clear out the body. These "wrong" foods that we can put into our bodies build up on the wall of the colon and organs. We must sometimes take drastic measures to rid our bodies of this residue — a good Spring cleaning is needed. I believe HERBAL FIBER BLEND is the answer.

Bowel management is an undiscussed topic in our culture today. It's not nice to talk about. Somehow the unspoken idea has crept upon us which implies that the bowel will take care of itself. Along with this erroneous belief comes another which implies that anything we may buy in the supermarket or prepare in our kitchen will be received with gratitude by the gastrointestinal system. Dr. Tom Spies, recipient of the American Medical Association's Distinguished Service Award, has said, "All the chemicals used in the body — except for the oxygen we breathe and the water we drink — are taken through food."

Unfortunately, the selection of poor foods and improper preparation methods often lead to bowel problems. Researchers have shown that regular use of refined carbohydrates and a lack of fiber in the diet decreases the transit time of bowel wastes and stimulates production of putrefactive bacteria in the bowel. These factors have been linked not only to bowel diseases, such as colitis, diverticulosis, and cancer, but also to chronic disease elsewhere in the body.

The colon was meant to be a sewage system, but by neglect and abuse it becomes a stagnant cess pool. When it is clean and normal we are well and happy. Let it stagnate, and it will distill the poisons of decay, fermentation and putrefaction into the blood. This poisons the brain and nervous system so that we become mentally depressed and irritable; it poisons the heart so that we are weak and listless; it poisons the lungs so that the breath is foul; it poisons the digestive organs so that we are distressed and bloated; it poisons the blood so that the skin is sallow and unhealthy. In short, every organ and cell in the body is poisoned and we age prematurely. We look and feel old, the joints are stiff and painful; neuritis, dull eyes and a sluggish brain overtakes us and the pleasure of living is gone.

Fortunately, what medical scientists call the "irritable bowel syndrome" can be prevented or reversed, in most cases, by following the program described in this book. It often takes an act of resolution and courage. There is no better way than taking positive, affirmative action. You must take responsibility for your own health and well-being. Improving the health of your bowel will give you many worthwhile dividends including more energy and vitality.

Once the bowel is cleansed of accumulated waste material, the next step is giving up old habits. It is a very difficult thing to do but

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- Q. Can I take HERBAL FIBER BLEND while I am nursing my baby?
- A. Yes. It would be very beneficial for both you and your baby. You must remember that with HERBAL FIBER BLEND there is rebuilding going on and this sometimes manifests itself as an illness. Do not be alarmed, but continue to take HERBAL FIBER BLEND and the symptoms will soon pass. It is advisable to start on HERBAL FIBER BLEND slowly, with maybe only one tablespoon a day for the first week; then increase it gradually. If symptoms such as congestion or diarrhea should occur in the baby, a warm ginger bath would be advisable to speed the process along. Also rubbing along the spine with Lobelia extract has been known to relax the body.
- Q. Can I give HERBAL FIBER BLEND to small children?
- A. Yes. Reduce the amount accordingly and put it in their favorite juice.
- Q. I am an alcoholic. Can this program help me to eliminate the desire for alcohol?
- A. Yes. The longer you stay on the program, the less your desire will be for alcohol. You can go to an Alcohol Treatment center, but until the body is cleansed, you will go back to your old ways.
- Q. I smoke two packs of cigarettes a day. Is there any help for me?
- A. Yes. I recently interviewed a gentleman who was a heavy smoker. After one week on the program he came to my office and said he had passed hundreds of parasites. I asked how he was doing with the cigarettes. He said he still had the habit, but the pleasure was gone. He had cut back on the cigarettes. Soon he quit entirely.

Once the body has started to rebuild, the cravings are no longer there. This also applies to drug users, and those who are "sugarholics."

I am sure you know many who have been in Drug and Alcohol rehabilitation centers and once they are out they return to their old ways. The body needs that cleansing and detoxification. Drugs just are not the answer!

TESTIMONIALS

I started taking HERBAL FIBER BLEND when it was in the testing stage. I was taking it to cleanse my colon and organs and rebuild the immune system. Without any thought of weight loss, I lost 30 pounds and it was mostly in my stomach area.

We have used herbs in our family for generations and I have studied herbs and nutrition. My wife is a midwife and uses herbs with her clients. My wife has had a chronic problem for years and even with our herbal background we had not been able to help it. Using HERBAL FIBER BLEND, it has diminished drastically. Our entire family has been on HERBAL FIBER BLEND.

We are knowledgeable in Iridology and find it a joy to look in our children's eyes and see improvement. We find this formula to be effective in many areas. M.S.

I lost twenty-five pounds in three months using HERBAL FIBER BLEND. It took the weight off but I did not lose muscle tone. I am not an exercising person, so I want to note here that I did not exercise to tone my muscles. I've always had a problem with my hips that I thought was hereditary. I lost inches off my hips. I've always had hips to carry my children around on and now there is nothing there for my grandchildren.

It has been several months since I lost the weight and I have been able to keep it off. I have tried without success for years to lose the excess weight. I would lose a few pounds and put it all back on again, plus a few more. With HERBAL FIBER BLEND I just took it twice a day and drank 8-10 glasses of water a day. I still take HERBAL FIBER BLEND occasionally and I do continue to drink the 8-10 glasses of water per day. I was not taking HERBAL FIBER BLEND to lose weight. It was the farthest thing from my mind. I was doing it to cleanse my body and in so doing I not only lost weight but my eyes turned from hazel to a pretty blue. I can never remember my eyes being blue.

I have a good feeling knowing my body is cleaner than it has been for years and that I can now wear a size 10 again. I am so thankful for this herbal formula and the health it has given me. T.S.

I have been taking HERBAL FIBER BLEND now for the past two months and I have lost 20 pounds. I have tried all kinds of diets without any success. Now I am just watching the weight fall off. I started on HERBAL FIBER BLEND and put my family on it just to clean the colon and the organs. I could see a big difference in my children's mental attitude.

It has helped our family in so many ways. We are also taking Barley Green and were really excited to hear about HERBAL

DEATH BEGINS IN THE COLON

IMPORTANT DISCUSSION OF ALIMENTARY TOXEMIA BEFORE THE ROYAL SOCIETY OF MEDICINE OF GREAT BRITAIN

Recently, the subject of alimentary toxemia was discussed in London before the Royal Society of Medicine, by fifty-seven of the leading physicians of Great Britain. Among the speakers were eminent surgeons, physicians, and specialists in the various branches of medicine.

