

# *Indian Health Program*

1955 - 1970



U.S. Department of Health, Education, and Welfare

Public Health Service

Health Services and Mental Health Administration

## HOW THE HEALTH PROGRAM BEGAN

Federal health services for American Indians date back to the early 1800's when Army physicians undertook to curb smallpox and other contagious diseases among Indian tribes living near military posts. The present-day program has grown out of treaties subsequently negotiated, which included various provisions for medical services. In 1849 the Bureau of Indian Affairs was transferred from the War Department to the Department of the Interior, and in 1955 the health program was transferred to the Public Health Service, U.S. Department of Health, Education, and Welfare.

## THE INDIAN'S STATUS TODAY

The number of Indians and Alaska Natives (Indians, Eskimos and Aleuts) who look to the Federal Government for assistance is about 415,000. The majority live on Federal Indian Reservations in 23 States, mostly west of the Mississippi, and in the remote villages of Alaska.

For the most part, they are economically depressed and isolated both geographically and culturally from non-Indian society. Their living conditions are often primitive and insanitary. Many families of five or six people live in one or two-room houses without running water or waste disposal facilities.

Their health has suffered accordingly. It is about 20 to 25 years behind that of the general population.

## WHAT THE HEALTH PROGRAM INCLUDES

Indians, Eskimos and Aleuts receive the full range of curative, preventive and rehabilitative health services, including public health nursing, maternal and child health,

dental and nutrition services, psychiatric care and health education. Environmental health services also are provided, including construction of water supply and waste disposal facilities, and the training needed to maintain them.

The Indian Health Service operates a system of 51 hospital ranging from six to 276 beds, each with a large outpatient department, 71 health centers with full-time staffs; and several hundred field health stations. It also has contractual arrangements with non-governmental hospitals and health specialists to supplement the direct care program.

## **PROGRESS SINCE 1955**

### **Health Improvements**

- Infant death rates down 48 percent.
- Death rates from certain diseases of early infancy down 27 percent.
- Influenza and pneumonia death rates down 40 percent.
- Gastritis-etc. death rates down 60 percent.
- Tuberculosis death rates down 70 percent.

### **Increased Use of Services**

- Hospital admissions nearly doubled—from 50,000 to 94,500 a year.
- Percentage of babies born in hospitals rather than homes—98.0; 88.2 in 1955.
- Outpatient visits  $3\frac{1}{2}$  times higher — up from 455,000 to 1,661,000 a year.
- Dental services almost quadrupled—from 180,000 to 703,000 a year.

### **Program Expansion**

- Physicians assigned to program increased from 125 to over 400, dentists from 40 to 130, and nurses from 780 to nearly 1,000.

- Thirteen hospitals, 13 health centers and 50 health stations built.
- Three residency training programs for physicians initiated—in general practice, pediatrics and public health.
- Special centers established for professional training and operational research.
- More than 1800 Indians and Alaska Natives trained and employed as practical nurses, dental and laboratory assistants, radiologic and medical record technicians, sanitarian aides and community health representatives.

### **Environmental Health Services**

- Safe water and waste disposal facilities constructed for 48,000 families since legislation authorizing such construction was passed in 1959. An additional 17,000 families provided with some type of sanitation facility improvement.
- Significant contributions made to the program by Indians and Alaska Natives in the form of labor, materials and funds.

### **THE PROGRAM IN THE FUTURE**

Efforts will continue to raise the health of Indians and Alaska Natives to the highest possible level.

Major objectives are to reduce infant deaths, increase life expectancy, decrease the amount and severity of all infectious diseases, and improve the environment.

With full participation of Indians in planning and operating the health program and with continuing cooperation from interested governmental and private organizations, increased health improvements are anticipated.

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