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ABSTRACT

This booklet summarizes programs of the Indian Health Service (IHS). The IHS was created in 1954 as part of the Public Health Service when responsibility for American Indian and Alaska Native health care was transferred from the Department of the Interior's Bureau of Indian Affairs to the Department of Health, Education, and Welfare. The goal of the IHS is to raise the health status of American Indians and Alaska Natives to the highest possible level. Since 1955 the average life expectancy for American Indians and Alaska Natives has risen 19%; mortality rate among Indians with tuberculosis has decreased 96%; and infant mortality rates have decreased 85%. These improved health numbers are the result of stronger central program supervision, more qualified staff, and an accelerated public health program, including establishment of public health clinics on all reservations. The booklet describes the following IHS programs: (1) health care programs (preventive health services, emergency medical services, environmental health and engineering services, pharmacy services, contract health services, health education program, community-based programs, alcoholism and substance abuse program, school-based programs, diabetes program, nutrition program, mental health program, community health representative program, dental program, laboratory program); (2) special health concerns and initiatives (AIDS, maternal and child health, otitis media, nursing, aging, health care database management system, physician services); (3) IHS career opportunities and training programs (IHS manpower program, advanced professional and specialty training, Commissioned Officer Student Training and Extern Program); and (4) paraprofessional training (community health aide training, mental health worker training, nutrition and dietetics training, optometric assistant training, dental assistant training). The 12 Area Offices of the IHS health care delivery system are also described. Includes photographs and a national map of IHS health facilities. (TSP)

Comprehensive Health Care Program For American Indians & Alaska Natives

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Indian Health Service
Washington, D.C.

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CONTENTS

Foreword 3

Preface 4

Mission Statement 5

Introduction 6

IHS Accomplishments 8

Brief Chronology of
U.S. Indian Health Care 9

Indian Health Today 12

Health Care Programs 14

Special Health Concerns
and Initiatives 22

IHS Career Opportunities
and Training Programs 27

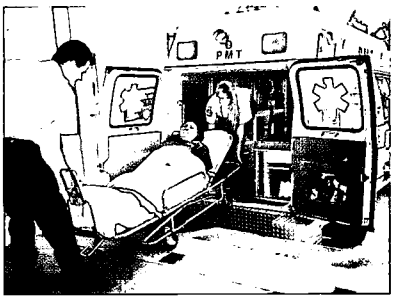
Paraprofessional Training
Opportunities 30

Measuring Progress 32

IHS Health Care
Delivery System 34

Summary 43

9



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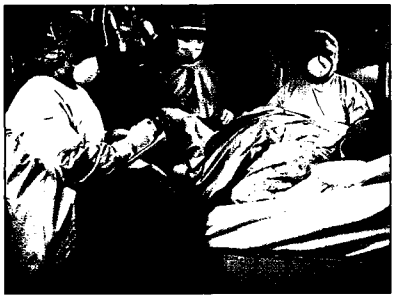

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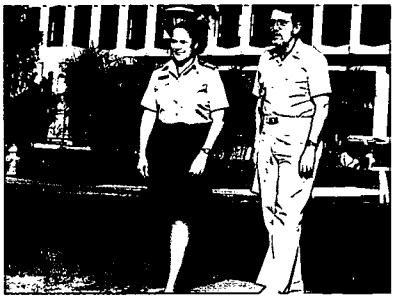

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Foreword

Our goal at the Indian Health Service is to *raise the health status of American Indians and Alaska Natives to the highest possible level.* Since 1955, dedicated staff have been committed to working with federally recognized tribes to translate this broad idea into a reality.

As an organization, the IHS maintains a truly unique health delivery system that provides its customers with wide-ranging medical services. Those services respect and attempt to blend traditional healing beliefs with the latest advances in medical technology. The IHS employees work with more than 547 federally recognized tribes in the delivery of health care to communities that range from Point Barrow, Alaska, to Hollywood, Florida, and from Maine to California. Care is provided in some of the most remote and beautiful locations in the nation, as well as within the metropolitan areas of major cities.

Direct and contract patient care, although a mainstay of our community based primary care system, is only a part of the picture at the IHS. With tribal participation, we also provide environmental planning and maintenance services, build and maintain clean water treatment systems, carry out educational outreach and preventive health programs, and assist in ground-breaking research and application of scientific information. This combination of patient care and preventive health activities has produced unequaled improvements in the health of American Indians and Alaska Natives. A few examples of pioneering achievements include: development and application of advanced life support for trauma victims; development of a world model plague control program, and the introduction of federal health care resource sharing programs.

The unique nature of IHS programs and services make it one of the most dynamic health care organizations anywhere. The IHS network of programs and services is a good example of a national health delivery system where our customers participate and share in the development of strategies to meet their unique health needs and to respond to the new needs and new priorities of a changing external environment. The result has been the establishment of a partnership which is often used as a model by other health care organizations, both in the United States and abroad, and we are proud to be seen as a leader in health care management.

Direct tribal participation in strategic areas of decision-making has been facilitated and expanded through legislative initiatives of Self-Determination.

Dr. Michael H. Trujillo,
Director, Indian Health Service

Tribes have the option of providing all of their health care, only a portion of it, or none at all – electing to have the IHS remain their provider of choice. The number of tribes choosing to deliver their own health care has steadily increased, reaching an unprecedented level. The unique and challenging nature of this exciting endeavor – efficiently moving a large community-based primary health care system into the 21st Century, while maintaining accountability, integrity and customer focus – is unmatched in private sector health organizations. This change must be accomplished so that our customer, the American Indian and Alaska Native, only notices improved quality of care. The needs of our customers and communities are always paramount because they honor us when they come to us for care.

Employees of the IHS possess a wide array of expertise because of the community focus of our primary health care programs and methods we use in patient care, hospital administration, construction programs and administrative support. The collective and individual achievements of our employees are indicative of a successful health delivery system.

The IHS seeks employees that will work hard, as part of a team, to maintain and improve the quality of care for our patients, customers and communities. We would like you to join us as we move forward. I am confident that each day will bring you professional growth, personal satisfaction, and a chance to work with, learn from, and improve the quality of life for America's first citizens.

Preface

The traditional beliefs of American Indian and Alaska Native people regarding wellness, sickness, and treatment are very different from the medical model or public health approach used in training health care providers today. The beliefs, traditions, and customs handed down through many generations played the principal role in the establishment of individual and collective Indian identity. The effectiveness of any health care approach is greatly affected by the inherent beliefs of the patient.

To many in the medical community, the methods and approaches of western medicine conflict with the approaches used by traditional Indian healers. As a result, in many American Indian and Alaska Native communities, a dual health care system exists, sometimes leading to confusion and unsatisfactory results. However, it has been demonstrated that these two philosophies of health care can be successfully integrated in a way that complement each other.

In order to appreciate the differences between western medicine and Indian healing practices, it is helpful to understand Indian culture and traditional ways of life. This consists of gift offerings and sharing one's self, time and energy with the family, clan and tribe. This concept is one of mutual interchange in a supportive environment with a commitment to the traditional beliefs of Indian culture.

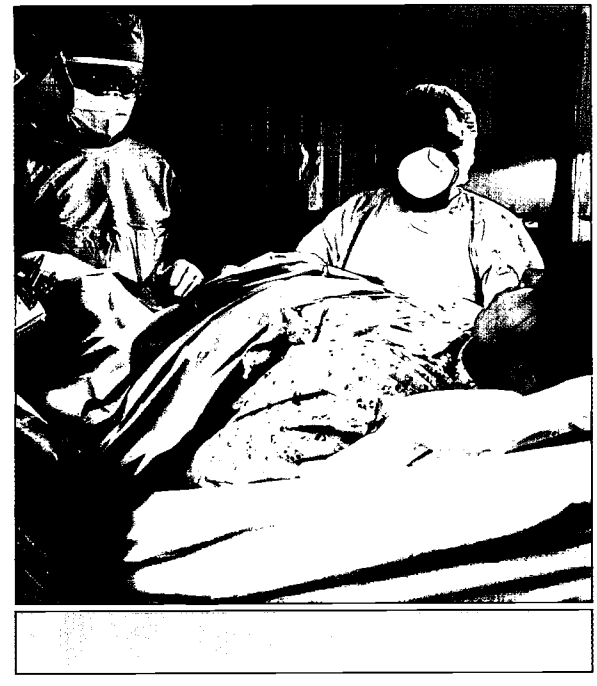
American Indians and Alaska Natives strive for a close integration within the family, clan and tribe and live in harmony with their environment. This occurs simultaneously on physical, mental, and spiritual levels; thus, individual wellness is considered as harmony and balance among mind, body, spirit, and the environment. Medical treatment provided to a person with this wellness belief system requires the consideration and integration of their belief with western medical practice.

The "Circle of Life" or hoop is one of the most meaningful symbols in American Indian life. It symbolizes the continuing circle of life, which includes birth, adolescence, adulthood, elder years, the passing-on, and then rebirth. This concept is an integral part of the symbolism of the Medicine Wheel, which shows the four cardinal directions and totality of creation, which dwells in those regions. The four directions provide a road map for life using traditional Indian beliefs integrated into the understanding and approach by the Indian Health Service (IHS) health care delivery system. The result is respect for a unique cultural belief system in providing quality health care to Indian people.

Mission Statement

The IHS provides a comprehensive health services delivery system for American Indians and Alaska Natives with opportunity for maximum tribal involvement in developing and managing programs to meet health needs. The goal of IHS is to raise the health status of the American Indian and Alaska Native people to the highest possible level.

To carry out its mission and to attain its goal, IHS: (1) assists Indian tribes in developing their health programs through activities such as health management training, technical assistance and human resource development; (2) facilitates and assists Indian tribes in coordinating health planning, in obtaining and utilizing health resources available through federal, State and local programs, in operating comprehensive health care services, and in health program evaluation; (3) provides comprehensive health care services, including hospital and ambulatory medical care, preventive and rehabilitative services, and development of community sanitation facilities; and (4) serves as the principal federal advocate for Indians in the health field to ensure comprehensive health services for American Indian and Alaska Native people.



Introduction

Before Europeans arrived in North America, the original inhabitants — now known as American Indians and Alaska Natives — enjoyed excellent health. It is estimated that at least 10 million Indians once lived and flourished throughout what is now the United States.

Exposure to disease and ecological changes introduced by European explorers took a heavy toll on the Indian population. Despite these negative health changes, American Indians and Alaska Natives have survived, and are today rapidly growing in number, due in part to improvements in the health care they receive. The Indian Health Service is proud in its role as the major federal health care provider to the American Indian and Alaska Native people.

American Indians and Alaska Natives are citizens of both their tribes and of the United States. It is important to remember they have a unique relationship with the federal government. This is based upon more than 350 treaties signed by the United States and Indian tribes between 1784, when the first treaty was signed with the Delaware Nation, and the late 1800s when the last treaty was concluded with the Nez Perce Tribe of Idaho.

Based upon "treaty rights," the federal government has a special "trust responsibility" that entitles Indian people to participate in federal financial programs and other services, such as education and health care. Although all tribes were once sovereign nations, some never signed treaties with the United States. Therefore, not all tribes are federally recognized by Congress and they are not eligible to participate in federal programs, such as those provided by the IHS.

The primary responsibility for administering governmental services rests with the IHS and the Bureau of Indian Affairs (BIA). The IHS was part of the BIA from 1924 until 1955, when it was transferred to the Department of Health, Education and Welfare (DHEW) which is now known as the Department of Health and Human Services (DHHS).

The IHS has a federal trust responsibility to provide health care to members of federally recognized American Indians and Alaska Natives. The majority of these tribes are located in the lower 48 States on Indian reservations and in small rural communities.

A large segment of the IHS client population resides in the State of Alaska in 197 Alaska Native villages. Alaska Native is a term used to describe people of the Athabascan, Tsimpsian, Tlingit, Haida, Eskimo and Aleut descent.

The 1990 census identified over 2 million people of Indian heritage. Approximately 1.34 million of this group qualified for IHS and BIA services as federally recognized American Indians and Alaska Natives.

The majority of the Indian population are members of the more than 545 federally recognized Indian tribes, bands, pueblos and villages. Most of these groups have tribal governments organized under the Indian Reorganization act, Oklahoma Indian Welfare Act and Alaska Native Act, and have adopted written constitutions approved by the Secretary of the Interior.

Many of these tribes also operate traditional governments based on tribal customs rather than written constitutions.

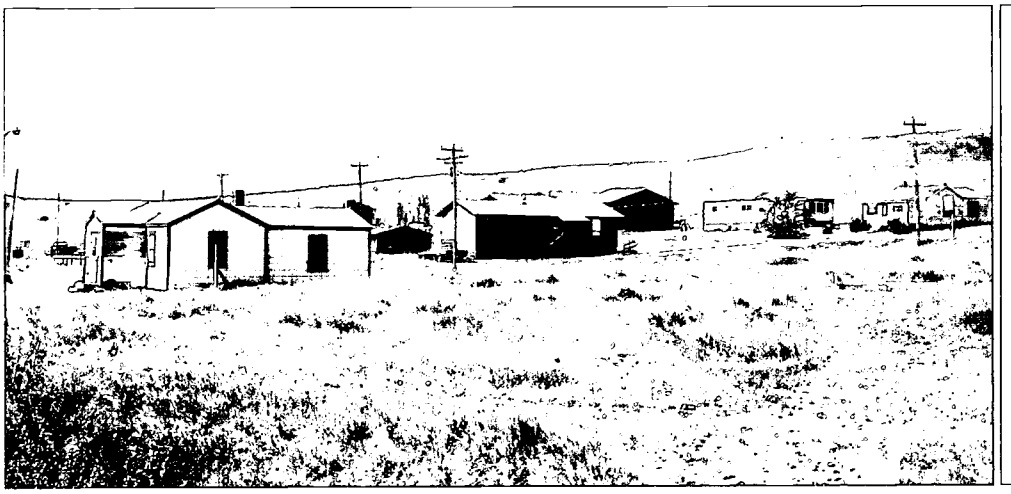
In keeping with the concept of tribal sovereignty, the Indian Self-Determination and Education Assistance Act (Public Law 93-638) of 1975, as amended, builds upon IHS policy by giving tribes the option of staffing and managing IHS programs in their communities, and provides for funding for improvement of tribal capability to contract under the Act. As a result, increasing numbers of American Indian and Alaska Native governments are exercising operational control of hospitals, outpatient facilities, and other health care programs.

The government-to-government relationships between American Indian tribes and Alaska Natives and the IHS requires open consultation, commitment, patience and financial support. The effort to work together to develop regulations has resulted in a level of communication and understanding between the IHS and tribes unparalleled In history.

Although significant gains have been made, the health status of American Indians and Alaska Natives is not equal with the general U.S. population. Poor nutrition coupled with unsafe water supplies, and inadequate waste disposal facilities have resulted in a greater incidence of illness in the Indian population.

Other major health concerns include maternal and child health needs, otitis media and problems associated with aging. Heart disease, alcoholism, mental health, diabetes and accidents are also serious problems for American Indians and Alaska Natives.

Many reservations and Indian communities are located in isolated areas where impassable roads and populations spread over many miles create additional challenges to the IHS commitment to provide quality health care. Transporting Indian patients by airlifts to health care facilities is one way IHS meets the challenge of helping Alaska Natives.



