Needed: Indian Health Professionals

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"THE FIRST AMERICANS—the American Indians—are the most deprived and most isolated minority group in our nation. On virtually every scale of measurement—employment, income, education, and health—the conditions of the Indian people rank at the bottom. . . ." So said President Nixon in his message to Congress on July 8, 1970.

This article touches on two of these categories, education and health; more specifically, the need for American Indians in the health professions.

Background

Some background information should be provided. More than 4 million people in this country are engaged in providing health services. Two hundred different categories comprise the spectrum of health careers, and the training periods for these vary from several weeks to as many as 1 to 14 years.

In the past 10 to 15 years, there has been a change in the concept of health care and its delivery. No longer do people view health and its provision as a service available to only a select few, but rather they view it as the right of every citizen. The increase in the demands for these rights has added to the ever-increasing health manpower shortage.

Recently, the Federal Government has increased its programs and expenditures in the area of health manpower training to alleviate the shortage. New schools for the health professions have been built and Federal dollars have been given to institutions to help in their day-to-day operations, as well as to encourage them to increase enrollment and shorten curriculums.

As an industry, health ranks second only to defense in terms of expenditures. In fiscal year 1972, the Federal Government spent $24.5 billion for various health programs; the nation as a whole spent $77.3 billion.

The concern is that relatively small amounts of these dollars go to American Indians for their much-needed health programs. Statistics show that the American Indian has a shorter lifespan than the non-Indian. This is attributed not only to adult deaths, but to an exorbitant infant mortality rate. Current statistics reveal that for every 1,000 Indian babies born, 24 die, whereas for every 1,000 non-Indian babies born, 19 die. Those Indian babies that survive the first month, but die within the next 11 months, have a mortality rate of 11 per 1,000, as compared to that of the non-Indian population of 5 per 1,000.

Not only does the American Indian suffer from diseases specific to him as a member of an ethnic group, but he is a victim of diseases such as trachoma, otitis media, bronchitis, pneumonia, hepa-

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titis, scarlet fever, and tuberculosis to a much greater extent than are non-Indians. Dental problems, such as periodontal disease and missing teeth, are more severe among Indians, and Indian children exhibit a number of gum diseases that the texts describe as occurring only in adults. Without question, the suicide rate among young adults is the highest in the nation.

This is indeed a sad commentary, especially when we compare it to what was written about the health of the Indians by the early foreign explorers. In one of his first letters back to Spain, Columbus commented on the absence of deformity among the Indians. The French essayist, Michel de Montaigne declared: "It is rare to see a sick body amongst them." William Wood, referring to the New England Indian, wrote: "Most of them reach fifty before a wrinkled brow or grey hair betrays their age." A Dutch account related, "It is somewhat strange that among these people, there are few or none that are blind, or crippled; all are well fashioned people, strong of mind and body, without a blemish. . . ."

It is pitiful to witness the change that has taken place. But, in all fairness, health conditions were much worse 18 years ago when the Indian Health Service (IHS), an agency of the Public Health Service, was given the responsibility of providing preventive, curative, and rehabilitative health services to the American Indian, specifically, to those Indians located on the more than 200 Federal reservations. The IHS has had dedicated health professionals and its leadership has wanted to do more than it has been able to, yet the same story prevails—the limited allocation of funds.

More personnel, facilities, and better methods for rendering health care to the Indians have been provided over the years. When I joined the Service in the late 1950's, there were only 40 dentists to treat the entire Indian population; now there are 171. There were 130 physicians; today there are more than 500. The IHS has 51 hospitals, 87 health centers, and more than 300 health stations providing services, primarily for reservation Indians. Provisions are being made to include urban Indians as well.

For some time, the Indian Health Service has recognized the need to involve the Indian in his own health needs. Because an Indian patient relates better to another Indian, and because of health personnel shortages, the Service has promoted and conducted health manpower training programs. Such programs have trained licensed practical nurses, dental assistants, health education aides, sanitary engineer aides, social worker aides, medical librarian aides, community health aides and, more recently, physician assistants. It is important to note that these programs have emphasized "aide and assistant-type" training programs.

