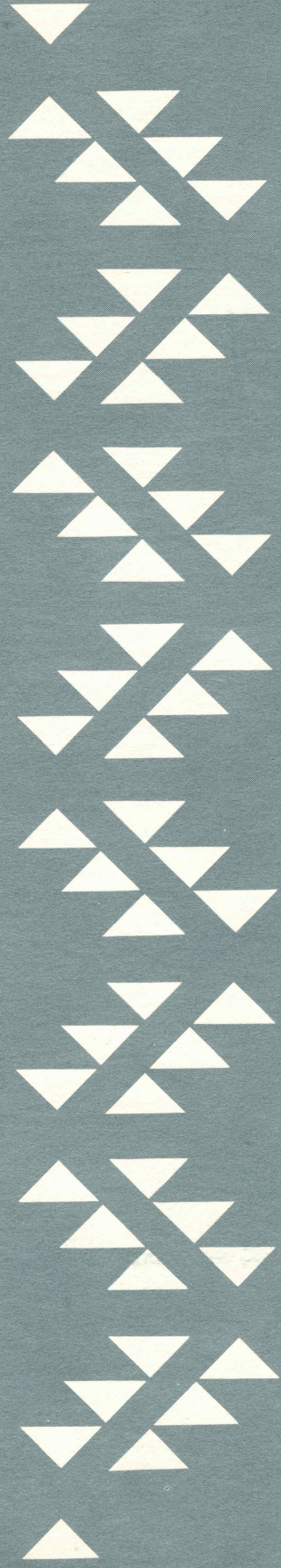
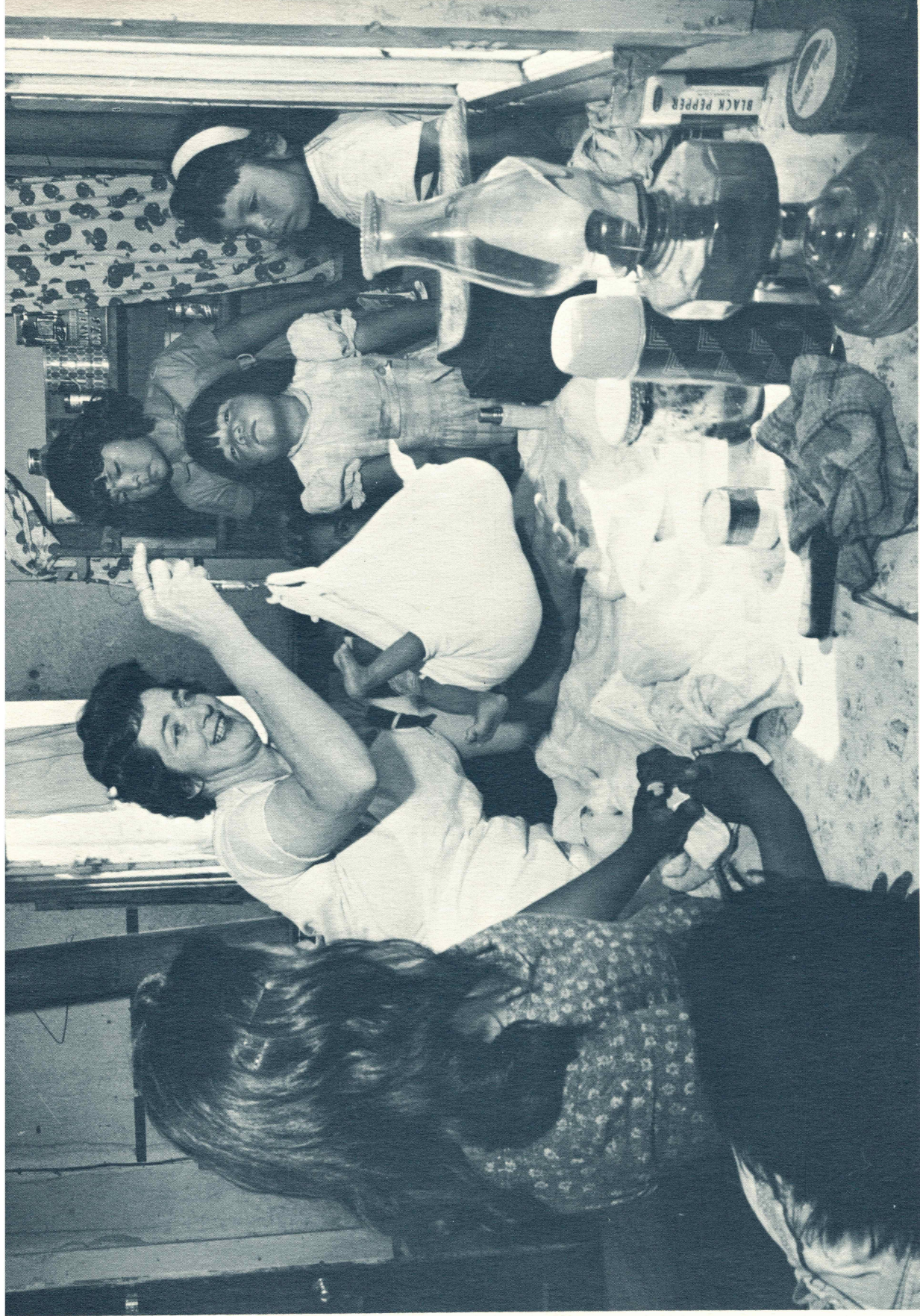


PHS-Indian Health

To The First Americans



**A Report on the Indian Health Program
of the U.S. Public Health Service**



One of the most important duties of Public Health nurses is to visit families, especially where there are new babies.

A Message from the Director

This report is made expressly to you more than 385,000 American Indians, Eskimos, and Aleuts who look to the U.S. Public Health Service to meet your health needs. We consider the Federal Indian health program to be your program, carried out in accordance with your wishes and your requirements. The Division of Indian Health is the instrument for providing services which are planned, conducted and evaluated in cooperation with you as individuals and as organized tribal and community groups.

It has been 11 years since responsibility for the Indian health program was transferred to the Public Health Service from the Department of the Interior. During this period, considerable progress has been made toward our goal of raising the health status of American Indians and Alaska Natives to the highest possible level. But there is still much to do.

In this report you will find a summary of health activities since the transfer in 1955 and details of program operation in 1966. It is our intent to issue an annual report from this year onward so that you can review the record and assist us in improving services in the future.

