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Pioneers of Indian Health: Dr. Toyo Shimizu

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This is the first in a series of articles that will appear in future issues of *The Provider* that highlight the careers of some fascinating people who were truly pioneers in the history of the *Indian Health Service* (IHS). This series can be viewed as an extension of the soon to be published 50 Year History of the IHS, which I had the privilege to work on throughout its development. It is also worth noting that our former Director, Dr. Chuck Grim, provided an insightful overview and reflections on the themes evident in this rich history in the December 2008 issue of *The IHS Provider*.

Before telling the story of Dr. Toyo Shimizu, I want to acknowledge the considerable assistance I received from his daughter, Margo Snyder, who shared her own memories and interviewed her mother, Kiyo, who was 99 years old at the time. Margo is the wife of highly respected and now retired IHS dentist, Dr. Rick Snyder. I was also assisted in this effort by the reflections from a long-time friend and former Deputy Chief of the IHS Dental Program, Dr. Frank Martin, who worked under Dr. Shimizu in the early 1970s, and by one of my most valued mentors, Dr. Bob Mecklenburg, who served as a peer with Dr. Shimizu, and later as Director of the IHS Dental Program, as well as Chief Dental Officer of the USPHS. Finally, I want to acknowledge Alan Dellapenna, the stalwart leader of the IHS 50 year history project, for his efforts in digging out archived records on Dr. Shimizu and the myriad historical reflections he has shared with me during the past two years.

There is an old adage that has been used in many contexts that states, "Situations don't make the man, they reveal him." Excusing the gender bias, I would agree there is much truth to this notion. Reflecting on the history of the IHS, including my own experiences over the past 35 years, I am also convinced that experiences, such as working in the IHS, can often shape peoples lives, if not define them. Such was the case for this "Pioneer of Indian Health."

Dr. Toyo Shimizu

Toyo Shimizu was born in Los Angeles on January 29, 1911. His parents had immigrated to the US in about 1900 from Nara, Japan. His father worked as a master gardener in the yards of the residents of Hollywood. As a boy, he worked delivering newspapers and shuttling groceries to the large homes of movie stars and the wealthy, where he was required to arrive only at the service entrance.

Despite his apparently happy childhood, anti-Japanese sentiment in California had been blatantly evident since the 1850s and targeted Japanese immigrants and Japanese Americans specifically when the state's 1905 anti-miscegenation law was amended to prohibit marriages between Caucasians and "Mongolians" and again in 1924 with the "Oriental Exclusion Law," which blocked Japanese immigrants from attaining citizenship. The Japanese

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immigrants were often viewed as economic threats to the working class, particularly in the expanding agriculture economy of California.

As the first-born male of his family, Toyo was doted on by his parents and strongly encouraged to excel in his studies. He was a good student at Hollywood High School and went on to academic success at UCLA. Following college graduation he was attracted to the opportunities and independence that the dental profession had to offer and was accepted to the USC School of Dentistry where he graduated with honors in 1934.

Shortly after setting up his practice in a section of Los Angeles known as "Japanese Town" in 1935, Toyo met Kiyo at a beach party. This bright young Japanese American was a college graduate working as a bookkeeper at a store near his office. Their relationship bloomed, and they were married in 1937. They lived in a back apartment of Toyo's parents' house, and his practice grew as they lived the American dream. Their first child, Russ, was born in February 1941, but their joy was short lived. With the Japanese attack of Pearl Harbor in December 1941, The United States entered World War II, and one of the darkest hours in the history of Japanese Americans was soon to follow when President Franklin D. Roosevelt issued Executive Order 9066.

This order in effect overruled the constitutional protection for Japanese American citizens in the name of national defense, allowing the military to implement a massive evacuation and incarceration of approximately 120,000 persons of Japanese ancestry living on the west coast. Under the newly formed War Relocation Authority, they were incarcerated up to four years after being forced to leave their homes and jobs to live in remote and poorly equipped "concentration camps" (the actual words used by President Roosevelt) surrounded by barbed wire and armed guards.

The Shimizu family learned of their fate from a published list in the local newspaper and had approximately two months to prepare for this life-changing experience. Toyo put his dental equipment in storage and left the almost new furniture in the office. They packed their clothes and a few small possessions, turned over their apartment and furnishings to a neighbor who was not being relocated, and reported to the Assembly Center at Santa Anita Race Track, which was used as a massive staging center. Because of her education and community organizing skills, Kiyo's sister was asked to leave the Los Angeles area early to help set up the internment camp at Manzanar in the mountains of eastern California. As would happen in many families, Kiyo would be separated from her parents and sister because they would be assigned to a different internment camp.

From the staging area at the race track, Toyo, Kiyo, and their son Russ were bused to a temporary camp near Prescott, Arizona where they stayed for about four months while the more permanent camp for an estimated 20,000 Japanese was being built at Poston, Arizona on the Colorado River Indian Reservation near Parker. When they arrived at Poston, they found their housing was basically a tarpaper shack. They were assigned one of the four rooms formed by wooden dividers that offered minimal privacy. They scavenged for cardboard boxes to serve as furniture because other than a crude bed with no mattress, there was none. They were instructed to stuff mattress bags with piles of hay stacked outside to serve as their bedding.

Tar Paper Internment Camp Dental Clinic

The mess hall, toilet facilities, and recreation hall were all crudely built communal facilities with health care provided by a small temporary hospital, with referral to the Colorado River Indian Hospital as needed. With the exception of Army guards, the internment compound was assigned to the Office of Indian Affairs to manage. However, archived records document that there was considerable confusion regarding which federal agency was responsible for providing the resources needed in setting up and managing the camp -- not surprising given how rapidly the relocation program was planned and implemented. Within two years the authority for administering the camp was reassigned back to the War Relocation Authority. It appears that the Indian people of the Colorado River Indian Reservation were given no choice but to accept the added burden of placing 20,000 people on their land and straining their already overloaded health care delivery system.

The Japanese residents of the camps were empowered to govern themselves within the confines of their setting while using their skills as appropriately as possible for the benefit of all. Toyo volunteered to serve as a clinical dentist for the camp and also served on the camp's health board. Through this role, Toyo developed a positive relationship with Dr. Ralph Snavely, a USPHS medical officer serving as the Office of Indian Affairs District Medical Director administering the Colorado River Indian Reservation. It's not surprising that as a trained health care provider, Toyo also developed a strong interest in public health. He was both working and living in crowded, makeshift settings where public health considerations were

critical to his family's and his community's well-being. He was also part of a pioneering community health and TB control intervention involving public health nurses and lay workers, known as Public Health Visitors, which was a precursor to the Community Health Representative (CHR) program and a model later effectively used in Alaska to address the Alaska Native TB epidemic. Toyo worked on the TB effort with fellow Japanese internee, Dr. Kazusai Kasuga, a TB specialist who later served as IHS Area Director in the Alaska and Albuquerque Areas.

Toyo, Kiyo and their son lived at Poston for about two and a half years and, while they certainly experienced hardship, Toyo found both a purpose and a passion for public health and a love of the vast land and skies of the southwest; a significant and rapid transition from the life of a private practice dentist living and working near Hollywood. He also developed an interest in and desire to learn more about the Indian people to whose land they had been forced to relocate. Perhaps he felt something in common with the discrimination and deprivation the Indian people experienced as a consequence of federal policies. He even volunteered and trekked with his dental equipment, and several times with his wife, on donkeys into the Havasupai Canyon to serve the Indians living there. They would sleep on the floor of the dormitory where children stayed. According to his wife and daughter, after these experiences, it appears he never considered the option of returning to his life in Hollywood when he was free to leave the internment camp.

As a result of Toyo's growing interest in public health, he applied and was initially accepted at Yale University for graduate public health training, only to be rejected when they learned of his ancestry and his family's internment. Ironically, he would have been allowed to leave camp for such educational reasons. After this painful rejection, Toyo contacted Dr. Snavely for advice. Snavely had turned over control of the Poston health program to the War Relocation Authority but was able to offer Toyo a position as one of the first Indian health clinical dentists. He was stationed in Albuquerque, New Mexico serving as the traveling dentist, since dental care for Indians during this period was separate from the hospital, and dentists were hired as circuit riders for large regions.

Dr. Shimizu holding clinic at the Oribi High School on the Hopi Reservation 1945

Because of his success in this role, Toyo was asked to take the dental position in Whiteriver, Arizona where he would be largely on his own to set up a traveling clinical practice. At Whiteriver his family's accommodations were only marginally better than at the internment camp, with no hot water and relying on a wood stove for both heat and cooking. Over the next five years Toyo spent much of his time driving his portable equipment around Arizona and New Mexico providing care at Indian schools predominantly to children, and emergency care to adults.

In 1951 Toyo moved his family to Ft. Defiance to serve a similar role across the Navajo and Hopi reservations. For this assignment Toyo would accept a commission in the USPHS and don the uniform. At that time, a growing number of health professionals who had returned from the war had traded their military uniform for that of the USPHS Commissioned Corps. One has to wonder what thoughts went through his mind as he swore allegiance to a country that had once banished him, but ultimately provided opportunities to grow and learn in ways he had never dreamed. Once again, he found great peace and contentment in traveling across the expansive and striking landscape of northern Arizona and New Mexico and serving people with great need. It's not difficult to imagine how well Toyo's quiet and humble ways agreed with the similar demeanor of the people he served.

Working without a dental assistant, Toyo had become a master of efficiency and effectiveness in adapting to community settings and working with local staff in providing care. Since many patients did not speak English, he often relied on local translators to assist him. But much of his success appears to have been the result of his skill, gentleness, kindness, and his enchanting smile, perhaps enhanced by his looks, which more closely resembled the adults of the communities he served than most of the health care providers

at the Indian hospitals at the time.

In 1955, Toyo returned to Albuquerque to assist in running the regional dental program and mentor the growing number of new dentists following the transfer of the Indian health program from the Bureau of Indian Affairs (BIA) to the USPHS under the Department of Health, Education and Welfare. Toyo was respected for his vast experience in the "trenches of mobile dental care" and developed great rapport with the influx of war veteran providers who were joining this new and energized organization, the Indian Health Service.

In 1957 Toyo's long sought dream was realized when he was selected as the first DIH dentist for long-term training, and he completed his Masters of Public Health degree at the University of Pittsburg the following year. He returned to Albuquerque in 1958 to serve as the Area Dental Officer and began a critical leadership role in integrating oral health into the fabric of the IHS. In 1964, Toyo transferred to Phoenix to become the Area Dental Officer, a role he held until his retirement in 1973.

During the 15 year period after his public health training, Toyo evolved from a pioneer of the Indian health dental program to one of the critical architects of the emerging specialty of dental public health and, as a result, effecting the transformation of the IHS Dental Program. This transformation took dental care from a largely damage-control model of restorative and surgical acute care to a public health model that took into account the overall status of community's oral health, the underlying factors contributing to the conditions, and then the approaches available to address them.

Toyo and his contemporaries totally revised the approach to dental care delivery and improved clinical efficiency by integrating the use of dental assistants and four handed dentistry; later they introduced the use of expanded-duty dental auxiliaries. This transformation also included the use of evidence-based standards of care that led to major investments in oral health prevention initiatives such as fluoride treatments in the clinics, water fluoridation in the pump house, and education in the community.

An important consequence of this transformed dental program under the leadership of Toyo and others was that clinical providers developed a sense of shared clarity of purpose and confidence. Providers came to believe they could make a difference and that the IHS Dental Program would support them and reward them with opportunities for further training if they committed to a career with the IHS. As a result, the *esprit de corps* of the IHS Dental Program grew, and a growing number of dedicated dentists elected to make the IHS their career choice.

Indeed, Toyo served as an important mentor and inspiration to many IHS dentists during his long career. He was Dr. Frank Martin's first Area Dental Director when he reported to duty at the Sells Indian Hospital in 1970 (then part of the Phoenix Area). Frank acknowledges that Toyo's passion for public health and the IHS Mission was a significant determinant in his own decision to give up the goal of eventually setting up a potentially lucrative private practice in favor of a career in the IHS and public health. Toyo was not a heavy handed manager, but one who led by example. He had a habit of periodically calling his clinical staff on late Friday afternoons to ask how the week went, inquire whether they needed any support, and perhaps to make sure they had not shut down the shop prematurely.

I had the pleasure of meeting Toyo when I was an Advanced General Practice Resident at the Phoenix Indian Medical Center in 1976. He was retired and living in Phoenix but volunteered to speak to the program's residents. I was captivated by his dignified demeanor and at the same time, his wit and warmth, and the twinkle in his eye. He was clearly very knowledgeable and insightful about all aspects of the dental program. He projected the pride and privilege of having served his career in the IHS, and he made us, the next generation of clinicians, feel lucky to have this unique opportunity. There was no mention of the painful road that led him to serve in the IHS or negative innuendo of any kind. Like Frank Martin and many others he touched, I was inspired and challenged to follow his path.

In 1988, Congress passed a law commonly named the Japanese American Redress Bill that acknowledged the grave injustice of the war's relocation program. Reparation checks of $20,000 were sent to surviving internment camp detainees including Toyo, Kiyo, and Russ, as well as a signed letter of apology from President Reagan on behalf of the American people. Today most scholars who have studied this disturbing event of American history attribute the rash behavior to latent racism toward Japanese Americans in California superimposed on the acute fear generated by the attack on Pearl Harbor. However, there appears no credible basis that those interned to camps represented any real threat to the country.

However, the evidence is quite clear that Japanese Americans made significant contributions to the war effort. While not allowed to serve in the Pacific Theater, Japanese units set up in the European theater were among the most decorated of the war. Hawaii Senator Daniel Inouye lost his arm serving in Italy and was awarded a Bronze Star and Congressional Medial of Honor for service in the war. On the home front, many Japanese medical professionals backfilled the dire state-side shortage of providers in the wake of the large number of trained medical providers needed for the war effort. Toyo and others providing health care to the nation's most underserved populations on Indian reservations were no less commendable.

