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### New Challenges On Old Frontiers

by John Collins

*Career opportunities and personal challenges abound at aboriginal communities throughout North America.*

Nobody will ever mistake the Canadian village of Kangirsuk for Club Med. Found in the far northern reaches of Quebec, there are no roads in or out of this community of 450 Inuit (Eskimo) people. One reaches the tundra village 1,000 miles north of Montreal by airplane or snowmobile. It was here that Patricia Lavoie served with one other registered nurse from 1995 to 1997 as primary caregivers.

It's not an easy life. Between December and March, the average high temperature is 8, with the average low plummeting to a skin cracking 14 below zero. It warms up in July, when 60 is akin to a heat wave. But even when it's warmer, says Lavoie, "there's nothing to do up there." So what then compelled her to move herself, her husband, and their two young children to this remote location, where Inuktitut is a primary language, and the principal economic activities are fishing and hunting for caribou and seal?

"[Outpost nursing] was something I always wanted to do," says Lavoie, currently the school nurse in Kuujuaq, a veritable metropolis of 1,800 denizens located 150 miles south of Kangirsuk. "Everything's already decided and done in city hospitals. In Kangirsuk, I had autonomy. I would perform examinations and make diagnoses, prescribe [certain] medicines, things I definitely couldn't do in a hospital. And it's a challenge to work with people of a completely different culture."

If you think practicing in an underserved aboriginal community could be your calling, there are no shortage of opportunities throughout the U.S. and Canada. Both countries have programs devoted to supplying nurses, physicians, and other healthcare professionals to work within such communities.

### Helping Others and Yourself

In the U.S., the Indian Health Service (IHS) is principal federal healthcare advocate and provider for 1.5 million American Indians and Alaska Natives throughout 35 states. One great attraction for signing on to minister to one of the 550 federally-recognized tribes is the agency's loan repayment program (LRP). In addition to a competitive salary, those making at least a two-year commitment to work at an IHS facility are eligible to have student loans repaid up to \$20,000 per year for each year of service.

(To qualify for the LRP, participants must be U.S. citizens.)

Of course, money won't smooth over social variances. Clinicians often encounter choppy waters in bridging the cultural divide, such as language differences, geographic isolation, and lack of simple recreational activities like shopping or attending a movie. However, IHS Chief Medical Officer Kermit Smith, D.O., M.P.H., says many who choose this career path overcome such impediments by setting their eyes on a greater personal objective.

### Life Choices

"Quality of life is what a lot of young [clinicians] are looking for," says Smith, a member of the Montana-based Assiniboine Tribe. "Many are coming into this field because there is a great deal of interest in practicing public health, as well as developing [meaningful] relationships with their patients and their community."

Prior to becoming the first overall Chief Medical Officer of I.H.S. in 1997, Smith was the regional CMO

for the IHS Billings, Montana-area. During his tenure there, the average length of stay for IHS physicians in Billings was eight years, a number that has since risen. "There is a certain quality of life people are discovering and enjoying [on reservations]," says Smith.

However, that perceived quality of life does not yet extend to all reservation inhabitants. With one of every four American Indians and Alaska Natives living below the poverty line and the risk of illness and premature death from alcoholism, diabetes, tuberculosis, heart disease, and influenza greater for this group than the overall U.S. population, Smith allows that there is a "very great need" for the continued influx of medical professionals.

In particular, there is a critical need for dentists and pharmacists. And while IHS is experiencing "no trouble" in staffing physicians, Smith says the agency is "gearing up to recruit more nurses" as they are anticipating a shortage within the next year.

**Nursing Up North.**

The 800,000 aboriginal people of Canada, comprised of North American Indian, Metis, and Inuit societies, are also facing a nurse shortage. Depending on the region, anywhere from 15 to 53 percent of nursing positions are either vacant or filled on a temporary basis.

Factoring in costs of recruitment, interviewing, orientation, and training, it can cost up to

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