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ABSTRACT

Prepared by the Association of American Indian Physicians (AAIP), this handbook provides information relative to American Indian health careers in terms of need, opportunity, preparation, and information sources. Designed to encourage American Indian youth to seek careers in the health professions, this handbook describes the enormous need for American Indian health professionals, emphasizing the leadership role open to those who pursue health professions within the Indian community. Each of the following health fields is defined and briefly described: medicine; dentistry; pharmacy; nursing; veterinary medicine; osteopathy; podiatry; and the public health professions. Health careers are also described in terms of the agencies and places where one might work (private practice, public practice, school health, community health departments, mental health, research, rehabilitation, medical social worker, and hospitals). Discussion of preparation for health careers includes the following: secondary school preparation; college level training and preparation; admission into the health professions schools; special Indian programs; and financial planning (includes lists of financial aid sources). The final section of this handbook presents additional information sources (counseling and advice, a listing of other information sources, and a recommended reading list). (JC)

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**AMERICAN INDIAN
HEALTH CAREERS HANDBOOK**

Don Jennings, Editor

**Eula Doonkeen
Artwork**

Second Edition

**Published
by**

Association of American Indian Physicians, Inc.

**1300 McGee Drive
Norman, Oklahoma 73069**

1975

(Preface)

THE AAIP

The Association of American Indian Physicians is a professional organization of American Indian and Alaskan Native physicians, founded in 1971 as a charitable, educational and scientific corporation for the following purposes:

- Provide a forum for the exchange of information between American Indian physicians.
- Recruit American Indian students into the health professions.
- Provide consultation to governmental and other agencies about American Indian health matters.

The Association has launched a major recruitment program to bring many more American Indians into the health professions, including a prominent and immediate concern of the Indian community about the physician shortages. In cooperation with the Bureau of Health Resources Development of the U.S. Department of Health, Education, and Welfare, the Association currently provides supportive services to American Indian students seeking to enter the health professions. The Association provides counsel to students regarding career information, identifies professional schools seeking to recruit American Indian students, identifies financial resources for student use, and maintains support of students throughout their education. The principal function of the organization is to serve the Indian community.

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A SPECIAL MESSAGE TO AMERICAN INDIAN STUDENTS

During the past few years the members of the Association of American Indian Physicians, other health professionals and myself have been meeting with Indian students throughout the United States. At these meetings we hear the same questions raised time and again by students considering a health career. All of the students want to know:

- Why are there so few Indian physicians?
- What health careers are available to an Indian student?
- How does one find out about the different schools?
- Where does one get the money he needs for school?

Invariably, the discussion leads to the standard remark--"No one ever told us about this." Consequently, the Association has assumed the responsibility of telling students, schools, agencies and leaders about the great opportunities for American Indian careers in the fields of health. The Association is deeply committed to inform and support every possible Indian student who may want to become a health professional.

The career itself is an awesome commitment. Yet, I have not met one American Indian health professional who would trade it for another career. The careers of health and the healing arts are ancient; they have been with us from the beginning and they are a part of our being. It is within each of us, regardless of our education, to care for our bodies and the well-being of our people. Thus, the commitment to the health professions is already very much a part of our lives. Given fullness and special training, we can concentrate upon the full-time practice of these arts and skills, even as the medicinemen who have gone before us, and as the few American Indian health professionals who have already been trained in their various career programs. Among this last group, some have already served the community for many years. Indeed, they are beginning to ask if others will be coming along to join them and carry on after they can no longer lead.

The decision about who will become the health professionals of the future rests in part with every American Indian. The students, of course, are the ones who will decide; each will decide

for himself and also for the Indian community as well. It is expected the handbook will be useful to counselors, parents and tribal leaders. Nevertheless, it is especially addressed to the student who may wish to consider or complete a health career.

Hopefully, the handbook will come into the hands of Indian students throughout the land: in every village, on every reservation, in every city, and among every tribe. From its reading and use, it is hoped the knowledge and experience described in the handbook will be applied by each reader to his own needs. It is expected the handbook will be shared among friends, family and classmates. If the members of the Association or the staff from our offices cannot visit the school of each student, it is intended that the handbook, to that extent, will speak on our behalf. The Association was formed and the handbook was prepared to provide information and answers to those questions so frequently asked.

The Association hopes that many American Indian youth will find the information helpful and will be encouraged to seek careers in the health professions.

Don Jennings
Executive Director
Association of American Indian
Physicians, Inc.

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Eala Doonkeen

PART I

THE NEED FOR AMERICAN INDIANS AS HEALTH PROFESSIONALS

At the present time more than four million professionals serve the health needs of the entire United States population. Their work is an ancient calling to safeguard health and help people enjoy life. Their methods, however, are often modern. Indeed, within the past 10 to 15 years the concept of health care has changed; it is viewed as the right of every citizen, and recently enacted federal legislation has generated an unprecedented demand for medical services. Unfortunately, there aren't enough trained health workers--doctors, nurses, dentists, therapists and others--to fill this demand, adding thereby to the ever-increasing health manpower shortage.

This shortage has long been acute among the American Indian peoples, who number nearly one million persons. President Nixon advised in his message to Congress on July 8, 1971, that according to every standard, the American Indian people were the most disadvantaged of any people in this country. Their health, he stated, was particularly poor as they live in the midst of extremely harsh conditions with inadequate available health care. He said:

"Despite significant improvements in the past decade and a half, the health of Indian people still lags 20 to 25 years behind that of the general population. The average age of death among Indians is 44 years, about one-third less than the national average. Infant mortality is nearly 50% higher for Indians and Alaskan natives than for the population at large; the tuberculosis rate is eight times as high and the suicide rate twice that of the general population. Many infectious diseases such as trachoma and dysentery that have all but disappeared among other Americans continue to afflict the Indian people. . . ."

The need for competent, dedicated and educated people to provide professional health care is obvious. Nevertheless, the numbers of Indian personnel in the various professions and allied health professions is virtually nil. According to every standard,

there are not nearly enough licensed and educated Indian people as are required to raise the health levels of our population group. According to federal government statistics, recent estimates of the following health professions are as follows:

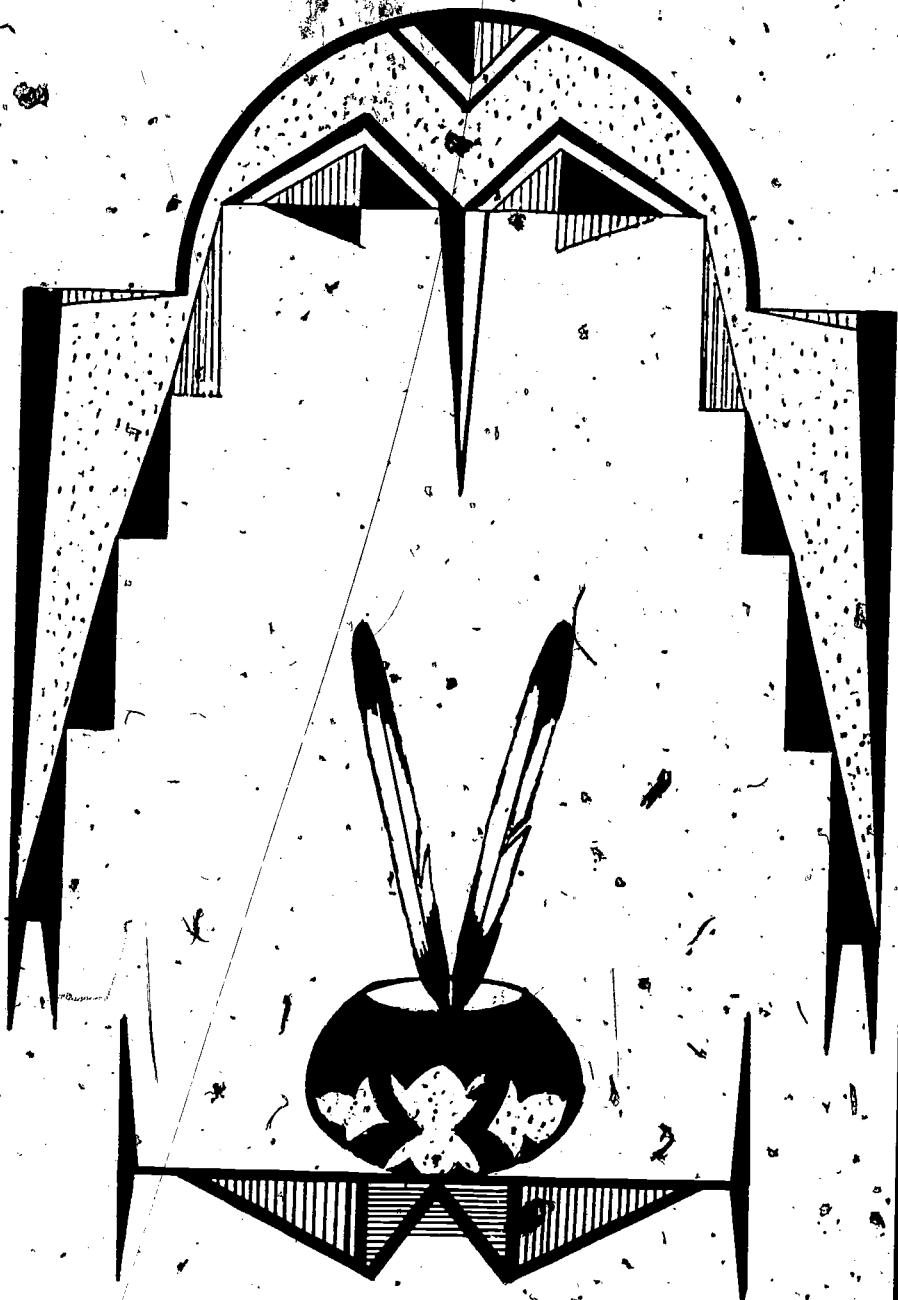
Career Category or Area	National Total (Approximate)	Number of Amer. Indians (Approximate)	Number of Amer. Indians Needed (Based on 1 m. pop.)
Population base	210,000,000	850,000	
Medical Doctor (M.D.)	340,000	56	1,475
Doctor of Osteopathy (D.O.)	14,000	1	66
Doctor of Dental Surgery (D.D.S.)	120,000	8	540
Doctor of Veterinary Medicine (D.V.M.)	25,000	2	112
Doctor of Optometry (O.D.)	18,000	2	84
Doctor of Pharmaceutical Medicine (Pharm. D.)	125,000	30	562
Doctor of Podiatric Medicine (D.P.M.)	8,000	0	42
Nurses	750,000	400	3,000

In addition, only 130 American Indians are medical or dental students, a tiny percentage of more than 44,000 such students in this country.

The need for American Indians to become health professionals is enormous. The need becomes emphasized even more by the future needs of the Indian community. Nearly every undertaking in Indian life—education, housing, employment, transportation, art, or other—can be accomplished to a greater degree by a healthy people. For this reason alone the need for American Indians as health professionals is deserving of everyone's fullest concern.

