



12-7-1951

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R. W. Quinn
Fort Berthold Inter-Agency Committee

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Recommended Citation

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REPORT OF THE SECOND MEETING OF THE FORT BERTHOLD
INTER-AGENCY COMMITTEE DECEMBER 7, 1951, AT GARRISON

The meeting was called to order by Chairman, Joe Blonigan, Chairman of County Commissioners, McLean County. Mr. Blonigan called on Secretary for roll call. The following members of the Fort Berthold Indian Inter-Agency Committee answered the roll call: John Hart, Joe Blonigan, Martin Cross, Carl Whitman, and R. W. Quinn. A quorum was present. The Secretary was then called to read the minutes of the previous meeting. Secretary read the minutes. Chairman asked the Committee to approve the minutes as read. Minutes were so approved by unanimous vote. Chairman Blonigan then asked Mr. John Hart to begin the discussion of the Health Program of the Fort Berthold Indian Reservation. In general discussion it was decided to divide the questions concerning the Fort Berthold Medical Program into two categories, curative and preventative medicine. Members of the public were then invited to ask questions on any point at issue, but were requested to address the Chair so that the speaker could be identified. The Chairman asked Dr. Edwin A. Shelby to discuss the Medical Program at Fort Berthold.

Dr. Shelby: The Medical Program on the Fort Berthold Reservation is primarily interested in curative medicine, however, the preventative medicine phases are matters of considerable importance, and much work needs to be done to round out this program. With respect to the Curative Medicine Program, we now have contracts with 7 hospitals and with the North Dakota State Medical Association. Cooperation and goodwill from all parties at interest has been beyond our expectations. The only problem at this time seems to be one of financial re-imbusement for the obligations we are incurring in the hospitals and with the doctors. Mr. Arntson has been detailed from the Aberdeen Area Office to assist the Fort Berthold Agency in working out details as to how these hospitals and doctors may be paid.

John Hart: What is the reaction of the Indian people?

Dr. Shelby: The Tribal Council has agreed to this Program, and the Indian people are aware of the program, and are being assisted by this Program. There seems to be no serious objection to this type of medical assistance.

John Hart: When can an appraisal of the Program be done to determine when the Program can be evaluated against, say an Indian Service Hospital?

Dr. Shelby: Private practice is in agreement with what we are doing.

John Hart: Can you give us a figure as to the cost of the Program to date?

Dr. Shelby: No.

John Hart: We may need to get the Committee full information on the cost of the operation on this Medical Program in the event that additional appropriations might be needed to maintain the Fort Berthold Medical Program. Dr. Shelby, can you provide a summary of the financial expenditures under this program to Mr. Quinn so that he can present this information at our next meeting on March 7, 1952?

Dr. Shelby: Yes.

John Hart: Has anyone had any experience with discrimination?

There followed a general discussion on segregation and discrimination of Indian patients by the hospitals and doctors, and everyone present at the meeting felt that no such occurrence had been noted and in all probability Indian patients were being treated equally and fairly by the doctors and hospitals and that the medical services they were receiving were of the same type and caliber being received by other people at the same institutions and with the same doctors. The Tribal Council was quite interested and asked numerous questions. No where in the discussion did anybody feel that discrimination would play an important part in the continuation of the Fort Berthold Medical Program.

Mr. Quinn: Mr. Chairman, we have Mr. Arntson here from Aberdeen, which is our Area Office. Mr. Arntson is here to discuss the problem of the financial re-imbusement to hospitals and doctors of services rendered up to date. Before he starts his discussion, I should like to state that Mr. Arntson is operating a complicated financial structure for all of the Indian Reservations in North and South Dakota and in Nebraska and that the procedures that he must follow comes under the close scrutiny of the General Accounting Office, in Washington, D. C. I have been a Chief Clerk in the Indian Service for a good many years and I have always found the General Accounting Office to be a heartless office, which will not hesitate to take an exception to any account if it does not perfectly fit an existing contract or is in breach of disbursement regulations. Mr. Arntson has the job of arranging payment for these obligations regardless of the manner in which they are submitted, and regardless whether such obligations can be paid. It is therefore necessary for him to make many adjustments and to help in every way to make financial re-imbusement as easy a measure for all of us as possible.

