

TESTIMONY  
OF THE  
QUENTIN N. BURDICK INDIAN HEALTH PROGRAMS  
INMED, RAIN, INPSYDE  
BEFORE THE  
UNITED STATES SENATE COMMITTEE  
ON  
INDIAN AFFAIRS

MAY 10, 2000

PRESENTED BY

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Testimony of the Quentin N. Burdick Indian Health Program

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Good Morning Mr. Chairman and members of the Committee, I am Barbara Dahlen, MS, RN, FNP, Assistant Coordinator of the Recruitment and Retention of American Indians into Nursing (RAIN) Program which comes under the Quentin N. Burdick Indian Health Programs at the University of North Dakota. The three programs include INMED (Indians into Medicine Program), RAIN and INPSYDE (Indians into Psychology Doctoral Education Program). I am an enrolled member of the Turtle Mountain Chippewa who resides in Belcourt, North Dakota. I would like to thank you for the opportunity to address the re-authorization of the Indian Health Care Improvement Act.

A partnership was created when the Congress of the United States gave the three programs at UND the mission of helping alleviate the shortage of American Indian health professionals. The programs created and supported through the Quentin N. Burdick Indian Health Programs, INMED, RAIN, and INPSYDE have created educational opportunities for Indian students that would not have existed otherwise. Equally important, these programs have developed partnerships with Tribal Colleges and Tribal officials, with various aspects of the university and other agencies and projects to enhance the opportunities and strengthen the educational base to promote success of students recruited to these programs.

The programs at the University of North Dakota have proven themselves to be very successful as the data we are providing will show. An issue that impacts greatly upon the ability of these programs to continue this record is the fact that funding to the programs has been decreased significantly - in real dollars, not just by inflation. Recruiting and retaining students is an intensive process.

The programs have been excellent stewards of the funds they have received. The impact of these funds is far greater than just upon the students in the programs. Partnerships developed with Tribal Colleges have helped these colleges build up their courses to strengthen the preparation of students transferring to senior universities. This has been done with Tribal Colleges at Fort Totten, ND, Fort Peck, MT, and Fort Berthold, ND. Such efforts support all students who attend these colleges and help the colleges meet regional accreditation standards, thus facilitating transfer of courses to other colleges and recognition of individual college programs. Another example, of partnering is the partnership with Sisseton-Wahpeton Tribal College. Nursing students from UND for whom the ladder approach to the baccalaureate degree in nursing is the most appropriate strategy transfer to Sisseton-Wahpeton then upon completion of that program and passage of the licensing examination, return to UND to complete the baccalaureate component. Partnerships with local scholarship programs such as Transcends and the UND tuition waiver program further stretch available resources.

These programs are successful. They are cost-effective. They provide opportunities for Indian students. They are beneficial to Indian Country. We thank you for the opportunity to present to the committee these success stories, and request that the programs continue within this legislation so that these successes can be multiplied.

## **INMED**

The Indians into medicine program (INMED) is an academic support program directed to address the substandard health conditions that exist in American Indian communities by increasing the number of American Indian health professionals that serve these communities. INMED, at the University of North Dakota School of Medicine, has been in operation since 1973 and has graduated approximately one-fifth of the Indian medical doctors in the United States who are enrolled members of federally recognized tribes. In addition, the program has academically assisted and graduated nursing and allied health care professionals.

The program is located where health care professional needs are the greatest, and INMED maintains an affiliation with the 24 reservations in North Dakota, South Dakota, Montana, Wyoming and Nebraska. Representatives from each of these Indian reservations are appointed by their respective tribal governments to serve on the INMED Tribal Board. These representatives are instrumental in the development of Program policy and assure that INMED continues to be a significant resource that address's their health care needs. This Board also serves as an important linkage for student recruitment and placement, and maintaining responsiveness to the Indian community.

INMED has made an impact. As of this year the program will have graduated a total of 122 medical doctors and 115 nursing and allied health care professionals. Approximately 85% of INMED's graduates have used their training to provide direct health care services to American Indian populations, or they are obligated to future scholarship service paybacks pending completion of residency programs and/or placement at Indian health priority need areas.

