

1976

Blackfeet Tribal Health Board Transportation Survey

Blackfeet Tribal Health Board.

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1975

BLACKFEET TRIBAL HEALTH BOARD

TRANSPORTATION SURVEY

BLACKFEET INDIAN RESERVATION

INTRODUCTION

The Blackfoot/Blackfeet People of the 19th Century were called by Non-Indians who tried to fight us, as "the most potent and aggressive military power in the Northwestern Plains." For the duration of the 19th Century, few non-Blackfeet dared venture into the territory of our ancestors.

Our territory encompassed land north to Edmonton; south to Wyoming; west to Idaho; and east to the Dakotas. This region is twice the size of New England.

The three (3) tribes of the Blackfeet are the Piegan, the Blood, and the Blackfeet proper. Constant allies were the Gros Ventres and the Sarsi.

Early transportation by our People in this vast territory was accomplished by the simple mode of walking. Domestication of the wolf permitted/assisted in transportation of small belongings and small children in a drag commonly referred to as a travois, which consisted of two (2) poles lashed to the back of the wold (dog). With streams and some large lakes being the only exposure to bodies of water, the Blackfeet never learned to design or adopt any mode of river transportation. Crude rafts served the purpose of traversing streams that formed obstacles to the line of travel. Upon the introduction of the horse, the art of transportation, hunting and warfare

INTRODUCTION (CONTINUED)

attained new heights of mobility, materiality, and speed. With the horse, the Blackfeet were able to control to a greater extent their influence and usage of their territory.

As the Whiteman, through deceit and cunning, extended his sphere of influence on the land of the Blackfeet, the population of Blackfeet began to spiral downward. Raging epidemics of small pox, chicken pox pneumonia, etc., quickly and effectively brought our proud ancestors to a breath away from total extinction.

As the over-all physical well-being of our People deteriorated, the nomadic and free existence of our People came to an abrupt halt. Through series of fixed treaty negotiations and bloody battles, we were forced to sign away much of our territory to hypocritical missionaries, government agencies, and land hungry settlers.

Our People were forced to assume a sedentary existence. Communities/
settlements such as:

Old Agency	Big Badger
Ft. Browning	Little Badger
Seville	Babb
Fisher	Starr School
Heart Butte	East Glacier
	Two Medicine

suddenly came into existence as settlement areas for families/clans of our People.

As Ft. Browning (Browning) was to become the focal point of communications, services, and control, all tracks, (man or horse or wagon) as spokes on a wheel, converged on Browning.

INTRODUCTION (CONTINUED)

With the advent of the "skunk wagons", i.e., automobiles, these wagon and horse tracks became roads. These roads became graveled roads and eventually some of these roads became paved asphalted links throughout the Reservation.

Our People, with improvement of Health and with a higher degree of mobility, still look to Browning as the hub of Reservation activity. The network of roads, rail, and air passageways still converge on Browning as the focus of all services including the delivery of Health.

THE RESERVATION

The Reservation is located in the Northwestern section of the State of Montana. It is bordered on the north by the Province of Alberta in Canada. On the western edge of the Reservation is Glacier National Park.

The Reservation is composed of 1-1/2 million acres (55 miles X 30 miles) with 2/3 of the Reservation still being retained by the Blackfeet in a trust status.

The Reservation population as of 1974 is 6,255 (Blackfeet) with approximately 3,000 non-Blackfeet.

Nearest shopping centers off-Reservation are Cut Bank (35 miles); Shelby (65 miles); Kalispell (109 miles); Great Falls (126 miles); and Cardston (85 miles). (NOTE: all distances computed from Browning.)

The Reservation is mountainous to the west along the border of Glacier National Park. Toward the east and south, the mountains give way to foothills, buttes, rolling terrain and prairie lands. The average elevation is 3,800 - 5,000 feet, excluding the mountain peaks.

The Reservation has cold winters with low humidity and fairly warm summers with a pronounced "wet" season between May and June. There is constant winds the year around with the "chinook winds" of late winter and early spring recording wind velocities in excess of 135 miles per hour. The weather extremes are considerably more variable

THE RESERVATION (CONTINUED)

and extreme in the western part of the Reservation. For example, the blizzards of late winter are legendary and have been the focus of numerous books and magazine articles. The average rainfall ranges from 32 inches in the west to 11.44 inches in the east. The average snowfall is 40 inches. Average frost free days run around 80 days in the west to 120 in the east. The temperature variance registers from minus 56° to plus 90° F. during the course of the year. The mean January temperature is 18° F.; the mean July temperature is 62° F.

Weather has proven to be a large factor in the daily activities on the Reservation. Heavy snows plus strong winds make roads virtually impassable. Over the past five (5) years, an average of twenty-five (25) days left the Reservation roads impassable. Four-wheel drives and snowmobiles at time become the only vehicles to move.

Current program philosophies of the Department of Housing and Urban Development and the Blackfeet Tribal Housing Authority has manifested itself in "cluster housing units and developments" throughout the Reservation communities.

The average unemployment rate is 56%. In the winter months this figure jumps to 85 - 90%.

There is no public transportation from the outlying Reservation communities. Two (2) major paved highways traverse the Reservation

THE RESERVATION (CONTINUED)

east-west and north-south. The rest of the roads are semi-improved and gravelled. During the rainy season and the winter months, travel on the roads is difficult and hazardous due to the condition of the roads themselves and because of rain and heavy snowfalls and drifts. Bus transportation is available to Great Falls and Kalispel daily. The nearest commercial airport facility is at Great Falls (126 miles) or Kalispel (110 miles). The Burlington Northern provides services at Cut Bank and East Glacier which is 35 miles and 13 miles distant from Browning, respectively.

MILEAGE SURVEY

The road from Browning to the turn-off to the Boarding School is good. From the turn-off to the Boarding School the road is narrow. The rest of the way it is good as far as the pavement goes, then the road is gravel and farther on it is dirt.

From Browning to the Boarding School - 5.6 miles
From Browning to end of pavement - 7.8 miles

The road from Browning to East Glacier is in poor condition. There are chuck holes, bumps, dips and it has a ribbon-like effect which makes your car run irregular. From the Park to Dusty's Tavern (end of Reservation) the road is very good.

From Browning to the Two Medicine Bridge - 11.4 miles
From Browning to East Glacier - 12.4 miles
From Browning to end of Reservation - 15.1 miles

The road to Starr School needs repair. There are a few chuck holes, but what I noticed most was the shoulder of the road was gradually breaking up. There is a gravel road on the other side of Starr School to Highway #89.

From Browning to Cut Bank Creek Bridge - 6.4 miles
From Browning to Starr School - 7.1 miles
From Browning to end of pavement - 7.6 miles
From Browning to Highway #89 - 14.6 miles

The road from the Browning Train Depot to Heart Butte is in need of repair. It has been patched, but this is starting to break up. There is pavement for 8.3 miles, but after this it is gravel for 6.6 miles then pavement to Heart Butte. That pavement is in good condition except for wash boards. From Heart Butte to Birch Creek Bridge on Highway #89, the road is gravel. Highway #89 from Birch Creek to Browning is paved and is an excellent road.