IHS Accomplishments

In its relatively short history, the IHS has contributed to tremendous improvements in the health status of Indians residing in the IHS service areas. Since 1973, infant mortality has decreased by 54 percent, maternal mortality by 65 percent, pneumonia and influenza mortality by 50 percent, tuberculosis mortality by 74 percent, and gastrointestinal mortality by 81 percent. There are obviously many reasons for these improvements. Notable are a dramatic increase in ambulatory medical care services (about a 1200 percent increase in ambulatory visits since 1955), an extensive program of constructing sanitation facilities, and the development of a community-oriented care program.

Working Toward New Improvements

As Indian life expectancy increased (a 12.2-year increase since 1973), so did behavioral risks to health. This is reflected in relatively high mortality rates for the Indian population in comparison to the general population. Currently, the age-adjusted alcoholism death rate for Indians is 440 percent higher than that for the general U.S. population; accidents is 165 percent higher, diabetes mellitus is 154 percent higher, homicide is 50 percent higher, and suicide is 43 percent higher. Significant improvements have been made in all these areas, but there are still significant disparities with the general population.

The top two leading causes of death for the Indian population are greatly influenced by personal behavior -- diseases of the heart and accidents. These are also the two leading causes of death for Indian males. This contrasts with the leading causes for both Indian females and the general population (both sexes) which are diseases of the heart and malignant neoplasms.

Table 1

Comparison of Five Leading Causes of Death, Indians Residing in the IHS Service Area vs U.S. All Races Population (Both Sexes, All Ages)

IHS Service Area Indians (1989-91)	U.S. All Races Population (1990)
1. Diseases of the Heart	1. Diseases of the Heart
2. Accidents and Adverse Effects	2. Malignant Neoplasms
3. Malignant Neoplasms	3. Cerebrovascular Diseases
4. Diabetes Mellitus	4. Accidents and Adverse Effects
5. Chronic Liver Disease and Cirrhosis	5. Chronic Obstructive Pulmonary Diseases

Brief Chronology of U.S. Indian Health Care

Federal health services for Indians began in the early 19th century when U.S. Army physicians took steps to curb smallpox and other contagious diseases among tribes living in the vicinity of military posts. Many of the early Indian treaties signed between tribes and the U.S. government imposed time limits of 5 to 20 years on the provisions of health care. Subsequently, the federal government adopted a policy of continuing services after the original benefit period expired.

When the BIA was transferred from the War Department to the Department of the Interior in 1849, physician services were extended to Indians by the establishment of a corps of civilian field employees. By 1875, almost half the Indian agencies had a physician and, by 1900, the Indian Medical Services employed 83 physicians. Nurses joined the staff in the 1890s and their numbers grew from 8 in 1895 to 25 in 1900, with most assigned to Indian boarding schools.

Beginning in 1891, field matrons were employed to give instruction in sanitation and hygiene to provide emergency nursing services and to prescribe medicine for minor illnesses. Public Health Service nurses eventually took over these activities.

The first federal hospital built to care for American Indian people was constructed in

the 1880s in Oklahoma, representing a commitment to establish hospitals and infirmaries on every reservation and at each boarding school. This was a response to the isolation in which Indians lived, the lack of nearby health care facilities, and home conditions that made prescribing a course of treatment outside a hospital often ineffective and sometimes dangerous to the patient.

Professional medical supervision of health activities for Indians began in 1908 with the establishment of the position of chief medical supervisor. Congress made the first federal appropriation specifically for health services to American Indians and Alaska Natives in 1911, but made no provision for recurring appropriations for that purpose. Individual disease control programs, such as for tuberculosis, and health education activities to support these efforts were also introduced in the early 1900s'.

Dental services began in 1913 with the assignment of five dentists to visit reservations and schools. In 1920 the Secretary of the Interior, himself a physician, successfully urged Congress to legislate a requirement that a senior Public Health Service (PHS) officer be detailed from the PHS to the BIA to advise him on health matters. Faced with the findings of repeated surveys on the alarming state of the health of American Indians and Alaska Natives, Congress, in 1921, passed the Snyder Act, which, for the first time, authorized regular appropriations of funds for "the relief of distress and conservation of health" of American Indians and Alaska Natives. This landmark law resulted in the creation of the BIA Health Division and the appointment of district medical directors. By 1926, medical officers of the PHS were detailed to positions in the Indian Health Program.

Thus, the Snyder Act ensured the continuation and acceleration of improvements that had been progressing slowly for quite some time.

Transfer to PHS

A milestone was reached in 1954 when Congress passed Public Law 83-568, better known as the Transfer Act. This law transferred responsibility for American Indian and Alaska Native health care from the Department of the Interior's BIA to the PHS within the Department of Health, Education and Welfare, now known as the Department of Health and Human Services.

The initial program priorities for the new Division of Health were: (1) to assemble a competent health staff; (2) to establish adequate facilities where services could be provided; (3) to institute extensive curative treatment for the many people who were seriously ill; and (4) to develop and initiate a full scale preventive program aimed at reducing the excessive rates of illness and early deaths from preventable diseases and conditions.

Indian Health Surveys and Reports

Beginning in the early 1900s, the federal government and other research organizations began to conduct health surveys of the American Indian and Alaska Native population. Such surveys prepared the way for future development of federal health programs, and for the eventual

establishment of the IHS. Four such important surveys include the Trachoma Survey, the Meriam Report, the Public Health Service Survey and the Hoover Commission Report.

Congress directed the Public Health Service to conduct the first of these studies, the Trachoma Survey of 1909, in response to numerous reports of an unusually high number of cases of blindness in the American Indian population. The survey contained the first comprehensive data on infectious diseases among American Indians and Alaska Natives, and confirmed a widespread trachoma epidemic and found unusually high concentrations of other infectious diseases such as tuberculosis. The survey report urged improvement of sanitary living conditions, expanded and improved health care, and specific infectious disease control measures.

In the 1920s, mounting concern over the conduct of Indian Affairs resulted in the historic Meriam Report of 1928, which revealed mortality and disease rates exceeding those for the general population. Among the startling findings contained in the report was that one Indian person in 10 had either active or inactive tuberculosis; 29 percent of all American Indian and Alaska Native deaths were from tuberculosis; and 37 percent of all American Indian deaths were children under 3 years of age. The report recommended stronger central health program supervision, more qualified staff, and an accelerated public health program, including the establishment of public health clinics on all reservations.

Indian Health Today

According to the 1990 U.S. Census Bureau, the American Indian and Alaska Native population is young and growing rapidly. The median age for Indians in the reservation states was 22.6 compared to 30.0 for the general population. The IHS service population reflects these trends with 32 percent of patients served under the age of 15 and the service population growing at the rate of 2.7 percent per year.

In addition, the 1990 U.S. Census Bureau reports that reservation-based populations have fewer economic and educational opportunities than the rest of U.S. society. The median annual family income for Indians on reservations or tribal lands was about $13,700. Among the general population, the median family income was $19,000 with only 12.4 percent of the general population below the poverty level.

The 34 States that contain Indian reservations or Alaska Native entities are identified alphabetically in Table 2.

IHS Team Approach

Virtually every discipline involved in the provision of health care, social services and environmental health is represented on the IHS team. The professionals providing care in the many health facilities throughout the country are supported by a wide variety of IHS programs and special initiatives.

Table 2

THE 34 RESERVATION STATES AS OF APRIL 1994

1. Alabama
2. Alaska
3. Arizona
4. California
5. Colorado
6. Connecticut
7. Florida
8. Idaho
9. Iowa
10. Kansas
11. Louisiana
12. Maine
13. Massachusetts
14. Michigan
15. Minnesota
16. Mississippi
17. Montana
18. Nebraska
19. Nevada
20. New Mexico
21. New York
22. North Carolina
23. North Dakota
24. Oklahoma
25. Oregon
26. Pennsylvania
27. Rhode Island
28. South Carolina
29. South Dakota
30. Texas
31. Utah
32. Washington
33. Wisconsin
34. Wyoming

**** A State is considered a "Reservation State" if IHS has responsibilities within the State.***

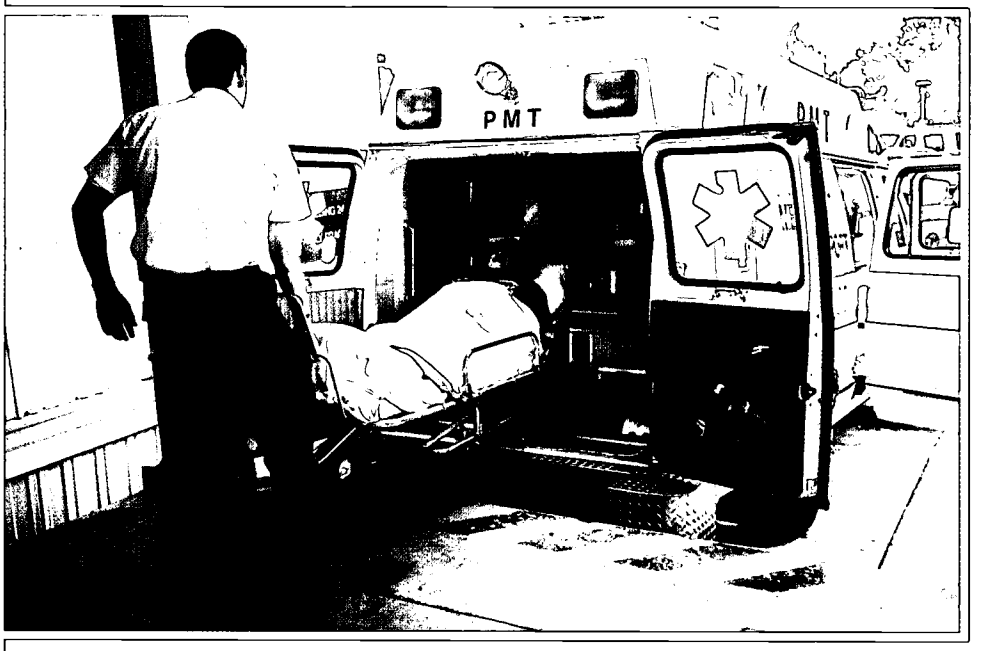
The focus of the IHS program is on the welfare of American Indian and Alaska Native communities. Paramount to the success of this program is the active involvement of the community members themselves — not only in terms of their participation in preventive medicine programs, but also in terms of their role in strengthening tribal management and operation of health care programs.

To the extent of the resources available, American Indians and Alaska Natives served by the IHS receive a full range of preventive, primary medical care (hospital and ambulatory care), community health, alcoholism programs and rehabilitative services. Secondary medical care, highly specialized medical services, and other rehabilitative care is provided either by IHS staff or by non-IHS health providers under contract.

A system of inpatient and ambulatory care facilities operating on Indian reservations and in Indian and Alaska Native communities includes 41 IHS hospitals ranging in size from 11 to 170 beds per hospital. This includes medical centers in Phoenix, Arizona; Gallup, New Mexico; and Anchorage, Alaska.

In locations where the IHS does not have its own facilities, or is not equipped to provide a needed service, the IHS contracts with local hospitals, State and local health agencies, tribal health institutions and individual health care providers.

The IHS Service Unit clinical staff includes all major health disciplines such as physicians, dentists, nurses, pharmacists, therapists, dietitians, laboratory and radiology technicians, and medical and dental assistants. Community health medics (IHS-trained physician assistants), nurse practitioners and nurse-midwives complete this clinical health care team.



Health Care Programs

Preventive Health Services

Preventive services designed to improve American Indian and Alaska Native health and reduce the need for acute medical care include prenatal, postnatal and well-baby care, family planning, dental health, nutrition, immunization, environmental health and health education. These services are provided by clinical staff at IHS and tribal facilities and by community health personnel working directly with the Indian community. Others include preventive care programs, community health nursing, mental health, and medical social work.

Emergency Medical Services

Key to the IHS emergency medical services is the "first responder" concept, which relies upon a trained individual such as a community health representative (CHR) or police officer who can respond to a crisis within 15 minutes and communicate via a radio to the next level of medical care. Because of the remote locations common on American Indian and Alaska Native reservations, ambulance response (ground to air) may take hours. Tribes have taken the initiative in providing ambulance services, with some 75 tribes operating 150 vehicles and with more than 500 trained Emergency Medical Technicians staffing the vehicles.

Environmental Health and Engineering Services

Environmental health services are a critical part of IHS preventive care programs. These programs address environmental conditions in American Indian and Alaska Native homes and communities that contribute to high morbidity and mortality among the Indian people. The environment, which includes the home, community, and workplace, as well as the natural surroundings, is recognized as a vital factor in a person's overall health and well-being.

Activities include environmental planning, food protection, occupational health and safety, injury prevention, pollution control, control of insects and other transmitters of pathogens, and institutional environmental health in reservation areas. Staff members include environmental engineers, sanitarians, environmental health and engineering technicians, and injury-prevention specialists. Typically, environmental health program activities include the following: (1) identifying and recommending remedies for the causes of injury; (2) evaluating changing environmental conditions and subsequent planning with tribal officials for the development of comprehensive environmental health programs; (3) investigating communicable disease outbreaks and initiating corrective environmental health control measures; (4) providing technical assistance and training to communities in the operation and maintenance of water supply and waste disposal facilities; (5) evaluating institutional facilities to make recommendations to the operators so that they may maintain healthful environments; (6) coordinating with the Environmental Protection Agency in such environmental health activities as training, emergency response, grants to tribes, and technical assistance in the administration of tribal sanitation facilities; (7) assisting tribes in the development and adoption of sanitary ordinances and codes; and (8) alleviating crowded, substandard housing, unsafe water supplies and inadequate waste disposal facilities.

Since 1959, IHS has initiated more than 4,000 projects to provide sanitation facilities for American Indian and Alaska Native homes and communities. To date, 196,000 Indian residences have received running water and a means for safe waste disposal. Much of this work has been done under cooperative agreements with the BIA, the Department of Housing and Urban Development, Indian housing authorities and tribes. Other IHS projects in this specialized service area include

engineering surveys, emergency facilities construction, and technical assistance and training for tribal employees and individual homeowners in the use, care and maintenance of these facilities. Indian tribes have participated by contributing labor, materials and funds.

Pharmacy Services

Comprehensive and patient-oriented pharmacy services are provided at both IHS and tribally operated facilities. Pharmacists work closely with other health care providers in the selection, use and dosage of medications and in some instances, provide primary care to outpatients. Patient consultation programs developed in the IHS are used throughout the profession.

Computers are used in many pharmacy functions. Drug information and therapeutic drug monitoring services are provided in both the inpatient and outpatient settings. Inpatient services include the preparation of intravenous additives, unit dose, pharmacokinetic and other clinical services. American Indians and Alaska Natives receive on-the-job pharmacy technician training to provide inpatient and outpatient assistance and also to serve as interpreters as needed. IHS pharmacists also train local high school students and serve as preceptors for pharmacy students and residents.

Contract Health Services

Besides the direct health services provided within IHS facilities, IHS also purchases Contract Health Services (CHS) from the private sector, such as in a physician's office or in a private hospital. CHS funds help pay for care when other sources of funding are not available, or supplements other alternate resources (such as private health insurance). In general, the CHS program may pay for physician and other health professional services, inpatient and outpatient hospital services, patient and escort travel, and other health care support services. However, IHS funds may not be available to pay for all CHS referrals. American Indians and Alaska Natives are generally referred for CHS by the IHS physician, except when extreme emergency treatment is required. Referrals for CHS are based on a system of medical care priorities, and are available for only those patients who meet eligibility requirements for participation in CHS.