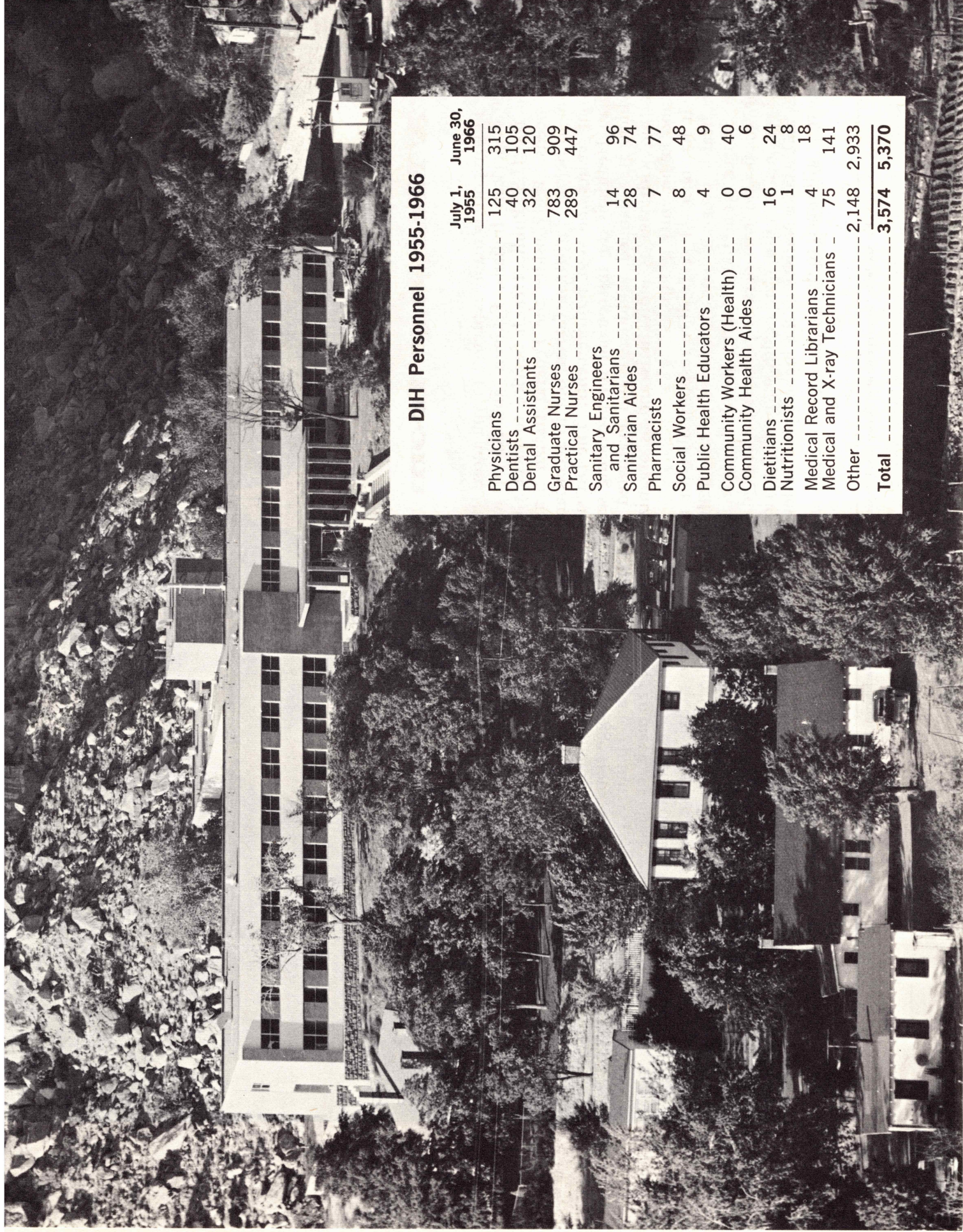
The Division of Indian Health welcomes your comments and suggestions at all times. With better understanding and mutual respect for each other's endeavors, we can move ahead.

I pledge our continued efforts to work in cooperation with you to help achieve the highest possible health level in the shortest possible time.



E. S. RABEAU, M.D.

*Assistant Surgeon General
Director, Division of Indian Health*



DIH Personnel 1955-1966

	July 1, 1955	June 30, 1966
Physicians -----	125	315
Dentists -----	40	105
Dental Assistants -----	32	120
Graduate Nurses -----	783	909
Practical Nurses -----	289	447
Sanitary Engineers and Sanitarians -----	14	96
Sanitarian Aides -----	28	74
Pharmacists -----	7	77
Social Workers -----	8	48
Public Health Educators -----	4	9
Community Workers (Health) -----	0	40
Community Health Aides -----	0	6
Dietitians -----	16	24
Nutritionists -----	1	8
Medical Record Librarians -----	4	18
Medical and X-ray Technicians -----	75	141
Other -----	2,148	2,933
Total -----	3,574	5,370

The Indian Health Program from 1955 to 1967

If one word were selected to describe the metamorphosis of Indian health activities from 1955 to 1967, it would be "growth." The little more than a decade of time has been characterized by expansion—of staff, facilities, services, and budget—to meet another expansion—the use of Indian hospitals and other health facilities, and the increased requests for various kinds of health services.

We began our program in 1955 with 125 physicians, 40 dentists and 783 professional nurses. At the end of 1966 the full-time staff included 315 physicians, 105 dentists and 909 professional nurses.

During this period we also added a considerable number of other professional workers: sanitary engineers and sanitarians, pharmacists, medical social workers, public health nurses, health education specialists, dietitians, nutritionists, medical record librarians and medical and X-ray technicians; and greatly expanded the numbers of dental assistants, licensed practical nurses, sanitarian aides and community workers.

Ten hospitals, 11 health centers and 34 health stations have been built since 1955 either to replace outdated facilities or to provide care where none was available.

Major alterations and additions were also made at 16 facilities and smaller improvements accomplished at innumerable other locations. At every opportunity, the Division has introduced new or better equipment to keep pace with medical advances and insure the best possible patient care.

The new 38-bed Indian Hospital at Keams Canyon, Arizona, dedicated in October 1961.

Summary of Construction of Indian Sanitation Facilities

PUBLIC LAW 86-121

Fiscal Year	Federal Funds	Number of Construction Projects	Families Benefitted ¹	Cumulative % of Known Facilities Needs Programmed ²
1961 thru 1966	--- ³ 30,469,000	393	30,000	34%
1967	----- 5,736,000	+ 37	6,600	38%
1968 Request	----- 10,464,000	+ 65	8,000	47%

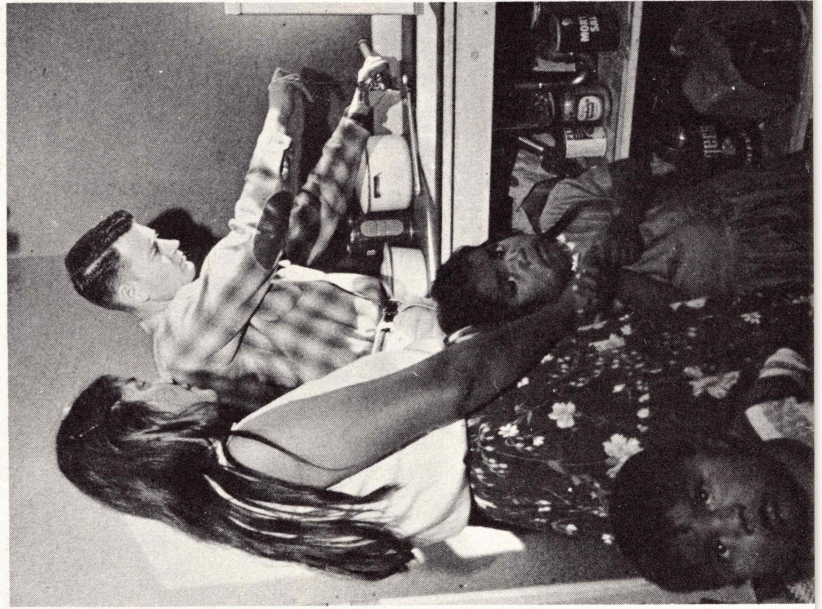
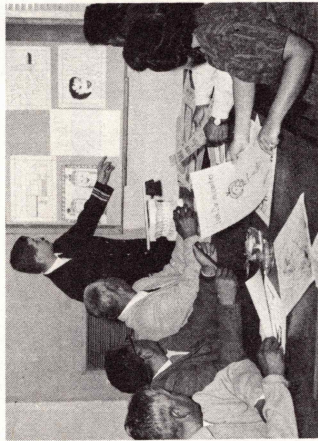
¹ Some families included are not provided all basic sanitation facilities at this time.
² Based on a formula designed to compute relative percentage of families that will have all basic sanitation facilities. (Number of beneficiary families is currently estimated to total 69,000).