From Browning to the Depot "Y" - .9 miles
From Browning to the Train Depot - 1.6 miles
From Browning to end of pavement - 8.3 miles
From Browning to the Two Medicine Creek Bridge - 9.7 miles
From Browning to the East Glacier Road - 14.6 miles
From Browning to Little Badger and end of pavement - 14.9 miles
From Browning to Big Badger Creek Bridge - 17.3 miles
From Browning to Twin Lakes - 20.3 miles
From Browning to first turnoff - 22.4 miles
From Browning to second turnoff - 23.8 miles
From Browning to Heart Butte - 25 miles

MILEAGE SURVEY (CONTINUED)

From Browning to Upper Birch Creek Bridge - 31.7 miles
Gravel road parallel to Birch Creek - 12.2 miles

From Browning to Two Medicine on Highway #89 - 11 miles
From Browning to Old Agency on Highway #89 - 17.1 miles
From Browning to end of Reservation on Highway #89 - 27.4 miles

The road to the top of Divide is very curvy with numerous chuck holes. This road should be repaired in such a way as to straighten out the curves (build a new road). From Divide to Babb the highway is excellent with no hazards.

The road from Browning to Highway #89 on the Duck Lake road is 33.4 miles. The road is good for 12.4 miles with 11.4 miles of gravel, then paved to Highway #89.

From Browning to Durham turnoff - 2.8 miles
From Browning to After Buffalo's - 7.4 miles
From Browning to Kiowa Camp - 12.2 miles
From Browning to Cut Bank Creek turnoff - 17.1 miles
From Browning to top of Divide - 25 miles
From Browning to St. Mary - 30.7 miles
From Browning to Duck Lake Road - 37.7 miles
From Browning to Babb - 39 miles

From Browning to Starr School turnoff - 1.4 miles
From Browning to Boarding School turnoff - 2.7 miles
From Browning to end of paved road - 12.4 miles
From Browning to beginning of paved road - 23.8 miles
(11.4 miles of gravel road)
From Browning to Duck Lake - 28.8 miles
From Browning to Highway #89 - 33.4 miles

I would say the Browning to Cut Bank road should be replaced. It is constantly being repaired. Approximately 27.7 miles from Browning, there is a stretch of road that has caused numerous accidents. This area is very slippery when wet.

From the Cowboy's Inn to the Santa Rita road is 19.2 miles. 11.8 miles of this road is semi-paved with many chuch holes. The repair work done on this was inadequate. There was gravel used for the patch work, but it did not contain any oil. 7.4 miles of this road is in poor condition. It is 5.2 miles from here to Croff Wren School and that piece of road is in good condition. Also, from this turnoff to Santa Rita is 24.7 miles. This is a very good road due to the Air Force usage.

MILEAGE SURVEY (CONTINUED)

From Browning to U. S. #2 and #89 "Y" - 3.5 miles
From Browning to Blackfoot - 8.5 miles
From Browning to Del Bonita turnoff - 14.5 miles
From Browning to the Airport turnoff - 31.8 miles
From Browning to the Cut Bank Bridge (end of Reservation) - 32.5 miles

There are 248.2 miles of road that the B.I.A. maintains. Paul Moore could not give me the data as to the number of times the snow plow or rotor had been out. He said the three months that they are busy are January, February and March, depending on weather.

Road mileage maintained by the B.I.A.:

45.2 miles paved
82.9 miles gravel
120.1 miles earth

248.2 miles total

The Montana State Highway Department maintains 65 miles of public highways, #2 and #89. They also maintain Highway #49, the Looking Glass road.

The total number miles traveled by School District #9 was 214,425 miles. This is the total miles traveled by 22 school buses. The School District #9 also has mileage contracts with individuals that live in outlying districts and have to transport their children more than five (5) miles to reach a bus route. The total individual contracts are 24.

The Burlington Northern Railroad has a track which crosses the Blackfeet Indian Reservation. There are two passenger trains that run daily, one goes east, the other west. The total number of miles accumulated on the Reservation by these two trains is 34,748 miles per year.

The Glacier Transportation Company, a public bus line, runs through the Blackfeet Reservation daily. The total number of miles traveled yearly on the Reservation is 49,640 miles.

There are two small air strips on the Reservation. One is located at Babb, approximately 39 miles from Browning, and the other is located at Starr School, a small community 7.1 miles from Browning. The two air strips are dirt and suitable for light aircraft only. Cut Bank Airport is about 32 miles from Browning and has paved runways.

MILEAGE SURVEY (CONTINUED)

The Headstart Program in Browning and Heart Butte has three (3) minibuses. They are used in transporting the students to and from school each day. One bus is also used to bring Hyperactive children to a clinic in Missoula. The two older minibuses have a total (for year 1975) of 17,500 miles. The newest bus acquired this past year has a total of 2,500 miles.

MILEAGE SURVEY

Mileage covered by the Indian Health Service ambulance on daily runs, for the year 1975. Daily runs include patient transfers, transportation for appointments, a few emergency runs, etc.

<u>DESTINATION</u>	<u># TRIPS</u>	<u># MILES</u>
Great Falls	302	78,520
Kalispell	112	25,760
Conrad	12	1,630
Galen	7	3,360
Fort Harrison	2	729
Cut Bank	3	210
Warm Springs	3	1,476
Hot Springs	1	336
Shelby	1	144
Whitefish	1	184
	TOTAL MILES	<u>112,399</u>

Mileage covered by the Indian Health Service G.S.A. vehicles on daily runs for the year 1975:

<u>DESTINATION</u>	<u># TRIPS</u>	<u># MILES</u>
Field Nurse		28,775
Administration		28,106
Dental		18,292
Field Doctor		14,912
Health Educator		28,745
Mental Health		36,208
Ambulance		103,651
Sanitation		54,714
Construction & Maintenance		27,874
	TOTAL MILES	<u>341,277</u>

Mileage covered by the Community Health Representatives from June 1974 to June 1975. Total CHR's = 19:

265,588 Total Miles 13,978 average miles/CHR

Mileage covered by the Eagle Shield's Center buses (Senior Citizen Center), on daily runs for the year 1975. Center has two panels used as buses, daily runs include lunch delivery to the elderly, transportation for the senior citizens for groceries, bingo, etc.

2 buses = 25,575 total miles

POPULATION BY AGE GROUP AND SEX
 BLACKHEEL SERVICE UNIT
 FISCAL YEAR 1974

	<u>Total</u>	<u>Male</u>	<u>Female</u>
Under 1	83	38	45
1- 4	526	267	259
5- 9	859	434	425
10-14	1027	513	514
15-19	858	418	440
20-24	503	259	244
25-29	366	163	203
30-34	399	183	216
35-44	581	283	298
45-54	425	225	200
55-64	330	160	170
65-74	188	90	98
75-84	77	38	39
85+	<u>33</u>	<u>10</u>	<u>23</u>
TOTAL	6255	3080	3175

POPULATION BY AGE GROUP AND SEX
 BLACKFEET SERVICE UNIT
 STARR SCHOOL AREA
 FISCAL YEAR 1974

	<u>Total</u>	<u>Male</u>	<u>Female</u>
Under 1	-	-	-
1- 4	34	15	19
5- 9	72	38	34
10-14	92	46	46
15-19	70	33	37
20-24	45	28	17
25-29	26	13	13
30-34	31	11	20
35-44	45	21	24
45-54	31	14	17
55-64	22	12	10
65-74	18	11	7
75-84	6	3	3
85+	<u>1</u>	<u>1</u>	<u>-</u>
TOTAL	493	246	247