Mr. Arntson: After all contracts are properly signed and agreed to, we have the job of making disbursements for the obligations incurred. To meet the operating expenses in connection with this Program, involves the receipt of bills from many sources which are in varying stages of error in so far as the contract is concerned. Lets start with the authorization. The authorization must be in detail, and it must state the probable amount of funds that will be obligated to provide the medical servies therein authorized. Authorizations are very important because they are the document upon which final disbursement is based. How the authorization is made, to whom it is made, and what services that it is to cover is of great importance. An ideal way of paying hospital bills would be to have such bills submitted once a month, showing the name of the beneficiary, the date of entry and discharge from the hospital, the authorization number, and the types of servies that are performed under the contract. In order to further discuss this situation, I intend to see every hospital administrator concerning these bills and to assist them in the preparation of the bills they now have under consideration. I shall also try and see as many of the doctors as it is possible for me to do so on this trip.

There followed a general discussion which was participated in by the hospital administrators and the doctors present concerning individual problems in disbursement that they had and questions which were on their minds concern- how they should proceed with the submission of necessary invoices and other forms of billing to get their money. The Chairman then called on Dr. Van Sandt.

Dr. Van Sandt: The main phases of the Medical Program have been under discussion here today, and have been discussed with the Tribal Council. That body recommended the instigation of this Program. In discussing this matter with the Tribal Council, we thought it would be possible to provide a much better Medical Program by using the facilities the other communities surrounding the Reservation were using, in preference to attempting to re-establish an Indian Service Hospital. The State Health Department and the North Dakota Indian Commission made the Program much easier for me because of their interest in the Program and the many contributions that they made to getting such a program started. They were informed of the problem and informed people will cooperate. It is a new Program, and is subject to reorganization, however, we feel that it has made a good start, and that it now has a very good chance for success. This is definitely a plan which will act as a pilot plan for the entire Indian Service. This pilot plan is being watched very carefully by the Indian Service.

Following Dr. Van Sandt's remarks there was a general discussion by the medical personnel in attendance and several questions were raised with regard to the Schedule of Fees and it was generally conceded that it would be necessary to operate under our present Schedule of Fees for medical services until the expiration of the first year. At that time, it will be possible to get together and to make out a new schedule which would give us better coverage than the one we are now operating under. The Schedule of Fees is the fees doctors may charge for services. The question of Indians paying their bills was raised and in general discussion it was stated that the Indians were very good about paying their bills and that in many instances the Indians are paying their own medical bills without seeking assistance under the Fort Berthold Medical Program. The Tribal Council was wondering who would pay the bills if Congress ceases appropriating money to support this program. Several of the administrators and medical people thought that that this program should include all reservations in North Dakota and not purely the Fort Berthold group. Many Turtle Mountain people are working at Riverdale and such a program would work very well with this group.

Mr. Hart: I move that this Committee go on record in a resolution which would be signed by Chairman, Joe Blonigan to the Commissioner of Indian Affairs, and to Representatives and Senators in Washington, wherein we would express our approval of this test idea which has been used by the Indian Service as an experiment.

Mr. Cross: You mean that the Committee is requested to state that the Committee approves this plan? I would like to express to this Committee and to the people from the communities adjacent to the Reservation, the hospitals and to the doctors who are all working on this program which is designed to take care of Fort Berthold people, to which we have been given a chance to avail ourselves. The Tribal Council appreciates the opportunity of the Indians to participate in this Medical Program. The Tribal Council did not participate in the construction of these hospitals, however, we are glad to have the use of them. I might say that the Tribal Council does not have any control over the financial affairs of the Indian Service. Does the State approve this Program?

Mr. Hart: I do not represent the State, and therefore I cannot convey the State's approval of this program.

Mr. Quinn: Dr. Van Sandt said that this was a pilot program and was being watched very carefully. It affects a lot of communities, and I believe that if we are all in agreement that this type of Program is a satisfactory solution to the medical needs of the Reservation, that such a resolution, if presented, to the Commissioner of Indian Affairs and to any Congressman who might be interested, that it would prove to be a benefit for those Indian people who would be interested in having this type of service.

Mr. Cross: Instead of writing a letter, why not put it into the form of a motion?

Mr. Hart: Resolution has more bearing.

Mr. Cross: Up to this point, I believe this Program has been well recognized by the State.

