

MINUTES

Name of Tribal Organization: Tribal Health Meeting, Fort Berthold
Reservation, New Town, North Dakota

Place of Meeting: New Town Health Clinic Basement, with
Mrs. Alfreda Janis, Chairman, National
Indian Health

Quorum present: Yes April 25, 1960

Chairman James Hall called the meeting to order at 2:00 P.M., April 25, 1960, since we could not wait much longer for Fort Totten reservation representative to arrive.

Present: James Hall Sr., Leland Hall, John Wilkinson, Charles Fox,
Thomas Bluestone, B. J. Youngbird, Guy Fox.

Absent: John Starr, John White, Valentine Wells

Representatives: Alfreda Janis, Rupert Stanley, Pat Anderson, Dr. Wilson,
Mr. Louis Goodhouse, and his representative of Ft Totten
Reservation.

Mr. Hall introduced Mrs. Janis. Mr. Hall gave a preliminary report as to the subject of the meeting which was the Indian Health setup on the Fort Berthold Reservation.

Mrs. Janis asked if the Tribal Council was present at the interviews of the 4 social workers who were up here to determine eligibility. She did not receive a direct reply from the Council.

Mr. Youngbird: Yes, I was present at White Shield when they were down there.

Marie D. Wells: No, we never knew of the program until we received the form letters.

Mrs. Janis: The Tribal Council should have the power in determining who should be authorized and who shouldn't be authorized. They have the power to do so.

Mr. Hall: There is one segment that has gotten started, they have went all out and got outside credit, they are having a heck of a time, they want to help themselves and have gotten credit, but do not have enough funds to get medical insurance such as blue cross and blue shield and these people were denied these cards.

Mrs. Janis: I know Mr. Hall, Cheyenne River Agency has that same problem, they brought that question out also.

B. J. Youngbird: I don't know what they want us to do, go lay in the shade and receive a good size check from Welfare. These bus drivers work for their money and they do not get paid as much as those people who are on Welfare. I know Welfare people receive a heck of a lot more than our bus drivers and cooks and these bus drivers and cooks with big families are not authorized and did not receive cards. These people who receive these big Welfare checks are the ones who go out and get drunk and forget to take their children out of the hospital and their children are the ones who get sick because they are half clothed.

Alfreda Janis: Here is an outline of our program. You should have a set-up like ours, 5 years ago you couldn't get me to talk to a group of people like I am doing, but when I was in the Council I started reading and learned that something could be and had to be done on Indian Health. Our Indian people lives in Pine Ridge were reduced rapidly due to poor health. We formed a Standing Committee on Health. We started with 20 and we now have 50 members, all volunteer works. I am the administrator of the Standing Committee on our reservation. Here is the outline, you can read it and that will give you an idea how our set up is run, we make the demands and work along with the Bureau, Tribal Council Health Committee and our doctor. If you will refer to your Indian Health Program, it states they will not improve any policy unless if the Indians accepted it. If you will recall Dr. Shaw's article in the readers digest, statistics proved the need for Indian health.

James Hall: We protested this when we were in Washington. They tell us here that Indian women married to White men are not eligible, in Washington they told us they would be authorized in case of emergency or when warranted. They tell us it is okay in Washington and back here it is different.

Here slides were shown by Dr. Wilson with the assistance of Pat Anderson since Dr. Wilson was interrupted during the discussion.

Slides showed facts for the need of medical care by the Fort Berthold Indians. Slides proved the medical trend of the Indians is needed more than it was 10 years ago. They also showed under old set up of Indian health doctor, Indians were interested in their health and took advantage of seeing their doctor concerning their health. Slides also showed the increase in population, death of Indian male and female. Children's death was alarming, those dying before they reached their first birthday. The percentage of births, Garrison have a 27%, Minot 23%, Stanley 21% and Watford City 11%.

Alfreda Janis: Dr. Wilson, what do you suppose is wrong. The slides show that medical care is needed here on the reservation, just the slides prove that and goodness knows I can see the Tribal Indian Health Committee should look into the needs of the people. It is the needs they should be interested in and not always the money.

Dr. Wilson stated 6 points, 1. determining eligibility, 2. hospitalization costs, 3. clinic personnel, 4. paper work, 5. inspection of disease control, 6. lack of appreciation and enthusiasm of certain groups concerned.