Dr. Toyo Shimizu died on August 3, 1990 and was buried in the National Memorial Cemetery of Arizona. He was a man who could have justifiably chosen to define who he was from a victim's perspective but chose quite the opposite. In reflecting on his life and legacy I am struck by his capacity for forgiveness and his ability to look for opportunities for fulfillment and joy through service in every experience and

hardship, and ultimately contributing so much to the IHS and Indian people. Although his family did not consider him particularly religious, he was indeed a deeply spiritual man who was raised by Buddhist parents, adopted Christianity as an adult, and respected and possibly accepted many of the spiritual ways of the Indians he served for so long. Thus his life seems to have reflected the best of all of these traditions, and his experiences both revealed his essence and at the same time helped mold the man he would become. The words of Mary Ann Williamson from her classic book *The Gift of Change: Spiritual Guidance for a Radically New Life* offer a way to frame the life, the experiences, and the exemplary behavior of Toyo Shimizu as well as wisdom for us all to consider for today:

There are wars that the vast majority of us would call "righteous wars," such as America's involvement in World War II. Now, as then, there are people who wish our country harm and would kill us if they could; it is clearly both our right and our responsibility to defend ourselves. But the conversation should not stop there. If our first responsibility as individuals is to accept the atonement for ourselves, then America's first order of business should be getting our own actions right with God. No nation should fear deep reflection and self-examination. What we should fear is our urge to avoid them.

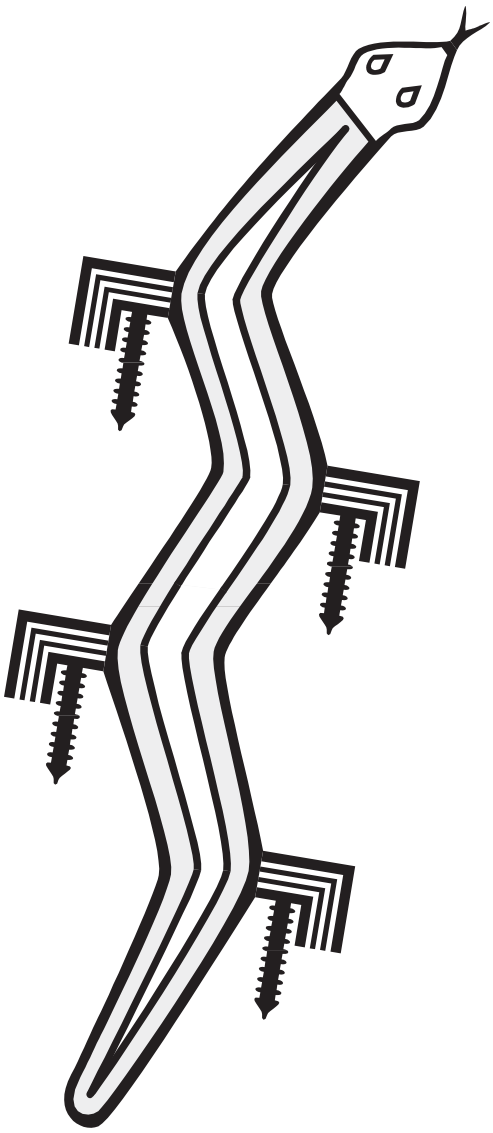
America has our own atonement to attend to. A humble heart, through which we admit our own errors and seek to live in more righteous relationship with the peoples of the world, is a spiritual approach to our current situation that is a healthy complement to more aggressive problem-solving options. As long as brute force is deemed the greatest power and love is deemed essentially weak, then we are mocking God and dealing dangerously with our future.

Photo Caption and Credits

Photo 1: Dr. Toyo Shimizu, Shimizu Family Photo, Used by permission.

Photo 2: Tar Paper Internment Camp Dental Clinic, Courtesy of the Bancroft Library, University of California, Berkeley

Photo 3: Dr. Shimizu holding clinic at the Oribi High School on the Hopi Reservation 1945. Used by permission, Northern Arizona University, Cline Library, Special Collections and Archives, Milton Snow Collection.



Community Health Representatives (CHRs) Speak Out About Cancer: An Invitation to Listen, A Call to Action

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"For years, Native people have danced as a form of prayer and way to celebrate life. There is a movement among Native people to raise awareness of cancer. The dancer represents a friend, a family member -- a person we all know. Dance honors the spirit of people. The shawl honors the spirit of hope, while the many colors of ribbon fringe represent the different types of cancer."

~ Cassandra Leigh Darrough, Paiute-Shoshone

Introduction

In 2008, the Community Health Representative (CHR) program celebrated its fortieth year of being part of the Indian Health Service (IHS). There are now more than 1,400 CHRs, representing over 250 tribes in the 12 IHS Areas. CHRs, as respected community members, provide a wide range of services including health promotion, health education, paraprofessional health care, home visits, patient advocacy, and coordinating/teaching health care outreach programs.

In response to the increasing number of American Indians being diagnosed with cancer, and to improve the quality of client care, a special project funded by the National Cancer Institute's Quality of Cancer Care Committee was carried out over the past year (October 2007 - October 2008). The project was designed to 1) develop and provide cancer education with and for CHRs, and 2) support opportunities for clinical providers and community-based CHRs to communicate with each other and explore ways to coordinate and strengthen patient care services in cancer prevention and early detection of cancer among American Indians.

Developing and Implementing Cancer Education for CHRs

As part of this project, an eight-hour cancer education curriculum "Cancer Education for CHRs" was developed and provided during CHR Basic, Refresher, and First Responder courses. A total of 12 cancer education trainings in eight different locations throughout the US were provided for 214 CHRs. In collaboration with project workgroup members, CHRs, and clinical providers, a cancer education module, an interactive basic cancer CD-ROM, and a series of three "talking tools" were designed and developed to support CHR cancer education and outreach efforts.

Cancer Education Training Course Design

At the beginning of each course, participants were invited to share what they hoped to learn during their eight-hour training. Course content was then tailored to meet CHR needs, and resources were recommended to support continued learning. Activities were developed and included within the course to support CHR learning style preferences. CHR cancer education was very interactive, and included games, role playing, readers' theatre, expressive arts, movies, and discussion to support varied and holistic ways of learning. The learning environment honored and respected participants' tribal traditions and pathways for learning.

Cancer Education Course Evaluation

Of the 214 CHR course participants, 208 (97%) completed a written evaluation at the end of the cancer education training. CHRs shared their personal perceptions, thoughts, feelings, and experiences about cancer and cancer screening, as well as their suggestions for cancer education. The three-page mixed format written evaluation included check box and open-ended questions. Of the CHRs who completed a written evaluation, 96% identified themselves as American Indian, 82% were female, and participants ranged in age as follows: 19 - 29 (14%), 30 - 39 (21%), 40 - 49 (26%), 50 - 59 (30%) and 9% were 60 and older.

Evaluation comments were reviewed, noting commonalities and unique responses. Written comments were given back to CHR participants the day following cancer education via a PowerPoint presentation. This provided an opportunity for CHRs to learn what they had collectively shared and served as a forum to clarify written comments and extend learning. CHRs reported they especially appreciated having this information and opportunity to see, listen to, and talk about the comments and perspectives shared on the written evaluations. This method of data sharing was reportedly a unique experience for CHRs, who have historically completed

survey questionnaires and not seen the results or understood how their ideas would be used or shared with others.

Over half (60%) of CHRs in the course reported that this was the first time they had received cancer education training. Almost all CHRs (99%) wanted to share cancer information learned as a result of the training with people in their community. The majority of participants (96%) wrote that they wanted to learn more about cancer. CHRs written comments are shared below.

Was this cancer education training helpful? 100% of survey respondents circled yes; representative comments include:

- *"It helped me to talk about it. I feel more competent in talking about cancer."*
- *"I will be more comfortable because of the things I learned."*
- *"I can go out and teach this to my community and be confident about it."*

Did you learn anything useful and interesting? 100% of survey respondents circled yes and described specific content. Select comments include:

- *"Types of screenings for men, ways to overcome taboos."*
- *"You can educate without all the doom. Makes you feel comfortable - made it [learning] fun."*
- *"How to speak to our patients."*

CHRs share ways to support learning. Representative comments include:

- *"We learn better by interaction or hands-on. Games and activities."*
- *"Keep it fun and entertaining."*
- *"Song and dance great therapy."*

Other responses indicated effective ways of sharing cancer education with people in their community, as follows:

- *"Talking groups. Share stories."*
- *"Help us with tools to do the job, now we're getting knowledge, but models, visual/audio aids would be helpful."*
- *"Pamphlets and movies are a great way of educating our Native People."*

Was this cancer education training culturally respectful for all participants? The majority (97%) of respondents circled yes. Representative comments include:

- *"All of us are a gift. Everything was at the right level where everyone was comfortable with sharing their cultural beliefs."*
- *"Learned more on how everyone from different places offer support in many different ways."*

When you hear the word cancer what thoughts, words or feelings come to mind?

The majority (73%) of CHR responses included "death", "dying", or "hopelessness."

- *"Most people have decided there is no hope when someone is diagnosed with cancer."*

Some CHRs (9%) responded with a memory of a family member who had died from cancer.

- *"Scary-Because the people I know who had it died."*

However, 7% of respondents reported a sense of hope:

- *"Fear, sadness before cancer education was provided - now I'm offered hope and understanding."*
- *"Seeing Native people living with cancer or survivors made a huge impact. I will spread the word."*

What is important for us to know and understand about your culture and providing cancer education? 18% of respondents shared their understandings:

- *"My people don't like to talk about it, they're scared and don't want to know about it."*
- *"Culturally in the past we were taught not to talk about these types of subjects. So as not to 'call' them to us. But I feel that this needs to change."*
- *"That each tribe is different and has their own way of healing."*

How do you think people in your community view cancer screening exams?

Uncomfortable or afraid (37%)

- "Afraid to have screenings because they don't want to know if they may have cancer."
- "As a way of seeing if they are going to live or die."

Don't talk about screenings (22%)

- *"They won't get it if they don't think about it."*
- *"Elders don't want to talk about if changes in body. Shy embarrassed."*

Not important (10%)

- *"If ignore it – won't affect them. Out of sight, out of mind."*
- *"Something overwhelming to do."*
- *"They feel…why should I do it? No one will explain anything to me…a waste of time."*

Important (27%)

- *"Need to be educated to be able to ask health professionals."*
- *"If the doctor says they need an exam they will go have it done."*

- *"Okay…as long as screening can be done locally."*

Cancer Education Learning Outcomes

Will you do anything differently as a result of this cancer education training …

For you? 86% of respondents wrote ways to change personal health behaviors:

- *"Exercise daily, eat better, try to quit smoking."*
- *"Do more annual checkup for me."*
- *"How to love myself and taking better care of myself."*

For your family? 78% of respondents wrote ways to support family wellness:

- *"Teach them about how important it is to take care of themselves, encourage them to have yearly check-up at clinic."*
- *"Encourage them to take pride in their health and well-being."*
- *"Explain/talk openly about check-ups and wellness in preventing cancer."*

For your patients? 84% of respondents wrote ways they would incorporate what they learned from this training with patient care:

- *"Bring it up. Try to talk to my patients more about cancer."*
- *"Screenings be more persistent, a lot of people don't feel the need, say they would rather not know."*
- *"Be more hopeful, give more attention to patient and give information about cancer."*

For your community? 97% of respondents wrote ways they would support wellness within their communities:

- *"Give out more educational materials."*
- *"Encourage them to take pride in their health and well-being."*
- *"Add more laughter and games to introduce them to cancer [education]."*

Post-Course CHR Evaluations

In addition to the written evaluations completed upon conclusion of the course, all course participants were invited to share via e-mail, letters, and telephone outreach their post-course perspectives and experiences. Reponses include the following comments that reflect positive learning outcomes resulting from this training that participants described weeks and months beyond the course.

Changes in knowledge of cancer

- *"Now that I have been home three very serious cases have broken out in my community. And with the knowledge and the notes I took [during CHR cancer education training] it has been very helpful for me when dealing with this disease and helping family members and friends cope."*
- *"[CHR cancer education training] has helped to fill a void that existed in my education on this incredible disease. I was able to take the things you all taught and do further investigation on how to implement these screenings and teachings into my community."*

Changes in personal and family health behaviors

- *"Absolutely [I feel differently about cancer]…take it more serious – preventative measures such as screenings and healthier lifestyle, but also not waiting so long to seek medical advice for changes in the body for myself and in the patients."*
- *"…I am more conscious about people smoking around my children. I seem to be more cancer aware when I choose certain foods to prepare for my young family. I encouraged my husband to do the proper screening for his age…I will be sure to have the proper screenings."*

Changes in patient care

- *"Since training people seem more willing to listen, since they know I'm not voicing my opinion but basing my comments/suggestions on solid researched evidence/training. They're more receptive to the information and more willing to act on it."*
- *"[I'm] more aggressive about not letting them miss preventative screenings/tests and about encouraging them to see medical advice for even the slightest lump or change."*
- *"I ask more questions now [with patients] that I wouldn't have thought to ask before. I make sure screenings are done regularly…I know signs to watch for now on patients."*

Post-course community cancer awareness and cancer education activities provided by CHRs

- *"…I myself, with the support of my outreach team, have done education classes on colon rectal cancer, breast cancer, lung cancer, skin cancer, etc. with the help of my head MD…we did several presentations to the tribal community on screenings, signs and symptoms, etc. It was a great event. Now we continue education."*
- *"…people are hungry to know more about other kinds of cancers. We gave out information on colon cancer, breast cancer, lung cancer. And we answered [people's questions] the best way we could. Even that you have to translate it to the older ones, because*

they're fluent [in their own language] and they want to know what you're talking about in the language."

- *"Cancer sessions. More women going in for mammograms and people are asking questions."*

Post-course evaluation responses: What would you like clinical providers to know about the work you do and the ways CHRs can make a difference in the story of cancer in your community?