The role of the Indian health professional within the community is expected to be equally emphatic. In the minds of the community, the physician or nurse will be much more than an individual administering the arts of his profession; he will be the key provider to the entire well-being of the community and the leader who will find our fullest trail into the dawning day. As health professionals, American Indians will be looked to just as the medicinemen of old. They will be expected to demonstrate and provide the highest quality of life—spiritually, physically, emo-

tionally, and according to the finest values of the community. The need for this leadership is very great. Young students should be especially mindful of this responsibility and fully understand their role as Indian health professionals within the community, regardless of their specific health career choices.



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PART II

CAREER OPPORTUNITIES IN THE HEALTH PROFESSIONS

The business of health is everybody's business and the career of a health professional touches nearly every aspect of our daily lives. As a field of service, the health professions are among the oldest and most diversified known to man. The opportunities for a successful career are vast, and unlimited. Whether in patient care, disease prevention, public education, epidemic control, research or administration, there is a great need for talented and dedicated men and women. Some may enjoy the mysteries of science and myth. Others have the gift of understanding. Some like to do things with their hands, while others like to instruct and teach. For American Indians, especially, there are many opportunities in the health fields.

Section A. The Health Fields

The health professions include many fields of service and specialty--far too many to describe in this small handbook. Yet, they all basically relate to one another and serve to support the highest possible standard of health within the community. Some require skills seldom used by others, while others concentrate on specific aspects of their chosen field.

Medicine

Opportunities continue to abound in this ancient calling. Whether in private practice, research, administration, public health, teaching or military service, the career as a doctor of medicine is extremely fulfilling. The career is demanding, as the services of the physician are always necessary. With modern facilities and highly trained skills the physician performs his practice of medicine, as the professional concerned with both preventive and restorative medicine.

The profession requires of its members many skills, including intelligence, ability to make independent judgments, a willingness to accept personal responsibility, and the capacity to make decisions.

The profession also requires considerable physical and emotional strength. Those who select this profession should be very good students. Indeed, study continues throughout the life of one's career, for to be a good physician is to be a good student, adding constantly to one's knowledge and professional capability. Physicians must be especially well-trained in the sciences and they must also be in good health: Not only the study of the profession, but the practice of medicine demands one's constant attention.

Doctors most often deal with pleasant circumstances. Yet, the physician's work may occasionally require him to work in difficult situations. However, a good doctor must be able to deal effectively with all situations. For those with special talents, the career of medicine is extremely rewarding.

Many also find special rewards through concentration in a field of special interest. These 34 recognized specialty areas include:

Anesthesiology	Pediatrics
Colon and Rectal Surgery	Physical Medicine and Rehabilitation
Dermatology	Plastic Surgery
Family Practice	Preventive Medicine
Internal Medicine	Psychiatry and Neurology
Neurological Surgery	Radiology
Obstetrics and Gynecology	Surgery
Ophthalmology	Thoracic Surgery
Orthopedic Surgery	Urology
Otolaryngology	
Pathology	

There are, in addition, many other health careers which play an equally important role.

Dentistry

The dental professions likewise offer unlimited opportunities. The dentist and his staff are primarily concerned about the oral health condition of the public and assist individuals in preserving their teeth. The dentist is trained in the diagnosis and treatment of the oral cavity and associated parts. He is also trained in the restoration of defective or missing teeth and tissue, and very actively emphasizes prevention of dental problems.

The modern dentist must be able to work with other people. He will often receive the assistance of a dental hygienist, a dental assistant and the dental laboratory technician. Virtually, no American Indians work in these fields.

As with medicine, the opportunities extend from private practice (most often selected) to research, teaching, public health education and/or administration. The training, aptitudes and skills required of this profession are similar to those of medicine, except, the dental profession necessarily requires exacting coordination of the eyes and hands.

The eight recognized specialties in dentistry are:

- Endodontics (root treatment).
- Oral Pathology (diseases of the mouth).
- Oral surgery (surgery of the mouth).
- Orthodontics (teeth straightening).
- Pedodontics (children's dentistry).
- Periodontics (treatment of the tissues or gums supporting the teeth and the underlying bone).
- Prosthodontics (making of artificial teeth or dentures).
- Public health dentistry (preventing and controlling dental diseases and promoting dental health through community efforts).

Whether the dentist selects private practice, an institutional position or public health service, he will find the investment in dentistry a good one.

Pharmacy

The pharmacist is a key member of the health services team. The skills of the pharmacist require his knowledge and understanding of the chemical composition and properties of all drugs, and how to prepare medicine. The field is rapidly expanding with great opportunity; as many as 75 percent of today's drugs were unknown only 10 years ago.

The area of pharmacy that an individual will choose depends upon his own personal goals, abilities, knowledge and personality. If he enjoys working with the public on a day-to-day basis, then

retail pharmacy may be his choice; most pharmacy graduates practice in retail pharmacy and work in drug stores or supermarkets. In addition to meeting the public prescription needs and medical needs, the pharmacist's duties may extend beyond the pharmacy into government, drug abuse programs, and many other areas. With his frequent and close contact with the public, the pharmacist is often the first health professional to come in contact with a person seeking medical help. His concern with the research, development, control and distribution of drugs makes him a vital member of his community.

Unlike his retail counterpart, the hospital pharmacist is mainly responsible for meeting the drug needs of the patient during his stay in the hospital. Here the pharmacist has a wide range of responsibility, in-service teaching and drug consultation with other health professionals. The hospital pharmacist has the opportunity of working with the doctors on a more personal level, and provides a very important contribution to the hospital health team. Other areas that may be of interest are public health pharmacy, pharmaceutical research, manufacturing and marketing.

In many ways, the career of a pharmacist builds upon certain aspects of traditional Indian healing practices and the use of certain herbs. Those interested in these practices might find a career in pharmacy extremely exciting.

Nursing

Nursing is by far the health career selected by the largest number of people. The opportunities available to American Indians in this career are both considerable and varied, whether as an aide, an orderly, a Licensed Practical Nurse, a Registered Nurse, or a specialist in an auxiliary area of advanced nursing.

In the hospital, the professional nurse will have overall responsibility for the patient's nursing needs as prescribed by the physician. This care may include the changing of linen, feeding, bathing, giving medication, and other direct patient-care activities. Other nurses may have responsibilities of supervision and in-service teaching. In private practice, nurses may also assist in the clinic or the physician's office with the preparation of patients for diagnosis, performing miscellaneous bookkeeping or business

skills, and assisting the physician administer medications or dress wounds.

Other nursing fields include public health or field health nursing. Field health nurses go into the home, the school, and industry. Some industries and schools employ their own nursing staff to provide first aid treatment, conduct screening programs, and provide health education services.

The field of nursing also has its clinical specialties. For example:

Pediatric nurses specialize in caring for children.

Obstetric nurses care for mothers and new babies.

Psychiatric and mental health nurses care for mentally ill.

Rehabilitation nurses care for patients with chronic and disabling conditions.

Medical-surgical nurses care for patients before, during, and after surgery, and in most types of illness.

Depending upon the nursing skills desired, the educational requirements beyond high school may range from one to six years. The R.N. programs normally require three or four years and the Baccalaureate program is strongly recommended. Some clinical specialists require considerable specialty training beyond the R.N. degree, in addition to some experience. Working conditions in nursing vary, but the career does not lend itself to standard business hours. Nursing must continue around the clock, and one's personal responsibilities will require careful arrangement to accommodate this important, although unusual, schedule.

Veterinary Medicine

Veterinary medicine is an autonomous profession, with over 30,000 doctors of veterinary medicine in North America, having its own system of education, licensure, and organization. As the profession has advanced scientifically and its members have become more numerous, the affairs of veterinary medicine have become increasingly complex. Not only are veterinarians actively engaged in primary health care delivery (diagnosis, treatment, and control of diseases among animals), but they are also key members in the nation's medical, public health, research and military teams.

Demands for veterinary medical services continue to rise. A recent report estimates that North America will need 44,000 veterinarians, or almost half-again today's number, by 1980. Yet, there are only two Native American veterinarians.

Veterinary medical schools require a minimum of either two or three years of pre-veterinary college work. Students must then complete four years of professional study at an accredited college of veterinary medicine. Graduates receive a doctor of veterinary medicine (D.V.M.) or veterinary medical doctor (V.M.D.) degree, and must then pass a rigid licensing examination before they can practice in any specific state.

The curriculum at a veterinary medical school is in many respects similar to that offered in medical schools. In fact, in some of the basic courses such as bacteriology, immunology, histology, and others the material is virtually identical in all fields of medicine. Only in the advanced courses do medical concepts and applications begin to be more specifically confined to the various species of domestic animals.

The veterinary medical profession provides certain unique services and knowledge that are indispensable to America and not duplicated by any other health profession. Some examples are: animal models of disease (comparative medicine), environmental health, food animal production, public health, animal research, and companion animal care.

Historically, veterinary medicine has contributed, through comparative medicine, to breakthroughs in human medicine. Studies on botulism, tetanus, and spinal anesthesia were among those pioneered by the veterinary medical profession. Soon to follow was significant work in the transmission of cancer, the description and early work on congenital muscular dystrophy, and the recognition and control of rabies. The maintenance of good public health standards and practice involves veterinary medicine directly with the human health professions. Veterinarians have long played a critical role in the prevention, identification, and eradication of more than 150 diseases transmissible from animal to man.

Veterinarians working in cooperation with the U.S. Department of Agriculture and the State Departments of Agriculture

are also responsible for organized animal disease eradication and control programs. By testing for and eradicating tuberculosis in cattle, the veterinary medical profession has significantly lowered the incidence of intestinal tuberculosis in man, which is caused by the same agent (*Mycobacterium bovis*). Veterinarians are responsible for supervising all meat inspection in the United States--assuring that the American consumer eats disease-free meats. Large animal practitioners prevent, control, and eradicate diseases of livestock and poultry, and insure that meat and meat products, as well as milk and milk products, are wholesome and disease free. This includes the responsibility for insuring that our food producing animals are maintained in the best of health and producing in an efficient manner.

Because the veterinarian is the backbone of our livestock industry, he is one of the most needed health professionals of the Indian people today.

Osteopathy

The educational principles and professional practice of osteopathic medicine are based on a system of therapy developed by its founders toward the end of the 19th century. This system stresses the importance of body mechanics to the health of the person and emphasizes the use of manipulation to detect and correct faulty body structure. In dealing with illness and injury, osteopathic medicine makes major use of manipulative therapy, combining it with the use of drugs, operative surgery, physical therapy, and other methods, depending on the individual diagnosis.

There are seven colleges of osteopathic medicine accredited by the American Osteopathic Association. Their graduates receive the degree of doctor of osteopathy (D.O.). Minimum entrance requirements for all seven colleges are three years of pre-professional college work in an accredited college or university. Though specific entrance requirements vary among the colleges of osteopathic medicine, in general they require that the undergraduate college (pre-professional) training should include chemistry, biology, physics, and English. The colleges urge prospective students to begin these subjects while they are still in high school.