B. J. Youngbird: What was the last statement you made Dr. Wilson?

Dr. Wilson repeated statement on the last point. Well, the people who are responsible for the needs and medical care of the people.

Alfreda Janis: The six points Dr. Wilson stated takes or states the problem that Fort Berthold Indians are faced with and these are the problems you must get in there and work with to have the demands of your people, not the Bureau. We have it so that the Bureau recognizes our health set up in Pine Ridge. They come to us and ask us whether we need any changes or what is best for our Indian people. I am not fighting Public Health. I think it is a good thing and I am sure you will all agree with me, but what I am trying to stress is work along with them. All we want for our tribes is better health. There is no group of people in the United States that moved as fast as the Indians, therefore, they must let us be able to meet the demands to help us in 5 years.

Mr. Lewis Goodhouse and representatives arrived here. Mr. Hall introduced them and suggested Mrs. Janis go over the main subject of the meeting.

Mrs. Janis: Stated she was the Head of the Association of American Indian Affairs, Health Committee what it was for. What work they have done for the Indians etc.

James Hall: We were told we received a supplement of \$20,000.00 to take care of the different Indians to the end of the fiscal year.

Dr. Wilson: It only has been a month since we have been using them cards. However, I have been taking those who have me on my cards as their doctor.

B. J. Youngbird: The Garrison doctors know there are no funds, but they still are taking patients and seeing patients because they cannot turn no sick person away. I am sure doctor Wilson will do likewise.

Marie D. Wells: If your doctor is Dr. Boyle in Garrison and you have a minor accident you cannot go to see Dr. Wilson, you must go to Dr. Boyle.

B. J. Youngbird: The heck, when did they make the change. I never knew about it. When I was in Washington with conference with NCAI, this medical situation was brought up by me. There was over 50 tribes represented there. Mrs. Helen Peterson brought up these Indians under the Federal Government. We have also complied with the United States but the United States broke treaties one after the other. They stated we would have free shore line, electricity and they did not relocate us right. We were only paid for the surface and not the minerals. I spoke and contacted every Senator I could on this. They always try to jew us down, the big thing is, the people will not wait. Instead of holding tight, they broke and can't wait so they will accept \$10.00 instead of what they really should get. Pardon me for getting off the subject.

Alfreda Janis: That's okay Ben.

B. J. Youngbird: We will have to make some changes. We should go to any doctor we want. They promised us that this authorization was on a trial basis, if we did not like that, we would get our hospital.

Mrs. Janis: Was it on paper? It should always be on paper and signed by the one in charge, by the Bureau and the Tribal Chairman at the time, the Bureau has a way of forgetting.

Mr. Goodhouse, how do these problems affect you, are you faced with the same things?

Mr. Goodhouse: Yes, we do not have cards but we have a doctor in charge at the reservation. We have a clinic and a doctor. We must go to him first before we are admitted to the hospitals, Devils Lake and New Rockford.

Mrs. Janis: In case of emergency, can't you go directly to the hospital and be admitted and have the hospital call afterwards?

Mr. Goodhouse: No, we have a case right now, a man that is pretty ill, I haven't checked how his condition was before I left but I do know he is pretty low. They took him to the hospital and they were told he must see the doctor, our clinic doctor, our clinic doctor stated no funds and had to be taken home.

Mrs. Janis: What will happen in that case?

Mr. Goodhouse: I guess he will just have to die.

Fort Totten Representative: Another case a woman was having a baby, taken directly to the hospital and was told she must go check with her clinic doctor for authorization. They has to drive 14 miles back to get okay for admittance to Devils Lake hospital. Another case, a man was hit by a train broke collar bone, broke ribs and smashed hip, couldn't be admitted until approval of the clinic doctor. It was hours before he got any attention.

Mrs. Janis: Oh my! I surely can see where you are in need of a good health committee, both Fort Totten and Fort Berthold. These should be reported at once. If you do not get any assistance from the Area Office, you can try Central Office, but you do not even have to try Central Office. If you do not get any response from the Area Office, write your Congressman, within 10 days you will have action.

You do need to establish a program like or similar to ours, we have a standing committee. We must do the work and work together, Nothing will be done unless we do something about our problems ourselves. I suggest you start a good health committee. Select one or two from each district and meet with them according to your demands on the subject. If you get a good sound program started on health and outline what you want than invite the men of Area Office to talk over the different problems of the needs of your people. We are willing to work with you, the more you have working together the better chance we will all have.