- *"First, what providers need to remember [is] that not always does a title make you more valuable than someone without those credentials. It is in our job very vital to be personable; not only do we help these patient understand their medical advice given by these providers, we go beyond that, we help explain the effects, the risks, the benefits; we help them cope, we help the families make it through these tough decisions. The providers need to remember the vital part CHRs play in the medical wheel."*
- *" And there is so much to benefit by having good communication between the providers and the CHRs. I know here in my community my medical providers depend on my findings out in the community; they depend on my relationships with the patients, as I am told everyday that I am their eyes and ears in this community. My relationships with providers are remarkable. I utilize them in everything I do, they are our mentors, teachers, support group. They are very helpful and open to anything I bring to the table. Now I know some CHRs aren't as fortunate as I to be able to work side-by-side with their providers, so in cases such as those, providers need to be educated on how valuable their CHRs could be in providing good medicine to the people of their communities."*
- *"We are more persuasive at getting people to doctor for screening or further testing because we have a personal relationship with the patient; the patients we get to know do trust us and are more apt to respond to suggestions to go get checked out. Thus when a patient comes in saying they want a test because the CHR said they might need one, take it serious, do the test."*
- *"Because…an elder goes in there, they just look at the doctor, you know, and think, 'What is he saying?'…but then, you know the ones [CHRs] that go into the homes, they trust them [CHRs] and they come out with their feelings [to us]…"*
- *"Have providers explain things slowly and clearly, and if they have questions, ask a CHR; they can give a helpful background for clients."*

It is of note that, during workgroup discussions and teleconferences throughout the project, CHRs voiced their eagerness to support patients and work with clinical providers. At the same time, however, they spoke of their deep disappointment in wanting and trying to work with clinical providers to provide coordination and continuity of care for patients, but being unable to develop strong, mutually respectful clinic liaisons. CHRs provided feedback that clinical providers are frequently unfamiliar with CHR roles and the work they do in providing patient care services, and therefore are not aware of and do not understand the many benefits of coordinating patient care by working with CHRs. Additionally, as providers come and go, relationships change and new clinical liaisons must be developed all over again. CHRs also noted that oftentimes clinical staff are not from the local area and it takes time for people in their communities, clinical providers, and CHRs to develop close working relationships and understand each other's ways of communication, cultural traditions, and understandings. As one CHR commented, "[We have] *no communication with facility. Clinic thinks we are not important. Would be nice for our clinic to recognize we are important, just like doctors are."*

Materials developed to support cancer education (All Materials available upon request)

Talking Tools. To support and strengthen collaboration among CHRs and clinical providers, members of the workgroup developed three "Talking Tools" ("CHRs in Cancer Control," "Talking with CHRs," and "Talking with Clinical Providers") to encourage and support dialogue about ways CHRs and clinical providers can communicate and collaborate to provide continuity of care for clients.

Cancer Education Module. The cancer education module, *Understanding Cancer*, was developed, piloted, and revised in response to CHRs' use of the module during CHR Basic, Refresher, and First Responder Training. Original watercolor artwork by Cassandra Darrough (Pyramid Lake Paiute) introduces each section of the module as a way to engage learners and support holistic ways of learning. The module includes four main sections (self-care, wellness ways to prevent and decrease cancer risk, understanding cancer basics, cancer treatments: what to expect) with an additional resource section (helpful resources to learn more, understanding new words, share your knowledge through community activities). Each section provides basic cancer information in clear, easy to understand language and invites CHRs to consider ways they can support people in their community to learn about the topics. Possible ways to share information with clients and community members to support cancer control are provided. CHRs reported that they felt the module was easy to understand and the topics included were important and helpful.

"Winds of Hope" Basic Cancer Education CD-ROM. This interactive CD-ROM provides basic cancer information through games, stories, and short movies to support and extend

CHR basic cancer knowledge. Additionally, this CD-ROM provides an opportunity for CHRs to learn cancer basics in the comfort of their home learning environment, using an engaging format.

Recommendations

Not only did CHRs describe the cancer education course as culturally respectful, helpful, and useful in working with clients, they overwhelmingly requested additional and ongoing cancer education. CHRs are eager to learn more about cancer and desire continued learning opportunities both at face-to-face, on-site courses, and with home-based education. To best support standardized messages and assist CHRs in their desire to bridge the difficult and often taboo conversation of cancer with clients and community members, CHRs have requested additional educational materials. CHRs requested information to increase their comfort and confidence in providing cancer education for men, children (children's books), and elders, as well as a flip chart they can use in presenting cancer education to clients and community members.

Conclusion

This project provided an opportunity to expand and strengthen CHR awareness and knowledge about cancer. CHRs generously shared their experiences, teaching us and helping us to understand the vital work they do to support wellness within their communities. CHRs have a strong desire for ongoing cancer education to share wellness ways with people in their communities that honors tribal languages, cultural traditions, and ways of knowing. Ultimately, CHRs and clinical providers, working together in collaborative and respectful ways, can provide the necessary heart, hands, and skills to make a positive change in the story of cancer within their communities.

A New Day

"I envision a day when the people will be well and healthy in mind, body, and spirit. When cancer no longer threatens the lives of those we love and care about. Then that will be a New Day. This day will get closer and closer, as more and more people become aware of the risk factors for cancer. CHRs reach out and grasp the hands of those next to them. They create a link to knowledge and resources found within each other, by each other, so that they learn from each other."

~ Cassandra Leigh Darrough, Paiute-Shoshone

Indian Health Service
Alcoholism and Substance Abuse Program
As part of the Clinical and Public Health Leadership Series
And the IHS Clinical Support Center (the accredited sponsor) Announce the

2009 Clinical Update on Substance Abuse and Dependency

(formerly the Primary Care Provider Training on Chemical Dependency)

Location: Native American Connections Inc.
4520 N. Central Avenue, fifth floor
Phoenix, Arizona, May 5 - 8, 2009
(30 Training Slots)

PRE-REGISTRATION

- Complete the attached pre-registration form and fax to **Cheryl Begay at 602-364-7788 by April 1, 2009.** If you are selected to attend the training, you will be notified by April 8 for the May session. Upon enrollment, the participants are expected to attend **ALL** four days of the training session. You may choose to register on-line at: *http://www.ihs.gov/MedicalPrograms/ClinicalSupportCenter/*
- If selected, **employees of P.L. 93-638 compacted or contracted tribal facilities** that have taken tribal shares from the ASAPB and/or the CSC will be charged a fee of $350.00 to attend the training session and will be expected to provide for their own travel and per diem expenses.
- Travel and training expenses are paid by the Division of Behavioral Health and are coordinated by the Clinical Support Center in Phoenix, Arizona. You will be notified by the Clinical Support Center regarding your travel arrangements.

ACCREDITATION

The Indian Health Service (IHS) Clinical Support Center (CSC) is accredited by the Association Council for Continuing Medical Education to sponsor continuing medical education for physicians. The CSC is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

CONTACTS

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Anthony Dekker, DO (Course Information), Phoenix Area Office, Phoenix, AZ;
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Cheryl Begay (Registration & Travel Arrangements), Clinical Support Center, Phoenix, AZ;
PH: 602-364-7777 FAX: 602-364-7788 *cheryl.begay@ihs.gov*

COURSE INFORMATION

Since 1988, the Indian Health Service (IHS) Alcoholism and Substance Abuse Program Branch (ASAPB), utilizing the IHS Primary Care Provider Curriculum, *Clinical Training in American Indian/Alaska Native Alcohol and Other Drug Abuse*, has offered three days of intensive workshops that include both didactic and experiential training. The curriculum is updated annually with the most current nursing, addiction medicine, and prevention information.

This intensive, interactive training course has been available to Indian Health Program providers (physicians, physician assistants, advanced practice nurses, and nurses) for the past 20 years. It has evolved into one of the best opportunities available anywhere to develop specific skills related to caring for substance abusing Native American clients and their family members who are also affected by the abuser's behavior.

One group of approximately 30 providers (preferably teams of physicians or physician assistants and nurses from the same hospital or clinic) will attend classroom training. All Indian health facilities are encouraged to carefully select an interested and qualified team to send to this course in order to gain the most from the experience and to better implement a local substance abuse prevention and treatment program when they return to their facility. Training will consist of lectures, discussion, and interactive exercises focusing on addressing negative provider attitudes about chemical dependency, and enhancing prevention, screening, intervention, detoxification, and treatment skills. Training includes several sessions that cover issues of prescription drug abuse and addiction. Utilizing primarily American Indian/Alaska Native (AI/AN) treatment programs, providers will have the opportunity to observe clients/patients in addiction treatment groups, learn about specific treatment modalities, and discuss treatment issues for American Indian/Alaska Native programs. Providers will be able to participate in talking circles and sweat lodge ceremonies to enhance their understanding of the spiritual component of treatment for AI/AN (bring swimwear or appropriate attire for the sweat, if you choose to participate).

Native American Connections, Inc. (NAC) serves the urban Indian population and tribal communities throughout the southwest. NAC provides comprehensive behavioral health services and transitional and permanent affordable housing to low income individuals and families. NAC manages a primary chemical dependency residential treatment program for both men and women designed for a 30 - 60 day treatment stay; however, individual lengths of stay are clinically determined. Guiding Star Lodge is the women's facility and can accept pregnant women and clients with small children. The Intensive Outpatient program offers an eight week, four days a week, group and individual treatment program. Case management is provided for all clients during their treatment at NAC. Upon completion of primary treatment, clients are given a variety of options including transitional living, outpatient or aftercare counseling, referral to other long-term care facilities, or to their local trial alcohol program for follow-up.

Travel days will be Monday and Friday of the week, as the course begins at 8:00 a.m. on Tuesday and ends at noon on Friday. The Clinical Support Center will provide travel arrangements and will reimburse for lodging and per diem for non-contracted/compacted participants.* Scholarships are sponsored by the IHS Division of Behavioral Health.

***Note:** There is a $350 tuition fee for those employees of P.L. 93-638 contracted or compacted tribal facility who have taken tribal shares of the ASAPB and/or the CSC.

The 14th Annual Elders Issue

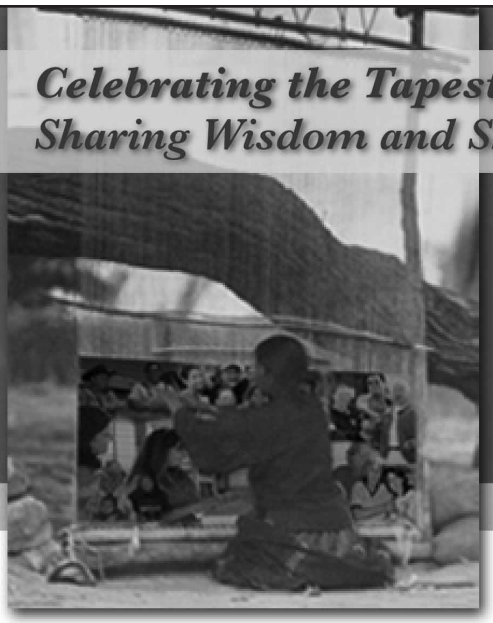
The May 2009 issue of THE IHS PROVIDER, to be published on the occasion of National Older Americans Month, will be the fourteenth annual issue dedicated to our elders. Indian Health Service, tribal, and Urban Program professionals are encouraged to submit articles for this issue on elders and their health and health care. We are also interested in articles written by Indian elders themselves giving their perspective on health and health care issues. Inquiries or submissions can be addressed to the attention of the editor at the address on the back page of this issue.

Sources of Needs Assessment Data That Can Be Used to Plan CE Activities

The new focus in planning continuing education activities is the identification of gaps in provider knowledge, competence, or performance that can be addressed with your activity. Ideally, these gaps should apply specifically to the American Indian and Alaska Native population and the providers who serve them. Where can you obtain data that help you identify these gaps? From time to time, we will publish items that either give you such data or show you where you can find them. When you are asked about the sources of your needs assessment data in your CE planning process, it will be easy enough to refer to these specific resources.

The IHS Home Page can lead you to data collected about the health and health care of the patients we serve. For example, if you go to *http://info.ihs.gov/Disparities.asp*, you can obtain data about disparities for American Indian and Alaska Native health indicators. Information about cancer epidemiology can be found at *http://www.ihs.gov/MedicalPrograms/Epi/index.cfm?module=health_issues&option=cancer&cat=sub_4*.

The study briefly described on page 86 reminds us that too often known, effective treatments are underutilized. CE promoting the adoption of best practices is one approach to this dilemma.



Celebrating the Tapestry of Health and Wellness: Sharing Wisdom and Showcasing Innovation

INDIAN HEALTH SUMMIT

July 7-9, 2009 | Denver, Colorado

SAVE THE DATE!

July 7-9, 2009
Hyatt Regency Hotel | Denver, Colorado

The Health Summit will be a national gathering of Indian Health professionals and administrative leadership, community health advocates and activists, and Tribal leadership. We will join together to build skills and share ideas and innovations for:

- Health Promotion and Disease Prevention in Native Communities
- Enhancing the physical, mental, social and spiritual health of Native people and communities
- Improving health outcomes, the delivery of services, and the experience of care across ages and conditions in all settings of the Indian Health System
- Preventing diabetes and its complications with plenary presentations, panel discussions, and in-depth, interactive workshops

Interactive learning sessions and special events including:

- Plenary session on the Future of the Indian Health System by Director, Robert McSwain
- Highlights from the Special Diabetes Program for Indians Community-Directed and Demonstration Project Grants
- Update on the Director's Health Initiatives' Health Promotion/Disease Prevention, Behavioral Health, and Chronic Care
- Session tracks on Leadership, Traditional Medicine, Telehealth, Self-Management Support, Delivery System Re-Design
- Cultural events
- Poster presentations
- Learning Labs – hands-on, interactive half-day sessions
- Tribal leaders' panels on key health issues
- Breakout sessions on Injury Prevention, Obesity Prevention, Tobacco and Cancer Prevention, Maintaining a Healthy Heart
- Clinical information systems
- Exhibitors

Join us for what promises to be the Indian Health conference of the year!

Conference website: http://conferences.thehillgroup.com/healthsummit/index.html

IHS DIVISION OF DIABETES TREATMENT AND PREVENTION

TRIBAL PARTNERS:
National Council on Urban Indian Health
Direct Service Tribes
National Indian Health Board
Tribal Self-Governance Advisory Committee

This is a page for sharing "what works" as seen in the published literature, as well as what is being done at sites that care for American Indian/Alaskan Native children. If you have any suggestions, comments, or questions, please contact Steve Holve, MD, Chief Clinical Consultant in Pediatrics at sholve@tcimc.ihs.gov.

IHS Child Health Notes

Quote of the month

"A drug is a substance that when injected into a guinea pig produces a scientific paper."

Anonymous

Article of Interest

Knapp JF, Simon SD, Sharma V. Quality of care for common pediatric respiratory illnesses in United States emergency departments: Analysis of 2005 National Hospital Ambulatory Medical Care Survey data. *Pediatrics*. 2008;122:1165-1170. *http://pediatrics.aappublications.org/cgi/reprint/122/6/1165*

The goal of this paper was to measure US emergency department care of pediatric asthma, bronchiolitis, and croup as there are clear "best practices" for each of these conditions. Physicians prescribed steroids in only 69% of the patients with moderate to severe asthma and only 31% of croup visits. Physicians ordered chest radiographs in 72% of children with bronchiolitis visits and prescribed antibiotics for 53% of children diagnosed with bronchiolitis.