Health Education Program

The goal of the IHS Health Education Program is to assist American Indian and Alaska Native people to adopt health-promoting lifestyles; to select and use

health care resources, products, and services wisely; to influence policy and planning on health care issues and larger environmental matters that affect health; and to involve other agencies that have the potential to improve health. The program is designed to help the Indian community better understand the nature of disease and how lifestyles and behaviors can reduce diseases and injuries. These goals are attained through community service, school health services, patient and staff support services, and tribal health program development. Other activities are provided by American Indian tribes and Alaska Native corporations through contracts with the IHS.

Community-Based Programs

The IHS health delivery system is designed around the principles of public health combined with traditional medical practice. This combination leads to a style of practice characterized as community-oriented primary care (COPC), an approach that gives American Indians and Alaska Natives direct access to primary care. It also generates information useful to health care providers in determining which health issues should be targeted.

The COPC mandates that primary care be tailored to the unique requirements of a demographically and geographically defined community, and the provision of information and resources to communities so they can determine how resources are allocated. IHS also is developing a national database that will be accessible to all tribes and tribal communities.

Alcoholism and Substance Abuse Program

The IHS has identified alcohol and substance abuse as the most significant health problem affecting American Indian and Alaska Native communities. In addition to the cultural and social devastation it causes, alcohol contributes to a number of physical disabilities treated by IHS that drain medical care resources. In response, the IHS has initiated a number of programs to provide treatment and prevention services. It is widely believed that few Indian families remain unaffected either directly or indirectly by alcohol abuse. Current data indicates that 4 of the top 10 causes of death among Indians are alcohol-related: accidents, cirrhosis of the liver, suicide, and homicide.

Presently, the IHS is funding over 200 American Indian and Alaska Native alcoholism programs serving Indian reservations and urban communities. Together with other federal entities, tribal communities and leadership, IHS is developing an effective and permanent alcoholism/substance abuse prevention program. Although alcoholism is a grave issue, Indian people are demonstrating their resolve to address the issue of alcohol abuse in their communities.

The Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 authorized IHS to develop one youth regional treatment center within each IHS Area. These centers are major resources for youth in need of treatment of alcoholism and other substance abuse.

School-Based Programs

Schools attended by American Indian and Alaska Native children are important focal points of the IHS, and for the Alcohol and Other Drug Abuse (AODA) prevention strategies involving teachers, teachers' aides, students, parents and counselors. Student and parent school-based groups formed as a result of AODA prevention programs include Students Against Drunk Driving, Chemical People, Mothers Against Drunk Driving and peer counseling groups.

They combine traditional counseling with cultural support, Alcoholics Anonymous and Narcotics Anonymous groups, recreational and/or therapeutic activities, and family support. Each center works closely with its community in planning for admission, discharge and aftercare.

Diabetes Program

Diabetes is a significant cause of death among adult patients at IHS facilities. Throughout the IHS health care service areas, programs are being developed to help patients better understand and deal with diabetes and to learn the special care and nutrition requirements of the disease. The diabetes program staff coordinates the activities of 12 model centers of excellence around the country that develop educational approaches and recommend improvements. Because diabetes is so prevalent in American Indian and Alaska Native communities, coordinators provide surveillance and training in diabetes care for clinicians and evaluate control efforts from a public health perspective. Indian health providers help patients make lifestyle changes to control diabetes. As always, IHS works to adapt its health plan to relate to the cultural and linguistic needs of its patients.

Nutrition Program

Nutritional factors contribute to some of the leading causes of death of American Indians and Alaska Natives — heart disease, cancer, cirrhosis, and diabetes add to the prevalence of obesity, hypertension and dental problems. At greatest nutritional risk are infants, preschool children, adolescents, pregnant and lactating women, and the chronically ill. Nutritional care is an integral part of health service delivery. IHS integrates its nutrition program into all preventive, therapeutic and rehabilitative programs. IHS also conducts nutrition services research and coordinates with other social, educational and food-assistance programs to ensure nutritional services are consistent with the cultural needs of American Indian and Alaska Native communities.

IHS places emphasis on incorporating nutrition education into every available health, social and education service and food assistance program.

Mental Health Program

Throughout our nation's history, American Indian and Alaska natives have experienced conflicts between their traditional cultures and the demands of modern society. This struggle has contributed greatly to an increase in mental health problems. Symptomatic of this struggle is an alarming increase in the suicide rate, which is two to three times that of the rest of U.S. society. Alcoholism, violence, homicide and family distress are all side effects of the frustration, depression,

low self-esteem and feelings of hopelessness prevalent in many Indian communities.

The IHS mental health program incorporates two important efforts: first, to understand Indian people and their way of life, ideas and language; and, second, to encourage the active involvement of Indian people in their health care program.

The IHS and tribal mental health programs are actively involved in providing culturally relevant care for persons and families experiencing emotional distress. Most persons are treated as outpatients. Inpatient services are arranged by contract. Prevention programs include working with communities to build mentally healthy environments and combat individual self-destructive behaviors. As additional resources become available, the mental health program intends to intensify its child-family-community treatment and prevention programs by working closely with other disciplines, improving recruitment and retention of mental health treatment staff, and increasing mental health training and research.

Community Health Representative Program

The community health representative (CHR) program, initiated by IHS in 1968, is a unique concept for providing health care, health promotion and disease prevention services. CHRs are American Indians and Alaska Natives specially trained through IHS, but employed and supervised by their tribes and communities. They are paraprofessional health care providers who are completely familiar with the dialects and the unique cultural and social aspects of their people's lives.

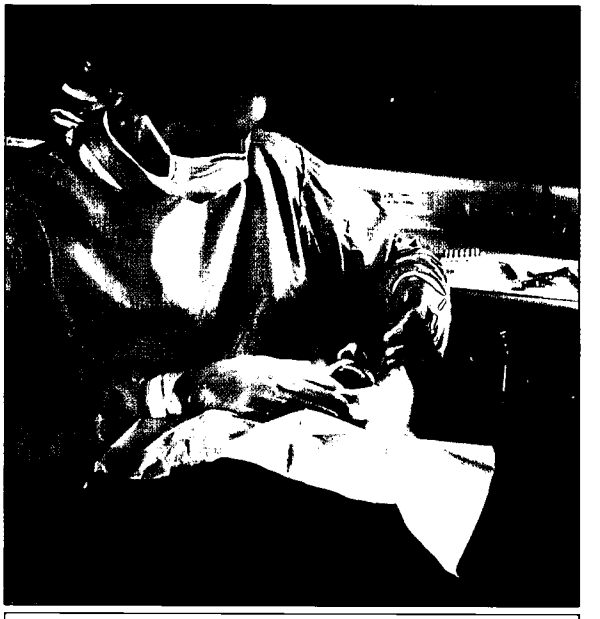
Deeply involved in promoting health and preventing disease within their own communities, CHRs provide early intervention and case findings that result in patients receiving care earlier in the course of their illnesses. In less serious cases, direct primary care and follow-up services are provided by the CHR in the patients' homes. The CHRs often work long hours and serve their communities on a 24-hour basis.

CHRs receive training in basic health skills, health and disease, home nursing, emergency medical services, nutrition, environmental health and how to educate others about health matters. Training includes the principles of communication, group organization and planning. It is conducted in classrooms and through field experience under the supervision of medical and health professionals.

The CHR program often serves as the primary avenue through which American Indians and Alaska Natives gain access to the direct health care system provided by IHS. Perhaps more importantly, it is also an invaluable means through which health practitioners and others gain access to tribal communities.

Today, more than 1,400 CHRs are serving more than 250 tribes in more than 400 rural communities. These individual CHR programs are community-based with well trained, medically guided health care providers who are respected leaders in their communities.

What is perhaps most significant about the CHR programs is that they represent the first time in history that tribes have managed their own health programs, setting their own priorities through contractual agreements with IHS. In 1988, the Indian Health Care Improvement Act amendments recognized the CHR program as an integral part of the IHS health care delivery system. It remains a prime example of Indian self-determination, embodying all the precepts and managerial goals of the self-determination principle.



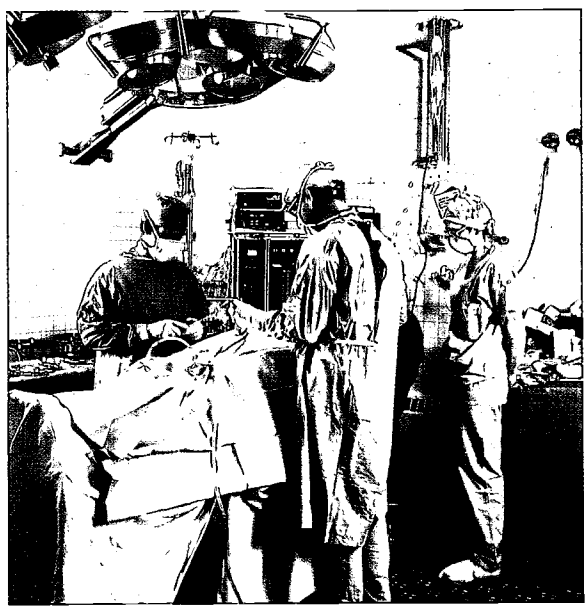
Dental Program

Dental disease is more prevalent among American Indians and Alaska Natives than among the U.S. population as a whole. The IHS dental program places priority on providing preventive and corrective dental care to prevent disease and reduce tooth loss. It has evolved from an emergency care program staffed by itinerant dentists into an interdisciplinary community-oriented program carried out in more than 250 locations within IHS and tribal hospitals, health centers and other fixed facilities, as well as at almost 200 field locations and in 26 mobile dental sites throughout the United States. In isolated areas of Alaska, IHS dental teams with portable equipment often travel by aircraft or boat.

Effective cavity prevention measures, such as water fluoridation, are encouraged. IHS dental health staff work closely with IHS environmental health personnel and tribal workers to ensure that fluoridation equipment is installed in Indian community water supplies.

Many tribes have set up injury prevention programs in which specially trained CHRs take a leading role in reducing the causes of injuries. Community alcoholism programs also play a role in calling attention to the high rate of injuries among American

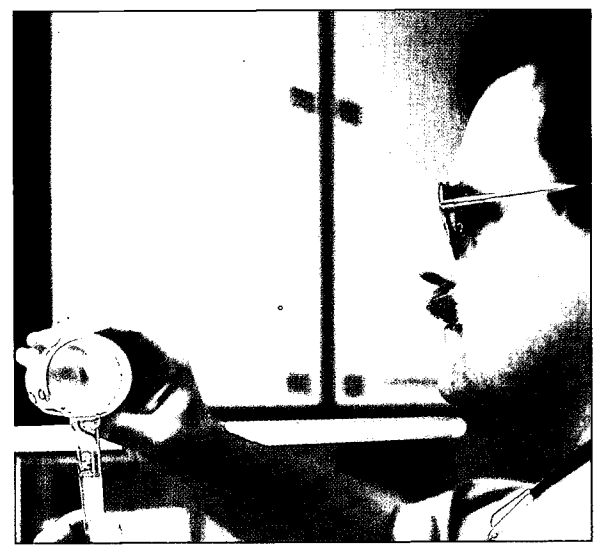
Indians and Alaska Natives. The second leading cause of death among American Indians and Alaska Natives is injuries due to accidents. In the 3-year period, 1986 to 1988, a total of 21,943 American Indians and Alaska Natives died, with 3,533 (or 16.1 percent) from injury due to accidents and accidental poisonings. The 1988 age-adjusted death rate for accidents from all causes and for motor vehicle accidents, respectively, among American Indians and Alaska Natives, was 2.3 times that for all other U.S. races. Injuries are also the second leading cause of hospitalization for general medical and surgical patients in IHS and contract hospitals, accounting for 50,000 hospital days and nearly 300,000 outpatient visits in FY 1988. To combat this problem, IHS environmental health staff are working with other health disciplines and the tribes to develop community injury prevention and control teams to train and offer guidance on home and community safety.

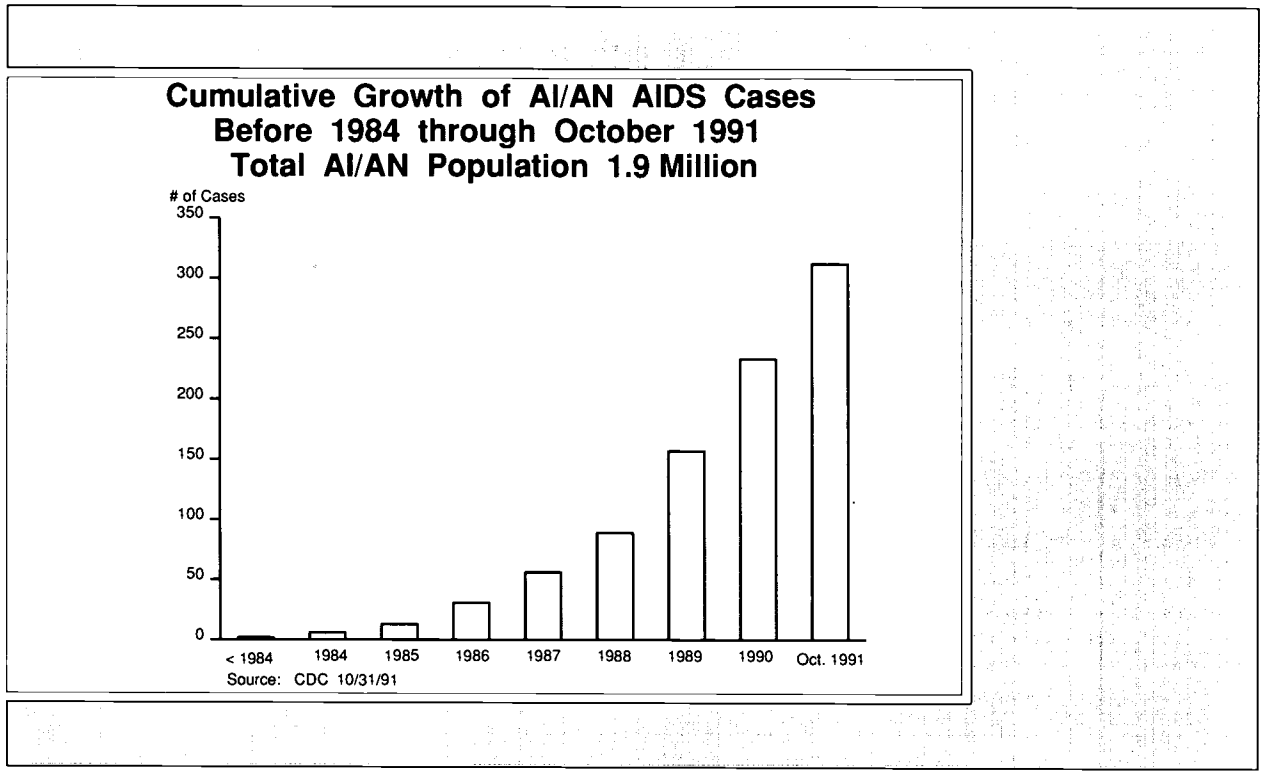


Laboratory Program

The IHS operates fully accredited hospital and clinic laboratories with state-of-the-art instruments and equipment staffed by certified technologists and technicians. Advanced technologies and capabilities have increased the IHS laboratory program's effectiveness in early diagnosis and preventing secondary development of unrelated disease. IHS clinical laboratories perform approximately 15 million laboratory tests annually from simple screening tests to complex procedures for detecting and monitoring such diseases as diabetes, heart disease and cancer.

In addition, the IHS laboratory program provides the following: (1) home-testing quality assurance programs; (2) health promotion/disease prevention health screening programs; (3) regional consultants/international consultation services; (4) reference laboratory services; and (5) proficiency testing programs.





