

HOTEVILLA HEALTH STATION
(Pheonix Area Indian Health Service Building 628)
(Corn Grinding Mill)
(Ngumunki)
South of Hotevilla-Bacavi School
Hopi Reservation
Hotevilla
Navajo County
Arizona

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WRITTEN HISTORICAL AND DESCRIPTIVE DATA

FIELD RECORDS

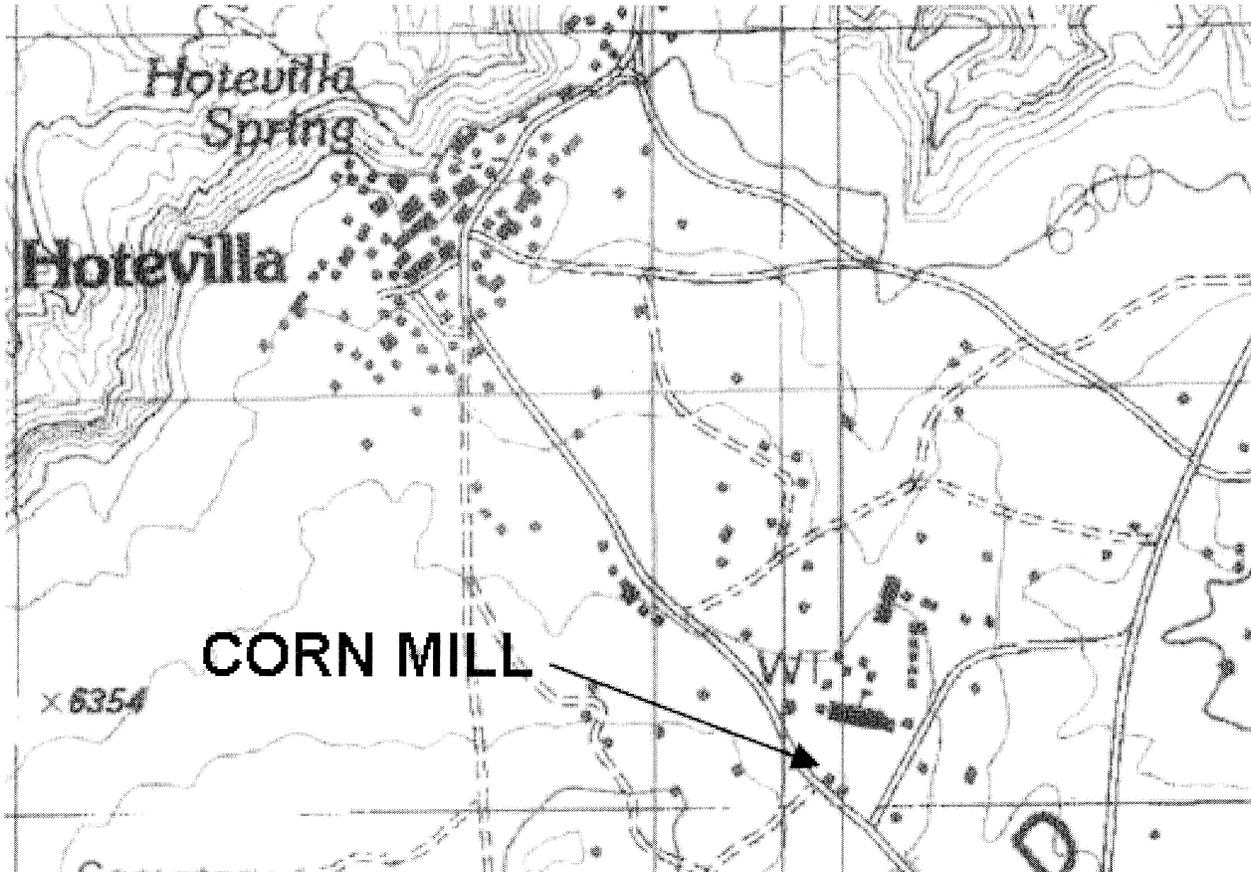
HISTORIC AMERICAN BUILDINGS SURVEY
INTERMOUNTAIN REGIONAL OFFICE
National Park Service
U.S. Department of the Interior
12795 West Alameda Parkway
Denver, CO 80228