The authors conclude that physicians treating children with asthma, bronchiolitis, and croup are under-utilizing known effective treatments and overusing ineffective therapeutic and diagnostic treatments.

Editor's Comment

Surprisingly, despite well-publicized guidelines for these common respiratory illnesses, physicians still fail to meet best practices almost half the time. What accounts for the gap between guidelines and the bedside? This study reminds us that we need to place more effort on making sure the simplest things are done correctly.

Recent literature on American Indian/Alaskan Native Health

Michael L. Bartholomew, MD

Singleton RJ, Holman RC, Plant R, et al. Trends in otitis media and myringotomy with tube placement among American Indian/Alaska native children and the US general population of children. *The Pediatric Infectious Disease Journal*. 2009 Feb;28(2):102-7. *http://www.ncbi.nlm.nih.gov/pubmed/19131901?ordinalpos=1&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DefaultReportPanel.Pubmed_RVDocSum*

Otitis media continues to be a prevalent disease affecting children within the US. Prior to the introduction of 7-valent pneumococcal conjugate vaccine (PCV7), estimates of OM visits accounted for over 24 million visits annually with surgical intervention ranging from 1 - 7% of affected children.[1,2,3] Post licensure surveillance studies of PCV7 have shown a reduction of OM visits and myringotomy with insertion of tubes (MIT) procedures.[2,3,4] With limited data on the occurrence of OM and MIT among American Indian/Alaska Native children since the introduction of PCV7, the authors explored the recent epidemiology and burden of OM and MIT procedures among AI/AN children less than five years of age between 2003 - 2005.

For 2003 - 2005, the OM-associated outpatient visit rate for AI/AN children less than five years of age was higher (89 per 100 children/year) than the general US population of 62.7 per 100 children/year. This rate represents a decrease from previous reported rates for AI/AN children in 1994 - 1996 (138 per 100 children/year).1 Regionally, Alaska had the highest OM-associated outpatient visit rate, followed by the northern plains, southwest, and west regions. Additionally, the Alaska region was the only region to show an increase in OM outpatient visit rate from previous reported years of 1994 - 1996 (158 to181 per 100 children per year). Each IHS region had higher rates than the general US population. AI/AN infants accounted for approximately 33% of OM-associated outpatient visits and had a higher rate than AI/AN children ages 1 - 4 years. OM-associated outpatient visit rates for AI/AN infants were double that of the US general infant population.

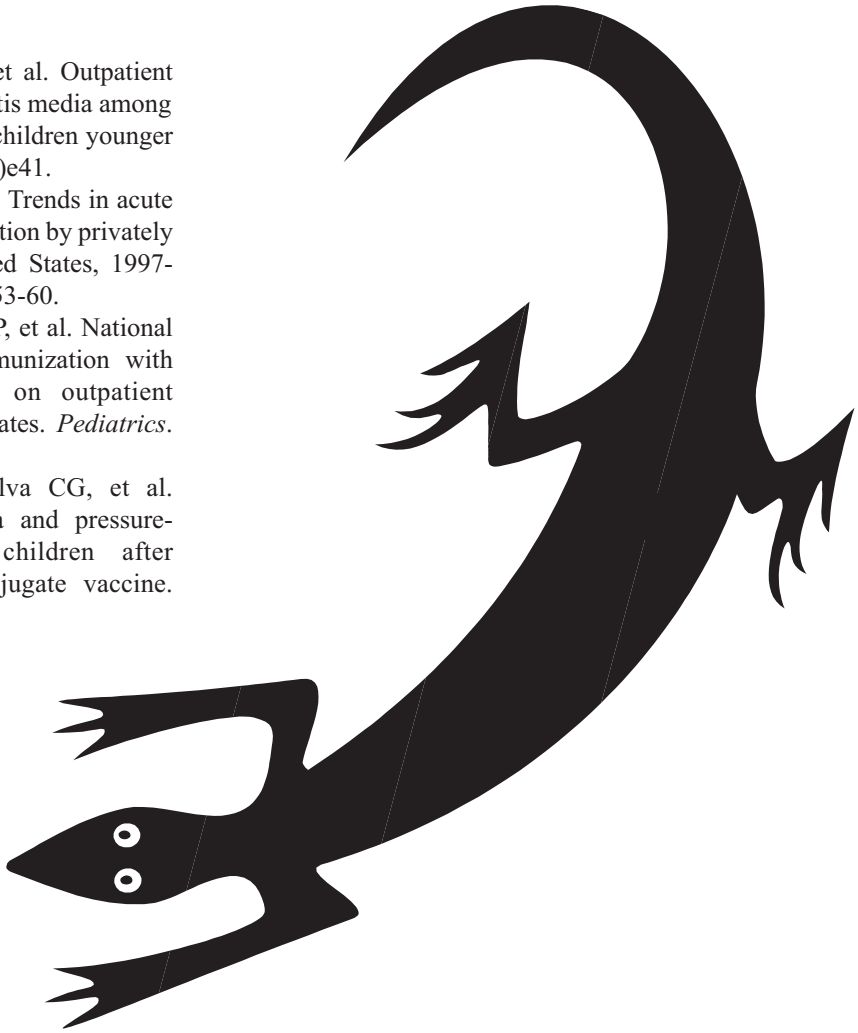
AI/AN children also had a higher annual OM-associated hospitalization rate than the US child general population in 2003 (675 vs. 617 per 100,000). The majority of outpatient MIT procedures occurring at IHS/tribal facilities occurred in the Alaska region. The AI/AN rate for outpatient MIT procedure was higher in the Alaska region (2.6 per 100/year) than any other IHS region and the general US population (1.8 per 100/year).

This study is not without limitations. The 10-fold difference in MIT procedure rates for Alaska and the remainder of the IHS regions may be a result of direct access to surgical interventions in Alaska (Otitis Media Project in Alaska) or MIT procedures being preformed at non-IHS/tribal facilities in other IHS regions. The AI/AN population (active IHS/tribal user population) used is an estimate and is not representative of all AI/AN children in the US.

OM continues to be a significant cause of morbidity among AI/AN children. Despite decreases in OM-associated outpatient visits, OM-associated hospitalizations, and MIT procedures among American Indian populations in other IHS regions, Alaska region demonstrates an increase in OM associated morbidity among Alaska Native children. The authors conclude that these findings may suggest a decreased impact of PCV7 on non-invasive *Streptococcus pneumoniae* infections in Alaska Native children and the need for expanded-valency pneumococcal conjugate vaccine in this population.

References

1. Curns AT, Holman RC, Shay DK, et al. Outpatient and hospital visits associated with otitis media among American Indian and Alaska Native children younger than 5 years. *Pediatrics*. 2002;109(3)e41.
2. Zhou F, Shefer A, Kong Y, Nuorti JP. Trends in acute otitis media-related health care utilization by privately insured young children in the United States, 1997-2004. *Pediatrics*. 2008 Feb;121(2):253-60.
3. Grijalva CG, Poehling KA, Nuorti JP, et al. National impact of universal childhood immunization with pneumococcal conjugate vaccine on outpatient medical care visits in the United States. *Pediatrics*. 2006 Sep;118(3):865-73.
4. Poehling KA, Szilagyi PG, Grijalva CG, et al. Reduction of frequent otitis media and pressure-equalizing tube insertions in children after introduction of pneumococcal conjugate vaccine. *Pediatrics*. 2007 Apr;119(4):707-15.



A NEW PROGRAM FOR CURRENT AND FUTURE INDIAN HEALTHCARE EXECUTIVES

WHAT?
A concentrated executive leadership program designed specifically for current and future leaders. The program will benefit individuals who are either serving in or aspire to be in leadership positions.

WHO WOULD BENEFIT?
Chief Executive Officer · Service Unit Director · Health Director · Medical/Clinical Director · Nursing Executive · Director of Nursing · Administrative Officer

Individuals who are program coordinators or managers of clinical, community, environmental or engineering programs will find this beneficial.

The interactive curriculum includes topics that will be integrated through the use of exercises, case studies, and team projects.

Challenges in Indian Healthcare
Change and Transition
Personnel
Motivation
Organizational Skills
Personal Vision & Goal Settings

Financing Health Care
Budgets and Financing
Data & Information Technology

Law
Integrity and Ethics

Conflict Resolution
Critical Thinking
Negotiation
Executive Communications
Partnerships, Collaborations
Decision Making
Visionary Strategic Planning
Building Constructive Relationships

WHY?
The purpose of the Executive Leadership Development Program is to provide a forum where participants learn new skills and encounter different approaches to reduce barriers, increase innovation, ensure a better flow of information and ideas, and lead change. The goal is to provide essential leadership training and support for Indian healthcare executives whether they work in Federal, Tribal, or Urban settings.

WHO?
Faculty for the Executive Leadership Development Program have been selected from the private, public, and academic sectors. They have experience teaching in executive programs and understand the unique needs of the Indian healthcare system. Coordination of the Executive Leadership Development Program is through the Indian Health Service, Clinical Support Center in Phoenix, Arizona in partnership with different universities and foundations.

HOW?
The Executive Leadership Development Program will be presented in three 4 ½ day sessions over 12 months. Each session builds on the previous session. Participants should anticipate an intense experience to develop and practice skills to be an effective leader. Independent time is used for reading assignments or working with fellow team members on business simulations, cases, or presentations. At the end of each session, participants will receive certificates of accomplishment from the academic institutions that sponsored the training. After all three sessions have been completed, participants will receive a certificate of completion from the Indian Health Service.

WHEN/WHERE*?

Session One (05/09)	**May 4-8, 2009** Western Management Development Center Aurora, Colorado
Session Two (06/09)	**June 15-19, 2009** Western Management Development Center Aurora, Colorado
Session Three (07/09	**July 20-24, 2009** Western Management Development Center Aurora, Colorado

*Note: Attendees must enroll for all three sessions.

CONTINUING EDUCATION CREDITS ACCREDITATION
The Indian Health Service (IHS) Clinical Support Center is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

The IHS Clinical Support Center designates this continuing education activity for up to 28 hours of Category 1 credit toward the Physician's Recognition Award of the American Medical Association. Each physician should claim only those hours of credit he or she actually spent in the education activity.

The Indian Health Service Clinical Support Center is approved by the American Council on Pharmaceutical Education as a provider of continuing pharmaceutical education.

The Indian Health Service is accredited as a provider of continuing education in nursing by American Nurses Credentialing Center Commission on Accreditation, and designates this program for 36 contact hours for nurses.

Continuing Education Units for Chief Executive Officers, Administrative Officers and Dentists designates this program for
36 CEUs.

TUITION:
Tuition for all three sessions is **$4500**. The tuition includes three (3) 4 ½ day-session, books, instructional handouts, leadership assessments, and continuing education credits. Payment should be by Tribal organization check or approved SF-182 Form. Travel and per diem are not included in the tuition.

CONTACT:

Gigi Holmes & Wes Picciotti
Phone: (602) 364-7777
FAX: (602) 364-7788
Email: gigi.holmes@ihs.gov
http://www.ihs.gov/nonmedicalprograms/eldp/

Indian Health Service
Clinical Support Center
Two Renaissance Square, Suite 780
40 North Central Avenue
Phoenix, Arizona 85004-4424

Last update: October 6, 2006

Please email questions and comments related to content to: Gigi Holmes

MEETINGS OF INTEREST

Available EHR Courses

EHR is the Indian Health Service's Electronic Health Record software that is based on the Resource and Patient Management System (RPMS) clinical information system. For more information about any of these courses described below, please visit the EHR website at *http://www.ihs.gov/CIO/EHR/index.cfm?module=rpms_ehr_training*. To see registration information for any of these courses, go to *http://www.ihs.gov/Cio/RPMS/index.cfm?module=Training&option=index*.

Sexual Assault Nurse Examiner (SANE) Training Workshop
April 13 - 17, 2009; Oklahoma City, Oklahoma

The Sexual Assault Nurse Examiner (SANE) workshop is an intensive five-day course to familiarize health care providers with all aspects of the forensic and health care processes for sexual assault victims. This course emphasizes victim advocacy and the overall importance of being a member of the interdisciplinary Sexual Assault Response Team (SART) in the investigative, health care, and prosecution processes. Lead faculty for this course will be Linda Ledray, PhD, RN, a certified SANE trainer and Director of the Sexual Assault Resource Service (SARS) of Hennepin County Medical Center in Minneapolis, Minnesota. Dr. Ledray is a nationally recognized expert and pioneer in the area of forensic nursing. This course is open to I/T/U health care professionals, including nurses, advanced practice nurses, physician assistants, and physicians.

Please make your room reservation early by calling the Crowne Plaza Hotel at (405) 848-4811 or 1-800-2-CROWNE. Be sure to mention the "IHS-SANE Training" to secure the rate of $83.00 + tax (single occupancy) per night. The deadline for making room reservations is March 23, 2009. Any reservation request received after this date will be accepted on a space availability basis only.

For more information about the event, contact LCDR Lisa Palucci at the IHS Clinical Support Center, (602) 364-7740, e-mail *lisa.palucci@ihs.gov*; or visit the CSC website at *http://www.csc.ihs.gov*.

Advances in Indian Health Conference
April 21 – 24, 2009; Albuquerque, New Mexico

Save the Dates! The 2009 "Advances in Indian Health Conference" will be April 21 - 24, 2009 in Albuquerque, New Mexico. "Advances" is Indian health's conference for primary care providers and nurses. Get up to 28 hours of CME/CE credit learning about clinical topics of special interest to I/T/U providers, including the option to focus on diabetes training. To see the 2008 brochure, go to *http://hsc.unm.edu/cme/2008Web/AdvancesIndianHealth/AIH2008Index.shtml*, or you can contact the course director, Dr. Ann Bullock at *annbull@nc-cherokee.com* for more information.

Intensive Case-Based Training in Palliative Care
May 4 - 8, 2009; Rochester, Minnesota

This new and innovative intensive program will build on the principles and practice of palliative care previously introduced at the ***Education in Palliative and End-of-Life Care-Oncology (EPEC-O ™)*** conferences. It is designed to address some of the suggestions for additional training made by participants. This course will be taught at the Mayo Clinic by its faculty and IHS experts in palliative care. Actual cases will be presented and examined in detail, with an emphasis on an interdisciplinary approach to palliative care. Trainees will gain hands-on experience in dealing with real-life scenarios in the state-of-the-art Simulation Center. Trainees will also round with palliative care and pain management teams and attend weekly interdisciplinary case conferences.