Mr. Hart: The Indian Affairs Commission, I believe, would support this Program. Actually the Governor has not appointed anyone to represent him. The Committee composed of yourself and the other Councilmen, the Chairman of the County Commissioners, and Mr. Quinn and myself are all operating as a Committee purely upon the basis of our own organization.

Mr. Cross: Mr. Hart, will you withdraw your motion?

Mr. Hart: I will withdraw my motion.

Mr. Cross: I make a motion that this Committee request the Governor to appoint John Hart as a representative of the State of North Dakota to represent him on this Committee.

Mr. Whitman: I second that motion. (Motion carried by unanimous vote.)

Mr. Quinn: Mr. Hart, will you restate your first motion?

Mr. Hart: Yes. I make a motion that Mr. Quinn and the Chairman of the Tribal Council prepare a resolution which will be directed to the North Dakota Delegates of Congress and to the Commissioner of Indian Affairs, wherein it is stated that the Fort Berthold Medical Program; which provides hospitalization and medical services for members of the Tribe, under the arrangements discussed today, as a highly satisfactory arrangement not only with the Indian people, the Indian Service but also with the surrounding communities and that the Fort Berthold Inter-Agency Committee endorses this type of a Program as a forward step in the development of Indian Service Medical Programs.

Mr. Whitman: I second that motion. (Chairman: All in favor signify in the usual manner.) Motion unanimously carried.

After this motion was carried, the discussion then turned to the various types of medical emergencies that occur and the manner in which such emergencies can be carried out without necessary authorizations, if such authorizations cannot be obtained, because of circumstances beyond the control of the receiving hospital or medical officer. Several members in the group, including Rev. Case and Dr. Hochhauser, Garrison, discussed the medical program and ways and means in which it could be implemented. Suggestions were made that particularly in case of emergencies that all parties of interest do whatever is necessary to see that the Indian patient receives medical attention as quickly as possible and with as little redtape as possible. Dr. Shelby pointed out that such situations were going to require close cooperation between hospitals, doctors, and the Indian Service. Mr. Young Bird then asked for the floor.

Mr. Rietz, Mr. Quinn, and people who are in contact are trying to get some of these things ironed out. We are having discussions and are trying to develop some type of program in the Preventative field on the Reservation.

Mr. Hart: Does this go together with the State Health Program?

Dr. Shelby: This would.

Dr. Van Sandt: Whenever Indian Service contracts with the State for Preventative services, it is intended to do nothing more than to cooperate with that unit. The contracts, as negotiated, are drawn up in such a manner so that we can expect the same services for eligible Indians which the County and District Health Units are giving to other people.

John Hart: Do you have a contract with North Dakota?

Dr. Van Sandt: Yes, Sir.

John Hart: What does this cover?

Dr. Van Sandt: I do not have a copy of the contract, but I believe it covers in general the same Preventative Health Services that other communities through the State are getting under the State Health Program.

Dr. Wheelon: I think that the notices that we got for this meeting is an indication that we do have Health problems. Someone from the Reservation could tell us something of some of these Health problems.

R. W. Quinn: I would like to make a few remarks along that line. There are a number of problems which are in the Preventative Health Field which are, however, directly connected with the economic situation that the Indians of the Reservation find themselves in. Probably one that has more basis for causing Health problems than any other is the housing situation. We have too many large families trying to occupy log houses that are not adequate for the proper health standards for such families. Most of our people construct their homes out of logs. They find these are warm in the winter and cool in the summer and that the material for the construction of such a home is easily available. The log house therefore is a part of the economic situation of the Reservation. However, we are attempting to gain interest in the frame type of housing, and we have a number of families who are constructing this type of home. One of the objections is that it is cold in the winter, however, once the people understand processes of insulation, some of these objections can be overcome. However, such a program is difficult for people to adhere to, if they are financially unable to make the change. The Tribe has had the housing program under consideration for some time and some steps have been taken in that direction; another point which is of serious consequences so far as the health of the people are concerned, is the source of water supply. Many of our families historically have used the natural supply of water on the Reservation. In considering the re-location of these families, the Tribal Council approved the use of some of the re-location funds to institute a water-development program. We now have a contract for the drilling of very fine wells. The location of the water before drilling is made, is under the supervision of the geological survey; however, the actual well is a screen, sand-type well, which filters the water before it is drawn to the surface.