HISTORIC AMERICAN BUILDINGS SURVEY
HOTEVILLA HEALTH STATION
(PHOENIX AREA INDIAN HEALTH SERVICE BUILDING 628)
(CORN GRINDING MILL)
(*NGUMUNKI*)

HABS NO. AZ-225

- Location: Hotevilla, Hopi Indian Reservation, Navajo County, Arizona
USGS Hotevilla, AZ, 7.5 minute quadrangle (provisional edition), 1991
Universal Transverse Mercator Coordinates: 12.530050.3875025
One-half mile southeast of Hotevilla Village, 200 ft. south of the
Hotevilla-Bacavi School.
- Owner: Indian Health Service, Phoenix Area Office, U.S. Public Health Service,
Department of Health and Human Services
- Significance: The former Hotevilla Health Station (IHS Building no. 628) – also known as *ngumunki* or Corn Grinding Mill – is one of the oldest government-built structures in the community of Hotevilla, believed to have been constructed in 1915, just nine years after the founding of the village. It was probably constructed by the Office of Indian Affairs (Bureau of Indian Affairs) as a health care facility. The building's ownership was transferred to the newly formed Indian Health Service in 1955 who continued to operate it as a health clinic until the 1970s. The building was then converted by the Hopi Tribe into a corn-grinding mill (*ngumunki*) for the village. The building was determined eligible for the National Register of Historic Places in 2003 under Criterion A for its association with Hopi history and the Tribe's relationship with the U.S. government; under Criterion C as an example of vernacular architecture common to the western United States in the late nineteenth and early twentieth centuries; and under Criterion D for its potential to contribute to the history of the Hopi Tribe soon after the "Oraibi Split."

Location Map:



Description:

The building is a single-story, two-room rectangular structure measuring 1,302 square feet. The walls are built of irregularly shaped, rusticated sandstone blocks and sit on a poured concrete foundation. The building has a pressed metal shingle, hipped roof with overhanging eaves and exposed rafter ends. A brick chimney, capped with a decorative coping, is located on the east elevation. There are three door openings centered at the east and west elevations, irregularly spaced 4/4 double hung wood windows with concrete lintels and sills along the north and south elevations.

The interior space has been furred out with framing, lath, and plaster walls. The space is divided by an eighteen-inch thick wall, which was also furred out and plastered. A small bathroom was added to the interior's northwest corner when the building was converted into a mill. The interior features linoleum flooring and acoustical ceiling tiles.

History:

General Context – The history of the U.S. Government’s involvement in Indian health care dates as far back as 1824, when the Indian Office – forerunner of today’s Bureau of Indian Affairs (BIA) – was organized under the War Department.¹ The Indian Office sent Army doctors to communities in Indian Country to provide health care service to indigenous populations. The Indian Office was transferred to the Department of the Interior in 1849, where it continued the policy of providing health care, although it was often substandard, since health care for Indians was not a high federal priority. The Medical and Education Division was created within the Indian Office in 1873.

Despite instituting Western medical practices on the reservation, the percentage of Indian children and adults receiving the benefits of this health care was still very small, and Indian people continued to be ravaged by diseases of European origin, to which Indians had little or no natural resistance. In response to this problem the 1928 Meriam Report severely criticized existing federal Indian policies for fostering poverty and unhealthy living conditions among

Indians, and subsequently the Division of Health was created within the Indian Office.² The 1933 appointment of well-known Indian reformer John Collier as Commissioner of Indian

Affairs signaled the beginning of a new era in federal Indian policy, and by 1942, there were 78 general hospitals and 12 sanatoriums built exclusively to serve Indian people.³

After the Second World War, Congress instituted a policy of termination signaling another change in Indian policy direction. Under this policy, the federal government hoped to assimilate Indian people once and for all into mainstream American culture, and attempted to have Indian and non-Indian populations share facilities, including health care facilities. In 1954, Public Law 83-568 transferred health services from the Bureau of Indian Affairs to the Public Health Service (PHS); within the PHS, the Indian Health Service (IHS) was then created. The PHS and IHS are within the Department of Health and Human Services.⁴ Since then, all health care facilities have been under the umbrella of the IHS.