A portion of the course will be presented by telemedicine as part of the *International Telehealth Palliative Care Symposium* sponsored by the Alaska Native Tribal Health Consortium. Cultural considerations in providing palliative care for indigenous people will be emphasized.

There is no cost to attend. Funding, provided through the generosity of the Fort Defiance Service Unit, under the direction of Dr. Franklin Freeland CEO, will cover travel and per diem for teams of three or four individuals. Teams should be drawn from individual facilities or service units and include a physician, nurse, and a social worker. Additionally, a pharmacist or other involved professional will be considered as part of a team. Approximately eight teams, 28 - 32 individuals, will be accepted. Teams with individuals who attended one of the previous EPEC-O™ conferences are strongly encouraged to attend, although this is not a prerequisite.

The deadline for applications is February 28, 2009. Applications will be accepted on a first request, first served basis. Register on line at *http://www.csc.ihs.gov*. For questions or more information, please contact Timothy Domer, MD at *Timothy.domer@ihs.gov*.

The Indian Health Service Clinical Support Center (CSC) is providing meeting support and will serve as the accredited sponsor.

2009 Clinical Update on Substance Abuse and Dependency (Formerly known as the Primary Care Provider Training on Chemical Dependency)

May 5 - 8, 2009; Phoenix, Arizona

This three-and-a-half day intensive workshop includes both didactic and experiential training. The curriculum is updated annually with the most current nursing, addiction medicine, and prevention information. This training is available to Indian health providers (physicians, physician assistants, nurses, and advanced practice nurses). Enrollment is limited to 30 providers (preferably 2 - 3 person teams from the same facility representing the various disciplines targeted). The conference site is the Native American Connections Inc., 4520 North Central Avenue, Suite 600, Phoenix, Arizona 85012. For more information or to register, contact Cheryl Begay at (602) 364-7777 or e-mail *cheryl.begay@ihs.gov*. To register on-line, go to the CSC website at *http://www.csc.ihs.gov*.

2009 Nurse Leaders in Native Care (NLiNC) Conference

June 15 - 19, 2009; Phoenix, Arizona

The theme of this year's conference is "Linking Yesterday, Today, and Tomorrow through Leadership, Teamwork, and Evidence-Based Practice." IHS, tribal, and urban nurses are encouraged to attend the '09 NLiNC Conference to be held at the Sheraton Crescent Hotel, 2620 W. Dunlap Avenue, Phoenix, Arizona 85021. Please make your room reservations by May 31, 2009 by calling toll-free 1-800-423-4126 or (602)-943-8200, and ask for the "2009 Nurse Leaders in Native Care Conference" to secure the special rate of $89 + tax single or double occupancy per night. Reservations may also be made on-line at: *http://www.starwoodmeeting.com/Book/2009 NurseLeaders*.

The IHS Clinical Support Center is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. For more information, please contact LCDR Lisa Palucci, MSN, RN, Nurse Educator/Lead Nurse Planner, IHS Clinical Support Center, Office of Continuing Education, at *lisa.palucci@ihs.gov*, or (602) 364-7740. You can also visit the NNLC website for additional information at *http://www.ihs.gov/MedicalPrograms/nnlc/nnlc_conferences.asp.*

Indian Health Summit

July 7 - 9, 2009; Denver, Colorado

The Indian Health Summit is scheduled for July 7 - 9, 2009 in Denver, Colorado. The Health Summit will be a national gathering of Indian health professionals and administrative leadership, community health advocates, and tribal leadership. Tribal partners include the National Indian Health Board and the National Council of Urban Indian Health, Direct Service Tribes and the Tribal Self-Governance Advisory Committee. The theme for the Health Summit is *Celebrating the Tapestry of Health and Wellness: Sharing wisdom and showcasing innovation in Indian Health*.

The Health Summit will be patterned after the Institute for Healthcare Improvement (IHI) Forums to include a variety of mini sessions or learning labs (2.5 hour skill building sessions) as well as plenary and abstracted sessions that focus on the care model, the improvement model, and health care system transformation. Sessions will focus on the Director's Health Initiatives, the Special Diabetes Program for Indians, public health and partnerships, urban health issues, traditional medicine, tribal leadership, injury prevention, trauma care, telehealth, and many other topics. There will be story board and networking sessions as well as social events such as an Indian comedy duo and Indian dance troupe.

Please make your hotel room reservations at the Hyatt Regency Denver Convention Center, 650 15th Street, Denver, Colorado 80202 (*www.denverregency.hyatt.com*). Reservations can also be made by calling the hotel directly at (303) 436-1234 or (800) 633-7313. Online reservations can be made at *http://denverregency.hyatt.com/groupbooking/denccindi2009*. For online registration and the most current conference agenda and information, please visit the conference website at *http://conferences.thehillgroup.com/healthsummit/index.html*.

For more information, contact CAPT Candace Jones at (505) 248-4961; e-mail *Candace.jones@ihs.gov* or Kimi DeLeon at the Hill Group at (301) 897-2789 x 132; e-mail *kdeleon@thehillgroup.com*.

POSITION VACANCIES

Editor's note: As a service to our readers, THE IHS PROVIDER will publish notices of clinical positions available. Indian health program employers should send brief announcements as attachments by e-mail to john.saari@ihs.gov. Please include an e-mail address in the item so that there is a contact for the announcement. If there is more than one position, please combine them into one announcement per location. Submissions will be run for four months and then will be dropped, without notification,, but may be renewed as many times as necessary. Tribal organizations that have taken their tribal "shares" of the CSC budget will need to reimburse CSC for the expense of this service ($100 for four months). The Indian Health Service assumes no responsibility for the accuracy of the information in such announcements.

Family Medicine Physicians
Internal Medicine Physicians
Emergency Medicine Physicians
Sells Service Unit; Sells, Arizona

The Sells Service Unit (SSU) in southern Arizona is recruiting for board certified/board eligible family medicine, internal medicine, and emergency medicine physicians to join our experienced medical staff. The SSU is the primary source of health care for approximately 24,000 people of the Tohono O'odham Nation. The service unit consists of a Joint Commission accredited 34-bed hospital in Sells and three health centers: San Xavier Health Center, located in Tucson, Arizona, the Santa Rosa Health Center, located in Santa Rosa, Arizona, and the San Simon Health Center located in San Simon, Arizona, with a combined caseload of approximately 100,000 outpatient visits annually. Clinical services include family medicine, pediatrics, internal medicine, prenatal and women's health care, dental, optometry, ophthalmology, podiatry, physical therapy, nutrition and dietetics, social work services, and diabetes self-management education.

Sixty miles east of the Sells Hospital by paved highway lies Tucson, Arizona's second largest metropolitan area, and home to nearly 750,000. Tucson, or "The Old Pueblo," is one of the oldest continuously inhabited sites in North America, steeped in a rich heritage of Indian and Spanish influence. It affords all of southern Arizona's limitless entertainment, recreation, shopping, and cultural opportunities. The area is a favored tourist and retirement center, boasting sunbelt attributes and low humidity, with effortless access to Old Mexico, pine forests, snow sports, and endless sightseeing opportunities, all in a setting of natural splendor.

We offer competitive salary, relocation/recruitment/retention allowance, federal employment benefits package, CME leave and allowance, and loan repayment. Commuter van pool from Tucson is available for a monthly fee. For more information, please contact Peter Ziegler, MD, SSU Clinical Director at (520) 383-7211 or by e-mail at *Peter.Ziegler@ihs.gov*. (3/09)

Family Nurse Practitioners
San Simon Health Center, Sells Service Unit; Sells, Arizona

The Sells Service Unit (SSU) in southern Arizona is recruiting for a family nurse practitioner to provide ambulatory care in the recently opened San Simon Health Center and another family or pediatric nurse practitioner to provide ambulatory care in our school health program. The SSU is the primary source of health care for approximately 24,000 people of the Tohono O'odham Nation. The service unit consists of a Joint Commission accredited 34-bed hospital in Sells and three health centers: San Xavier Health Center, located in Tucson, the Santa Rosa Health Center, located in Santa Rosa, and the San Simon Health Center located in San Simon, with a combined caseload of approximately 100,000 outpatient visits annually. Clinical services include family medicine, pediatrics, internal medicine, prenatal and women's health care, dental, optometry, ophthalmology, podiatry, physical therapy, nutrition and dietetics, social work services, and diabetes self management education.

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We offer competitive salary, relocation/recruitment/retention allowance, federal employment benefits package, CME leave and allowance, and loan repayment. For more information, please contact Peter Ziegler, MD, SSU Clinical Director at (520) 383-7211 or by e-mail at *Peter.Ziegler@ihs.gov*. (3/09)

Family Physician
Staff Dentist
Consolidated Tribal Health Project, Inc.; Calpella, California

The Native American Health Center in northern California wine country is seeking a doctor and a dentist to join our dedicated team. For twenty five years, Consolidated Tribal Health Project, Inc. has been providing health, dental, behavioral health, and community outreach services to the

eight consortium tribes of Mendocino County.

We are seeking two providers:

- Family Practice Physician, BC/BE, to provide direct patient care (90%) and administration (10%)
- Staff Dentist to provide comprehensive, public health oriented dental services and all general clinic services

Candidates must currently hold a California license. Qualified applicants, please fax resume, cover letter, and salary requirements to Human Resources at (707) 485-7837. For the right candidate, we offer a competitive salary, excellent benefits, and an opportunity for loan repayment. Native American preference in hiring; all qualified applicants will be considered. For more information, please contact Annie Kavanagh at (707) 467-5685, or by e-mail at *akavanagh@cthp.org*. (2/09)

Family Practice Physician
Nurse Practitioner
Pawhuska IHS Health Center; Pawhuska, Oklahoma

The Pawhuska IHS Health Center has openings for a family practice physician and a nurse practitioner. Our facility is a JCAHO accredited, multidisciplinary outpatient clinic with medical, dental, optometry, behavioral health, an on-site lab, and pharmacy. Our medical staff enjoy regular work hours with no night or weekend call.

Pawhuska is located 55 miles from Tulsa, Oklahoma. It is home to the Osage Nation, with a rich heritage of tribal culture, oil money, and even cowboys. So if you have a passion for small town life on the plains, you may want to check us out.

Interested parties can contact Wehnona Stabler, 715 Grandview, Pawhuska, Oklahoma 74056; telephone (918) 287-4491; or e-mail to *wehnona.stabler@ihs.gov*. (2/09)

Family Practice Physician
Gallup Indian Medical Center; Gallup, New Mexico

The Gallup Indian Medical Center has an immediate opening for a family medicine physician. GIMC is one of the largest Indian Health Service sites. The IHS has great benefits packages for both Civil Service and Commissioned Corps providers. We are an NHSC scholarship and an IHS Loan Repayment site as well. The Department of Family Medicine offers the opportunity for full spectrum family medicine care. There are currently nine physicians, two physician assistants, and one pharmacist clinician in the department. Chronic disease management and prevention are the focus for continued development and expansion of this department and program. The hospital has a multi-specialty group, and family medicine physicians have inpatient privileges at GIMC as well as at the community hospital, Rehoboth McKinley Christian Hospital.

Please contact Dr. Alma Alford, Chief of Family Medicine, if you are interested in pursuing an opportunity here. The address is Gallup Indian Medical Center, 516 E. Nizhoni Blvd., P.O. Box 1337, Gallup, New Mexico 87301-1337; telephone (505) 722-1000; fax (505) 726-8740; office number (505) 722-1280 or 722-1775; e-mail *alma.alford@ihs.gov*. (1/09)

Physicians
Belcourt Comprehensive Health Care Facility; Belcourt, North Dakota

The Belcourt Comprehensive Health Care Facility is seeking experienced pediatric, emergency medicine, obstetrics and gynecology, family practice and psychiatry professionals. Belcourt is located in Rolette County in the north-central part of the state near the Canadian border in rural North Dakota. The Turtle Mountain Reservation has approximately 26,000 enrolled tribal members of the Turtle Mountain Band of Chippewa. The area consists of low rolling hills and a wide variety of trees. About 40% of the land is covered with small ponds and lakes for those who love fishing, boating, and water skiing and, in the winter, snowmobiling, ice fishing, as well as downhill skiing. We are a 27-bed facility with a busy clinic and a 24-hour emergency room, as well as the following services: Family Practice, OB/GYN, Emergency Medicine, General Surgery, Behavioral Health, Mid-Level Services, Dentistry, Pharmacy, Optometry, Physical Therapy, and Nursing.

For more information, contact Kimberlin K. Lawrence, Recruitment Specialist, Aberdeen Area Indian Health Service, Office of Professional Service, 115 4th Ave. SE, Aberdeen, South Dakota; telephone (605) 226-7532; fax (605) 226-7321; e-mail *kim.lawrence@ihs.gov*. (1/09)

Physicians
Eagle Butte IHS Hospital, Eagle Butte, South Dakota

The Eagle Butte IHS Hospital is seeking experienced emergency medicine and family practice professionals. Eagle Butte is located in Dewey County in rural western South Dakota. The Cheyenne River Reservation has about 15,000 enrolled tribal members of the Cheyenne River Sioux Tribe. The mighty Missouri River borders its eastern edge, the rugged Cheyenne forms its southern border, and the Moreau River flows through the heart of the reservation. This land of sprawling prairies and abundant waters is home to the Cheyenne River Sioux Tribe. Hunting opportunities on the Cheyenne River Reservation include elk, whitetail deer, mule deer, pronghorn antelope, duck, goose, turkey, rabbit, and prairie dog. Anglers can catch trout, walleye, salmon, large and smallmouth bass, white bass, northern pike, and catfish. The stark, solitary beauty of the prairie will amaze visitors. In some places, you can drive for miles with only nature and wildlife as company. We are a 13 bed facility with a busy clinic and a 24-hour emergency room, as well as the following services: Family Practice, Emergency Medicine, Mid-Level Services, Dentistry, Pharmacy, Optometry, and Nursing.

