III.

THE INDIAN HEALTH SERVICE

June Buckman

June Buckman

THE INDIAN HEALTH SERVICE

History of Development

Since the original inhabitants of this country were the Indians, our Government has been concerned with Indian affairs from its beginning. Laws regulating trade with the Indians were passed in the early days of the Republic and the Office of Superintendent of Indian Trade was created in 1806, lasting until 1822. In 1824, a Bureau of Indian Affairs was established in the War Department by the Secretary of War. In 1823, Congress passed a law which created the Office of Commissioner of Indian Affairs and continued it in the War Department. When the Department of the Interior was formed, in 1849, the Office of Indian Affairs was transferred to it where it has been since that time.

The only order on record dealing with health while the Indians were under the jurisdiction of the War Department seems to have been one concerning the moving of Indians from one country to another. In this order it was stipulated that care should be taken that the best sanitary conditions prevail and that their health be carefully guarded. Physicians were employed in those days, though more for the benefit of Government agents than for the Indians. Army surgeons were generally accessible and were frequently called upon to render medical care.

In 1873 the first organized effort was made to deal with the Indians health. In that year, a division of medicine and education was established in the Bureau and continued until 1877. There was a great need

for such work as disease had been a potent factor in decreasing the American Indian population. As early as 1865, a senatorial committee had stressed this rapid decrease and had attributed no small part of it to contact with civilization and consequent ravages of disease. In spite of this fact, the division of medicine was discontinued in 1887, not to be revived until 1909; although there was always a certain amount of medical service in the field. Since the year 1909, the medical activities have been gradually increased.

With the change from the Nomadic life to the more sedentary life of the reservation, the health problem of the Indian population became more acute. When the Indian led a roving life, the lack of sanitation was, to a large degree, counteracted by the frequent changes of camp site. After he was restricted to the bounds of the reservation and settled down in one place, dirt and refuse rapidly accumulated around his habitation, the water supply was not aspure, and he was unacquainted with the proper methods of preparing many of the rations issued to him. There are also reasons to believe that much of the flour and bacon issued during the early days of the reservation system were of inferior quality, if not unfit for human consumption. One feature of Indian life has worked both to a large extent to his advantage and disadvantage, the fact that he doesn't use milk in large quantities. His freedom from Typhoid Fever is due to this fact, but to it may also be ascribed the high infant mortality rate as the result of infants being fed with solids which they could not properly digest.

The first recognition of the need of medical attention to the Indian was an appropriation of $12,000 made May 5, 1832, for purchasing "genuine vaccine matter" and employing physicians to administer it. The treaty of 1836 with the Ottowas and Chippewas provided for the payment by the United States of $300 a year "for vaccine matter, medicine and the service of physicians to be continuous while the Indians remained on their reservations". Later treaties with other tribes also provided for physicians and in some cases for hospitals, but it is difficult to determine the extent to which medical problems were solved.

By 1880 the number of physicians employed was seventy-seven and there were only four hospitals in the whole service. In 1890, physicians were placed in the classified civil service and applicants were required to pass an examination in addition to being graduates of some reputable college.

There was, however, no professional supervision of the agency physicians and the efficiency of their work depended entirely upon the character of the man appointed. A statement of conditions, which were probably typical at that time, is given by Dr. Charles A. Eastman, agency physician at Pine Ridge in 1890. "Doctors who were in the service in those days had an easy time of it. They scarcely ever went outside of the agency enclosure, and issued their pills and compounds after the most casual inquiry. As late as 1890, when the government sent me out as physician to ten thousand Ogallalla Sioux, and Northern Cheyennes at Pine Ridge agency, I found my predessor still practicing his profession through a small hole

in the wall between his office and the general assemply room of the Indian agency. One of the first things I did was to close that hole; and I allowed no man to diagnose his own trouble or choose his pills. . . I found it necessary to buy, with my own funds and partly with money contributed by generous friends, a supply of suitable remedies as well as a full set of surgical instruments. The drugs supplied by contractors to the Indian Service were at that period often obsolete in kind, and either stale or of the poorest quality. . . . . Major operations were generally out of the question on account of the lack of hospital facilities, as well as the prejudice of the people."