³ Includes \$5,170,000 made available for 42 projects authorized in FY 1963 and 1964 under the Public Works Acceleration Act. (Public Law 87-658).

⁴ Does not include undetermined number of projects to assist Federal and Tribal Housing Program for Indians.

It is only by the joint efforts of Indian leadership and the professional health staff that specific programs can be set up and carried out.

A vital part of the sanitation construction program is teaching families how to take care of new equipment so it stays in good working order. The Division also trains tribal members in proper maintenance procedures for community systems.



Since the passage of Public Law 86-121 (The Indian Sanitation Facilities Construction Act) in 1959, sanitation improvements in safe water and waste disposal facilities have been authorized for nearly 37,000 families. Approximately 8,000 additional families will benefit from the program under the appropriation request of 1968.

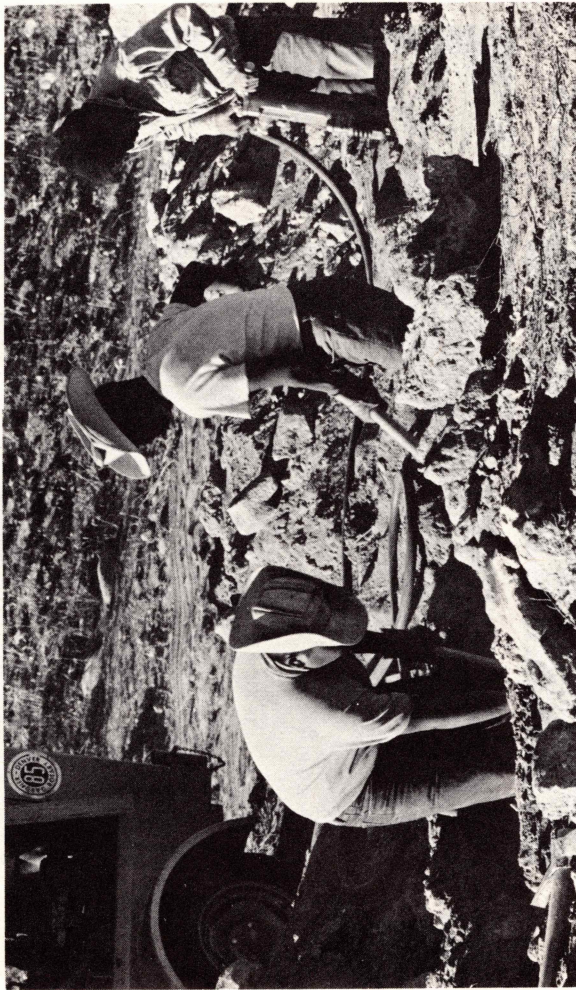
For every Federal dollar expended on projects, you have contributed 40 cents through donated labor, materials and funds. This is a remarkable achievement for which you can be justifiably proud.

Today the Division operates 51 hospitals, 47 large health centers and over 300 health stations for Indians and Alaska Natives. We also contract with 300 community hospitals, 18 State and local health departments and more than 400 private doctors to provide services where we do not have a facility or the type of specialty care required.

To carry out the Indian health program for fiscal year 1967, the combined Indian health activities and construction of Indian health facilities appropriation is \$90,813,000. This reflects annual increases from a combined total of \$40,300,000 appropriated in 1956.

Objectives Set in the PHS Indian Health Program

When the Public Health Service was given responsibility for the Indian health program, it set as two of its major objectives: one, to provide a totally comprehensive health service which would include curative, preventive and rehabilitative medical care of the highest possible quality; and two, to encourage and increase Indian and Alaska Native participation in every phase of the program—in planning, operating, and evaluating services at all levels.



Good environmental health conditions are most important to good health. Improvement of water supplies and waste disposal facilities is a major effort of the Division in cooperation with tribes and villages.

Appropriations for Indian Health [Millions of dollars]

HEALTH SERVICES							HEALTH FACILITIES CONSTRUCTION						
Fiscal year	Total	Hospital	Contract medical care	Field	Adminis- tration	Other	Total	Hospitals and Clinics	Personnel Alter- quaters	ations	Community hospi- tals ¹	Sanita- tion ²	Other
1956	34.8	20.1	7.9	4.7	2.1	---	³ 5.5	2.9	1.6	0.5	---	---	³ 0.5
1957	38.7	22.5	8.3	5.9	2.0	---	8.8	6.8	1.0	1.0	---	---	---
1958	40.1	23.2	8.3	6.5	2.1	---	⁴ 3.1	---	---	2.6	---	---	⁴ 5
1959	42.3	25.7	8.0	7.2	1.4	---	6.0	2.0	⁷ .7	1.5	1.8	---	---
1960	45.6	27.3	8.6	8.3	1.4	---	4.8	1.8	2.5	.3	---	0.2	---
1961	50.3	31.0	8.9	8.9	1.5	---	9.7	1.5	4.0	1.1	.5	2.6	---
1962	53.0	32.5	9.8	9.2	1.5	---	8.3	1.2	2.5	1.3	.3	3.0	---
1963	56.8	34.8	10.5	10.0	1.5	---	12.6	3.4	4	1.4	.1	4.0	² 3.3
1964	59.7	35.9	11.3	10.8	1.7	---	8.2	2	.5	.7	---	4.7	² 2.1
1965	62.9	37.6	11.8	11.7	1.8	---	9.0	2.1	1.1	1.0	---	4.6	² 2
1966	67.6	39.7	12.9	13.1	1.9	---	14.1	7.0	6	2	---	6.3	---
1967	76.3	43.9	14.1	15.6	1.9	⁵ 0.8	14.5	2.4	3.8	2.6	---	5.7	---

¹ Public Law 85-151.

² Public Law 86-121. In addition, \$3.3 million in FY 1963, \$2.1 million in FY 1964, \$2 in FY 1965, have been made available for sanitation projects under the accelerated public works program.

³ Includes \$500,000 for the construction of facilities transferred from the Bureau of Indian Affairs, U.S. Department of the Interior.

⁴ Includes \$500,000 for "other plant facilities."

⁵ For special assistance to Menominee Indian people.

Through additions of staff, improved facilities, increased appropriations and the application of recommended management techniques, quality standards have been significantly raised toward achieving the first objective. For example, since the time of transfer, ten additional Division hospitals have attained accreditation by the Joint Commission of Accreditation of Hospitals. Action is underway to obtain this standard in all Division hospitals within the availability of resources.

