

CLW -

John Spaan

just sent

this to I thought
me - you might be

interested
in the
enclosures
in

DEAR HELEN,

1/4/67

SURE WAS GOOD TO TALK TO YOU TODAY! YOU'LL NEVER KNOW HOW YOU LIFTED THE SPIRITS AROUND HERE!

WE KNOW IT'S GOING TO TAKE A SUPREME EFFORT TO GET THIS. I'M ENCLOSING ~~SOME~~ SOME MATERIAL WE HELPED SEN. HARRIS PREPARE SO YOU CAN SEE HOW WE FEEL ABOUT THE PROGRAM. (MR. ALBERT MAY WANT TO COMMENT TO THE SENATOR ABOUT THIS)

MR. STEED ~~WAS ALSO CONTACTED~~ HAS ALSO BEEN CONTACTED, (I DON'T REMEMBER TELLING YOU THAT.) BE SURE TO ~~BE~~ WARN MR. ALBERT THAT DR. RABEAU'S OFFICE IS GOING TO CLAIM IT'S ALREADY SETTLED. REMIND HIM HE'S NOT IN THE CHAIR YET.

IF MR. ALBERT THINKS OF SOMEONE WHO HAS A BETTER CHANCE THAN ME, LET ME KNOW AND WE'LL SWITCH OUR EFFORTS TO HIM & HELP HIM GET IT! O.K.?

LOVE YA!

OLE' JOHN

P.S. MARILYN SAYS TELL YOU HELLO...

WE JUST PICKED UP SOME REAL
CLOSE CONTACTS w/ JIM SMITH IN
THE 6TH DIST. - BELIEVE HE WILL
HELP....

- 9



BUREAU OF MEDICAL SERVICES

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
7915 EASTERN AVENUE
SILVER SPRING, MD. 20910

REFER TO:

August 24, 1966

Dear Senator Harris:

This is in response to your letter of August 1, 1966, concerning off-the-record observations of the Indian health program in Oklahoma. I am glad to hear that you are interested in the Indian health program.

We share your belief that it is important to be concerned with these matters, and we continue to give much consideration to alleviating those attitudinal problems that are created by circumstances under which the two-year physician finds himself. We believe you will be interested in the enclosed statement which outlines steps that we have implemented in attempting to find solutions.

We appreciate very much your bringing this matter to our attention. We have instructed the Oklahoma City Area to review the present conditions and implement necessary actions to improve the attitudes of employees.

Sincerely yours,

E. S. Rabeau

E. S. Rabeau, M. D.
Assistant Surgeon General
Chief, Division of Indian Health

Honorable Fred R. Harris
United States States Senate
Washington, D. C. 20510

1. How were such problems identified?
2. What action was taken to correct same?
3. How were results evaluated?
- WHAT WAS THE
WERE THEY "ORDERED"
TO IMPROVE THEIR
ATTITUDES?

10 to note

The Public Health Service Commissioned Corps is our main source of obtaining an adequate number of physicians to meet our Indian health program needs. These are well-trained physicians who are required to meet military obligations in the armed services or in the Public Health Service. These physicians are motivated to work with Indian people prior to reporting for duty. Further motivation comes through orientation to the administrative duties that are expected of the physician who chooses to work in the Indian health program. For most physicians administrative duties are no greater than those encountered in a well organized small community hospital.

Other physicians, however, are given additional responsibilities as Service Unit Directors. Many of these are "career" officers having served beyond their two-year military obligation. In Oklahoma, for example, five of nine Service Unit Directors are career officers. These physicians are motivated to provide effective administration of a comprehensive health program. It is that other group of Service Unit Directors--the two-year physician--that is of concern.

The orientation by both the staff of the Indian Health Area and the Service Unit to the physician in his new role as a Service Unit Director will serve to assure him that he has competent assistance and guidance in accomplishing the goals of the Indian health program. We realize there are limitations on individual interpretations and the spectrum of abilities to expertly direct the programs. These limitations are our real concern in considering the attitudes of the staff.

