

Brief History of Health Services for California Indians

Legislative Background

The condition of Indian health in California was greatly affected by the government's policy of the 1950's to terminate its special relationship to the American Indian. The U. S. Congress always followed closely the sentiments of California's State Legislature.

The California State Legislature adopted Assembly Joint Resolution # 38 in June 1953 calling for the termination of Federal authority over Indians in the State of California.

On August 1, 1953, Congress followed suit by adopting House Concurrent Resolution 108. The resolution set forth the expression by Congress to freed the Indians as soon as possible from Federal supervision and control. California was among the ten states specifically identified in the resolution slated for termination.

In a report to the California Senate Interim Committee on Indian Affairs in December 1953, an official of the California Department of Public Health reported:

The trend toward complete assumption of social responsibility by the local government for the health and welfare of the Indians appears to be the most effective means of meeting the problem in California.

In 1953, the Bureau of Indian Affairs began to liquidate all health services in California.

Public Law 85-671, "The Rancheria Act" was passed on August 5, 1954 and later amended by P.L. 88-419. The Law was the final step in the execution of the termination policy initiated by Congress a year earlier through HR 108. Termination effectively cut California's reservations/rancherias from 17 to 78.

With the transfer of responsibility for Indian health services from the BIA to the Public Health Service in 1955, the termination policy was continued as the last medical services contract in California was continued in 1964.

The P.L. 86-121 amendment to the Indian Rancheria Act was passed on July 31, 1959. The amendment authorized the Secretary of health, Education and Welfare to provide sanitation facilities for rancherias scheduled for termination. The following actions helped to reinstate federal health care back to California:

1955 - A community hospital was constructed at Hoopa under authorization of P.L. 85-151. This Act authorized funds for construction of Indian health facilities (In 1960 the community Indian hospital at Hoopa closed, however, contract medical care services were continued at Hoopa until 1964)

1961 - It was determined that only Indians residing on the Hoopa and Winterhaven Reservations were eligible for participation in the Sanitation Facilities Construction Program. This policy was clarified and expanded to include all California reservations so that today both tribes and tribal organizations are considered eligible to apply for assistance under Public Law 86-121, " Indian Sanitation Facilities Act. "

1961.- A State Advisory Commission on Indian Affairs was created by the California Legislature. The Commission totaled nine (9) members which consisted of : three (3) members of the Senate, three (3) members of the Assembly, three (3) directors from Social Welfare, Public Health, and Education. This Commission had the power to appoint an Indian Advisory Committee from among the recognized leaders of the California Indian reservations in northern, central and southern sections of the State.

1963 - The Division of the Indian Health of the U.S. Public Health Service, Phoenix Area Office, conducted an environmental sanitation survey of 75 reservations in California. The purpose of the survey was to evaluate existing conditions and to develop information for selecting priorities and methods of construction projects under the Indian Sanitation Facilities Act P.L. 86-121.

1964 - The Environmental Health Staff, Division of Indian Health, within the State of California, consisted on one engineer and one sanitarian.

1966 - The Commission , in a progress report to the Governor, recommended that a study of the health status of California Indians be conducted.

1968 - The Bureau of Maternal and Child Health of the California State Department of Public Health undertook the study which was directed toward the improvement of Indian Health.

Nine (9) reservation projects were funded by the Indian health Service through the State Department of Health as a demonstration project. The nine tribal groups were : Hoopa Reservation, Modoc County, Round Valley Reservation, Lake County, Tuolumne Rancheria, Tule River Reservation, Owens Valley, Morongo/Soboba and Pala Reservations.

A shift in attitude

On December 20, 1965 Governor Edmund G. Brown signed Senate Bill 1007 creating a " State Advisory Commission on Indian Affairs" which published an interim report in February 1966 and a final report on September 20, 1969 calling for needed changes in the health care for Indian in California. It was about this time that the sentiment towards Indian health in California began to change.

Two years after the Commission's Final Report, the California Legislature adopted Senate Joint Resolution # 3 (1968) which memorialized Congress to " provide for the full financial participation by California Indians in all federal programs. "

A letter dated July 9, 1969, to Assistant Secretary Egeberg from the California Department of Public Health candidly admits the California Indian health situation:

Between 1955 and at that time to (1969) present, no State funds were made available to continue any of the terminated health services and the health of California's Indians has deteriorated.

In October 1969 Dr. Emery A. Johnson, Director of Indian Health Service recommended to the Department of Health, Education , and Welfare that IHS establish a policy to include Indians of California within the scope of the Indian Health Service program and that assistance be provided on the same basis as to Indians in other states. Specifically, this policy would include approximately 7,000 Indians residing on or near Indian reservations or rancherias in predominately rural areas and would provide for Federal supplementation of the health resources now available to California Indians as citizens of the State.

A plan of action for services

Immediately following the affirmation of the Department policy, the following actions were taken:

The State Office of Indian Affairs and the Indian health Service representative began a series of meeting with Indian leaders in California to reconfirm their desires and needs for health services.

The Indian Health Service established a joint planning effort with Indian leaders, and California State agencies (health, welfare, vocational rehabilitation, etc.) to insure maximum utilization of State programs by California Indians.

CHR program costs of approximately \$ 300,000 including the cost of professional staff of technical assistance was set aside for California reservations/rancherias.

The IHS initiated an in-depth study of the needs, resources and alternative solutions for solving the health problems of California Indians with assistance of the University of California at Berkeley. The total amount of the grant award was \$ 245,000. These funds were contracted to the nine tribal groups named above by the State Department of Health's Bureau of Maternal and Child Health.