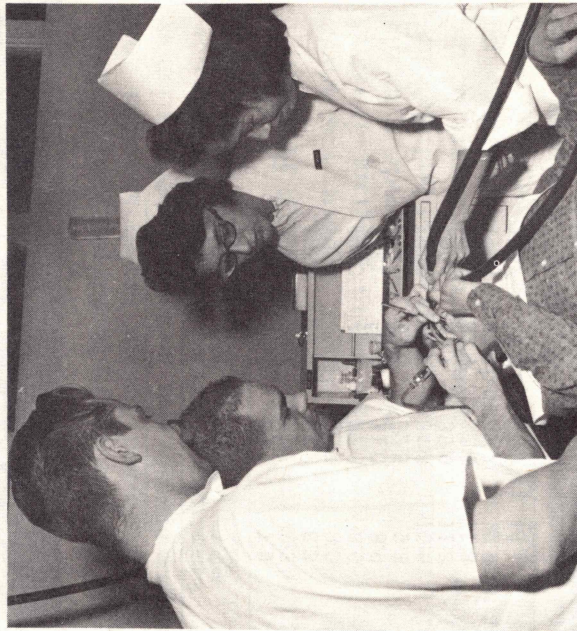
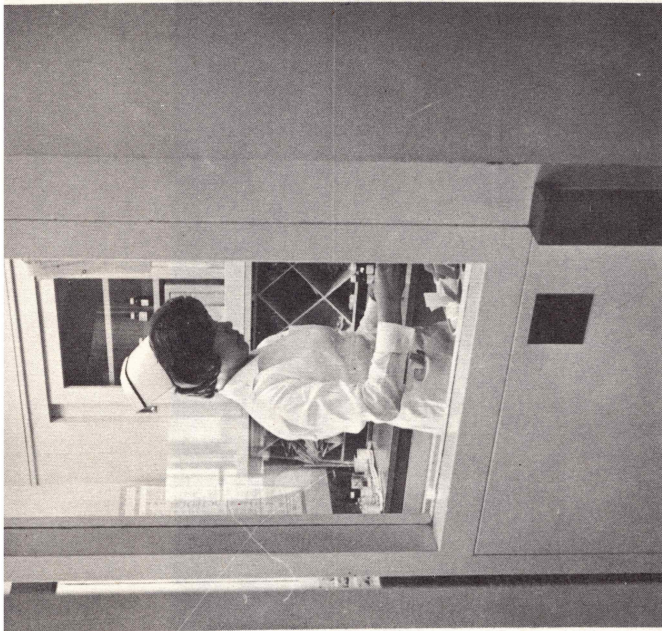
As to your involvement in health activities, the progress has been considerable and vital in many areas of the program, yet much is left to be done and much more participation is needed.

It is the policy of the Division to train and employ as many Indian and Alaska Native people as possible. Between 52 and 60 percent of Division employees are of Indian or Alaska Native descent.

In the past 10 years, more than 1,000 Indians and Alaska Natives have been trained for health auxiliary positions in the Division including practical nurses, dental assistants, nursing assistants, sanitarian aides, community health aides, and medical record technicians and clerks. A great deal of on-the-job training has been provided in other categories, such as food service personnel, housekeepers, driver-interpreters and ambulance drivers.

In programs recently undertaken, the Division is supporting three Indian women for the 3 or 4 years needed to qualify as registered nurses, and 13 Indians and Alaska Natives in a two-year training course for qualification as Accredited Medical Record Technicians.

One Indian physician has almost completed residency training in a Division-sponsored program. An Indian dental officer is being supported for his Master's Degree in Public Health.



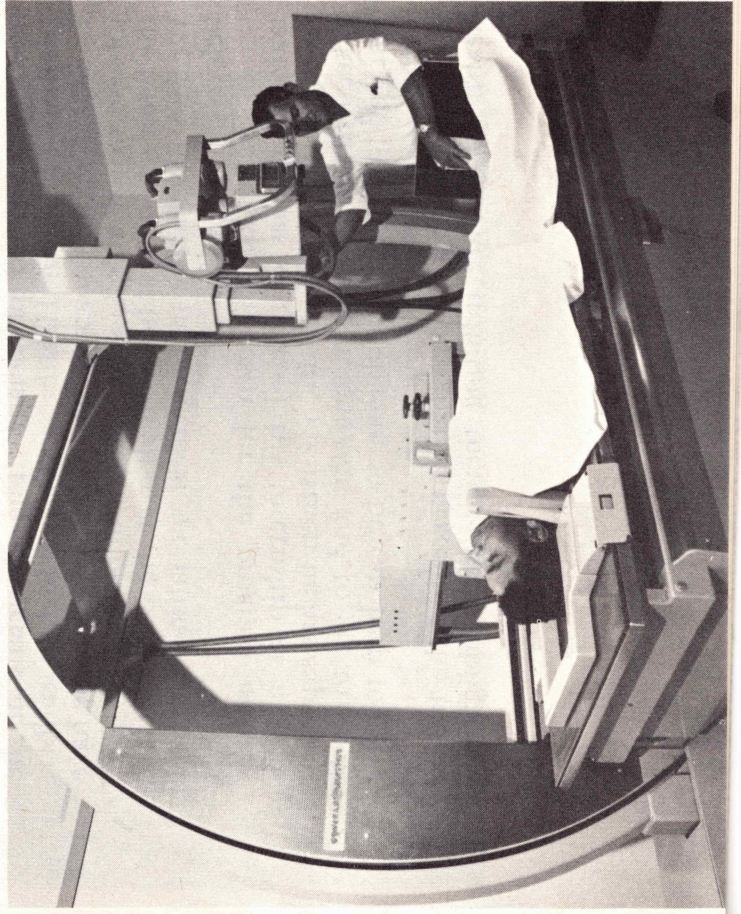
Approximately 25 dental assistants are trained each year at Mount Edgcumbe, Alaska; Lawrence, Kansas; and Brigham City, Utah.

Mrs. Mary Grace Lucas José, Papago, is a licensed practical nurse at the PHS Indian hospital, Sells, Arizona. She is one of over 1,000 who have been graduated from the PHS Indian School of Practical Nursing at Albuquerque. The Division also provides advanced training for licensed practical nurses at Shiprock, New Mexico, and Rapid City, South Dakota.



Left, . . . Mrs. Bonita Hope Victorian Makinson is the first nurse officer of Indian descent to be commissioned in the U. S. Public Health Service. A member of the Sisseton-Wahpeton Sioux Tribe, she is assigned to the Indian Health Medical Center at Phoenix, Arizona.

Every attempt is made to provide Indian health facilities with modern up-to-date equipment so the medical services are of the highest quality.