POPULATION BY AGE GROUP AND SEX
 BLACKFEET SERVICE UNIT
 UPPER TWO MEDICINE-TWO MEDICINE AREA
 FISCAL YEAR 1974

	<u>Total</u>	<u>Male</u>	<u>Female</u>
Under 1	3	-	3
1- 4	18	10	8
5- 9	32	14	18
10-14	40	23	17
15-19	41	19	22
20-24	16	5	11
25-29	11	7	4
30-34	12	7	5
35-44	24	11	13
45-54	19	11	8
55-64	14	7	7
65-74	8	7	1
75-84	3	2	1
85+	<u>2</u>	<u>-</u>	<u>2</u>
TOTAL	243	123	120

POPULATION BY AGE GROUP AND SEX
 BLACKFEET SERVICE UNIT
 HEART BUTTE AREA
 FISCAL YEAR 1974

	<u>Total</u>	<u>Male</u>	<u>Female</u>
Under 1	8	3	5
1- 4	40	17	23
5- 9	77	40	37
10-14	70	37	33
15-19	45	23	22
20-24	29	15	14
25-29	30	14	16
30-34	29	15	14
35-44	40	22	18
45-54	31	14	17
55-64	22	12	10
65-74	11	5	6
75-84	6	4	2
85+	<u>3</u>	<u>1</u>	<u>2</u>
TOTAL	441	222	219

POPULATION BY AGE GROUP AND SEX
 BLACKFEET SERVICE UNIT
 EAST GLACIER AREA
 FISCAL YEAR 1974

	<u>Total</u>	<u>Male</u>	<u>Female</u>
Under 1	6	3	3
1- 4	34	21	13
5- 9	49	26	23
10-14	38	17	21
15-19	44	20	24
20-24	12	7	5
25-29	34	15	19
30-34	19	11	8
35-44	30	16	14
45-54	24	13	11
55-64	15	5	10
65-74	8	5	3
75-84	4	-	4
85+	-	-	-
TOTAL	317	159	158

POPULATION BY AGE GROUP AND SEX
 BLACKFEET SERVICE UNIT
 CUT BANK AREA
 FISCAL YEAR 1974

	<u>Total</u>	<u>Male</u>	<u>Female</u>
Under 1	-	-	-
1- 4	14	6	8
5- 9	21	10	11
10-14	38	19	19
15-19	45	31	14
20-24	18	9	9
25-29	11	4	7
30-34	12	4	8
35-44	17	4	13
45-54	32	10	22
55-64	23	8	15
65-74	15	6	9
75-84	6	2	4
85+	<u>6</u>	<u>-</u>	<u>6</u>
TOTAL	258	113	145

POPULATION BY AGE GROUP AND SEX
 BLACKFEET SERVICE UNIT
 BROWNING AREA
 FISCAL YEAR 1974

	<u>Total</u>	<u>Male</u>	<u>Female</u>
Under 1	56	27	29
1- 4	328	169	159
5- 9	526	258	268
10-14	612	305	307
15-19	510	247	263
20-24	321	160	161
25-29	217	90	127
30-34	255	119	136
35-44	357	178	179
45-54	249	142	107
55-64	188	90	98
65-74	102	42	60
75-84	45	23	22
85+	<u>17</u>	<u>6</u>	<u>11</u>
TOTAL	3,783	1,856	1,927

POPULATION BY AGE GROUP AND SEX
 BLACKFEET SERVICE UNIT
 BLACKFOOT AREA
 FISCAL YEAR 1974

	<u>Total</u>	<u>Male</u>	<u>Female</u>
Under 1	-	-	-
1- 4	-	-	-
5- 9	4	2	2
10-14	4	-	4
15-19	-	-	-
20-24	-	-	-
25-29	3	1	2
30-34	1	1	-
35-44	-	-	-
45-54	-	-	-
55-64	-	-	-
65-74	-	-	-
75-84	-	-	-
85+	-	-	-
TOTAL	12	4	8

POPULATION BY AGE GROUP AND SEX
 BLACKFEET SERVICE UNIT
 BARKER, FISHER, SEVILLE, BIRCH CREEK AREA
 FISCAL YEAR 1974

	<u>Total</u>	<u>Male</u>	<u>Female</u>
Under 1	6	2	4
1- 4	36	20	16
5- 9	36	18	18
10-14	69	32	37
15-19	58	22	36
20-24	44	24	20
25-29	24	15	9
30-34	25	10	15
35-44	38	20	18
45-54	22	10	12
55-64	21	11	10
65-74	17	9	8
75-84	3	1	2
85+	<u>4</u>	<u>2</u>	<u>2</u>
TOTAL	403	196	207

POPULATION BY AGE GROUP AND SEX
 BLACKFLET SERVICE UNIT
 BABB AREA
 FISCAL YEAR 1974

	<u>Total</u>	<u>Male</u>	<u>Female</u>
Under 1	4	3	1
1- 4	22	9	13
5- 9	42	28	14
10-14	64	34	30
15-19	45	23	22
20-24	18	11	7
25-29	10	4	6
30-34	15	5	10
35-44	30	11	19
45-54	17	10	7
55-64	25	15	10
65-74	9	5	4
75-84	4	3	1
85+	-	-	-
TOTAL	305	161	144

For January 1915

26th Continued snowing on 26th.

Threw 2 A.M. to 5 A.M. + 2nd to 5 P.M.

27th Drifting from midnight to 5 P.M. on

27th then to 12 noon.

28th Very light snow from 1 to 5 P.M.

29th Light snow from 1 to 2 P.M. on 29th.

30th Clear and dry

31st Clear + warm all day.

For February - 1975

REMARKS

- 19th - Drifting From 1:30 P.M. To 7:30 P.M.
20th - Drifting From Midnight up to 11 P.M.
21st - Drifting Midnight To 6 A.M.
22nd - Drifting 10 P.M. on 21st thru to Midnight
on 22nd Drifts Left.
23rd - Drifting up to 11 P.M. on 23rd Clear
& Warm melting all Day Drifts Left.
24th - Started Snowing 6 A.M. on To 11:30 P.M.
26th - Drifting From 5 A.M. To 9:30 A.M.
& 2 To 3 P.M.
28th - Just Drifts Left, & Very Light
Coverage of Snow on Ground. Less 1" on Ground

Hour	Temp	Wind	Clouds	Pressure	Humidity	Visibility	Remarks
1	42	79	40				
2	41	78	44				
3	41	78	40				
4	41	78	36				
5	40	75	32				
6	37	71	20				
7	37	71	10				
8	35	69	11				
9	30	62	13				
10	27	57	11				
11	27	57	27				
12	27	57	21				
13	26	56	20				
14	25	55	20				
15	22	51	41				
16	21	50	50				
17	20	49	40				
18	18	47	26				
19	18	46	26				
20	17	44	21				
21	17	42	33				
22	17	41	24				
23	17	41	24				
24	17	40	20				
25	16	39	10				
26	16	38	15				
27	15	36	11				
28	15	35	20				
29	15	34	27				
30	15	33	22				
31	15	32	27				
32	15	31	27				

