Frank Henry

Southeastern Indian Oral History Project
MISS CHOC-026

Interview by:

Staff of Nanih Waiya
April 8, 1974

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Abstract: Frank Henry describes the history and operation of the Choctaw Indian Hospital. He explains that there is little faith in the doctors at the hospital by the community, who prefer to see traditional Choctaw doctors and are not confident in the competence of the hospital staff. He discusses his own experiences attending the hospital and how it has improved since he was a child. He speaks about how it is difficult to pay doctors a competitive wage to stay at the hospital, and his belief that young Choctaw should go to medical school. Finally, he describes the organizational chart of the hospital.

Keywords: [Mississippi Band of Choctaw Indians; Mississippi--Philadelphia; Health; Communities]

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S: When and how was the Indian hospital first established?

H: Choctaw Indian Hospital was established somewhere in early 1928 when it's completed. Reason for having this hospital is because of Indian people having a problem getting services here in Philadelphia at that time. And apparently, government realized the needs of medical services, that is the reason for having an Indian hospital in this area. And at that time the Indian hospital was under the Bureau of Indian Affairs until somewhere in 1955, Public Health Service took over the operation, and I guess this Indian Health Service. Indian Health Service … well, let me just go back. Let me back up. HEW is Health, Education, and Welfare. Under that we have IHS—that's Indian Health Service. Under that you have IHSPHS—that is Indian Health Service, Public Health Service, in combination. Indian Health Services is providing all the expertise. Indian Health Service is headquarter of all Indian hospital in the United States. Director of Indian Health Service, of course, is Doctor Emory Johnson. And from Indian Health Service headquarter in Rockville, Maryland, and it goes down to area office, like Oklahoma City area office, Aberdeen area office. In our case, Southeastern tribe has area office in Sarasota, Florida. This is what we call RHSUSET incorporated. And that's our headquarter for United Southeastern Tribes. Mr. James Meredith is the program officer in charge, and he is my counterpart. He is in charge of Philadelphia Service Unit, Cherokee Service Unit, and Seminole Service Unit. There is three units in Southeastern tribes in Philadelphia, which is Choctaw Indian Hospital.

S: Did the Indians have any difficulties of changing from the Indian doctor to the regular doctor at the hospital?

H: Choctaws' adherence to traditional custom, moral attitudes, and belief is very strong. Change is something not to be taken lightly. The old ways are deeply entrenched. Thus, if a person has a pain, he may have more faith in the traditional medicine man—or as we call it, Choctaw doctor—than the service unit physicians. The medicine man possesses an extensive knowledge of native herbs which definitely have medicinal properties similar to those drugs prepared by a pharmacist. Further, the medicine man realize, as to modern physicians, that many diseases and ailments are psychological, and must be treated accordingly. Thus, the medicine man's often as effective, or in many instances even more effective, than the service unit physician in dealing with illness of this nature. Most Choctaw feels that the Philadelphia Indian Hospital is inferior in every respect to medical facilities in surrounding area. Many Choctaw feels that the physicians, who are officers in the commissioned corps of the United States Public Health Service, are, to use the exact phrasing, not real doctors. It is felt that these physicians are students or interns. The attitude is held—not only by the more traditional Choctaws who are ignorant of modern medicine—but it is held by many of the better-educated people who have no negative feeling for the doctors, because they are young, but just the same, honestly believe that these mens are interns. Many Choctaws are dissatisfied with the services they received from the Choctaw Service Unit. Most common complaints include doctors: they are not real doctors. You have to wait all day to see a doctor. Staff doctors—

[Break in recording]

—about. The medicines are old and surplus. I go there, but I don't get well. The doctors, they have to send you to Meridian. They can't do anything for you. There is no privacy for visitors or patients. These complaint falls into three categories: one, those which could be made about any medical delivery system. Two, those which derive from misunderstanding of the service unit activities and resources. And three, those which are true and require corrective actions.

S: What was the problem that the old people faced by coming to the hospital? And now?