During the first half of the professional training, basic science

subjects are taken, such as anatomy, physiology, pathology, bacteriology, immunology, biochemistry, histology, embryology, pharmacology, and public health. In addition, there is training in osteopathic principles, diagnosis, and practice, including manipulative therapy and other techniques. During the last half, the curriculum includes clinical subjects and practical training in the osteopathic hospitals and outpatient clinics with which the college is affiliated.

Most members of the osteopathic medical profession are in private practice. The potential advantages of working independently and of increasing one's income with years and experience should be weighed against disadvantages such as long and unpredictable hours.

Podiatry

The podiatrist is a professionally trained footcare practitioner whose services supplement the medical care provided by the physician. Within his own field, the podiatrist is an active member of the health team. Since three out of four people have foot troubles, a very important need in health services is being filled by podiatry.

The podiatrist diagnoses and treats diseases and deformities of the feet, or tries to prevent their occurrence. The problems he deals with range from a simple corn to foot difficulties requiring special shoes or foot appliances. He consults with other medical specialists concerning further medical treatment.

Podiatrists must be alert to a patient's general health, too. Sometimes a disease like diabetes or hardening of the arteries will produce symptoms in the feet or legs. If the patient is not already under the care of a physician, the podiatrist will urge him to get medical treatment promptly. In turn, people with diseases that affect the feet may be sent by their physicians to a podiatrist for auxiliary care.

The podiatry field is far from overcrowded. Twenty-two million patients were served by podiatrists in 1970. The expanding population with its greater number of older people has resulted in an increasing demand for podiatrists. The podiatrist's practice ranges from office treatment and surgery to consultation with specialists in every area of health. Most podiatrists are self-em-

ployed, working in their own offices or in professional buildings with other specialists. Many others serve on the staff of hospitals and treatment centers, in government health programs, and the Armed Forces. Some teach in colleges of podiatry and some do research work.

The student interested in this field should obtain a list of the accredited colleges of podiatry from the American Podiatry Association and write to the school of his choice before starting undergraduate college work. He can then plan his bachelor's level courses to match the professional school requirements. Scientific subjects are emphasized in college as well as in the four years of professional study. Colleges of podiatry grant the degree of doctor of podiatric medicine (D.P.M.).

Although most podiatrists give general foot care to a general clientele, some become particularly interested in specialized work. This might be with children, older people, or industrial workers, or with the treatment of foot deformities. Some podiatrists may prefer to teach, either full- or part-time, or do research on foot ailments. Men and women with top qualifications sometimes act as consultants for various private and government health agencies, and for hospitals.

Public Health Professions

The numerous public health professions are specialty careers developed to emphasize particular needs of the public at large, or its distinctive groups, such as Indian tribes. In nearly all instances, the public health professionals work with representatives of the other health fields serving the important public health needs. While the professionals do not directly deal in patient or individual health care, they are concerned about common and genuine matters inherent in the health condition of the public.

The public health professions commonly include hospital administration, health education, environmental health, sanitation, epidemiology, and public health administration.

The public health administrator is the administrator of organizations engaged in the delivery of health care services on a local, state or reservation basis. His responsibilities include the direction of program planning and development, fiscal management,

personnel, and other executive functions. Many other members of the public health professions serve at his direction.

The hospital administrator is another public health official; he is the chief executive responsible for the orderly function and operation of the entire hospital and its programs. He establishes procedure and provides the supportive services necessary to the professionals and patients using the hospital. The hospital administrator must be capable of executive leadership and well equipped with organizational skills. Those American Indians considering a health career and who have considerable skills at organization, but who do not prefer the field of medicine, would perhaps find this field most appropriate to their skills.

The public health educator, works among the community, developing their awareness and understanding of issues in health-related matters. The health educator is sometimes closely affiliated with the local schools and often provides health education leadership to other community programs. Individuals who serve in this profession must possess the interests and talents of both a teacher and a community worker. It is believed that many American Indian youth would be so inclined.

Sanitation, and epidemiology are public health professions closely allied with environmental health considerations. These professionals are all deeply concerned with the transmission and eradication of communicable disease, epidemic and public disasters. The work of these professionals includes pollution, public safety, and population behavior. In many ways, the close relationship between the American Indian peoples and their environment would make these professional areas natural careers for some individuals. Understandably, many American Indians have found satisfying health careers in these professions.

Indeed, the public health careers, collectively, have witnessed a considerable American Indian enrollment during recent years. Considerable opportunity prevails and the need is unlimited. For those individuals anxious to work more with groups of people, this may be the appropriate health career. Some of the public health careers can be initiated with a college education. The master's of public health (M.P.H.) degree, however, is strongly recommended and often required. The training is so important in these fields that one often finds doctors of medicine, dentistry and veterinary medicine returning to school to obtain the M.P.H.

Section B. Professional Practice and Health Service Agencies

Whatever health field an individual selects for his professional career, as an American Indian he will experience considerable opportunity to practice his profession in a variety of distinct but alternate ways, through a variety of agencies, and in a host of different locations. To assist each individual develop most completely his own appropriate health career plans, it is important that these alternatives be described.

Private Practice

Many health professionals offer their specialty to the public through private practice. The doctor, for example, often has a private practice and serves most of his patients at that office or at a private clinic, which may be affiliated with a nearby hospital. In many instances, hospitals in this country are privately administered as well. This form of practice in some ways allows for the professional to provide his services in a manner most appropriate with his personality and style. Private practice necessarily involves the features of any business such as finance, purchasing, record-keeping, etc.

Usually, the doctors are not salaried and frequently earn as much or as little as the practice in their office can produce. While the private practice of medicine, dentistry, and veterinary medicine is very common, this form of service has been generally absent from the reservation communities. American Indians considering a health career may wish to consider this mechanism for the practice of their profession.

Public Practice

This practice is well-known to much of Indian America, since the Public Health Service and the Indian Health Service operate in this manner. In these programs professionals are usually salaried, and their services are provided through a predetermined program. County programs, veteran's hospitals, and state institutions are examples of this service. Although many people are not acquainted with public practice, a large number of health professionals work in this manner, and public agencies have numerous programs in the public health professions. Compared to private practice, public practice is perhaps more common to the members of the American Indian community.

Community Health Departments

As the official health agency for a particular city or county, the local health department is charged with protecting the community health through such measures as safeguarding the purity of food and water supply; promoting and providing inoculations for various diseases; controlling mosquitoes, vermin, rats, and other disease-carrying animals; controlling communicable diseases; controlling possible contamination or disease from sewage or air pollution; educating the public on disease control and health maintenance; providing maternal and child welfare clinics; providing some services for mental health and mental retardation.

In addition, the local health department acts as a connecting link, relating local public health activities to those of the State health department, and through the State, to the U.S. Public Health Service. Because its responsibility covers the entire community, the health department also serves as a center for health information and health education. It is the local outpost in a nationwide fact-gathering system through which health statistics are compiled. The department also has the responsibility for keeping the local population informed about new health developments and encouraging them to use new services.

Behind these services are a number of supportive services. One is the public health laboratory. Its activities include, for example, testing for the sources of communicable disease, traces of radiation, and causes of pollution in air, water or food. In the larger health departments, the laboratories are also engaged in research.

In the local health department, many opportunities are open to physicians, dentists, nurses, veterinarians, sanitary engineers, statisticians, educators, nutritionists, and other professionals.

School Health

School health covers a wide area. It is concerned with maintaining a safe and healthful school environment--in the classroom, laboratory, library, lunchroom, gymnasium, school grounds, and athletic field. It is concerned with preventing accidents and meeting health emergencies.

It takes responsibility for a variety of preventive and protective services--from checking on requirements about immunization against certain communicable diseases to the administering of sight and hearing tests. It is constantly on the alert, through the teachers and the school nurse, for the first sign that an individual student may be getting sick. It also is responsible for health education.

Of the school health specialists, school nurses are the most familiar, but others would include school physicians, dietitians and nutritionists, school dentists and dental hygienists, psychologists, social workers, mental health specialists, and those who provide services for exceptional children. In the community at large, school health also has close cooperative relationships with all other health agencies as well as with parents' organizations and other community groups:

Frequently, the sponsor of school health programs is the school itself, whether public or private. Further information about these opportunities could be obtained from the school itself. This entire area is extremely underdeveloped throughout the American Indian community and will undoubtedly experience considerable growth in the near future.

Mental Health

Psychiatry, psychiatric nursing, psychiatric social work, and psychology are the mental health professional fields which deal with personality problems and behavioral disorders, especially those involving the emotions. Occupational therapists and psychiatric aides round out the team for treatment, care, and research to find out what promotes mental health or causes mental illness.

Generally speaking, most mental health services are provided under the auspices of some established program, often by various private and public health service agencies, although there are some examples of private programs.

Research

Many different organizations are involved in health research. Universities, especially those with strong programs in the health

professions, are major health research centers. Such programs can draw upon all the university resources in the physical, biological, and social sciences as well as in medical and health practice. University teaching hospitals and other large hospitals are also involved. On public health problems, State health departments and some local health departments carry on a wide range of projects.

The major Federal agency for health research is the Public Health Service, operating mainly through the National Institutes of Health. In 1971 the United States spent \$3 billion for medical research, of which two-thirds came from the Federal Government.

Rehabilitation

The purpose of rehabilitation is to help people disabled by illness or accident to make a place for themselves as useful workers, family members, and citizens. Accomplishing this requires a wide assortment of services. Medical care is needed to overcome or to compensate for the disability; training to prepare the individual for a suitable occupation, and guidance to help him get established in a job and keep it.

Providing the right combination of services is often a complicated task. The problems involved in rehabilitation have to do with every kind of disability—crippling diseases and accidents, disabling chronic conditions, like tuberculosis or heart disease, loss or limitation of sight, speech, and hearing, or mental illness.

Members of the rehabilitation team include the physician, vocational rehabilitation counselors, occupational therapists, nurses, physical therapists, orthotists and prosthetists, psychologists, social workers, speech pathologists, and audiologists. Also, consultation to disabled homemakers or specialized therapy is offered by corrective therapists, educational therapists, manual arts therapists, music therapists, and recreational therapists. These highly skilled members of the health services team assist in the treatment of numerous disorders through such therapeutic techniques as exercise, massage, application of heat, light and water or use of mechanical and scientific devices.

Medical Social Worker

In working closely with physicians, therapists, nurses and other

specialists, medical and psychiatric social workers concentrate their efforts at solving all types of personal or family problems associated with illness, thus paving the way for early recovery and maximum rehabilitation. Gathering and interpreting pertinent information about the individual patient's social situation and his pattern of adjustment is the job of the medical social worker. This information guides the physician in his understanding and treatment of the illness.