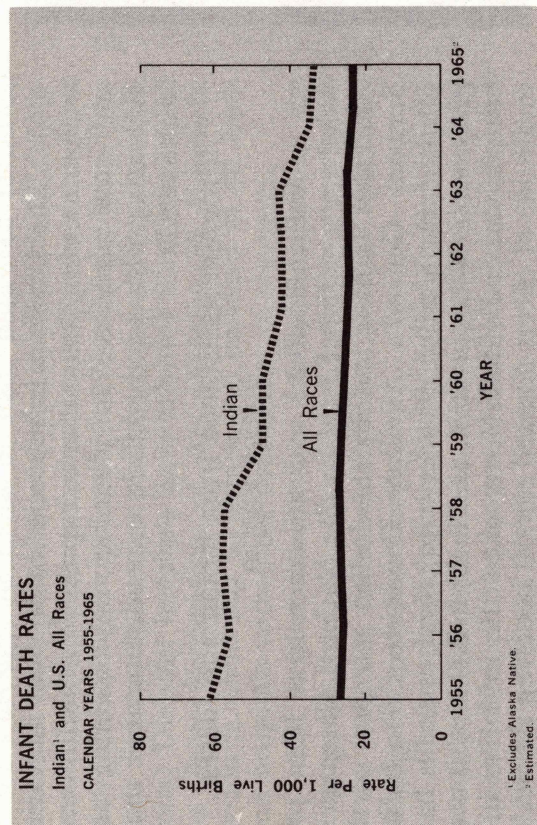
The Division is appreciative of your increasing acceptance of opportunities to express your health needs and your assistance in planning, implementing and evaluating with us, the efforts expended to meet those health needs.

Program Assistance from Indian and Alaska Native People

Valuable advice and assistance have been provided on a national level by the National Congress of American Indians and by the Indian members of the Surgeon General's Advisory Committee on Indian Health. On a tribal or inter-tribal level, councils have given essential cooperation and many tribal health committees and individuals have taken the initiative in a multitude of efforts directed toward bettering the health of the people. The success of the sanitation facilities construction program, for example, is directly attributable to your efforts.

Another example of your increased participation in the health program is the extent to which the facilities and services available are being used. Admissions to Indian and Alaska Native hospitals now number some 92,000 a year in contrast to 50,000 in 1955. Out-patient visits have more than doubled, from 550,000 to 1,475,000. The number of dental services provided has almost tripled, from 220,000 to 571,000 a year. Births in Indian hospitals have risen from 6,685 in 1955 to 9,008 in 1966.

What we of course are most interested in, are indications of real improvement in health. In the past 11 years, there have been significant improvements measurable by great reductions in deaths and disease rates.



Among your people in the Continental United States, infant death rates have declined 41 percent. Deaths from tuberculosis are down 57 percent. Deaths from gastroenteric diseases are down 49 percent.

In Alaska, infant death rates are down 31 percent. Tuberculosis death rates are down 86 percent.

During the same period, new cases of tuberculosis declined 60 percent among Indians and 70 percent among Alaska Natives.

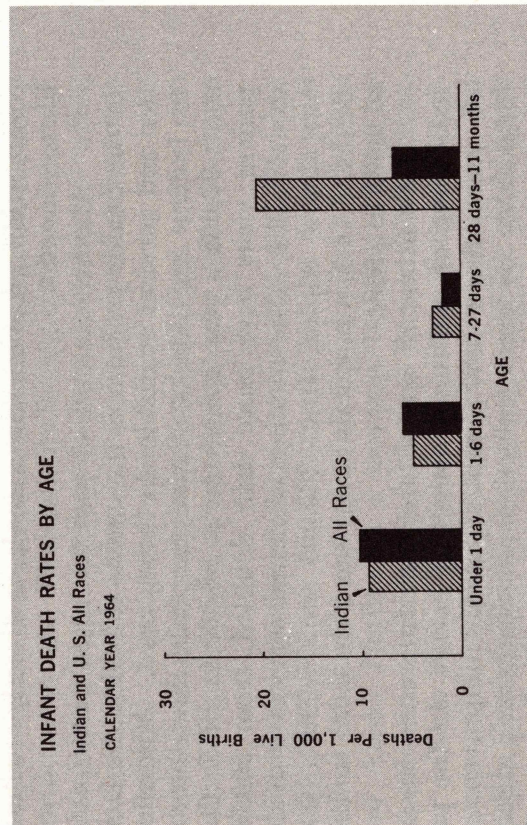
The average age at death is now 44 in contrast to about 39 in 1955.

As we have worked toward progress, the Division continuously has tried to improve health services and increase action against various severe health problems. It is our strongest desire to be flexible enough to meet changing requirements whether they are in your health needs or in the professional health practices of the country.

No medical program can operate without competent, well-qualified physicians. The physicians in the Division of Indian Health are of the highest caliber. Each year we have many more applications than we have jobs, so we are able to select the cream of the crop from the finest schools and hospitals all over the United States. We also have many more medical specialists than ever before.

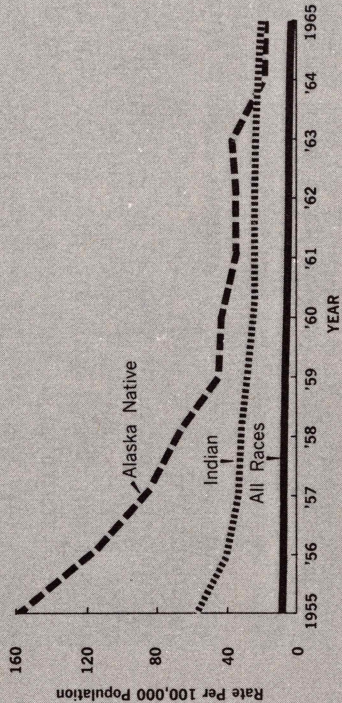
Every doctor chosen for the program is fully trained and has completed his internship at a well-recognized medical institution. Further, he has expressed a keen desire to work among you and to get to know you and your health problems, so he can help to solve them.

We are both aware that 70 percent of the Indian health doctors are fulfilling their military obligations



TUBERCULOSIS DEATH RATES

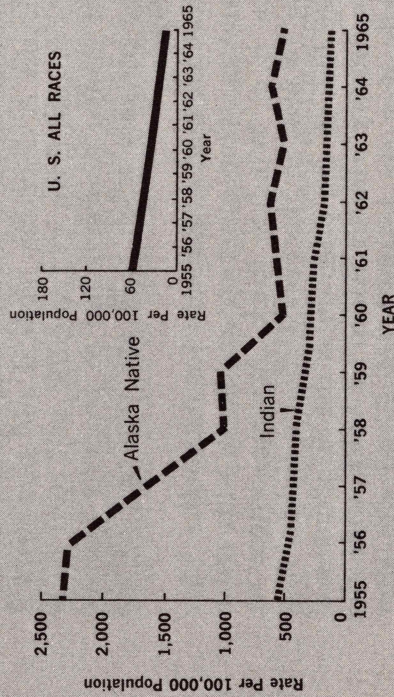
Indian, Alaska Native, and U. S. All Races
CALENDAR YEARS 1955-1965



*Indian and Alaska Native rates based on 3 year moving average thru 1963. All other rates based on single year data. 1965 estimated.