Special Health Concerns and Initiatives

Acquired Immune Deficiency Syndrome Initiative

IHS has developed a comprehensive acquired immune deficiency syndrome (AIDS) initiative in response to the potential risk of a human immunodeficiency virus (HIV) epidemic among American Indians and Alaska Natives. This initiative began in 1987 with the establishment of AIDS-related performance standards for resource identification, disease reporting, seroprevalence testing, patient surveys, public information, health education, risk reduction, patient counseling and clinical care.

During FY 1988, specific AIDS prevention plans were developed for the 12 IHS areas with funding from the Centers for Disease Control (CDC) and from other IHS program resources. Additionally, IHS expanded training of HIV patient educators and counselors and started dozens of local health facilities and community-based AIDS education and intervention programs. These included seminars designed to prepare joint IHS-BIA teams to teach AIDS prevention to an estimated 40,000 school children.

The IHS, along with CDC, also has begun a national Blinded Seroprevalence Program to determine the extent of HIV infection in American Indian and Alaska Native communities.

Maternal and Child Heath

The family is recognized as the traditional and most important basic social unit in American Indian and Alaska Native communities. The IHS is very sensitive to the communities' family-oriented cultural beliefs and practices.

The IHS approach is to promote family-centered care in all IHS facilities providing maternal and child health (MCH) services. High rates of infant morbidity and post-neonatal mortality are being met with an emphasis on early and adequate prenatal care for all pregnant women and continued post-partum care and well-child care. Pre- and post-natal health education activities that assist the mother to develop good parenting skills are also provided during well-child and acute care visits to help parents better understand normal growth and development and to recognize and manage common childhood illnesses. Creative and collaborative MCH programs meet the unique health needs of American Indian and Alaska Native children and their families. Particular emphasis is focused on partnership efforts with tribal health organizations to provide accessible and acceptable MCH services to women of childbearing age and to infants and children. High teen pregnancy rates and mortality due to accidents are special challenges to IHS. Also, the complex needs of abused and neglected children demand increasing interagency cooperation.

In addition, MCH programs include comprehensive family planning services to protect the health of women and to promote a happy and healthy family environment, and programs for early detection of cervical and breast cancer.

Otitis Media

Otitis media is a disease of the middle ear that may cause hearing loss and was once even more of a health problem to Indian people than tuberculosis. However, as a result of otitis media programs the IHS established in 1971, the incidence of chronic otitis media has been reduced to a level equal to or fewer than the rate observed in the U.S. non-Indian population. This reduction resulted from expanded preventive efforts, increased case-finding and treatment of acute cases, intensified treatment of chronic patients and expanded rehabilitative measures.

At selected IHS facilities, communication disorders such as speech and language deficiencies are treated. Special clinics have been established to care for children with disfigured faces, learning disabilities, deafness and related health problems. A program providing hearing aids has helped patients of all ages regain lost communication and social abilities.

Nursing

Nursing has been an integral part of IHS health care for more than a century, growing from a core of eight nurses in 1895 to 2,500 nurses today. Initially assigned solely to Indian boarding schools, IHS nurses today represent the backbone of the IHS health care team.

The primary focus of inpatient nursing is the development and delivery of a system of comprehensive nursing practice within the hospital setting. It is accomplished through the systematic application of the nursing process; patient assessment establishing a nursing diagnosis; developing and implementing a plan of care that coordinates and complements the medical plan; and finally, evaluating the plan's effectiveness. Although each nurse is well trained in medical procedures, just as important to the well-being of IHS patients is identifying and meeting the holistic needs of the client and family.

Ambulatory care nursing is one of the fastest growing services in IHS. The primary focus of ambulatory care nursing is to provide both comprehensive care and education to the client and family through a system known as "industrial-strength triage." This is a system of advanced visit planning in which a more comprehensive assessment of client needs is made by the nurse with emphasis placed on treating the whole person and being sensitive to the needs and concerns of the family. Particular attention is paid to their need for medical education and training associated with the particular condition of the patient. Continuity of care is accomplished by coordinating inpatient and community health programs with community resources for preventing illness and maintaining health.

Public health nursing provides therapeutic, counseling, education and advocacy services. IHS public health nurses are involved in planning, implementing and coordinating community programs and services. They assess health needs of the individual, the family and the community by evaluating health practices and providing primary health care.

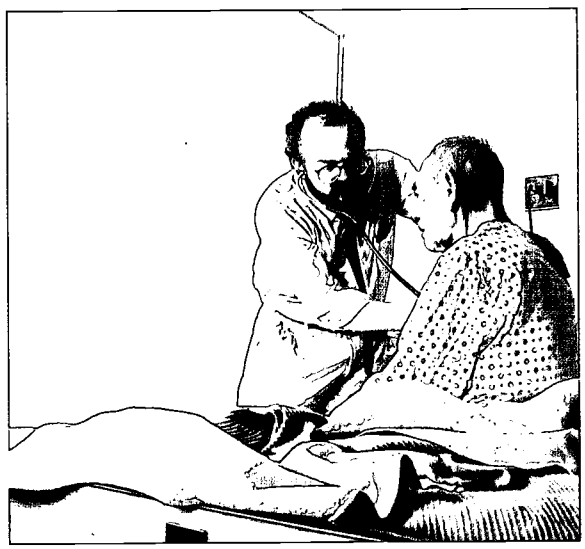
Nurses also help prevent complications of pregnancy and improve the general health status of expectant American Indian and Alaska Native mothers and their infants by encouraging and providing early prenatal care. They are responsible for reducing morbidity and mortality of infants in high-risk families by providing early visits to the newborns in their homes.

IHS public health nurses also investigate the causes of communicable diseases through home visits. They strengthen health teaching in the home, the community and the clinical setting, provide counseling and guidance in healthy living to teenagers and young adults, and immunize infants and children against infectious diseases.

IHS also provides a program that enables currently employed American Indian and Alaska Native nurses to seek additional nursing education through the Nurse Education Center for Indians (NECI). American Indian and Alaska Native licensed practical nurses can become registered nurses with an associate or baccalaureate degree through NECI, and each year a limited number of opportunities are available for graduate study.

Aging

As more Indians live longer, IHS has expanded services in areas of primary concern to the elderly, such as diabetes and arthritis. The number of American Indians and Alaska Natives 45 years and older has increased during the last decade largely because of improved nutrition and health care and some lifestyle changes. This increase in the older population has created a greater demand for health and social services for the ambulatory, home-bound and institutionalized aging Indian community.



Health Care Database Management System

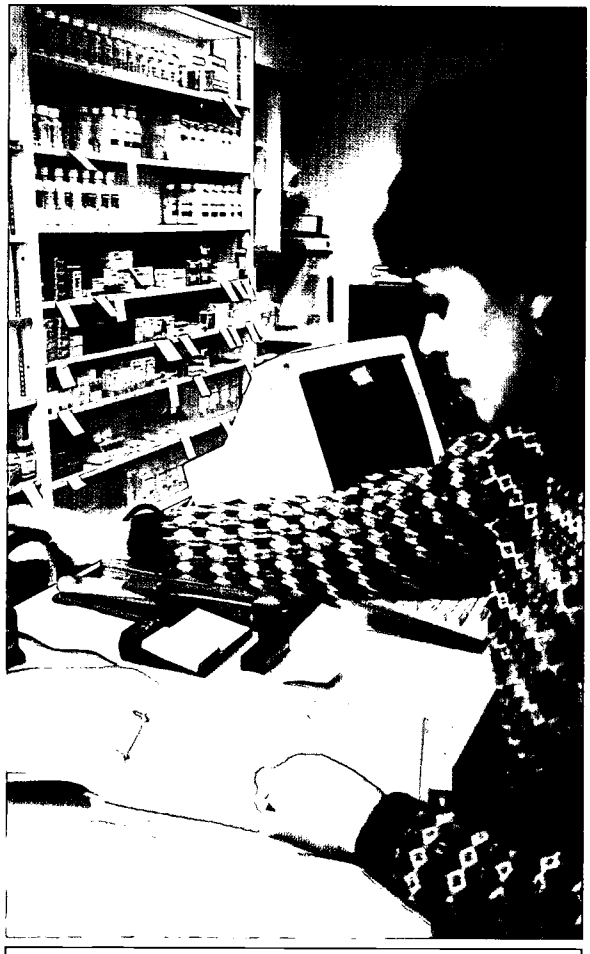
American Indian and Alaska Native people are increasingly mobile, this makes the crucial job of accurate record keeping especially difficult. While providing health care to American Indians and Alaska Natives, it is possible to gather an extensive health database on this diverse population and to follow individual members' medical histories throughout the course of their lives. Such a database has broad ramifications for improving individual day-to-day health care and enables IHS and tribal health care administrators and planners to identify particular problems facing the service population. Once needs and problems are identified, plans and actions can be formulated and implemented.

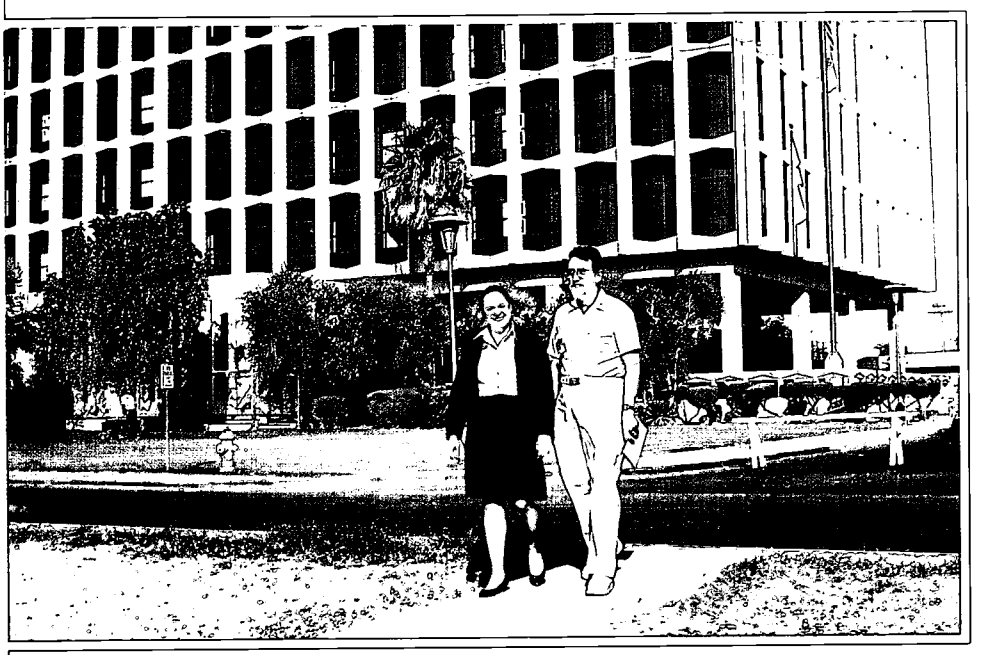
IHS has developed a state-of-the-art information system called the Resource and Patient Management System (RPMS) in which data are entered on computers located at 200 IHS and tribal health facilities throughout the continental United States and Alaska. Statistical reports are generated at the IHS Data Center located in Albuquerque, New Mexico. A key element of the RPMS is the Patient Care Component (PCC), which provides for the confidential collection, storage and output of a broad range of health data resulting from inpatient, outpatient and field services. Among the applications authorized for use at IHS facilities are patient registration and administration, pharmacy, immunization tracking, dental services, clinic scheduling, contract health services and quality assurance. It is a major input point for data to support health care delivery, planning, management and research.

Physician Services

Within the IHS, physicians have the opportunity to work in a variety of settings, from remote one-person stations to multi-disciplinary medical centers. Over 900 medical and osteopathic IHS physicians are involved in providing direct care outpatient, inpatient, and emergency room services to American Indian and Alaska Native patients of all ages. The specialty areas most often encountered in the IHS are family practice, internal medicine, pediatrics, obstetrics and gynecology, and general surgery. In larger IHS facilities, one can also find ear, nose and throat specialists, orthopedic surgeons, radiologists and ophthalmologists. The majority of IHS physicians are board certified or board eligible.

The wide diversity of clinical practice experiences presents a unique challenge to the skills of any physician. In addition to providing direct patient care, IHS physicians have responsibilities in health care management, quality assurance, coordinating care, and hospital administration. There are numerous opportunities for community involvement.





IHS Career Opportunities and Training Programs

Recruitment and career development are two means by which IHS brings into the service the many skills needed to accomplish its health care goals. Through staff education, training and structured assignments, IHS employees improve professional management and develop skills to meet the special needs of the Indian community. This also generates greater career potential for IHS employees and enhances their ability to promote Indian participation in IHS health programs. Training is also available to American Indian and Alaska Native advisory board members, tribal and corporation health program management staff, and health service workers.

The IHS offers a wide variety of career opportunities under the federal Civil Service and U.S. Public Health Service Commissioned Corps personnel system. Opportunities always exist for physicians, dentists, nurses and other health professionals to select a location to practice.

IHS success has come through the hard work of many dedicated practitioners from a variety of fields attracted by the opportunity to use their skills to make a profound difference in the lives of their patients and the communities where their patients live.

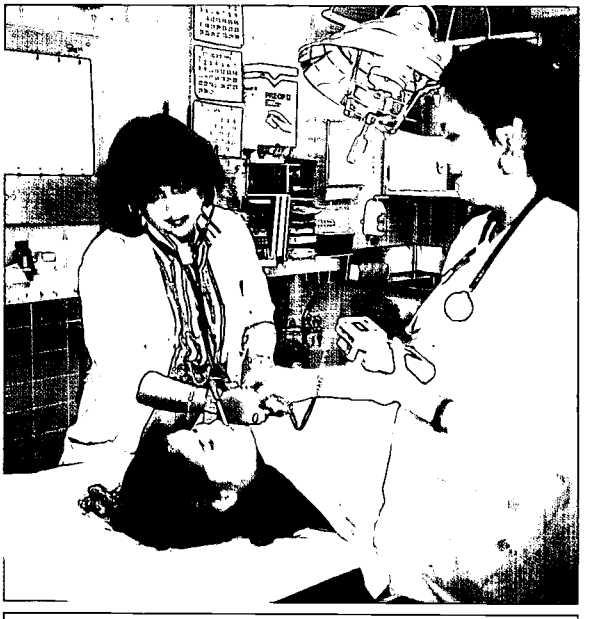
Attracting a new generation of health professionals (including doctors, nurses, dentists, pharmacists, environmental health specialists, and others) will be the keystone to IHS success in the future. Crucial to this effort is renewed outreach to the students in the nation's health professional schools to acquaint them with the unique challenges and satisfactions inherent in serving with IHS and continued effort to encourage entry of American Indian and Alaska Native students into health care disciplines.

A policy of Indian preference is followed in recruitment and career development training. At present, more than half of the IHS staff is of American Indian or Alaska Native descent.

IHS Manpower Program

Title I of the Indian Health Care Improvement Act, Public Law 94-437, and the amendments of 1980 and 1988 provide for the establishment of a health work force scholarship program designed to meet the health professional staffing needs of the IHS. Section 101 states the long range objective: The purpose of Title I is to augment the inadequate number of health professionals serving Indians and remove the multiple barriers to the entrance of health professionals into the IHS.