Despite hopes to the contrary, the transfer of health services out of the BIA did not significantly improve the quality of Indian health care. The policy of termination was abandoned in the early 1960s, signaling yet another shift in the direction of federal Indian policy, during which additional funding was once more put into Indian-specific health care programs and facilities, and in particular into sanitation facilities construction, in hopes of improving environmental living conditions for Indians on reservations. Two acts passed in the 1970s re-emphasized health care under the new federal policy of Indian self-determination: the 1975 Indian Self-Determination Act (Public Law 93-638) which offered Indians the option of managing their own health care, and the Indian Health Care Improvement Act (P.L. 94-437), amended in 1980, which had a stated goal of elevating the health status of American Indians to that of the general population.⁵ The role of the IHS, and of the federal government, continues to evolve as many tribes begin to assume more and more responsibility for meeting their own health care needs.

Local Context – The village of Hotevilla was founded in 1906 on Hopi’s Third Mesa. It was created following the so-called “Oraibi Split” when tribal factionalism came to a climax at the village of Oraibi.⁶ Hopi traditionalists (referred to by the U.S. government as “Hostiles”) left the village, which was controlled by the progressive faction (known as “Friendlies”), and moved to the new village of Hotevilla. Throughout the first two decades of the twentieth century, the federal government actively, and often forcibly, intruded into traditional Hopi culture by attempting to assimilate tribal members into American society through policies of allotment, western style health care, and off-reservation education.⁷ Such intervention is demonstrated by the building of a hospital in Keams Canyon in 1913, followed soon thereafter by the construction of Building 628 as a local clinic, and the construction of a day school in 1912 in the neighboring village of Bacavi (also spelled “Bacabi”), whose name was changed to the Hotevilla – Bacabi School in 1916.⁸ Unfortunately, little in the way of documented history has been discovered that specifically pertains to the history of Building 628 other than it was converted by the Hopi Tribe from a health clinic to a corn mill in the 1970s. Its original function as a health clinic represents the role of the U.S. Indian Service, and later the Indian Health Service, in the promoting “modern” health care in this traditional village.

Sources:

¹ J. G. Townsend, "Indian Health – Past, Present, Future," in *The Changing Indian*, edited by Oliver LaFarge, Norman: University of Oklahoma Press, 1942, p. 31.

² Lewis Meriam, *The Problem of Indian Administration*, Baltimore: Johns Hopkins Press, 1928. Reprinted: Johnson Reprint, N.Y., 1971.

³ Townsend, "Indian Health," p. 32.

⁴ Donald L. Fixico, *Termination and Relocation. Federal Indian Policy, 1945 – 1960*, Albuquerque: University of New Mexico Press, 1986. Wilcomb Washburn, "The Native American Renaissance, 1960 – 1995," in *The Cambridge History of the Native Peoples of the Americas: Vol. 1, North America, Part 2*, edited by Bruce G. Trigger and Wilcomb E. Washburn, New York: Cambridge University Press, 1996, p. 408.

⁵ Washburn, "Native American Renaissance," p. 408.

⁶ Frederick J. Dockstader, "Hopi History, 1850 - 1940," in *Handbook of North American Indians, Vol. 9: Southwest*, edited by Alonso Ortiz, Washington: Smithsonian Institution, 1979, pp. 524-538. See also, Peter M. Whiteley, *Deliberate Acts: Changing Hopi Culture Through the Oraibi Split*, Tucson: University of Arizona Press, 1988.

⁷ Scott Rushforth and Steadman Upham, *A Hopi Social History*, Austin: University of Texas Press, 1992, p. 151.

⁸ Dockstader, "Hopi History," p. 530.

Additional Sources Consulted:

Hopi Agency Files, Record Group 75, Bureau of Indian Affairs, National Archives and Records Administration, Pacific Region, Laguna Niguel, CA.