March - 1925

3rd Thawing all Day -
 5th Snowed from 2 AM to 5 AM
 7th Snowed from 1 AM to 4 AM
 8th Light Snow at Snow
 1 AM to 3 AM
 9th Snowed from 2 AM to 5 AM
 10th Snowed from 2 AM to 5 AM
 11th Light Snow Midnight to 2 AM
 12th Drizzling from Midnight to 4 AM
 13th Drizzling Midnight to 5 AM
 14th Snowed from 1 AM to 4 AM
 15th Light Snow 3 AM to 10 AM
 16th Drizzling from Midnight to 2 AM
 17th Snowed from 1 AM to 4 AM
 18th Light Snow 3 AM to 10 AM
 19th Drizzling from Midnight to 2 AM
 20th Snowed from 1 AM to 4 AM
 21st Light Snow from Midnight to 3 AM
 22nd Snowed from 1 AM to 4 AM
 23rd Light Snow from Midnight to 2 AM
 24th Snowed from 1 AM to 4 AM
 25th Light Snow from Midnight to 2 AM
 26th Snowed from 1 AM to 4 AM
 27th Light Snow from Midnight to 2 AM
 28th Snowed from 1 AM to 4 AM
 29th Light Snow from Midnight to 2 AM
 30th Snowed from 1 AM to 4 AM
 31st Light Snow from Midnight to 2 AM

Checked (This indicates that all data has been checked.)

Observer: W. H. ...

Post Office: ...

Station: ...

UNITED STATES GOVERNMENT

11-10-1975
11-10-1975
11-10-1975
11-10-1975
11-10-1975

73 47 76

77 43 77

80 33 50

82 33 57

84 33 72

86 41 84

88 37 84

90 37 84

92 37 84

94 37 84

96 37 84

98 37 84

100 37 84

102 37 84

104 37 84

106 37 84

108 37 84

110 37 84

112 37 84

114 37 84

116 37 84

118 37 84

120 37 84

122 37 84

124 37 84

126 37 84

128 37 84

130 37 84

132 37 84

134 37 84

136 37 84

138 37 84

140 37 84

.35

.02

.61

.5

.161

Check when additional sheet is used for remarks
Unit Name or number needed

Observer: [Signature]
Post Office: [Signature]

Station: [Signature]

Check when additional sheet is used for remarks

Let fund or supplies needed

1.00

1.07

1.07

1.07

1.07

12th Street - 1st St. E. 11:30 AM
 13th Street - 1st St. E. 11:30 AM
 14th Street - 1st St. E. 11:30 AM
 15th Street - 1st St. E. 11:30 AM
 16th Street - 1st St. E. 11:30 AM
 17th Street - 1st St. E. 11:30 AM
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 38th Street - 1st St. E. 11:30 AM
 39th Street - 1st St. E. 11:30 AM
 40th Street - 1st St. E. 11:30 AM
 41st Street - 1st St. E. 11:30 AM
 42nd Street - 1st St. E. 11:30 AM
 43rd Street - 1st St. E. 11:30 AM
 44th Street - 1st St. E. 11:30 AM
 45th Street - 1st St. E. 11:30 AM
 46th Street - 1st St. E. 11:30 AM
 47th Street - 1st St. E. 11:30 AM
 48th Street - 1st St. E. 11:30 AM
 49th Street - 1st St. E. 11:30 AM
 50th Street - 1st St. E. 11:30 AM

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Date	Observation		Time of day												Wind	Temp	Humid	Press	Wind Dir	Wind Spd	Cloud	Sky	Remarks				
	Min	Max	1	2	3	4	5	6	7	8	9	10	11	12										13	14	15	16
1	75	44	75																								1st light rain from 3:00 PM to 6:30 PM
2	76	47	76																								6:30 Rained from 6:35 AM. Thaw to midnight
3	71	40	71																								7:30 Rained Midnight to 7:50 AM
4	51	40	51																								Continued to midnight
5	66	40	66																								10:00 AM
6	58	40	52																								8:00 Rained from midnight to 8:00 AM
7	33	40	30																								9:00 AM
8	41	24	41																								10:00 Rained from midnight to 7:00 AM
9	52	28	48																								11:00 Rained from 8:00 AM to midnight
10	51	34	48																								12:00 AM
11	37	31	35																								1:00 Rained from 8:00 AM to midnight
12	38	32	38																								2:00 AM
13	44	32	36																								3:00 Rained from 8:00 AM to midnight
14	48	30	40																								4:00 Rained from 8:00 AM to midnight
15	46	33	37																								5:00 Rained from 8:00 AM to midnight
16	50	34	44																								6:00 Rained from 8:00 AM to midnight
17	66	39	66																								7:00 Rained from 8:00 AM to midnight
18	45	33	45																								8:00 Rained from 8:00 AM to midnight
19	46	36	34																								9:00 Rained from 8:00 AM to midnight
20	41	36	33																								10:00 Rained from 8:00 AM to midnight
21	38	35	31																								11:00 Rained from 8:00 AM to midnight
22	30	28	29																								12:00 Rained from 8:00 AM to midnight
23	27	14	13																								1:00 Rained from 8:00 AM to midnight
24	35	9	27																								2:00 Rained from 8:00 AM to midnight
25	38	25	31																								3:00 Rained from 8:00 AM to midnight
26	38	27	31																								4:00 Rained from 8:00 AM to midnight
27	35	21	35																								5:00 Rained from 8:00 AM to midnight
28	38	16	30																								6:00 Rained from 8:00 AM to midnight
29	21	27	31																								7:00 Rained from 8:00 AM to midnight
30	54	44	46																								8:00 Rained from 8:00 AM to midnight
31	44	20	39																								9:00 Rained from 8:00 AM to midnight

Weather: Mostly cloudy, etc.

1st light rain from 3:00 PM to 6:30 PM

6:30 Rained from 6:35 AM to 7:30 AM

7:30 Rained from midnight to 7:50 AM

Continued to midnight

10:00 AM

8:00 Rained from midnight to 8:00 AM

9:00 AM

10:00 Rained from 8:00 AM to midnight

11:00 Rained from 8:00 AM to midnight

12:00 AM

1:00 Rained from 8:00 AM to midnight

2:00 AM

3:00 Rained from 8:00 AM to midnight

4:00 Rained from 8:00 AM to midnight

5:00 Rained from 8:00 AM to midnight

6:00 Rained from 8:00 AM to midnight

7:00 Rained from 8:00 AM to midnight

8:00 Rained from 8:00 AM to midnight

9:00 Rained from 8:00 AM to midnight

10:00 Rained from 8:00 AM to midnight

11:00 Rained from 8:00 AM to midnight

12:00 Rained from 8:00 AM to midnight

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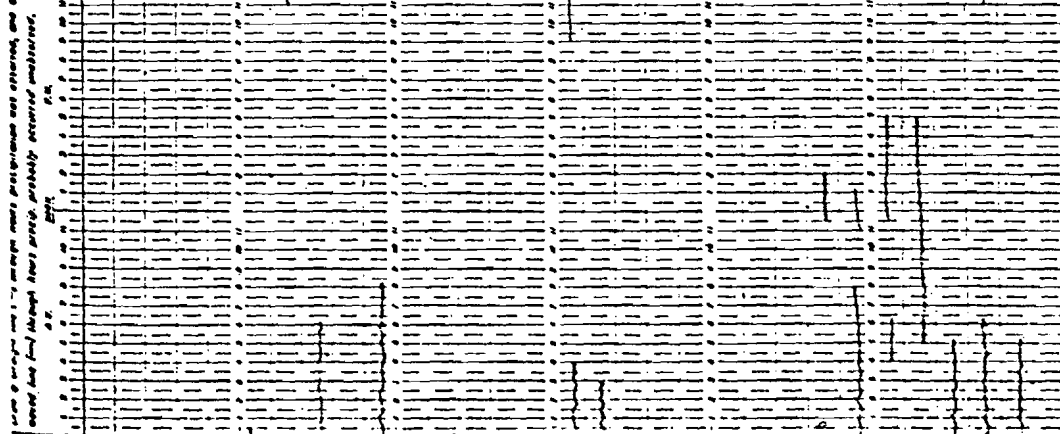
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62nd 4222

Important weather conditions not included in 'Weather' block records, etc.