- Dr. Shelby: I do not believe it would be necessary to make such a survey at this time since the homes of the people are going to be moved to new locations and that it would be better that a survey be made at that time, if one is to be made at all.
- Mr. Bavone: Aside from our sanitary and housing services, we also have a laboratory at Minot which is available for all types of testing.
- John Hart: Are there any plans made for informing the Agency for cooperation with the State?
- Mr. Bavone: I intend to be at the Agency the first of the year. We intend, at that time to again make a water survey. We will look at the schools, and of course, we are available if any type of an epidemic occurs. We will be glad to assist in any way possible with the health problems on the Reservation.

Thereafter followed a general discussion of the housing problems of the Reservation, of all sources of water supply, how the District Health Unit could be of service in giving sanitary inspections so that efforts can be made to bring about necessary Curative measures or at least to advise the people of the dangers that occur from the unsanitary sources of water, and also, from poor housing. Dr. Dahlstrom of the Aberdeen Area Office was introduced as Medical Officer in charge of the tuberculosis control for the entire United States. He stated that the Indian Service and the State both had sanatoriums which were running programs for the prevention and control of tuberculosis. That the Indian Service had a T. B. Unit which would probably again be in North Dakota as soon as it made its rounds. He also stated that a program of T. B. vaccination had been carried out on the Fort Berthold Reservation, but much work is yet to be done concerning T. B. control and the education of the people concerning this disease. He also stated that a dental team was giving fluoride treatments to the teeth of school children and that he expected such team to visit the Fort Berthold Reservation. They have previously visited the Reservation and worked over all of the schools. At the same time, they worked on the adult members of the community.

- Mr. Young Bird: At the last meeting of the Law and Order Committee of the Tribal Council, we discussed the problem of trying to get assistance in vaccinating dogs and cats for rabies on the Reservation, and I understand there is going to be a meeting here tomorrow which Dr. Wheelon is going to attend, and I believe we would like to come and learn about this problem too.
- Dr. Wheelon: I could not come to Elbowoods on Tuesday, however, if you care to come to this meeting, we will be pleased to have you.
- Mr. Blonigan: It's quite stormy outside today and many of you have a long distance to travel, therefore, if there is no other specific recommendations to be made to this Committee, I believe that it is time for an adjournment and I will entertain such a motion.
- John Hart: I move that we adjourn.
- R. W. Quinn: I second the motion.

Respectfully submitted,

R. W. Quinn
Secretary, Fort Berthold Inter-Agency
Committee

R. W. Rietz, Community Analyst, Elbowoods, North Dakota
B. J. Youngbird, Member Business Council, Nishu District
W. E. Peacock, Placement Officer, Elbowoods, North Dakota
R. D. Frederick, McLean County Independent, Garrison, North Dakota
H. W. Case, Rev., Congregational Missionary, Elbowoods, North Dakota
Otto Bauer, County Commissioner, 3rd District, Butte, North Dakota
H. C. Scholl, County Commissioner, 1st. District, Washburn, North Dakota
A. L. Bavone, Dist. Sanitary Engr., First Dist. Health Unit, Minot, North Dak.
Irma Block, Nursing Supervisor, First Dist. Health Unit, Minot, North Dakota
Althea B. Walls, Executive Secretary, McLean Co. Welfare Bd., Washburn, No. Dak.
Ruth Heinemann, Area Social Worker, Aberdeen, South Dakota
Sister Paul, Director - Garrison & Riverdale Hospitals.
F. E. Wheelon, Director 1st District Health Unit, Minot, North Dakota
M.M. Van Sandt, M. D.- Chief Section Medical Hospital Services, B.I.A., Wash.D.C.
A. W. Dahlstrom, M. D., Acting Area Medical Officer, Aberdeen, South Dakota
Arthur N. Arntson, Finance Officer, Aberdeen Area Office, Aberdeen, So. Dak.
M. Keesis, Hospital Adm. Assistant, Aberdeen Area Office, Aberdeen, So. Dak.
Edwin A. Shelby, M.D., Reservation Medical Officer, Elbowoods, North Dakota
John Hart, Executive Secretary, North Dakota Indian Commission.
J. J. Blonigan, Chairman, McLean Co. Commissioners.
Martin Cross, Chairman, Tribal Council, Three Affiliated Tribes
Carl Whitman, Member, Tribal Council, Three Affiliated Tribes
R. W. Quinn, Superintendent, Fort Berthold Indian Agency.