

## Community Healers: How Cherokee Indian Hospital Authority Leads in Health and Wellness

Hailey A. Baker, MD

Mariana Tuttle, MPH

Katy Backes Kozhimannil, PhD, MPA

### Key Findings

- **The Cherokee Indian Hospital Authority, located in the Qualla Boundary of the Eastern Band of Cherokee Indians in Cherokee, NC, operates under Indigenous leadership to blend traditional healing with modern medicine.**
- **Integrating Cherokee culture, language, and practices into healthcare helps build trust and support healing within the community served by the Cherokee Indian Hospital Authority.**
- **Healthcare delivery that is shaped by the values of local communities can reflect their unique histories, needs, and priorities and support population health and well-being.**

### Purpose

The purpose of this qualitative case study is to describe how the Cherokee Indian Hospital Authority (CIHA) is addressing the health needs of its community, with an emphasis on integrating Cherokee culture and Western medical care as a method to improve community health. The CIHA is a tribally owned and operated healthcare system in the rural southeastern United States that has implemented community- and culturally centered initiatives to best serve their patient population. We documented CIHA's work in the context of government-to-government relationships between federal and state entities and Native Nations. We aim to inform federal investments and decisions regarding the trust responsibility for the health of American Indian/Alaska Native (AI/AN) peoples and communities.

### Background and Policy Context

AI/AN peoples have provided healing in their communities since time immemorial. From the use of medicines to the development of health interventions, Indigenous healers have influenced the way that medicine is practiced throughout the world.<sup>1</sup> However, medications and interventions are not the only ways that healing occurs – other local initiatives, like those grounded in ancestral healing or land-based practices, can positively affect physical, mental, and spiritual health on both an individual and community level.<sup>2</sup> Though access to health and healing services for AI/AN individuals has changed in the last several hundred years, Native hospitals, clinics, and organizations still work to fulfill the needs of their community members, just as these communities have always done.

The United States (U.S.) has a trust responsibility to AI/AN Nations that includes the provision of health care services.<sup>3</sup> This responsibility was established in the Constitution and has been affirmed by numerous treaties, judicial decisions, Executive Orders, and laws.<sup>3</sup> The U.S. has tasked fulfillment of this responsibility to the Indian Health Service (IHS), a division of the Department of Health and Human Services that was established in 1955.<sup>4</sup> However, concerns arose that federal operation of AI/AN services could hinder community progress.<sup>5</sup> As such, Congress passed the Indian Self-Determination and Education Assistance Act (ISDEAA) in 1975 to increase Native engagement and leadership in programming intended for their communities.<sup>5,6</sup> This Act not only increases incorporation of Native voices in policy

and programs to align with community priorities, but delegates authority to Native Nations to administer such programming through contracts or compacts with the federal government through the Bureau of Indian Affairs (BIA) and IHS.<sup>5,7,8</sup>

Indigenous communities have overcome significant barriers to maintaining health, including limitations on access to cultural healing practices, language, spirituality, and ceremony as well as destruction of traditional food sources and access to medicine.<sup>9</sup> Native Nation's abilities to hunt, gather, and farm traditional foods were upended by forced removal from traditional homelands, destruction of game, and diversion of water sources.<sup>10</sup> After displacement, many AI/AN people were given commodity foods that were detrimental to health, contributing to high rates of preventable diseases seen today, such as diabetes.<sup>9</sup> The U.S. government outlawed traditional AI/AN ceremonies and medicine from the 1880s to the 1970s, resulting in AI/AN individuals either ceasing to use ancestral knowledge or to do so only in hiding.<sup>11</sup>

These practices, combined with the IHS spending levels—which are much less per capita than other major federal health care programs, negatively affect the health and wellbeing of AI/AN communities.<sup>12</sup> Despite these significant challenges, however, Native organizations such as the CIHA continue to lead the way in the provision of health and wellness services. Two members of the University of Minnesota Rural Health Research team completed an in-person site visit to the Cherokee Indian Hospital, touring the facility and discussing with the CIHA leadership how the system elevates the health of its community in novel ways.