December 1925
 1st Windy all day Cloud
 60 miles above
 2nd Windy all day
 3rd Windy in morning
 Cool & fairly cloudy
 4th Clear
 5th Clear
 6th Clear
 7th Clear
 8th Clear
 9th Clear
 10th Clear
 11th Clear
 12th Clear
 13th Clear
 14th Clear
 15th Clear
 16th Clear
 17th Clear
 18th Clear
 19th Clear
 20th Clear
 21st Clear
 22nd Clear
 23rd Clear
 24th Clear
 25th Clear
 26th Clear
 27th Clear
 28th Clear
 29th Clear
 30th Clear

Day	Temp	Wind	Dir	Force	Cloud	Humid	Visib	Barom	Precip	Other
1	47	37								
2	47	37								
3	41	41								
4	44	44								
5	44	44								
6	43	43								
7	43	43								
8	42	42								
9	35	35								
10	33	33								
11	42	42								
12	42	42								
13	42	42								
14	57	57								
15	57	57								
16	41	41								
17	28	28								
18	19	19								
19	14	14								
20	16	16								
21	18	18								
22	11	11								
23	14	14								
24	16	16								
25	1	1								
26	18	18								
27	10	10								
28	7	7								
29	4	4								
30	1	1								
31	15	15								



Day	Temp	Wind	Dir	Force	Cloud	Humid	Visib	Barom	Precip	Other
1	47	37								
2	47	37								
3	41	41								
4	44	44								
5	44	44								
6	43	43								
7	43	43								
8	42	42								
9	35	35								
10	33	33								
11	42	42								
12	42	42								
13	42	42								
14	57	57								
15	57	57								
16	41	41								
17	28	28								
18	19	19								
19	14	14								
20	16	16								
21	18	18								
22	11	11								
23	14	14								
24	16	16								
25	1	1								
26	18	18								
27	10	10								
28	7	7								
29	4	4								
30	1	1								
31	15	15								

Station *21-1707-7*
 Name *Garry R. Giff*
 Date *12-1-25*
 Remarks *21-1707-7*

Date	Time of day		Wind direction	Wind velocity	Barometer	Temperature	Relative humidity	Dew point	Direction of surface wind	Force of surface wind	Direction of upper wind	Force of upper wind	Amount of rain, melted snow, etc.	Amount of snow (ice pellets, etc.)	Amount of hail	Amount of sleet	Amount of fog	Amount of clouds	Amount of precipitation	Amount of snowfall	Amount of ice	Amount of sleet	Amount of hail	Amount of other	Remarks
	Hour	Minute																							
1	40	39		37									.17	3											1st Snowed 3 P.M. To Snow
2	40	13		37									.10	1											To 11 P.M.
3	41	59		37									T												2nd Snowed With H. To Snow
4	39	36		30									.60												To 4:15 A.M.
5	26	13		23									.02												3rd Snowed 3 P.M. To Snow
6	35	27		30																					4th Snowed
7	37	27		34																					4th Snowed Then clearing
8	46	35		43																					To 12 Noon To 5 P.M.
9	53	46		45																					5th Snowed From 1 P.M. To
10	32	30		19									.10	2.50											6th Snowed From 7 A.M. To 2 P.M.
11	7	10		4									.02	1											7th Snowed All night and to
12	16	7		6																					8th Snowed From 7 A.M. To 2 P.M.
13	19	5		5																					9th Snowed From All night
14	23	9		19									.07												To 4 A.M. + 1:30 P.M.
15	29	17		26									.06												To 2:30 P.M.
16	16	3		10									.05	1											14th Drifting From 8 A.M.
17	21	24		35									.05												To 9:30 P.M.
18	44	22		37									.05												15th Light Drifting From
19	31	31		37																					11 P.M. To 5 A.M.
20	43	30		36																					16th Light Snow 1 P.M.
21	42	37		31																					To 5 A.M.
22	42	36		35									.05												17th Light Snow From 1 P.M.
23	35	29		32																					To 5 P.M.
24	42	33		41									.05												23rd Trace of Precipitation
25	42	35		37																					From 1 To 6 P.M.
26	44	37		25																					24th Trace of Precipitation
27	33	30		35																					From 1 To 4 P.M.
28	33	30		45																					From 1 To 4 P.M.
29	36	41		42																					
30	12	29		7																					
31	7	6		0																					

BLACKFEET TRANSPORTATION SURVEY

CONTRACT NO. HSA-244-75-0157

PROBLEM:

In examining transportation needs in rural communities located on the Blackfeet Indian Reservation the extent of isolation and lack of mobility affects a majority of Indian families and individuals living in outlying areas.

It has become more and more difficult for Indians in rural areas to have access to those basic services which make life desirable and sometimes even possible. Their needs for food, income opportunity, welfare, education, recreation, and just the general need to participate in the life of the community are made difficult without basic transportation.

All the necessary services essential to everyday life are located in Browning. Health and welfare delivery systems, manpower training, economic development, employment, and similar programs do not reach rural people in fair or adequate proportions.

The transportation problems faced by the rural elderly are particularly severe. Studies and evaluations of those persons over 65 living alone or with relatives, 90% have incomes below the poverty level. Thus, our elderly people living alone or with relatives is probably excluded from the present transportation market almost entirely.

Therefore, the need to see a physician, to purchase drugs, to purchase groceries, is a hard one to fulfill. Moreover, the rural people must depend on public facilities offered, and the rural areas this is limited mostly to the "Indian Taxicab." This requires the potential rider to pay out of his pocket in amount from \$10 to \$25 to other Indian people owning their own automobiles. Relatives often times offer their services in assisting the older person with his transportation needs, but too often this is not dependable enough to offer the security he needs.

Transportation by bus to the outlying rural communities are non-existent and in all of the rural areas there is no taxi service. To this, we must add that many of these communities lack the necessary ambulance service necessary for the sick and emergency cases requiring this service to be transported to adequate health facilities.

CONDITION AND GENERAL MAINTENANCE OF ROADS:

The primary roads that traverse the Reservation are two-lane highways suffering from various states of disrepair and because of the many hazards, such as "pot holes", insufficient back sloping, wind, rain, and snow erosion, and the incidence of traffic fatalities allows for the Blackfeet Indian Reservation roads system to be ranked high on the priority list for adequate care and maintenance of tribal roads and highways.

The primary roads are under the supervision and jurisdiction of the Montana State Highway Department.