INMED offers educational support for students from the elementary through professional school levels. This comprehensive approach distinguishes INMED from most other educational assistance programs. Over 110 students each year participate in INMED's academic year support program. Another 100 students attend INMED's annual summer enrichment sessions at the junior high, senior high and medical preparatory levels. These summer programs bolster participants' math and science backgrounds, introduce them to health careers and provide INMED with a constant pool of applicants for college level programs.

INMED is fully institutionalized within the UND School of Medicine. The program has department status, and an entire wing of the Medical School North Unit building (6615 sq. ft.) has been allotted for INMED offices, library, study areas, and seminar room. A Medical School Advisory Committee of seven faculty members oversees INMED activities.

INMED has also involved itself in creating formal partnerships with other educational systems to create educational opportunities for American Indian students. One of these arrangements is a cooperative program with the University of South Dakota School of Medicine. An INMED Satellite Office at USD began operation in 1990. The USD office assists in the recruitment of Indian students in South Dakota and operates an Indian student support program at the campus in Sioux Falls. Up to two University of North Dakota INMED medical students transfer each year to South Dakota to complete their third- and fourth-year of medical training.

In addition to this partnership, INMED has formally involved itself in a partnership with White Earth Community College, Leech Lake Community College and Northwest Technical College in Minnesota. Under this agreement, Indian students are recruited from the White Earth, Leech Lake and Red Lake Indian Reservations into a pre-medical / clinical lab science curriculum. The student will attend the first year of college at White Earth or Leech Lake and then transfer to Northwest Technical College in East Grand Forks, Minnesota to complete the second year of education. The student will then transfer to the University

of North Dakota for the final two years of undergraduate education. Upon graduation, the student will be qualified to begin a professional career as a clinical lab scientist (medical technologist) or continue on to medical school.

INMED has also recently submitted a proposal to enter into a formal partnership with Oglala Lakota College on the Pine Ridge Indian Reservation of South Dakota. If this proposal is sponsored, INMED, in cooperation with Oglala Lakota College, will conduct academic activities in the K-12 school system on the Pine Ridge Reservation. Students will then be recruited to Oglala Community College for their first two years of pre-medicine and then transfer to the University of North Dakota to complete their premedical bachelor's degree.

Finally, INMED has just recently entered into a formal relationship with the Mayo Clinic. Under this arrangement, INMED medical students will be afforded the opportunity to participate in ongoing cancer research at the Mayo Clinic. The physician responsible at the MAYO Clinic for this research is herself a graduate of the Indians into Medicine Program, Dr. Judith Salmon Kaur.

In summary, INMED is a successful program that has been emulated internationally. We have been extremely successful in training qualified American Indians in not only medicine but in a variety of allied health fields including physical therapy, clinical lab science, medical social work, counseling psychology, nursing, and dietetics. To date, 237 American Indians have obtained their professional degrees with the assistance of INMED. The INMED Program, however, goes far beyond the typical concept of training health care professionals. We enroll, retain and graduate students in support roles necessary to operate a health care facility such as in records management, business administration, medical social work, computer science and civil engineering.

INMED successfully enables Indian students to establish academic and personal readiness for college and medical school. The program enrolls these students in the proper curricula, and provides valuable support services which results in qualified health care professionals to address the serious health care issues facing American Indian people.

## **RAIN**

- In 1990, RAIN was one of the four original funded Sec. 112 nursing grants. The four programs were UND, Salish Kootenai College, Arizona State University and SUNY- Buffalo. Since that time five other programs were funded of which two have been discontinued. The intent of the law was to increase the number of nurses at the baccalaureate and masters levels prepared to provide health care to Indian people.