All around it seems that there was much corruption in the whole Bureau, it being the dumping grounds after a political election. The ole-time "medicine man" was really better than the average while doctor in those days, for, although the treatment was largely suggestive, his herbs were harmless, and he did not allay some distress which the other aggravated, because he used powerful drugs at random and did not attend to his case intelligently.

It was not until the first decade of the present century that medical work was regarded as one of the major activities of the Indian Service. In 1902, an asylum for insane Indians was opened at Canton, S. D., and in 1908, the duties of the full-time physicians were extended so that they had powers of health officers for the reservations, although they had not always acted as such. In 1909 a medical supervisor for the entire service was appointed. The systematic organization of the health work really dated from this time.

In 1909, also a special appropriation of $12,000 was made to investigate, treat, and prevent the spread of trachoma. For the fiscal year 1911, there was appropriated $40,000 to relieve distress and to provide for "the prevention of tuberculosis, trachoma, smallpox, and other contagious and infectious diseases." This appropriation was the first in a series of general appropriations of this character, and the amount was increased in later years. The growing interest in the Indian health problem was further evidenced in 1912 by the appropriation of $10,000 to enable the Public Health Service to make a survey of the prevalence of contagious and infectious diseases among the Indian population. The difficulties of medical work among the Indians are well described in the following quotation from the report of the investigation: "What is the matter? Let us visit an average doctor on an average reservation. We enter his office which is reasonably well provided with drugs but not much else. Five minutes later Billy Blackhawk comes afterthe doctor and we consent to go with him. After a drive of fourteen miles ober bad roads, through sleet and rain, we arrive, the doctor carrying his old-fashioned pill bags or medicine cases containing a hatful of promiscuous drugs. We enter the house, in one room about twelve feet square live ten people, they sleep on dirty blankets or a pile of dirty rags strewed on the floor which is covered with grease and filth. They have a small stove in the center of the house, with a very little fire because fuel is scarce, and hart to get, or if it is easy to get, as it frequently is, it is easier to keep the doors and windows closed than to chop wood. At any rate, all the doors and windows are closed to keep

out the cold. It is now night, and from the dying embers in the stove and a well-smoked lantern there are emitted rays of light approximately in number a half a candle power. Dark as it is and cold, every time you move you can hear flies buzzing as they are driven from their sleeping places. Indeed, some of them have not gone to bed and can be dimly seen crawling over the lips and nose of the little sufferer whom the doctor has come to see. Let us look at the child. He is a five-year old, has had whooping cough for the last three weeks, and now has pneumonia. The poor little fellow is so dirty that the doctor hates to touch him. On the same pile of rags is streched his sister, twelve years old, in the last stages of tuberculosis. If by some miracle the child should survive its present illness, it would certainly die later of tuberculosis. Now, what can a doctor though armed with all the drugs in the pharmacopeoeia do under such circumstances? The parents of the child do not know enough even to give the remedies as they should be given, they do not know how to feed the child and do not have the proper food if they did. Even if they could carry out the doctor's orders as to medicine, which is perhaps the least important part of the treatment, the doctor cannot come everyday, or even once a week, for that matter, and no doctor can see such a patient once and outline his course of treatment for the rest of the time that the child is going to be ill, and yet that is exactly what he tries to do. As you can readily see, the prognosis here is very poor and the child will probably die; the father will con-

clude that the white doctor is not any better than the medicine man and will probably never let the agency care for any of his family again.

From this picture we can readily see just why it was that the progress has been so slow. It took a long time and an immense amount of patients to overcome the superstitions and distrust of a people who at the period spoke but little English, and were so used to the unfair treatment that they received from the average white person. Tact, kindness and relentless effort has brought about desired results to the qualified physician who has learned early in his career the golden rule to use when dealing with Indians, "Never deceive a Red Man". That some of the earlier day physicians were qualified and learned to apply this rule is proven by the fact that some stayed on the job at reservations when but one obstetrical case would accept medical service during an entire year, and that one in a squallid home, until it was possible to say that every child born on the reservation during a certain year was delievered by the doctor in an agency hospital.