Secondary roads on the Reservation creates the major problem for intra-reservation traffic. They are most generally unpaved, yet the sections that are paved suffer from inadequate maintenance. The County and the Bureau of Indian Affairs are responsible for the supervision and maintenance of secondary roads, however, because of this arrangement, the County feels that it is the responsibility of the BIA and vice-versa. Consequently, the people fortunate enough to have vehicular transportation suffer because adequate maintenance is almost non-existent, thus creating road hazards that are a menace to vehicular transportation.

Access roads are utilized most fully by the local traffic and the majority of these roads are of unpaved gravel condition, moreover, many rural communities within the Reservation lack access roads. Upon viewing the BIA's budget section for roads it became depressingly apparent why adequate maintenance is almost non-existent, the budget was very inadequate and fails to give adequate consideration to the demonstration of needs already mentioned. Furthermore, Glacier County is plagued by the lack of any sufficient tax base and this subverts the viability of adequate road maintenance and road construction.

Within the past year, the BIA has surfaced the access road to the community of Heart Butte. The Montana State Department of Highways will be redoing six miles of Highway #2 between Browning and East Glacier Park this summer.

The following programs were interviewed to find out exactly what type of health transportation they provide to the People of the Blackfeet Reservation:

Blackfeet Community Health Representatives

Glacier County Welfare Department

Bureau of Indian Affairs Social Services Department

Office of Native American Programs

Emergency Medical Services

Blackfeet Tribal Police Department

Blackfeet Family Health Services

Blackfeet Alcoholism Program

Blackfeet Community Services

Indian Health Service

Blackfeet Senior Citizens' Center

Blackfeet Home Health Care

COMMUNITY HEALTH REPRESENTATIVES:

The purpose of this program is to provide non-emergency health services to the Blackfeet People throughout the Reservation.

There are twenty-one CHR's who live in the major communities of the Reservation. Using their private vehicles they provide such health services as the transportation of clients to the health facility for appointments, provide transportation to special clinics, delivering prescriptions to clients, etc. The CHR's also provide some home health

care such as checking blood pressures, providing health education to the people in outlying communities, etc. The CHR's also provide transportation to special out of town appointments to such places as Cut Bank, Conrad, Great Falls and Kalispell.

As mentioned earlier, the CHR's use their own vehicles, but they are paid for mileage, car depreciation and liability. The program has recently installed citizen's band radios in each CHR's car for better communications with the home office.

Each CHR has received first aid training, CPR training, and some specialized training. Approximately 1,010 miles have been recorded per CHR per month.

GLACIER COUNTY WELFARE DEPARTMENT:

The Glacier County Welfare Department provides a homemaker service to their clients. There are two homemakers in this program and they use their own vehicles. Although the homemakers main purpose is to provide personal care in the home, they do transport some clients to the hospital for appointments.

The homemakers can make only in-town visits. They are not allowed any out-of-county travel. Each homemaker receives mileage and each one has attended personal care workshops. Each homemaker logs approximately 450 miles per month for health related transportation.

BUREAU OF INDIAN AFFAIRS SOCIAL SERVICES:

This program does not provide any type of transportation for their clients.

OFFICE OF NATIVE AMERICAN PROGRAMS (ONAP):

The greatest type of transportation needed for this program would be for the Food Stamp Program. Under the new Food Stamp Format, the Blackfeet People will have to travel great distances to the County Welfare Office in Browning to be certified and to purchase food stamps another trip is required to Cut Bank, thirty-five miles to the east on U. S. Highway #2. This issuance and certification process requires rural residents such as the elderly, blind, disabled, and handicapped needing those services, to travel to the County Welfare Office once every month. In some cases, the eligible client will have to travel 100 miles one-way. This would mean that nearly half the population will travel outrageous distances to participate in the Food Stamp Program, moreover, the road conditions are extremely hazardous due to the majority of them being gravel and become impassible in heavy snow and rain for vehicular transportation.

The ONAP did at one time provide weekly transportation from Browning to Cut Bank for clients to purchase food stamps. This transportation service did not pick up out-of-town residents. It was left up to them to find their own transportation as far as Browning to pick up food stamps.

EMERGENCY MEDICAL SERVICES:

This program has two ambulances that provide the entire reservation with emergency medical transportation. Both vehicles are located in Browning and provide services to such communities as Heart Butte (25 miles), Starr School (7 miles), Blackfoot (8 miles), Babb (39 miles), East Glacier (13 miles), etc.

There are about forty (40) identified drivers for this service that have completed the Emergency Medical Technician training.

The EMS is a private program that contracts with the Indian Health Service, therefore, it does not charge its clients. The maintenance of these two vehicles is contracted with IHS also.

Detailed information as to how many trips per week, what type of emergency, where client transported, etc., could not be obtained from the Emergency Medical Services staff.

BLACKFEET TRIBAL POLICE DEPARTMENT:

The Blackfeet Tribal Police Department does not have any emergency vehicles, but the EMS does house one ambulance at the police station. When no driver can be located quickly in emergencies, usually a policeman will take the ambulance out.

Each officer has completed the Emergency Medical Technician training.

The police officers on patrol receive about five or six calls per day to transport someone to the hospital. Half of these daily calls are considered emergency.

BLACKFEET FAMILY HEALTH SERVICES:

This program does provide transportation for clients only if requested, to their twice yearly cancer clinic. The program staff use their own vehicles for this purpose and are paid mileage. Out-of-town transportation is also provided for those clients with problem pregnancies. There is no cost to the client for this service.

BLACKFEET ALCOHOLISM PROGRAM:

This program does have a company vehicle. This vehicle is usually used to bring clients to the hospital, either for emergency medical services or for appointments. Clients are also brought to Cut Bank (35 miles) for eye appointments.

When there is a call for travel to another alcoholism facility, one of the program staff usually will use their own vehicle. Mileage is paid to the staff member. All staff members of this program have had first aid training and CPR training.

BLACKFEET TRIBAL COMMUNITY SERVICES:

Blackfeet Community Services does not provide actual transportation for medical purposes, but Tribal members who need aid to get to and from their out-of-town appointments can get monetary aid from this program.

It is estimated that Community Services uses approximately \$3500 per month for medical aid. This would include aid for transportation to medical appointments, escort services to medical appointments, eye glasses, etc.

INDIAN HEALTH SERVICE:

The Indian Health Service has two GSA station wagons that are used for non-emergency medical transportation. For emergencies, the IHS contract the Emergency Medical Service's fully equipped ambulances.

The GSA vehicles make daily (sometimes 2 to 3) trips to Great Falls or Kalispell bringing patients to appointments with specialists. The average patient load per trip is six (6).

When the "ambulance" has a full load and there are no other scheduled trips that day, then the IHS will pay mileage to the individual to use his own car.

In extreme emergencies, the IHS contracts with an air ambulance service. This is used on the average of two (2) trips per month. If a non-Indian uses this service they are charged, but IHS beneficiaries do not have to pay.

There are two designated drivers for the daily ambulance runs. Each driver has completed the EMT course. The cost of these daily trips is taken care of out of Contract Medical Care funds, and the vehicles are maintained by GSA.

BLACKFEET SENIOR CITIZENS CENTER:

The Senior Citizens Center has two vans that are used in transporting clients. These vans are mainly used to transport the "Meals on Wheels" program and to take the elderly on their daily errands if they wish. These buses do transport the elderly to the hospital for non-emergency reasons, but the individual has to call the Center and will be picked up only if the vans are available.