Project Information:

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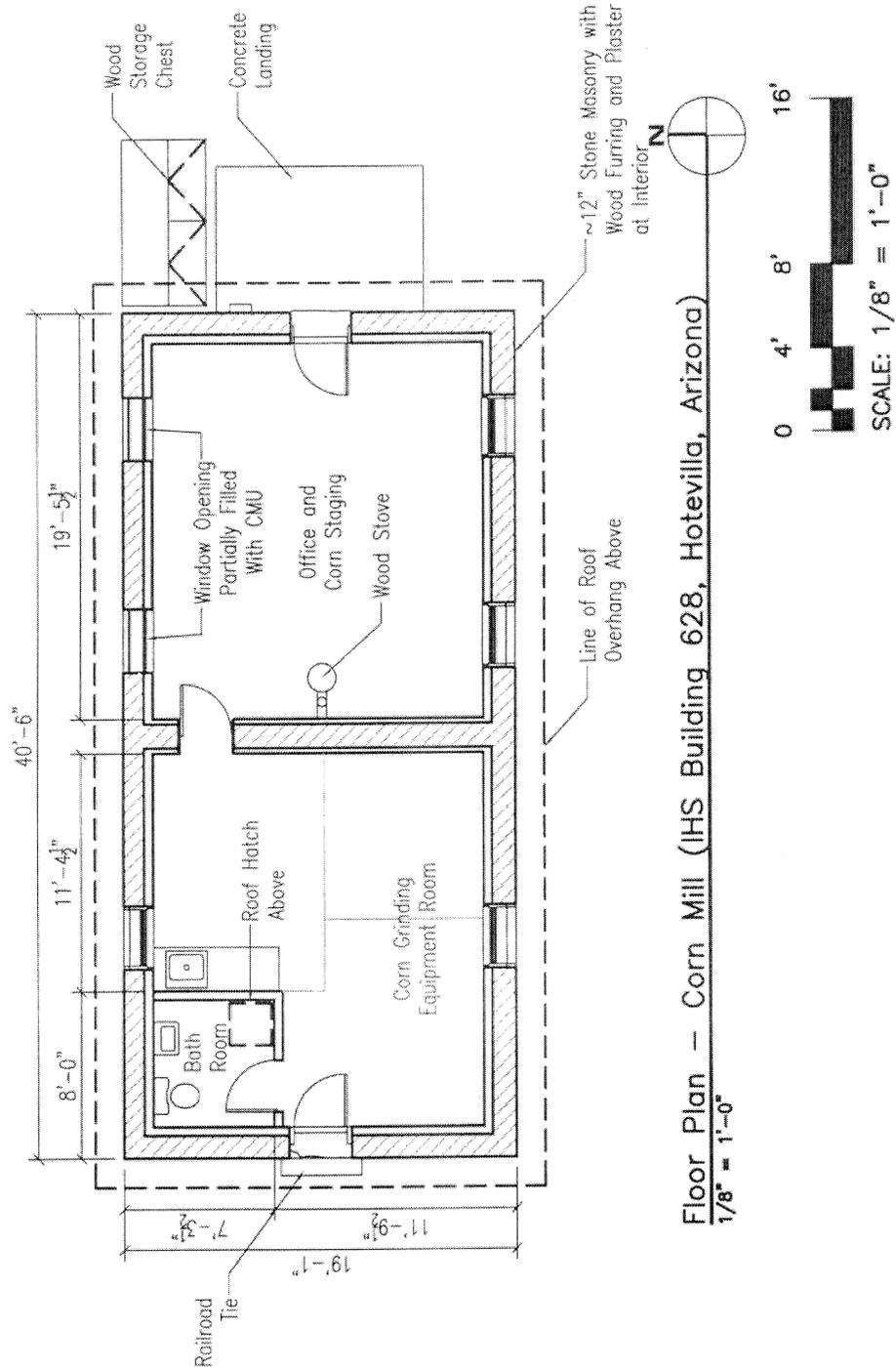
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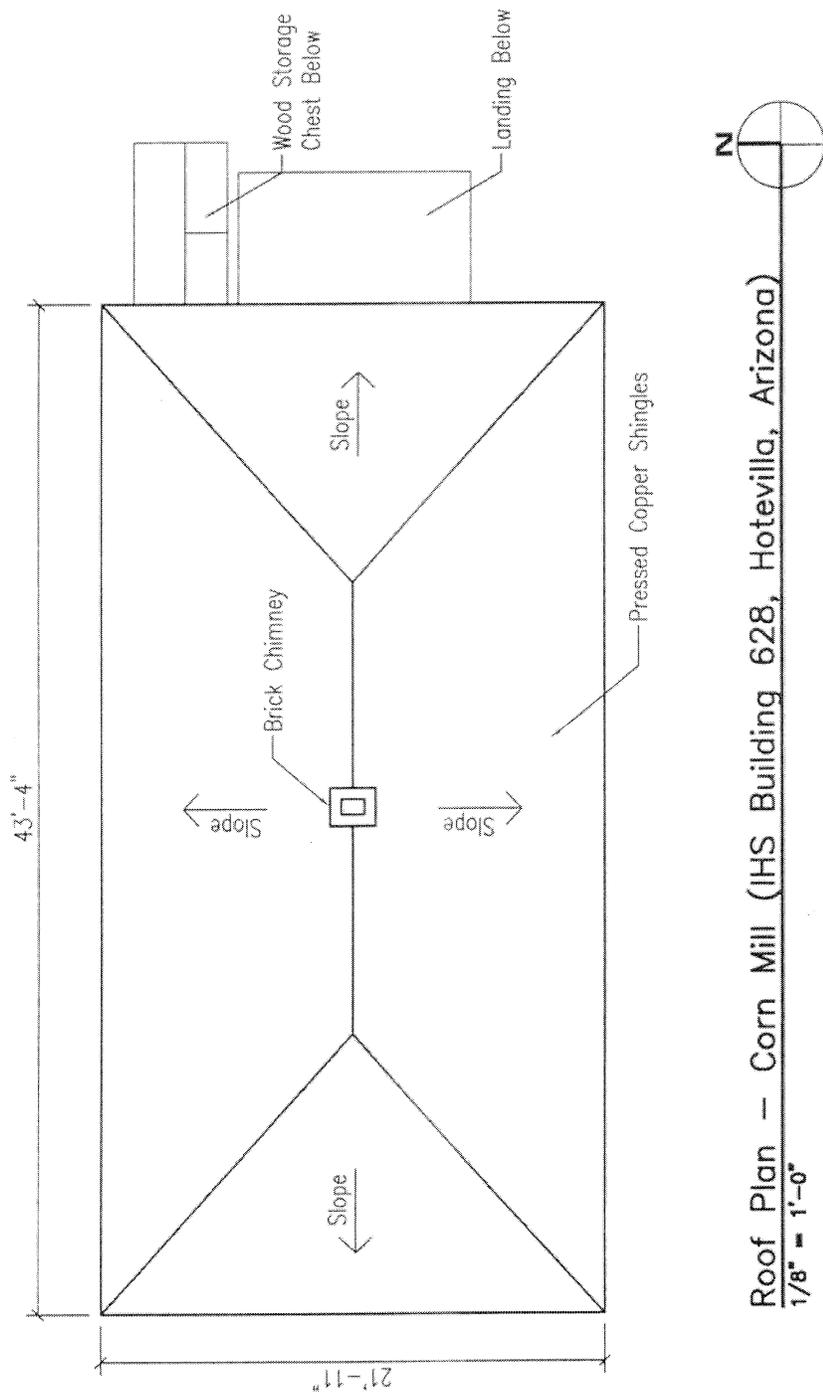