POISONS OF ALIMENTARY INTESTINAL TOXEMIA

The following is a list of the various poisons noted by the several speakers: Indol, skatol, phenol, cresol, indican, sulphurated hydrogen, ammonia, histidine, indican, urobilin, methylimercaptan, tetramethyl-leadamine, pentamethyl leadamine, putrescin, cadaverin, neurin, cholin, muscarine, butyric acid, bera-imidazol-ethylamine, methylgandamine, plomatropine, botulin, tyramine, agamatin, tryptophane, sepsin, idolethylamine, sulpherroglobine.

Of the 36 poisons mentioned above, several are highly active, producing most profound effects, and in very small quantities. In cases of alimentary toxemia some one or several of these poisons is constantly bathing the delicate body cells, and setting up charges which finally result in grave disease.

SYMPTOMS AND DISEASES DUE TO ALIMENTARY TOXEMIA

It should be understood that these findings are not mere theories, but are the results of demonstrations in actual practice by eminent physicians. Of course it is not claimed that alimentary toxemia is the only cause of all the symptoms and diseases named: Although of many it may be the sole or principal cause, some of them are due to other causes as well. In the following summary the various symptoms and disorders mentioned in the discussion in London, to which reference has been made above, are grouped and classified.

THE DIGESTIVE ORGANS

Duodenal ulcer causing partial or complete obstruction of the duodenum; pyloric spasm; pyloric obstruction; distension and dilation of the stomach; gastric ulcer; cancer of the stomach; adhesions of the omentum to the stomach and liver; inflammation of the liver; cancer of the liver.

The muscular wall of the intestine as well as other muscles atrophy, so that the passage of their contents is hindered. The abdominal viscera lose their normal relationship to the spine and to each other, on account of weakening of the abdominal muscles; these displacements are much more marked and serious in women. Other conditions are: Catarrh of the intestines; foul gases and foul smelling stools; colitis; acute enteritis; appendicitis, acute and chronic; adhesions and "kinks" of the intestines; visceroptosis; enlargement of spleen, distended abdomen; tenderness of the abdomen; summer diarrhoea of children; inflammation of pancreas; chronic dragging abdominal pains; gastritis; cancer of pancreas; inflammatory changes of gall bladder; cancer of gall bladder; gallstones; degeneration of liver; cirrhosis of liver; infection of the gums, and decay of the teeth; ulcers in the mouth and pharynx.

HEART AND BLOOD VESSELS

Wasting and weakening of the heart muscles; microbic cyamosis from breaking up of blood cells; fatty degeneration of the heart; endocarditis; myocarditis; subnormal blood pressure; enlargement of the heart; the dilatation of the aorta; high blood pressure; arteriosclerosis; permanent dilation of arteries.

Dr. W. Bezley says: "There are a few phases of cardiovascular trouble (disease of heart and blood vessels) with which disorder of some part of the alimentary tract is not causatively associated."

THE NERVOUS SYSTEM

Headaches of various kinds — frontal, occipital, temporal, dull or intense, hemicrania; headache of a character to lead to a mistaken diagnosis of brain tumor. Dr. Lane tells of a case where a surgeon had proposed an operation for the removal of a tumor from the frontal lobe of the brain; the difficulty was wholly removed by the excision of the colon. Acute neuralgia pains in the legs; neuritis; twitching of the eyes and of muscles of face, arms, legs, etc. Lassitude; irritability; disturbances of nervous system, varying from simple headaches to absolute collapse; mental and physical depression. Insomnia; troubled sleep, unpleasant dreams; unrefreshing sleep, the patient awakening tired; excessive sleepiness, patient falling asleep in the daytime; shivery sensation across lower spinal region; burning sensations in face, hands, etc.; epileptiform tic; typhoid state; paralysis; chronic fatigue; horror of noises; morbid introspection; perverted moral feelings; melancholia, mania, loss of memory; difficulty of mental concentration; imbecility; insanity; delirium, coma.

THE EYES

Degenerative changes in the eye; inflammation of the lens; inflammation of the optic nerve; hardening of the lens; scleritis; sclerokeratitis; iritis; iridocyclitis; cataract; recurrent hemorrhage in the retina; eye dull and heavy.

THE SKIN

Formation of wrinkles; thin, inelastic, starchy skin; pigmentations of the skin - yellow, brown, slate-black, blue; muddy complexion; offensive secretion from the skin of flexures; thickening of the skin of the back of the skin - sores and boils; pemphigus; pruritus; herpes; eczema; dermatitis; lupus erythematosus; acne rosacea; cold, clammy extremities; dark circles under the eyes; seborrhea; psoriasis; pityriasis; alopecia, lichen; planus; jaundice; "An infinitesimal amount of poison may suffice to cause skin eruption."

MUSCLES AND JOINTS

Degeneration of the muscles; "Muscles waste and become soft and in advanced cases tear easily. In young life the muscular debility produces the deformities which are called dorsal excorvation, or round shoulders, lateral curvature, flat-foot, and knock-knee." Weakness of abdominal muscles causes accumulation of feces in the pelvic colon, which renders evacuation of contents more and more difficult. Prominence of bones; rheumatic pains simulating sciatica and lumbago; various muscular pains; muscular rheumatism; arthritis deformities; synovitis; rickets; arthritis, acute and chronic. **Tubercle, and rheumatoid arthritis are the direct result of intestinal intoxication. Dr. Lane says: "I do not believe it is possible for either of these diseases to obtain a foothold except in the presence of stasis."**

GENITO-URINARY AND REPRODUCTIVE ORGANS

Various displacements, distortion and disease of the uterus; change in the whole forms contour of woman; fibrosis of breast; wasting of breasts; induration of breasts; sub-acute and chronic mastitis; cancer of breast; merritis and endometritis; infection of bladder especially in women; frequent urination; albumosuria; acute nephritis; movable kidney; floating kidney. **Dr. Lane goes so far as to say: "Autointoxication plays so large a part in the development of disease of the female genito-urinary apparatus, that they may be regarded by the gynecologist as a product of intestinal stasis."**

GENERAL DISORDERS AND DISTURBANCES OF NUTRITION

Degeneration of the organs of elimination, especially the liver, kidneys (Bright's disease) and spleen; pernicious anemia; lowered resistance to infection of all kind; premature senile decay; retardation of growth in children, accompanied by mental irritability and muscular fatigue; adenoids, enlarged tonsils; scurvy; enlarged thyroid (goitre); various tumors and thyroid; Raynaud's disease. In those who apparently suffer no harm from constipation during a long series of years there is perhaps, as suggested by Hertz, a partial immunity established. The writer has long believed that such an immunity is sometimes established in the very obstinate constipation which accompanies absolute fasting, because of the cleansing of the tongue and reappearance of appetite which often occurs at the end of the second or third week of the fast, a phenomenon very like that which appears in typhoid fever and other continued fevers. It must not be supposed, however, that even the establishment of so-called immunity insures the body against all injury. The labor of eliminating an enormous amount of virulent toxins, which falls upon the kidneys, damages the renal tissues and produces premature failure of these essential organs. Any process which develops toxins within the body is a menace to the life of the tissues and should be suppressed as far as possible, and as quickly as possible.

