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## Letter from John Hart to Senator Langer Enclosing an April 7 News Bulletin Regarding the Fort Berthold Health Program, April 23, 1951

John Hart

Fort Berthold Agency

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# North Dakota Indian Affairs Commission

Gov. Norman Brunsdale, Chairman, Bismarck  
Carlyle D. Onsrud, Secretary, Bismarck  
Math Dahl, Bismarck  
M. F. Peterson, Bismarck  
R. O. Saxvik, M. D., Bismarck



John B. Hart, Executive Director  
ROLLA, NORTH DAKOTA

April 23, 1951

Joseph Wicks, County Commissioner, Cannon Ball  
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Math Baseflug, County Commissioner, Richardton  
A. C. Berg, County Commissioner, Maddock  
L. A. Powell, County Commissioner, Alexander  
Fritz Borgeson, County Commissioner, Sheyenne  
Clarence Bye, County Commissioner, Dunseith

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

Dear Senator Langer:

For your information, I am enclosing herewith excerpt from the Fort Berthold Agency News Bulletin.

I feel that this excerpt is worth your time as it is a very good description of the new health program which will apply to the Fort Berthold Agency. It is important to the Indian Affairs Commission because it is a definite step along the line of assimilation.

Sincerely,

  
John B. Hart

JBH:ba  
enclosure

TRIBAL COUNCIL APPROVES NEW HEALTH PROGRAM PROPOSALS

For several months the problem of providing medical service for the people of the reservation after our valley is flooded has been a matter of serious concern. Dr. Max Van Sandt, Area Medical Officer, Aberdeen, S. D. has been vitally interested in this problem. The geography and weather in our part of North Dakota provides us with a real road maintenance problem in the winter and makes it extremely difficult to establish a hospital in any of the five segments which could be reached by people living in all segments. We have learned in the past two years that our normal appropriations for health is insufficient to maintain our hospital and also to provide medical service at outside hospitals. We have for many years faced the difficult problem of maintaining a full staff of doctors and nurses and consequently we have not been able to give full medical service in our hospital and we have had to send patients to outside hospitals for special treatments and for surgery. Doctors and nurses are not interested in isolated assignments, particularly in North Dakota where our weather imposes serious handicaps in the winter, and with only a partial staff we just cannot provide the kind of medical service that would be in the best interest of the health of the people of the reservation.

With this problem in mind Dr. Van Sandt, Miss Yarborough, Area Consultant of Nurses, Chairman Martin Cross, and myself made a tour of the hospitals in the towns surrounding the reservation to gain a knowledge of the kind of service these institutions would be able to provide. We were very kindly received and given every opportunity to inspect the hospitals and services. We all felt that the hospitals already constructed and in operation at Hazen, Richardton, Dickenson, and Riverdale were modern, well equipped and staffed. The new hospitals at Garrison and Watford City and Beulah which were either under construction or soon to be under construction were all well planned institutions and soon should be able to render a high type of medical service. In each of these towns doctors were either practicing or new doctors were expected. We all felt that if it were possible to enter into contracts for hospitalization at these points the people of the reservation would be in reach of medical service which would be better than the services that we have been able to provide in the past several years.

Dr. Van Sandt proposed to the Tribal Council that we contact these hospitals and medical people with the idea of working out some kind of arrangements which would be mutually satisfactory to both the hospitals and doctors and to the Indian Service. After much discussion in a special Tribal Council meeting held April 3rd the Tribal Council decided to approve the Area Medical Directors plan to use these outside services, provided that signed agreements would be obtained in the form of contracts and employment agreements reached with the doctors before we reduced our hospital to a limited service basis. If we are successful in obtaining these contracts and employment agreements the plan would then be to reduce our present hospital staff

to one Public Health Officer, Public Health Nurse, Nurses Aid, two Ambulance Drivers and a Fireman-Janitor. We plan to continue the services of a doctor here at Elbowoods, but would not hospitalize any patients. We would conduct a clinic regularly at Elbowoods and examine patients here before sending them to outside hospitals. We would also continue with the present contract for State Public Health Services.

This means that people who are eligible for medical services at our hospital under the present regulations would also be eligible for these services under the new arrangements. It would also mean that any doctor with whom we are able to reach employment agreements would be available to members of the tribes without having to obtain prior authority from the Agency; however, before any patients are hospitalized it will be necessary to continue to obtain authorization from the Superintendent. No one will be hospitalized except under recommendation from the doctors with whom we have employment agreements. You may have full choice in patronizing the doctors with whom we have working arrangements. We will go into detail after we have been able to make arrangements with the hospitals and doctors, but in general these are the plans we have for hospital and medical services.

What does this plan mean?

1. We will eventually close the Indian Service hospital and will not plan a new hospital if this proposal proves successful.

2. If the proposal proves unsuccessful the people of the reservation will have definite proof to offer to the Congress of the United States that it will be necessary to construct a hospital if the members of the Three Affiliated Tribes are to have medical services.

3. Instead of one hospital we will have 7 to 10 hospitals under contract which will be fully staffed, modern in every way, and within reasonable reach of every segment of the reservation.

4. We will continue with our reservation Medical Officer, but in addition to that we will have from 8 to 12 other doctors available for consultation and treatment.

What will this cost? We expect that the cost of providing all of these services may be even more than the present services are costing. The reason for that is that this plan will be designed to give better medical coverage to the patients and treatment that we have had to put off to take care of emergency work will now be given consideration. We believe that if we can prove that we are giving real honest medical service to the people of the reservation that we can expect better results when we ask for money to finance this program.

We have at least two years to give this plan a real try out and if we can make it work it looks very good to me. We have all felt a real problem existed and we have studied it and the proposals advanced by Doctor Van Sandt seem to fill the bill. Those of us who will have to administer this plan know that the measure of its success depends to a large extent on the kind of cooperation the people of the reservation are willing to give. How soon we can put this plan into operation depends on how soon we can get contracts for hospitalization and doctors services. We will continue to operate our health program until we are ready to begin the new plan. We will advise you when this plan is ready to be used and we hope that will not be too many months from now.

R. W. Quinn  
Superintendent