In order to depict the success of the RAIN program at the University of North Dakota, qualitative and quantitative will be provided:

- **Quantitative Data**

- ✓ **1948-1990**, University of North Dakota College of Nursing established; 42 students admitted; 18 American Indian (AI) students graduate with BSN; no AI nurses admitted to graduate nursing program
- ✓ **Fall 1990-Spring 2000**, RAIN Program established; **100<sup>th</sup>** AI student admitted to CON (total of 142); graduated 70 AI BSN students (total of 88).
- ✓ **Fall 1992-Spring 2000**, 16 AI nurses have graduated with master's degrees in nursing. **Currently**, 8 enrolled in the graduate nursing courses, 25 students enrolled in nursing

curriculum, and 10 pre-nursing students

- ✓ Most significant is the decrease in attrition rate seen with the RAIN Program. Prior to the program being established, the attrition rate was about 20 percent. Currently, attrition is at 7 percent.
- **Graduates work in Indian Country**
  - ✓ 90% of BSN graduates work in Indian Country
  - ✓ 93% of master's graduates work in Indian Country
  - ✓ 1990 vacancy rate at Belcourt IHS facility was 63%, now 20 RAIN graduates, including 5 master's prepared nurses are there
  - ✓ 7 Directors or Assistant Directors of nurses at several IHS facilities
  - ✓ 4 Faculty positions in Minnesota, North Dakota, South Dakota
  - ✓ Chief nurse consultant, Aberdeen Area IHS
  - ✓ Women's health consultant, Aberdeen Area IHS
  - ✓ 2 family nurse practitioners
- **Graduates are academically successful**
  - ✓ Completed doctoral education (one of 15 doctorally prepared Indian nurses in US)
  - ✓ Entered and completed master's education
- **Program elements**
  - ✓ Scholarships and financial aid assistance. All students have had some sort of assistance - IHS, RAIN, UND tuition waivers, foundation grants, etc.
  - ✓ Accepting and supportive environment to promote a sense of belonging
  - ✓ Indian nurse mentors
  - ✓ Close academic monitoring and aggressive advisement
  - ✓ Open door policy
  - ✓ Value clarification
  - ✓ Cultural awareness of college faculty and students
  - ✓ Indian staff and professional role models
- **Cooperative activities**
  - ✓ Work with Tribal Colleges to improve pre-nursing courses to enhance transferability and student success at UND
  - ✓ Partnering with Sisseton-Wahpeton Tribal College for nursing career mobility
- **Qualitative Data:** Personal Vignettes

Retaining the students after recruiting them is very labor intensive. It involves a comprehensive 24 hour open door policy. It means creating a sense of belongingness within the College of Nursing. It involves creating a feeling of extended family. It involves valuing the diversity that the students bring with them, and giving unconditional acceptance. Retention involves believing in increments of success. It means being involved in all aspects of their lives. RAIN becomes their home away from home. Below are personal stories that reflect how students feel about the RAIN Program.

1992 BSN, Turtle Mountain Chippewa. Prior to the start of RAIN, I struggled in every class. I had no support system other than two fellow nursing students. RAIN staff encouraged me to seek help at Learning Services after I realized I was having difficulty reading. Through testing, I learned I was dyslexic. Now, I could approach learning in a different way. In addition, the RAIN nurse mentor would come to my home

and help me prepare for all my nursing exams. I was a senior nursing student by the time that I first received an "A" in a nursing course. I never believed that was possible. I went on to graduate and passed boards. I am successfully employed with IHS as a charge nurse. I believe without the assistance of RAIN this would not have been possible. They helped me to reach my dream.

1998 BSN, MS student, Oneida/Sisseton Wahpeton. I started out as a participant in the INMED summer institute while in high school. I started at UND, as a new freshman. Due to immaturity, I left school married and had two children. Some years later when I returned to school, I chose to attend College in Havre, MT. I had very little support from the nursing program and failed an adult health nursing course. I contacted the RAIN Program about transferring back to UND. I was admitted in the spring semester to the CON and moved my family to Grand Forks. I struggled with personal problems which caused me to take an LOA from the CON. During this time, the RAIN staff remained in contact with me, and monitored my progress for my return to school. I was away from school for a year and a half when I returned to school to complete my BSN program. I graduated in the spring of 98 and was admitted into graduate school in the Rural health nursing track. Through all my struggles, the RAIN staff never gave up on me. They never gave up on me, even when I gave up on myself. They supported me unconditionally.