The fact that symptoms of poisoning resulting from constipation do not appear at once is no evidence that injury is not done. Dr. William Hunter in the course of the London discussion remarked that the fact that chronic constipation "might exist in certain individuals as an almost permanent condition without apparently causing ill health is due solely to the power and protective action of the liver. It is not any evidence of the comparative harmlessness of constipation per se, but only an evidence that some individuals possess the cecum and the colon of an ox, with the liver of a pig, capable of doing any amount of distoxication." In the face of such an array of evidence backed up by authority of nearly 60 eminent English physicians - and many hundreds of other English, U.S., German and French physicians whose names might be added - it is no longer possible to ignore the importance of alimentary toxemia or autointoxication as a fact in the production of disease. **To no other single cause is it possible to attribute one-tenth as many various and widely diverse disorders. It may be said that almost every chronic disease known is directly or indirectly due to the influence of bacterial poisons absorbed from the intestine. The colon may be justly looked upon as a veritable Pandora's box, out of which come more human misery and suffering, mental and moral, as well as physical than from any other known source.**

The colon is a sewage system, but by neglect and abuse it becomes a cesspool. When it is clean and normal we are well and happy; let it stagnate, and it will distill the poisons of decay, fermentation and putrefaction into the blood, poisoning the brain and nervous system so that we become mentally depressed and irritable; it will poison the heart so that we are weak and listless; poisons the lungs so that the breath is foul; poisons the digestive organs so that we are distressed and bloated; and poisons the blood so that the skin is sallow and unhealthy. In short, every organ of the body is poisoned, and we age prematurely, look and feel old, the joints are stiff and painful, neuritis, dull eyes and a sluggish brain overtake us; the pleasure of living is gone.

The preceding information should impress you with the vital importance of bowel regularity to you and every member of your family.

Gall Bladder

Stomach

Duodenum Pylorus

Splenic Flexure

A HEALTHY COLON

Hepatic Flexure

Transverse Colon

Ascending Colon

Outline which would appear in the X-ray picture of a truly HEALTHY COLON.

NATURE'S PERFECTION

Compare this picture of a NORMAL HEALTHY COLON with the X-Rays shown on the reverse side. The famous Harvey W. Kellogg, M.D. of Battle Creek, Michigan, once said:

"Of the 22,000 operations I personally performed I never found a single normal colon and of the 100,000 performed under my jurisdiction not over 6% were normal."

Ileo Cecal Valve

Small Intestine

Descending Colon

Sigmoid

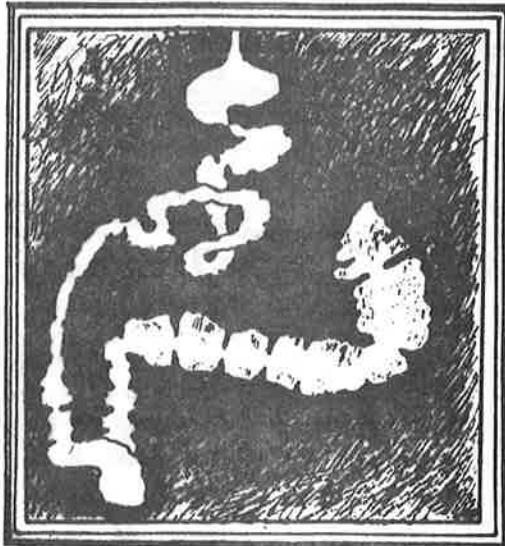
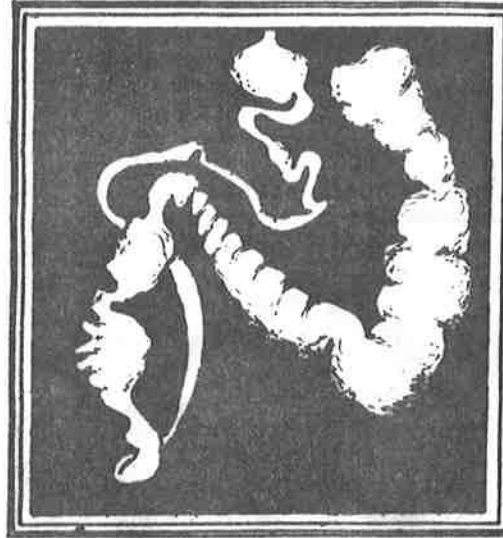
Appendix

Rectum

Anus

June 1961

MAN'S PERVERSIONS



The above six pictures of propped, distorted, twisted, sickly looking Colons are exact reduced reproductions of X-ray negatives of the Colons of APPARENTLY Healthy, Civilized People whose illusion about their physical condition was exploded when they SAW this conclusive evidence.

How can any reasonable mind think that a drug, a vitamin, a vitamin and mineral supplement, or even a natural food concentrate, used as a supplement, could possibly overcome the damage that has been done to such colons as these. To our thinking the purchase or sale of any item on the pretext that it will overcome such conditions is obtaining money under false pretense.

The years of accumulated damage such as was done in the colons shown here are not so easily or quickly remedied and the individual who may have a similar condition should first be shown the problem they may have to face. Once a person realizes the problem he is much more prone to listen to sound logic.

There is no quick easy way to correct such conditions and our theory is that these colons must first be cleaned out. Then building material sufficient both as to nutrient value and as to bulk must be furnished to the body so that the blood with the aid of a sane exercise program can gradually rebuild some semblance of natural peristaltic movement again. Time, patience and faith in Natural Law are a must if the individual is to return to better health and escape dire future complications.