Only a bare few of the difficulties and problems that met the agency doctor have been discusses, but it suffices to give the reader a picture of the Indian Health Service that they can hold up in comparison with the one presented of the Service as it stands today.

Beginning in 1911, general appropriations were made each year for the prevention and treatment of disease; and in addition other available appropriations and tribal funds were also used for this activity.

Special appropriations have been made from time to time for the building of hospitals and sanatoria. During the fiscal year of 1937, approximately $1,895,000.00, divided among several classes of appropriations such as: relieving distress and the prevention of disease, asylum for insane Indians, boarding schools, Indian school support, agency and buildings.

The medical work was reorganized in 1926, when a surgeon of the Public Health Service was detailed to be in general charge. The country was divided into six districts with a medical director in charge of each district. In 1932, another district was added, that of Alaska.

Under the present organization of the health work of the Bureau of Indian Affairs there are for comprehensive description two sections, i.e., the administrative which is a section in the education division of the Washington office. The commissioner of Indian Affairs, with the assistance of the Assistant Commissioner, directs the administrative policy of the section, which handles the submitting of estimates for funds, their distribution and the various health activities of the entire field. The section is in charge of a medical officer who has graduated from a recognized school of training, he adivses the Commissioner on the various technical and professional subjects of administration. The active or field section covers all the activities of application of remedial measures including the operation of hospitals, sanatoria, health of schools, and reservation health and sanitation. Since the first hospital

in 1882, the number of hospitals has risen to 88, including sanatoria, sanatorium schools, general and nervous and mental hospitals.

At each of the hospitals there is maintained a dispensary or out-patient service which renders medical assistance to a large number of out-patients. The sanatorium schools are located in convenient places in the Service. They are designed to provide institutional treatment for the Indian children of school age who are afflicted with tuberculosis, but whose physical condition will permit a limited amount of academic and vocational training. A course of both classes of education has been modified to meet the individual requirements. It is hoped through the influence of this class of hospitals to arrest the number of incipeint cases of this disease and prepare the individual with sufficient industrial and vocational training to meet the demands of competitive citizenship.

For the amusement of the pupils in these institutions and to provide mental diversions there are provided certain physical exercises, competitive games both of which are designed to be consistent with their physical development, and motion pictures, music, etc.. The diet is especially selected for the pupils in these institutions and are balanced in accordance with the recognized standard for this class of institutions.

The sanatoria were designed to provide care and treatment of the cases of tuberculosis which, owing to age or degree of advancement, are

not allowed to the sanatorium schools. What is said concerning the diet and amusement for the sanatorium schools applies to this class of institutions, however, there are no regular provisions for providing educational facilities to this class of patients nor are such provisions considered practicable.

The general hospitals are institutions in which provisions are made for caring for the general illness occurring on the various reservations. They are sometimes designated agency hospitals, the name being derived from the purpose they serve. In these institutions which are located on the reservations, the cases of illness developing under the jurisdiction are cared for. The work and management of the agency or general hospitals are very similar to the smaller municipal hospitals. They are all provided with obstetrical wards, and the Indians are being educated to the advantages of hospitalization in this class of cases. They are constructed with provisions for operating rooms, isolation wards, and all other essential conveniences. The capacity varying from ten to one hundred and twenty beds each.

The school hospitals are located in connection with the various boarding schools of the Service and as the name implies they are provided to supply the necessary hospital facilities for the pupils in the school.