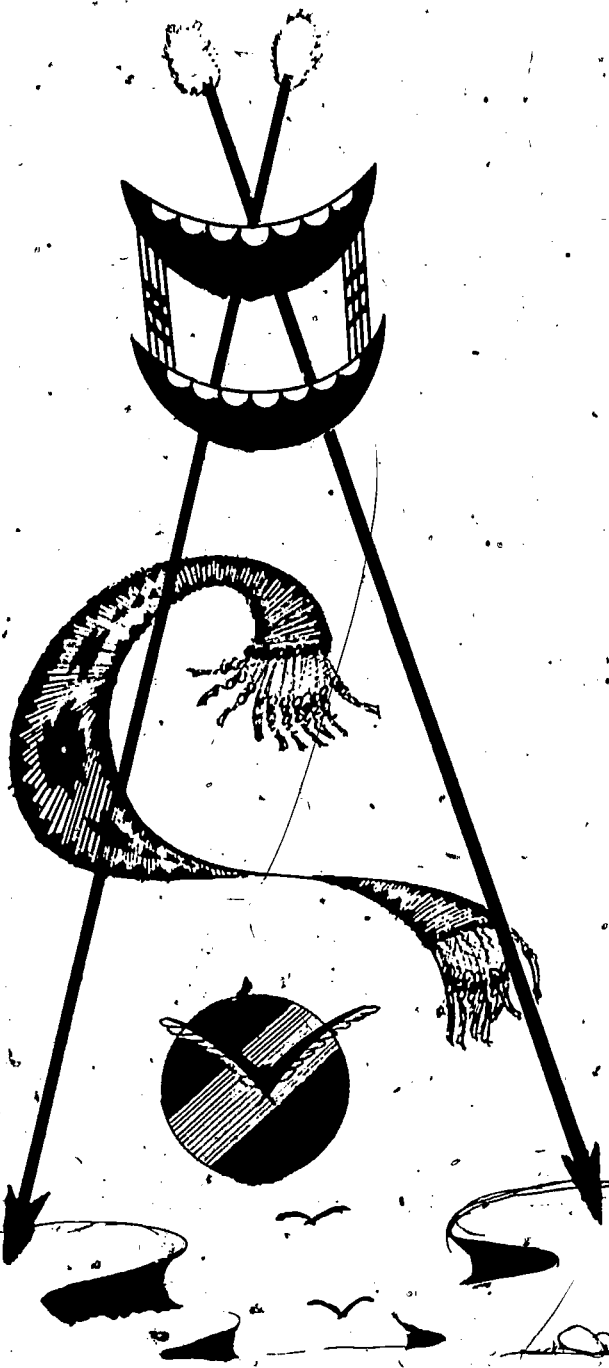
Being expert in the field of human relations, the medical social worker uses his knowledge, skills and judgment to help the patient and his family find practical ways of overcoming social, emotional and economic problems. He frequently calls upon employment counselors, child placement agencies, lawyers, teachers and other specialists whose services are required.

Medical social workers most often practice their profession at hospitals, clinics, and other medical facilities. Those with special competence and wide experience also serve as administrators and consultants or in community organization activities which encompass all types of medical service programs. Some serve on medical service programs. Some serve on medical school faculties and some also help teach nurses, hospital administrators and public health personnel.

Hospitals

Many health professionals work in hospitals. Some hospitals, like the small rural community hospitals, are nonfederal, short-term, general hospitals, of which there are nearly 6,000 throughout the United States at the present time. On the other hand, some hospitals have become a complex medical center, very strategic in the delivery of quality care to a large community. Larger hospitals today are very sophisticated and highly departmentalized institutions, whose concern is not only with the primary task of providing medical care to individuals, but also with a concern for the training and education of health professionals, the development of medical research projects, and providing leadership throughout the community in areas of the various public health interests. Because hospitals play a very major role in the provision of health care, they are one of the nation's largest employers.

Some hospitals or health care treatment facilities are designed for the special needs of patients and treat only patients of those particular conditions such as TB or mental illness. Others are organized to accept patients only of certain ages, such as children's hospitals. Nevertheless, the hospital is only one of numerous institutions, organizations and agencies which sponsor opportunities for the practice of various health professions.



Eula Johnson

PART III

PREPARING FOR THE HEALTH PROFESSIONS

Preparation for the health careers requires considerable planning, care and time. For those Indian students inclined to advance planning, the preparation for the health career should come with considerable ease. For the remainder, however, this preparation must be carefully developed and must include high school and college plans, admissions preparation and financial planning. The results far exceed the effort, because a well-planned career will yield considerable pleasure, satisfaction and service. If possible, the ambition of a health career will become part of one's everyday thinking throughout the high school years.

Section A. Secondary School Preparation

Whether in junior or senior high school, the American Indian student who believes he wants to become a health professional should seek assistance in planning his high school studies. This will permit his fullest development for the college and graduate health programs which lie ahead. Often, the student can obtain this assistance from his advisor or favorite teacher. Generally, his curriculum will emphasize the basic sciences and other courses normally recommended for students planning to enter college.

High school courses normally helpful in the preparation of a health career include English, Physics, Biology, Chemistry, Advanced Mathematics, Social Studies, and a modern foreign language. Most schools offer these courses. If, however, an Indian student learns that his school cannot offer these subjects, he should immediately discuss this with his advisor, his parents, and his community leaders. Every college-bound student may wish to supplement his basic program with various other courses such as speech, typing or business, which will be extremely helpful in any health career.

In addition to one's classwork, the prospective health professional is strongly encouraged to participate in available curricular activities, including science clubs, future physician clubs, Candy Strippers, medical explorer posts, etc. These clubs permit an even closer acquaintance with the health professions. Often working with community health professionals, the students learn more

about the real work of these people and their profession. If there are no clubs like this in one's school, the interested student may wish to discuss the organization of one with his advisor. More information about such clubs is available from the following organizations:

American Medical Association
535 North Dearborn
Chicago, Illinois 60610

National League for Nursing
10 Columbus Circle
New York, New York 10019

American Academy of Family
Physicians
Volker Boulevard at Brookside
Kansas City, Missouri 64112

Exploring Division
Boy Scouts of America
New Brunswick, New Jersey
08903

Section B. College Level Training and Preparation

For many American Indian students considering a health career a college experience may not be needed if their health career training program does not require college. Some health occupations require only one, two or three years of special training beyond high school. Junior colleges and schools of nursing, for example, offer some of these programs.

The Indian Health Service also offers training in numerous health career areas: Community health representative (CHR), community health medic (CHM), dental assistant, licensed practical nursing, laboratory assistant, and medical records technician's training are a few. More information about these program areas can be obtained by writing to the nearest IHS area director's office.

For those students who seek a health career requiring the completion of a college education (as most health careers do), considerable care and commitment must accompany the numerous decisions which must be made, such as: The nature of the college experience, the requirements for the career, the choice of the college, and the curriculum.

Choosing A College

The most difficult decision may be choosing the right college

of arts and sciences. The decision should be made in the early part of the senior year in high school. In reaching this decision, the student needs to carefully weigh numerous factors, including tuition, size, location and quality or type of instruction. Nevertheless, the college selected by the American Indian health careers student should be accredited and able to provide a strong foundation in the natural sciences, social sciences, humanities and communications skills.

Admission application forms are obtained by writing to the Office of Admissions. If the address of a college is unknown, the request will be properly delivered if the name of the college, the city and the state are correctly posted on the envelope. The Office of Admissions will normally respond within six weeks and will supply a form to be used in the application for admission. When compared with information obtained about other schools, the choices and the decision often become easier. Following the receipt of these bulletins and admissions application materials, the student should plan to apply to the college or colleges of his choice no later than December 31 for admission into the autumn term of the following school year. Because space is limited and many students will not be admitted, the Indian health career student may wish to apply for admission to as many as two or three colleges, just in case he is not accepted into the institution of his or her first choice.

Freshman Year

During his freshman year, the future health professional should also begin plans that will help him achieve his career goal. The freshman will likely want to talk to upper classmen who are also planning on becoming health professionals. Their advice can often help the freshman.

From the beginning of his college days, the student will probably want to major in the field that interests him most. However, he will likely want to take courses that will fulfill the minimum requirements for most health professions schools. These subjects usually include a year of general chemistry, organic chemistry, physics, English (both literature and writing), biology, a foreign language, and calculus.

During the freshman year, the student should see his pre-medical or pre-health studies advisor each semester. The advisor will assist the student to make careful plans. Some students have found that their failure to work with their advisor postponed their graduation or delayed their professional school acceptance because they lacked credit in certain courses. They were not aware of their course deficiencies until it was too late to do anything about them.

Sophomore Year

The sophomore year is an exciting time. By the second year of college, the student will have chosen his major. Most future health professionals major in the various fields of science. Some health students, however, may choose to major in the social sciences or humanities. Those students inclined toward health administration may major in business.

One writer, in advising students about choosing a major, said majors should be chosen according to the individual's interest. He urged students to choose a major that will not leave them stuck without any career alternatives in the event their professional schools reject them. He also said students should stay in touch with their advisor.

Having survived his first year in college, the prospective health professional often begins to wonder whether he should participate in extracurricular activities. In moderation, such activities are not only enjoyable, but they may also be considered by professional school admissions committees. One student, for example, was chosen for admission to medical school because he had worked on his college's newspaper staff as well as maintained a high grade point average.

At this point, the student should start thinking about specific professional health schools. He should write to some of them for catalogs. If he has the chance, he may wish to visit the campuses in his area.

Junior and Senior Years

In his third year, the student should complete his choice of

professional schools. During this year, the student may also wish to begin selecting those professors whose recommendations he will need for professional school. Professors who know the student personally, and in whom the student has confidence are usually the best. This is also a year to excel in course work!

The junior year is particularly important to pre-medical and pre-dental students. A helpful publication, Hints for Preparing Oneself for Admission to Medical School, is available from the Association of American Indian Physicians, at the address listed in this book. This would be very helpful in the junior year.

The senior year is when students, other than medical and dental students, should begin applying to their professional schools.

Section C. Admission Into the Health Professions Schools

For the American Indian student seeking the professional health degree, he must continue his education beyond the college level to the level prescribed by the professional school and degree of his preference. Thus, the Indian student seeking to become a physician must become admitted into medical school. Similar advice and procedures apply for other professional disciplines as well. Contrary to rumor or unfounded fears, it is not difficult for a well-qualified American Indian student to gain admission into the professional schools. The college student who is prepared, dedicated and hardworking toward his career will receive favorable consideration by the professional school and the American Indian who meets these same qualifications should expect no serious difficulty gaining admission.

Some schools admittedly have different requirements than others. Some meet their capacity sooner than expected; and some may not be inclined to encourage Indian students as much as others. The student should inquire how many Indian students are enrolled, how much financial assistance is available to Indian students, and what special program the institution provides for Indian students. If the student is unable to determine the experience and interest of the school in dealing with Indian students, he should not hesitate to inquire of the Association of American Indian Physicians or the Association of American Medical Colleges. It is clearly an advantage for some Indian students to attend schools where they will have Indian classmates.