B. J. Youngbird: Mr. Goodhouse, I will be down your way to look into your situation as N. C. A. I. requested I investigate such problems as you have mentioned.

Marie D. Wells: Ben, you better take care of our problems first before you take care of somebody else's problems.

Mrs. Janis: I have written everything down, this will be of a big help to me when I meet in New York, June 3. In 1955 Public Health took over, the transfer was made. The proposition is a lot of people do not understand our situation. A lot of people are under the impression an Indian receives a monthly check from the Government just because we are wards of the Government. It is amazing what they think of us. I am sure you will find that right here in your town. We are citizens, sure, we are citizens with certain privileges, and the certain privileges we want.

Perhaps you can get the bill, Public Health carried out under the Indian people. For us it has been a tremendous improvement. If they enforce any demands on us, we enforce a few on them. The case of Welfare, that is a different branch, what you should have is a medical welfare worker here. He would determine what cases are for welfare and what cases are for Indian health. We do not have that problem. We are sponsored under the We Shake Hands. We hope to have an all Indian health leaders conference right after the Vermillion, South Dakota Conference so a lot of you council men would not have to make two trips. It was nice meeting with you people and learning your problems, you can be assured that these will be presented to LaVerne on my trip to New York around the 1st of May.

Meeting adjourned.

Marie D. Wells, Acting Secretary for
Valentine Wells, Secretary
Tribal Business Council

TO: Pine Ridge Reservation, Oglala Sioux Tribe Health Program.

Subject: Eligibility of Indian Beneficiaries

All members of the Oglala Sioux Tribe, who are enrolled and who have lived on the Pine Ridge Reservation within the preceding year, are considered eligible for medical care through the Public Health Service facilities on the reservation.

I should like to point out that once an enrolled member of the Tribe has been away from the reservation for one year or more, he loses his eligibility for medical care. Up until the present time, the hospital has been very lenient in accepting such persons for medical care if they came to Pine Ridge because of the difficulty of investigating everyone of the 100 or so patients seen daily. However, I think you will agree with me that our primary responsibility is to the Indian people living on the reservation. Because many of the people move back and forth from the reservation to temporary jobs away from the reservation, these people are eligible if they are gone for not more than a year at a time.

It is reported by the Tribal census that about 1/3 of the twelve thousand Indians live away from this reservation. Our hospital, clinics and funds are too limited to take care of all of these people. For the reason we must continue to consider persons that have permanently moved away (for a year or more) as not eligible for care at our facilities or through the use of our funds.

We must continue to consider that permanent residents of this reservation who are enrolled members of other tribal groups are eligible in as much as they move to other reservations. Furthermore, it is a well established principle throughout the Indian Health program that when an Indian woman marries a non-Indian man that she becomes his responsibility and she no longer is eligible for service through the Public Health Service. It should be kept in mind, however, that these rules may be modified in individual cases if the circumstances warrant it.

In order to provide medical care for those who need it of those who are eligible as stated above, we are having to turn down requests for medical care from persons who live away from the reservation. Furthermore, we are authorized to charge ineligible persons when they use our clinic or hospital and we may soon find it necessary to do so if persons who have established residence away from the reservation and have to make demands upon our service. Again, I would like to stress that these statements are not made in order to penalize anyone but that they are made to provide adequate services to all whom our facilities so reasonably serve. Over crowding either in the hospital or the clinics causes a deterioration of the services which are received by everyone.

/s/ Lewis E. Patrie MD
Medical Officer

Alfreda Janis: Now here is the program we are set up under the Public Health on the Pine Ridge reservation. This is a similar program you should have. First you must set up or elect, select a standing committee for health committee. Your Tribal Council should have the power and say who is eligible or who is ineligible for medical care in your set up. We feel it is best a member of the Tribe work along with your clinic doctor in determining eligibility as a member of the tribe and your doctor is orientated to the needs of medical care on your reservation. Even myself I have authorized medical care of a good number of our members and our doctor went along with me. A person from public health wouldn't be apt to really know the medical needs or care of your people because they are not orientated as our doctor and a member themselves are. In place of your public health authorization personnel, you should have a medical social worker to determine cases which are the responsibility of welfare or public health service.

I suggest you set up such a program at once in order to meet with the demands of your people. I can see that the 6 points show you are not satisfied with the cards etc.

THE END