

Native American Spirituality



An informational guide for healthcare providers, administrators, chaplains, funeral directors, school administrators and others regarding ceremonies, rights and obligations.

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Greetings!

The Manataka American Indian Council is grateful for the opportunity to present this guide on Native American Spirituality for health care providers, hospital staff and administrators, public and private school administrators, chaplains, funeral directors and others on the rights, needs, duties and obligations associated with those who adhere to Native American religious beliefs and practices.

This informational guide is by no means definitive, it is meant only as a general introduction. It doesn't fully define the scope of beliefs practiced or legal rights of practitioners, or the legal obligations of health care providers.

We pray that it is received in the good way it is intended, to provide information for the healing, health and wholeness of all.

Mitakuye Oyasin (All my Relations!)

-- Jim PathFinder Ewing (Nvnehi Awatisgi),

Spiritual and Ceremonial Elder, Elder's Council,
Chairman, American Indian Grave Preservation and Repatriation Act Committee, MAIC.

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LEGAL RIGHTS AND OBLIGATIONS

In America, citizens are entitled to the free exercise of their religious rights, as guaranteed by the U.S. Constitution. It is a fundamental right that cannot be taken away or denied and our laws ensure this.

Individuals and organizations may put themselves at risk for civil litigation for practicing discrimination on the basis of race or creed or national origin; this may include patterns of discrimination against classes of individuals; with severe civil penalties, fines and/or damages, including punitive awards exceeding actual damages.

Criminal laws may also apply, including hate crime legislation.

It is imperative, therefore, that individuals and/or organizations (public and private) that offer public services be aware of their obligations under law and their responsibilities. In addition, American Indians are protected in the exercise of their legal rights by congressional acts, federal regulations and executive orders.

This is especially pertinent to health care organizations that receive federal funds which may find themselves in violation and, thereby, be subject to litigation, loss of funding, and civil and criminal penalties; and for individuals acting as their agents, who may put themselves and their organizations/institutions at legal risk.

Ignorance of the law is no excuse for infraction and severe penalties may be incurred through even inadvertent denial of rights.

Hospitals, home health organizations, health care providers and other institutions that offer public care receiving federal monies should be apprised that under The American Indian Religious Freedom Act, and other specific rules and regulations, that, by act of Congress, Aug. 11, 1978 (U.S. Code, Title 42, Chapter 21, Subchapter I, 1996) it is "the policy of the United States to protect and preserve for American Indians their inherent right of freedom to believe, express, and exercise {their} traditional religions... including but not limited to... use and possession of sacred objects, and the freedom to worship through ceremonials and traditional rites."

Denial of religious freedom is a serious offense, both in terms of legal liability and civil rights as defined by law and government policy, as well as an affront to common courtesy and human decency that both public and private entities should avoid. When in doubt, it is best as a matter of policy to make accommodation.

COMPLEMENTARY, ALTERNATIVE MEDICINE

The healing ceremonies of Native Americans are spiritually based and are protected by First Amendment guarantees, but they are generally regarded under the category of Complementary and Alternative Medicine (CAM) in practice.

The National Institutes of Health Center for Complementary and Alternative Medicine defines alternative and complementary medicine as "A broad range of healing philosophies, approaches, and therapies generally defined as those treatments not widely taught in medical schools, not generally used in hospitals, and not usually reimbursed by medical insurance companies."

Yet, CAM is increasingly being seen -- and used -- by mainstream physicians. The *Journal of the American Medical Association* (JAMA) found in 2000 that 86 percent of physicians acknowledged referring patients to CAM providers for complementary care.

As Donald W. Novey, MD., explains in the *Clinician's Complete Reference to Complementary and Alternative Medicine*, "Complementary Medicine is the best of both worlds. It is a blending of both mainstream and alternative medicine to provide a broader range of tools to assist the patient. It is an opportunity to look at illness from many viewpoints and therefore approach its treatment from many angles."

CAM is becoming increasingly mainstream. JAMA reported as early as 1998 that 42 percent of Americans utilize CAM and the estimated 629 million visits to CAM providers exceeded the number of visits to mainstream health care providers, and the numbers are growing.

Does it work? According to the Kaiser Institute, CAM could reduce medical claims by 20 percent. *Business & Health* magazine has estimated that Mind-body therapies can reduce healthcare costs by as much as 33 percent.

So, not only are Native Americans who adhere to traditional healing techniques and remedies, along with modern medicine, receiving health care that coincides with their spiritual beliefs and practices, but the result is better health care in mind, body and spirit.