NOTE:

These reproductions of various colonic conditions illustrate the value of good colonic health, and are not necessarily typical of any specific condition which might be encountered by the reader. Some so-called experts might disagree, also, with the statements of Dr. Kellogg. In any event, publication of these reproductions shall not be construed as a claim or representation that any of our products constitute a cure, ameliorative, or palliative for any specific condition noted.

V. E. IRONS, INC., Boston, Mass.
 SPRINGREEN PRODUCTS, INC., Boston, Mass.
 SONNEN'S ORGANIC FOODS, INC., Boston, Mass.
 VEICO PRODUCTS, INC., Boston, Mass.

APPENDIX 10

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FIBER BLEND. Barley Green and HERBAL FIBER BLEND has changed our lives. We are so thankful for it. P.S.

I started using HERBAL FIBER BLEND to clear up a gall bladder problem. I was on a bland diet, eating vegetables, no salads, Cream of Wheat, bread and not butter. I used HERBAL FIBER BLEND three times a day and I did not eat anything after 5 p.m. I drank a lot of juices and water. I did this religiously for three weeks and lost ten pounds. I gradually started adding other foods to my diet and continued with HERBAL FIBER BLEND three times a day and I lost another ten pounds. I did not desire the wrong foods I had been eating and I passed the gallstones.

My fourteen year old daughter went on HERBAL FIBER BLEND the same time I did and she lost ten pounds. She is a lot calmer and does not have many of the problems that most teenagers have at that age. We are really happy to have been introduced to HERBAL FIBER BLEND. E.A.

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APPENDIX 10

28

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very necessary to regaining full health. The building process begins when correct, life-giving attitudes and habits take over. We can regenerate the body when we have clean tissues that are able to assimilate all the nutrients we need from the foods we eat. Coffee and donuts will not do the job; sugar and white bread won't either. If old habits are not given up, only temporary "flash" results will be experienced.

We need to remember Rome was not built in a day, nor are the dividends of effective bowel management always evident immediately. Developing proper elimination is half the job.

We hope that you will make HERBAL FIBER BLEND a part of your nutritional program.

APPENDIX 11



Staff Photo by MARCUS CAS

Lumbee Medicine Man Vernon Cooper With Bloodroot, One Of The Many Herbs He Uses To Treat Indian Ills

Medicine Man

Last In A Long Line Of Indian Healers

By MARK PRICE
Staff Feature Writer

WAGRAM — Vernon Cooper was barely 10 at the time, but he remembers well that night 73 years ago when his great-grandmother stirred from her deathbed long enough to grant him "the healin' power."

Even then, herbal doctors were scarce among North Carolina's Indians. Particularly the kind who could heal by touch, as Betsy Cooper was rumored to do.

She'd mixed enough home remedies in her 89 years to cure every Lumbee within 100 miles. Yet when her old heart started giving out, no amount of bloodroot tonic or hog foot ointment could help.

"This family's been allotted the power for 400 years," she is remembered to have said by her great-grandson. "It was given to me by my father, and given to him by his father. When I die, it goes to you. When you die, it dies, too. You're the last. It ain't meant to go no further."

And so she died, leaving her young apprentice with a legacy that decades later brings people to his modest house near Wagram — folks complaining of headaches, nervous stomachs, rashes and shortness of breath.

Most, like Cooper, are Indians of limited means. They offer pocket change or vegetables in return for centuries-old herbal cures of boiled sheep's fat, rat's bane and opossum haw.

Then there's the touch.

Cooper says that, like his great-

Vernon Cooper may be the last in the Lumbee tribe who still practices medicine the old fashioned Indian way — calling on the healing powers of roots, herbs, such whatnots as sheep fat and opossum haw, but most of all, faith.

grandmother, he has the power to diagnose and heal by touch. He calls it "rubbin'."

"When I get my hand over a pain, I can feel it. I feel the pain like they feel it. I can feel it being drawn out like a 'lectrical charge. The more it comes out, the less they hurt," says Cooper, clad for business in bifocals, a pair of overalls and a cowboy hat.

"The Lord anointed me to do it, but I had a stroke a few years ago and it's not working like it did before. Now my hands peel if anybody has a high fever. Sometimes they swell, too," he says.

Even in a community where herbal cures are as common as corn bread recipes, the 82-year-old retired farmer is rumored to have forgotten more about plants and herbs than most ever learn.

Among the Lumbees, Cooper is considered to be the last of the tribe's bonafide medicine men. Some even go so far as to say he's got a little of the supernatural in

him. "It's like he can see in your body," says Maryland-based anthropologist Rebecca Seib, who was mystified when Cooper correctly diagnosed an enlarged ovary simply by holding her hand.

"I was stunned. This man is a miracle," she says. "I went not as a patient, but as an anthropologist working on the Lumbee application for federal recognition. He held my hand, closed his eyes, then told me about my enlarged ovary as if he were looking right inside me."

Thanks to such testimonials, Cooper and his wife Rosey Lee are visited daily by indigent neighbors and desperate strangers. They arrive at all hours, parking under his plum trees and loitering in his chair-lined living room, where signs plead with parents to keep their youngsters out of the kitchen cabinets.

During the short three weeks in 1979 that he kept a tally, Cooper says he treated more than 300

people. It hasn't slowed much since, even though his health is failing and the house is nearly impossible to find.

"If they come to my door and have need, I help them. But I don't know if I can do it much longer. I'll be 83, if I can make it to July. I'm weak," says Cooper, who talks as slowly as he walks.

"I'm hoping I'll die on the job. I would love to have my hands on someone and just as the pain left them, the Lord would take me. That might sound foolish, but I think I would enjoy death better that way."

Cooper has conversed with the Lord on this matter many times. In fact, he claims to converse with the Lord on just about everything going on his office, including diagnosing and treating patients. He has to, having never learned to read or write his own remedies.

Even with this celestial touch, however, the cures are odd smelling and almost always bad tasting.

Shortness of breath, for example, commands a tonic made of pungent smelling asafetida (plant resin), the gum from a sweet gum tree, some bitter tasting red bloodroot (an herb) and an ounce or two of liquor. A Coke chaser is recommended, along with holding one's nose.

For sugar diabetes, a tea is brewed with opossum haw (a bush) and the triple threat of red bloodroot, yellow bloodroot and white bloodroot. You drink four ounces a day for 20 days.