Whatever his choice, each student must realize that his acceptance into the graduate program represents the expectation of the institution that the student will both graduate and become a successful health professional. Likewise, the student should expect that he will successfully graduate from the program and uphold his career responsibilities. The American Indian student planning for his graduate training should apply to the professional school of his choice approximately one year prior to the term for which he intends to enroll. It is also considered valuable to apply to different schools. At the present time, for example, medical students on the average apply to four medical schools each.

Undergraduate Grades

To qualify academically for medical school, the undergraduate student should maintain a good scholastic record. But that does not mean he has to be an "A" student. The vast majority of the of the freshmen medical students in each of the past five years were "B" students.

Medical school admissions committees are aware that an "A" mark may be more easily obtained in one college than in another. They use scholastic achievement as only one—though an important—yardstick in measuring an applicant's capacity for the study of medicine. When other factors are equal, the student with higher grades clearly has the best chance for acceptance. A recent survey of medical school showed that the majority prefer to consider only students with grade averages no lower than B-minus.

The admissions committees are equally concerned with the important personal factors of character, self-reliance, initiative, motivation, perseverance, depth of purpose, breadth of interests and other traits which may not be reflected in grade averages. These personal characteristics are evaluated during interviews and through reports from undergraduate colleges, application forms and autobiographical sketches.

The Medical College Admission Test

Another preparatory step toward gaining entry into medical school is to take the Medical College Admission Test. The medical school candidate usually takes the examination during his

second or third year in college, preferably in the spring of the year before he plans to enter medical school. Given twice annually, the nationally standardized examination is conducted under the auspices of the Association of American Medical Colleges and is required or strongly recommended by nearly all U.S. medical school. The student should consult with his college counselor or faculty advisor to determine when it is best for him to take the test.

An announcement booklet that contains an application blank and gives information concerning application deadlines, test dates, testing locations and sample questions is prepared annually. It is available through most pre-medical advisory offices and medical school admissions offices. A copy also may be obtained by writing Medical College Admission Test, The Psychological Corporation, 304 East 45th Street, New York, New York 10017.

A student who is well-versed in the liberal arts and sciences should encounter little difficulty with the examination. Consisting of four subtests, it serves to objectively measure scholastic aptitude and achievement. The subtest on Verbal Ability measures knowledge of vocabulary. The Quantitative Ability subtest requires the application of basic mathematical principles. These two subtests measure one's overall scholastic aptitude.

The science subtest samples the candidate's store of scientific information and principles found to be important in preparing for the study of medicine. One's score indicates how much knowledge he has acquired in basic courses in physics, chemistry and biology and how well he is able to apply it. A fourth subtest, General Information, measures overall cultural knowledge, including the social and behavioral sciences.

Scores made on the MCAT do not in themselves determine whether an applicant is admitted to medical school. They simply provide admissions committees with additional important information on the student's academic capabilities for the study of medicine and permit more thorough interpretation of his college academic record. This makes possible a more accurate prediction of a student's ability to complete the medical curriculum.

The Admissions Committee

Nearly all health professional schools have established admis-

sions committees composed of faculty members and occasionally students to consider the acceptability of applicants by reviewing all information required by the institution. Normally, these materials include college academic records, MCAT scores (or comparable graduate health professional examination scores), faculty evaluation and the personal interview. The American Indian student may find these requirements exhaustive or costly. If he requires further assistance to complete these requirements, he should inquire at the Office of Minority Affairs for the Association of American Indian Physicians' offices. The expense of examination fees, transcript referrals and travel to interviews should not prohibit or obstruct admissions procedures for those who may be in need of special financial assistance.

Admission into the professional schools may be the first time an interview is required of the Indian student. If so, the student should not be apprehensive; the interview is a means whereby the school and the student simply get to know more about each other. The school is afforded the opportunity to clarify information about itself or the student, while the student is offered the same. The interview especially permits the student the opportunity to explain any unique or special aspects of his application. This special information would be very helpful to an admissions committee during the process of screening numerous applicants.

Section D. Special Indian Programs

Fortunately, there are many special programs for American Indian students considering or deciding upon a health career. The success of these programs indicates they serve very important functions. For many Indian health professions, the greatest development of their career decision occurred through their participation in these special programs. Indeed, for many American Indian students these special programs have finalized or rapidly advanced their commitment and decision to a health career.

In some instances, the program is designed to identify and to stimulate potential Indian health professionals. Other programs have a primary purpose of introducing the prospective student to the daily experience of the practicing health professional. Still, other programs assist students through concentrated studies of a remedial or advanced nature depending upon their level of need. Among the various programs, some are available to students as

the seventh grade in high school, while others may only be available to Indians already accepted into medical school. At the present time virtually all programs can provide financial assistance to students accepted into the program, who need such support.

Students who might enjoy or need these special programs should inquire and obtain further information by writing the organizations listed below:

"Health Careers Summer Program
Harvard Summer School
Department HC
1350 Massachusetts Avenue
Cambridge, Massachusetts 02138

INMED Program
University of North Dakota
Grand Forks, North Dakota

Upward Bound
Care of the Nearest College

Summer Program
Association of American Indian
Physicians, Inc.
1300 McGee Drive
Norman, Oklahoma 73069

Association of University
Programs in Hospital
Administration
Attn: Office of Student Affairs
Suite 420, One Dupont Circle
Washington, D.C. 20036

Southeastern State College
Science Research Training
Programs
Durant, Oklahoma 74701

Colorado State University
College of Veterinary Medicine
Department of Clinical Sciences
Fort Collins, Colorado 80521

Navajo Health Authority
P.O. Box 643
Window Rock, Arizona 86515

Navajo Nation Health
Foundation
Ganado, Arizona 86505

Career Opportunities in the
Health Sciences
Department of Microbiology
University of Oklahoma Health
Sciences Center
Oklahoma City, Oklahoma 73190

National Science Foundation
1800 G Street, N.W.
Washington, D.C. 20550

National Medical Fellowships,
Inc.
250 West 57th Street
New York, New York 10019

Nurse Recruitment Program
Great Lakes Inter-Tribal
Council, Inc.
P.O. Box 5
Lac-Du Flambeau, Wisconsin 54538

Summer Institute: Health
Related Professions for
College Students
Indiana University
Bloomington, Indiana 47401

Section E. Financial Planning

The study of medicine or the health career of one's choice is an expensive undertaking; in many ways it will be viewed as particularly expensive for American Indian students. Yet, with careful long-range planning, commitment and resolve these health education costs can be met from the resources available to each student. The finance plan appropriate to each student's needs will, of course, vary from individual to individual. For some, the resources of the family, the tribe and summer employment may be sufficient. Yet, for others; grants, fellowships, awards and scholarships may be utilized.

Whatever the plan, it must be carefully and fully developed, taking into consideration the length of the educational program, the degree requirements, the capacity of the student, the financial resources of his family, how much money a person will earn after graduating, and the scholarship abilities of the student. Such planning is of great importance.

Unlike the high schools from which most American Indians graduate, colleges and other institutions of higher learning charge fees and assess costs to each student for his educational program. The relationship established and agreed upon between the school and the student is of a contractual nature, based upon the mutual choices of the student and the school according to established rules and provisions. The rules, fees, and costs are normally described in a bulletin regularly distributed by each school, and each student is billed for his expenses before classes start. When he registers for his classes, the student will complete his financial arrangements with the school. This arrangement usually involves a debt by the student, but it is treated no differently than any other debt.

Fees and Costs

The cost of college and graduate health education is expensive and continues to increase each year. These costs also vary from institution to institution, from state to state, and from curriculum to curriculum. To complete four years of medical school beyond college the average costs presently range from about \$9,000 to \$15,000. Tuition alone may range from \$220 to \$4,200, depending upon residency or the type of school selected (public versus private). While the costs of education to the doctorate health careers in administration, medicine, dentistry, veterinary medicine, podiatry and others are comparable, alternate career choices such as nursing, nutrition or health education are less costly.

At the undergraduate level, the fees and costs of one's education would normally include the following components:

Tuition	Science Lab Materials
Board and Room	Lab Equipment Rentals
Books	(e.g., microscope)
Health Insurance	Travel (to and from home)
Student Activities	

Prior to entering the college the student may encounter the first expenses of his health career education. Such expenses may include institution application fees, which accompany an application for admission and which are usually not refundable, and fees for admission to college entrance examinations, often required by some colleges.

Graduate health education costs are also considerable and vary with the level of education and the type of institution. Thus, for example, students in health administration programs at the graduate level may not have to pay laboratory fees and microscope rental costs. On the other hand, students of medicine may not experience the costs of preparing a thesis. On the whole, the costs and fees for the graduate level programs include those same components listed above. In addition, they may include comparable expenses incurred during the process of obtaining admission into the graduate programs, which may include travel expenses for the purposes of interview.

As an example, the cost ranges revealed by a recent study by the Association of American Medical Colleges pertinent to costs for the study of medicine reveal the following:

ESTIMATED MINIMUM EXPENSES FOR FIRST-YEAR STUDENTS AT U.S. MEDICAL SCHOOLS (1975-76)*

FIRST-YEAR EXPENSE ITEM	PRIVATE SCHOOLS**		PUBLIC SCHOOLS	
	Range	Average	Range	Average
Tuition and fees				
Resident	\$1,200-4,000	\$3,139	\$300-3,500	\$1,031
Nonresident			\$570-4,500	\$2,129
Room and board (minimum)	\$1,080-3,500	\$2,086	\$940-4,000	\$1,898
Books and supplies (Not including microscope)	\$150-700	\$344	\$150-1,100	\$370

*FIGURES BASED ON DATA PROVIDED FALL 1973 BY 45 PRIVATE SCHOOLS AND 69 PUBLIC SCHOOLS.

**FOUR PRIVATE SCHOOLS--BAYLOR, MAYO, PITTSBURGH, AND RUSH--REPORT LOWER TUITION FEES FOR RESIDENTS THAN FOR NONRESIDENTS. THE HIGHER FEES FOR THESE SCHOOLS ARE USED IN THE TABLE.

THE FIGURES DO NOT INCLUDE PERSONAL LIVING EXPENSES, WHICH VARY CONSIDERABLY DEPENDING UPON THE LIFESTYLE OF THE STUDENT AND THE ECONOMY OF THE SCHOOL LOCATION. ALSO, LIVING EXPENSES ARE HIGHER FOR MARRIED STUDENTS AND HIGHER YET FOR COUPLES WITH CHILDREN, NEVERTHELESS, EACH STUDENT WILL HAVE SOME BASIC LIVING EXPENSES WHATEVER CAREER HE CHOOSES AND WHETHER HE ATTENDS COLLEGE OR NOT.

Financial Aids

Beyond the financial resources available from the family, former employment and part-time employment during school, many students will require additional money to complete their financial arrangements for school. The basic additional sources of these aids are grants and loans.