This program provides $13.0 million annually to award scholarships that fund pre-professional and professional level training to American Indian and Alaska Native students seeking higher education degrees in medicine, nursing, social work, pharmacy, medical technology, nutrition, medical records, health administration and many other fields. Each year, more than 100 new scholarship recipients are selected for health profession training in this competitive program. In FY 1990,105 students were funded under the authority of the Health Professions Preparatory Scholarship Program. In addition, 67 students were funded under the authority of the Health Professions Pre-graduate Program. A total of 96 students graduated from health professions schools in 1990. These students are now working for the IHS and continuing in post-graduate programs or are working in other Indian health programs.



Advanced Professional and Speciality Training

Opportunities for training and career development are numerous and include advanced training in public health for physicians, nurses, dentists and others; physician residency training in specialties needed by the IHS; a dental residency program; a pharmacy residency program; internship; and nurse anesthetist training. A special program provides training for American Indian and Alaska Native nurses to prepare them for advanced degree studies.

IHS also provides considerable on-site continuing professional education. Many professionals are able to attend continuing education courses away from their duty stations at IHS expense or while on official leave. Limited long-term training opportunities are also available for those who wish to pursue an advanced degree that would enhance their contribution to the IHS mission. Those selected as long-term trainees are assigned full-time as students at an academic institution at full salary with all educational tuition and fees paid.

IHS sponsors a state-of-the-art Indian injury prevention specialist fellowship. Key IHS and tribal health professionals are given an intensive one-year accelerated training program in the causes of injury, preventive strategies and evaluation methodologies. Annual continuing education programs are offered to fellowship graduates. In addition, IHS sponsors an in-house institutional environmental health residency for a selected group of environmental health officers. After an extensive one-year training period, these health professionals staff positions at major IHS medical centers and Area Offices to direct the institutional environmental health activities.

Commissioned Officer Student Training and Extern Program

IHS offers medical students and residents the opportunity to perform clinical rotations at most facilities. Other health professional students may participate in the Commissioned Officer Student Training and Extern Program (COSTEP), the IHS Extern Program, or other special student programs. COSTEP offers health profession students, including engineers and sanitarians, an opportunity to gain experience within the health program environment. Students are commissioned as reserve officers in the PHS Commissioned Corps and are called to active duty during free periods in their academic year. These officers may serve in any of the IHS facilities or programs. Many students who participate in this program subsequently enter career service in the PHS.

Paraprofessional Training Opportunities

Allied and auxiliary health personnel of IHS, tribes and native corporations are vital resources in the provision of health care for American Indians and Alaska Natives. By supplementing the work of health professionals, these paraprofessionals make health services more accessible and comprehensive, strengthen continuity and increase American Indian and Alaska Native involvement in health activities. Among the careers for which training is available are community health representative, community health aide, health records technician, dental assistant, optometric assistant, mental health worker, medical social work associate, food service supervisor and nutrition aide. On-the-job training is provided for nursing assistants, optometric assistants, pharmacy technicians, mental health workers, medical social work associates, food service supervisors and nutrition aides. On-the-job training is also provided for nursing assistants, food service workers and medical records clerks.

Community Health Aide Training

The Community Health Aide Training Program was developed in Alaska to train selected village residents in primary health care. Remote villages depend on the community health aide, or CHA, for first-line primary health care and as the initial responder for emergency care. A wide

range of preventive health services provided by the CHA are coordinated with native health corporations, the State and IHS health care programs. Professional support and collaboration are provided by the physicians in various Alaska Area Native Health Service Units and native corporation-administered hospitals. More than 400 CHAs in 200 villages have been trained to provide these valuable health care services.

Mental Health Worker Training

The mental health worker is an essential member of the IHS health care team. These paraprofessionals are American Indians and Alaska Natives knowledgeable of the psychological and social aspects of the people they serve. Such workers are highly sensitive to the needs of the communities in which they work. They are instrumental in promoting understanding between the American Indian or Alaska Native patient and the non-Indian medical provider and in winning acceptance of mental health activities from the Indian community. Mental health workers are trained to assist psychiatrists, psychologists, psychiatric social workers and other mental health professionals in providing therapy services in the Indian community, schools, hospitals and health centers.

Nutrition and Dietetics Training

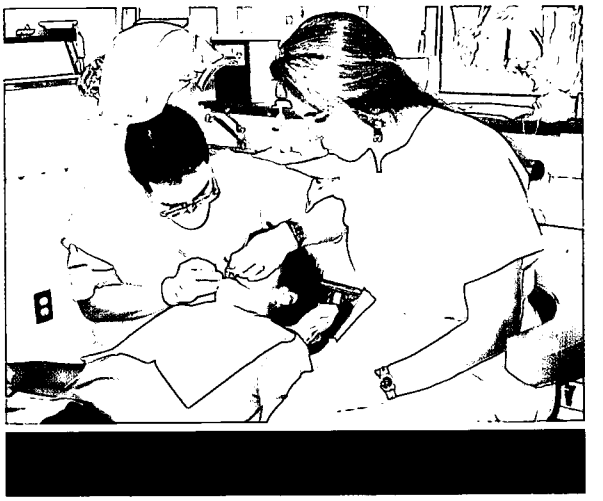
Nutrition and dietetics training is provided to American Indian and Alaska Native paraprofessionals by the IHS Nutrition and Dietetics Training Program located in Santa Fe, New Mexico. The aim of the training is to upgrade nutritional care provided by dietary personnel in IHS or tribally operated hospitals and facilities.

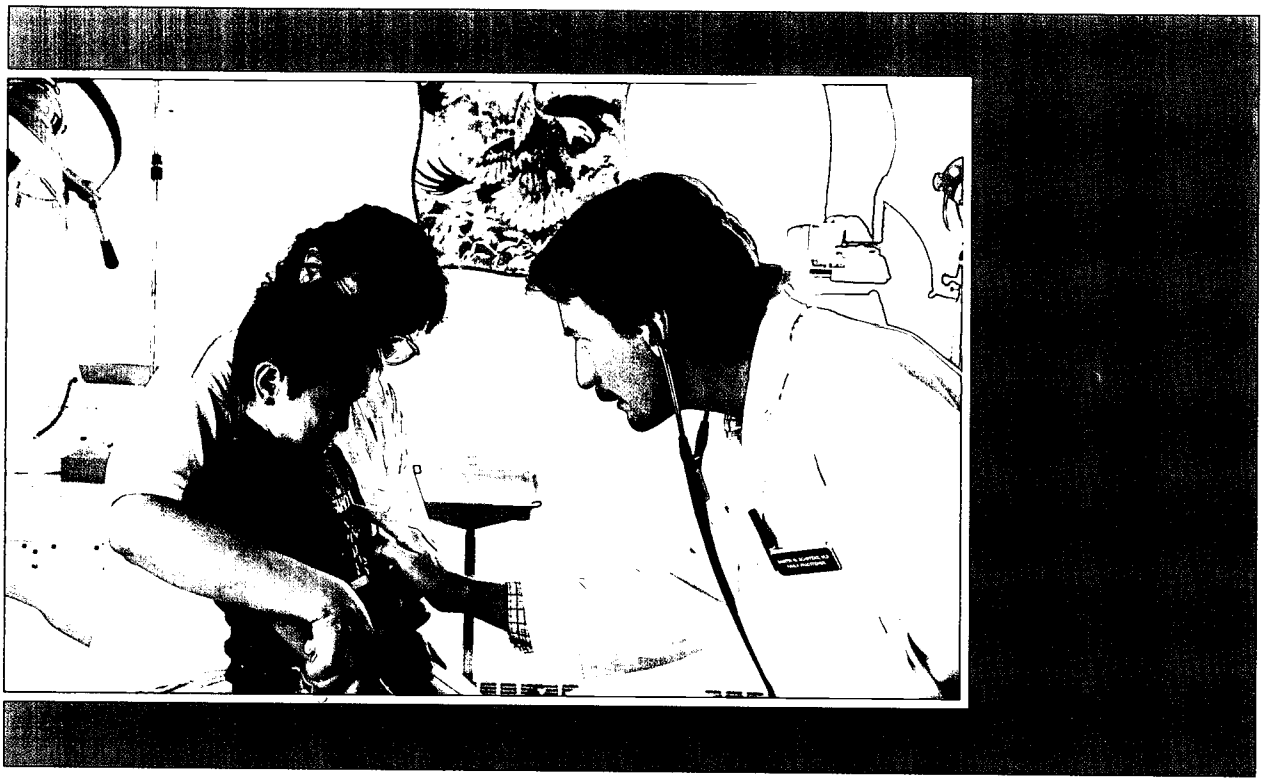
Optometric Assistant Training

Training programs for vision paraprofessionals range from three weeks to more than a year in duration and are available at many vocational, technical and community colleges. Optometric assistants deliver eye care at the IHS optometry and ophthalmology clinics and provide optical support and direct patient care assistance. Where direct eye care is not available, individuals are trained as eye care coordinators who arrange for contract optician support for the tribe.

Dental Assistant Training

A one-year program at Haskell Indian Junior College in Lawrence, Kansas, trains high school graduates to be dental assistants. Students are trained in chairside assisting, preventive services, and dental practice management. The training program is accredited by the American Dental Association and graduates are eligible for certification. American Indian and Alaska Native dental assistants increase IHS dental services by more than 30 percent.





Measuring Progress

Over the years, many rewards have resulted from IHS dedication to improving the quality of life for American Indian and Alaska Native people through medical intervention and preventive measures. For example, the mortality rate among Indians with tuberculosis has decreased by 96 percent and life expectancy has risen 19 percent since 1955 to an average life expectancy of 67.9 years for males and 75.1 years for females.

Much remains to be done before Indians realize health parity with other U.S. citizens. The IHS faces a future of challenges that require dedicated and accomplished health care professionals. The IHS is committed to working together with the tribes to elevate the health status of American Indians and Alaska Natives to the highest possible level, while empowering Indian people to have greater control over their own destiny. Whenever possible, IHS encourages and assists tribes and Alaska Native corporations in assuming management of IHS health services.

Throughout the years, there has been a marked increase in the determination of tribal leaders and their communities to build on the foundation IHS has provided and to become partners in the health service arena. Tribally established community health boards, representing the tribes served by IHS, have helped develop local program policy, determine needs and priorities and allocate resources. These groups are represented by the National

Indian Health Board. Together with other organizations such as the National Indian Education Association, and the National Congress of American Indians, they work with the IHS at the national level.

Technical assistance is provided to tribes and native corporations to strengthen health boards and departments, and to train staff in administrative and management skills. Program activities managed by the tribes and native corporations include community health, mental health, alcoholism and injury control services. These groups also oversee activities in planning and evaluation, construction and operation of health facilities in their areas of responsibility.

In response to concerns of the American Indian and Alaska Native governments, the IHS has been working jointly with tribal representatives for several years to develop an improved mutual dialogue. An annual forum has taken shape in which Indian and Alaska Native leaders are consulted on ways to improve health care programs, and on future IHS regulations, policies, procedures, and special initiatives before they are formally proposed.

IHS Health Care Delivery System

From its headquarters in Rockville, Maryland, the IHS oversees a wide variety of health delivery activities, which include the following: (1) providing technical assistance and monitoring area and field activities; (2) formulating statistical information and budgets; (3) planning, implementing, managing and evaluating operational programs and policies; (4) allocating financial, materiel and human resources to Area Offices; and (5) maintaining communications with the Department of Health and Human Services and the U.S. Congress.

The IHS delivery system for health services is composed of 12 Administrative Area Offices, which oversee local Service Units at hospitals and clinics. Currently, the IHS carries out its mission through the efforts of 14,500 employees. Besides facilities that are managed and operated by the IHS, a number of programs are operated under contract by individual tribes under the authority of the Indian Self-Determination Act, P.L. 93-638.

Each Area Office has the responsibility for operating the IHS program within a designated geographical area. Their administrative duties include budget; operation; personnel and property management; program planning and implementation; tribal affairs; community development; statistical monitoring; grants

and contracts management; and environmental health program direction. The 12 IHS Administrative Area Offices are shown in Table 3.

The 12 Area Offices are divided into 127 basic administrative units, called Service Units, which are usually defined by the Indian reservation(s) or tribe(s) they serve. A Service Unit may include several smaller satellite facilities and field health stations. Health care is provided in the service units either directly through IHS, through tribally operated facilities or through the contract health services program.

The Aberdeen Area Indian Health Service

The Aberdeen Area Office in Aberdeen, South Dakota, works in conjunction with its

Table 3

IHS Headquarters
5600 Fishers Lane
Rockville, MD 20857
(301) 443-4242

Locations of 12 Indian Health Service Administrative Area Offices

Aberdeen Area IHS
Federal Office Building
115 4th Avenue, SE
Aberdeen, SD 57401
(605) 226-7581

Alaska Area Native
Health Service
Box 107741
250 Gambell Street
Anchorage, AK 99501-7741
(907) 257-1153

Albuquerque Area IHS
Western Bank Building
505 Marquette, N.W.,
Suite 1502
Albuquerque, NM 87102-2163
(505) 766-2151

Bemidji Area IHS
127 Federal Building
Bemidji, MN 56601
(216) 759-3375

Billings Area IHS
P.O. Box 2143
711 Central Avenue
Billings, MT 59103
(406) 657-6403

California Area IHS
1825 Bell St., Suite 200
Sacramento, CA 95825-1097
(916) 566-7020

Navajo Area IHS
P.O. Box 9020
Window Rock, AZ 86515
(602) 871-5811

Oklahoma City Area IHS
5 Corporate Plaza
3825 N.W 56th
Oklahoma City, OK 73112
(405) 945-6820

Phoenix Area IHS
3738 North 16th Street
Suite A
Phoenix, AZ 85016-5981
(602) 640-2070

Portland Area IHS
1220 Southwest 3rd Avenue
Room 476
Portland, OR 97204-2892
(503) 326-4998

Tucson Area IHS
7900 S.J. Stock Road
Tuscon, AZ 85746-9352
(602) 295-2406

Nashville Area IHS
711 Stewarts Ferry Pike
Nashville, TN 37214-2634
(615) 736-2400

13 Service Units to provide health care to approximately 94,000 Indians on reservations located in North Dakota, South Dakota, Nebraska and Iowa. The Area includes nine hospitals, eight health centers, two school health stations and several smaller health stations and satellite clinics.

Each facility incorporates a comprehensive health care delivery system. The hospitals, health centers and satellite clinics provide inpatient and outpatient care and conduct preventive and curative clinics. The Aberdeen Area also operates an active research effort through its Area Epidemiology Program. Research projects deal with diabetes, cardiovascular disease, cancer, and the application of health risk appraisals in all communities.

Tribal involvement is a major objective of the program, and several tribes have assumed management for their own health care programs through contractual arrangements with the IHS.

The Alaska Area Native Health Service

The Alaska Area Native Health Service (AANHS) Office is located in Anchorage, Alaska. Eight service units in the Alaska Area provide comprehensive health services to approximately 90,981 Alaska Native people, Eskimos, Aleuts and Indians, and also to non-natives living in remote areas who are charged for services on a fee-for-service basis.

Field hospitals are located in the five rural villages of Barrow, Bethel, Dillingham, Kotzebue and Sitka and are operated by Native Alaskan organizations. Seven ambulatory health care centers are located in Juneau, Ketchikan, Metlakatla, Fairbanks, Tanana, Fort Yukon and St. Paul Island.

The principal provider of primary health care in Alaskan villages is the Community Health Aide, who consults with physicians at field hospitals or clinics by telephone or radio. The CHA is trained to provide first aid, examine patients and carry out treatment recommended by the consulting physician. Primary care is provided by physicians and other health professionals who periodically visit the villages. Patients requiring hospitalization or speciality care are evacuated by plane. The Alaska Native Medical Center, a 170-bed general medical and surgical hospital located in Anchorage, is the referral center for the rural hospitals and clinics.