Cooper has similar tonics and

See HEALER, Next Page

Healer

From Page 1-C

ointments for nervousness, heart trouble, rashes, headaches and even skin cancer — all made from things like boiled pig's foot juice, beef foot juice, lion's tongue (an herb) and Big and Little Saint John (also herbs).

Most are stored in recycled baby food jars in Cooper's bedroom, along with store-bought necessities like Spirits of Turpentine, Extract of Myrrh and something called "Indian Snake Oil," which is good for corns, toothaches, chest colds and sore throats.

"Every herb has a mate, like male and female," Cooper says, trying to explain his collection. "No one herb will work by itself. You must mix it with others to complete it."

Anthropologists have determined that 400 years ago, Indian medicine men may have known 300 to 400 plants and

their specific uses. This life-saving knowledge was often passed in families from generation to generation.

As a boy, Vernon Cooper learned by tending his great-grandmother's herb garden and accompanying her on trips in search of rare herbs. The old woman lived with the family and had regular 4 p.m. to 10 p.m. doctoring hours, Cooper recalls.

Payment often came in the form of meat, butter or milk, which were much needed by a struggling tenant farm family with seven children to feed.

"The best thing she ever taught me was to trust the Lord, because you got to believe for the medicine to work. She also told me that there's a lot of cases where words would mean more than medicine. I've seen many a person I didn't do

nothing for, except talk and do a little rubbin'," Cooper admits.

His great-grandmother also predicted that he'd take the power with him to the grave, as the last of the family's medicine men. Cooper says she was as infallible in this prediction as she was in her medicine. The father of two has never found a worthy apprentice.

"She didn't tell me how the family got the power to begin with, or why it was only to last 400 years," Cooper says.

"I had hoped to find somebody prepared to fit into the age we were living in now. You see what we were doing 200 years ago, in a lot of cases, is no good now. The medicine is as good as it ever was, but these days people have less confidence. They don't believe what they can't understand."

Herbs Really Work!



God said, I give you every seed-bearing plant on the face of the whole earth and every tree that has fruit with seed in it. They will be yours for food God saw all that He made, and it was very good. Genesis 1:29-31
My people perish for lack of knowledge. Hosea 4:6

Herbs really help us. Why?

Because they are *foods* loaded with nutrients (vitamins, minerals, enzymes, and more) the body uses to achieve and maintain health.

Do herbs *cure*?

No. They *nourish*. If the body has the ability to heal, it will use the raw materials found in foods to do its own healing work. Herbs do not heal. They **feed**. Herbs do not **force** the body to maintain and repair itself. They simply **support** the body in these natural functions.

Are there certain herbs for certain diseases?

Herbs *do not* address disease. Herbs have been chosen — over hundreds of years of history — to feed and buttress the body. For instance, you might eat carrots for good eyesight and broccoli for immune-supporting anti-oxidants. Are carrots and broccoli **cures** for glaucoma and cancer? No! But, wouldn't you consume these nourishing herbal foods "at times of" these afflictions? History's answer is yes!

What are herbs?

Herbs are excellent foods we can choose to supplement the deficiencies of our modern, processed S.A.D. (Standard American Diet).

This information is for educational purposes only and should not be used to diagnose and treat diseases. If you have a serious health problem, please consult a competent health practitioner.

APPENDIX 12

GLANDULAR SYSTEM continued

- G6** — **Enlarged thyroid or prostate, lymph congestion, cough**
Irish Moss, Kelp, Black Walnut, Parsley, Watercress, Sarsaparilla
- G7** — **Change of life, menstrual imbalances, strengthen female glands and organs**
Golden Seal, Capsicum, Ginger, Uva Ursi, Cramp Bark, Squaw Vine, Blessed Thistle, Red Raspberry, False Unicorn
- G8** — **Rebuild and strengthen pancreas for those with high blood sugar**
Golden Seal, Juniper, Uva Ursi, Cedar Berries, Mullein, Yarrow, Garlic, Slippery Elm, Capsicum, Dandelion, Marshmallow, Nettle, White Oak Bark, Licorice
- G9** — **Strengthen prostate, urinary tract, stones, inflammation**
Cedar Berries, Golden Seal, Capsicum, Parsley, Ginger, Siberian Ginseng, Uva Ursi, Queen of the Meadow, Marshmallow
- G10** — **Pancreas and blood sugar balance**
Cedar Berries, Burdock, Horseradish, Golden Seal, Siberian Ginseng
- G11** — **Feed genital-urinary tract, prostate**
Black Cohosh, Licorice, Kelp, Gotu Kola, Golden Seal, Capsicum, Ginger, Dong Quai
- G12** — **Normalize thyroid, energy, weight, natural iodine, lessen bloating**
Kelp, Irish Moss, Parsley, Hops, Capsicum
- G13** — **Healthy sex drive/potency, nocturnal emission, chronic weakness, prostate**
Siberian Ginseng, Parthenium, Saw Palmetto, Gotu Kola, Damiana, Sarsaparilla, Horsetail, Garlic, Capsicum, Chickweed

NERVOUS SYSTEM

- N1** — **Herbal pain relief, head and elsewhere; soothe inflammation**
White Willow, Valerian, Lettuce, Capsicum
- N2** — **Help nervous tension, worry, stress, nourish nervous system**
White Willow, Black Cohosh, Capsicum, Valerian, Ginger, Hops, Wood Betony, Devil's Claw
- N3** — **Energy and endurance, improve memory, help that "low" feeling**
Capsicum, Siberian Ginseng, Gotu Kola
- N4** — **Promote natural sleep, alleviate stress, muscle tension**
Valerian, Scullcap, Hops
- N5** — **Muscle spasms, menstrual cramps, nervous head pain, sleeplessness**
Black Cohosh, Valerian, Capsicum, Passion Flower, Scullcap, Hops, Wood Betony
- N6** — **Stress, muscle spasms, sore bowel**
Chamomile, Passion Flowers, Hops, Fennel, Marshmallow, Feverfew

STRUCTURAL SYSTEM

- S1** — **Joint stiffness and pain, mineral deposits all systems**
Bromelain, Hydrangea, Yucca, Horsetail, Celery, Alfalfa, Black Cohosh, Catnip, Yarrow, Capsicum, Valerian, White Willow, Burdock, Slippery Elm, Sarsaparilla
- S2** — **Calcium, nerves, veins and artery walls, bones, teeth**
Alfalfa, Marshmallow, Plantain, Horsetail, Oatstraw, Wheat Grass, Hops
- S3** — **Herbal food for hair, skin, nails**
Dulse, Horsetail, Sage, Rosemary
- S4** — **Broken bones, bruises, cuts, sprains, perforations and eruptions**
Slippery Elm, Marshmallow, Golden Seal, Fenugreek