1996 BSN, Standing Rock/Crow. While I was a pre-nursing student at UND, I did not have enough money to return to school to pay for my room and board and pay tuition and fees. I remember contacting Deb Wilson and telling her through tears that I wanted to come back but could not afford housing. She told me that I could stay with her and her family. I spent a semester at her home rent free. I earned enough money working part time and going to school to find an apartment with a friend the next semester. Without Deb's intervention, I have no idea where life would have taken me. After I was admitted to nursing, I became pregnant with my first child and had serious complications. RAIN arranged for the instructor of one of my nursing courses to teach one on one during the summer session to keep me on track. I am currently working with IHS on my home reservation. I feel without the support and commitment from RAIN, I would have never graduated. They continue to keep in touch with me and stop in at the hospital to visit when they are out recruiting. My future plan is to return to school to become a family nurse practitioner. I plan on returning to UND and the RAIN Program because of the support services they provide.

1992 BSN, 1995 MS, Three Affiliated Tribes. When RAIN began, I had been on an LOA from the CON. I had two children and was procrastinating. I knew I needed to finish my pharmacology in order to return to my nursing program. I would not have completed the program without the constant prodding of RAIN staff. When I returned to school that fall, the RAIN Program was new to me. I never dreamed of the intensity of services that the program would provide. One Christmas, we were so hard up for money that I knew I would not be able to provide any gifts for my children. Deb and Barb showed up at my door with gifts and food. They showed me their commitment to student retention. This act and many others gave me the courage to stay and complete the master's program in rural health nursing. I am very proud to say I am a RAIN graduate. I am currently working at an IHS facility in Minnesota

1994 BSN, Wind River Arapahoe. When the College of Nursing started the RAIN program I was on an LOA and was contacted during the summer by Barb Dahlen about returning to school. I knew that this would be impossible because I had a huge accounts receivable bill at the university. RAIN worked the entire summer to arrange a payment program that would ensure the University would recover the money owed. With this agreement I returned to school and finished my nursing program. This would not have been possible without the support of RAIN.

1995 BSN, 1998 MS, Turtle Mountain Chippewa. Prior to pursuing nursing as a career choice I was in construction work as a laborer and roofer. I worked long hard hours and the future was not very bright. I am a single father of four children and I knew that supporting them would take a career change. I have two

sisters who were in the nursing program through the RAIN Program. They felt I would make an excellent nurse so I contacted the RAIN Program. My two sisters both went on to complete their MS degree through the RAIN Program. I was admitted to the program and received great support. I was successful in completing the program but when it came to the RN NCLEX examination I had difficulty and consequently failed 4 times—Through RAIN support it was identified that I had severe anxiety so they arranged for me to take a therapeutic relaxation independent course with a faculty member and see a doctor and be put on an anti-anxiety medication 1 month prior to boards—I passed with flying colors—only the continued support I received allowed me to believe that I could pass. I have since gone on to complete the master's program and I am the supervisor of the clinic at an IHS facility in North Dakota.

2002 BSN, Crow. I am a sophomore nursing student who moved to North Dakota because of the recruitment efforts of the RAIN Program. This past semester has been very stressful due to the two deaths I had in my family which required me to return to Crow. During the last trip my car engine gave out. My uncle gave me a ride back to UND with my two children. I needed a vehicle to get my child to school and my son to daycare so that I could attend clinicals at the hospital at 6:30 in the morning. The RAIN staff was able to locate a used vehicle that I call the "Titanic". At their own expense they went to Fargo and picked up the vehicle. They arranged a small loan of \$350 to purchase it. I do not have to start re-paying the loan until my financial situation is secure. The two times I had to return home, RAIN staff gave me money out of their own pockets to travel. They have been there for me and my family every step of the way. I know I can count on them.

Spring 2000 AD-RN, Turtle Mountain Chippewa. I was a junior second semester nursing student in the CON program when the courses became more difficult. I did not feel I could continue in the nursing program and be successful. RAIN staff discussed with me more options for continuing in nursing. I was informed that the previous semester they had formed a partnership with the Sisseton Wahpeton Community College AD-RN program. The RAIN program stressed their increments of success philosophy. The partnership has allowed me to transfer and work on completing the two year RN program. I know I would have failed out or dropped out if it was not for the RAIN Program. I still have the option of returning to UND in the future to work towards a BSN if I should choose.

