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Letter from John Hart to Senator Langer Regarding Fort Berthold Health Program, April 23, 1951

John B. Hart

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North Dakota Indian Affairs Commission

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R. O. Saxvik, M. D., Bismarck



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ROLLA, NORTH DAKOTA

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William Gerdes, County Commissioner, New Rockford

April 23, 1951

Honorable William Langer
Senator from North Dakota
Senate Office Building
Washington, D. C.

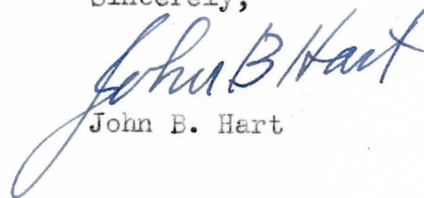
Dear Senator Langer:

Attached herewith is a news clipping showing the present status of the health program for the Indians on the Fort Berthold Reservation.

I feel that this program is going to result in better medical care for the Indians of this reservation. Further, it will be along the line of allowing the Indians to choose their own hospitals and their own doctors, the same as do non-Indian indigent people of the community.

This clipping is being sent for your information.

Sincerely,


John B. Hart

JBH:ba

Handwritten notes at the top of the page, including "L. L. J. ..."

Handwritten signature: "John B. Hart"



JOHN B. HART, EXECUTIVE DIRECTOR
NORTH DAKOTA

APRIL 13, 1951

Handwritten notes on the left side of the page, including "P. 28"

Honorable William Langer
Senator from North Dakota
Senate Office Building
Washington, D. C.

Dear Senator Langer:

Attached herewith is a news clipping showing the present status of the health program for the Indians on the Fort Berthold Reservation.

I feel that this program is going to result in better health care for the Indians of this reservation. Further, it will be a step toward allowing the Indians to choose their own hospitals and their own doctors, the same as to non-Indian patients, people of the community. This clipping is being sent for your information.

Sincerely,

Handwritten signature: "John B. Hart"

John B. Hart

13411

'Off Reservation' Medical Care For Fort Berthold Indians Near Reality

An "off the reservation" medical and hospital program is being developed for Fort Berthold Indians.

The program, unique in the nation's dealing with Indians, was unfolded by Dr. Max Van Sandt, area medical officer of the U. S. office of Indian affairs at Aberdeen, S. D., who attended the annual meeting of the North Dakota Hospital Assn. Monday.

Dr. Van Sandt's program, already approved by the commissioner of Indian affairs and given tentative approval by the Fort Berthold tribal council, would:

Close the hospital at Elbowoods, possibly as soon as July 1 of this year.

Utilize for Fort Berthold Indians the medical and hospital facilities, of the Indians choosing, in towns near the reservation in most cases. Where special care is required, hospitals

and doctors thruout the state would be available.

Establish fixed fees for hospital care, which would be reimbursed to hospitals by the federal government.

Set up a schedule for medical fees, also to be reimbursed by the federal government.

At the convention, Dr. Van Sandt asked for the establishment of a schedule of fixed fees by hospitals in the state to establish a basis for repayment where Fort Berthold Indians are treated.

Similar action will be asked of the North Dakota Medical Assn. at its convention in May.

The tribal council approved the plan, Dr. Van Sandt said, pending the furnishing of proof that sufficient hospital facilities and doctors are available within suitable distances from the relocated reservation to make it possible for the Indians to get good medical attention.

The doctor pointed out that the plan would give the Indians

considerable freedom of choice in selecting doctors and hospitals and would be a big step in their assimilation into the general population.

Dr. R. O. Saxvik, Bismarck, was in Minot Tuesday, said was also in Minot Tuesday, said the plan has the full support of his office.

John B. Hart of Rolla, executive secretary of the North Dakota commission on Indian affairs, expressed the view that it was a big step forward in the assimilation program advocated by the commission and would give new incentive to other phases of it.

Under the plan, there will be an agency doctor and a public health nurse on the reservation. The doctor will screen applicants and authorize medical treatment, but the Indians' choice of private physician and hospital will be pretty much their own, Dr. Van Sandt said. The major limiting factor, he said, would be in keeping the cost of transportation to hospital and medical facilities within a reasonable figure.

Dr. Van Sandt said a survey made among doctors and hospitals in the area surrounding the reservation showed a decidedly favorable attitude toward the plan.

He pointed out, however, that cooperation on a standard plan on a state-wide level is sought to give the Indian more freedom in selecting his medical and hospital care.

Per-patient figures being considered in carrying out the plan are not as low as those paid for welfare cases, the doctor said, but they will have to be based on actual hospital and medical costs, without profit, in order not to skyrocket the cost of the program to the point where it wouldn't be workable.

He said he expected the number of patients treated during the first few years under the program would be considerably above the number now treated at the hospital at Elbowoods. He observed that a backlog of Indian cases requiring hospital and medical care had developed in the past few years. However, he expected the cost in the long run would not exceed that of maintaining a separate hospital for reservation Indians.

By trying out the plan in advance of actual flooding of the present hospital, the Indian affairs commission would get a good idea of how the new program would work, he pointed out. If it doesn't work, there will still be time to arrive at some other solution.

To make it work, he emphasized the need of full cooperation of North Dakota's hospitals and physicians.