The AANHS delivery system is linked to the regional Native Alaskan health corporations, village corporations, and State and local agencies. In addition, AANHS has a close working relationship with the State of Alaska's Department of Health and Social Services, with which it shares resources. Other federal agencies, such as the Arctic Investigations Laboratory of the Centers for Disease Control (CDC), also play a significant role in the delivery of health care.

The Albuquerque Area Indian Health Service

The Albuquerque Area IHS, headquartered in Albuquerque, New Mexico, provides comprehensive health services to approximately 64,242 Indian people. A broad range of curative, preventive, environmental and education services are provided directly by 26 health care facilities. In addition, highly specialized medical care is provided by other health care providers and facilities through contract funding. Professional consultation services are provided from the Albuquerque Area Office in each specialty program.

The Albuquerque Area serves 27 tribes in the 4-State area of New Mexico, Colorado, Utah and Texas. The health care delivery system has 7 Service Units consisting of 5 hospitals, 10 health centers, 10 health stations and one special dental/clinic facility. Two health centers are operated by tribes under Public Law 93-638 contracts; the remaining facilities are operated by IHS. One Service Unit without facilities of its own currently provides total health care through the contract health services program.

In addition, Albuquerque Area IHS serves the Jicarilla and Mescalero Apaches and the Navajo communities of Alamo, Canoncito and Ramah. The Albuquerque Area IHS also provides health care to the Southern Ute Tribe and Ute Mountain Ute Tribe located in southern Colorado and southern Utah. It also serves 19 pueblos in the State of New Mexico.

The Bemidji Area Indian Health Service

The Bemidji Area IHS Office located in Bemidji, Minnesota, oversees comprehensive health care services to approximately 117,711 Indian people. It administers three Service Units and 29 federally recognized tribal programs. Five urban programs also contract with the Bemidji Area Office for the provision of health services to approximately 59,000 Indian people in Minneapolis, Minnesota; Green Bay, Wisconsin; Milwaukee, Wisconsin; Detroit, Michigan; and Chicago, Illinois.

The Bemidji Area includes Minnesota, Wisconsin, and Michigan. Although the primary population belongs to the Chippewa Tribe, members of the Sioux, Ottawa, Potawatomi, Menominee, Winnebago, Oneida and Stockbridge-Munsee Tribes are also served by the Area Office.

The Bemidji Area is unique in that 60 percent of its annual funding allocation is distributed among the 29 tribes through contracts. Each tribe contracts with IHS for health services ranging from outreach and contract health care to fully comprehensive health delivery systems, including environmental health services and sanitation facilities, and health facilities construction. The major role of the IHS Area Office staff and those located at field offices in Rhinelander, Wisconsin, and Kincheloe, Michigan, is to provide technical assistance to IHS and tribal contractors. Both tribal and IHS locations use a health team approach for successful program design, implementation and evaluation. The growth of community-based services results from tribes becoming more involved

with the management of health care delivery to their own people, and in response to the need to get services into the community, not from just providing services at a central location. This is particularly important in the Bemidji Area, as many tribal members are geographically isolated from towns and community centers where most health care is available.

The Billings Area Indian Health Service

The Billings Area IHS Office in Billings, Montana, oversees the provision of comprehensive health care services to approximately 52,013 Indian people on seven reservations in the State of Montana and one in the State of Wyoming. In Montana, there are Service Units on each of the following reservations: Blackfeet, Crow, Fort Belknap, Flathead, Fort Peck, Northern Cheyenne and Rocky Boys. In the State of Wyoming, a Service Unit is located on the Wind River Reservation. The Indian Health Service also operates three hospitals on the Blackfeet, Crow and Fort Belknap Reservations.

Like all of the IHS Area Offices, the Billings Area makes widespread use of computerized patient information systems. This helps primary care providers give quality health care, because patient data is immediately available from computers at the health facility level.

Many of the health problems encountered on a daily basis may be traced to poor socio-economic conditions that lead to unemployment and inadequate housing. Most of the health services in IHS clinics address prenatal care, diabetes, hypertension, accidents and respiratory infections.

The emphasis on health promotion and disease prevention activities nationwide has led to the development of the reservation-based Community Fitness Centers. At least one program has been started on each reservation and they are well utilized.

The California Area Indian Health Service

The California Area IHS Office in Sacramento oversees the delivery of health care to approximately 91,652 Indian people. Because of the unique history of the State and it relationship with its Indian communities, California has been an active participant in developing health care financing for Indians living on the rancherias and reservations throughout the State. All California Indian health programs are managed by the Indian people themselves, although engineering and sanitation facilities construction services are still provided directly by IHS staff.

No service area program operates a hospital, nor does the IHS have any hospitals in California. Some programs contract directly with the IHS and some are subcontracted through tribal consortiums. One of the major differences between the traditional IHS service unit and these California service areas is that the tribes augment IHS funds with grants and contracts from other funding sources. The State of California is one such funding source.

State funding results in two unique conditions: (1) patients may be charged fees for services, and (2) programs using State funds must also serve non-Indians. The California IHS Area Office also

contracts with urban Indian organizations in eight major urban centers to provide health care for Indian residents in cities.

The Nashville Area Indian Health Service

The Nashville Area IHS Office in Nashville, Tennessee, oversees health care services to approximately 44,556 Indian people in the Southern and Eastern United States, including Massachusetts, Rhode Island, Connecticut, Florida, New York, Tennessee, North Carolina, South Carolina, Mississippi, Louisiana, Alabama, Maine, Texas and Arkansas. The Nashville Area Office has expanded from six employees to a present staff of nearly 80.

For most Indians within the Nashville Area, the IHS is the only available source of health care, although they are entitled to participate in the full range of programs open to them as residents of counties, States and local communities. Health care delivered in the Nashville Area offers a diversity of options.

The Cherokee Hospital, located in North Carolina, is the only IHS operated Service Unit in the area. The Nashville Area Office has contracts with 18 tribes and three urban Indian groups. More than 77 percent of the Nashville Area's annual health services budget is contracted to tribal organizations.

The Navajo Area Indian Health Service

The Navajo Area IHS Office, located in Window Rock, Arizona, administers numerous clinics, health centers and hospitals, providing health care to 201,583 members of the Navajo Nation. The Navajo Nation is the largest Indian tribe in the United States and has the largest reservation, which encompasses more than 25,516 square miles in northern Arizona, western New Mexico and southern Utah, with three satellite communities in central New Mexico. (The Navajo Area coordinates with both the Phoenix and Albuquerque IHS Area Offices for the delivery of health services to the Navajo, Hopi and Zuni Reservations because these reservations are close to each other.)

Comprehensive health care is provided to the Navajo people through inpatient, outpatient, contract and community health programs centered around 6 hospitals, 7 health centers and 12 health stations. School clinics and Navajo tribal health programs also serve the community. The six hospitals range in size from 39 beds in Crownpoint, New Mexico, to 112 beds at the Gallup Indian Medical Center in Gallup, New Mexico. Health centers operate full-time clinics, some of which provide emergency services. Some smaller communities have health stations that operate only part time.

A major portion of the Navajo Nation health care delivery system is sponsored by the Navajo Tribe itself, which operates the Navajo Department of Health (NDOH). The NDOH, created in 1977, has the mission of ensuring that quality and culturally acceptable health care is available and accessible to the Navajo people through coordination, regulation, and where necessary, direct service delivery. The NDOH also provides a variety of health-related services in the areas of nutrition, aging, substance abuse, community health representatives and emergency medical services.

The Oklahoma City Area Indian Health Service

The Oklahoma City Area IHS Office in Oklahoma City, Oklahoma, oversees the provision of health care to approximately 246,000 Indian people residing in Oklahoma and Kansas. This is the largest IHS service population in the U.S., with the majority of the service population living in urban settings. Approximately 13,000 admissions and 800,000 outpatient visits are made annually at seven Indian hospitals and 26 outpatient health centers and clinics located throughout Oklahoma and a small area of Northeastern Kansas.

The Oklahoma City Area of the IHS delivers over 3,800 babies a year, making it one of the largest delivery systems in the State. Over 70 percent of the obstetrical population lives below the state poverty level. Applying standard perinatal criteria of the American College of Obstetrics and Gynecology, the population contains a high risk mix, with Indian women being particularly susceptible to hypertensive disease, gestational diabetes and pre-eclampsia with liver and platelet involvement.

A physician specialist within this environment is the vital component in a comprehensive team approach to total health care. In addition to the advantage of state-of-the-art equipment and modern facilities, IHS doctors can draw on the assistance of an array of professional and paraprofessional specialists, all directing their efforts toward the common goals and problems. In short, the physician gets the support needed to achieve observable improvements in the health of people.

To provide health services to this population, the Oklahoma City Area Office has organized its system into the following eight Service Units: (1) Kansas, (2) Shawnee, (3) Claremore, (4) Lawton, (5) Tahlequah, (6) Clinton, (7) Pawnee and (8) Talihina. Of the 27 health centers, 15 are totally managed by tribes under contract and 12 are operated directly by the IHS.

The Phoenix Area Indian Health Service

The Phoenix Area IHS Office in Phoenix, Arizona, oversees the delivery of health care to approximately 105,000 Indian people in the States of Arizona, Nevada and Utah-from the small Cocopah Tribe in southwestern Arizona to the widely dispersed Paiute Indians in Nevada and Utah. The Phoenix Area Office operates primarily as an administrative center for 10 Service Units, which may include one or more health centers or hospitals. More than 40 tribal groups reside within the Phoenix Area IHS region.

Within the Phoenix Area are nine IHS hospitals, the largest of which is the Phoenix Indian Medical Center. Patients are referred there for specialized care not available at the eight reservation hospitals in the following communities: Fort Yuma, Owyhee, Keams Canyon, San Carlos, White River, Parker, Sacaton and Shurz. In addition, IHS operates seven health centers and six health stations.

A growing number of health facilities throughout the Phoenix Area are tribally operated. As of January 1990, Indian tribes operated four of these health centers and two of these health stations. Service Units in Schurz, Nevada, and Fort Duchesne Utah, operate both clinics and health centers.

Some clinics are staffed by one or more IHS employees who are stationed in the local community. In addition, local physicians and dentists are often under contract to the IHS. Other areas are served by traveling teams of IHS medical and allied health professionals.

The Portland Area Indian Health Service

The Portland Area IHS Office in Portland, Oregon, oversees the delivery of health care to approximately 120,000 Indian people who reside on 40 reservations in the States of Idaho, Oregon and Washington, as well as in the Portland, Seattle and Spokane urban areas. The Portland Area IHS operates 12 health centers and 4 health stations, but there are no IHS or tribal hospitals located in the Area. The Service Units are located within 100 miles of Portland, Oregon; Seattle and Spokane, Washington; or Boise and Pocatello, Idaho. Only ambulatory care health centers are available at the Service Units so patients are usually hospitalized at nearby community hospitals. Many locations run specialty clinics staffed by private specialists to supplement the family practice orientation of the IHS/tribal staff physicians.

More than 300,000 direct ambulatory visits were provided by IHS, tribal and urban clinics in the Portland Area in FY 1990.

The Portland Area IHS Office offers a flexible health care system that invites the initiative of the northwest Indian tribes in defining and meeting their own health needs.

As a result, an increasing number of health facilities throughout the Portland Area are being operated by tribes. In addition, local physicians and dentists often are under contract to the Indian Health Service.

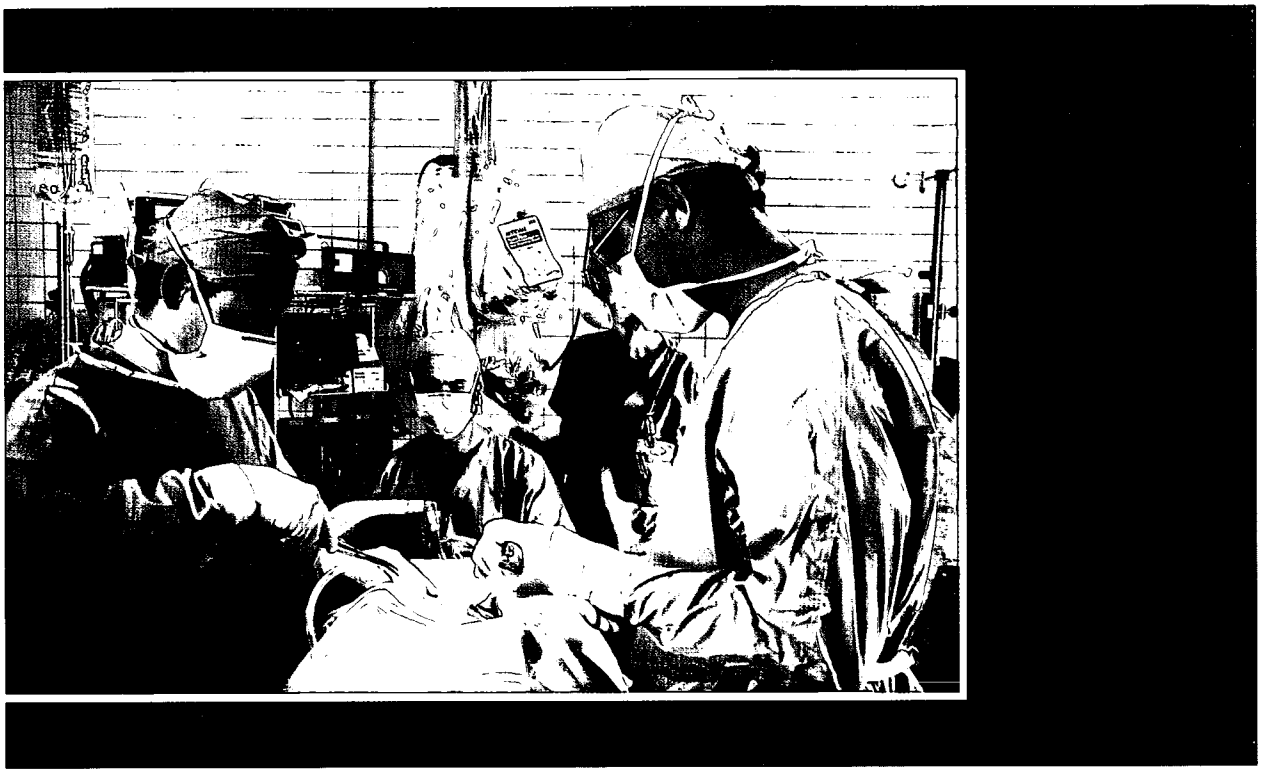
The Tucson Area Indian Health Service and OHPRD

The Office of Health Program Research and Development (OHPRD), located in Tucson, Arizona, is an IHS headquarters-level office with a dual role. It is the site of research and development activities related to health care and human resources for American Indian and Alaska Native health programs and staff, and it administers health services for more than 20,000 American Indian people in the Tucson Area.

Within a single organizational element, OHPRD's administrative management must simultaneously balance headquarters, Area Office, Service Unit and tribal perspectives in its daily operations.

OHPRD's functional objectives include: (1) to develop and demonstrate methods and techniques for improved operation and management of American Indian and Alaska Native health programs; (2) to provide consultation and technical assistance to all operating and management levels of IHS and American Indian tribes and Alaska Native villages

and corporations in the design and implementation of health management and service delivery systems; (3) to coordinate health research and development activities within the IHS directed toward improving the health of American Indian and Alaska Native people; (4) to provide or develop appropriate training courses, methods and plans for human resource development; and (5) to provide direct and contracted health services for the American Indian and Alaska Native people in the IHS Service Units under OHPRD's jurisdiction.