Grants

Grants available for health education expenses are often scholarships, fellowships or other grants-in-aid. In some instances, these grants are given as awards in recognition of student talents. Sometimes these awards are sufficient to cover the costs of an entire four-year program. In other instances, the grants may cover only a portion of the total costs. In the case of such awards, the student must become informed about his possibility of receiving such an award and what requirements he must meet to enter the competition, should he desire. Awards of this nature are sometimes given at rodeo contests, beauty contests, citizenship contests, talent shows and other local contests. Groups such as the local Kiwanis Club, University of Women's Association, Home Extension Services, etc., frequently make such awards.

By far the largest group of such grants, however, are the scholarships frequently awarded by the educational institutions themselves or the tribe. Occasionally, local service groups, corporations, state agencies or other special efforts provide scholarship grants. Scholarships are sometimes made in the memory of an individual prominent in the health fields. Sometimes they are named by their sponsor or describe the educational program of the institution. However named, they are offered for a given period of time and are frequently renewable. Such renewal, however, usually requires continued quality performance and the enrollment of the student. This requirement and often other requirements usually accompany the offer of a scholarship. If the scholarship is accepted, the student often agrees that he will maintain a specified grade point average and full-time enrollment.

Because scholarship funds are limited and so many students seek this form of assistance, the scholarship offices are often very strict in requiring compliance with the minimal requirements of the grant. If a student is believed to be disinterested or performing poorly, his assistance may be revoked or he may not qualify for renewal. Consequently, because these financial aids are so important, because their availability is limited, and because the scholarship offices of the institutions and the tribes consider the requirements very strictly, it is important that all Indian students realize the serious nature of these commitments.

Another form of grant assistance is the fellowship, usually awarded in the various graduate programs. Fellowships are similar to scholarships. However, they frequently provide the student with the opportunity to assist in teaching, research, laboratory work or independent study. The assignment of these opportunities is usually an established aspect of the fellowship.

Yet another form of grant assistance, somewhat like the fellowship, is a stipend to support an individual in exchange for his agreement to work for the sponsoring institution following his graduation. Sometimes, these grants are offered as contracts and sometimes they are offered as loans with a forgiveness clause. The Indian Health Service and the Public Health Service, for example, have financial assistance available to support the education of American Indians in health careers, provided they return to the employment of the Indian Health Service for a specified period of time following graduation. For those who plan a health career with the Indian Health Service or who plan a career including IHS training, this opportunity is in many ways a good one.

A comparable opportunity, although somewhat the reverse of the Indian Health Service program, is available to military veterans as a benefit of the "GI Bill." These programs provide financial assistance to veterans.

Loans

By far the resource most often used to complete a financial planning program is the student loan. Usually secured from local banking institutions, colleges or other special loan programs established for these purposes, most loans provide for an extended period of repayment and often do not commence repayment until some period following graduation. Since the graduate normally begins his career immediately and starts earning a salary, this method is popular with many students. While it is often one of the last resources considered, it is certainly to be highly preferred to an alternative which might be no school at all, if the reason for that conclusion was the lack of a complete financial program.

How To Apply For Assistance

Whatever program is most appropriate and available to the stu-

dent, he must begin early and carefully to complete the necessary arrangements. It will be necessary for each student to:

- (1) Establish his basic plan;
- (2) Determine the cost of this education;
- (3) Evaluate his own abilities to meet all or some of these costs; and
- (4) Determine what remaining resources may be required to complete his plan on an annual basis.

Working from these estimates, the student should apply for assistance to the respective offices of financial aids approximately eight months prior to the beginning of his enrollment and, if at all possible, no later than five months prior to this same date. If possible, students are encouraged to apply for financial assistance at the same time that they apply for admission, which would normally take place around December or January for enrollment in autumn.

Using the information of this handbook and other information available, a student should inquire about the availability of financial assistance, the deadline for submitting applications, and the appropriate application form for such assistance. Upon receipt of the information the student should accurately and completely respond to the questionnaire and submit it for consideration. Each student is cautioned to answer every question realistically. His financial plan should neither underestimate or overestimate his needs and resources. To the extent possible, he should provide full information to all questions. Some questions, for example, are asked by the institution because they sometimes have special trust funds available to support only those students who meet the specific conditions of the trust.

Preliminary Budget Preparation

A Student Preliminary Budgeting Form is printed on the following page for the student to estimate his budget plans. This form should be retained for future reference after you have completed it. This will save considerable time in the future when making scholarship applications. The left column contains many elements of cost as a reminder to prevent overlooking a significant expenditure. Should other costs exist, the blank lines should be

used for additional items. It is important to include everything, so adequate consideration may be given to the exact amount of assistance required.

In the right column there are sources of funds listed. The first section covers amounts available without further solicitation. For example, if one's tribe or pueblo has a scholarship program, this source should be exhausted first. Since this type of program is limited to specific tribal members, an equitable distribution of all funds to applicants from all tribes is difficult. Priorities of every program may also have a bearing on the eligibility of the applicant. In view of these problems, our current recommendation for financial assistance should follow this priority.

1. Student earnings.
2. Family (spouse) earnings.
3. Parents.
4. Tribe.
5. BIA agency.
6. College or university financial aids.
7. College or university tuition waivers to Indians.
8. Indian scholarship organizations.
9. Professional associations of selected profession.
10. Foundations - churches, other

THIS BUDGET APPLIES TO:

DATE: FROM _____ TO _____

MONTH YEAR MONTH YEAR

EXPENSES

INCOME

TUITION AND FEES PER:

SEMESTER \$ _____ YEAR \$ _____

QUARTER \$ _____ YEAR \$ _____

TRIMESTER \$ _____ YEAR \$ _____

PERSONAL FUNDS _____

PRIVATE LOANS _____

SUMMER EARNINGS _____

PARENTAL SUPPORT _____

SPOUSE'S SUPPORT _____

SCHOLARSHIPS RECEIVED _____

TRIBAL _____

UNIVERSITY _____

TUITION WAIVER _____

PROFESSION _____

FELLOWSHIP _____

CHURCH _____

OTHER _____

VETERANS BENEFITS _____

WELFARE BENEFITS _____

SOCIAL SECURITY _____

ALIMONY _____

PART-TIME JOB _____

OTHER INCOME _____

BOOKS AND SUPPLIES \$ _____

BOARD \$ _____

RENT \$ _____

UTILITIES \$ _____

TRANSPORTATION (TO AND FROM CLASSES ONLY):

MILEAGE @ 10¢ PER MILE \$ _____

PERSONAL EXPENSES

CLOTHING, LAUNDRY \$ _____

SCHOOL PROFESSIONAL DUES \$ _____

MEDICAL-DENTAL \$ _____

(IHS COVERAGE; CHECK LOCAL PHS OFFICE ON RESERVATION OR NEAREST AGENCY OFFICE)

CHILD CARE @ \$50 PER MONTH \$ _____

TOTAL \$ _____

TOTAL \$ _____

Where to Apply

The list, to some extent, is endless. Nevertheless, the handbook describes below those various agencies that may be able to provide financial assistance or information about available financial assistance. All possibilities should be carefully considered. Yet, the list is not exhaustive and the student should be mindful of any new or additional resources which may develop from time to time.

Generally, one should seek guidance and counseling in this matter. One should also begin with those institutions perhaps closest to his life—his tribe, his community organizations, his selected college, his local medical or health agency, his state, his church, etc. Special resources available to American Indian students can be obtained from the following sources:

The Scholarship Office
(Student's Tribe)
Care of Tribal Headquarters

Bureau of Indian Affairs
Care of Agency Superintendent
(Student's Agency)

Indian Health Service
Attention: Bobby Brayboy
Care of Manpower Development
Office

Association of American
Indian Physicians, Inc.
1300 McGee Drive
Norman, Oklahoma 73069

DHEW
Rockville, Maryland

Office of Student Affairs
Navajo Health Authority
P.O. Box 643
Window Rock, Arizona 86515

INMED
University of North Dakota
Grand Forks, North Dakota

United Scholarship Service
Inc.
941 E. 17th Avenue
Denver, Colorado

Med-Start
University of Arizona
Tucson, Arizona

American Indian Scholarships,
Inc.
211 Sierra, S.E.
Albuquerque, New Mexico 87108

General sources available to all students include the following:

State of Alabama Board of
Medical Scholarship Awards
1919 Seventh Avenue South
Birmingham, Alabama 35233

Marshall H. & Nellie Alworth
Memorial Fund
2225 Woodland Avenue
Duluth, Minnesota 55803

Joseph Collins Foundation
One Chase Manhattan Plaza
New York, New York 10005

Scholarship Fund of the Free
Sons of Israel
150 Fifth Avenue
New York, New York 10011

State Medical Education Board
Of Georgia
244 Washington Street, S.W.
Room 468
Atlanta, Georgia 30334

Marcus and Theresa Levie
Educational Fund
One South Franklin Street
Chicago, Illinois 60606

National Medical Fellowship,
Inc.
3935 Elm Street
Downers Grove, Illinois 60515

Nevada State Medical Association
3660 Baker Lane
Reno, Nevada 89502

Max C. Fleishmann Foundation
Medical Education Grants
Nevada State Department of
Education
Carson City, Nevada 89701

New England Board of Higher
Education
40 Grove Street
Wellesley, Massachusetts 02181

Dr. Jonas E. Salk-Scholarship
New York City Board of
Higher Education
535 East 80th Street
New York, New York 10021

The University of the State of
New York
The State Educational Department
Regents Examination and Scholar-
ship Center
99 Washington Avenue
Albany, New York 12210

Armed Forces Health Profes-
sions Scholarship Plan
Department of Defense
Assistant Secretary of Defense
for Health Environment
The Pentagon
Washington, D.C. 20301

Family Practice Scholarship
Subcommittee
Ohio State Medical Associa-
tion
17 South High Street
Columbus, Ohio 43215

Navy Scholarship Plan
Public Affairs Officer
Bureau of Medicine and Surgery
Department of the Navy
Washington, D.C. 20390
Attention: Code 3174

Mabel Wilson Richards
Scholarship Fund
1977 DeMille Drive
Los Angeles, California 90027.