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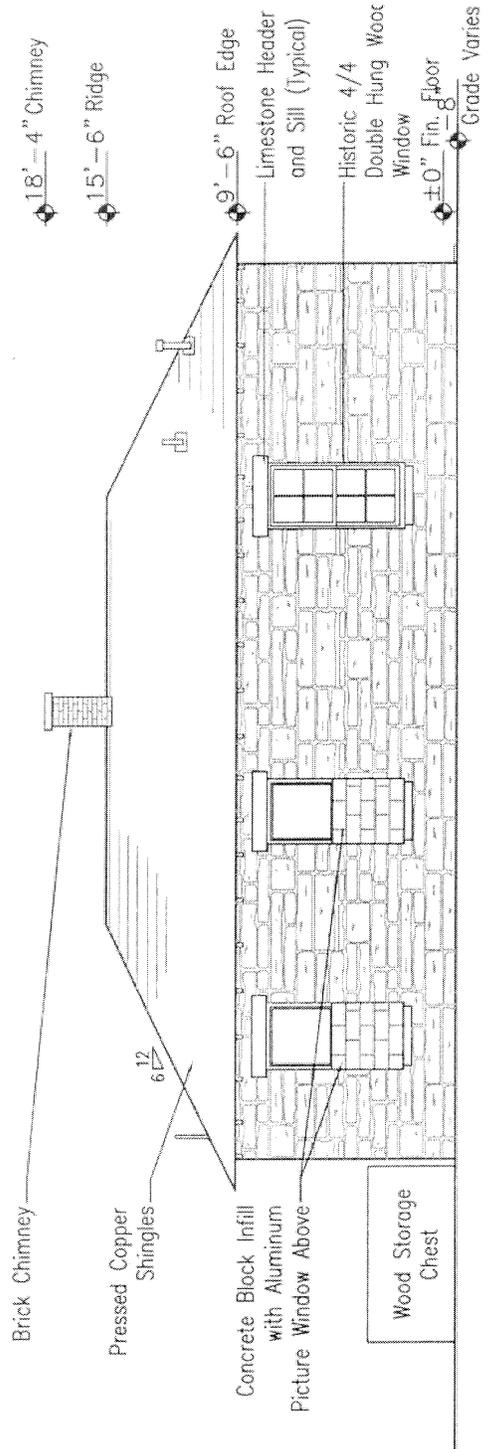
John Hamilton, P.E., Phoenix Area Indian Health Service, Office of Environmental Health & Engineering, Phoenix, Arizona (agency contact)