[Break in recording]

H: Statement. Number one, back in the old days, you didn't have the transportation. It was hard for them to come to Indian Hospital, and therefore a lot of sick people had to remain at home. Of course, many of them—if it's extensive cases, many of them died because lack of care. But today there is no problem, really, because we have satellite clinic in all communities except perhaps in Tucker and Bogue Homa. But we do have clinics in all communities, and we have doctors and nurses to visit the clinics there about every other day, except in Bogue Chitto where you have full-time nurse practitioner. And she's there every day to see the patients. She refers them to us. Not only that, we have field health people that goes out in the field. Also, we have Choctaw Health Department. For example, CHRs. They go out in the field and visit the sick people, and then refer back to us. They need any transportation—there is no transportation problem. There's always a way of getting people down here through the CHR program, Choctaw

Health Program, or, if it's a very sick person, we always send an ambulance to pick them up. So, there is no problem at the present time.

S: Would you describe the hospital the way it was back then?

H: This hospital was erected in 1928. We did not have a full-time doctor. We had a contract doctor apparently at that time to take care of all our patients here until 1955. Of course, that date could be wrong here. We began using commissioned doctors to come on a board with us at two years interval. And at that time there was only twenty-seven bed hospital. We did not provide all the services that we are doing now. We are a little more sophisticated than back in early or late [19]20s. Perhaps we didn't have the laboratory set up as we have now, and all the equipment that we do have now, we are able to give better service to the Indian people.

S: Tell us something about yourself coming to the Indian hospital the first time when you were small or something.

H: One in particular that I remember is when I had to have my tonsil taken out. I imagine I was around seven or eight years old. At that time they had place where they can—they had a doctor, local doctor to come in. They must have hired some doctor to come in—a surgeon, apparently—to come in and take the tonsil out. I remember it was about five of us from our community that came down, and we all had to line up, and each one of us had to take our turn and had our tonsil taken out. To me, it wasn't fair. You know, I think, tonsil ought to be taken out when you need it taken out. But why they did that, I really don't know. But that's my first experience spending four, five days or a week in the hospital. And of course,

might have been a good reason, because at that time there was whooping cough and different types of epidemic in all communities. Maybe there was a reason for taking tonsils out. That's all I remember. One more time was when I had, I believe it was a measle. And I came and stayed in the hospital, I think it was about three or four days. I remember, 'cause—I mentioned here about transportation problem? Today, when you went to hospital, the same day parents come over to see you and, you know, stay with you. In those days there was a transportation problem. When I come to the hospital, it'd be four, five days, maybe on a weekend when parents come to see me. And when you get ready to go home, there is no way, no transportation to go home, so you just have to wait until parents come pick you up. Meantime, you know, you get kind of lonely, and it was kind of difficult. It's been changed tremendously now.

S: How many doctors and nurses were here when the hospital was first established?

H: Well, I don't know the figure. I'm sure it was less than what we have now. When we say contract doctors, we mean that a doctor that is in Philadelphia, and hospital has to make a contract with that particular doctor so that doctor can come in and visit the patient and take care of the patient. But we didn't have a full-time doctor here until just, oh, last twenty years, I guess. Right now, we have four position that's filled with doctors. So, we have four full-time doctors now. But I don't know when that was begin, y'know— probably twenty years ago, I'm not sure. Maybe until such time when Public Health took over the operation. I'm not sure of that either. But I will have the complete information for you later.

S: I am interested how you got your job as the service unit director.

H: To begin with, I was employed by the Bureau of Indian Affairs when this Choctaw intern program came along. And I resigned with the Bureau of Indian Affairs, and went back to school—University of Mississippi Southern, Hattiesburg, Mississippi. And I only lacked two years, so I finished my two years and got my degree in elementary education. Then I came back home, and I was employed by the tribal follow-through program for about three months or so. In the meantime I was looking for a position, and I had applied for a teacher's position with the Bureau. I had applied for a position here at the Choctaw Service Unit as a health educator. What happened was there was a position open as community health educator, so they have accepted me in that position. Now, I was in that position for three months when this position was vacated, and they had me in this position as acting service unit for about nine months before they gave me a full power. That's been three years now. This is April, latter part of this month, it'll be three years since I've been a service unit director. We have to do our interns doctor**.** They finish their interns, then they come and practice medicine first. They have to make decisions, interns cannot make any decisions at all. So, it's very difficult to convince our Indian people that we do have the finest medical doctor possible. I have two candidates in line right now. These are dentists. And they pick the best, the top ten in the class. They pick the best when they send them down here. So that means when we get a dentist, they're a top-notch dentist. Top-notch doctor. Okay, we have a lab position that we have to fill. We pick the best one. We don't pick any, you know, mediocre staff hands. We try to get the

best ones for the Indian people. That answer any of your questions that you been asking me? Medicine that is superior in every respect. In the medical facilities and in the surrounding area. Many Choctaw feel that physicians who are doctors in commissioned corps of the United States Public Health Service are, to use the exact phrasing, "not real doctors." It is thought that these physicians are students or interns. So, this is exactly what I was saying a while ago.