INCIDENCE RATES FOR TUBERCULOSIS

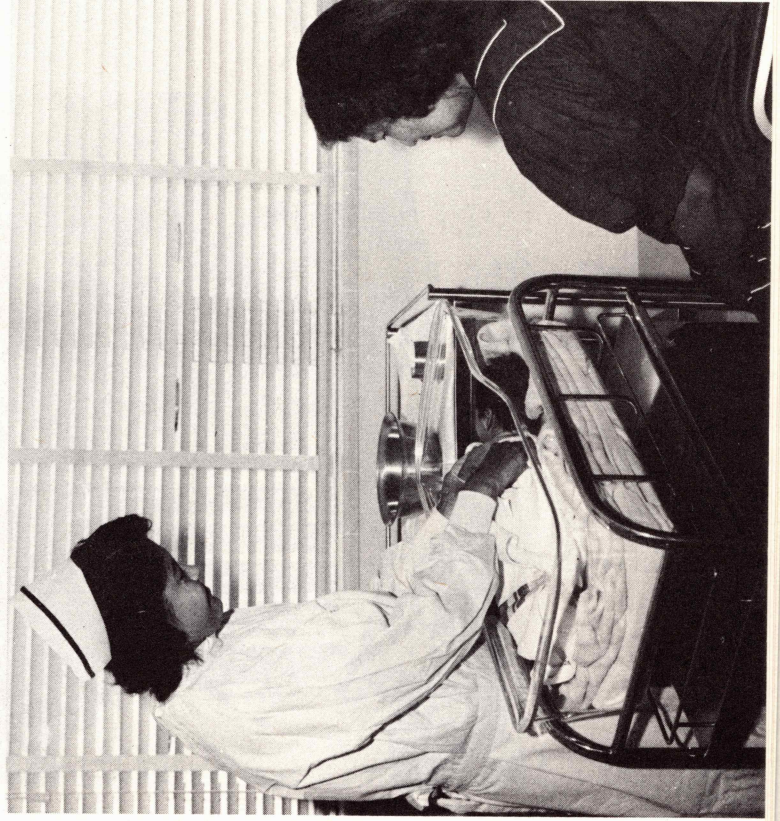
Indian, Alaska Native, and U. S. All Races
CALENDAR YEARS 1955-1965



Dr. Taylor McKenzie, first Navajo physician to be commissioned in the U. S. Public Health Service. Dr. McKenzie is Chief Surgeon at the PHS Indian Hospital, Tuba City, Arizona.



Babies get a better start in life through good medical and nursing care.



and that the turn-over in staff affects program continuity in some instances. We have taken several steps to help overcome the problem. For example:

We have established physician residency training programs in pediatrics, general practice and preventive medicine in which 17 doctors are enrolled, and a dental internship program with 6 dentists in training.

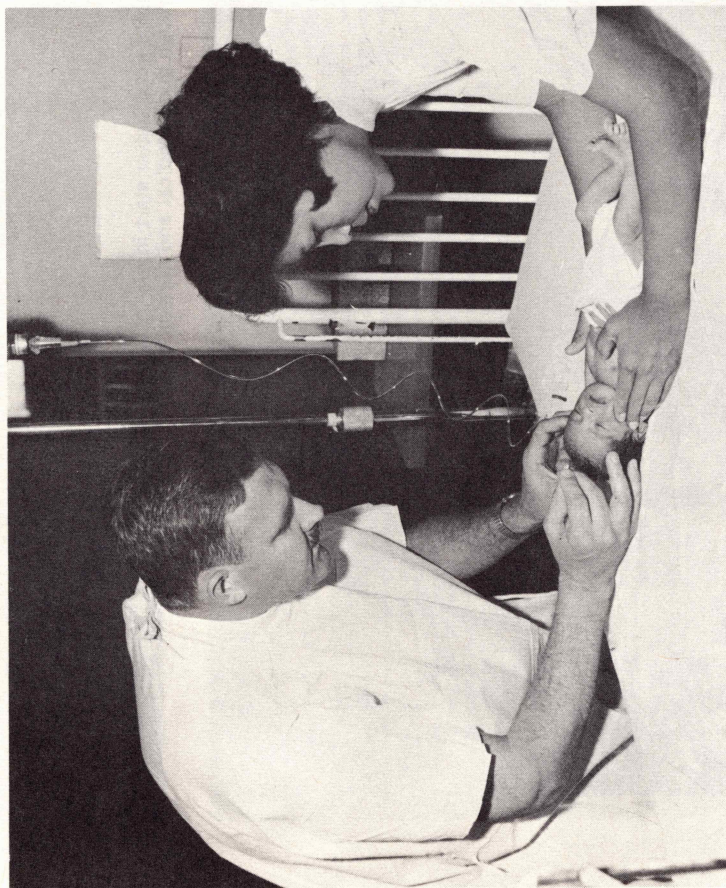
We also tested and are now using, non-medical administrators to manage Indian hospitals. These assignments free the doctor of certain administrative duties, allowing him to spend more time with patients, and also provide a more permanent personnel arrangement which will assure greater continuity of activity.

To counteract growing health problems, several new programs have been started within the past two years.

Two pilot efforts were initiated in mental health. One is at Pine Ridge, South Dakota, where a mental health staff, working in cooperation with the Oglala Sioux Tribe, is studying the situation and developing a program which will be applicable Division-wide. The other is in Alaska where a mental health team headed by a psychiatrist is orienting medical and non-medical personnel to enable them to recognize and treat early symptoms of mental disorders and to properly manage recuperating patients when they are returned to the home community.

Several treatment projects for alcoholics have been undertaken. One program underway with tribal participation is at Window Rock, Arizona, where we are utilizing 14 beds in the Fort Defiance Indian Hospital. A key link in the program is the assignment of Navajo Community Health Aides to work with the patients while they are in the hospital and also after discharge.

Many specialists in the Indian Health program are pediatricians. They are especially needed to look after sick babies and children.



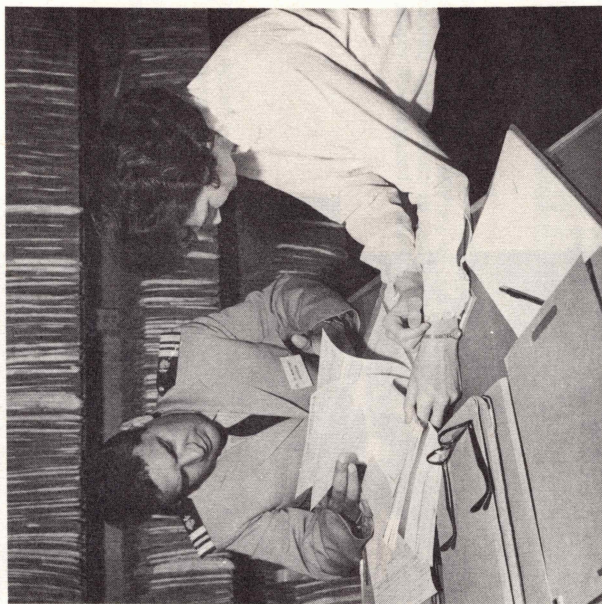
To prevent further spread of trachoma, a 5-year control program was begun with major emphasis in the Phoenix and Albuquerque-Window Rock areas. Three medical teams consisting of physicians, nurses, education specialists, drivers and clerks are assigned to work out of Indian hospitals in Phoenix, Keams Canyon and Gallup to examine adults and school children, institute treatment programs and conduct follow-ups to insure effectiveness of treatment. New surveys also have been conducted and treatment instituted in parts of Oregon, Nevada and Montana in response to findings of the disease in those localities.

A new action of the past year was the establishment of an Indian Health Center to care for Indians living in Rapid City, South Dakota. Remodeling is almost completed of a building on the grounds of the Sioux Sanatorium which will include medical and dental clinics, laboratories, X-ray facilities, waiting rooms and offices. A comprehensive family-centered program plan has been developed to identify the needs and provide the special care required by families living in that area.