The grant award of the nine reservation based health programs formed the nucleus of the demonstration project entitled " California Rural Indian Health Program."

1969 - The Commission endorsed Senate Bill No. 1397, which established within the State Department of Public Health a small Indian health core unit comprised of health program advisor, a field coordinator, and a secretary.

1969 - An Indian Health Service Field Office was established in Sacramento with Mr. Robert C. Gillespie as the first Director. The newly created Field Office e was staffed by on additional professional.. Mr.. Gillespie's responsibility was to oversee the implementation of the contract and to provide technical assistance to the California Rural Indian Health Projects (CRIHB) on a limited basis.

1970- The Secretary of DHEW initiated a policy of providing health services to California Indians. This decision was directed at the population residing on or near some 78 Indian reservations and rancherias.

The U.S. Department of health, Education and Welfare (DHEW) Secretary, Robert Finch, stated in a letter to Congressman Glen M. Anderson:

I am pleased to inform you that we have decided to include within the Indian Health Service program the approximately 7,000 Indians residing on or near Indian reservations and rancherias in predominately rural areas in California, and will provide federal supplementation of health resources now available.

1970 - The funding of urban Indian health was initiated by special Congressional add-on. The program was designed to coordinate health care for the following cities: Sacramento, San Francisco/Oakland, San Jose, Santa Barbara, Fresno, Huntington Park, Compton, Los Angeles, and San Diego. The programs with a grant from the Donner Foundation incorporated in 1972 as the California Urban Indian Health Council (CUIHC)

The CRIHB Contract

In 1970 the nine tribes decided to incorporate as a nonprofit corporation in the State of California as the " California Rural Indian Health Board" From its original nine charter members CRIHB expanded its membership to sixteen tribal organizations by 1977. The DHEW grant with Californians State Department of Health lasted for one and a half years. The CRIHB grant was converted to a contract which was administered by the Public health Service from 1971 to 1978. In 1978 the program was transferred to the Indian Health Service.

CRIHB was the government's prime contractor who in turn subcontracted with each of the sixteen tribal organizations or health programs. It was the sixteen tribal organizations who actually provided the health care through the subcontracts with CRIHB.

In 1978 the Tri-County Indian Health Project (later renamed Toiyabe Indian Health Project) was the first health program to withdraw from the CRIHB contract in order to contract directly with the IHS under the authority of the Indian Self Determination Act, P.L. 93-638. Between 1978 and 1983 eight additional health programs would be withdrawn out of CRIHB contract in order for the programs to contract directly with the IHS. Fifteen tribes sanctions CRIHB as a tribal organization in 1984 allowing CRIHB to obtain an Indian Self Determination contract and continue to subcontract with the seven tribal organizations for health care.

California's One and Only Service Unit

In 1978 the Ft. MacArthur Service Unit was established in the Los Angeles area giving California its only service unit. The Service Unit Director, Leonard Smith was a Chum ash Indian who along with five other staff operated a small program. The Ft. MacArthur Service unit operated for two years but was disbanded at the request of the tribes and urban programs in Southern California. The funds for the disbanded service unit were distributed among the health programs in Southern California.

Establishment of the California Area Office

The California Field Office was established by the Director Indian Health Service in 1969.

The Federal Register in 1977 reported the establishment of the Indian Health Service, California Program Office. The Indian Health Service organizational structure was simply amended by adding the CPO. Changes were not needed in the established functional statements of the IHS area or Program Offices.

The initial CPO Branch structure included the Administrative Support Branch, the Environmental Health Branch, the Resource Coordination and Development Branch and the Ft. MacArthur Service Unit.

On December 16, 1986 the California Program Office became the California Area Office (CAO) through a declaration by the Secretary of Health and Human Services.

California Area Office Administrators

1969 - Robert Gillespie - California Field Office Director
1972 - Norman Whipple - consultant to CFO program
1974 - Ms. Hotona Roebuck filled the director's position
1975 - Ms. Thelma Bradford served as acting director
1976 - Robert McSwain - Director
1984 - T.J. Harwod transferred to Director's position

Funding History By Fiscal Years

It was not until Fiscal Year 1974 (FY94) that funds were identified for the California Field Office, however, management of the budget was not transferred to Sacramento until FY 78 when a Budget Officer was hired for the Field Office.

In FY 78 the largest increase in the budget occurred when the CRIHB contract was transferred to the Office. Fiscal year 1978 also saw the first of the Indian Health Care Improvement Act (P.L. 94-437) funds, Tribal Specific Health Plan funds, and Ft. MacArthur Service Unit funds all increasing the California Budget. FY 81 was the year that " Equity Health Care " funds were first distributed by Congress with California receiving \$5 million out of the \$ 7 million appropriated for nationwide use.

Funding - IHS California

1974	78,000
1975	88,820
1976	90,200
1977	963,520
1978	8,259,000
1979	11,580,600
1980	12,606,000
1981	20,010,900
1982	20,326,500
1983	25,710,400
1984	28,470,400
1985	31,649,400
1986	32,519,250
1991	57,545,000

State of California Funding

The State of California began to fund Indian health care on September 8, 1975 when the California State Legislature passed Senate Bill 52 (SB 52) appropriating 2.5 million for Indian Health services. The law provided funds to existing urban and rural health programs and was designed to supplement the services available from the federal government.

The monies appropriated were to used for financial, training and technical assistance to existing urban and rural Indian health programs to assist these programs to attain a comprehensive health services delivery system for Indians in urban and rural areas.. Contracts were initiated with much the same organizations that IHS contracted with for health care.