Summary

In summary, the IHS has been proud to have contributed to many improvements in the delivery of quality health care to American Indian and Alaska Native people since 1955. Signs of progress include the findings of the 1990 census which indicate that the American Indian and Alaska Native population is now 2.06 million strong and growing rapidly, at a rate of 2.7 percent per year. In fact, the birth rate of our patient population was 78 percent higher than the U.S. birth rate in 1987. The median age of this population is nearly 8 years younger than the general population, at 22.6 years of age in reservations states, as compared to 30.0 years of age in the general population. Thirty-two percent of our American Indian and Alaska Native patients are now under the age of 15. So, our client population is both young and growing rapidly.

Further evidence of major improvements in the quality of health care include the facts that the average life expectancy has risen by 19 percent from 1955 to an average life expectancy of 69.1 years for males and 77.5 for females, and the mortality rate among Indians with tuberculosis has decreased by 96 percent. In addition, the maternal mortality rate for clients residing in the reservation states has decreased by 91 percent, while the infant mortality rate during the same period decreased by 85 percent.

Among our major programs designed to

Among our major programs designed to reduce mortality and raise life expectancy are the Diabetes Program, the Nutrition Program, the Mental Health Program, the Community Health Representative Program, the Dental Program, the Accident and Injury Reduction Program, the Laboratory Program, and the Pharmacy Program.

However, we also manage an Indian Health Service Career Opportunities and Training Program which was established to attract energetic and capable health care providers to the IHS, and includes the IHS Manpower Program, the Specialty Training Program, the Advanced Professional Training Program, the Commissioned Officer Student Training and Extern Program, the Paraprofessional Training Program, the Community Health Aide Training Program, the Mental Health Worker Training Program, the Nutrition and Diabetes Training Program, the Dental Assistant Training Program, and Optometric Assistant Training Program.

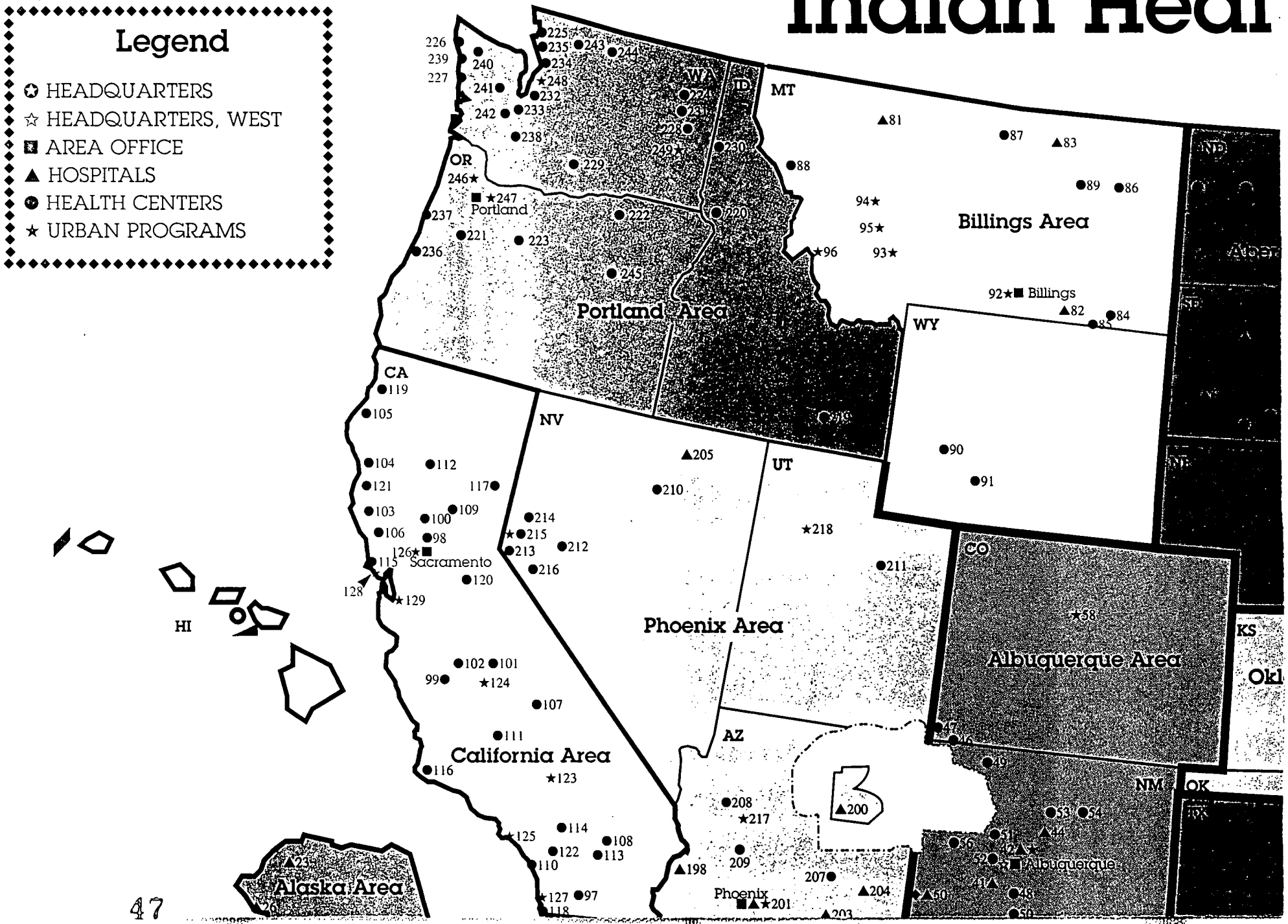
Forty-one IHS hospitals are now in operation in the United States, ranging in size from 11 to 170 beds per hospital, and several new facilities are being planned. Research and training facilities are located today in Phoenix, Arizona; Gallup, New Mexico; and Anchorage, Alaska, as well as through IHS contracts with local hospitals, State and local health care agencies, tribal health institutions, and individual health care providers. Progressive and comprehensive patient-oriented Pharmacy Services are now being provided throughout the United States. Two hundred American Indian and Alaska Native alcoholism programs have been funded by IHS throughout the United States.

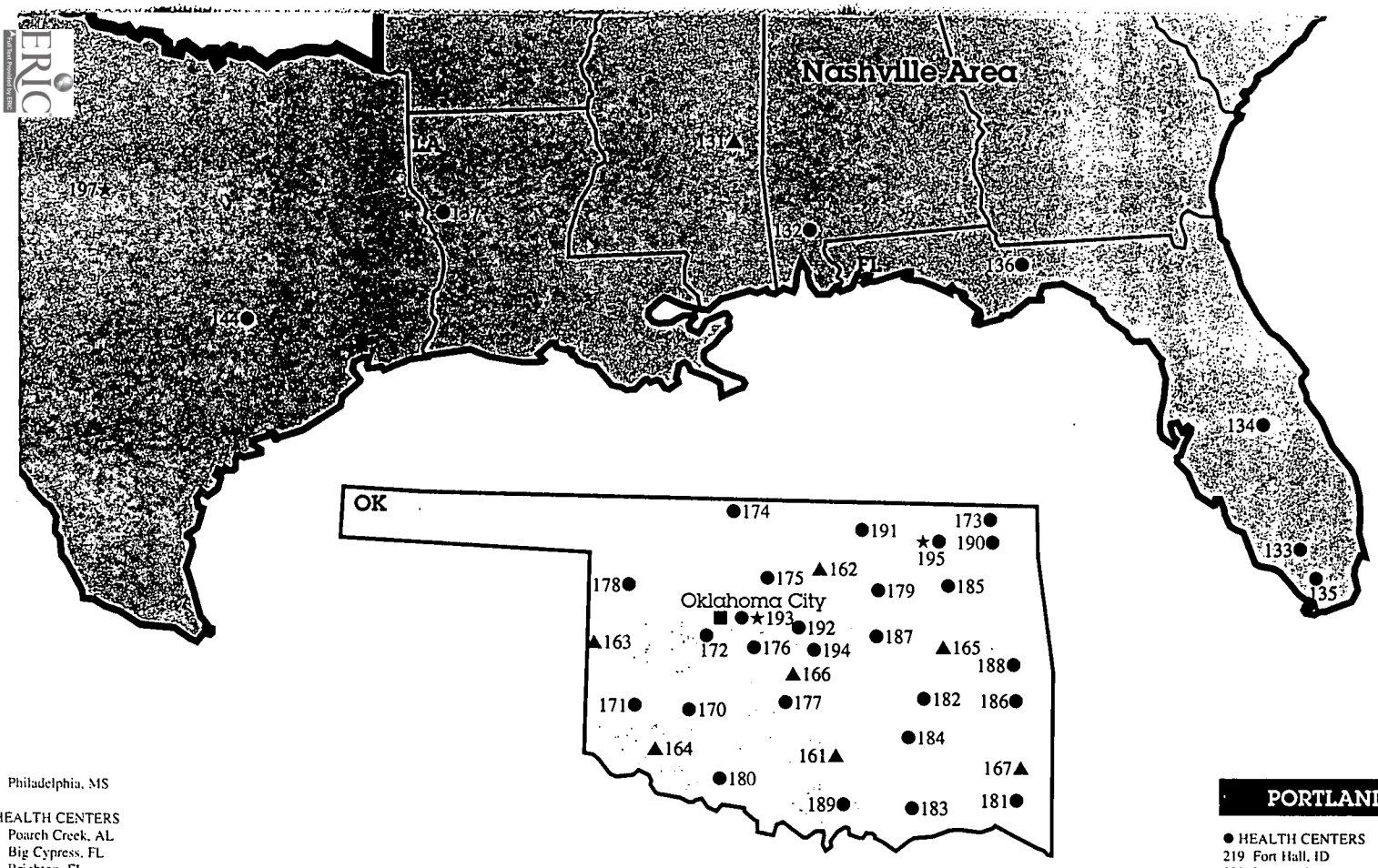
While we are proud of our past accomplishments, the IHS accepts the serious challenges of the 1990s. During the next 10 years, we will focus our efforts on Preventive Health Services and Environmental Health Services with the development of our new National Indian Health Service Database. It will be accessible to all tribes and tribal communities to assist with local community planning.

Despite our combined efforts, in several areas American Indian and Alaska Native people still experience far higher occurrences of a number of debilitating diseases than the general population of Americans.

The new challenges of the 1990s which we must face together are represented by our attention to threatening and potentially devastating health crises, such as AIDS. Through our new "Indian Health Service Initiatives," including the AIDS Initiative, the Maternal and Child Health Initiative, the Otitis Media Initiative, the Aging Initiative, and the Nursing Initiative, the IHS will continue to strive for improved health of American Indians and Alaska Natives.

Indian Heal





131 Philadelphia, MS

● HEALTH CENTERS
132 Poarch Creek, AL
133 Big Cypress, FL
134 Brighton, FL
135 Hollywood, FL
136 Miccosukee, FL
137 Coushatta, LA
138 Indian Island, ME
139 Peter Dana Point, ME
140 Pleasant Point, ME
141 Catteraugus, NY
142 Hogansburg, NY
143 Steamburg, NY
144 Alabama-Coushatta, TX

★ URBAN PROGRAMS
145 Boston, MA
146 New York, NY

NAVAJO AREA

▲ HOSPITALS
147 Chinle, AZ
148 Fort Defiance, AZ
149 Tuba City, AZ
150 Crownpoint, NM
151 Gallup, NM
152 Shiprock, NM

● HEALTH CENTERS
153 Kayenta, AZ
154 Inscription House, AZ
155 Tsaile, AZ
156 Winslow, AZ
157 Dzilth Na O Dith Hle, NM
158 Teec Nos Pos, AZ
159 Tohatchi, NM

★ URBAN PROGRAMS
160 Tucson, AZ

OKLAHOMA AREA

▲ HOSPITALS
161 Ada, OK
162 Claremore, OK
163 Clinton, OK
164 Lawton, OK
165 Tahlequah, OK
166 Okemah, OK
167 Talihina, OK

● HEALTH CENTERS
168 Holton, KS
169 Lawrence (Haskell) KS
170 Anadarko, OK
171 Carnegie, OK
172 El Reno, OK
173 Miami, OK
174 Pawhuska, OK
175 Pawnee, OK
176 Shawnee, OK
177 Wewoka, OK
178 Watonga, OK
179 Ponca City, OK
180 Ardmore, OK
181 Broken Bow, OK
182 Eufau, OK
183 Hugo, OK
184 McAlister, OK
185 Salina, OK
186 Salisaw, OK
187 Sapulpa, OK
188 Stilwell, OK
189 Tishomingo, OK
190 Jay, OK
191 Nowata, OK
192 Okemah, OK
193 Oklahoma City, OK
194 Stroud, OK
195 Tulsa, OK

★ URBAN PROGRAMS
193 Oklahoma City, OK
195 Tulsa, OK
196 Wichita, KS
197 Dallas, TX

PHOENIX AREA

▲ HOSPITALS
198 Parker, AZ
199 Fort Yuma, AZ
200 Keams Canyon, AZ
201 Phoenix, AZ
202 Sacaton, AZ
203 San Carlos, AZ
204 Whiteriver, AZ
205 Owyhee, NV

● HEALTH CENTERS
206 Bylas, AZ
207 Cibecue, AZ
208 Peach Springs, AZ
209 Salt River, AZ
210 Elko, NV
211 Fort Duchesne, UT
212 Fallon, NV
213 Garnerville, NV
214 Pyramid Lake, NV
215 Reno-Sparks, NV
216 Schurz, NV

★ URBAN PROGRAMS
217 Flagstaff, AZ
201 Phoenix, AZ
215 Reno-Sparks, NV
218 Salt Lake City, UT

PORTLAND AREA

● HEALTH CENTERS
219 Fort Hall, ID
220 Lapwai, ID
221 Chemawa (Salem), OR
222 Pendleton (Yellowhawk), OR
223 Warm Springs, OR
224 Colville, WA
225 Lummi, WA
226 Neah Bay, WA
227 Taholah, WA
228 Wellpinit, WA
229 Yakima (Toppenish), WA
230 Coeur d'Alene (Plummer), WA
231 Inchelium, WA
232 Muckleshoot (Auburn), WA
233 Puyallup (Tacoma), WA
234 Tulalip (Marysville), WA
235 Swinomish (La Conner,) WA
236 Siletz, OR
237 Grand Ronde, OR
238 Chehalis, WA
239 Quileute, WA
240 Lower Elusha, WA
241 Squaxin Island, WA
242 Nisqually, WA
243 Nooksack, WA
244 Upper Skagit, WA
245 Burns, OR