There is one driver for the Senior Citizens Center vans and he has completed a first aid course. The Center is responsible for their own vehicle maintenance.

BLACKFEET HOME HEALTH CARE:

This is a relatively new program on the Reservation and is just now getting off the ground. There is one staff member who is an R. N. This program will consist of providing health care in the home to those individuals that need it and will be under a doctor's guidance. Patients will be transported to the hospital for appointments in the staff member's private car.

The funds for this program will come from Medicaid and Medicare, whichever the patient is eligible for. Vehicle mileage will be provided for under these programs.

RECOMMENDATIONS:

1. To interconnect the rural isolated areas on the Reservation with health and welfare delivery systems, manpower training, economic development and similar programs located in Browning, the urban "hub" of the Reservation.
2. A study of actual costs for ambulance services be made.
3. An ambulance be located in each community with staffing.
4. To insure for the benefit of the economically disadvantaged, handicapped, and elderly people, effective utilization of a rural transportation system throughout the Reservation.
5. An adequate communication system be established and maintained.

RECOMMENDATIONS (CONTINUED):

6. To increase the mobility of those persons in outlying rural communities who do not have reasonable access to alternate forms of transportation and are often deprived of mobility where public transportation is inadequate or non-existent.
7. To encourage the various programs which provide transportation or social services to develop a coordinated approach to the organization and financing of public transportation.
8. Begin to develop relevant economic information needed for future decisions regarding national programs for rural transportation.

FORT BELKNAP TRANSPORTATION STUDY
IHS CONTRACT #HSA-244-75-0157

I. History:

A brief history of the health care services for the Native American is presented here to emphasize the relative newness of the Indian Health Services program. Giant steps have been taken to remedy many of the deficiencies of the program. However, this is not to say that the program is by all means a total success.

One area of the Indian Health Service that has not been scrutinized and/or evaluated is the transportation or ambulatory service. Since the facility at Fort Belknap has reverted to an out-patient clinic, primarily, and the new component of contract services added, this service has been used to a greater extent without the necessary funding to match the use.

Prior to 1950, the ambulatory services were not used to a great extent because of poor communications, very few automobiles were on the reservation, Indian people were under a prohibition law, and contract services were non-existent. In 1955, the prohibition act was repealed and the alcohol-related accidents mushroomed out of

control. The contract services have always been in existence, but only used at a very minimum level. In 1955, contract services began to be used more extensively. The first year in which Indian health care was transferred to Public Health Service, Indian Health Service contracted with 96 outside agencies. Since this initial year, contract services have tripled.

A. Historical Background:

1. 1800-1900. Federal health services for Indians began under War Department auspices in the early 1800s as a result of treaty obligation which required the Federal government to provide health care to Native Americans. At this time, the Federal Indian policy was primarily one of military containment. As early as 1802 and 1803, Army physicians took emergency measures to curb contagious diseases among Indian tribes in the vicinity of military posts. The first large scale smallpox vaccination of Indians was authorized by Congress in 1832. Transfer of the Indian program from the War Department to the Department of the Interior, newly created in 1849 to deal with
-

the Nation's resources, stimulated the extension of physicians services to Indians. Federal construction of hospitals and infirmaries began in the early 1800s, originally to serve Indian boarding school students almost exclusively. Nurses appeared on the staff for the first time in the 1890s.

2. 1900-1955. Professional medical supervision of Indian health activities began with the establishment of the position of Chief Medical Supervisor in 1908.

Appropriations designated specifically for general health services to Indians first appeared in the budget in fiscal year 1911. Creation of the Health Division in 1924 raised the status of the program and allowed direct access to the Commissioner of Indian Affairs.

Officers of the Public Health Service Commissioned Corps have been detailed to the Indian health program to meet the needs for qualified staff, especially in the supervisory posts, since 1926.

Proposals for transfer of the program to

the Public Health Service were made by the House Committee on Indian Affairs as early as 1919, but were rejected at that time by both the Public Health Service and the Bureau of Indian Affairs as undesirable and impractical. A similar proposal was made in 1949 by the Hoover Commission's Task Force on Public Welfare, and was supported by the Association of State and Territorial Health Officers, the American Medical Association, the Association on American Indian Affairs, and others. The transfer was made on July 1, 1955, to the Public Health Service, Department of Health, Education and Welfare as the agency responsible for the country's human resources.¹

II. Current Levels of Conditions:

A. Congressional Mandate:

There is no evidence of a congressional mandate to provide these services unless it is contrued to be provided for through the Act of 1954, P. L. 83-568.² This service at the local level is provided for through the availability of volunteer drivers and an

¹Indian Health Manual. TN No. 74.7 (7/9/74)

²See Exhibit #1

Indian Health Service (IHS) provided ambulance of which use is at the discretion of the Service Unit Director (SUD), during weekends and evenings. During regular working hours, the drivers are provided and make scheduled service runs to Billings, Great Falls and Havre as well as emergency calls.

B. Road Network:

The reservation is transversed east and west by US Highway #2 on the northern end of the reservation and north and south by Montana State Highway #376 on the west side of the reservation. These two highways are paved all-surface roads and are in good maintenance. A number of other roads and trails connect with these two major thoroughfares and these other roads and trails bring about the need for a viable highway network for health-related services. Some of these roads are presently being developed. (See reservation road system map Exhibit #2.)

C. Vehicles:

Up until 1973, the ambulances provided through the Public Health Service were usually surplus vehicles from another government agency

obsolete for the purposes of transporting patients and/or were vehicles that were replaced by more dependable ambulances. The early ambulances were nothing but station wagons with a light on top and not properly equipped for emergencies and transportation of patients. Today, there are two IHS ambulances, one of which has passed the Montana State requirements for ambulances. The other ambulance has been provided for the southern reservation area and is stationed at Hays. This ambulance has not passed the Montana State requirements for ambulances. The need in this instance is that there are only two available for such a large geographic area which has a constantly growing population.¹

D. Drivers:

As early as 1955, when the Public Health Service acquired the health care responsibilities of the Indian people, the health service provided for two chauffeur-housekeeper positions. These positions provided ambulance drivers during working hours and were the first-call drivers after working hours and weekends. This method still holds true today, but again, because of the increased need, the service is

¹See Exhibit #3

inadequate. One of the drivers is trained as an emergency medical technician and the other is in the process of being trained. Both are licensed chauffeurs.

E. Environmental Factors:

The environmental factors addressed here can be tied in with the need for a viable road and maintenance system. That is to say that better services and preventive measures cannot be assured in case of severe weather changes that can cause crisis and emergencies such as floods, blizzards, tornadoes, and the like. Presently a service in this area is non-existent.

F. Communications:

This component of the overall health care system has been lacking critically since the inception of the services. The problem has been remedied to a certain extent with the influx of the automobile, but it is still lacking significantly. There is one telephone party line that serves both Hays and Lodge Pole on the southern end of the reservation and it is nearly impossible to get through on this system. At one time, the Forest Service provided a telephone line between

Hays and the Agency for the purposes of fire control. This line had call stations about every five to ten miles and this provided some communication for accidents between Hays and the Agency. This line was removed in 1955.