Southern Regional Education
Board
130 Sixth Street, N.W.
Atlanta, Georgia 30313

Office of Medical Manpower
New York State Department of
Health
84 Holland Avenue
Albany, New York 12208

The Commonwealth of Massa-
chusetts Board of Higher
Education
Medical School Scholarship
182 Tremont Street
Boston, Massachusetts 02111

John A. Brennecke Loan Fund
The Aurora Foundation
P.O. Box 671
Aurora, Illinois 60507

American Medical Association
Education & Research
Foundation
535 North Dearborn Street
Chicago, Illinois 60610

Educational and Scientific Trust
of the Pennsylvania Medical
Society
20 Erford Road
Lemoyne, Pennsylvania 17043

Student Loan Fund
General Executive Board
Presbyterian Church in the
United States
341 Ponce de Leon Avenue, N.E.
Atlanta, Georgia 30308

Scanlon Medical Foundation/Iowa
Medical Society
1001 Grand Avenue
West Des Moines, Iowa 50265

Albert Strickler Memorial Fund
1006 Lafayette Building
Philadelphia, Pennsylvania 19106

United Student Aid Funds, Inc.
845 Third Avenue
New York, New York 10022

American Medical Women's
Association, Inc.
1740 Broadway
New York, New York 10019

Berkshire District Medical
Society
741 North Street
Pittsfield, Massachusetts 01201

Fellows Memorial Fund
Dr. T. Felton Harrison,
Consultant
Pensacola Junior College
1000 College Boulevard
Pensacola, Florida 32504

General Electric Company
1285 Boston Avenue-24EE
Bridgeport, Connecticut 06602

Grand Street Boy's Foundation
131 West 56th Street
New York, New York 10019

Mediclinics Educational Fund
Medical Student Loan Program
930 Northwestern Bank Building
Minneapolis, Minnesota 55402

Minority Student Information
Office
Care of Associate Dean
(The Medical School of Student's
Choice)

The College or Graduate School
of One's Choice

The Office of Education
(The Student's Home State)

National Merit Scholarship
Corporation
990 Grove Street
Evanston, Illinois 60201

Science Talent Search
1719 N Street, N.W.
Washington, D.C. 20006

National Honor Society
National Association of Sec-
ondary School Principals
1201 Sixteenth Street, N.W.
Washington, D.C. 20006

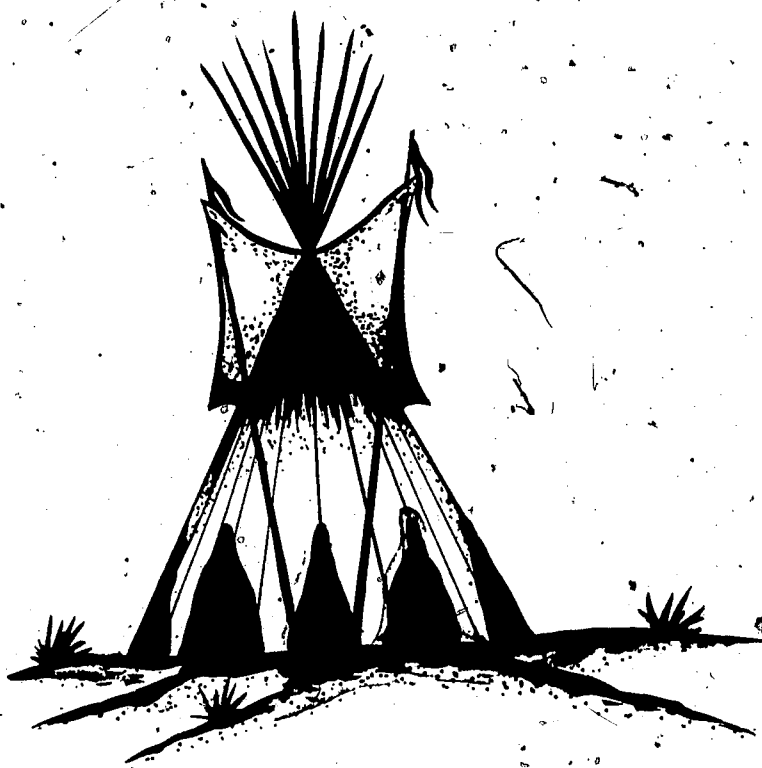
"Higher Education Benefits"
State Department of Education
Your State of Residence
(Applicable in most states)

The Association of American
Medical Colleges
One Dupont Circle, N.W.
Washington, D.C. 20036

Sources of additional information about financial planning include the following:

1. Educational Scholarships, Loans, and Financial Aids. Washington, D.C.: Dept. of the Army, Office of the Adjutant General, Pamphlet No. 352-1, 1972.
2. Feingold, S.N. Scholarships, Fellowships and Loans, Vol. V. Arlington, Massachusetts: Bellman Publishing Co., 1972.
3. Financial Information National Directory '72: Health Careers. Chicago: American Medical Association, 1972. (\$2.95)
4. Fine, Benjamin and Eisenberg, Signey A. How To Get Money for College (New York: Doubleday, 1964.
5. The Health Professions Scholarship Program. Bethesda, Maryland: U.S. Dept. of Health, Education, and Welfare, Public Health Service, Publication No. 72-279, revised April 1972.
6. The Health Professions Student Loan Program. Bethesda, Maryland: U.S. Dept. of Health, Education, and Welfare, Public Health Service, Publication No. 72-276, revised April 1972
7. How Medical Students Finance Their Education. Washington, D.C.: U.S. Department of Health, Education, and Welfare, Public Health Service, Publication No. 1336-1 1970.
8. Keeslar, Oreon. Financial Aids for Students Entering College. Dubuque, Iowa: William C. Brown Co. 1970.
9. Keeslar, Oreon. A National Catalog of Scholarships and Other Financial Aids for Students Entering College. (Wm. C. Brown Co., 1969).
10. Scholarships Offered by Labor Unions. (1972-73 ed) Moravia, New York: Chronicle Guidance Publications, 1972. (\$2.00)
11. A Selected List of Major Fellowship Opportunities and Aids to Advanced Education for United States Citizens. Washington, D.C.: National Academy of Sciences, National Research Council, 1970. (Write to Fellowship Office, National Research Council, 2101 Constitution Ave., N.W. Washington, D.C. 20418.)

12. A Chance to Go to College.
New York: College Entrance
Examination Board, 1971
248 pp.
13. "A Letter to Parents: Finan-
cial Aid for College, 1970-71.
Margolius, Signey. New York:
College Entrance Examination
Board, 1970, 10 pp.
14. Complete Planning for College.
Sulkin, Sidney. New York,
Harper & Row, Publishers,
1968, 324 pp.
15. Financial Aid for Higher
Education. U.S. Office of
Education, Washington, D.C.:
Government Printing Office,
1968, 110 pp.



PART IV

WHERE TO OBTAIN ADDITIONAL ASSISTANCE

The contents of this handbook are in many ways only the beginning. Much additional assistance will from time to time be required by every student. The level of each new challenge, the circumstances of each student's preparation, and the aspiration fundamental to his career plan will constantly require new forms of assistance. As he progresses, each student will become better informed about additional resources and assistance. Consequently, this handbook will limit its recommendations for additional assistance. From these sources it is anticipated the student will proceed well along the trail to his health professions career.

Section A. Counseling and Advice

Throughout the time of his health career education each student will require and profit from additional counsel and advice. Every student should be prepared to constantly seek this advice. He should likewise be prepared to use this counsel and consider this advice very carefully. Whether as a graduate, American Indian M.D. contemplating a specialty practice in pediatrics, or whether as a college student considering humanities requirements necessary to a pre-veterinarian medicine curriculum, every decision will have serious and frequently lifelong consequences. It is important the fullest consideration, counsel and advice be given every major decision with the fullest, possible help of one's friends, family and acquaintances.

One important source of assistance available to the Indian student is the practicing Indian health professional. As one who has gone before others he is incomparably prepared to offer advice. If a student knows such an individual, he should seek additional assistance from him. If a student does not know any such persons, he should feel free to write the Indian professional associations, such as the Association of American Indian Physicians. The members and staff of these organizations will be more than happy to assist. Other American Indian students, especially those studying for a health career, are very important sources of assistance. Frequently, valuable insight can be provided by those who are two,

three or even four years ahead of us. Thus, for example, American Indian medical students have pertinent and invaluable advice for Indian college students considering medicine as a career. In nearly every instance, these students have had to consider each issue or problem faced by other students. One should ask them what they did--how they resolved this particular matter. These students will be anxious to help.

Every student should also feel free to solicit the additional counseling resources of the various professional organizations and schools. These institutions are prepared to give guidance and advice; every student should be prepared to seek this counsel, especially when he is uncertain about his choice, his place or other facts pertinent to his future.

All students should particularly understand that these professionals, students, organizations and schools do not usually know about the student or his particular needs unless someone brings them to his attention. Throughout the preparation for one's career, every student must realize that it is up to himself to seek this assistance. And when he receives advice, if it seems unclear, unwise or inaccurate the student should seek additional counsel from yet another source, not only to determine the veracity of the first-given advice but to assure the most careful career development.

There are, of course, many sources of wise counsel. The sources may seem limited or generous depending often upon the circumstances of the student himself. For some, such counsel can be obtained from tribal leaders, parents, public officials, and friends. For others, it may be necessary to seek out professionals who reside within the community; while they may not be trained in a health career they may know something about the student's decision or know others who may be able to provide help. The local minister, school superintendent or businessman may be such a person. Then, too, one may want to obtain additional information from other Indian leaders and professionals. In many ways, these individuals have perhaps had to consider similar or identical problems. Many times they will know another person better qualified to provide assistance.

Section B. Additional Sources of Information

At many times personal counsel and advice may neither be appropriate, available, accurate or desirable. In such instances, the student may desire to write or call agencies and organizations experienced in the field of his inquiry. Such agencies frequently receive requests for such information and are prepared to assist each student with his various needs. The student may wish to write for further information from the following organizations:

American Council on Education
One Dupont Circle, N.W.
Washington, D.C. 20036

American Society of Internal
Medicine
525 The Hearst Building
3rd at Market Street
San Francisco, California 94103

American Society of Anesthe-
siologists
525 Busse Highway
Park Ridge, Illinois 60068

The College Admissions Center
801 Davis Street
Evanston, Illinois 60201

National Merit Scholarship
Corporation
990 Grove Street
Evanston, Illinois 60201

Science Talent Search
Science Clubs of America
1719 N. Street, N.W.
Washington, D.C. 20036

The American Medical Association
535 North Dearborn
Chicago, Illinois 60610

National Achievement Scholar-
ship Program for Outstand-
ing Negro Students
990 Grove Street
Evanston, Illinois 60201

National Honor Society
Scholarship Program
National Association of Sec-
ondary School Principals
1201 Sixteenth Street, N.W.
Washington, D.C. 20036

American Association of
Ophthalmology
1100-17th Street, N.W.
Washington, D.C. 20036

American Academy of Orthopedic
Surgeons
430 N. Michigan Avenue
Chicago, Illinois 60611.

