



THE FIRST 50 YEARS
OF THE
INDIAN HEALTH SERVICE
CARING & CURING





Message From the Director



In 1955, the Transfer Act established the Indian Health Service (IHS) as part of the United States Public Health Service (USPHS) in the former Department of Health, Education, and Welfare, currently known as the Department of Health and Human Services. One of the initial orders of business for the first Director of the IHS was to describe the health status of American Indians and Alaska Natives (AI/AN). A report entitled “Health Services for American Indians” was prepared by the Surgeon General of the USPHS and submitted to Congress on February 11, 1957. This report became known as the “1957 IHS Gold Book.” The Gold Book is recognized as a founding historical marker outlining the challenges that faced the newly formed IHS.

I am proud of the accomplishments made by the IHS since 1955. As we commemorate our 50th anniversary, I am pleased to present to you this progress update. Such progress would not have been possible without the vision of great leaders and the dedication of the IHS staff and Tribal partners.

Our goal at the IHS is to ensure that comprehensive, culturally acceptable personal and public health services are available and accessible to AI/AN people. Since 1955, the IHS, in consultation with Tribes, Urban Indian programs, and Indian organizations, has been working diligently and effectively towards this goal.

This *Executive Summary* is a preview of the updated version of the IHS Gold Book that describes the health status of AI/ANs after the first 50 years of the IHS.



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The Birth of the Indian Health Service

Historical Summary of Indian Health: The Story of a Public Health Mission

American Indians and Alaska Natives (AI/AN) share a complex, sometimes turbulent, history with the European settlers and other immigrants who came to this country. Many AI/AN ancestors lost their lives to achieve Tribal recognition and Indian rights. Through their struggle, the often-embittered relationship between the settlers/immigrants and AI/ANs has evolved into one of structure, substance, and direction. The initial treaties of 1784, in which the Federal Government acknowledged certain responsibilities toward the indigenous people, began the formalization of AI/AN rights. The Government's obligations were subsequently reconfirmed and defined by Supreme Court decisions, congressional legislation, Executive Orders, and other Federal policies. The relationship between Tribal Governments and the Federal Government is founded in the U.S. Constitution, which recognizes that federally recognized Indian Tribes are sovereign nations with certain inherent rights. This distinguishes AI/ANs from all other ethnic groups in the United States.

During the late 1700s, European immigrants brought smallpox, plague, tuberculosis, and other infectious diseases to the continent. Lacking immunity from foreign contagions, American Indians were vulnerable to these maladies. Thus, illness spread rapidly and decimated many Tribal groups.

Federal health care for Indian people began with tentative steps and gradually evolved throughout the 19th and first half of the 20th centuries. In the early 1800s, while the administration of Indian affairs was based in the Department of War, Indians living near military forts were provided such episodic care as military physicians might offer. The fact that the vaccination of Indians was an important public health measure provided an added incentive to render this care to Indians. In 1832, Congress directed \$12,000 for small pox immunizations for Indians. Four years later, the Federal Government began a program that provided health services and physicians to the Ottawa and Chippewa Tribes. In subsequent decades, the Government gradually assumed an increasing obligation to provide health care, which usually consisted of sending a physician and medications to Tribes. The responsibil-



ity for Indian medical services was transferred from military to civilian control when the Bureau of Indian Affairs (BIA) was transferred from the War Department to the Department of the Interior in 1849. The first separate funding for Indian health (\$40,000) was identified in an appropriation act in 1911.

The cession of most of the lands in the United States by the Indians, codified in hundreds of treaties, forms the basis for the Government's provision of health care to Indians. Many treaties identified health services as part of the Government's payment for Indian land. Indian treaties were contracts between the Federal and Tribal Governments. Indian Tribes gave up their land in return for payments and/or services from the U.S. Government.

Pre-Indian Health Service, 1921-1955

In 1921, the Snyder Act (42 Stat. 208), was passed by Congress to provide continuing authority for Federal Indian programs. The Snyder Act is the basic authorization for Federal health services to U.S. Indian Tribes. It identified the "relief of distress and conservation of health of Indians" as one of the Federal functions.

The health status of Indians remained poor during the following three decades. Several studies of Indian health, including those by the Institute for Government Research (1928), the Hoover Commission (1948), and the American Medical Association found high infant mortality and excessive deaths from infectious disease. Based on these studies, efforts were made to transfer the Indian health program from the BIA to the United States Public Health Service (USPHS) in the Department of Health, Education, and Welfare. It was also during this time period that public health advisors were first

assigned to the BIA from the PHS, thus beginning participation by the USPHS Commissioned Corps in Indian health programs.

The 1950s

In 1954, all functions of the Secretary of the Interior relating to the conservation of the health of Indians were transferred to the Surgeon General of the USPHS. On July 1, 1955, about 2,500 health program personnel of the BIA, along with 48 hospitals, 18 health centers, 62 stations, 13 school infirmaries, and other locations, came under the jurisdiction of the newly created Indian Health Service (IHS).

At the time of the transfer, conditions in Indian health facilities were marginal at best. Around 1956, the Committee on Appropriations of the House of Representatives, 84th Congress, directed the USPHS to make a comprehensive survey of Indian health. The USPHS established a survey team, and over the next year this team conducted an extensive survey of Indian health, including in-depth studies of nine reservations. The results were transmitted to Congress in 1957 as "Health Services for American Indians." This report had a gold cover and became commonly known as the "1957 IHS Gold Book." The conclusions: 1) A substantial Federal Indian health program will be required; 2) all community health resources should be developed in cooperation with Indian communities and done on a reservation-by-reservation basis; 3) Federal Indian health programs should be planned in each community and services made available to Indians under State and local programs; and 4) efforts should be made to recognize the obligations and responsibilities to Indian residents on a nondiscriminatory basis from the State and local communities.