For more information, contact Kimberlin K. Lawrence, Recruitment Specialist, Aberdeen Area Indian Health Service, Office of Professional Service, 115 4th Ave. SE, Aberdeen,

South Dakota; telephone (605) 226-7532; fax (605) 226-7321; e-mail *kim.lawrence@ihs.gov*. (1/09)

Medical Director
Physician
Mid-Level Provider
Nimiipuu Health; Lapwai, Idaho

Caring people making a difference. Nimiipuu Health is an agency of the Nez Perce Tribe, with ambulatory health care facilities in Lapwai and Kamiah located in beautiful northern Idaho near the confluence of the Snake and Clearwater Rivers, an area rich in history, natural beauty, and amiable communities. We provide excellent benefits and opportunity for personal and professional growth. Nimiipuu Health's caring team is looking for individuals making a difference in the health care field and is now accepting applications for three positions.

Medical Director (Salary/DOE/Full-Time/Lapwai). MD or DO with current certification in family practice or internal medicine. Must have completed an internship, be board certified, with at least five years of clinical experience. Must be licensed to practice medicine in Idaho, or obtain state of Idaho license within one year of appointment. Must have BLS and ACLS certification. Knowledge of history, culture, and health needs of Native American communities preferred. Must maintain current license and certification, have a valid driver's license with insurable record, and will be required to pass extensive background. Closes 1/09/09. Tribal preference applies.

Physician (Salary/DOE/Full-Time/Lapwai). Idaho licensed MD or DO, prefer board certified in family practice or internal medicine. Incumbent can obtain Idaho license within one year of appointment. Must have DEA number or obtain within three months of appointment. Knowledge of history, culture, and health needs of Native American communities preferred. Must maintain appropriate board certification, have a valid driver's license with insurable record, and will be required to pass extensive background. Closes 1/09/09. Tribal preference applies.

Mid-Level Provider (Salary/DOE/Full-Time/Lapwai). Idaho licensed FNP or PA. Incumbent can obtain Idaho license within one year of appointment. Must have BLS and obtain ACLS within six months of appointment. Knowledge of history, culture, and health needs of Native American communities preferred. Must have valid driver's license with insurable record and will be required to pass extensive background check. Closes 1/09/09. Tribal preference applies.

A complete application packet for these positions includes NMPH job application, copy of current credentials, two reference letters, resume or CV, a copy of your tribal ID or Certification of Indian Blood (CIB), if applicable. Send to Nimiipuu Health, Attn: Human Resources, PO Drawer 367, Lapwai, ID 83540. For more information call (208) 843-2271 or e-mail *carmb@nimiipuu.org*. For more information about our community and area please go to *www.nezperce.org* or *www.zipskinny.com*.

Pharmacist
Juneau, Alaska

The Southeast Alaska Regional Health Consortium has an opening for a staff pharmacist at our Joint Commission accredited ambulatory care facility located in Juneau. Pharmacists interact with medical and nursing staff to achieve positive patient outcomes and are active members of the health-care team. Prescriptions are filled using Scriptpro Robotic Systems. Responsibilities include drug selection, compounding, and dispensing, as well as P&T and other committee participation, formulary management, drug information, education, and mentoring. We also provide pharmacist managed anticoagulation monitoring services.

Experience living in beautiful southeast Alaska. Juneau is located in Alaska's panhandle on a channel of salt water 70 air miles from the open ocean. Juneau is Alaska's capital and the third largest city in Alaska (30,000 people). Vast areas of recreational wilderness and opportunity surround us. Juneau and much of southeast Alaska are located within the Tongass National forest, the largest expanse of temperate rainforest in the world.

The Southeast Alaska Regional Health Consortium is a nonprofit health corporation established in 1975 by the Board of Directors, comprised of tribal members of 18 Native communities in the southeast region, to serve the Alaska Native and Native American people of southeast Alaska. Our clinic is committed to providing high quality health services in partnership with Native people.

Successful candidates should be self motivated and committed to providing excellent patient care. This is a Commissioned Officer 04 billet or a direct hire with a competitive salary and a generous benefit package. For more information please go to *https://searhc.org/common/pages/hr/nativehire/index.php* or contact the SEARHC Human Resources office by telephone at (907) 364-4415; fax (907) 463-6605.

Applications and additional information about this vacancy are available on-line at www.searhc.org, or you may contact Teresa Bruce, Pharmacy Director at (907) 463-4004; or e-mail *teresa.bruce@searhc.org*.

Family Practice Physician
Pediatrician (Outpatient and Hospitalist)
Obstetrician/Gynecologist
Anchorage, Alaska

Multidisciplinary teams with physicians, master's level therapists, RN case managers, nurse practitioners and physician assistants. Integrated into the system: family medicine, behavioral health, pediatrics, obstetrics and gynecology, health educators, nutritionists, social workers, midwives, pharmacists, home health, and easy access to

specialists. This integrated model also includes complementary health and traditional Native healing. Eligibility verification, insurance, and billing are handled by administrative staff.

Amazing benefits including 4 to 6 weeks of vacation, one week of paid CME time, plus 12 paid holidays. CME funding; excellent insurance coverage – malpractice, health, life, short and long term disability – and subsidized health insurance for family. Employer 401K with matching contribution to retirement, fees paid for medical license, registration, etc.

New, modern state of the art facilities. Innovative practice system featured on front page of New York Times, JAMA, etc. Clinical quality improvement team. Practice management data monthly.

We currently employ 25 family physicians, 16 pediatricians, 10 obstetrician/gynecologists, and 6 psychiatrists, and we are adding additional positions.

Anchorage is a city of 330,000, the largest city in Alaska. Lots of cultural activities including a performing arts center that hosts national and regional troops, the Anchorage Museum of Natural History, and the Alaska Native Heritage Center. Alaska is known as the land of the midnight sun, as we bask in 19.5 hours of daylight on summer solstice. Our summer temperatures reach into the upper 70s, and the landscape transforms into green trees and flower blossoms. On winter solstice, we enjoy beautiful sunrises and sunsets over snowcapped mountains, and darkness brings the possibility of breathtaking displays of the northern lights. Hundreds of kilometers of groomed, interconnected cross country ski trails in town are lit at night by artificial light and the incredible moonlight reflecting off of the snow; these trails are perfect for running and biking in the summer. There are good public schools, good community, and incredible outdoor activity opportunities.

For more specific specialty information please contact Larisa Lucca, Physician Recruiter, Southcentral Foundation; telephone (888) 700-6966 ext. 1 or (907) 729-4999; fax (907) 729-4978; e-mail *llucca@scf.cc*.

Family Nurse Practitioner/Physician Assistant
Family Practice Physician
PharmD
Wind River Service Unit, Wyoming

The Wind River Service Unit has an immediate opening for a family nurse practitioner/physician assistant and a pharmacist (PharmD), as well as a fall 2009 opening for a family practice physician to provide care across the life span and to manage panel of patients from the Shoshone and Arapahoe Tribes on the Wind River Reservation. Located in the central part of pristine Wyoming, climbing, hiking, hunting, fishing, and water sports are minutes away. Out patient care is provided at two sites, one located in Arapahoe and one located in Ft. Washakie. Dedicated, dynamic staff includes ten RNs, six family physicians, one pediatrician, four family nurse practitioners, psychologists, social workers, four dentists, a certified diabetic educator, a diabetes educator, a health educator, five public health nurses, three PharmDs, two pharmacists, and two optometrists. Specialty clinics include orthopedics, podiatry, nephrology, obstetrics, and audiology. An open access model is used. Inpatient care is provided by the physicians at an excellent 83-bed community hospital in nearby Lander, with a fully staffed inpatient psychiatric hospital and rehabilitation unit.

For more information, contact Marilyn Scott at (307) 335-5963 (voice mail), or by e-mail at *marilyn.scott@ihs.gov*.

Tribal Data Coordinator (Level II)
The United South & Eastern Tribes, Inc. (USET)

United South and Eastern Tribes, Inc. is a non-profit, inter-tribal organization that collectively represents its member tribes at the regional and national level. USET has grown to include twenty-five federally recognized tribes in the southern and eastern parts of the United States from northern Maine to Florida and as far west as east Texas. USET is dedicated to promoting Indian leadership, improving the quality of life for American Indians, and protecting Indian rights and natural resources on tribal lands. Although its guiding principle is unity, USET plays a major role in the self-determination of all its member tribes by working to improve the capabilities of tribal governments.

We are recruiting to fill the Tribal Data Coordinator (Level II) position vacancy in the tribal health program support department. Qualifications for this vacancy require a minimum of an Associate Degree in a related discipline (e.g., computer science, statistics, math, biological sciences, education) from an accredited college or university, with relevant job experience. Documented three years experience in a paid position related to the use of health systems in the collection and analysis of health data will be considered in lieu of a degree. The Tribal Data Coordinator position also requires at least two years of RPMS experience as a user.

So if you have at least two years of RPMS experience, this could be a great opportunity for you. The Tribal Data Coordinator provides RPMS software training to USET member tribes. He/she also works on data quality improvement initiatives and provides data collection and analysis.

We offer flexible schedules and a competitive salary and benefit package. Hiring preference will be given to American Indians/Alaska Natives. If you are interested, you can get additional information about USET and the job announcement at our web site, *www.usetinc.org*, or you can contact Tammy Neptune at (615) 872-7900 or e-mail *tneptune@USETInc.org*.

Certified Diabetes Educator
Dietitian
Pediatrician
Chief Medical Officer
Family Practice Physician
Nurse
Medical Technologist
Chief Redstone Health Clinic, Fort Peck Service Unit; Wolf Point, Montana

Fort Peck Service Unit in Wolf Point, Montana is looking for family practice physicians to work at the Chief Redstone Indian Health Service clinic. This unique opportunity allows physicians to care for individuals and families, including newborns, their parents, grandparents, and extended family. Applicants must be culturally conscious and work well within a team environment. The Fort Peck Service Unit is located in the north east corner of Montana along the Missouri river. Fort Peck Service Unit has two primary care clinics, one in the town of Poplar and one in the town of Wolf Point.

Our Medical Staff is composed of five family practice physicians, two internal medicine physicians, one pediatrician, one podiatrist, and four family nurse practitioners/physician assistants. We have a full complement of support services, which include dental, optometry, audiology, psychology, social work, radiology, lab, public health nursing, and very active Diabetes Department. These are ambulatory clinics; however, our providers have privileges in the local community hospital. We have approximately 80,000 patient contacts per year. We work very closely with the private sector. IHS and the private hospital have a cardiac rehabilitation center. By cooperating with IHS, the hospital has been able to get a CT scanner and a mammography unit. The Tribal Health Program has a dialysis unit attached to the Poplar IHS clinic. Customer service is our priority. The IHS has excellent benefits for Civil Service and Commissioned Corps employees. There are loan repayment options, and we are a designated NHSC site. We strive to provide quality care through a strong multidisciplinary team approach; we believe in being closely involved in our population to encourage a healthier community.

There are many opportunities for recreation, as we are a short distance from the Fort Peck Dam and Reservoir. For more information about our area and community please go the website at *http://www.ihs.gov/FacilitiesServices/AreaOffices/Billings/FtPeck/index.asp*. Fort Peck Tribes also can be found on *www.fortpecktribes.org*, and the Fort Peck Community College on *www.fpcc.edu*. North east Montana offers many amenities one might not expect this far off the beaten path. If you are interested please contact our provider recruiter, CDR Karen Kajiwara-Nelson, MS, CCC-A at (406) 768-3491 or by e-mail at *karen.kajiwara@ihs.gov*. Alternately, you can contact the Billings Area Physician Recruiter, Audrey Jones, at (406) 247-7126 or by e-mail at *audrey.jones@ihs.gov*. We look forward to communicating with you.

Family Practice Physician
Pharmacists
PHS Indian Hospital, Harlem, Montana

The Fort Belknap Service Unit is seeking family practice physicians and pharmacist to join their dedicated staff. The service unit is home to a critical access hospital (CAH) with six inpatient beds, two observation beds, and a 24-hour emergency room, as well as an 8 AM to 5 PM outpatient clinic. The service unit also operates another outpatient clinic 35 miles south of Fort Belknap Agency in Hays. The Fort Belknap CAH outpatient visits average 39,000 per year. The new clinic in Hays, the Eagle Child Health Center, can adequately serve 13,000 per year. The medical staff includes four family practice positions, two physician assistants, and one nurse practitioner, and has implemented the Electronic Health Record in the outpatient clinic. The service unit also has a full-time staffed emergency medical services program. The staff is complemented by contract locum tenens physicians for weekend emergency room coverage.

The medical staff is supported by and works with a staff of nurses, behavior health personnel, physical therapist, lab and x-ray personnel, pharmacists, dentists, administrators, housekeepers, supply specialists, and contract practitioners to provide the best possible care to patients. The staff works as team to make a difference. Contract (private) hospitals are from 45 to 210 miles from the facility.

There are loan repayment options, excellent benefits, and we are a designated NHSC site. The area is primarily rural, and a friendly small-town atmosphere prevails here. The reservation communities promote various local activities such as rodeos, church socials, and basketball. The tribe also manages its own buffalo herd. Bigger events fill in the calendar as well, such as the Milk River Indian Days, Hays Powwow, and the Chief Joseph Memorial Days, featuring cultural activities and traditional dancing. The Fort Belknap Tribe has hunting and fishing available both on and off the reservation. The Little Rocky Mountains and the Missouri River provides scenic and enjoyable areas for the outdoor-minded. If you are interested in joining our medical team, contact Dr. Dennis Callendar at *Dennis.callendar@ihs*.gov or telephone (406) 353-3195; or contact physician recruiter Audrey Jones, at *Audrey.jones@ihs.gov*; telephone (406) 247-7126.

Family Practice Physician
Emergency Medicine Physician
Nurse Anesthetist
Nurse
PHS Indian Hospital; Browning, Montana

The Blackfeet Service Unit is recruiting for health practitioners who want to join the staff at the PHS Indian Hospital in Browning, Montana. The Blackfeet Service Unit is home to the Blackfeet Community Hospital, a 27-bed hospital, active outpatient clinic, and well-equipped emergency department. Inpatient care includes obstetrics and elective

general surgery. We also offer community health nursing, have an active diabetes program, and offer optometry, laboratory, dental, and ENT services along with behavioral and social services and women's health. We are seeking candidates who are committed to improving the health of the local community and being part of a team approach to medicine. The hospital is located 13 miles from Glacier National Park. This area offer spectacular mountains and incredible outdoor activities year round. There are loan repayment options, excellent benefits, and we are a designated NHSC site. If you are interested in joining our team, contact Mr. Timothy Davis at *timothy.davis@ihs.gov* or telephone (406) 338-6365; or contact physician recruiter Audrey Jones, at *Audrey.jones@ihs.gov* or telephone (406) 247-7126. We look forward to hearing from interested candidates.