College of American Patho-
logists
230 N. Michigan Avenue
Chicago, Illinois 60601

American Academy of Pediatrics
1801 Hinman Avenue
Evanston, Illinois 60204

The Association of American
Medical Colleges
One Dupont Circle, N.W.
Washington, D.C. 20036

American Medical Association
Education and Research foundation
535 North Dearborn Street
Chicago, Illinois 60610

American Medical Women's
Association, Inc.
(Women students only)
1740 Broadway
New York, New York 10019

American Academy of Family
Physicians
Volker Boulevard at Brookside
Kansas City, Missouri 64112

Overseas Mission Society
(Episcopal)
Mount St. Alban
Washington, D.C. 20016

World Presbyterian Missions
901 N. Broom Street
Wilmington, Delaware 19806

American College of Obste-
tricians & Gynecologists
79 West Monroe Street
Chicago, Illinois 60603

American College of Radiology
20 North Wacker Drive
Chicago, Illinois 60606

American Hospital Association
840 North Lake Shore Drive
Chicago, Illinois 60611

American College of Surgeons
55 East Erie Street
Chicago, Illinois 60611

Medical Assistance Programs, Inc.
of the Christian Medical
Society
P.O. Box 50
Wheaton, Illinois 60187

Catholic Medical Mission Board
10 West 17th Street
New York, New York 10011

Methodist Committee for
Overseas Relief
475 Riverside Drive
New York, New York 10027

Board of World Missions
Lutheran Church in America
231 Madison Avenue
New York, New York 10016

Medical Operations; Project HOPE
People-to-People Foundation
2233 Wisconsin Avenue, N.W.
Washington, D.C. 20007

Medico (A Service of CARE)
2007 Eye Street, N.W.
Washington, D.C. 20006

Thomas A. Dooley Foundation
442 Post Street
San Francisco, California 94100

Laymen's Overseas Service
321 Mississippi Street
Jackson, Mississippi 39201

Peace Corps
Washington, D.C. 20525

• The American Physical Therapy Association
1740 Broadway
New York, New York 10019

Department of Allied Medical Professions and Services
American Medical Association
535 North Dearborn
Chicago, Illinois 60610

The American Occupational Therapy Association
251 Park Avenue South
New York, New York 10010

Consulting Service on Recreation for the Ill and Handicapped
National Recreation and Park Association
1700 Pennsylvania Avenue, N.W.
Washington, D.C. 20006

American Scholarship Assn.
225 Park Avenue South
New York, New York 10003

The American Speech and Hearing Assn.
9030 Old Georgetown Road
Washington, D.C. 20014

National Association of Social Workers
2 Park Avenue
New York, New York 10016

The Registry of Medical Technologists
710 South Wolcott Avenue
Chicago, Illinois 60612

American Society of Medical Technologists
Suite 1600, Hermann Professional Building
Houston, Texas 77025

American Society of Radiologic Technologists
645 N. Michigan
Chicago, Illinois 60611

ANA-NLN Nursing Careers Program
American Nurses Association
10 Columbus Circle
New York, New York 10019

Committee on Nursing
American Medical Association
535 North Dearborn
Chicago, Illinois 60610

National Association for Practical Nurse Education and Service
535 Fifth Avenue
New York, New York 10017

National Federation of Licensed Practical Nurses, Inc.
250 West 57th Street
New York, New York 10019

American Association of Nurse Anesthetists
Suite 3010, Prudential Plaza
Chicago, Illinois 60601

Department of Medicine and Surgery
Veterans Administration
Washington, D.C. 20420

**American College of Hospital
Administrators**
840 North Lake Shore Drive
Chicago, Illinois 60611

**Association of University
Programs in Hospital
Administration**
1642 East 56th Street
Chicago, Illinois 60637

**The American Society of
Hospital Pharmacists**
4360 Montgomery Avenue
Washington, D.C. 20014

**American Association for
Inhalation Therapy**
Suite 316, 4075 Main Street
Riverside, California 92501

**American Medical Record
Association**
211 East Chicago Avenue
Chicago, Illinois 60611

**The American Dietetic
Association**
620 North Michigan Avenue
Chicago, Illinois 60611

**American Home Economics
Association**
1600 Twentieth Street, N.W.
Washington, D.C. 20009

American Chemical Society
1155 Sixteenth Street, N.W.
Washington, D.C. 20006

**American Institute of
Biological Sciences**
3900 Wisconsin Avenue, N.W.
Washington, D.C. 20418

American Dental Association
211 East Chicago Avenue
Chicago, Illinois 60611

**American Association of
Dental Schools**
211 East Chicago Avenue
Chicago, Illinois 60611

**American Dental Assistants
Association**
211 East Chicago Avenue
Chicago, Illinois 60611

**American Dental Hygienists'
Association**
211 East Chicago Avenue
Chicago, Illinois 60611

**National Association of
Sanitarians**
University of Denver
Denver, Colorado 80216

**American Industrial Hygiene
Association**
14125 Prevost Street
Detroit, Michigan

**Water Pollution Control
Federation**
3900 Wisconsin Avenue
Washington, D.C. 20016

**American Society of Safety
Engineers**
5 North Wabash Avenue
Chicago, Illinois 60602

**Medical and Health
Department of Defense**
Washington, D.C. 20025

American Physiological Society
9650 Rockville, Pike
Bethesda, Maryland 20014

American Psychological Association
1200 Seventh Street, N.W.
Washington, D.C. 20036

American Association for Health, Physical Education and Recreation
1201 Sixteenth Street, N.W.
Washington, D.C. 20036

National Tuberculosis Association
1740 Broadway
New York, New York 10019

Society of Public Health Educators, Inc.
419 Park Avenue South
New York, New York 10016

American Cancer Society
219 East 42nd Street
New York, New York 10017

American Heart Association
44 East 23rd Street
New York, New York 10010

American Society of Biological Chemists
9650 Wisconsin Avenue
Washington, D.C. 20014

National Health Council
1740 Broadway
New York, New York 10019

Association of Medical Illustrators
738 Keystone Avenue
River Forest, Illinois 60305

Medical Library Association
Palmolive Building
919 North Michigan Avenue
Chicago, Illinois 60611

American Psychiatric Association
1700 Eighteenth Street, N.W.
Washington, D.C. 20009

The National Association for Mental Health
10 Columbus Circle
New York, New York 10019

The American Orthoptic Council
3400 Massachusetts Avenue, N.W.
Washington, D.C. 20007

American Orthotics and Prosthetics Association
919 Eighteenth Street, N.W.
Washington, D.C. 20006

American Pharmaceutical Association
2215 Constitution Avenue, N.W.
Washington, D.C. 20037

American Public Health Association
1740 Broadway
New York, New York 10019

U.S. Public Health Service
Public Inquiries Branch
Office of Information
Washington, D.C. 20025

Department of Health,
Education and Welfare
Vocational Rehabilitation
Administration
Washington, D.C. 20201

National Society for Crippled
Children and Adults
2023 West Ogden Avenue
Chicago, Illinois 60612

United Cerebral Palsy
Association
321 West 44 Street
New York, New York 10036

American Veterinary Medical
Association
600 South Michigan Avenue
Chicago, Illinois 60605

Section C. Recommended Reading List.

To obtain additional information on ideas or inspiration about various health careers, the following reading list is recommended for American Indian students:

Becoming A Physician:

Atchley, Dana. Physician:
Healer and Scientist
(Macmillan, 1961).

Gregg, Alan. For Future
Doctors (University of
Chicago Press, 1957).

Bleich, Alan R. Your Career In
Medicine (Messner, 1964).

Medical School Admission
Requirements (Association of
American Medical Colleges,
published annually).

Burke, Betsy. The Life You
Save (McKay, 1962).

Nourse, Alan E. So You Want
to Be a Doctor (Harper &
Brothers, 1957).

Engeman, Jack. Doctor--His
Training and Education
(Lothrop, Lee and Shepard,
1964).

Starrett, Robert S. Find A
Career in Medicine (Putnam,
1960).

Fabricant, Noah D. Why We
Became Doctors (Grune &
Stratton, 1954).

Biographical and Historical:

- Ackerknecht, Edwin H. A Short History of Medicine (New York: Ronald Press, 1955).
- Atkinson, Donald T. Magic, Myth and Medicine (Cleveland, O.: World Publishing Co., 1956).
- Clapesattle, Helen. The Doctors Mayo (University of Minnesota Press, 1941).
- Crowther, J.G. Six Great Doctors: Harvey, Pasteur, Lister, Pavlov, Ross, Fleming (Hamish Hamilton, 1957).
- Cushing, Harvey. The Life of Sir William Osler (The Clarendon Press, 1925).
- Dietz, David. All About Great Medical Discoveries (New York: Random House, Inc., 1959).
- Guthrie, Douglas, M.D. History of Medicine (Philadelphia: J.B. Lippincott Co., 1958).
- King, Lester S., M.D. The Growth of Medical Thought (Chicago, University of Chicago Press, 1963).
- Leff, Samuel and Leff, Vera. From Witchcraft to World Medicine (New York: Macmillan Co., 1957).
- Peabody, Francis W. Doctor And Patient (Macmillan, 1939).
- Rich, Josephine. Doctor Who Saved Babies, Ignaz Philipp Semmelweis (Messner, 1961).
- Riedman, Sarah R. Portraits of Nobel Laureates in Medicine and Physiology (Abelard, 1963).
- Robbin, Irving. Giants of Medicine (Grossett, 1962).
- Shryock, Richard H. The Development of Modern Medicine (Knopf, 1947).
- Silverberg, Robert. Great Doctors (Putnam, 1964).
- Singer, C.J. A Short History of Medicine (Oxford University Press, 1928).
- Zinsser, Hans. Rats, Lice and History (Little-Brown, 1944).

Women in Medicine:

Alsop, Gulielma Fell, History of The Woman's Medical College of Pennsylvania, 1850-1950 (Philadelphia: J.B. Lippincott, 1950).

Baker, Rachel M. The First Woman Doctor: The Story of Elizabeth Blackwell, M.D. (New York: J. Messner, Inc., 1944).

Baker, Sara Josephine. Fighting for Life (New York: Macmillan, 1939).

Barringer, Emily Dunning. Bowery to Bellevue: The Story of New York's First Woman Ambulance Surgeon (New York: Norton, 1950).

Bluemel, Elinor, Florence Sabin, Colorado Woman of the Century (Boulder, Colo.: University of Colorado Press, 1959).

Fleming, Alice. Doctors in Petticoats (Lippincott, 1964).

Lovejoy, Esther C.P. Women Doctors of the World (New York: Macmillan, 1957)

Truax, Rhoda. The Doctors Jacobi (Boston: Little-Brown 1952).

Other:

Allen, Clifford. Planning A Career (New York: McGraw Hill, 1967).

American Hospital Association. Health Careers: Hospital Personnel Director (Chicago: The Association, 1968).

Bonnet, Paul D. Health Manpower Needs and Requirements for Health Service Workers (Washington, D.C.: Government Printing Office, 1967).

Borland, Hal. When The Legends Die

Granning, Harold M. "The Institution Needs of the Health Industry." Public Health Reports, Vol. 84 (April, 1969).

Kadish, Joseph. "Health Manpower Problems and Prospects." New Jersey Public Health News, Vol. 50 (March, 1969).

Miller, Samuel M. Breaking the Credentials Barrier. Presented at the American Orthopsychiatric Association Conference, March 23, 1967. (Available by request from the Ford Foundation Office of Reports in New York City.)

Ross, Arthur and Herbert Hill. Employment, Race, and Poverty (New York: Harcourt, Brace and World, 1967).

United States Department of Health, Education, and Welfare, Public Health Service. Health Resources Statistics: Health Manpower and Health Facilities (Washington, D.C.: Government Printing Office 1968).

For More Information
Write to:

Association of American Indian Physicians, Inc.

1300 McGee Drive
Norman, Oklahoma 73069