S: Why do you think they feel that?

H: Why? Because they're young people. Young men. They're looking around their thirties, when you come down to it, late twenties—twenty-seven, twenty-eight. Most of our dentists are around twenty-four, twenty-five, something like that. Most of our doctors are in their early thirties. Young. I don't know. Because of a turnover with them, the commissioned corps doctors come in in two years, and they go out. You know, I had one man that went there and complained because we do have young men that come on the board, stay with us a couple years, they gone. He said, "Why don't you keep them on a full-time position here?" We want to, we would like to, we encourage them to stay on with us. Now, in the outside world, outside of civil service and the commissioned corps, doctors are making up in the, you know, high brackets. We had one that was offered fifty-five thousand dollars a year to come up there. Most average doctors make good pay, you know. I'd say, most of them are making anywhere from eighty to one hundred thousand dollars a year. Physicians, surgeons, medical doctors. And our salary, it's not even hardly a drop in a bucket. That what we paying them. So, competition is great in the outside world. That's one reason why we can't get a

full-time practitioner. We're not set up to pay a decent salary to medical doctors. Where they can make more over here than even Jackson, New York, or California. That's where they gonna go. They gonna go where they make money. They been trained for years and years and years, so definitely they deserve a good salary. So that's one reason why we have been using the commissioned corps. The commissioned corps is a phasing out. They're having a much more difficult time to get doctors. And it very difficult to get doctors to come to this particular area. But we have been very fortunate. We're a lot better off than people up in Dakotas right now, at this present time. So, I think Philadelphia and Neshoba Counties should offer anything. My understanding was that apparently Neshoba County and Philadelphia had a bad reputation. Ever since 1964 reputation. It's not easy for—you know, that's the first thing they'll ask. "How is it over here?" They ask you, "How is Philadelphia, the people over there in town?" This is the question they gonna ask. I'm just telling you that's the idea, that's all. You know—discrimination, this type of thing. I don't think that it's as bad anymore, so I usually tell them, well, it's a lot different from what it was in 1964. Today, businesspeople are … They can go to any restaurant they want to and eat, they so desire. And there's a lot of kinks left in it, but I'm sure it'll be worked out. So, these are some of the problems that, according to [inaudible 20:16] But once they come, they usually satisfied with their work, and get along with the people here. I think we get some good people, and we get some bad people there. It's not only the White, the Black—a lot of red people are good and bad people. I think it's being [inaudible 20:35]

S: Do you get other doctors from different countries?

H: Yes, we do. ‘Course, there is regulation on that. They have to stand the pass board test. And we did have one more Cuban doctor hopefully that by the fiscal year we won't have to release him. We had Dr. Juarez, the older one that we feel probably mesh with the Choctaw Indians more. He's a fine doctor, he is a surgeon. And he came here. In his country, in Cuba, he was making neighborhood of upper fifty thousand dollars. Came down here, went to thirty. But he came to work, and I know he's an expert. I know he did minor surgery on my chest [inaudible 21:44] and he did a fine work. I could lay my life on him, 'cause in anything … I think the biggest portion of individuals used to have faith in a doctor. You know that man, person can help, just like you have faith in your teacher. You have faith in him because he wants to help you. **Trained to help you.** Now we have one Dr. Hernandez, I hope later to replace him with another one. He is Colombian. Occasionally, we do get doctors in different areas of this country. And at least one of them, Dr. Juarez, was a Cuban. I understand that in Dakotas, they’re hiring Korean doctors, and Vietnamese, and you know, from different countries. So far, we haven't been able to go that far yet. I don't think in the Health Service they have foreign-trained doctors. They're not as good as American-trained doctors, I think. But if they had come and trained in our country, then it would be a different story. This is one reason why, when I make my presentation to the—in a class, I always advocate young people, young Indian Choctaws, to go to medical school. Each one of you to, you know, go into a medical field not only as a doctor or a dentist, or be a pharmacist, or whatever.