GENERAL NUTRITION

- GN1** — **Appetite suppressant, provide feeling of fullness with fiber, balance sugar**
Brindall Berries, Gymnema, Marshmallow, Psyllium
- GN2** — **Fight fatigue, build stamina, aid recovery from stress or general weakness**
Ginseng, Bee Pollen, Yellow Dock, Licorice, Gotu Kola, Kelp, Schizandra, Barley Grass, Rose Hips, Capsicum
- GN3** — **Used with fasting cleanses for energy, help hunger, help elimination**
Licorice, Red Beet, Hawthorn, Fennel
- GN4** — **Athletic training, soreness after workouts, muscle spasms, jet lag**
Ginseng, Ho Shou Wu, Black Walnut, Licorice, Gentian, Fennel, Slippery Elm, Bee Pollen, Bayberry, Myrrh, Peppermint, Safflower, Eucalyptus, Lemon Grass, Capsicum
- GN5** — **Tonic herbs, all-purpose vit/min supplement, metabolism, lessen bloating**
Kelp, Dandelion, Alfalfa
- GN6** — **Help lose weight, sluggish bowel, joint pain, inflammatory skin conditions**
Chickweed, Cascara Sagrada, Licorice, Safflower, Parthenium, Black Walnut, Gotu Kola, Hawthorn, Papaya, Fennel, Dandelion
- GN7** — **Fight effects of worry and stress, memory, premature aging, sexual health**
Suma, Astragalus, Siberian Ginseng, Ginkgo, Gotu Kola

Single Herbs — *historical uses* (See cover for background.)

ALFALFA — Health builder, nutrient rich, feed pituitary gland, alkalize overacidity
BARBERRY — Blood purity, indigestion, gall stones, blood pressure
BARLEY GREENS — Energy, nutritive immune builder, nutrient rich
BEE POLLEN — Quick energy, slow down aging, natural no-doze, all essential amino acids
BILBERRY — Night vision, near sightedness; eye fatigue, pressure, cloudiness
BLACK COHOSH — Estrogen-like properties, hot flashes, nerves
BLACK CURRANT OIL — Boost immune, fatty acids, GLA, nerve tonic, female corrective
BLACK WALNUT — Parasites, worms, skin rashes, connective tissue pain and inflammation
BLESSED THISTLE — Bring oxygen to brain, strengthen memory, increase mother's milk
BURDOCK — Reduce swelling and deposits in joints, blood purity, skin eruptions, high in iron
BUTCHER'S BROOM — Improve circulation, leg cramps, broken veins, blood vessel plaque
CAPSICUM — Circulation to extremities, equalize blood pressure, stimulate body processes
CASCARA SAGRADA — Sluggish bowel, increase peristaltic action/bowel tone, gall bladder
CATNIP — Nerves, cigarette craving, digestion, hiccups, gas, baby's tummy discomfort
CHAMOMILE — Sleepy-time herb, improve appetite, addiction withdrawal, nerves
CHARCOAL — Help remove toxins, poisons, pollutants, bacteria, chemicals
CHICKWEED — Appetite suppressant, burn fat, dissolve plaque from veins
COMFREY LEAF — Build bone and tissue; pulled tendon, bruises
CORNSILK — Kidney, bladder, bedwetting, painful urination, prostate
DAMIANA — Hormone balance, increase male sperm count, strengthen female egg
DANDELION — Blood purity, bloat, age spots, build liver, high in Vit. A, iron+other minerals
DONG QUAI — Hot flashes, hormone balance, nerves, muscle spasms, female complaints
ECHINACEA — Natural antibiotic, lymph system, T-cells, blood purity, immune system
EYEBRIGHT — Failing vision, eye inflammation, styes, eye strain
FEVERFEW — Severe head pain, relax blood vessel tension in neck and head
GARLIC — Normalize blood pressure, yeast, bacterial and viral problems, natural antibiotic
GARLIC OIL — Ditto, also pierce capsule and squeeze on ear area: inflammation and pain
GINGER — Gas, motion and morning sickness, settle stomach, stimulate circulation
GINSENG, SIBERIAN — Raise general health level, energy, longevity, age spots, nerve tonic
GINSENG, WILD AMERICAN — Same as above
GOLDEN SEAL ROOT — Acts as natural insulin, cleanse urinary system, natural antibiotic
GOTU KOLA — Brain food, memory, vitality, nerve food
HAWTHORN — Heart food, cordial, adrenals, stress, blood pressure
HOPS — Sleeplessness, nerves, restless children, decrease desire for alcohol, sciatic nerve
HORSETAIL — Hair loss, weak nails, excess water, help calcium absorption, silica source
HYDRANGEA — Joint pain, stones, bring mineral deposits back into blood solution
JUNIPER BERRIES — Feed pancreas and adrenals; uric acid, excess water
KELP — Thyroid, natural iodine, food for all glands, hair loss, cleanse radiation from body
LICORICE — Adjust blood sugar, quick energy, cough, feed adrenals, soothe inflammation
LOBELIA — Congestion, strong relaxant, remove mucous obstructions
MARSHMALLOW — Bladder/kidney problems, bed wetting, inflammation, enrich breast milk
MULLEIN — Nervous cough, lung and sinus congestion
PARSLEY — Bad breath, blood builder, kidneys, bloat, strengthen eyes
PARTHENIUM — Boost body's ability to fight illness, blood and lymph purity
PASSION FLOWER — Nerves, head and eye pain, stress, sleep
PAU D'ARCO — Discourage yeast, fungus, viruses; build immune
PEPPERMINT OIL — Aid digestion, queasiness, gas, energizer, feed nerves, mental clarity
PSYLLIUM HULLS — Sluggish bowel, add bulk and softness to stool, absorb toxins
PSYLLIUM SEEDS — Same as above, but adds a little more lubrication than the hulls
RED CLOVER — Skin problems, nerve food, blood purity
RED RASPBERRY — Overall female tonic, childbirth, runny stool, morning sickness
ROSE HIPS — Natural Vitamin C, blood purity, chills, sneezes, immune builder
SAFFLOWERS — Muscle soreness, digestion; help reduce cholesterol, uric acid
SAGE — Dry up breast milk, night sweats, worms, sore throat and gums, grey hair
SARSAPARILLA — Help body make male hormones, body building, sexual potency
SAW PALMETTO — Help weight gain, throat/bronchial problems, male/female reproductive
SCULLCAP — Restlessness, nerve/muscle spasms, clean/build spinal nerves and head area
SLIPPERY ELM — Soothe irritated mucous membranes and perforations, acid stomach
SPIRULINA — Nutritious blue-green algae, energy, 26X calcium in milk, 65% protein

