

January 14, 1963

*Int
Indians*

Mr. Martin A. Hagerstrand
Chamber of Commerce
Tahlequah, Oklahoma

Dear Marty:

Thank you for your inquiry about the Public Health Service Indian Hospital at Tahlequah.

As you perhaps know, \$180,000 was appropriated for fiscal years 1960 through 1963 for planning and construction. Bids for construction were opened on October 18, 1962. Based upon the amount of the low bid, costs for planning, supervision or the work, other technical services and equipment, it was estimated that the total cost of the project would amount to \$282,150. This estimated cost was \$101,650 in excess of the funds available for the project.

The Tahlequah project is currently undergoing review to determine whether it will be possible to reduce the scope of the work so that it can be accomplished within available funds, or whether it will be necessary to request additional funds.

You may be sure that if additional funds are requested, I, as a member of the Appropriations Committee, will do my level best to obtain them.

With best regards and good wishes, I am

Sincerely yours,

From the desk of MARTIN A. HAGERSTRAND

Can you help us with this?


Marty

Chamber of Commerce

In the Heart of Oklahoma's Playgrounds

Tahlequah, Oklahoma

11 January 1963

Mr. Anthony Celebreeze
Secretary Health, Education, and Welfare
Washington 25, D.C.

Dear Mr. Celebreeze:

During a routine inquiry into the status of construction projects in our community in preparation for a year-end economic report, it was learned that construction of an addition and other alterations to the Tahlequah Indian Hospital has been delayed or deferred. It is our understanding that some considerations have arisen relative to costs of the project.

The citizens of the four-county area and of Tahlequah were extremely gratified in receiving the information last year that expansion of the physical space of the hospital was planned and funded. We hope that nothing will be permitted to delay the much needed improvements.

This community is vitally interested in the proposed construction for a variety of reasons:

1. The Tahlequah Indian Hospital has long served critical needs in providing medical care for the Indian population for this and surrounding counties. Local non-Federal medical facilities are totally inadequate to handle the increased load.
2. The economic status of most of the Indians whom this hospital serves is such that welfare costs would rise significantly if they are not served by the Public Health Service. The type of medical service being furnished can be provided at considerably less cost to the state and the nation than comparable service through private practice and hospital facilities.
3. Most of the Indian population being served by the hospital would be extremely reluctant to use private or public medical facilities provided by other than an Indian Hospital. Because of language barriers, psychological factors, and emotional reasons, most would fail to use medical facilities or to seek medical care even though urgently needed.

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4. Over a period of years the space required for modern and proper treatment has increased. In the case of the Tahlequah Indian Hospital, lack of proper space has long required both the administrative and professional staff to operate under handicaps in order to prevent a diminution or deterioration of quality service to its clients.
5. In combination, if facilities are not improved, these factors could cause a serious deficiency in the medical care and well-being of the Indian population in this area.

For some years a number of serious deficiencies has existed in the physical plant of the Tahlequah Indian Hospital. This has been well recognized by the medical profession in the community as well as by laymen.

The Tahlequah City Hospital is seriously crowded as is the case with other hospitals in the area. On occasion, beds are unavailable for emergency care short of the city of Tulsa, 70 miles distant.

Based on observations and visits of representatives of the Chamber of Commerce to the Hospital, badly needed in the Tahlequah Indian Hospital in order to provide adequate space for proper care is additional waiting space. During a recent visit on a clinic day patients crowded around the outside of the hospital and into the halls and elsewhere because of inadequate waiting space. The patients' visiting room was being used as an examining room for doctors. The room for admissions was so crowded patients could scarcely squeeze into it.

Direct inquiries to members of the staff by this office indicate that in addition to the above, medical record space is highly inadequate for the burgeoning records of the facility; pharmacy space is totally inadequate; the x-ray room is inadequate for modern equipment and service; the clinical laboratory is crowded to a point of causing inefficient operation. The total of these deficiencies undoubtedly creates a situation wherein the hospital staff is under an unusual strain in order to accomplish its tasks.

12,000 eligible Indians live in the counties serviced by the hospital. According to American Hospital Association records, annually there are about 19,000 out-patient treatments, 400 births, 1,500 admissions in our Hospital. If inadequate space for proper and efficient services are not provided, the result is inefficient operation. In our opinion, serious loss of professional morale must also occur because the persons being serviced do not receive the type and quality of care which the professional and administrative staff could give--and know they could give--under improved physical surroundings. This can only result in a lessened quality of medical care for the Indians of the area.

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In Cherokee County alone the 1960 Indian population was about 18% of the county's total. We are seriously concerned with the problem of raising the health level of the Indian population that comprises so large a part of our county's people.

We earnestly solicit your support and assistance to insure that nothing interferes with these most needed improvements to the Tahlequah Indian Hospital. It would be tragic if administrative delays caused a diminution of the needed care to this group of citizens who are in such urgent need of this type of facility.

The Public Health Service has in the past extended itself under trying circumstances to give the kind of quality care necessary for these people who are basically unable to get it any other way.

We appreciate your consideration.

For the Board of Directors,


Col M. A. Hagerstrand
Secretary-Treasurer