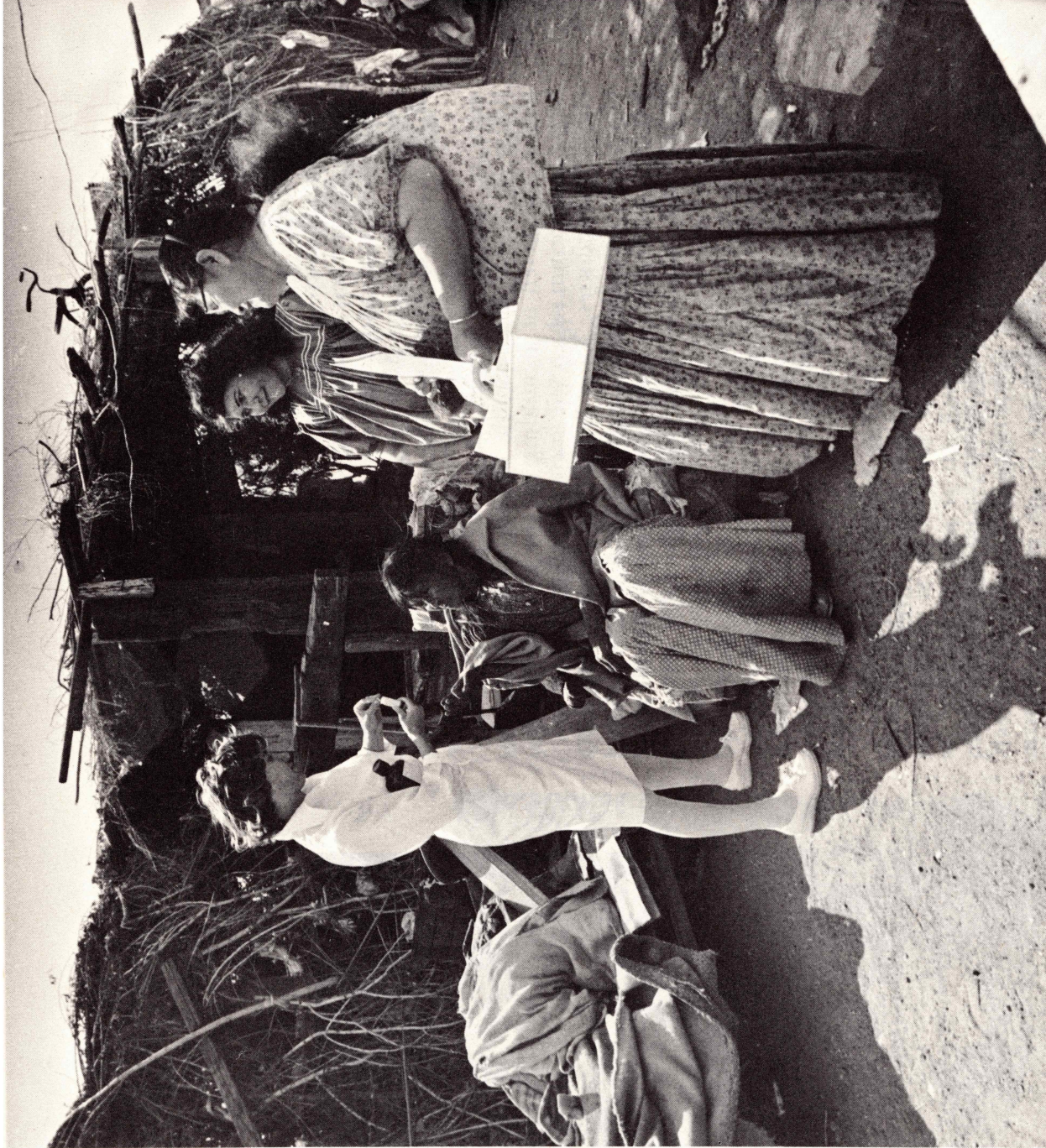
Advice on family planning has always been available in the Division. As a result of your increased demands for professional services, activities were expanded in 1966. Through the program, which is completely optional, the Division hopes to continue to improve the health of both mothers and children.

At present, your leading health problems are:

1. Communicable diseases among children
2. Accidents
3. Mental health problems including alcoholism
4. Nutritional deficiencies
5. Dental deficiencies
6. Poor water and sanitation



Dr. Lionel DeMontigny, a Chippewa of the Turtle Mountain Tribe, is in residency training in preventive medicine.



Members of the San Carlos Apache Tribe assist the trachoma nurse in distributing medicine.

During the next year, while continuing the provision of total health services, the Division will focus toward reducing the effects of these six problems.

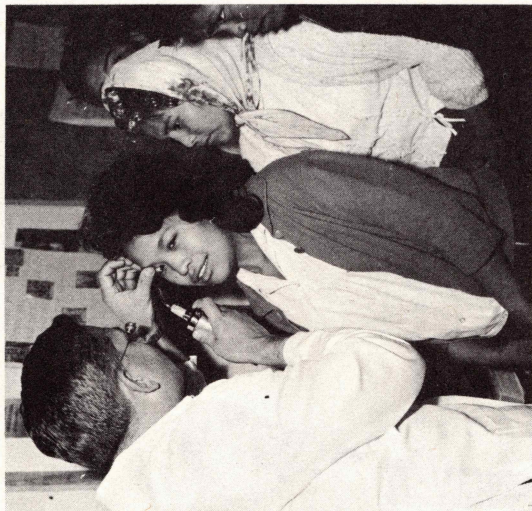
We know your needs are many. In response to your specific suggestions, and with your assistance and cooperation, we hope to—

- *develop a better understanding of your ways of life by our new personnel, especially physicians and dentists*
- *keep medical personnel longer in one location*
- *provide more clinics close to where you live*
- *improve transportation to hospitals and clinics*
- *provide more dental care for adults*
- *hasten the construction of water and waste disposal systems*

We will need your advice and assistance in our cooperative efforts. The old patterns of medical care are gone throughout the country and the practice of medicine has grown increasingly complex.

We realize that with the competition for physicians' services, some of the personal relationship between doctor and patient has decreased. However, with the new procedures and methods of treatment you are receiving better care and your life span is increasing. Your children and your children's children will be stronger and healthier.

We hope you will personally acquaint the Indian health staff with your problems and your wishes concerning health services. This is *your* program and we must work together to reap the greatest benefit.



Indian health physicians consider eye examinations very important. Trachoma can cause blindness.

The Division is particularly interested in expanding use of community health aides. Here an Indian health physician is training a village health aide at Mekoryuk on Nunivak Island, Alaska





The Indian health staff needs and wants to know your problems so they can help you in the best ways possible.