Family Practice Physician
Nurse Practitioner/Physician Assistant
ER Nurse Specialist
Northern Cheyenne Service Unit; Lame Deer, Montana

The Northern Cheyenne Service Unit is seeking health practitioners to come work with their dedicated staff on the Northern Cheyenne Indian Reservation. The Northern Cheyenne Service Unit consists of a modern outpatient clinic with family practice physicians, a pediatrician and an internist in Lame Deer, Montana. The well-equipped emergency room provides medical services to a high volume of trauma patients. The nearest medical back-up services are located in Billings, Montana and Sheridan, Wyoming. The medical staff enjoys close cooperation with the tribe. The positive interactions with this tight knit people result in high morale and overall retention of its medical staff.

Though more isolated than other service units, the reservation is within close range of three larger towns: Forsyth, Colstrip, and Hardin, all which provide shopping and other services for residents. The rugged hills and pine woods of the reservation provide plenty of outdoor recreation. Other interesting features are the Tongue River Reservoir, the St. Labre Indian School in Ashland, and the Dull Knife College fun.

For additional information, please contact Audrey Jones, Physician Recruiter at *Audrey.jones@ihs.gov*; telephone (406) 247-7126 or Beverly Stiller at *beverly.stiller@ihs.gov*; telephone (406) 477-4402.

Internal Medicine, Family Practice, and ER Physicians
Pharmacists
Dentists
Medical Technologists
ER, OR, OB Nurses
Crow Service Unit; Crow Agency, Montana

The Crow Service Unit is seeking health practitioners to come work with their dedicated staff on the Crow Indian Reservation. The Crow Service Unit consists of a small 24-bed hospital located in Crow Agency and two satellite clinics, Lodge Grass Health Center, located approximately 20 miles south of Crow Agency, and Pryor Health Station, located about 70 miles northwest of Crow Agency.

The hospital is a multidisciplinary facility that includes inpatient, outpatient, urgent care, emergency room, dental, behavioral health, substance abuse, public health nursing, physical therapy, pharmacy, dietary, obstetrics, surgery, and optometry services. Our medical staff includes nine family practice positions, two ER physician positions, one general surgeon, two obstetrician/gynecologists, one podiatrist, one internist/pediatrician, one pediatrician, one radiologist, one nurse midwife, and six mid-level provider positions (NP or PA). Family practice physicians and the internist share the hospitalist responsibilities, and each primary care physician shares the daytime ER call duties. The staff is complemented by contract *locum tenens* physicians for nighttime, weekend, and holiday coverage. OB call is shared between the obstetrician/gynecologists, the midwife and the FP physicians. The two outlying clinics in Lodge Grass and Pryor are primarily staffed by midlevel providers.

The Crow Tribe is a close, proud people. They maintain their own buffalo herd and proudly display their cultural heritage during events such as the well-known Crow Fair. Other points of cultural interest in the "Tipi Capital of the World" are The Little Big Horn Battlefield National Monument, Chief Plenty Coup State Park, and the Little Big Horn College.

For those who enjoy the outdoors, Red Lodge Mountain Resort offers great skiing. The Big Horn Canyon National Recreation Area offers great fishing, camping, and boating fun. The area offers spectacular mountains and mountain activities, and world class hunting and fishing. Billings, Montana, a city of 100,000, is less than an hour away.

For additional information, please contact Audrey Jones, Physician Recruiter, at *Audrey.jones@ihs.gov*; telephone (406) 247-7126; or Dr. Michael Wilcox at *Michael.wilcox@ihs.gov*; telephone (406) 638-3309.

Obstetrician/Gynecologists
W. W. Hastings Hospital; Tahlequah, Oklahoma

W. W. Hastings Hospital is looking for two obstetrician/gynecologist physicians to come to work in one of America's friendliest small towns. The successful candidate would be joining a group of six obstetrician/gynecologist physicians and seven certified nurse midwives. Call is approximately 1:5 with an excellent CNM staff providing primary in-house coverage. Post call days are schedule time off with no clinic patient responsibilities.

W. W. Hastings hospital is located in Tahlequah, Oklahoma, within commuting distance of Tulsa. It is the home of the Cherokee Nation and is primarily responsible for providing care to tribal members of the Cherokee Nation as well as other federally recognized tribes.

Interested candidates can call (918) 458-3347 for more

information or fax a CV to Dr. Gregg Woitte at (918) 458-3315; e-mail *greggory.woitte@ihs.gov*.

Nurse Specialist - Diabetes
Whiteriver Service Unit; Whiteriver, Arizona

The Nurse Specialist (Diabetes) is to establish, develop, coordinate, monitor, and evaluate the clinical diabetic education program. The incumbent is responsible for establishing, providing, facilitating, promoting, and evaluating a comprehensive education program for patients with diabetes, as well as prevention of and education about diabetes. Candidate must provide proof that they have Certified Diabetes Educator (CDE) certification and certification from the National Certification Board for Diabetes Educators.

The Whiteriver Service Unit is located on the White Mountain Apache Indian Reservation. The hospital is a multidisciplinary facility that includes emergency room, urgent care, inpatient, outpatient, dental, social services, physical therapy, optometry, obstetrics, podiatry, dietary, ambulatory surgery, and public health nursing. We are just a short distance from Sunrise Ski Resort which offers great snow skiing. We are surrounded by tall ponderosa pine trees and beautiful mountains where you can experience the four seasons, and great outdoor activities such as mountain biking, hiking, hunting, fishing, camping, and boating. We are just three hours northeast of the Phoenix metropolitan area.

For additional information, please contact CAPT Steve Williams, Director of Diabetes Self-Management, by e-mail at *stevenj.williams@ihs.gov*; telephone (928) 338-3707.

Other RN vacancy positions include Family Care Unit, Birthing Center, Outpatient, Emergency Room, and Ambulatory Surgery. Please contact Human Resources at (928) 338-3545 for more information.

Physicians
Emergency Medicine PA-Cs
Family Practice PA-Cs/ Family Nurse Practitioners
Rosebud Comprehensive Health Care Facility; Rosebud, South Dakota

The Rosebud Comprehensive Health Care Facility in Rosebud, South Dakota is seeking board eligible/board certified family practice physicians, pediatricians, emergency medicine physicians, an internist, and an ob/gyn with at least five years post-residency experience. We are also in need of ER PA-Cs, family practice PA-Cs, and family nurse practitioners. Rosebud is located in rural south central South Dakota west of the Missouri River on the Rosebud Indian Reservation and is approximately 30 miles from the Nebraska boarder. We are a 35 bed facility that has a 24 hour emergency department, and a busy clinic that offers the following services: family practice, internal medicine, ob/gyn, pediatrics, general surgery, oral surgery, optometry, dentistry, physical therapy, dietary counseling, and behavioral health. Our staff is devoted to providing quality patient care and we have several medical staff members that have been employed here ten or more years.

The beautiful Black Hills, Badlands, Custer State Park, Mount Rushmore, and Crazy Horse Memorial are just 2- 3 hours away. South Dakota is an outdoorsman's paradise with plenty of sites for skiing, hiking, hunting, fishing, boating, and horseback riding. Steeped in western folklore, Lakota culture, history, and land of such famous movies as "Dances with Wolves" and "Into the West" there is plenty for the history buff to explore. If you are interested in applying for a position, please contact Dr. Valerie Parker, Clinical Director, at (605) 660-1801 or e-mail her at *valerie.parker@ihs.gov*.

Physician/Medical Director
Physician Assistant or Family Nurse Practitioner
Dentist
Dental Hygienist
SVT Health Center; Homer, Alaska

SVT Health Center has immediate openings for a medical director (MD, DO; OB preferred), family nurse practitioner or physician assistant, dentist, and dental hygienist (21 - 28 hours per week). The ideal candidate for each position will be an outgoing, energetic team player who is compassionate and focused on patient care. The individual will be working in a modern, progressive health center and enjoy a wide variety of patients.

The Health Center is located in southcentral Alaska on scenic Kachemak Bay. There are many outdoor activities available including clam digging, hiking, world-class fishing, kayaking, camping, and boating. The community is an easy 4 hour drive south of Anchorage, at the tip of the Kenai Peninsula.

SVTHC offers competitive salary and a generous benefit package. Candidates may submit an application or resume to Beckie Noble, SVT Health Center, 880 East End Road,, Homer, Alaska 99603; telephone (907) 226-2228; fax (907) 226-2230.

Family Practice Physician
Physician Assistant/Nurse Practitioner
Fort Hall IHS Clinic; Fort Hall, Idaho

The Fort Hall IHS Clinic has openings for a family practice physician and a physician assistant or nurse practitioner. Our facility is an AAAHC-accredited multidisciplinary outpatient clinic with medical, dental, optometry, and mental health services, and an on-site lab and pharmacy. Our medical staff includes five family practice providers who enjoy regular work hours with no night or weekend call. We fully utilize the IHS Electronic Health Record and work in provider-nurse teams with panels of patients.

Fort Hall is located 150 miles north of Salt Lake City and 10 miles north of Pocatello, Idaho, a city of 75,000 that is home to Idaho State University. The clinic is very accessible, as it is only one mile from the Fort Hall exit off of I-15. Recreational

activities abound nearby, and Yellowstone National Park, the Tetons, and several world class ski resorts are within 2½ hours driving distance.

Please contact our clinical director, Chris Nield, for more information at *christopher.nield@ihs.gov*; telephone (208)238-5455).

Family Physician/Medical Director
The Native American Community Health Center, Inc.; Phoenix, Arizona

The Native American Community Health Center, Inc. (Native Health), centrally located in the heart of Phoenix, Arizona, is currently seeking a skilled and energetic family physician/medical director who would enjoy the opportunity of working with diverse cultures. The family physician/medical director is a key element in providing quality, culturally competent health care services to patients of varied backgrounds and ages within a unique client-focused setting that offers many ancillary services. Native Health offers excellent, competitive benefits and, as an added bonus, an amazing health-based experience within the beautiful culture of Native Americans. Arizona license Preferred. For more information, contact the HR Coordinator, Matilda Duran, by telephone at (602) 279-5262, ext. 3103; or e-mail *mduran@nachci.com*. For more information, check our website at *www.nativehealthphoenix.org*.

Family Medicine Physician
Norton Sound Health Corporation; Nome, Alaska

Practice full spectrum family medicine where others come for vacation: fishing, hunting, hiking, skiing, snowmobiling, dog mushing, and more.

The Gateway to Siberia. The Last Frontier. Nome, Alaska is 150 miles below the Arctic Circle on the coast of the Bering Sea and 120 miles from Russia. It was the home of the 1901 Gold Rush, and still is home to three operating gold dredges, and innumerable amateur miners. There are over 300 miles of roads that lead you through the surrounding country. A drive may take you past large herds of reindeer, moose, bear, fox, otter, and musk ox, or through miles of beautiful tundra and rolling mountains, pristine rivers, lakes, and boiling hot springs.

The Norton Sound Health Corporation is a 638 Alaskan Native run corporation. It provides the health care to the entire region. This encompasses an area about the size of Oregon, and includes 15 surrounding villages. We provide all aspects of family medicine, including deliveries, minor surgery, EGDs, colposcopies, colonoscopies, and exercise treadmills. Our closest referral center is in Anchorage. Our Medical Staff consists of seven board certified family practice physicians, one certified internist, one certified psychiatrist, and several PAs. This allows a very comfortable lifestyle with ample time off for family or personal activities.

Starting salary is very competitive, with ample vacation, paid holidays, two weeks and $6,000 for CME activities, and a generous retirement program with full vesting in five years. In addition to the compensation, student loan repayment is available.

The practice of medicine in Nome, Alaska is not for everyone. But if you are looking for a place where you can still make a difference; a place where your kids can play in the tundra or walk down to the river to go fishing; a place where everyone knows everyone else, and enjoys it that way, a place where your work week could include a trip to an ancient Eskimo village, giving advice to health aids over the phone, or flying to Russia to medivacs a patient having a heart attack, then maybe you'll know what we mean when we say, "There is no place like Nome."

If you are interested, please contact David Head, MD, by telephone at (907) 443-3311, or (907) 443-3407; PO Box 966, Nome, Alaska 99762; or e-mail at *head@nshcorp.org*.

Family Practice Physician
Central Valley Indian Health, Inc.; Clovis, California

Central Valley Indian Health, Inc. is recruiting for a BC/BE, full-time physician for our Clovis, California clinic. The physician will be in a family practice setting and provide qualified medical care to the Native American population in the Central Valley. The physician must be willing to treat patients of all ages. The physician will be working with an energetic and experienced staff of nurses and medical assistants. Central Valley Indian Health, Inc. also provides an excellent benefits package that consists of a competitive annual salary; group health insurance/life insurance at no cost; 401k profit sharing and retirement; CME reimbursement and leave; 12 major holidays off; personal leave; loan repayment options; and regular hours Monday through Friday 8 am to 5pm (no on-call hours required). For more information or to send your CV, please contact Julie Ramsey, MPH, 20 N. Dewitt Ave., Clovis, California 93612. Telephone (559) 299-2578, ext. 117; fax (559) 299-0245; e-mail *jramsey@cvih.org*.

Family Practice Physician
Tulalip Tribes Health Clinic; Tulalip, Washington

The Tulalip Tribes Health Clinic in Tulalip, Washington, is seeking two family practice physicians to join our Family Practice Outpatient clinic. We are a six physician outpatient clinic which sits on the edge of Tulalip Bay, 12 miles east of Marysville, Washington. Tulalip is known as an ideal area, situated 30 miles north of Seattle, with all types of shopping facilities located on the reservation. Sound Family Medicine is committed to providing excellent, comprehensive, and compassionate medicine to our patients. The Tulalip Tribes offer an excellent compensation package, group health plan, and retirement benefits. For more information, visit us on the web at employment.tulaliptribes-nsn.gov/tulalip-positions.asp. Please e-mail letters of interest and resumes to *wpaisano@tulaliptribes-nsn.gov*.