### *Overview*

Located in the southeastern U.S., the Southern Appalachian Mountains are known for their beautiful scenery and diverse ecosystem. Home to the Great Smoky Mountains National Park, the most visited national park in the nation, visitors from around the country and world journey to this picturesque region.<sup>13</sup> These are the homelands of the old Cherokee Nation; a sovereignty encompassing parts of what is now known as Tennessee, North Carolina, Georgia, and Alabama.<sup>14</sup> The old Cherokee Nation was fractioned at the time of the Indian Removal Act of the 1830s, when many Cherokee People were forcefully removed from their homelands to Indian Territory, west of the Mississippi River.<sup>14,15</sup> The Eastern Band of Cherokee Indians (EBCI), one of the three federally

recognized Cherokee Native Nations today, was the only one of these Nations to remain in their homelands.

Today, the EBCI is located in western North Carolina. Most of the 16,500 enrolled members reside on the Qualla Boundary, land that is owned by the Nation and held in federal trust.<sup>16</sup> The Eastern Band of Cherokee Indians is known for its retention and current practice of Cherokee ancestral knowledge, including the use of Tsalagi, the Cherokee language.

### *Cherokee Indian Hospital*

The EBCI, through the Cherokee Indian Hospital Authority (CIHA), operates the Cherokee Indian Hospital. Opened in 2015 in Cherokee, North Carolina, the hospital was intentionally built to reflect the community it serves and their rich culture and heritage. It provides a wide variety of both inpatient and outpatient services, including emergency care, primary care, hospice, physical therapy, and behavioral health services. It also offers optical and dental care and services such as massage therapy and acupuncture. Cherokee Indian Hospital prides itself on its incorporation of both Cherokee culture and Western healthcare to best serve its people.

This integration is apparent even before stepping foot in the hospital. Overlooking the surrounding mountains, Cherokee water and wind symbols line the outside of the hospital walls. The entrance to the facility is through a large central structure modeled after traditional Cherokee basketry, one of the most well-known traditional crafts of the Cherokee people that continues to be practiced today. The details of the facility, from decorative designs to integral structural beams mimicking trees, pay homage to the deep connection to the land of which the Cherokee people belong.



*Cherokee Indian Hospital. Photo courtesy of Brittney Lofthouse, Cherokee Indian Hospital Authority*

The inside of the hospital continues this homage as community members walk through the front doors and



onto colorful tiles depicting the water spider. In Cherokee creation stories, the water spider is the bringer of the first fire, a testament to the necessity of even the smallest beings for their critical roles within the community. Also near the entrance is a large sculpture of Grandfather Buzzard, credited with the creation of the terrain within Cherokee homelands. Each movement of Grandfather Buzzard's wings shaped the mountains and valleys that surround the hospital and the community. The sculpture is crafted using copper, one of the traditional materials valued and used by Cherokee People. As community members continue into the hospital, they traverse a walkway with a tiled river, representing the healing properties of water within Cherokee culture. Directory signs guiding patients to their intended care teams include both Tsalagi syllabary and English alphabet.



Above: Water spider greeting, Cherokee Indian Hospital Entrance. Below: Riverwalk and tree detailing of support beams, glass paneling. Both photos courtesy of Brittney Lofthouse, Cherokee Indian Hospital Authority.



Every aspect of this hospital was a purposeful reflection of the community it serves. It was built for these people,

and the space welcomes them for needed care. The operations of the hospital are grounded in guiding principles, originating in Cherokee values and translated into English to share with non-Tsalagi speakers. Its department names are similarly derived. We describe three of these values and one department as key features in our next section, emphasizing the uniquely Cherokee approach to elevating health and wellness in a clinical setting.

