

PHS Hospital Care May Be Reduced

WASHINGTON, D.C. (AIPA) Indian people in some areas of the United States face the prospect of their hospitals accepting fewer patients, reducing nursing care and discontinuing field and preventive health programs unless administrative or congressional action is taken quickly to avert a shortage of health personnel in the Indian Health Service (IHS) caused in part by the discontinuation of the drafting doctors.

Dr. Emery A. Johnson, director of the IHS, made that statement before the Senate Indian Affairs Subcommittee here Nov. 20 on the second day of hearings into what Subcommittee Chairman Sen. James Abourezk, D-S.D., called "the crisis situation which has arisen in the area of Indian health."

Abourezk told Nixon administration witnesses he wanted to

do something "as rapidly as possible legislatively" to alleviate the staffing problem in Indian hospitals which was expected to worsen in the coming year, according to witnesses.

There are presently 30 physician vacancies in the IHS, most of them in the Dakotas and in Nebraska. Until this past June 30 the IHS was able to draw on a pool of doctors and dentists available through the Doctor-Dentist Draft Act of 1949. Doctors and dentists were authorized by that act to serve two years in the U.S. Public Health Service in lieu of their military commitment to the U.S. government.

With the ending of the draft, IHS must now attract needed health professionals by means of higher salaries, bonuses, early retirement arrangements and the like, a budgetary problem for

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IHS. According to Dr. Johnson's testimony, IHS would need another \$10 million annually to give the IHS a doctor-patient ratio of one doctor to 750 patients instead of the present ratio of one to a thousand. The national average is one doctor to every 600 persons.

Dr. Everett Rhoades, vice chairman of the Kiowa Tribe and one of only 38 Indian physicians in the nation in subcommittee testimony said that "reasons other than financial security" made it difficult to attract

physicians into the rural areas of the nation. He cited such things as the lack of a "cultural environment"—symphony orchestras, libraries, theaters and the lack of opportunity for professional growth, and a lack of good housing, recreation opportunities and schools.

Officials of the Department of Health, Education and Welfare (HEW) which houses IHS acknowledged an approaching crisis in the staffing of IHS. Dr. Charles C. Edwards, assistant secretary for health, said HEW began taking steps to cope with the situation soon after it became certain that the doctor draft would end. He outlined HEW's effort to better use existing manpower by instituting Community Health Medics, satellite telecommunications in Alaska to handle diagnosis, stepped-up recruitment, scholarships to medical students, and financial incentives extended to doctors.

When asked by Abourezk what IHS would do in the event these efforts failed to meet the reservation physician need, Edwards said IHS would have to arrange a system of transporting patients to medical centers. IHS administers 51 hospitals, 84 service units, 84 health centers and over 300 health stations and satellite clinics.