Family Practice Physician
Seattle Indian Health Board; Seattle, Washington

Live, work, and play in beautiful Seattle, Washington. Our clinic is located just south of downtown Seattle, close to a wide variety of sport and cultural events. Enjoy views of the Olympic Mountains across Puget Sound. The Seattle Indian Health Board is recruiting for a full-time family practice physician to join our team. We are a multiservice community health center for urban Indians. Services include medical, dental, mental health, nutrition, inpatient and outpatient substance abuse treatment, onsite pharmacy and lab, and a wide variety of community education services. Enjoy all the amenities a large urban center has to offer physicians. Our practice consists of four physicians and two mid-level providers. The Seattle Indian Health Board is a clinical site for the Swedish Cherry Hill Family Practice Residency program. Physicians have the opportunity to precept residents in both clinical and didactic activities. The Seattle Indian Health Board is part of a call group at Swedish Cherry Hill (just 5 minutes from the clinic). After hour call is 1 in 10. Program development and leadership opportunities are available.

Seattle is a great family town with good schools and a wide variety of great neighborhoods to live in. Enjoy all the benefits the Puget Sound region has to offer: hiking, boating, biking, camping, skiing, the arts, dining, shopping, and much more! Come join our growing clinic in a fantastic location. The Seattle Indian Health Board offers competitive salaries and benefits. For more information please contact Human Resources at (206) 324-9360, ext. 1105 or 1123; contact Maile Robidoux by e-mail at *mailer@sihb.org*; or visit our website at *www.sihb.org*.

Psychiatrist
Psychiatric Nurse Practitioner
Four Corners Regional Health Center; Red Mesa, Arizona

The Four Corners Regional Health Center, located in Red Mesa, Arizona is currently recruiting a psychiatrist. The health center is a six-bed ambulatory care clinic providing ambulatory and inpatient services to Indian beneficiaries in the Red Mesa area. The psychiatrist will provide psychiatric services for mental health patients. The psychiatric nurse practitioner will provide psychiatric nursing services. The incumbents will be responsible for assuring that basic health care needs of psychiatric patients are monitored and will provide medication management and consultation-liaison services. Incumbents will serve as liaison between the mental health program and medical staff as needed. Incumbents will work with patients of all ages, and will provide diagnostic assessments, pharmacotherapy, psychotherapy, and psychoeducation. Relocation benefits are available.

For more information, please contact Michelle Eaglehawk, LISW/LCSW, Director of Behavioral Health Services at (928) 656-5150 or e-mail *Michelle.Eaglehawk@ihs.gov*.

Pediatrician
Fort Defiance Indian Hospital; Fort Defiance, Arizona

Fort Defiance Indian Hospital is recruiting for pediatricians to fill permanent positions for summer 2008 as well as *locum tenens* positions for the remainder of this year. The pediatric service at Fort Defiance has seven physician positions and serves a population of over 30,000 residents of the Navajo Nation, half of which are under 21 years old! Located at the historic community of Fort Defiance just 15 minutes from the capital of the Navajo Nation, the unparalleled beauty of the Colorado Plateau is seen from every window in the hospital. With a new facility just opened in 2002, the working environment and living quarters for staff are the best in the Navajo Area.

The pediatric practice at Fort Defiance is a comprehensive program including ambulatory care and well child care, inpatient care, Level I nursery and high risk stabilization, and emergency room consultation services for pediatrics. As part of a medical staff of 80 active providers and 50 consulting providers, the call is for pediatrics only, as there is a full time ED staff. Pediatrics has the unique opportunity to participate in the health care of residents of the Adolescent Care Unit, the only adolescent inpatient mental health care facility in all of IHS, incorporating western medicine into traditional culture. Our department also participates in adolescent health care, care for special needs children, medical home programs, school based clinics, community wellness activities, and other public health programs in addition to clinical services.

Pediatricians are eligible for IHS loan repayment, and we are a NHSC eligible site for payback and loan repayment. Salaries are competitive with market rates, and there are opportunities for long term positions in the federal Civil Service system or Commissioned Corps of the USPHS. Housing is available as part of the duty assignment.

While located in a rural, "frontier" region, there is a lot that is "freeway close." The recreational and off duty activities in the local area are numerous, especially for those who like wide open spaces, clean air, and fantastic scenery. There are eight National Parks and Monuments within a half day's drive, and world class downhill and cross country skiing, river rafting, fly fishing, organized local hikes and outings from March through October, and great mountain biking. Albuquerque, with its unique culture, an international airport, and a university, is the nearest major city, but is an easy day trip or weekend destination. Most important, there are colleagues and a close knit, family oriented hospital community who enjoy these activities together.

For more information, contact Michael Bartholomew, MD, Chief of Pediatrics, at (928) 729-8720; e-mail *michael.bartholomew@ihs.gov*.

Family Practice Physician
Warm Springs Health and Wellness Center; Warm Springs, Oregon

The Warm Springs Health and Wellness Center has an immediate opening for a board certified/eligible family physician. We have a clinic that we are very proud of. Our facility has been known for innovation and providing high quality care. We have positions for five family physicians, of which one position is open. Our remaining four doctors have a combined 79 years of experience in Warm Springs. This makes us one of the most stable physician staffs in IHS. Our clinic primarily serves the Confederate Tribes of Warm Springs in Central Oregon. We have a moderately busy outpatient practice with our doctors seeing about 16 - 18 patients per day under an open access appointment system. Currently we are a pilot site for the IHS Director's Initiative on Chronic Disease Management. We fully utilize the IHS Electronic Health Record, having been an alpha test site for the program when it was created. We provide hospital care, including obstetrics and a small nursing home practice, at Mountain View Hospital, a community hospital in Madras, Oregon. Our call averages 1 in 5 when fully staffed. For more information, please call our Clinical Director, Miles Rudd, MD, at (541) 553-1196, ext 4626.

Chief Pharmacist
Staff Pharmacist
Zuni Comprehensive Healthcare Center; Zuni, New Mexico

The ZCHCC, within the Indian Health Service, is located on the Zuni Indian Reservation in beautiful western New Mexico. ZCHCC is a critical access hospital with an inpatient unit consisting of 30 plus beds, labor and delivery suites, emergency department, and a large outpatient clinic. The center serves the Zuni and Navajo Tribes. Housing and moving expenses available for eligible applicants. The Zuni are a Pueblo people with rich culture, customs, and traditions. Applicants may contact Cordy Tsadiasi at (505) 782-7516 or CDR David Bates at (505) 782-7517.

Psychiatrist
SouthEast Alaska Regional Health Consortium; Sitka, Alaska

Cross cultural psychiatry in beautiful southeastern Alaska. Positions available in Sitka for BE/BC psychiatrist in our innovative Native Alaskan Tribal Health Consortium with a state-of-the-art EHR in the coming year. Join a team of committed professionals. Inpatient, general outpatient, telepsychiatric, C/L, and child/adolescent work available. Excellent salary and benefit pkg. Loan repayment option. Live, hike, and kayak among snow capped mountains, an island studded coastline, whales, and bald eagles. CV and questions to *tina.lee@searhc.org* or (907) 966-8611. Visit us at *www.searhc.org*.

Family Practice Physician
Sonoma County Indian Health Project; Santa Rosa, California

The Sonoma County Indian Health Project (SCIHP) in Santa Rosa, California is seeking a full-time BC/BE Family Practice Physician to join our team. SCIHP is a comprehensive community care clinic located in the northern Californian wine country. Candidates must currently hold a California Physician/Surgeon license. Inpatient care at the hospital is required. For the right candidate, we offer a competitive salary, excellent benefits, and an opportunity for loan repayment. For more information, please contact Bob Orr at (707) 521-4654; or by e-mail at *Bob.Orr@crihb.net*.

Family Practice Physician/Medical Director
American Indian Health and Family Services of Southeastern Michigan; Dearborn, Michigan

American Indian Health and Family Services of Southeastern Michigan (*Minobinmaadziwin*) (AIHFS) is a non-profit ambulatory health center, founded 1978. AIHFS provides quality, culturally integrated, medical and preventative dental care in addition to comprehensive diabetes prevention and treatment. All of AIHFS programs integrate traditional Native American healing and spiritual practices with contemporary western medicine in both treatment and prevention.

AIHFS is seeking a full time primary care and family practice physician/medical director. This involves the delivery of family oriented medical care services as well as general professional guidance of primary care staff. The incumbent will also function as the Medical Director, who will collaborate with fellow physicians and the Executive Director on administrative operations of the medical, dental, and behavioral health services.

Please send a cover letter (include the position that you are applying for, a summary of your interests and qualifications for position), minimum salary requirement, resume, and a list of three professional references with contact information to American Indian Health and Family Services of Southeastern Michigan, Inc., Attn: Jerilyn Church, Executive Director, P.O. Box 810, Dearborn, Michigan; fax: (313) 846-0150 or e-mail *humanresources@aihfs.org*.

Pediatrician
Nooksack Community Clinic; Everson, Washington

The Nooksack Community Clinic in Everson, Washington is seeking an experienced pediatrician to take over the successful practice of a retiring physician. The clinic provides outpatient care to approximately 2,000 members of the Nooksack Indian Tribe and their families. The position includes some administrative/supervisory duties as well as part-time direct patient care. We are seeking a dedicated, experienced pediatrician with a special interest in child advocacy and complex psychosocial issues. This is a full time

position with a competitive salary and benefits. There are no on-call, no inpatient duties, and no obstetrics. We currently are staffed with one family practitioner, one internist, one pediatrician, and one nurse practitioner. Additionally we have three mental health counselors, a state-of-the-art four-chair dental clinic, a nutritionist, a diabetic nurse educator, and an exercise counselor. We provide high quality care in an environment that prides itself on treating our patients like family.

The clinic is located in a very desirable semi-rural area of Northwest Washington, renown for its scenic beauty, quality of life, and year 'round outdoor recreation. The beautiful city of Bellingham is 20 minutes away. Vancouver, Canada is less than 90 minutes away, and Seattle is approximately a two-hour drive away. St. Joseph Hospital in nearby Bellingham offers a wide range of specialist and inpatient services, an excellent hospitalist program, as well as emergency care, lab, and imaging services, all easily accessible for our patients.

For further information, please send your CV or contact Dr. MaryEllen Shields at *nooksackclinic@gmail.com*, or write c/o Nooksack Community Health Center, PO Box 647, Everson, Washington 98247; telephone (360) 966-2106; fax (360) 966-2304.

Director of Nursing
Acoma-Canoncito Laguna Hospital; San Fidel, New Mexico

Acoma-Canoncito Laguna Hospital has an opening for a director of nursing. The Acoma-Cononcito Laguna Service Unit (ACL) serves three tribal groups in the immediate area: the Acoma Pueblo (population 3,500), the Laguna Pueblo (5,500) and the Canoncito Navajos (1,100). The ACL Hospital is located approximately 60 miles west of Albuquerque, New Mexico. The hospital provides general medical, pediatric, and obstetric care with 25 beds. The director of nursing is responsible for planning, organizing, managing, and evaluating all nursing services at ACL. This includes both the inpatient and outpatient areas of the service unit. The director of nursing participates in executive level decision making regarding nursing services and serves as the chief advisor to the chief executive officer (CEO) on nursing issues. Other responsibilities include management of the budget for nursing services. For more information about the area and community, go to *http://home.Abuquerque.ihs.gov/serviceunit/ACLSU .html*. For details regarding this great employment opportunity, please contact Dr. Martin Kileen at (505) 552-5300; or e-mail *martin.kileen@ihs.gov*.

Primary Care Physician
(Family Practice Physician/General Internist)
Family Practice Physician Assistant/Nurse Practitioner
Kyle Health Center; Kyle, South Dakota

Kyle Health Center, a PHS/IHS outpatient clinic, is recruiting for the position of general internal medicine/family practice physician and a position of family practice physician assistant/nurse practitioner. The clinic is south of Rapid City, South Dakota, and is located in the heart of the Badlands and the Black Hills – an area that is a favorite tourist destination. It is currently staffed with physicians and mid-level practitioners. It provides comprehensive chronic and acute primary and preventive care. In-house services include radiology, laboratory, pharmacy, optometry, podiatry, primary obstetrics/gynecology, diabetic program, and dentistry. There is no call duty for practitioners. We offer competitive salary, federal employee benefits package, CME leave and allowance, and loan repayment. For further information, please contact K.T Tran, MD, MHA, at (605) 455-8244 or 455-8211.

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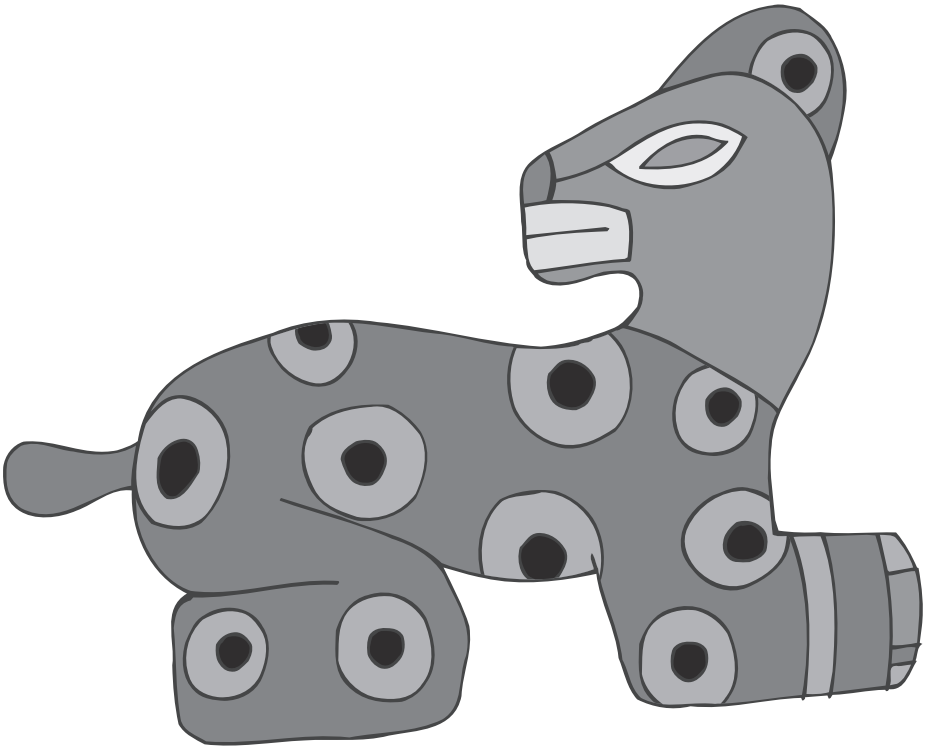

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THE IHS PRIMARY CARE PROVIDER

A journal for health professionals working with American Indians and Alaska Natives

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