With these institutions it is possible to immediately segregate the cases of illness developing in the schools from the other pupils. It provides more constant attention and care to the ill pupils than could be

provided with the usual boarding-school facilities. These institutions are under the direct supervision of the school physician and admissions and dismissals are made upon his recommendations. In addition to the physician the hospital is in charge of the school nurse who besides caring for the patients in a professional capacity, supervises the preparation of the diet, the general duties of the other employees and instructs regular details of the more advanced girls in the vocation of home nursing. These institutions like the others described in the foregoing paragraphs are supplied with a dispensary. All the ambulatory cases are cared for herein. The cases of trachome in the school are required to report to the dispensary at regular intervals for treatments. Cases of minor injuries occuring in the school are immediately referred to this part of the hospital for proper attention. The average school hospital is equipped for handling epidemics and all cases of ordinary ill ess developing within the schools. The constant supervision of the various employees in the boarding schools renders the most efficient medical service possible. It is believed that the medical provisions for the Indian Service schools compares very favorably with any municipal, state or other federal activity of similar classification.

The nervous and mental disease hospitals for the Indian Service are located geographically in almost the centers of Indian population. They are of the latest design. They are equipped with the most modern appliances for properly caring for this class of patients. Special provisions are made for entertainment and mental diversions of the patients. They have a combined capacity of 190 patients and both have been filled for the past several years.

The physician in charge of this institution is a man of broad experience and special training in this class of work. This class of cases always presents a pitiable aspect with a nearly always gloomy outlook for the future, but every possible provision for their comfort and future welfare is provided.

In addition to the hospitalization of the patients it is necessary that the Buareau provide necessary field employees to select the cases from their homes where hospitalization for some reason is either impossible or impracticable. The Indian is not different from the white race in that it is not in all instances possible to place the patient in the hospital. Home conditions and surroundings, and marital conditions render moving the patient to an institution practically as impossible as in many of our white homes. In addition, the Indian people have not been educated up to hospitalization as we have the the result is that we experience no little difficulty in overcoming among them the hospitalphobia which is present.

THE SERVICE'S GREATEST PROBLEMS:

The Indian Bureau has obtained increasing appropriations from year to year until the present year it received an appropriation for $900,000 for health work among the Indians. It is their ambition to continue to get increased appropriations for this work so that eventually there will be an ample number of physicians, as well as a hospital at every school and agency in the United States.

The principal diseases with which the medical service has had to cope have been tuberculosis and trachoma. For instance, it is estimated

that in 1936 there were nearly 25,000 cases of tuberculosis and over 30,300 cases of trachoma. This gives an idea of the magnitude of the task confronting the bureau. With the growth of the hospital facilities and extension of the personnel, it is hoped by the bureau that the morbidity rate for these two diseases will be lowered. The bureau has divided the service into seven districts and assigned to each a specialist in diseases of the eye, ear, nose and throat, with special training in trachoma and supplied each with a nurse. They visit the various jurisdictions in their district and supply such special services as are indicated;the beneficial results of this work, while it is yeat in its infancy, are quite manifest. In addition, the bureau supplies ten traveling dentists who visit the jurisdictions similar to the special physicians, to perform the necessary dental work. These traveling dentists are among the most useful employees of the service. They travel from jurisdiction to jurisdiction in their respective districts and perform the dental work for the pupils in the schools and also for the reservation Indians. Their professional aid promotes conditions among the Indians now generally regarded as definitely essential to bodily health.

The agency and school physicians whether employed under contract or full time appointment perform the duties indicated by their designations. The term "agency" applies to the physicians who are employed for agency or general reservation work and the "school" designates a school employee. In many instances where there are reservation boarding schools, the agency phyá cian also acts in the capacity of school physician. The nurses in the service have many and varied duties and positions.

The duties of the nurses depends upon whether she is a field nurse or on general staff duty. All nurses must be graduates of hospitals in good standing, registered nurses, and, in case of military service, must have had an honorable discharge from the military service and a good report of work done.