### Key Features

#### #1 *hACVP* – *Nihitsatseli*, “It Belongs to You”

The CIHA is entrusted with the responsibility to manage and deliver healthcare for the EBCI community, stewarding resources from both the EBCI and, at times, the federal government to fulfill this mission. At the heart of its operations are the people they serve, those to whom these services truly belong. *hACVP* in the syllabary, or *nihitsatseli* in the alphabet, is the Tsalagi phrase meaning “It Belongs to You”, defining as a key principle that the hospital and its services belong to the people. While operations are completed through the CIHA, they do so at the direction of community members, identifying community needs and desires to guide services and programming. *“We have a patient family advisory council, so we hear directly from the community. We have a governing board that is all members of the tribe, except for me,”* stated Dr. Richard Bunio, Director of Clinical Services at CIHA, who has worked in the community for approximately 25 years, when describing the ownership of the healthcare system by the community.

The overarching values that guide CIHA's leadership decisions include personal experiences and cultural insight, which results in a healthcare system created by the people, for the people. The CIHA leaders craft beauty within the hospital, while also recognizing the complex, and at times painful, history associated with Western healthcare in AI/AN communities. By embedding Cherokee culture and values within the facility, they strive to create a place of comfort for their community members. The detailed natural elements such as water walkways, animal relatives, and tree canopy support beams decrease a sense of sterility and discomfort that may retraumatize users of the healthcare system while encouraging its utilization, exemplifying the necessity of community voices in the first step of effective healthcare delivery.

#2 ᏏᏏᏏᏏᏏᏏᏏᏏ - *Diqwatseliiusdi*, “Like family to me.”

In a hospital that truly belongs to its patient population, service provision and expansions are driven by the community. For CIHA, tribal sovereignty and self-governance allows them to push the boundaries of what has previously been accomplished in healthcare systems, including going the extra mile when opportunities arise to care for each person and their individual needs. They are not driven by financial returns or limited entirely by insurance provisions – backed by the EBCI government, the CIHA and the Cherokee Indian Hospital do what is necessary to provide the best care to their people, including treating patients as one would a family member. *“The tribe provides us with financial assistance to do what other health systems cannot do,”* states Dr. Bunio.

*“We are the antithesis of a for-profit health-care system.” – Dr. Richard Bunio*

The hospice department is a prime example. Many Cherokees, whose ancestors have lived and died in these surrounding lands and mountains, wish to be in their homelands at their time of passing. For some, services and supports needed while on hospice are not immediately available in the rural Cherokee Indian Hospital. In these situations, leadership has done everything possible to ensure these community members can receive hospice services on their homelands, including adding additional services and medications on a case-by-case basis. When discussing the dedication of these hospice services, Dr. Bunio stated, *“... we bend over backwards to help the patients of this community, because this health system belongs to them.”* This dedication to a comfortable transition at the end of life is literally built into the hospital; the hospice suites are beautifully crafted with Cherokee culture and include large windows overlooking the mountains. Each suite, a spacious room by itself, also contains an adjoining family room with a small kitchenette, doubling its size and providing family members with space and needed amenities during this time. The square footage allocation - without additional reimbursement opportunities - illustrates the determination of the hospital to treat their patients as family, even when these measures differ from common financial incentives.

#3 ᏓᏓᏓᏓᏓᏓᏓᏓᏓᏓ - *Uwashvudanvtelv*, “The one who helps you from the heart.”

Another guiding principle of the CIHA is providing care from the heart in every patient interaction. The CIHA strives to incorporate as many services as possible into the Cherokee Indian Hospital, making them more easily accessible to community members while also ensuring that services are delivered in a culturally centered way. Like many rural patients, barriers such as lengthy travel distances may hinder patients from receiving needed care if it is not provided locally. Additionally, cultural insensitivity and decreased assistance in transportation and scheduling may decrease a patient’s ability to receive care in outside facilities. The CIHA recognizes that their community members are most likely to receive medical services when provided within their hospital walls. *“... we find that the chances of our patients seeing those specialties that they need to see is going to increase whenever it is underneath this roof,”* stated Ms. Brittney Lofthouse, Director of Development and Community Relations. Dr. Bunio agreed, stating *“We work very hard to bring any medical service we can to this community if it will benefit our patients. In this regard, our primary motivation is never profit but only improved patient access.”*