You know, there's so many areas that you can go into. And I like one from the graduating class to go into medical school. It's wide open. The scholarship status is that people out in North Carolina talk to me. Say, "You just give me one person. Don't worry about the money, we'll take care of it." Then these Choctaw, local Choctaw can go to medical school, come back, and become a local M.D. I won't be happy here ‘til see such persons.

S: Are there any students now? Choctaw students?

H: Yeah, Choctaw students. I said there is one that meant to go into medical school at East Lakeland. I don’t know how many others, but it's a good field to go into, you know. A lot of us like to make good money, and at the same time, you are helping the mankind—the people. Not only men but women. I believe there are some people on the reservation—

S: Okay, anything else?

[Break in recording]

H: The doctors, they are not real doctors. You have to wait all day to see a doctor, staff orders Choctaws about, medicines are old or surplus. I go there, but I don't get well. Doctors there have to send you to Meridian. They can't do anything there, there is no privacy for visitors or patients. These are all Choctaw comments. This is what they're saying to us. And this is a typical complaint that will get. And those that comes in and make a complaint in my office, I try to sit down and reason with them that services is free—it don't cost them anything. Like, if I complained, that sure I'd go to somebody else downtown. I’d go to doctor whatever down in Meridian. And, you know, take care of my own self. But

here, hospitalization, it doesn't cost you one penny. And I don't think that—after all, we providing good services and top-notch people. I just can't see the Indian people turn us off like that. But again, here we get more and more come in. More than ever. I had this lady call this morning and want to know another doctor in town. The doctor had left them people inspect us and rate us. But she must come through our service unit. We have to authorize before she can do it. Otherwise, we cannot authorize her.

[Break in recording]

H: Choctaw Service Unit organization chart. IHS is Indian Health Service, headquarters: Rockville, Maryland. Okay? Now, **economy service, you said** IHS headquarters in Sarasota, Florida. [inaudible 27:32] for the United Southeastern Tribe. Now, my counterpart out of Sarasota is June Meredith, who is a program officer. Our **two aside** is area office in Oklahoma City. At one time this service unit was under area office in Oklahoma City. And we're still dealing with them through personnel office and procurement and this type of thing. But most of our service is through service of the office. Then, of course, underneath Sarasota's Health Board. Health Board at one time was functioning, but trying to decide if—trying something different. So, they had found a way with the Health Board and they don't have a committee set up. One person would be responsible at working with the service unit. Okay, to the side, of course, is your tribal council and EEO, of course, is a local union. And we do have to deal with the local union here and EEO, of course, is just employment equal opportunity, there. And, of course SUD is a service unit, then AO was administrative officer, that's **Dun**

Benshaw directly under me. MOC is medical officer in charge, that's Dr. **Blythe**, he's in charge of the hospital operation. He's in charge of medical staff, he's in charge of health record, he's in charge of lab, pharmacy, nursing, and dietary. And administrative officer is in charge of the CFC, the contract medical care. That means that **he's the** money, the money that we pay off. Like, patients that goes to Raleigh or Jackson, and it's paid through a contract medical care. And AAO is administrative assistant officer, that's Willie Gibson. His office is out of [inaudible 29:52] which is underneath there, then maintenance and your housekeeping. And then you have field personnel, that's dental, **protocol nursing,** field clinic and OEH. OEH, of course, is over at tribal area now, is our mental health. So, that's your setup, and we have approximately fifty people on the staff. Most of them—in fact, all of them are primary people on a staff. So, you can see for yourself how this thing is set up, and I also like to mention that we have… I believe we have twenty-six Indian people working here. And out of twenty-six, we have about twenty-four non-Indian people. So, it's pretty well balanced as far as staff is concerned. We have half and half, just about. Gives you a brief picture of our present setup. And, of course, we're in process of getting fifty additional employees the next couple years or so, trying to get ready to move on to new hospital [inaudible 31:18]. By the way, director of Indian Health Service, Dr. Avery Johnson is the director of the entire operation in the United States. Okay? Officer in charge, yes.

[End of interview]

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