Those who practice Native American Spirituality are not stereotypes; they are Americans in every sense, with schools, jobs, activities that are mainstream. Their religious beliefs, however, align them with CAM practices that health care providers should acknowledge and respect.

PHYSICIANS

Complementary and Alternative Medicine as employed in Native American spirituality is no longer "esoteric." Medical Schools with CAM courses include Albert Einstein College of Medicine, Columbia University College of Physicians & Surgeons, Harvard Medical School, Johns Hopkins School of Medicine, Penn State College of Medicine, UCLA School of Medicine and Yale School of Medicine, among others.

Most now offer programs in Integrative Medicine which include Native American practices.

Mainstream hospitals are offering such services. For example, the Veterans Administration has begun employing the services of "medicine men" or women to provide ceremonies that complement care for the 181,000 American Indian veterans in the United States. According to the VA, most Indian veterans who participate in the traditional practices do so in combination with Western medical treatment at VA facilities.

Standard Western medical treatments, including psychotherapy, are less effective on their own for some Indians because of their unique traditions and cultural values, VA officials say.

As Dr. Andrew Weil, M.D., states, "when Indians talk about medicine men and medicine women, their use of the word 'medicine' means more than our use of it," incorporating the whole being, within the framework of heritage and experience. Good doctoring, he says, requires all the wisdom of religion, faith and knowledge, along with the technical expertise of conventional allopathic medicine.

In actual practice, physicians find little conflict with traditional healers on or off a reservation. There is little peer-reviewed published information, but C. Kim and Y.S. Kwok looking at the Navajo population in the early 1990s concluded that 62% of Navajo Native Americans used Native healers in their lifetime, and that 39% used one the past year. They found that the concerns that were brought to Native healers were mostly arthritis, pain, depression and anxiety and chest pain. Very few differences were found between the users and non-users.

Employing Native healers should be seen as an adjunct to treatment, not a barrier, and most Native "medicine" people do not regard treatment as exclusive. They should be welcomed if for nothing else but for the patient's peace of mind and religious, spiritual and psychological support.

HOSPITALS & NURSING HOMES

Within the hospital setting, the rights and obligations regarding patients should be seen as most acute in avoiding running afoul of denial of religious freedom, as defined by First Amendment rights and federal laws and regulations against discrimination.

Most offenses against those practicing American Indian spirituality are perpetuated not out of malice but ignorance or inadvertent discrimination. It may be that hospitals are simply ignorant of Native populations in their midst or the numbers are so statistically few that they are “lost in the shuffle.”

This does not prevent legal action or serve as an excuse for discrimination. The goal of hospitals and clinics that provide residential care for patients should be to provide access and allow free exercise of religious activities.

The easiest way to prevent overt discrimination is to be proactive from the outset, including on the admission form a blank for “Native American” or “American Indian” under religious affiliation, as a stated policy allowing access to patients by Native spiritual leaders as any other clergy, and instructing staff on contingencies for exercise of religious rites with the warning that these ceremonies are protected by law and a right, not secondary to established routine.

Religious diversity should be acknowledged, not only among believers of Christianity, Judaism and Islam, but among followers of Native beliefs.

It should be noted that most American Indians are affiliated with mainstream churches in addition to holding Native American spiritual beliefs. For example, it’s not uncommon or considered unusual on reservations for Native Americans to participate in Catholic or other denominations’ services and require the services of a priest or pastor in addition to a “medicine man” or woman.

As Bette Keltner, PhD, RN, FAAN, dean of the Georgetown University School of Nursing in Washington, D.C., told minoritynurse.com, “Prayers are emphasized as a part of daily life.” A room for this purpose should be set aside. Also, some older patients don’t ask to see “medicine men,” or women so nurses should offer to contact one for them. Since the prayer ceremonies could entail burning sage, rattling or drumming, the area set aside should be insulated and not pose a hazard for oxygen lines or other combustible materials. For smaller clinics, this can be a covered, outdoor “smoking” area or other multi-use space.

HOME HEALTH CARE / HOSPICE PROVIDERS

Whether in formal settings such as hospitals, nursing homes and clinics, or in home health or hospice situations, those with American Indian spiritual beliefs are entitled to practice their religious beliefs without barriers of policy.

Adherents do not fit stereotypes and can be found among all walks of life and within all regions of the country. There are Finnish Salish in the Northwest and Black Indians in the Southeast; and all mixes all over the U.S.