Recruitment and retention of providers and staff can be a challenge in remote locations but nevertheless remains necessary to provide this wide variety of services. *“We try really hard to hire people that are from this community or have roots in the area,”* Dr. Bunio stated. Employment of people from within the community, or who are knowledgeable about the community, also assists in providing care that is centered in Cherokee culture and aligned with the guiding principles of the CIHA. In addition to recruitment of community members, the CIHA plays an active role in the education of future healthcare providers within the region – they have partnerships with local universities and medical residency programs to train these individuals how to best care for Cherokee people, especially when they don’t have a Cherokee cultural background. *“We have actually hired people who are cultural advisors, particularly for Galvgwodiyu [meaning “It is Sacred”, a community-based healing model for adult survivors of violence], and I bring them in and we actually educate up-and-coming physicians on Cherokee culture, because wherever they end up, they may take care of our patients,”* stated Dr. Bunio. This



education of health professional students is only one aspect of how the CIHA is actively involved in fostering culturally centered care for patients, stemming from the heart. The CIHA has also implemented a training program for all staff to educate on the guiding principles of the health system and other cultural values, a final step to encourage all interactions for patients within the health system to stem from the heart.

In these ways, the CIHA provides healing and wellness in the present while preparing for the future. Operating from the heart, they utilize a wide variety of avenues as they strive to elevate the health of their community for generations to come.

#### #4 ᎠᎩᎩᎩᎩᎩᎩ - *Analenisgi* “They Are Beginning”

Tribal self-determination and investment not only expand the quality and quantity of available services but also enables the CIHA to develop and implement unique initiatives to benefit their community. Indigenous knowledge and ways of life have fostered health and wellness for thousands of years. Especially in the setting of mental and behavioral health, culture has been found to support wellbeing and serve as a powerful protectant against illnesses such as substance use disorders.<sup>17</sup> The CIHA, similar to many other tribal communities, is actively working to address mental health and substance use in their community, recognizing how historical and contemporary context contribute to the challenges Cherokees face. To address this, the CIHA has developed behavioral health care programs grounded in Cherokee culture to promote healing.

With input and resources from the tribal government as well as the input of leadership and cultural advisors, the CIHA built a behavioral health department with inpatient, outpatient, and residential treatment options, embedded in all areas of the community and interwoven with Cherokee ways of health and wellness. The department is called ᎠᎩᎩᎩᎩᎩᎩ, or *Analenisgi*, Tsalagi for “They Are Beginning”, marking the start of the journey into wellness or recovery for many tribal members. Both inpatient and outpatient behavioral health services were added as a separate wing to the Cherokee Indian Hospital in 2019, after the original opening of the building in 2015. The new wing’s construction and programming are funded by tribal revenue.

Use of traditional healing methods is not always reimbursed by payors – public or private – limiting implementation of these treatments. However, at CIHA, the tribe’s prioritization and investment in this clinical area of need made these new services possible. Members using behavioral health services have access to common

treatments seen in Western healthcare, such as counselors, therapists, and medications, but are also uplifted using traditional measures. Patients partake in traditional crafts and activities, such as beading, sewing, drumming, going to ᎠᎩ, or ama, Tsalagi for water, and using medicines like cedar while on their journey to wellness. Culture is foundational within the department, building on the strengths of thousands of years of ancestral knowledge and sustaining the health and resilience of the community.

The necessity of culture to the Cherokee people, and its intentional integration into the hospital, is honored with the final physical example of representation on the hospital grounds. The Sacred Fire Courtyard, dedicated in 2023, represents a Cherokee stomp ground. It includes the traditional societal structure, the seven-clan system of the people, and a central fire made of copper that burns in perpetuity. In Cherokee culture, fire is a sacred component of the community, and it is said that within each individual a fire burns. The continuous fire in the courtyard is like the flame within each patient, a symbol of strength and resilience for those on their journey to wellness.