Gaps at the Top Levels

When I visit the various Indian hospitals throughout the country and ask to see the hospital administrator, I am introduced to a non-Indian. When I meet the medical officer in charge, I am introduced to a non-Indian. I ask, "How many people are employed in this hospital?" I am told, "Approximately 100." I ask, "How many are Indians?" I am told, "Between 70 and 75 percent." When I ask, "How many of these Indians are in management positions," I am told, "Perhaps three or four." It is clear that the management and professional positions, with few exceptions, are held by non-Indians.

Figures are deceiving. When one reads that more than half of the 7,400 people employed by the IHS are of Indian descent, one is unaware that these 3,800 Indians are engaged in the lower categories of health careers.

Health manpower categories, or "health careers" are broadly defined as follows:

> Those health careers whose training program takes from several weeks up to, but not including, an associate degree, are referred to as the *health occupations* category.
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> Those health careers that require an associate, bachelor's, or master's degree are referred to as the *allied health professions* category.
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> Those whose training requires a doctorate are in the *health professions* category, namely, medicine, osteopathy, dentistry, veterinary medicine, optometry, podiatry, pharmacy, and advanced degree nursing.

Invariably, Indians working in health programs belong to the health occupations category.

If we superimpose the Indian health manpower picture over these different health career categories, it begins to look like a triangle. Most Indians are in the health occupations, with few in the allied health professions and virtually none in the health professions. To illustrate this point, consider the following statistics.

There are approximately 700,000 registered nurses, 350,000 licensed practical nurses, and more than 800,000 aides and orderlies in the country, totaling almost 2 million people who are

considered part of the nursing profession. But only 400 to 450 have been identified as Indians. Only 40 Indians have been identified among the 340,000 physicians, 2 among the 25,000 veterinarians, 2 among the 18,000 optometrists, 9 among the 125,000 pharmacists. No Indians are to be found among either the 14,000 osteopaths or the 8,000 podiatrists. Of the 120,000 dentists, I am the only full-blooded Indian. To prove how little has been done to increase the number of Indians in the health professions, I have been the only identified Indian dentist for the past 17 years!

A new Federal program has been launched to tackle this challenge. The program has two objectives.

Reaching the Students

The immediate short-range objective concerns those few Indian students presently enrolled in health professions schools. We must promote programs to insure that they complete their studies and graduate as health professionals. We must also reach the increasing number of undergraduate college Indians, motivate them, and attempt to direct them into health careers. Indians in the allied health professions category should be given the opportunity to enroll in preprofessional courses so that they may one day attain an MD, DDS, or DVM degree. The many Indians in the health occupations category must also be reached. By their length of service and dedication, they are clearly an integral part of the health team. This group should have every opportunity to aspire to higher categories of health careers.

And finally, early in their freshman year, Indian high school students should be made aware that a health career is attainable. We must design a program that will allow them to enter college and attain a health profession without having to face denial or damage to their self-esteem because they are not adequately prepared.

The long-range objective of the program comes as the result of further findings, made evident during my travel to universities across the country.

Schools for the health professions, willing to open their doors to Indians, are finding it difficult to tap a pool of qualified and available Indian students.

What has caused this situation? The educational system to which the Indian has been subjected. In order to provide qualified Indian students for admission into universities and health professions schools, there must be an overhaul in the educational system provided for Indians.

It is disturbing to see Indian students treated as special cases because they are inadequately prepared in certain courses, especially the physical and life sciences and mathematics. As a result, the professional schools have had to alter admission standards to allow the Indian to matriculate and then have provided special tutoring. They may even extend the length of time it takes for an Indian student to graduate. Students wish that their educational background had prepared them for science-oriented programs. If this deficiency is to be solved, a reorientation must take place early in the Indian student's education.

Changing the Social Environment

The long-range goal of the program, therefore, is to reach the Indian child and examine the progression from adolescent, to student, to adult. Each environment that he or she will be exposed to must be evaluated.

The first environment is, of course, the family. An Indian mother or father may not value a "White man's" education. As a result, the child is not encouraged. The mother and father will have to be made aware that their son or daughter can attain a health profession and that one of the strongest influences they can provide is encouragement and moral support.

The second environment is the Indian reservation where relatives, friends, peers, and tribal leaders all exert great influence. Here again, encouragement is crucial. Instilling a sense of pride in pursuing and completing a professional education must become a responsibility of members of the reservation.