None should be denied practice of religious beliefs; nor should any one be the arbiter of the legitimacy of Native American beliefs, whether a federal or tribal government, and certainly not the health care provider.

The history of American Indians is too lengthy to debate here, but policies since the 17th century have tended to force Native Americans to adapt to European culture, seek to deny their cultural roots and “pass” for white, be assimilated by other groups, or retreat into reservations or off reservations into large population centers. Consequently, in addition to the diversity of various tribes and lineages, not all Indians “look like Indians,” all who practice Native American spirituality aren’t enrolled with tribes listed by the Bureau of Indian Affairs or carry a BIA card or fulfill specified blood-quantum ratios.

The U.S. government assigns individual tribes it recognizes the duty of determining tribal membership via blood quantum to ensure limitation of federal benefits. But not all Native groups are federally recognized; even historical tribes, such as the Delaware, which signed the first treaty with the U.S. government after it was formed, had its recognition rescinded this century and is in a legal dispute with the federal government over reauthorization. Federal recognition of tribal affiliation has no bearing on the spiritual beliefs or practices of a tribe, band or group; so, relying on BIA recognition cannot be a reliable indication.

Further, the U.S. government does not certify religious groups, denominations or churches under the First Amendment’s establishment of religion clause. Religious affiliation is between adherents of a religion, not the government or any third party (see: *Everson v. Board of Education*, 330 US 203, 91 L. Ed. 711; also federal rules, regulations, especially regarding federal funds for private agencies could apply). Health care providers in home health/hospice environs should accept the declaration of faith of the individual for spiritual belief/practice.

FUNERAL HOMES

Funeral homes should be sensitive to the fact that traditions of respect for the dead and honoring of family and ancestors vary from tribe to tribe. For example, among the Navajo (Dine), traditionalists shun proximity to the body and effects of the deceased, believing that the *chindh* (ghost) of the departed is the evil that is left behind while the good passes on. The body should be buried quickly but a wake and ceremonies could last for days. These ceremonies are highly traditional (called “sings”) and it’s unlikely the funeral director will have many duties to perform except to accommodate the family with quick burial.

On the other extreme, a family following other traditional practices may request that the body be held for a period before burial. Among the Lakota, for example, the *Wacekiyapi*, or Spirit Keeping Ceremony, can last four days.

Burial of the body or cremation may also follow detailed spiritual guidelines.

In some states, tribal groups have specific exemptions, including federal regulations on reservation lands.

Many funerary ceremonies will have no involvement or expectation of involvement by the funeral home, such as the “sings” mentioned, or, for example, honoring ceremonies by members of the Native American Church, and some of the ceremonies may be held up to a year later.

Ceremonies may also be easily adapted to common rites. For example, an Elder may preside over the ceremony and call others to assist; it may entail drumming and singing. It may be marked by a “giveaway,” a gifting feast in honor of the deceased. In some cases, personal items may be placed in the grave; prayer flags may be deposited at the site.

In any case, it should be kept in mind that as funeral practices vary among Christian, Muslim and Jew, so do they vary by Native lineage.

The most important function by funeral directors should be to be open, accessible and agreeable to bereaved Native families and sensitive to their needs, working in cooperation with Native spiritual leaders to ensure that traditions are honored, remains are respected and families are accommodated. Since this is primarily the function of funeral directors in other religious/cultural contexts, it should not be an onerous burden -- and, no doubt, if successfully conducted, should lead to further Native referrals.

CHAPLAINS, COUNSELORS, MINISTERS

Chaplains, pastors, counselors and those who minister to the public's religious needs can perform a great service in helping further understanding of Native American Spirituality.

This includes networking, outreach – inviting spiritual elders to join the local ministerial association, for example – in letting others know that Native spiritual elders exist in the community and are positive local resources.

This role is one of taking the “mystique,” or fear, away. We all have one Creator. As Jesus said, “My Father’s House has many mansions.”

In turn, traditional ceremonies such as the Asi/Inipi or “sweat lodge” can be useful tools for connecting with Spirit even for non-Native congregations and individuals. It is particularly helpful in psychological support -- such as helping at-risk youth in police, jail and prison situations, or chemical dependency.

One of the greatest dangers to Native populations off reservation is isolation, the sense of not belonging to mainstream culture, feeling cut off, lacking the support of community, heritage, shared values that sustain a positive outlook and productive behavior. They may not know help is available.