*Sacred Fire Courtyard at Cherokee Indian Hospital. Photo courtesy of Brittney Lofthouse, Cherokee Indian Hospital Authority*

The community’s health is not solely the result of care provided within a clinic or hospital, however, and community direction and investment further integrate services to promote wellbeing in the public. CIHA has actively worked to break down silos in healthcare delivery to bring care directly to the people. One example of this includes the incorporation of their behavioral health services, such as therapists, into schools, daycares, and the community jail. This results in increased

access to services beyond the hospital, reaching individuals where they are and often when they need it the most.

### Conclusion

The Cherokee Indian Hospital, through the CIHA, encompasses the values that have contributed to the Cherokee people thriving since time immemorial. Cherokee culture and ways of life are the foundation of this healthcare system and contribute to its continued success in elevating the health and wellness of the EBCI community. Local, state, and federal initiatives can support tribally led initiatives and mechanisms of healing, such as through policy changes including Medicaid Section 1115 waivers to cover payment for traditional healing services. These acts of Tribal self-governance and self-determination have positioned the hospital as a leader in healthcare initiatives and delivery, especially for the service of American Indian and Alaska Native patients.



*Cherokee Indian Hospital Grounds. Photo courtesy of Brittney Lofthouse, Cherokee Indian Hospital Authority*

### Acknowledgements

The authors of this article would like to extend their sincere gratitude to the Cherokee Indian Hospital Authority, and especially to Ms. Brittney Lofthouse, Dr. Frieda Saylor, and Dr. Richard Bunio, for their collaboration on this project, as it would not have been possible without their knowledge and expertise. Sgi!

We also gratefully acknowledge the contributions of Ms. Khadija Abdi, Dr. Melissa Walls, and Dr. Kyle Hill for their insight during the preparation for this project and review of this written product. Thank you!

### References

1. U.S. Embassy & Consulates in Italy. Native Americans' many contributions to medicine. Available at: <https://it.usembassy.gov/native-americans-many-contributions-to-medicine/>. Accessed May 15, 2025.
2. National Council of Urban Indian Health Technical Assistance and Research Center. *The Efficacy of American Indian and Alaskan Native Traditional Healing Methods: A Literature Review*. Available at: <https://ncuih.org/wp-content/uploads/2021/06/The-Efficacy-of-American-Indian-and-Alaska-Native-Traditional-Healing-Methods.pdf>. Accessed May 15th, 2025.
3. Indian Health Service. About IHS. Available at: <https://www.ihs.gov/aboutihs/>. Accessed May 15th, 2025.
4. Indian Health Service. The First 50 Years of the Indian Health Service. Available at: [https://www.ihs.gov/sites/newsroom/themes/responsive2017/display\\_objects/documents/GOLD\\_BOOK\\_part1.pdf](https://www.ihs.gov/sites/newsroom/themes/responsive2017/display_objects/documents/GOLD_BOOK_part1.pdf). Accessed May 18th, 2025.
5. 25 U.S.C Ch. 46: Indian Self Determination and Education Assistance. Available at: <https://uscode.house.gov/view.xhtml?path=/prelim@title25/chapter46&edition=prelim>. Accessed May 15th, 2025.
6. U.S. Department of the Interior, Bureau of Indian Affairs. DIVISION OF SELF-DETERMINATION SERVICES MISSION. Available at: <https://www.bia.gov/bia/ois/dsd>. Accessed May 18th, 2025.
7. University of Alaska Fairbanks. Indian Self-Determination and Education Assistance Act (ISDEAA) 1975. Available at: <https://www.uaf.edu/tribal/academics/112/unit-3/indian-selfdeterminationandeducationassistanceactisdeaa1975.php>. Accessed May 18th, 2025.
8. Indian Health Service. Differences Between Title I Contracting and Title V Compacting Under the Indian Self-Determination Education Assistance Act (ISDEAA). Available at: [https://www.ihs.gov/sites/selfgovernance/themes/responsive2017/display\\_objects/documents/TitleIandV.pdf](https://www.ihs.gov/sites/selfgovernance/themes/responsive2017/display_objects/documents/TitleIandV.pdf). Accessed May 18th, 2025.
9. Mark Ford. Feeding America. The Need to Support Native American Food Sovereignty. Available at: <https://www.feedingamerica.org/hunger-blog/native-american-food-sovereignty>. Accessed May 18th, 2025.
10. Malli A, Monteith H, Hiscock EC, et al. Impacts of colonization on Indigenous food systems in Canada and the United States: a scoping review. *BMC Public Health*. 2023;23(1):2105. doi:10.1186/s12889-023-16997-7