The next environment is primary education. Teachers, being the first to recognize a child's academic achievement and potential, must encourage the child to aspire to a health profession.

The same situation holds true in the secondary schools, but there are serious problems at this level—the high school counselors. An Indian student who seeks advice from his counselor is usually directed through the side doors to vocational and technical training. Historically, counselors direct Indians into this type of occupation. Why can't they open the front door and say, "You, as an Indian, can attain a health profession!"

When I told my counselor I wanted to be a dentist, he said dentistry is a profession for the sons of rich White men. He went on to say that a dental education was too expensive, would take too long, and be too difficult. Perhaps because I am an Indian with a great deal of pride, I accepted this challenge. Many other Indian students have had similar experiences. Tragedy often occurs because the high school counselor fails to open all doors. Dramatic changes are needed at this level.

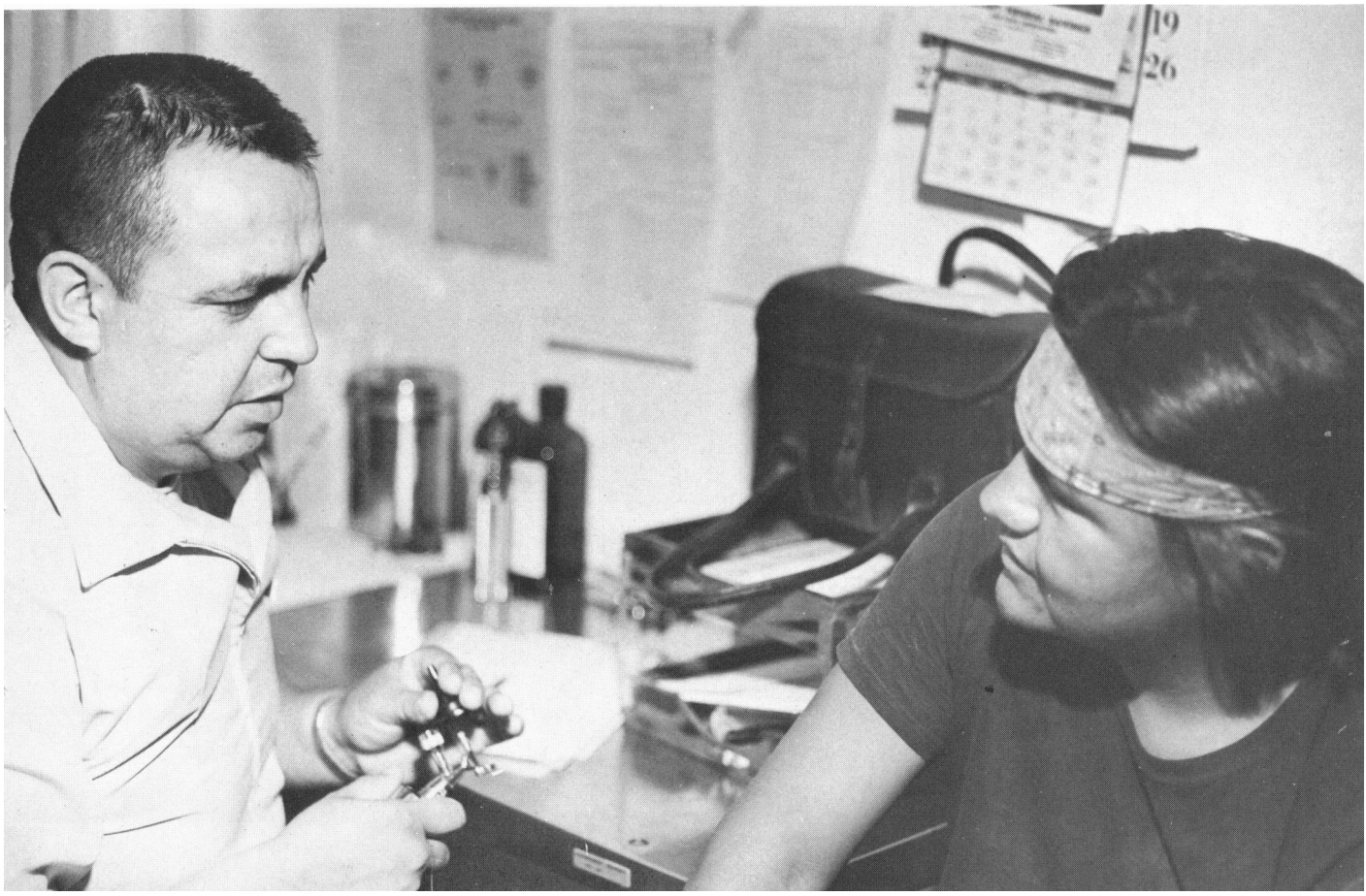
The next environment is the university. Here we have the vice chancellors, administrators, financial aid officers, counselors, and admission committees. They should be exerting a concerted effort to afford Indian students every opportunity and support to attain a health profession.