Ministers and chaplains should be attuned to the needs of those they come in contact with to make referrals. It could be useful to carry a card with local spiritual elders' names and phone numbers.

The U.S. was founded upon religious freedom, tolerance for diversity and champions that right worldwide. How tragic it would be to deny fellow Americans, the first Americans, this basic right through omission or commission, or allow a culture's spirituality to fade away. As the International Covenant on Civil and Political Rights (UN 1966) Article 18(1) states:

Everyone shall have the right to freedom of thought, conscience and religion. This right shall include freedom to have or to adopt a religion or belief of his choice, and freedom, either individually or in community with others and in public or private, to manifest his religion or belief in worship, observance, practice and teaching. (2) No one shall be subject to coercion which would impair his freedom to have or to adopt a religion or belief of his choice.

Faith communities should be the first to understand the imperative for supporting religious diversity and taking the lead in eradicating exclusion or prejudice regarding spirituality.

A basic Native tenet says it all: *Mitakuye Oyasin*: We are all related.

LANDOWNERS / ARTIFACTS / SACRED SITES

Considerable attention has been given to legal obligations regarding sacred sites, artifacts and remains in recent years. This flurry of legislation came as the result of increased public consciousness arising from a single act, like that of Rosa Parks in the 1960s refusing to go to "the back of the bus."

In 1976 Maria Pearson, a Yankton-Sioux living in Iowa, learned that a road crew had excavated a grave site, unearthing 26 Caucasian skeletons and one of an Indian woman. State officials reburied the white bones elsewhere but shipped the Indian remains to Iowa City for further study. "That's discrimination," said Pearson. "What made those white people not worth studying? The Indian has got to remain buried just like everyone else."

Arguing that the issue was a civil rights violation, Pearson went to Iowa's governor, and was rebuffed. She fought on, rallying a grassroots movement that led, in 1982, to the first state law requiring that public agencies return Native American remains to their affiliated tribes.

Iowa's statute led in 1990 to congressional passage of The Native American Graves Protection and Repatriation Act (NAGPRA) that provides a process for museums and federal agencies to return Native cultural items -- human remains, funerary objects, sacred objects, etc. -- to tribes, individuals and indigenous organizations. It bolsters the 1988 Archaeological Resources Protection Act, giving stiff penalties for removing Native American objects from public lands.

According to Arizona Judge Sherry Hutt, speaking before the U.S. Senate in 1999, NAGPRA is "one of the most significant pieces of human rights legislation since the Bill of Rights."

The legislation has excited over-reaction and been misconstrued by many, and it has yet to be fully settled in policy and procedure. But the intent is clear:

As Cherokee tribe member Steve Russell, an associate professor of criminal justice at Indiana University, says: the law "has helped transform Indian bones from archaeological specimens to the remains of human beings" (*Reason*, July 2004).

The law reinforces the idea that Native American sacred sites, religious objects and, most of all, human remains are worthy of respect. Whenever sacred sites, objects and remains are located, spiritual elders should be contacted, along with appropriate authorities. Indigenous Ceremonial Elders can help ensure they are treated in sacred manner.

CEREMONIES & PROTOCOLS

Native American healing ceremonies vary among tribes. For example, among Cherokee (Tsalagi), “medicine men” or women may employ a quartz crystal to aid in healing, while some Western tribes use other stones. Some may prefer burning cedar for smudging (applying sacred smoke for purification) while others may employ White Sage or Mullein, pine, sweet grass or other plant or herb.

To dispel misunderstanding, and so health care providers can have an insight into a few practices that could be employed, a few elements are provided here.

The Elder will use sacred objects that are not to be touched by others as they have been purified in (often arduous) ceremony. They may include, but not be limited to: Sacred Pipe (Chanunpa), rattles, medicine bowls, drums, shells, feathers, feather fan, crystals, stones, healing clay, cloth, wooden sticks or arrows, wooden staff, tobacco pouches or small medicine bags of other herbs, materials such as corn pollen or corn meal, or fetishes (representations of healing powers).

These items are often in a medicine bundle, a cloth, skin or other wrapping that is itself sacred and not to be handled by anyone other than the medicine person. It should be noted that if a “medicine man” or woman objects to being searched by hospital personnel it is not because any “illegal” substance is being carried, but out of respect for the power and sacredness of the objects.