11. Struthers, R., Eschiti, VS. Being Healed by an Indigenous Traditional Healer: Sacred Healing Stories of Native Americans. Part II. *Complementary Therapies in Clinical Practice*, 2005;11(2):78-86. <https://doi.org/10.1016/j.ctnm.2004.05.002>.
12. Office of Health Policy. Department of Health and Human Services Assistant Secretary for Planning and Evaluation. How Increased Funding Can Advance the Mission of the Indian Health Service to Improve Health Outcomes for American Indians and Alaska Natives. Available at: <https://aspe.hhs.gov/sites/default/files/documents/e7b3d02affd-da1949c215f57b65b5541/aspe-ihs-funding-disparities-report.pdf>. Accessed May 18th, 2025.
13. National Geographic Staff. National Geographic. These are the 10 most popular national parks. Available at: <https://www.nationalgeographic.com/travel/national-parks/article/most-visited-parks-photos>. Accessed May 18th, 2025.
14. National Park Service. The Trail of Tears and the Forced Relocation of the Cherokee Nation (Teaching with Historic Places). Available at: <https://www.nps.gov/articles/the-trail-of-tears-and-the-forced-relocation-of-the-choerokee-nation-teaching-with-historic-places.htm>. Accessed May 18th, 2025.
15. Library of Congress. Indian Removal Act: Primary Documents in American History. Available at: <https://guides.loc.gov/indian-removal-act>. Accessed May 18th, 2025.
16. Eastern Band of Cherokee Indians Public Health and Human Services. Our Community. Available at: <https://phhs.ebci-nsn.gov/our-community/>. Accessed May 18th, 2025.
17. John-Henderson NA, White EJ, Crowder TL. Resilience and health in American Indians and Alaska Natives: A scoping review of the literature. *Dev Psychopathol*. 2023 Dec;35(5):2241-2252. doi: 10.1017/S0954579423000640.

## Suggested Citation

Baker HA, Tuttle MS, and Kozhimannil KB. Community Healers: How Cherokee Indian Hospital Authority Leads in Health and Wellness, *UMN Rural Health Research Center Case Study*. December 2025. <https://rhrc.umn.edu/publication/community-healers-how-choerokee-indian-hospital-authority-leads-in-health-and-wellness>



## Rural Health Research & Policy Centers

Funded by the Federal Office of Rural Health Policy

[www.ruralhealthresearch.org](http://www.ruralhealthresearch.org)

Support for this study was provided by the Federal Office of Rural Health Policy, Health Resources and Services Administration, Cooperative Agreement U1CRH03717-13-00. The information, conclusions, and opinions expressed are those of the authors, and no endorsement by FORHP, HRSA, or HHS is intended or should be inferred.

For more information, contact Katy Backes Kozhimannil ([kbk@umn.edu](mailto:kbk@umn.edu))

University of Minnesota Rural Health Research Center  
Division of Health Policy and Management, School of Public Health  
2221 University Avenue SE, #350 Minneapolis, MN, 55414