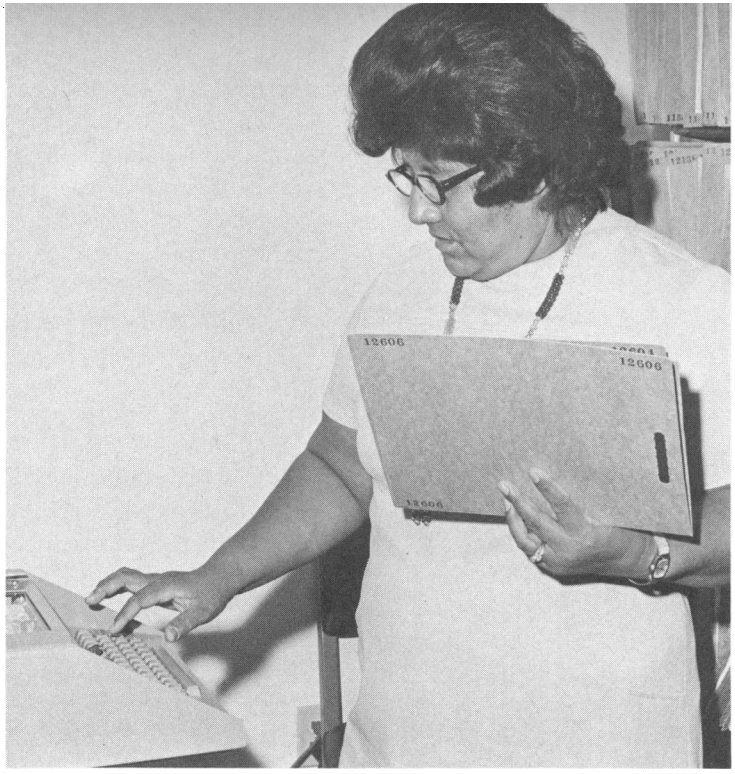
Most Indian children have never seen an Indian physician, dentist, nurse supervisor, health administrator, or pharmacist. Consequently, in their minds, health professions do not exist. The number of Indians who today are health professionals is small, but these people will have to take it upon themselves to serve as role models for Indian students.

The literature says that professionals who have attained a health professions career aspired to this goal between the ages of 8 and 10. Motivation early in a child's life, therefore, cannot be overemphasized. As the pool of Indian health professionals grows, it is to be hoped that their impact as role models will be felt by a broad spectrum of Indian children.

A new era dawns—an era of higher and broader destinies for the Indian people. This program can open those doors that have been closed for so many years. But, to succeed, we need the cooperation of all people to insure that in 10 to 20 years, there will be many more Indian physicians, dentists, and nurses serving in their own hospitals, treating their own people, and improving the appalling health statistics that exist today. It is ironic that many people in this country, proud of technical and scientific accomplishments, are totally unaware of the serious basic educational and health needs of the first Americans.

Blackfeet Indian John Gobert, a former medical corpsman, is the Indian Health Service's first community health medic. He is providing direct services to a patient on the Havasupai Reservation on the floor of the Grand Canyon.





Medical records technician retrieves a patient's medical summary through a computer terminal at the Indian Health Service Center on the San Xavier Reservation near Tucson, Ariz. Below, *a community health representative attends a young Papago child whose mother looks on. The health representatives are employed by their tribes and trained by the Indian Health Service to meet specific tribal needs.*