The Indian Service has formulated plans for the prevention and treatment of trachoma. Through recent surveys it has been found that at least one out of every five Indians have or have had trachoma. From the standpoint of prevention, measures have been instituted. These comprise segregation of the trachomatous pupils in the dormitories, school rooms and dining rooms. Each pupil is supplied with individual towel, toothbrush and hairbrush, soap, pencils, books, etc. Running water is used for washing and the basins are never permitted to be plugged. Antiseptic solutions are used for disinfection, frequently, all objects, including washbasins, railings, door knobs and casings,beds and pencils. As an active measure against trachoma, the service has employed a corps of twelve special physicians, each supplied with a special nurse, whose prime duty is to diagnose and treat by operative or other means, the trachoma in the Indian service. During the past several years, these doctors examined 80,000 Indians for trachoma. Operations were performed on 10,290 cases and treatment without operation was given to 7,500 cases.

A new treatment for trachoma has been discovered in the last year which is proving to be of great benefit both in controlling acust cases and relieving chronic ones. Most Indians and Indian Service workers have by

now heard of the new drug, sulphanilamide in the treatment of trachoma. It was an Indian service doctor, Doctor Fred Loe of Rosebud, S.D. who first thought of sulphanilamide's possibilities in treating trachoma and experimented in its use. It has been tried cautiously in other Indian Service areas and checked also by trachoma specialists outside the service. In sulphanilamide, it seems probable that a powerful and rapidly effective weapon has been found in fighting this long-lived disease. But it is a weapon whose potentialities are practically unknown and it is consequently one which can do harm if administered without the utmost care. The Indian Service wants to put sulphanilamide into effect and, at the same time, use caution. At a recent meeting in Washington, D.C., attended by a number of personnel of the Indian health service, and by the trachoma advisory commission, made up of "dollar a year specialists" outside of the service the plan of campaign was drawn.

Doctor Fred Loe and Doctor Polk Richards, who is in charge of the services' trachoma work are trying out, after consultation with Doctor P. Thygeson of Columbia University, a distinguished trachoma specialist, a program at the Tongue River Boarding School at Busby, Montana, and at the Salem School in Chemawa, Oregon, which will combine sulphanilamide treatment of trachomatous pupils with research on the use of the drug. These two areas were selected bacause of the large number of children infected, about 300 out of 400 being infected at Chemawa. The childrens' physical reaction to the drug will be watched closely and daily blood tests will be taken. A summer school at Ft. Defiance will be held at which all trachomatous children may attend so as to give a longer period of continuous treatment.

This work is something which the general medical world will watch with deep interest, since in this most recent discovery, as in many other steps in the gradual conquest of trachoma, the Indian Service physicians have been pioneers.

Sulphanilamide's effectiveness is not an unknown quantity; it has been demonstrated on a small scale at various Indian Service jurisdictions, reported to the American Medical Associations, and checked by clinical work outside the service, but before wholesale dosage of the drug is begun, it is obviously wise that they further check the dosage needed, the period of treatment required, and the combined effects upon the whole patient. When the service has acquired this knowledge, it can make a more widespread campaign for its use in combating the disease they have been endeavoring to wipe out for twenty years.

Frequent Tuberculin tests are made on the pupils in all agency schools. Any child found to have active tuberculosis is sent to a snatorium where special care and treatment may be administered to him. In schools, health measures are taught the students so that when they return home, they may, in turn, teach their families how to help prevent the contraction or spread of this disease. The service's public health nurses teach adult classes on communicable diseases and the Indian is readily becoming anxious to learn all that is offered him.

THE NURSING SERVICE

The Nursing Service of the United States Office of Indian Affairs consists of a Supervisor of Nurses, Assistant Supervisor of Nurses, Chief

Nurses, Head Nurses, Staff Nurses, Field Nurses and Specail Traveling Nurses. The appointments are made to the various types of work as vacanies occur, according to the fitnessof the applicants. All of the services nurses establish their eligibility for appointment through the United States Civil Service Commission.

The first year after appointment is considered as a probationary service, to observe the fitness of the nurse and her adaptability to the conditions occuring in the Indian service.