TEA TREE OIL — Ar
UVA URSI — Spleen
VALERIAN — Pain,
WHITE OAK BARK —
YARROW — Obstru
YELLOW DOCK —
YUCCA — Natural c

Herb Combi

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APPENDIX 12

TEA TREE OIL — Antiseptic for cuts and burns; fungal, viral and bacterial skin irritations
UVA URSI — Spleen, bladder and kidney tonic
VALERIAN — Pain, muscle spasms, nerves, promote sleep and tranquillity
WHITE OAK BARK — Stop bleeding of gums, intestines, blood vessels, legs, rectum
YARROW — Obstructed perspiration, nosebleeds, circulation to skin
YELLOW DOCK — Blood purity, liver, skin problems, iron, feed pineal gland
YUCCA — Natural cortisone, joint pain and inflammation, anti-stress, digestion

Herb Combinations— historical uses (See cover for background.)

RESPIRATORY SYSTEM

- | | | |
|----|-------|--|
| R1 | _____ | Lung and sinus congestion and sensitivities, cough
<i>Horseradish, Mullein, Fenugreek, Fennel, Boneset</i> |
| R2 | _____ | Cough, congestion, parasites, clean lymph, especially respiratory
<i>Elecampane, Spearmint, Turmeric, Ginger, Garlic, Clove</i> |
| R3 | _____ | Mucous, head pain from sinus congestion
<i>Fenugreek, Thyme</i> |
| R4 | _____ | Bronchial problems from trapped irritants, promote respiratory strength
<i>Blessed Thistle, Pleurisy Root, Scullcap, Yerba Santa</i> |
| R5 | _____ | Lung and bronchial ventilation
<i>Marshmallow, Ephedra, Mullein, Passion Flower, Catnip, Senega, Slippery Elm</i> |
| R6 | _____ | Healthy respiratory mucous lining, discharge congestion
<i>Fenugreek, Marshmallow, Slippery Elm</i> |
| R7 | _____ | Sinus problems, natural antihistamine, upper respiratory
<i>Burdock, Ephedra, Senega, Golden Seal, Capsicum, Parsley, Althea</i> |

CIRCULATORY SYSTEM

- | | | |
|----|-------|---|
| C1 | _____ | Enrich blood, blood purity, help all channels of elimination, clear skin
<i>Burdock, Pau D'Arco, Red Clover, Yellow Dock, Sarsaparilla, Dandelion, Cascara Sagrada, Buckthorn, Peach Bark, Barberry, Stillingia, Prickley Ash, Yarrow</i> |
| C2 | _____ | Help regulate blood pressure, circulation
<i>Garlic, Parsley, Capsicum</i> |
| C3 | _____ | Promote circulation to the eyes, improve vision, soothe eye irritation
<i>Golden Seal, Bayberry, Eyebright, Red Raspberry</i> |
| C4 | _____ | Normalize circulatory tension, strengthen blood vessels
<i>Garlic, Capsicum, Parsley, Ginger, Siberian Ginseng, Golden Seal</i> |
| C5 | _____ | Increase peripheral blood flow, memory, blood pressure, nerves, hearing
<i>Gotu Kola, Ginkgo Biloba</i> |
| C6 | _____ | Feed brain and heart, improve ringing in ears and poor balance
<i>Ginkgo, Hawthorn</i> |
| C7 | _____ | Strengthen and feed heart, clean blood vessels, help circulatory
<i>Hawthorn, Capsicum, Garlic</i> |
| C8 | _____ | Herbal source of iron, blood builder
<i>Red Beet, Yellow Dock, Red Raspberry, Chickweed, Burdock, Nettle, Mullein</i> |

DIGESTIVE SYSTEM

- | | | |
|----|-------|--|
| D1 | _____ | Alleviate gas, indigestion, bloating, provide digestive enzymes
<i>Papaya, Ginger, Peppermint, Wild Yam, Fennel, Dong Quai, Spearmint, Catnip</i> |
| D2 | _____ | Strengthen liver to promote good bile, gall bladder
<i>Barberry, Ginger, Cramp Bark, Fennel, Peppermint, Wild Yam, Catnip</i> |
| D3 | _____ | Liver congestion, gallstones, strengthen liver
<i>Red Beet, Dandelion, Parsley, Horsetail, Yellow Dock, Black Cohosh, Birch, Blessed Thistle, Angelica, Chamomile, Gentian, Golden Rod</i> |
| D4 | _____ | Clean and strengthen liver, gall bladder, spleen, blood
<i>Rose Hips, Barberry, Dandelion, Fennel, Red Beet, Horseradish, Parsley</i> |
| D5 | _____ | Improve nutrient absorption, especially of small intestines
<i>Marshmallow, Pepsin</i> |
| D6 | _____ | Indigestion, gas, sour stomach, enzymes for digestion, breath aid
<i>Papaya, Peppermint, Fructose, Sorbitol</i> |
| D7 | _____ | Sores and perforations in stomach, intestines, mouth and skin
<i>Golden Seal, Capsicum, Myrrh</i> |

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USES (See cover for background.)