If a facility or institution requires inspection of all packages for security reasons, the “medicine man” or woman should be informed beforehand. Some objects are considered of such sacredness and intimate connection to Creator and the healer’s personal vision (Walk in Life) that to be even viewed by an outsider will not only rob it of its curative powers but weaken the practitioner’s ability (personal medicine). Other objects may only be loaned to the medicine person by the tribe, family or medicine clan and can only be viewed by them.

To attempt to search a medicine person without warning may result in the practitioner simply walking away, possibly never to return.

To a traditional “medicine man” or woman unused to modern ways, searching a medicine bundle may be considered a dishonoring not only of the medicine person but of their family, clan, tribe, nation, their religious beliefs and an affront to Creator.

If objects are allowed to be viewed, they should only be viewed, not touched.

CEREMONIES AND PROTOCOLS (continued)

For any healing ceremony to take place, there must be respect: by the healer, for the healer, for the person to be healed, for the ceremony and, ultimately, for Creator. This requires privacy without outside interference. The family may be asked to join, sometimes not.

Frequently, family members are asked to make prayer ties (colored cloth bundles of tobacco) to be placed around the patient. These are sacred and not to be disturbed, if at all possible.

The ceremony may include smoking the Sacred Pipe (Chanunpa). Among many American Indians, the Sacred Pipe is the holiest of holies; when held in the hands, the female power (bowl) and the male power (stem) become Creation itself. The smoke is prayer. Most tribes honor the Pipe. Where oxygen is used, a suitable place for burning herbs and using the Pipe will have to be provided.

Drums and rattles are often employed. The Drum is sacred; it is the heartbeat of the Earth Mother. Rattles “clear” energy and can draw in good spirits, dispel bad ones. Even missing soul pieces (life essence) lost through trauma may be “rattled” back in. Prayer songs may also be sung; these can be in any language. They have their own power.

Due to the nature of the sound, a special room may have to be provided if disturbing other patients is a concern. However, “medicine men” or women can perform quiet ceremonies where required and as needs dictate. A respectful agreement should be made beforehand to avoid potential conflict or consider alternatives.

Other ceremonies outside of institutional settings but may be considered vital include:

Sun Dance. Not a dance “to” the Sun, but a ritual of personal sacrifice; four days of preparation and four days of rituals.

Asi/Inipi or “Sweat Lodge.” The Asi or “hot house” in Cherokee, or Inipi, Purification Lodge (Lakota) uses heated stones (Grandfathers) to bring Creator’s fire into a small framed structure that is the Womb of the Earthly Mother, where water is poured on them, releasing wisdom and healing power through steam.

Vision Quest. Under an Elder’s guidance, a person will venture alone to a lonely place for fasting, visions and guidance that can last for one to four days and take a year for preparation.

In all ceremonies, it is Creator that does the work. The Elder is only “a hollow bone,” that the Creator uses as a sort of “conduit.”

HELPFUL SUGGESTIONS

PHYSICIANS AND HEALTH CARE PROVIDERS

Keep a resource list on hand of local Native American spiritual elders for contact or consultation.

Seek out such Complementary and Alternative Medicine (CAM) providers in your communities to establish rapport with them and for referrals and consultation.

HOSPITALS, CLINICS, NURSING HOMES

Ensure that all admittance forms include "Native American" for religious belief; areas should be set aside for prayer and ceremony, suitable for burning sage or allowing drumming or rattling; Spiritual elders, "medicine men" or women should be treated with the same courtesies as other "clergy."

HOME HEALTH CARE/HOSPICE PROVIDERS

Specify in all printed materials that Native American religious practices are honored and supported.

FUNERAL HOMES

Note for bereaved individuals that Native American spiritual elders are welcome, traditional beliefs are honored, and there is willingness to work cooperatively.

CIVIC CLUBS, HOSPITAL AND HEALTH CARE, CHARITIES, VOLUNTEER GROUPS AND SUPPORT ORGANIZATIONS

Conduct outreach programs to ensure that those who practice Native American spirituality in their communities are not ostracized in any way.

COMMUNITY ORGANIZATIONS, PUBLIC AND PRIVATE AGENCIES AND INDIVIDUALS LIKELY TO COME INTO CONTACT WITH ISSUES OUTLINED IN THIS BROCHURE

Keep on hand copies of the American Indian Religious Freedom Act and associated federal rules and executive orders, including the Native American Graves Protection and Repatriation Act of 1990 (NAGPRA), and the Archeological Resources Protection Act of 1979 (ARPA).