Preparation date: 27 August 2008

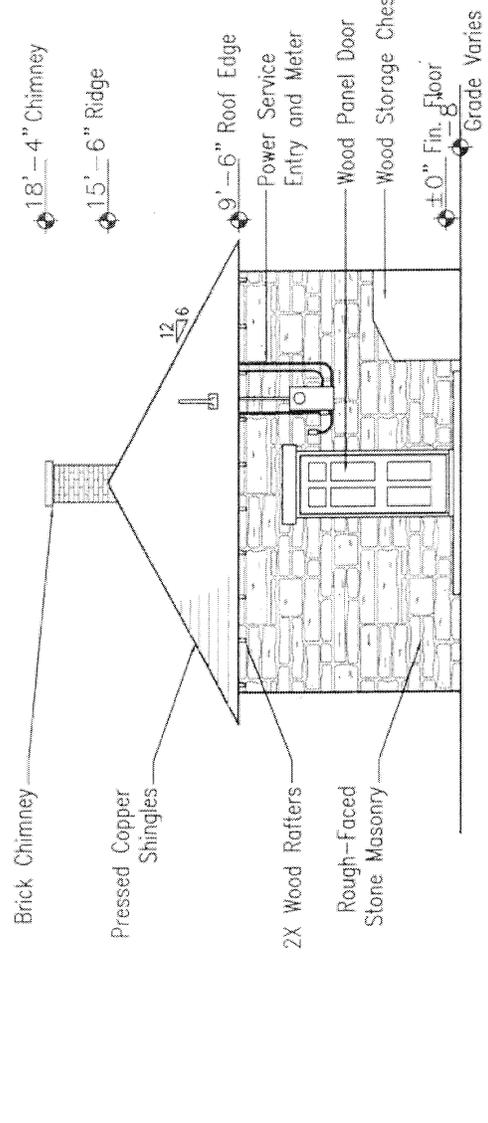
Supplemental Materials:



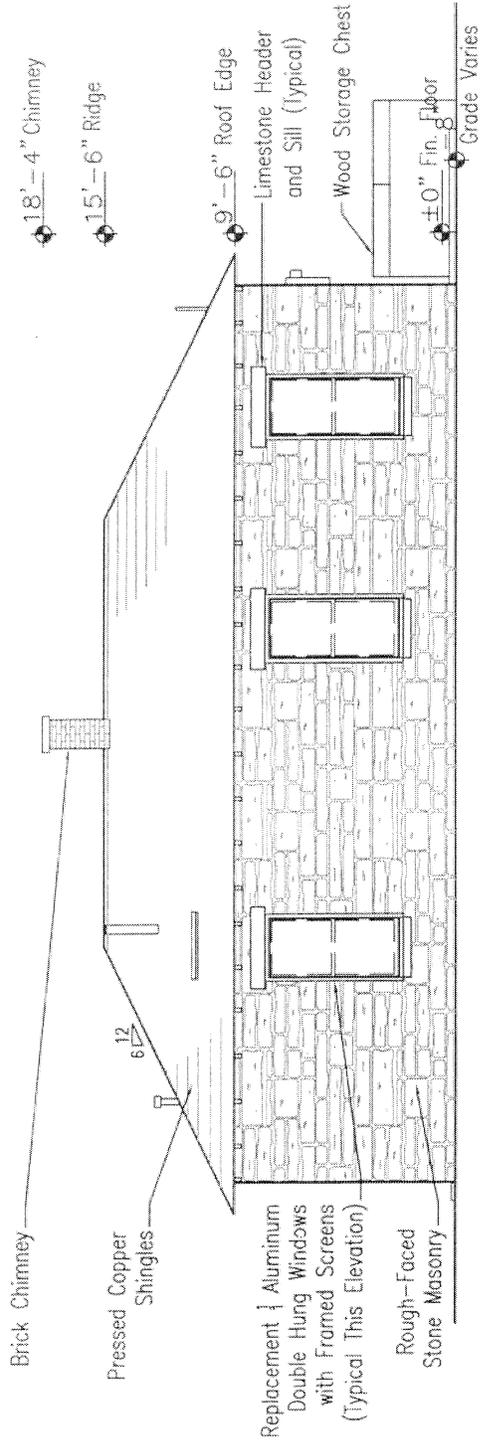




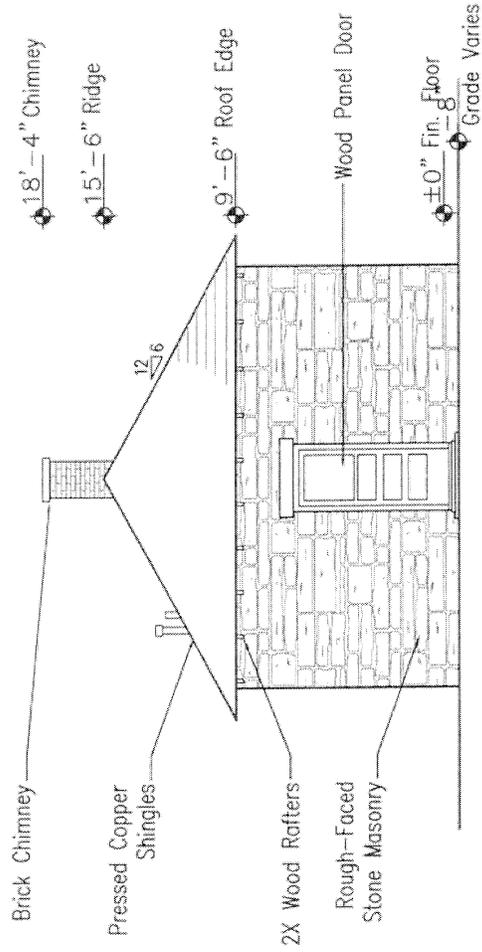
North Elevation - Corn Mill (IHS Building 628)
 1/8" = 1'-0"



East Elevation - Corn Mill (IHS Building 628)
 1/8" = 1'-0"