G. Available Funds:

There are no funds earmarked specifically for ambulance services, but a \$350 or \$440 cost per month plus the vehicle has been estimated by the Billings Area Office as a figure with which to work. This does not reflect the necessary funds to operate a comparable service off the reservation. This cost figure does not include overtime for employees, gas and/or meals.

III. Methodology:

Meetings were held with the department heads of the various components of the health programs and the facts relevant to this study were discussed. No questionnaire and/or format was used. All IHS and OMB requirements relating to this kind of a study have been met.

IV. Transportation Resources:

A. Tribe Police:

During the past year, the Fort Belknap Community Tribal Police have responded to sixty (60) emergency calls. Of these, thirteen (13) were answered by ambulance. The remaining forty-seven (47) were handled by officers. On staff we have two officers that have completed the EMT program. All have completed first aid training, and four have successfully graduated from the Bureau of Indian Affairs (BIA) Police Academy.

The Academy has intensive first aid training for treatment of gunshot wounds, burns, etc.

B. Harlem Police Department:

The Harlem Police Department has been in need of ambulance services in over one hundred cases during the past two years. Ninety percent of these cases were handled by the police and transported to the hospital. Ten percent of these cases were deemed serious enough to absolutely require an ambulance. The ambulance responded four times to these calls.

C. IHS Ambulance Service:

The Indian Health Service at Fort Belknap has responded to one hundred and fifty (150) scheduled and emergency calls during the past year. Of these, sixty five (65) were of the emergency category and, eighty five (85) were scheduled contract services trips. These figures were taken from actual bills paid for services and not from an ambulance call log. With the use of logs and more ambulances, this figure could double.

D. Community Health Representative Program:

Of all the health related programs that provide transportation, this program meets the need more so, than all other program in existence. The C.H.R.'s not only serve as "Ambulance" service, but all are trained in the latest techniques of first aid, and all are required to complete and pass the E.M.T. curriculum established through the I.H.S. and Northern Montana College.

The responsibilities of these positions range from actual emergency delivery to home visits. The delivery of patients to the health facility for non-emergency purposes are many, such as special clinics

(warts, ear, nose, and throat etc.), diabetic clinic, regular clinic (appointment), delivery of prescriptions and all other health related problems. All of the transportation of students in the elementary and high school to and from the hospital are handled through this program.

A record is kept as to whom was serviced, purpose of service, and the overall mileage involved. Up to fourteen hundred miles (1400) per month is logged by each of the seven (7) employees. Thirty percent (30%) of these services are considered as emergency services, and seventy percent (70%) are non-emergency.

E. Family Planning:

Although this office is staffed by only one person, the input of transportation services for health care problems is far greater than one would expect.

The broad spectrum of services offered through this office include class room curricula development, pre natal clinic and post partum follow-up (appointments, delivery of prescriptions etc.). When you consider that there has been at least one

request per week for aborations, during April, May, June and July 1976 from persons aged sixteen and up, than this does reflect the transportation resource this office provides. An average of fifteen hundred (1500) miles per month is logged for this position for a total of eighteen thousand (18,000) miles annually.

F. Outreach Worker:

The Outreach program on Fort Belknap Indian reservation has been identified as a transportation resource only in the sence that it is a service provided for the Senior] Citizen. Since we have a fifty percent (50%) diabetic problem with our older people, the out reach worker has helped the C.H.R. program in the delivery of these patients to clinic and for delivery of prescriptions. There are four (4) Outreach workers and these people log on the average one hundred miles (100) per week each for health care delivery.

G. Alcoholism Program:

The Alcoholism program provides three (3) counselors with mileage budgets for transportation as it relates to health care services. They are allowed one thousand miles

(1,000) per month at fifteen cents (15¢) a mile. Transportation is provided to and from the I.H.S. facility for withdrawal care, to off reservation treatment centers and transportation to the Detox facility voluntary admittance. Inevitably, this mileage allowance is surpassed every month by these counselors as is reflected by exhibits ____.

These counselors have all been trained in first aid and have been required to take the Emergency Medical Technician course offered by the Indian Health Service.

V. Summary:

Many areas of transportation resources have been identified and addressed in the preceding pages of this report. However, one very important source has not been given true recognition is the services that the individual people have provided. Many times, too numerous to recall and/or count, the individual members of this reservation have had to provide transportation because of the lack of communications (telephone), lack of ambulance drivers, road conditions, geographic isolation, weather conditions and a number of other reasons. A true figure of the times that this resource has been called upon, can never be computed.

A figure of 410 calls over the past year have been responded to by the IHS ambulances. This figure was derived from the two police department call logs and available Indian Health records. One hundred fifty calls were not responded to. This figure is derived from the same sources.

The functions of the CHR program are readily spelled out in section IV, D. However, other areas of health-related problems are

expressed to these individuals in the course of a day's work. Specifically, health problems in the home environment such as poorly developed water and sewage disposal systems, home construction problems, lack of maintenance, etc. These requests for better services are then passed on to the appropriate program for repair and/or action that has to be taken to address that particular problem.

Many transportation problems that have prevailed over the years stem from the inadequate road system on the reservation. As stated earlier, some of these problems are being addressed, but with the ever-increasing number of homes being built in the rural area of the reservation, the problem is growing faster than it can be remedied. People are building on private allotments and many of these are miles from the major thoroughfares, again bringing about inadequate access roads to these thoroughfares. This is not a problem of IHS, but it does create health problems and is directly related to transportation.

The role of the Family Planner in the health transportation area cannot be over-emphasized.

Statistics relating to the abortion requests have been obtained from a medical person on staff with IHS. Approximately two-thirds of the persons representing this number have no other access to transportation. This alone, along with preventive education classes in the five local schools and the post-partum followup requirements, constitutes a never-ending problem in the health transportation area.

It is hoped that many miles travelled reflected on the mileage logs of staff from the various programs does not indicate that an adequate transportation plan exists. We would hope that the emergency and scheduled contract medical service requirements alone would point out that a total reorganization of that part of the IHS responsibility is in order. Should an adequate service, with budget limitation, etc., not be feasible, then perhaps this service could also be contracted.

The most critical problem that has plagued our transportation need is communications. The economic level of the members of the community make it virtually impossible for them to provide their own phones. With the use of the CHR, Family Planning and the Outreach Worker programs,

this has been corrected to a certain extent. The problem here, is that the program directors and/or supervisors do not know exactly where their staff members are located at any given moment. This causes many duplications of effort. With a short-wave radio system, costs of mileage, and much time and effort could be saved. Cost of mileage for the programs could possibly be cut in half. A central dispatch office could be set up in the IHS facilities and all services could be coordinated from there.

In closing, it must be stated that the feelings of the community members of this reservation are that the Indian Health Service falls far short of their given responsibilities, as health facilitators, in the transportation area. In the future, this need must be candidly pointed out and corrected. The broad definition of health care services in P. L. 83-568 does include transportation responsibilities.

VI. Recommendations:

- A. A study of actual costs for ambulance services be made. This will include salaries of staff, hours worked, cost of maintenance, etc.

- B. An ambulance be stationed in each district with adequate staffing.
- C. A viable radio communications system be established and maintained.
- D. All calls for ambulance service be recorded similar to that of the police calls.
- E. All drivers and assistants be trained in first aid and be required to take the emergency medical technician course.
- F. There needs to be two trained ambulance personnel to respond to each emergency call, one to drive and one to be with the patient.