APPENDIX 1

1966 Program Information

ESTIMATED SERVICE POPULATION		
Indians and Alaska Natives	385,000	
Indians	340,000	
Alaska Natives (Indians, Eskimos and Aleuts)	45,000	
NUMBER OF HOSPITAL ADMISSIONS		
DIH and contract hospitals	91,799*	
DIH hospitals	67,049	
Contract hospitals	24,750	
* 83 percent increase from 50,143 in 1955.		
DAILY HOSPITAL PATIENT LOAD		
General medical and surgical patients	1,890*	
Tuberculosis patients	259**	
* 55 percent increase from 1,221 in 1955.		
** 80 percent decrease from 1,309 in 1955.		
OUTPATIENT VISITS		
DIH Hospitals, DIH clinics, contracts	1,474,000	
DIH hospitals	788,500	
DIH clinics	578,500	
Contracts	107,000	
168 percent increase from 550,000 visits to DIH facilities in 1955. Contract figures not available for that year.		
DENTAL SERVICES		
Patients examined, DIH and contract		125,819*
DIH		110,117
Contract		15,702
Treatments provided, DIH and contract		570,779**
DIH		502,710
Contract		68,069
* 69 percent increase from 74,353 in 1956.		
** 160 percent increase from 219,353 in 1956.		
NUMBER OF IMMUNIZATIONS PROVIDED BY DIH		
Total		217,336
Completed immunizations		98,609
Boosters and revaccinations		118,727
NUMBER OF HOME VISITS TO FAMILIES MADE BY DIH STAFF		
Public Health Nurses		48,000
Health Education Specialists		18,825
Environmental Health Staff		77,000

APPENDIX 2

Division of Indian Health Hospitals

	Number of Beds
ALASKA	
Anchorage	381
Barrow**	12
Bethel**	52
Kanakanak	38
Kotzebue*	54
Mt. Edgecumbe	130
St. George	6
St. Paul	8
Tanana	32
ARIZONA	
Ft. Defiance**	110
Keams Canyon*	38
Parker**	15
Phoenix	137
Sacaton**	35
San Carlos*	36
Sells*	50
Tuba City	75
Whiteriver**	52
Winslow	50
CALIFORNIA	
Winterhaven	14
MINNESOTA	
Cass Lake**	23
Red Lake**	30
MISSISSIPPI	
Philadelphia	21
MONTANA	
Browning**	42
Crow Agency**	34
Harlem	33
NEBRASKA	
Winnebago	65
TOTALS:	
No. of Hospitals	51
No. of Beds	2,938

*New buildings since 1955.

**Major alterations and additions since 1955.

***New building under construction, will open fall 1967.

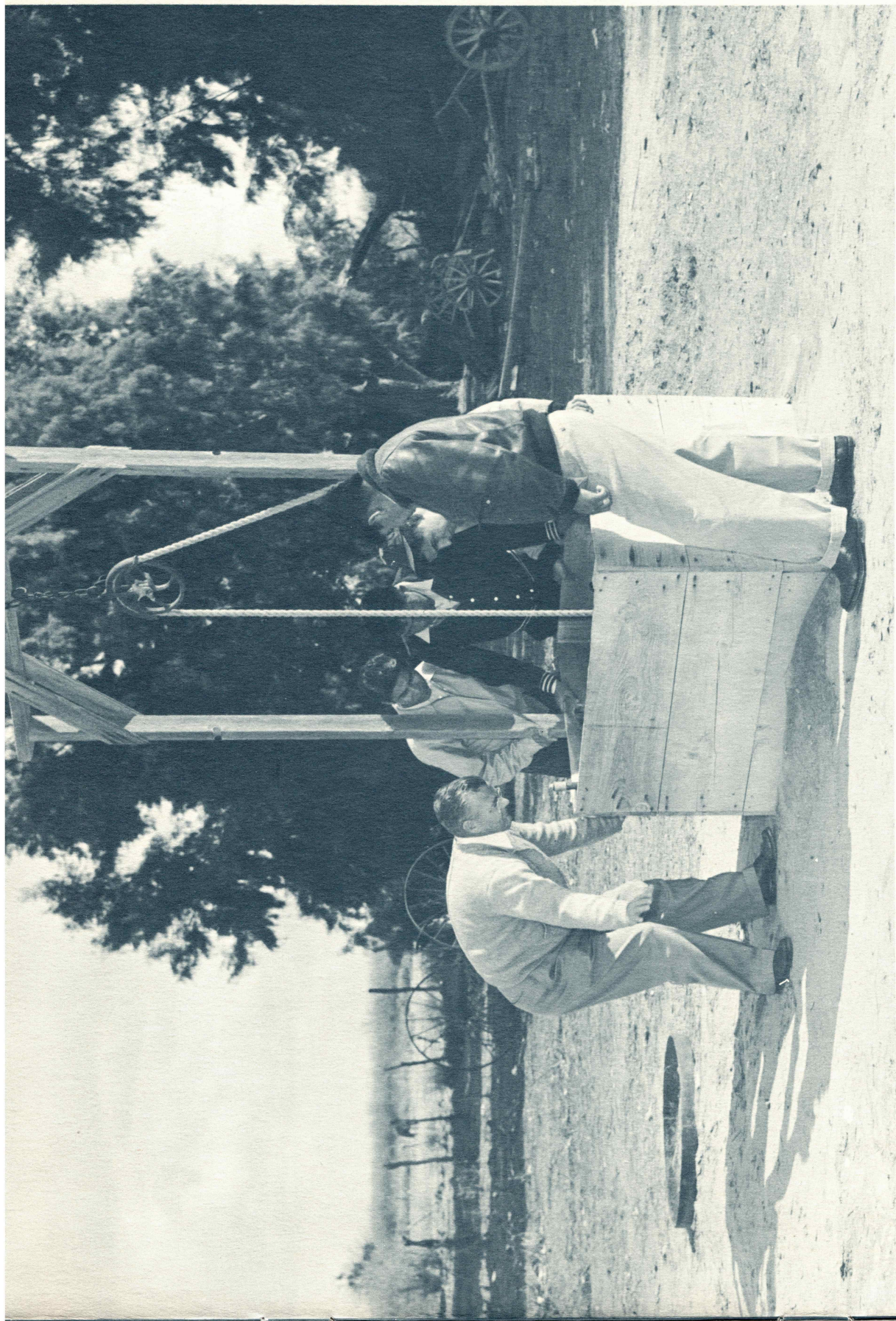
APPENDIX 3

Division of Indian Health Health Centers

	Number of Beds
ALASKA	
Ft. Yukon	10
Juneau	36
Ketchikan	
Metlakatla	
Mt. Edgecumbe	108
Nome	56
Wrangell	200
ARIZONA	
Chinle*	25
Kayenta*	42
Peach Springs*	75
Phoenix	30
Santa Rosa*	
Tucson	
CALIFORNIA	
Riverside	23
COLORADO	
Ignacio	46
IDAHO	
Ft. Hall*	28
KANSAS	
Lawrence	66
MINNESOTA	
White Earth	25
MONTANA	
Lame Deer**	68
Poplar	32
Rocky Boy's*	57
NEVADA	
Stewart	114
UTAH	
Brigham City	33
Ft. Duchesne	58
WASHINGTON	
Nespelem	122
Toppenish*	52
WYOMING	
Ft. Washakie	34
Total number of Health Centers—47	25

*New buildings since 1955.

**Major alteration since 1955.



Indian sanitarian aides are trained to work in a variety of assignments in the Division of Indian Health. 175 have completed the basic course and 47 have had advanced training.

Public Health Service Publication No. 1580

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HEALTH, EDUCATION, AND WELFARE
Public Health Service
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