

of 1975 established the means by which tribes could contract with the federal government for the staffing and managing of health care programs. The following year Congress passed the Indian Health Care Improvement Act, identifying the specific services that tribes could operate under contract. These included health-care facilities, training programs, waste disposal systems, and urban clinics. The inclusion of the latter was significant, as public health educator Patricia Mail observed, because for the first time the federal government formally recognized the health needs of Indians living off the reservation.

Following the passage of these two key pieces of federal legislation, the Indian Health Service dedicated itself to achieving “maximum tribal involvement in developing and managing programs to meet health needs.” As a result, increasing numbers of tribal governments contracted with the IHS for the management of hospitals, outpatient clinics, and other health-care programs. By the early 1990s, tribes were operating more than 300 hospitals, health centers, and health stations; twice as many as were managed by the IHS. Existing IHS programs also expanded to include greater Indian participation. Amendments to the Indian Health Care Improvement Act in 1988 acknowledged the Community Health Representative (CHR) program as an essential part of the overall IHS approach. The CHR program was cited as “a prime example of Indian self-determination, embodying all the precepts and managerial goals of the self-determination principle.” By 1993, under the policy of preferential hiring, more than 60 percent of the 14,500 employees of the IHS were Native Americans.

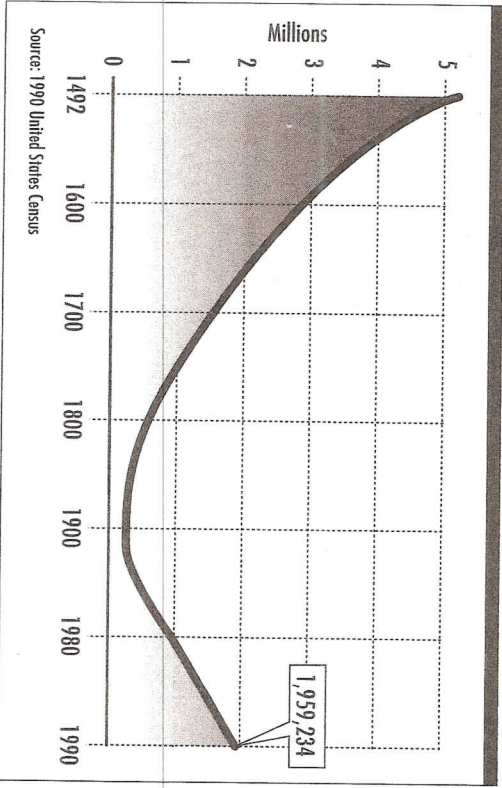
The combined efforts of Native Americans and professionals within the Indian Health Service achieved dramatic improvements in several leading indicators of Indian health. Infectious diseases that once had decimated the Indian population were brought under control and their incidence approached that of the general population. The mortality rate among Indians with tuberculosis, for instance, decreased by 96 percent from 1955 to 1990. Likewise, the maternal mortality rate decreased by more than 90 percent. Especially heartening was the reduction in infant mortality during the same period, from a rate of more than 60 per thousand live births to only eleven, a decrease of 85 percent.

As a consequence of improved health conditions, Native Americans enjoyed higher birth rates and greater longevity. According to the 1990 census, the median age of American Indians was just over 22 years, compared to 30 years for the general population. This relatively

young population was growing rapidly; in the late 1980s, the Indian birth rate was 78 percent higher than the overall birth rate in the United States. By 1990 the number of Indians had climbed to almost two million, a dramatic increase from the nadir of fewer than 250,000 ninety years earlier. Equally as encouraging was the increase in Indian life expectancy, nearly on par with the general population by 1990. As Native scholar Russell Thornton (Cherokee), author of *American Indian Holocaust and Survival* (1987), concluded, this remarkable population recovery was a tribute to “human survival instincts, perseverance, and hope.”