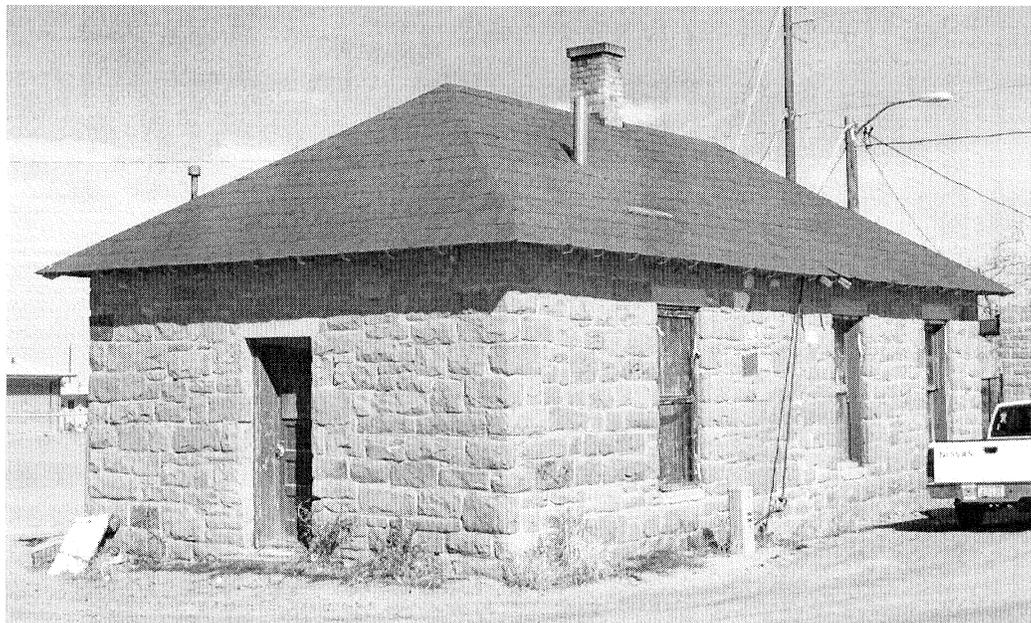
South Elevation - Corn Mill (IHS Building 628)
 1/8" = 1'-0"



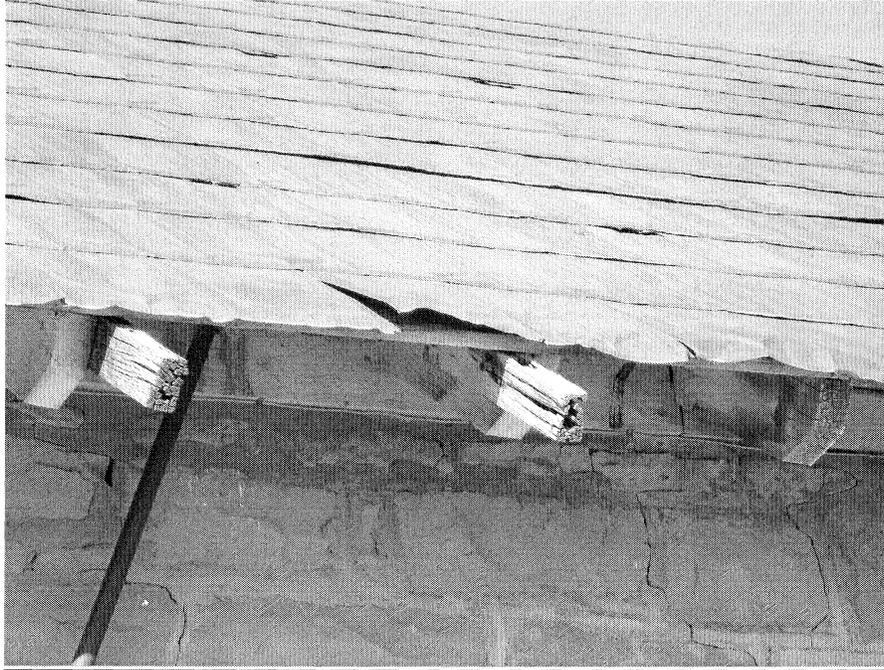
West Elevation - Corn Mill (IHS Building 628)
 1/8" = 1'-0"



Northwest Corner



Southwest Corner



Metal Roof and Rafter Detail



North Elevation Window Infill