As a public health program, the Division of Indian Health conducts a comprehensive type of operation which includes therapeutic, preventive, and rehabilitative services intended to improve the level of health of Indian people. This involves professional health staff, Indian people, and all health-related elements of the public in reaching the goal. It also involves interaction of people and inter-relations of individuals and groups of people. As you are aware, many Oklahoma Indians have attained self-sufficiency in their economic and health levels and many others are bordering on such a level that medical and other health assistance is needed by them. Most of these factors are well known to you but the important thing we wish to stress is that the Indian people are also as important in the total health program as are the professions and services. The physician's orientation exposes him to the staff-Indian relations and the available assistance from the Indian people and specialists on the Public Health Service staff who maintain close relationships with the Indian leaders. The practice of medicine must consider the co-operation and good faith of the Indian people who need the health care.

With regard to positive efforts toward attitudinal improvement of employees the Division of Indian Health, in joint effort with the University of Oklahoma and the Oklahoma State Department of Health, initiated a public health residency program in 1964. The purpose of the residency is to train physicians as managers of comprehensive public health programs. Dr. W. W.

HOW?
I AGREE PROVIDED
THEY ARE NOT MADE
A SERV. UNIT DIRECT

1. DR. BAILEY - TALLAHASSEE
HEARD IN PUBLIC
HEALTH SERVICE 2 YRS.
(NO PRIOR JUDICIAL EXP.)
BEEN AT TALL. 5 MONTHS

2. DR. FARLEY - TALLAHASSEE
PHS - 17 MONTHS
ALL @ TALLAHASSEE
3. DR. DADISON - PHILA
PHS - 17 MONTHS
ALL @ PHILA

4. GOLDBERG - PHILA
PHS - 17 MONTHS
ALL @ PHILA

5. ATKINSON - LAUREN
PHS - 2 1/2 YRS
LAUREN 4 1/2 YRS

6. NEELY - CLINTON
PHS - 5 MONTHS
ALL @ CLINTON

7. WHITE - CLARK
PHS - 2 1/2 MONTHS
CLARK - 5 MONTHS

8. WASH - CHEFONE
PHS - 2 1/2 YRS
CHEFONE - 5 MONTHS

Schottstaedt, Chairman of the Department of Preventive Medicine and Public Health, University of Oklahoma, and Dr. Kirk Mosley, State Health Officer, Oklahoma State Department of Health, have been instrumental in establishing this residency program. This training equips the physician not only for medical administration but for other aspects of the public health program which include direction and coordination of therapeutical and preventive clinic services; health education, environmental health activities that include institution sanitation, improvement of water and sewage facilities for Indian homes, and other environmental health hazards; public health nursing; medical social services; public health planning and budgeting; dental services; pharmaceutical services; and related administrative and program services. To date there have been six physicians who have received and are receiving this training. These are our career physicians who will greatly alleviate many of our attitudinal problems. Until we can place these trained people in all Service Units, we shall make more concentrated efforts with the present staff to improve the attitudes.

Did any go to Indian Health?

Another important aspect is the Hospital Manager concept (sometimes called Hospital Director or Hospital Administrator), which is presently implemented at five Service Units in the Division of Indian Health. The Hospital Manager directs the hospital staff, manages some administrative functions for physicians and dentists, and also for the professional public health staff which works in the field. A doctor is usually the Service Unit Director but he relies on the hospital manager to carry out the total hospital goals and objectives, thereby allowing the two-year physician to concentrate on the practice of medicine. One such example is in operation at the Public Health Service Indian Hospital at Tahlequah, Oklahoma. Dr. Kirk Mosley is active as a consultant in this program.

He quit Mosley discouraged w/ the program address at bottom of page

Another step utilized by the Division of Indian Health is the General Practice Residency Program at Gallup, New Mexico. The purpose of this program is to train physicians and others in clinic and community medicine, and includes abilities and skills in a comprehensive community health program. Each year there are eight physicians in this residency program.

Have any come in to Indian Health?