In spite of such significant improvements in Indian health, serious problems remained at the end of the twentieth century. Despite the reduction in tuberculosis among Native Americans, Indians in the 1990s were still twice as likely to contract the disease and five times more likely to die from it than other Americans. The mortality rate for Indians with diabetes was two and one-half times greater than the rest of the nation, and the Pimas and Maricopas of Arizona continued to have the highest rate of diabetes in the world. Alcohol abuse remained the greatest unsolved health problem for Native

FIGURE 4.2
AMERICAN INDIAN POPULATION IN THE AREA OF THE UNITED STATES, 1492–1990



Americans. Alcoholism in the 1990s killed Native people at more than five times the rate that it killed other Americans and killed young Indians, age 25 to 34, at *ten* times the rate of other young adults. Native people also continued to have the highest suicide rate in the nation. Young Indians, age 15 to 24, were committing suicide in the early 1990s at a rate nearly twice that of non-Indians. The highest suicide rate in the nation was among the White Mountain Apaches of Arizona; fifteen tribal members committed suicide in 1992, thirteen of them under age 23.

Surveying the accomplishments of the past few decades, and noting as well the many challenges that still remained, the Indian Health Service offered this balanced appraisal in the 1990s: "Although significant gains have been made, the health status of American Indians and Alaska Natives still lags behind the general United States population."

EDUCATION

Important progress also was made in improving the education of Native Americans, but here, too, major problems persisted. The federal government largely neglected Indian education until the late nineteenth century, even though many earlier treaties had contained provisions for the establishment of schools. The few institutions of learning available to Indian children were provided by missionaries or by the tribes themselves, most notably the Cherokees, Chocaws, and Chickasaws. The federal government in the 1870s began establishing schools for the express purpose of "civilizing" Indians, that is, of cradling them from them all vestiges of Native American culture and transforming them in the mold of European American culture.

The premier institution to achieve this rapid and thoroughgoing assimilation was the off-reservation boarding school, the first of which was established at Carlisle, Pennsylvania, in 1879 by Richard Henry Pratt. Indian students at the Carlisle Indian Industrial School were subjected to enormous pressure to change not only their material culture but also their cultural attitudes and values. "The end to be gained," Pratt explained, "is the complete civilization of the Indian . . . [and] the sooner all tribal relations are broken up; the sooner the Indian loses all his Indian ways, even his language, the better it will be." A similar philosophy imbued the other Indian schools established by the federal government in the late nineteenth century. By 1900, the Bureau of Indian Affairs was operating more than 100 boarding schools,

on and off the reservation, as well as nearly 150 reservation day schools.

The inadequacy of Indian education was one of the major concerns of the Meriam Report of 1928. This wide-ranging critique of federal Indian policy focused especially on conditions in the boarding schools, charging that students there suffered from insufficient food, overcrowding, harsh discipline, and poor medical care. The Meriam Report called for sweeping changes in the federal government's approach to Indian education, including an upgrading of conditions at the boarding schools, the revision of the schools' curriculum to include elements of Indian culture, and the transformation of reservation day schools into community centers. Many of these recommendations were implemented during the years John Collier headed the Bureau of Indian Affairs in the 1930s. Under Collier's direction, the unrelenting pressure for assimilation was relaxed and the curriculum began to acknowledge the diversity and importance of Native cultures. Courses in tribal history, pottery making, and rug weaving replaced subjects such as algebra and ancient European history. Collier's director of Indian education, Willard Beatty, developed bilingual texts in the Sioux and Navajo languages and instituted one of the nation's first bilingual teacher training programs. One hundred new community day schools were constructed between 1933 and 1941, and enrollment nearly tripled. As Margaret Connell Szasz, author of *Education and the American Indian* (1974), concluded, the era of educational reform during the Collier years resulted in "the most dynamic program of Indian education in the history of the Indian Service."

During the Collier era the federal government also recognized the growing importance of local public schools in the education of Native Americans. By 1930 more than half of all Indian children attending school were enrolled in public schools. Federal authorities had begun contracting with local school districts to provide educational services for Indians in the 1890s, but the process was cumbersome and inefficient. In 1934 Congress passed the Johnson-O'Malley Act, streamlining the funding process by authorizing the federal government to contract with the states, rather than with individual districts. Unfortunately, the act failed to provide adequate supervision of the states' use of Johnson-O'Malley funds; as a consequence, states often used the funds for their general education budgets rather than for special programs to meet the needs of Indian students.

The coming of World War II had both positive and negative effects on the education of Native Americans. Many of the innovative programs