Spring 2000 AD-RN, Spirit Lake Sioux. I will be the first RN from my reservation. I have been a participant of the RAIN Program since the summer of 1995. I came in as a pre-nursing student. I went as far as a first semester senior nursing at UND. Due to many personal problems, high anxiety and panic attacks, I withdrew from UND to pursue the AD-RN program at Sisseton Wahpeton Community College. Over the years, I have given the RAIN staff many reasons to give up on me, but they **never** have. They continue to call me and knock at my door with options to be successful. They have bought my groceries, bought gas for my car, helped me buy a car, and these are only a few of the many examples that I could tell you about. I could fill pages and not be able to show the gratitude I have for the women of RAIN. They let me rant and rave. They calm me down. I am a true example of how much the RAIN staff has had to deal with. I will always be connected to the RAIN Program. I have been given an opportunity that I never dared dream possible. I have always found it easier to accept failure. Success was something I feared. Now I see I am going to graduate in a few weeks and I feel such a sense of accomplishment and pride. I'm still scared because I have to pass boards yet, but I know RAIN will be there with me every step of the way. Even if I stumble.

These stories are only a select few of many that could be told. The heart and soul of the RAIN Program belong to Deb and Barb.

**University of North Dakota Indians into Psychology Doctoral Education (INPSYDE) Program**

**Status Update and Needs Projection: May 5, 2000**  
**J.D.(Doug) McDonald, Ph.D., Director, UND INPSYDE Program**

**I. Brief Background and Needs.**

American Indians are the most underserved minority group in America in terms of physical and mental health care. Despite suffering depression- and substance-related disorders and suicide at rates five to 10 times higher than the majority culture respectively, they graduate the fewest percentage of mental health professionals each year. The Indian Health Service (IHS) is historically understaffed and underfunded to meet the overwhelming mental health needs of American Indians. The ratio of Indian psychologists to the general Indian population remains lower than that for any other minority group, and certainly lower than that for the majority culture. The total number of American Indians with Ph.D.s in clinical psychology is still under 150 nation-wide. To date, only six American Indian psychologists are professors within American Psychological Association (APA) accredited clinical psychology training programs.

**The UND INPSYDE Program**

The Indians into Psychology Doctoral Education (INPSYDE) program was established (Senate Bill 2412) in 1992 to begin addressing these needs. The University of North Dakota was chosen as the optimal site for development of the first INPSYDE program by APA, but the program remained unfunded until last year. The UND INPSYDE program's objectives are to increase the number of doctoral-level Indian psychologists, as well as the development of cross-cultural competence in non-Indian students and faculty. Training toward a Ph.D. in Clinical Psychology typically lasts 5 - 6 years.

**Funding Status**

The UND INPSYDE Program received its first year of funding through IHS in July of 1996 at \$200,000 per year.

**Achievements to Date**

The funding has been used to address all legislative mandates, including recruiting, retention, increased awareness of careers in psychology, and cross-cultural competence enhancement. Eight Indian graduate students are currently enrolled at UND, with six other placed in APA-accredited clinical programs elsewhere in the region. If this class of students **alone** matriculates as expected next year it would represent a 5% increase in the total number of American Indian clinical psychologists nation-wide. To date, the UND INPSYDE Program has produced two Ph.D. and 6 M.A level psychologists.

**What is the next step?**

While the INPSYDE program has been successful in its first four years, continued legislative support in the form of reauthorization of the Indian Health Care Reform Act and appropriations are vital to its survival. An increase in appropriations has been proposed for FY 2001.

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Mr. Chairman, the Quentin N. Burdick Indian Health Programs supports the work of IHS, particularly their commitment to providing quality programs to educate health care professionals. Thank you for the opportunity to share with you our concerns regarding the re-authorization of the Indian Health Care Improvement Act. Our success is attributed to the IHS support as well as the commitment of the colleges and their president's and faculty. We believe all three of these programs are essential avenues for the education of American Indians.