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INTESTINAL SYSTEM

- IN1** — Perforations and inflammation of gastro-intestinal tract, unpredictable bowel pattern
Slippery Elm, Marshmallow, Dong Quai, Ginger, Wild Yam
- IN2** — Parasites, bowel, prostate
Pumpkin Seeds, Black Walnut, Cascara Sagrada, Violet Leaves, Chamomile, Mullein, Marshmallow, Slippery Elm
- IN3** — Sluggish bowel, strengthen colon, increase peristalsis
Dong Quai, Cascara Sagrada, Turkey Rhubarb, Golden Seal, Capsicum, Ginger, Barberry, Fennel, Red Raspberry
- IN4** — Sluggish bowel, stool softener, bad breath, clean intestinal system
Cascara Sagrada, Buckthorn, Licorice, Capsicum, Ginger, Barberry, Turkey Rhubarb, Couch Grass, Red Clover
- IN5** — Sluggish bowel, dry stool, increase intestinal blood circulation
Senna, Fennel, Ginger, Catnip
- IN6** — General cell cleanser, eliminate toxins, swollen tissues
Gentian, Irish Moss, Cascara Sagrada, Golden Seal, Slippery Elm, Fenugreek, Safflower, Myrrh, Yellow Dock, Parthenium, Black Walnut, Barberry, Dandelion, Uva Ursi, Chickweed, Catnip, Cyani
- IN7** — Soothes hot, sore bowels
Slippery Elm, Marshmallow, Plantain, Chamomile, Rose Hips, Bugleweed

IMMUNE SYSTEM

- IM1** — Chills, fever, sniffles, muscle aches, queasiness, vomiting
Rose Hips, Chamomile, Slippery Elm, Yarrow, Capsicum, Golden Seal, Myrrh, Peppermint, Sage, Lemon Grass
- IM2** — Comprehensive immune and respiratory support
Combination of R1, IM1, IM5
- IM3** — Queasiness, muscle aches and fever from "what's going around"
Ginger, Capsicum, Golden Seal, Licorice
- IM4** — Natural antibiotic, especially appropriate for those with low blood sugar, strengthen immune response to bacteria, viruses
Parthenium, Yarrow, Myrrh, Capsicum
- IM5** — Natural antibiotic, help immune response to bacteria, viruses, fungus, etc.
Parthenium, Golden Seal, Yarrow, Capsicum
- IM6** — Immune builder for inflamed tissues, throat especially
Golden Seal, Black Walnut, Althea, Parthenium, Plantain, Bugleweed
- IM7** — Feed thymus, exhaustion, T-cells, general immune support
Rose Hips, Beta-Carotene, Broccoli, Cabbage, Siberian Ginseng, Parsley, Red Clover, Wheat Grass, Horseradish

URINARY SYSTEM

- U1** — Strengthen and clean kidney/bladder, especially when bacteria, viruses, etc. are present
Dong Quai, Golden Seal, Juniper, Uva Ursi, Parsley, Ginger, Marshmallow
- U2** — Bladder and kidney problems, bed wetting, strengthen urinary
Juniper, Parsley, Uva Ursi, Dandelion, Chamomile
- U3** — Clean and strengthen urinary tract, healthy skin and muscle tone, promote heart beat regularity
Kelp, Dulse, Watercress, Wild Cabbage, Horseradish, Horsetail

GLANDULAR SYSTEM

- G1** — Hormone balancing during and after the change of life, hot flashes
Black Cohosh, Licorice, Ginseng, Sarsaparilla, Squaw Vine, Blessed Thistle, False Unicorn
- G2** — Menstrual imbalances, mood swings, hot flashes, cramps
Red Raspberry, Dong Quai, Ginger, Licorice, Black Cohosh, Queen of the Meadow, Blessed Thistle, Marshmallow
- G3** — Female corrective, irregular periods, heavy flowing
Golden Seal, Red Raspberry, Black Cohosh, Queen of the Meadow, Althea, Blessed Thistle, Dong Quai, Capsicum, Ginger
- G4** — Five weeks before delivery to tone uterus, give elasticity to birth canal
Black Cohosh, Squaw Vine, Dong Quai, Butcher's Broom, Red Raspberry
- G5** — Balance energy levels, mood swings for those with low blood sugar
Licorice, Safflower, Dandelion, Horseradish

APPENDIX 13

QUESTIONNAIRE TO LOCAL PHYSICIANS

TO: Health Care Providers of Robeson County
FROM: Robyn Zanard (Pembroke State University)

I am completing my last year at Pembroke State University, and am currently working on a Chancellor's Scholars Project entitled, "Health Issues Affecting the Lumbee Indian Women." In my thesis, I am including:

- 1) The history of Indian health.
- 2) A cervical cancer study being conducted by the Bowman Gray School of Medicine.
- 3) Factors affecting the Lumbee women's health.
- 4) Alternative health practices.
- 5) Current health of the Lumbee women.

I chose this as my project because I am one-half Lumbee and am very interested in women's health. I will be entering medical school in Chapel Hill this fall and hope to return to Robeson County to practice medicine. My goal this semester was to get a better feel for the health of the Lumbee women and to develop a clearer understanding about the various issues that affect their health. My research has introduced me to many special individuals and I have been very pleased with what I have gotten out of my project.

I am starting the last phase which is the current health section and I would greatly appreciate your help. Could you please take a few minutes from your busy schedule to answer these questions?

Genetics	Lack of Concern	Diet
Tobacco	Lack of Education	Alcohol
Health Care Access	Drugs	Poverty
Fatalistic Attitude	Distrust for Providers	All of above

7) From the factors you just circled, please put a star by the three you feel are affecting their health the most.

8) When seeking a health care provider, do you feel that Lumbee women are more comfortable in receiving treatment from a provider who is:

1) Native American	Other Race	Does Not Matter
2) Male	Female	Does Not Matter
3) Older	Younger	Does not Matter

9) Are your Lumbee women patients seeking any of these types of alternative health care?

Herbs	Yes	No	Don't know
Spiritual Healing	Yes	No	Don't know
Colonic Cleansing	Yes	No	Don't know
Chiropractic Care	Yes	No	Don't know

10) If the Lumbees gain federal recognition, some say that the Indian Health Service will take over some responsibilities for providing health care. If that happens, do you think there will be a noticeable improvement in the health of the Lumbee women?

Yes	No	Unsure
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11) Nationally, Native Americans suffer a higher incidence and death rate from cervical cancer. Have you noticed this locally among the Lumbee women?

Yes

No

12) If you answered yes, then what do you feel are the reasons for this?

Low socioeconomic factors

Lack of understanding regarding the pap smear

Embarrassment in getting pap smear

They will not take the time to get pap smear

Uncircumcised partners

Multiple sexual partners

Frequent pregnancies

Do you have any comments or suggestions regarding how we as community might improve the health of Lumbee women?
(please write any suggestions on the back)

How would you describe yourself?

Native American

African American

Caucasian

Male

Female

< 50 years in age

>50 years in age

Robeson County Native/ Not originally from Robeson County

THANKS SO MUCH FOR ALL OF YOUR HELP!