The Division is actively recruiting graduates in hospital administration and at the present time approximately ten requests for applications have been sent to potential candidates who expect to be available July 1, 1967.

I'd think would accept a good salary, would they learn about Indians?

For these currently in our program the Areas provide a variety of opportunities to learn new skills and maintain and improve old ones. In addition to attendance at the Division's Epidemiology Training Center program, the Area Offices take advantage of State, Regional, and National hospital administration training programs and meetings.

RECENT TRAVEL RESTRICTIONS HAVE SEVERELY CURTAILED THESE PROGRAMS, EVEN SO I KNOW OF NONE RELATED TO STUDIES OF INDIAN CULTURES, HISTORY, ETC.

Division of Indian Health
Bureau of Medical Services
August 18, 1966

Dr. Mosley was trained in health. I was aware that he was or hosp administration nor aware of role he played as director.

Mr. Geo. Swoyer
Dir. of Center for Health Admin. Studies
Univ. of Chicago
60637
FORMER TALEGA HOSP. DIR.
L. C. CALIF
Aug. 1966
McM. J. P. of Univ. of Cal.
2301 ATLANTIC AVE
L. C. CALIF
OCT. 1, 1966

THIS WAS THE ATTACHMENT
TO SEN. HARRIS' AUG. 1, MEMO.

REC'D JUL 12 1966

- I. Problems: To begin a change in attitudes of employees working with Indian Health.
- II. Official in Charge: Dr. Rabeau
Chief, Division of Indian Health
Willste Bldg., Silver Spring, Maryland
- III. Present Operation:

Service Unit Directors operating under Area Directors have charge of geographical areas in which they operate health programs. Programs may vary considerably, hopefully depending on the health of the individuals found within that area. The size of the Service Unit staff in Oklahoma varies from approximately 38 to 170 persons. The man serving as this Service Unit Director is most likely to be a clinical physician, with a maximum of one year's experience in Indian Health, fresh from medical training, and in most cases, eager and well-trained to perform curative medicine on patients. He is, in most cases, in the Public Health Service to serve his country in the war on disease, in lieu of a military obligation in the Armed Forces. As a physician, he is probably among the best trained in the world and will, upon completing his tour of service with the government, join his civilian counterparts as a distinguished citizen of his community. He reports to the Indian Hospital assigned him, eager to treat patients and practice medicine. He recognizes his pay is not comparable to that of a physician in the civilian world, but he finds satisfaction in the patriotic thought of serving his country and humanity. At this point, he is at the very least well-adjusted to his immediate future and could certainly be expected to carry out his mission in a similar manner to the thousands of young doctors who have served their country with considerable merit in the armed forces.

But, at this point, the comparison changes. First, he is told that he is "in charge" and when he asks "of what?" he is told "Everything." It must be an exciting, if not a frightening day! For "everything" consists of just that... ranging from a few million square feet of complicated buildings, through the direction of 38 to 170 employees, the administration of large and extensive sanitation programs, and financial appropriations ranging from \$250,000 to \$1,000,000.

Additional thoughts must cross his mind, for if he is "in charge" he must know more about this problem than any of these other people (some of whom have been here for many years). After all, he must think, "a responsible agency of the U. S. Government wouldn't put a brand-new employee in charge of their program, if any of these other employees had any reasonable degree of intelligence." He soothes his concern by thinking "These folks seem nice enough--if the guy before me had any brains, he could have taught them something surely!"

And so, with his new "command", he plunges into his work and heads for the clinic and his waiting patients. On his way, however, he is interrupted by a new surprise. He is told to report to the Area Office where the Indian Health Area Director awaits to orient him in the area's program. On the way he visualizes the man. He already has been told that the "IHAD" is in charge of "All" of the "Everythings." He is also told that he is a "Career" doctor. Immediately, there is an assumption of inadequate medical knowledge. "After all", he muses, "If he was really a cracker-jack physician, he would be in

private practice making considerably more money."