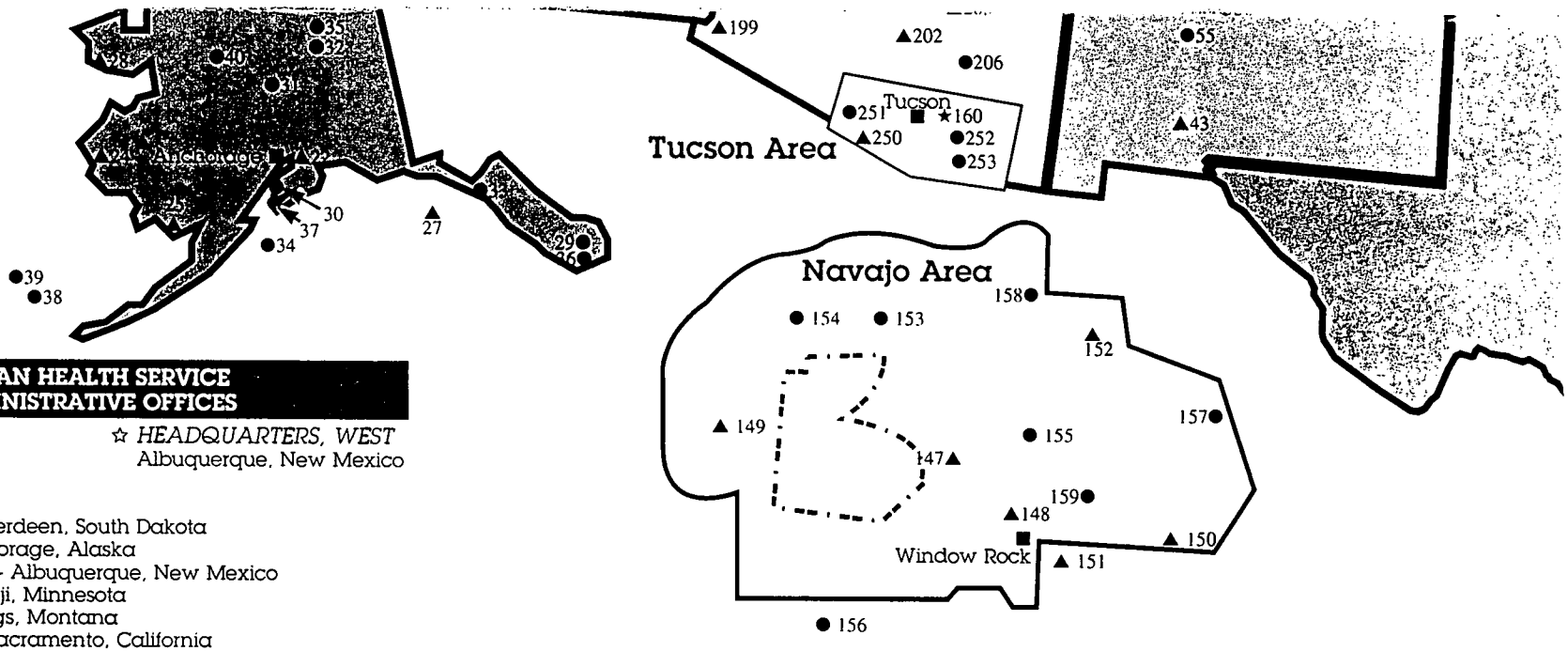
★ URBAN PROGRAMS
246 Gresham, OR
247 Portland, OR
248 Seattle, WA
249 Spokane, WA

TUCSON AREA

▲ HOSPITALS
250 Sells, AZ

● HEALTH CENTERS
251 Santa Rosa, AZ
252 San Xavier (Tucson) AZ
253 Yaqui, AZ

INDIAN HEALTH SERVICE · PHS · 1955



INDIAN HEALTH SERVICE ADMINISTRATIVE OFFICES

✪ *HEADQUARTERS*
Rockville, Maryland

☆ *HEADQUARTERS, WEST*
Albuquerque, New Mexico

■ **AREA OFFICES**

ABERDEEN AREA – Aberdeen, South Dakota
ALASKA AREA – Anchorage, Alaska
ALBUQUERQUE AREA – Albuquerque, New Mexico
BEMIDJI AREA – Bemidji, Minnesota
BILLINGS AREA – Billings, Montana
CALIFORNIA AREA – Sacramento, California
NASHVILLE AREA – Nashville, Tennessee
NAVAJO AREA – Window Rock, Arizona
OKLAHOMA CITY AREA - Oklahoma City, Oklahoma
PHOENIX AREA – Phoenix, Arizona
PORTLAND AREA – Portland, Oregon
TUCSON AREA – Tucson, Arizona

ABERDEEN AREA

▲ HOSPITALS
1 Belcourt, ND
2 Ft. Yates, ND
3 Winnebago, NE
4 Eagle Butte, SD
5 Pine Ridge, SD
6 Rapid City, SD
7 Rosebud, SD
8 Sisseton, SD

● HEALTH CENTERS
9 Wagner, SD
10 Ft. Totten, ND
11 Minne-tohe, ND
12 Ft. Thompson, SD
13 Kyle, SD
14 Lower Brule, SD
15 McLaughlin, SD
16 Wanblee, SD
17 Trenton-Williston, ND
18 Carl T. Curtis (Macy), NE
19 Mesquakie Clinic (Tama) IA

★ URBAN PROGRAMS
20 Pierre, SD
21 Lincln, NE

ALASKA AREA

▲ HOSPITALS
22 Anchorage, AK
23 Barrow, AK
24 Bethel, AK
25 Dillingham, AK
26 Kotzebue, AK
27 Mt. Edgecombe, AK
28 Nome, AK

● HEALTH CENTERS
29 Ketchikan, AK
30 Dena' ina (Kenaitze) AK
31 Fairbanks, AK
32 Ft. Yukon, AK
33 Juneau, AK
34 Kodiak, AK
35 McGrath, AK
36 Metlakatla, AK
37 North Star, Ak
38 St. George, AK
39 St. Paul, AK
40 Tanana, AK

ALBUQUERQUE AREA

▲ HOSPITALS
41 San Fidel, NM
42 Albuquerque, NM
43 Mescalero, NM
44 Santa Fe, NM
45 Zuni, NM

● HEALTH CENTERS
46 Ignacio, CO
47 Towaoc, CO
48 Canoncito, NM
49 Dulce, NM
50 Isleta, NM
51 Jemez, NM
52 Laguna, NM
53 Santa Clara (Espanola), NM
54 Taos, NM
55 Alamo, NM
56 Pine Hill, NM
57 El Paso, TX

★ URBAN PROGRAMS
58 Denver, CO
42 Albuquerque, NM

BEMIDJI AREA

▲ HOSPITALS
59 Cass Lake, MN
60 Red Lake, MN

● HEALTH CENTERS
61 Ponemah, MN
62 White Earth, MN
63 Black River Falls, WI
64 Cloquet, MN
65 Onamia, MN
66 Nett Lake, MN
67 Sault Ste. Marie, MI
68 Bowler, WI
69 Hayward, WI
70 Kashena, WI
71 Lac du Flambeau, WI
72 Oneida, WI
73 Duluth, MN
74 Mt. Pleasant, MI
75 St. Ignace, MI

★ URBAN PROGRAMS
76 Minneapolis, MN
77 Detroit, MI
78 Green Bay, WI
79 Milwaukee, WI
80 Chicago, IL

BILLINGS AREA

▲ HOSPITALS
81 Browning, MT
82 Crow Agency, MT
83 Harlem, MT

● HEALTH CENTERS
84 Lame Deer, MT
85 Ladge Grass, MT
86 Poplar, MT
87 Rocky Boys, MT
88 St. Ignatius, MT
89 Wolf Point, MT
90 Fort Washakie, WY
91 Arapahoe, WY

★ URBAN PROGRAMS
92 Billings, MT
93 Butte, MT
94 Great Falls, MT
95 Helena, MT
96 Missoula, MT

CALIFORNIA AREA

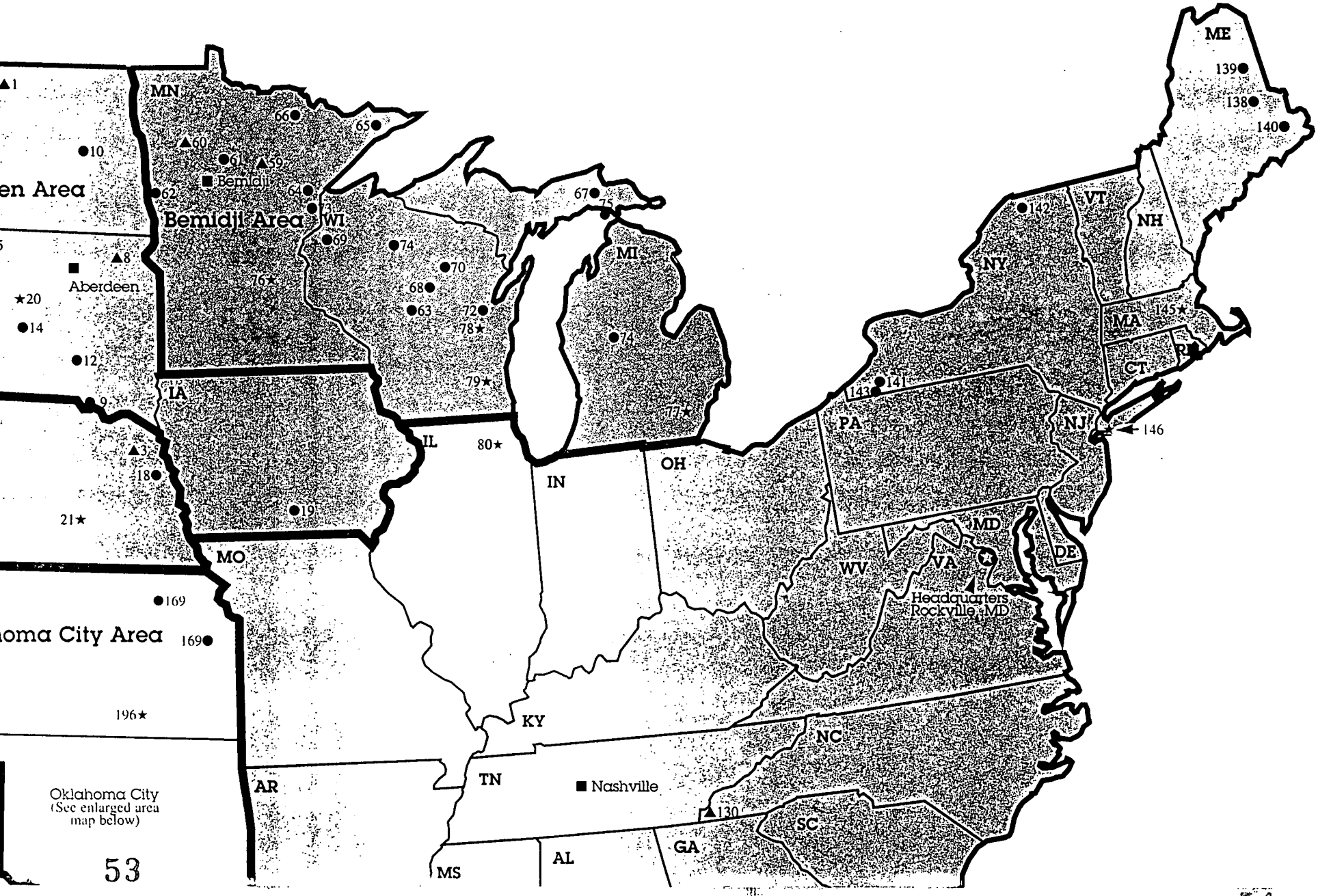
● HEALTH CENTERS
97 Alpine, CA
98 Auburn, CA
99 Bishop, CA
100 Burney, CA
101 Camp Antelope, CA
102 Clovis, CA
103 Covelo, CA
104 Hoopa, CA
105 Karuk, CA
106 Lake Port, CA
107 Lone Pine, CA
108 Morongo, CA
109 Oroville, CA
110 Pauma Valley, CA
111 Portersville, CA
112 Redding, CA
113 San Jacinto, CA
114 San Manuel, CA
115 Santa Rosa, CA
116 Santa Ynez, CA
117 Susanville, CA
118 Sycuan, CA
119 Tsurai, CA
120 Tuolumne, CA
121 Ukiah, CA
122 Riverside, CA

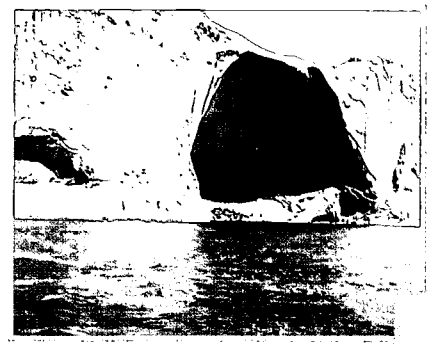
★ URBAN PROGRAMS
123 Bakersfield, CA
124 Fresno, CA
125 Los Angeles, CA
126 Sacramento, CA
127 San Diego, CA
128 San Francisco, CA
129 San Jose, CA

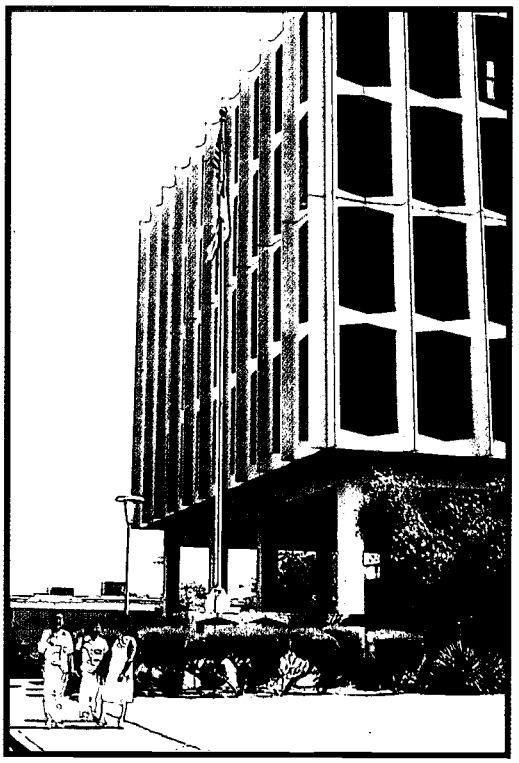
NASHVILLE AREA

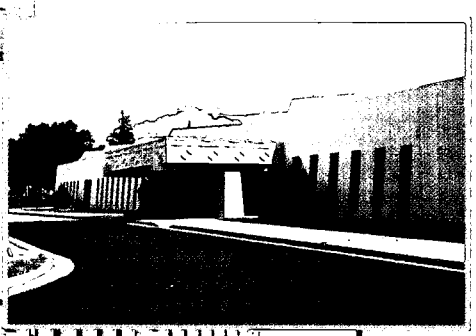
▲ HOSPITALS
130 Cherokee, NC

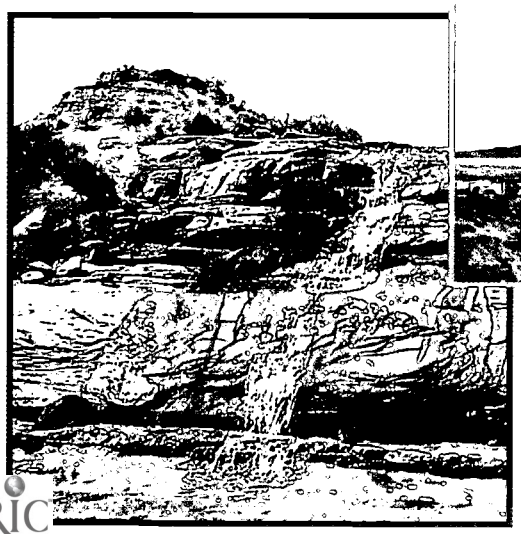
h Facilities

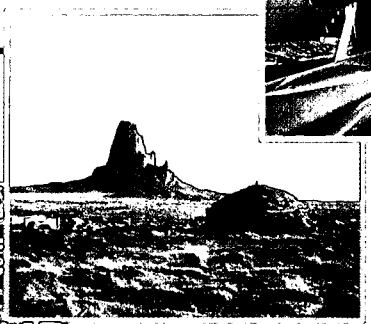












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