LOCAL NEWSPAPERS, MUSEUMS, LIBRARIES, CIVIC ORGANIZATIONS

Make it a point to let the public know that those who practice Native American spirituality have rights and interests in medical, religious, archeological and cultural affairs that are meaningful and enriching of the community, worthy of support and respect. And incorporate them into programs and activities.

LIVING IN PRAYER

Who are those who practice Native American Spirituality?

We are human beings who deserve not to be relegated to second-class citizenship or allowed to remain invisible to mainstream society, deemed a historical footnote, or deprived of human dignity and the freedom to exercise our religious beliefs.

To us, ceremony makes the connection between the internal and the external, the mind, the spirit and the body, the past, the now and the forever. It grounds us and causes us to remember our place in the universe, our oneness with All That Is.

With the Creator's blessings, the Beauty Way, the way of healing, health and wholeness is a way of life.

Many of us live according to the Medicine Wheel; believing that all beings are all our relations, within the Great Hoop of Life, bounded by the Heavenly Father above and the Earthly Mother below, all the powers all around, with the center, the soul, the good medicine we share with Creator. We are all children of Earth and Sky, with the Holy Ones here to guide us.

This booklet is intended to improve understanding of our spiritual beliefs and to help others to appreciate the imperative for us as endangered peoples to retain our culture -- and preserve and protect our fundamental rights for the betterment of all.

The laws and courts say our rights are enforceable. But human rights should extend beyond legal coercion, to common courtesy, respect and sharing.

This booklet is also directed to members of the American Indian community to encourage them to not be fearful, ashamed or embarrassed to request that ceremonies be performed when and where appropriate.

You are entitled to them. The laws protect your rights. You are deserving of respect and your beliefs are worthy of honor and accommodation in a lawful and respectful manner.

We pray that what we have offered here is accepted in a good way, in the way that it is intended, as a blessing for all people.

Let our thoughts be as soft as footsteps leaving little trace but the joy of the moment, our steps as prayers, our feet as kisses for the Earthly Mother, in honor of the warming Sun that gives us life.

SELECTED READINGS:

American Indian Religious Freedom Act -- Public Law 95-341, 42 U.S.C. 1996 and 1996a (http://www.cr.nps.gov/local-law/FHPL_IndianRelFreAct.pdf)
Archaeological Resources Protection Act of 1979 -- Public Law 96-95; 16 U.S.C. 470aa-mm (www.cr.nps.gov/local-law/FHPL_ArchRsrcsProt.pdf)
Federal Court Decisions Impacting Religious Liberty of Native Americans -- <http://w3.trib.com/FACT/1st.NA.religion.html>
National Center for Complementary and Alternative Medicine, National Institutes of Health -- <http://nccam.nih.gov/health/whatiscam/>
Native American Graves Protection and Repatriation Act -- 104 STAT. 3048 Public Law 101-601 -- 11-16-1990 (<http://www.cr.nps.gov/nagpra/MANDATES/25USC3001etseq.htm>)
Protecting Religious Freedom And Sacred Sites, Friends Committee - http://www.fcni.org/issues/item.php?item_id=1475&issue_id=96
White Bison, Native American Wellbriety -- www.whitebison.org
Manataka American Indian Council – www.manataka.org
Healing The Earth/Ourselves – www.blueskywaters.com

BOOKS

American Medicine Man, Doug Boyd
Coyote Medicine, Lewis Mehl-Madrona, M.D.
Fools Crow: Wisdom and Power, Thomas E. Mails
Gift of Power: The Life and Teachings of a Lakota Medicine Man, Archie Fire Lame Deer, et al.
Lame Deer Seeker of Visions, John Lame Deer, et al.
Mad Bear: Spirit, Healing, and the Sacred in the Life of a Native American Medicine Man by Doug Boyd
Molecules of Emotion: The Science Behind Mind-Body Medicine, Candace B. Pert, Ph.D.
Rolling Thunder, Doug Boyd
Sacred Fireplace: Life and Teachings of a Lakota Medicine Man, Pete Sr. and Peter V. Catches Jr.
Sounds of Healing: A Physician Reveals the Therapeutic Power of Sound, Voice and Music, Mitchell L. Gaynor, M.D.
The Sacred Pipe: Black Elk's Account of the Seven Rites of the Oglala Sioux, Joseph E. Brown (Editor)
The Scalpel and the Silver Bear, Lori Arviso Alvord, M.D.
Vibrational Medicine: New Choices for Healing Ourselves, Dr. Richard Gerber, M.D.

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