The discussion with the IHAD is even more surprising. He hardly speaks of medicine! Instead, he talks of tribal customs and another government agency which he refers to by the letter "B.I.A.", and still other government agencies (some of which are unknown to the new SUD) and finally gets around to introducing his staff.

Another surprise! These twenty-some people are known as "Branch Chiefs", and they are specialists in different fields of Indian Health. Most of them are experienced, enthusiastic and they all emulate one particular trait: None of them seem to feel that any of the other's program is quite as important as their own! They range from purchasing experts, through construction engineers, to health consultants. They discuss, at length, the many accomplishments they expect the SUD to make in these fields and they are quick to point out that it is his responsibility to see that these things were done because "that program has been approved by the Headquarters office", and they proceed to show the SUD many official-looking documents which seem to bear out what has been said.

At this point, our newly-ordained SUD must be thinking of how really calm his intern days were back on those wild Saturday nights, in the emergency room of that large metropolitan hospital.

In this frame of mind, the physician returns to his patients. The adjustments to this clinical life may be rather severe. The people are waiting - they are ill. Before treatment begins, however, our SUD is called upon to judge eligibility. Decisions that go to the very heart of the complex legal and social problems of the Indian Health Program are his to make. Where is the experience, the understanding, and the training required to render a reasonable decision? The physician's desires to heal are now confronted with legal rights to grant such services. Once denied such services by a physician, the patient has obtained (from the very government that is trying to help him) one more obstacle for understanding. For the physician, from the earliest times of Christ himself, enjoys an opportunity for promoting human understanding that few professions can achieve. And this program must take advantage of every opportunity presented for human understanding. The pages of history are filled with the admiration the Indian has felt toward the white man's medicine. Can we use this media to promote the change of attitude necessary for helping the Indian become a full-fledged citizen? It is believed possible.

IV. PROPOSAL:

Let us start with aiming our programs at people. To do this, we need to divide our medical talent into two groups. Generally, the "career" man and the "two-year" man. Both are most important but there are important differences. The two-year man must be allowed to remain in the practice of medicine. Though well-schooled in medicine, his knowledge of the Indian Health program is most limited. Indeed, our efforts will be taxed to acquaint him with the importance of his own attitudes toward the patient being seen in the clinic. The importance of "working with" Indians, rather than "working on" them must be stressed. Welfare work, in general, must be explained to the physician. He must be able to accept the failures that occur but he must be shown the successes, too. Systems for "re-charging" the doctor with enthusiasm and motivation must be developed. The Indian's experience and contact with his physician can be a part in bringing him into the total community. The "two-year"

man can accomplish this, providing he is not burdened with a raft of administrative and managerial duties.

Here, is where the "career" man comes in. It is true, in all professions, that a few people choose to pursue administration in their chosen field. A few "two-year" men will pass up higher civilian salaries of their profession for the humanitarian rewards found in government administration. The Public Health Service is filled with many such men. Many are doctors, there are jobs where only a doctor could be expected to perform well. But, there are also places where only an experienced manager could be expected to perform well. It is important that the directors of this organization be able to recognize the difference. Because "attitudes" of employees are extremely important in dealing with this program, it is of the utmost importance that managers have their "credentials" in order. The man who is placed in charge of the smallest of hospitals, in this program, must be a very special career employee. He may be a doctor, providing he has management and administrative experience in Indian Health. He may not be a doctor but he must have had considerable experience with this program. Not just one or two years, but more and he must possess one spectacular trait: He must have the proper attitude! His most important job is to influence the attitudes of others, from his own employees to the local chamber of commerce.

If his "credentials" are lacking, if he was selected only because "he was the only doctor available", or because "he was the only one with a degree in Public Health", he is facing an uphill climb on roller skates. Employees these days are smart, they will spot him immediately and when they do, attitudes suffer. And attitudes are what this program is all about.

V. SUMMARY:

1. Can the two-year man be placed in the clinic near his first love - Medicine?
2. Can the program be directed by the Career man from the SUD on up?
3. Can employee attitudes be improved by the affirmative answers to the above two questions?

It is believed these questions deserve consideration.