All field nurses are Public Health Nurses. They must all be able to drive a car and on some stations they need to know how to drive a team of horses or how to ride horseback. The Public Health Nurse has many and varied duties. Improvement of the home, educational, moral, sanitary, environmental and social conditions among the Indians are regarded as the primary object of their work. Though it is the duty of every employee of the service, regardless of his position, to do everything possible to contribute to such improvement, both b effort and example, the Public Health Nurse whose duties bring her into closer relationship with the family, especially with mothersand daughters of the home circle, is particularly charged with the responsibility of developing higher standards of living. She visits the homes, renders such assistance as is possible in cases of illness, assists in hospitalization and works with the agency physician in their reservation work. Realizing the vast importance of this service from a standpoint of health and sanitation, the Commissioner, Hon. John Collier, has been successful in obtaining increased numbers of nurses each year.

The time is not long past when it was difficult to persuade the Indian to accept any of the health faculties offered by the government, but through the course of development of this service, the time has at last arrived when it is impossible to meet the demand wich the Indians made for the services of the physicians, nurses and hospitals.

With satisfaction, can we look at the modern hospitals, the splendid records of the doctors and nurses, and the well-organized system that has resulted from the constant will on many peoples' part to make the Indian Service what it is to-day. Most gratifying of all, is the fact that the Indians are showing full appreciation wherever they are offered the adequate health service.

BIBLIOGRAPHY

BOOKS:

Schmeckebier, Laurence : The Office of Indian Affairs. Second edition. New York ; John Hopkins Press, 1929.

Edgemont, Walter E. : The Indian Administration and It's Problems. Washington D. C. ; Office of Indian Affairs press, 1932.

The Encyclopedia Britannica, Vol. X . Twelfth edition.

The Americana Encyclopedia, Vol. VIII. Tenth edition.

ARTICLES:

Babb, S.M.F. "Public Health Nursing in the Indian Service." Public Health Nursing, 23: 539-41 November 1931.

Marshall, L.R. " Health Studies Among the Indians". Trained Nurse and Hospital Review, 97: 41-46, July 1936.

Sloan, R.P. "The White Medicine Man Becomes the Indian's Friend." Modern Hospital, 43: 41-44, October 1934.

Townsend, J.C. "Medical and Health Work Among the North American Indians." United States Public Health Reports, 48: 522-35, May 19, 1936.

Fitzgerald, La V. H. "Nursing Early Americans." Pacific Coast Journal of Nursing, 25: 530-32, September 1934.

Crouch,J. H. "A Trachoma Survey of 29 Public Schools on or near Indian Reservations in Montana." United States Public Health Report 22, 1932

Gregg, E. D. "Public Health Nursing in the Indian Service". Public Health Nurse, 18:11-14, January 1936

Guthrie, M. C. "The Indian Service Part in Control of Trachoma". Eye, Ear, Nose and Th

Ear, Eye, Nose and Throat Monthly, 6: 399-401, August 1935

Hoffman, F. L. "The Medical and Hospital Service of the United States Bureau of Indian Affairs," Hospital Social Service, 19: 544-52, June 1930

Hoffman, F. L. "Medical Problems of our Indian population". 1935. 8 p Eastern Association on Indian Affairs, Bulletin No. 6

Institute for Government Research. "The Problems of Indian administration". Baltimore, Johns Hopkins Press, 1936 872 p.

Stevens, W. S. "Indian Service Doctor Replaces the Medicine Man". Nation's Health, 7: 383-86, 446, June 1933

Tobey, J. A. "Federal Health Work Among the Indians". Nation's Health 4: 687-89, November 1932

United States Indian Affairs Bureau. Annual Reports.

Warner, H.J., Surgeon, United States Public Health Service; Medical Director, District No. 3, United States Indian Service. Notes on t the Results of Trachoma Work by the Indian Service in Arizona and New Mexico. Reprint No. 1337 from the Public Health Reports, Vol. 44, No. 48, November 29, 1929. (Pages 2913- 2920).

Work, Hubert. "The Indian Medical Service". Military Surgeon, 55: 425 -28, October 1935

" Indian Service Collects Further Data On Sulphanilamide As Trachoma Treatment. Indians At Work. December I938.

" Open-Door Laboratories and Demonstration As Tuberculosis Prevention Measures." Indians At Work. December I938.